

**Trust Board Meeting 25 September 2024
Agenda - Public Meeting**

For a meeting to be held on Wednesday 25 September 2024, at 9:50am via Microsoft Teams

**The patient story will be held in private at 9:30am-9:50am at the wishes of the patient.
The Public Board will commence and be live streamed from 9:50am.**

		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 31 July 2024	CF	Approve	√
4.	Action Log and Matters Arising, Work Plan	CF	Discuss	√
5.	Chair's Report <ul style="list-style-type: none"> Including the approval of proposal for Senior Independent Director 	CF	Approve	√
6.	Chief Executives Report <ul style="list-style-type: none"> Including policies to ratify 	MM	Ratify	√
7.	Publications and Highlights Report	MM	Note	√
Quality				
8.	Patient and Carer Experience Annual Report (2023/24) including Complaints and Feedback Mandy Dawley – Assistant Director of Patient and Carer Experience and Co-production	KF	Ratify	√
9.	Infection, Prevention and Control Annual Report Deborah Davies - Lead Nurse, Infection Prevention and Control	HG	Ratify	√
Patient Safety				
10.	Trust CQC review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust: Humber Teaching NHS FT response. Paul Johnson – Clinical Director	HG	Discuss	√

11.	Safeguarding Annual Report Rosie O'Connell – Head of Safeguarding and Named Professional for Adult Safeguarding	HG	Ratify	√
12.	NHS England - Annual Self-Assessment for Placement Providers 2024	KF	Approve	√
Investing in People and Culture				
13.	Workforce Disability Equality Standard Report	KP	Approve	√
14.	Workforce Race Equality Standard Report	KP	Approve	√
15.	Equality Diversity and Inclusion Annual Report	KP	Approve	√
16.	Guardian of Safeworking Annual Report	KF	Approve	√
17.	Annual Non-Clinical Safety Report	PB	Approve	√
18.	Being Humber Pete Cook - Head of Learning and Organisational Development	KP	Note	√
19.	National Staff Survey 2024 Plans	KP	Note	√
Developing Leadership Behaviours				
20.	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex A – Annual Board Report and Statement of Compliance	KF	Approve	√
Embedding Improvement into Management Systems and Processes				
21.	Finance Report	PB	Note	√
22.	Performance Report	PB	Note	√
23.	Winter Plan	LP	Discuss	√
24.	Risk Register Update Oliver Sims - Corporate Risk and Incident Manager	HG	Approve	√
25.	Board Assurance Framework Update Oliver Sims - Corporate Risk and Incident Manager	MM	Note	√
26.	Charitable Funds Governance Arrangements	PB	Approve	√

Assurance Committee Reports				
27.	Charitable Funds Committee Assurance Report*	SMcKE	Note	√
28.	Quality Committee Assurance Report	PE	Note	√
29.	Mental Health Legislation Committee Assurance Report	SP	Note	√
30.	Audit Committee Assurance Report	SMcKE	Note	√
31.	Workforce & Organisational Development Committee	DR	Note	√
32.	October Board Strategic Development Agenda	CF	Note	√
33.	Items to Escalate including to the High Level Risk Register and for wider Communication	CF	Note	verbal
34.	Any Other Urgent Business	CF	Note	verbal
35.	Review of Meeting – Being Humber	CF	Note	verbal
36.	Exclusion of Members of the Public from the Part II Meeting			
37.	Date, Time and Venue of Next Meeting Wednesday 27 November 2024, 9.30am via Microsoft Teams			

*Presented to Board as Corporate Trustee

Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024															
Title of Report:	Declarations of Interest															
Author/s:	Caroline Flint Chair															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	<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 relative’s employment for Stuart McKinnon-Evans related to Carers’ Resource. • Removal of Francis Patton and Mike Smith declarations due to end of term of office. • Addition of Stephanie Poole and Keith Nurcombe. • Addition to Kwame Fofie, spouse declaration. 															
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	✓ 31.07.24

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 • Spouse is Clinical Director Harthill Primary Care Network (PCN)
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 Dean Royles, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Trustee Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG • Chair of NHS Professionals Strategic Advisory Board • Non-Executive Director Sheffield Teaching Hospitals NHS Trust
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • No interests declared
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

	<ul style="list-style-type: none"> • 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
Stephanie Poole, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • No interests declared
Keith Nurcombe, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director of Dietary Assessments LTD • Director of WMSG (Part of West Midlands Combined Authority) • Crown representative – Cabinet Office – UK Government • Chair of the Avalon Group • Non-Executive Director at Chesterfield Royal Hospital NHS Foundation Trust
Priyanka Perera (Mihinduklilasuriya Weerasingha Indrika Priyankari Marguerite 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

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 31 July 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
- Mrs Karen Phillips, Associate Director of People and Organisational Development
- Ms Elaine Potts, IQVIA (for item 78/24)
- Ms Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production (for item 78/24)
- Ms Natalie Birdsall-Charnock, Acting Senior Clinical Lead (for item 78/24)
- Mr Charlie Boshier, IQVIA (for item 79/24)
- Ms Cathryn Hart, Assistant Director Research & Development (For items 83/24 & 84/24)
- Ms Tracey Flanagan, Assistant Director of Nursing and Quality (For item 87/24)
- Mrs Alison Flack, Freedom to Speak Up Guardian/Programme Director (For items 88/24, 89/24 & 90/24)
- Mrs Laura Roberts, PA to Chair and Chief Executive (Minutes)

Apologies: There were no apologies noted

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

75/24	<p>Declarations of Interest</p> <p>The declarations were noted. Board members have been made aware that any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the person should declare</p>
-------	--

	<p>the interest and remove themselves from the meeting for that item. 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>
76/24	<p>Minutes of the Meeting held 29 May 2024</p> <p>The minutes of the meeting held on 29 May 2024 were approved as an accurate record.</p> <p><u>Resolved: The minutes were approved by the Board.</u></p>
77/24	<p>Matters Arising and Actions Log</p> <p>There were no matters arising. The action log was noted.</p>
78/24	<p>Community Mental Health Service User Survey 2023</p> <p>Elaine Potts presented the 2023 Community Mental Health Survey Results for the Trust. The survey had run from August to November 2023 and was a mix of paper and online questions. Elaine added that the data included 16–17-year-olds for the first time. The questions had changed; therefore, these were not comparable to the previous year, but had been benchmarked against 53 other mental health providers. The response rate had been 18%, which was lower than previous years.</p> <p>Headline findings were that most questions fell within the intermediate to good range, with five questions scoring in the top 20% of trusts. The three “overall” questions results for the survey were higher than the national average. A small number of questions scored below average.</p> <p>Next steps suggested were to review the data, uncover the issues, create an action plan, and implement actions.</p> <p>The Chair asked how many 16–17-year-olds had responded. Elaine Potts advised that 5% of those that responded were 16–17-year-olds.</p> <p>Mike Smith asked if these results were a true reflection and were there any areas of concern. Natalie Birdsall-Charnock responded that the data needed to be reviewed in conjunction with Friend and Family Test (FFT) information and peer review feedback. Natalie added that the Trust was doing well but should consider data from all the areas highlighted.</p> <p>The Chair reiterated that the surveys were of the utmost importance to the Trust and were taken very seriously.</p> <p>Stuart McKinnon-Evans asked if the survey data highlighted whether any people were dissatisfied with the service. Natalie Birdsall-Charnock responded that this would be reviewed further in conjunction with FFT feedback.</p> <p>David Smith raised concerns regarding the low survey uptake and low levels of contact telephone numbers held on file. This would be reviewed going forward. David Smith then asked what work would be undertaken to address the wellbeing support in relation to external agencies. Natalie Birdsall-Charnock responded that there had been some instances where service users had not been contacted by the external wellbeing</p>

	<p>support services. This would be reviewed, and updates would be reported back to the Board.</p> <p>Phillip Earnshaw suggested that the patient medication aspect could be discussed at the Quality Committee. Kwame Fofie added that the action plan and further work would be progressed.</p> <p>The Chief Executive was disappointed by the low response rate. Work had been undertaken in relation to service user feedback by the Executive Management Team, in the divisions and by other groups. The medication issues would be reviewed and addressed. It was agreed that the action plans would be discussed at the Quality Committee and then reported back to the Board.</p> <p><u>Resolved: The Board noted the presentation. The Quality Committee to discuss survey action plans and report back to the Board in November 2024. Presentation slides to be shared with the Board.</u></p>	<p>PE KF/LR</p>
79/24	<p>National Staff Survey Results 2023</p> <p>Charlie Boshier presented the Trust's 2023 National NHS Staff Survey Results. The survey results had been good with responses received for the period September to November 2023 for both staff and bank staff. The response rate for substantive staff was 55%, which was above the average IQVIA response rate and an improvement since the previous year. The Bank staff response rate was almost double the average IQVIA response rate. Charlie Boshier said that the results showed a well-managed organisation which continued to improve the experiences of staff. He added that the results were better than the national average for the People Promise section. There had been improvements overall across the scores of the survey which was a positive result.</p> <p>The Chair advised that the outcomes had been looked at in the Board Strategic Development meeting.</p> <p>The Board were supportive of the survey results. Karen Phillips added that the results and progress were a testament of the work that had been undertaken across the Trust.</p> <p><u>Resolved: The Board noted the presentation.</u></p>	
80/24	<p>Chairs Report</p> <p>The Chair presented her report which was taken as read. The following areas from the paper were highlighted:</p> <ul style="list-style-type: none"> • Changes to the government following the general elections. • The King's speech regarding the review of the Mental Health legalisation. • The ICS financial challenges. <p>The Chair then thanked Francis Patton and Mike Smith, Non-Executive Directors, for their hard work, wise counsel and support of the Council of Governors. This would be their last formal Board meeting.</p> <p><u>Resolved: The Board noted the report.</u></p>	

Chief Executives Report

The Chief Executive presented the report. Francis Patton and Mike Smith were thanked for their work as Non-Executive Directors of the Trust. The Chief Executive thanked all that had helped and supported her annual Chief Executive challenge. To date circa £8.9k had been raised. The Chief Executive then highlighted the following key areas of the report:

- Awards, these showcased the good work of the Trust.
- NHS England Oversight Framework.
- Recent election results and manifesto.
- The King's Speech headlines.
- NHS Workplan.
- Virtual Ward
- Fuller Report
- Culture of care
- Electronic Patient Record (EPR) update
- Well-Led Review

Stuart McKinnon-Evans asked what impact the rapid improvement methodology for multiagency discharge event (MaDE) had had. Lynn Parkinson responded that this was a tried and test methodology used in Acute Trusts and was an improvement methodology recommended to Mental Health Trusts. This was due to be completed in the Trust in August 2024, improvements had already been identified. This would be reported to the Executive Management Team (EMT) and included in a future Board report.

Francis Patton asked for an update on the Junior Doctors pay dispute. Kwame Fofie advised that the British Medical Association had agreed a settlement with the Government and there were no future actions planned.

Francis Patton asked for the Trust position in relation to the increase of staff absences due to COVID-19 cases. Hilary Gledhill responded that sickness levels had been affected. Staff had been reminded of Personal Protective Equipment requirements and the need to undertake regular hand washing. This would be monitored.

Francis Patton also asked for examples of the difference being made by the virtual wards. Hilary Gledhill gave an example of a positive patient story. The Chair added that it had been identified that some clinicians were not referring to this service. Lynn Parkinson advised that the occupancy had recently increased to 70%. and that there had been positive patient outcomes, which would be monitored.

The following policies were ratified by the Board:

- Recruitment and Selection Policy
- Associate Hospital Managers Policy
- Car Parking Policy
- Travel and Expenses Policy
- Social Media Policy
- Grievance Policy
- Document Control Policy

Resolved: The Board noted the report.

All the policies listed were ratified by the Board.

82/24	<p>Publications and Highlights Report</p> <p>The report provided an update on recent publications and was taken as read.</p> <p><u>Resolved: The Board noted the report.</u></p>
83/24	<p>Research and Development 6 Monthly Report</p> <p>The Research and Development 6 Monthly Report was presented by Cathryn Hart, Research delivery funding had been secured, as detailed in the report. A potential risk was noted relating to the new host from October 2024.</p> <p><u>Resolved: The Board noted the report.</u></p>
84/24	<p>Refreshed Research Strategy 2024-2026</p> <p>The Refreshed Research Strategy 2024-2026 was presented by Cathryn Hart. The strategy had been refreshed to include national policy changes, policy delivery and collaborative working.</p> <p><u>Resolved: The strategy was ratified by the Board.</u></p>
85/24	<p>Electronic Patient Record (EPR) Major Projects Strategic Update</p> <p>Lynn Parkinson presented the report and highlighted the key points to the Board. The EPR Programme Board had increased meeting frequency as “go live” approached. The Forensics Division would “go live” in September 2024. E-Learning packages had been tested by clinicians and administrators and Task and Finish Groups for training were being established. Data migration was progressing well and was on track. Lynn Parkinson added that overall, the progress had been positive. The risk register was included for information. There was one outstanding risk relating to a business process change regarding waiting times, for which mapping had been completed.</p> <p>Phillip Earnshaw requested further information regarding the reason for the reduction of the scoring for the data migration risk on the risk register. Lynn Parkinson advised that a hybrid approach would be undertaken, and additional data entry staff were being recruited to manage the position.</p> <p><u>Resolved: The Board noted the report.</u></p>
	<p><i>The agenda was taken out of order after this point as paper authors were in attendance at the meeting.</i></p>
87/24	<p>Six Month Review of Safer Staffing</p> <p>Tracey Flanagan presented the Six-month Review of Safer Staffing – Inpatient Units report. The report covered data from October 2023 - March 2024 in relation to the review of staffing at team level and Care Hours per Patient Day (CHPPD). Tracey Flannagan added that all units had achieved a good level of assurance and that the Executive Management Team had requested a deep dive into staff sickness rates in in-patients.</p> <p>David Smith suggested that CHPPD could be benchmarked against other Trusts and outcomes correlated.</p>

	<p><u>Resolved: The report was approved by the Board.</u></p>
<p>88/24</p>	<p>Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update</p> <p>Alison Flack presented the report to the Board and highlighted drew the Board’s attention to the following key areas from the report</p> <ul style="list-style-type: none"> • Planning and trajectories for the year, investments, and funding. • Performance data for the previous year. The Children and Young People’s access target was met. • Significant increase seen in serious mental health physical health checks had been undertaken. • Increase in diagnosis of Dementia rates. • Cleansing project being undertaken in conjunction with primary care. • The 3-year National Inpatient transformation plan. Working in conjunction with partners. • The Mental Health Chief Executives had been working on developing the future model of the collaborative. The Integrated Care Board would confirm details. <p>Stuart McKinnon-Evans asked if transformation work had led to the decrease in performance for Talking Therapies as detailed in the report. Stuart McKinnon-Evans also asked whether the matrix had been changed to an outcome measure. Alison Flack responded that the section required re-wording but there had been a change to the outcome measures for access. Stuart McKinnon-Evans also asked if the funding had been confirmed. Alison Flack responded that the implementation plans were being developed for the SDF funding, with finalised plans envisaged by mid-August. The team were working on the assumption that funding was confirmed. Francis Patton asked if this was all the funding. Pete Beckwith responded that this was a proportion of the funding and should be confirmed however the Integrated Care Board financial position should be considered. This would be updated in the key risks.</p> <p>Francis Patton asked if the Maternal Mental Health Business plan was progressing. Alison Flack responded that it was, with further work being undertaken. This would impact in perinatal access rates.</p> <p>Francis Patton mentioned the Integrated Care Boards performance and asked how this compared to other areas in relation to the Dementia target. Alison Flack advised that there were some examples of poor performance in some areas, such as York, with similar comparisons in the region. However, Alison Flack was confident that increases were been identified from the data cleansing work. The Chair suggested benchmarking information be included in future reports to the Board. The Chief Executive added that there was a benchmarking report that could be shared with the Board.</p> <p><u>Resolved: The Board noted the report.</u></p>
<p>89/24</p>	<p>Freedom to Speak Up Guardian’s Annual Report 2023/24</p> <p>The Freedom to Speak Up Guardian’s Annual Report 2023/24 was presented by Alison Flack and accepted as read.</p> <p><u>Resolved: The annual report was approved by the Board.</u></p>

90/24	<p>Freedom to Speak Up Strategy 2024- 2027</p> <p>The Freedom to Speak Up Strategy 2024- 2027 was presented by Alison Flack and accepted as read.</p> <p>The Chair advised that she had met with the Chief Executive, Dean Royles and Alison Flack for the quarterly catch up. The Freedom to Speak Up Ambassadors would be invited to the October 2024 Strategic Board meeting as part of Freedom to Speak Up month.</p> <p>There were no questions from the Board and the report was approved.</p> <p><u>Resolved: The strategy was approved by the Board.</u></p>
91/24	<p>Social Values Report 2023/24</p> <p>The Social Values Report 2023/24 was presented by Kwame Fofie and accepted as read.</p> <p>David Smith asked how the report would be disseminated. Kwame Fofie responded that the Communication Team would share the report further. The Chair suggested that the report could also be shared with the local media via the Communications Team.</p> <p>Stuart McKinnon-Evans suggested that the front of the report would benefit with more detail regarding the methodology used. Stuart McKinnon-Evans would liaise further with Kwame Fofie outside of the meeting to discuss.</p> <p><u>Resolved: The report was approved by the Board.</u></p>
92/24	<p>Gender Pay Gap</p> <p>Karen Phillips presented the Gender Pay Gap report and advised that the national data set was for 31 March 2023. The Trust's Gender Pay Gap was reported at 12.4%, this was an improvement on the previous year's figures and better than the national average. Karen Phillips added that this data related to the difference in average pay between male and female staff. Attention was drawn to the actions listed on page 12 of the document.</p> <p><u>Resolved: The report was approved by the Board.</u></p>
93/24	<p>Equality Delivery System (EDS) 22</p> <p>Karen Phillips presented the Equality Delivery System (EDS) 22 report. She advised that the data submission provided evidence towards the Trust meeting its Equality Diversify and Inclusion objectives for patients and the workforce.</p> <p><u>Resolved: The report was ratified by the Board.</u></p>
94/24	<p>Finance Report</p> <p>Pete Beckwith presented the Finance report for quarter 1 and highlighted the key points. The Trust had a breakeven plan for the financial year and was on plan to achieve this position. There had been a focus on the Mental Health Division recovery</p>

	<p>plan to improve the forecast. Agency spend was another prime focus. The Better Payment Practice codes remained in a strong position.</p> <p>Mike Smith asked if the Mental Health Division budget was accurate as in previous years there had been an underspend. Pete Beckwith confirmed that it was accurate and that there would be a focus on spend for 2025-26.</p> <p><u>Resolved: The report was noted by the Board.</u></p>
95/24	<p>Performance Report</p> <p>Pete Beckwith presented the Performance Report for the quarter 1 period. The following key points were highlighted:</p> <ul style="list-style-type: none"> • Discussions continued to take place with the Integrated Care Board on the way forward in relation to waiting times. • There was a key focus on sickness, as highlighted in the Safer Staffing dashboard. <p>Francis Patton requested that further details be included in future reports regarding waiting times (as per that previously shared with the Board).</p> <p>Mike Smith had discussed the rising trends in waiting times with Lynn Parkinson, in particular ADHD. Lynn Parkinson added that increases in waiting times to over 52 weeks were in Neurodiversity, adult ADHD, children’s ASD, and children’s ADHD. Investments made the previous year had supported a reduction in waiting times, however funding ceased in March 2024. There had been ongoing discussions with the ICB on the way forward. It was added by Lynn Parkinson that the demand for these services had increased, and this was recorded on the risk register. This was a national issue and work was ongoing. The adult ADHD waiting list was temporarily closed due to demand.</p> <p>The Chair advised that the National Institute for Health and Care Excellence (NICE) had approved a digital ADHD test for 6-17 years olds. Lynn Parkinson said that the Trust was using this to a degree and was exploring the NICE guidance.</p> <p><u>Resolved: The report was noted by the Board.</u> <u>It was requested that the waiting times report be shared with the Board.</u> LP</p>
96/24	<p>Review of the Constitution</p> <p>The Review of Constitution report had been presented and discussed at the Council of Governors meeting.</p> <p>The paper was accepted as read. No questions were received.</p> <p><u>Resolved: The report was noted by the Board.</u></p>
97/24	<p>Finance and Investment Committee Assurance Report May 2024 and July 2024</p> <p>Francis Patton presented the Finance and Investment Committee Assurance Reports for May 2024 and July 2024. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The Trust hit the 2023/24 plan and finished in strong cash position.

	<ul style="list-style-type: none"> • Agency spend work to be undertaken. • ICS Stretch target, was felt to be a big undertaking. • Assurance received that Trust was on plan. • Good governance in relation to controls on payments over £10k. • The Budget Reduction Strategy (BRS) was on plan. • Estate Plan had delivered the objectives. • Green Plan had delivered the objectives. • Concerns on financial pressure within the divisions, recovery plans were in place as well as Quality Impact Assessments. • A recommendation had been made that a deep dive be undertaken for consideration by the Workforce Committee on agency spend. • The Committee Effectiveness Review and the Committee Terms of Reference were included with the report. <p>The Chair thanked the teams for the work in relation to the recent Cloud strike.</p> <p><u>Resolved: The report was noted by the Board and the Finance Committee terms of reference were approved.</u></p>
98/24	<p>Workforce & Organisational Development Committee Assurance Report</p> <p>Dean Royles presented the Workforce & Organisational Development Committee Assurance Report. He reported that had been an additional meeting of the Committee to approve some workforce reports. The Workforce plan, which was part of the Integrate Care Board requirements, had been approved.</p> <p><u>Resolved: The report was noted by the Board.</u></p>
99/24	<p>Collaborative Committee Assurance Report</p> <p>Stuart McKinnon-Evans presented the Collaborative Committee Assurance Report from the June 2024 meeting. Positive news had been received in relation to innovative work being undertaken. Contract negotiations would be discussed in the Part 2 Board meeting. Work was ongoing to identify patients and service users who were clinically ready for discharge or next phase of treatment, which would assist with efficiencies. Financial pressures relating to CAMHS were being monitored.</p> <p><u>Resolved: The report was noted by the Board.</u></p>
100/24	<p>Quality Committee</p> <p>Phillip Earnshaw provided an update from the May 2024 Quality Committee Meeting. The Physical Health Policy and a quality impact report on the budget reduction scheme would be presented at the next Quality Committee. A Humber Primary Care, Care Quality Commission recommendations presentation was received at the May 2024 meeting. It was noted that two of the four recommendations had been met. The next meeting would take place in a few weeks, when some annual reports would be received. The Chair added that a recent survey had identified further work to be undertaken in relation to Humber Primary Care.</p> <p><u>Resolved: The report was noted by the Board.</u></p>

101/24	<p>Items to Escalate including to the High Level Risk Register & for Communication</p> <p>There were no items to escalate.</p>
102/24	<p>Any other Urgent Business</p> <p>No other items of business were raised.</p>
103/24	<p>Review of the Meeting - Being Humber</p> <p>The Board agreed the meeting had been held in the Being Humber style.</p>
104/24	<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>
105/24	<p>Date, Time and Venue of Next Meeting</p> <p>Wednesday 25 September 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 July 2024 Board meeting and update report on earlier actions due for delivery in October 2024						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
31.07.24	95/24	Performance Report	Waiting times report be shared with the Board.	Chief Operating Officer	September 2024	
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.
31.07.24	78/24	Community Mental Health Service User Survey 2023	Presentation slides to be shared with the Board.	Medical Director / PA to Chair and Chief Executive	August 2024	Completed
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
31.07.24	78/24	Community Mental Health Service User Survey 2023	The Quality Committee to discuss survey action plans and report back to the Board in November 2024.	P Earnshaw (Non- Executive Director)	November 2024	
26.10.22	200/22	Chief Executive's	Speech and Language	Chief Operating	April 2023	Patient/Staff story to be

		Report	Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Officer	revised to 27 Nov 2024	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

Board Public Workplan April 2024/March 2025 (v2)

Chair of Board: Caroline Flint
Executive Lead: Michele Moran

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

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024																		
Title of Report:	Chair's Report																		
Author/s:	Rt Hon Caroline Flint Trust Chair																		
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>✓</td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>✓</td> <td></td> <td></td> </tr> </table>			To approve	✓	To discuss		To note	✓	To ratify		For assurance	✓						
To approve	✓	To discuss																	
To note	✓	To ratify																	
For assurance	✓																		
Purpose of Paper:	<p>To provide updates on the Chair, Non-Executive and Governor activities since the last Public Board meeting.</p> <p>Appendix 1 The Board are asked to approve the appointment of Dean Royles as Senior Independent Director (SID) with effect from October 2024 and an additional payment of £2000 pa.</p> <p>Appendix 2 Board Committee Chairs/membership and Champions 24/25 to note.</p>																		
Key Issues within the report:																			
Positive Assurances to Provide: <ul style="list-style-type: none"> Update from the last Board Strategic Development meetings. Continued high level engagement with HNY ICS Visits to Humber services Senior Independent Director Report for approval Board Committee Chairs/Members and Champions Report 		Key Actions Commissioned/Work Underway:																	
Key Risks/Areas of Focus: N/A		Decisions Made: <ul style="list-style-type: none"> Board Committee Membership and NED Champions 24/25 																	
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>Appointments Terms and Conditions Committee</td> <td>05.09.24</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trust Board</td> <td>25.09.24</td> <td></td> <td></td> </tr> </tbody> </table>				Date		Date	Audit Committee		Appointments Terms and Conditions Committee	05.09.24					Trust Board	25.09.24		
	Date		Date																
Audit Committee		Appointments Terms and Conditions Committee	05.09.24																
Trust Board	25.09.24																		

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	

Trust Chair's Board Report – 25 September 2024

Welcome to **Keith Nurcombe and Steph Poole** who started as our new Non-Executive Directors on 1 September 2024. Their induction is well underway, and we look forward to working with them and benefitting from their knowledge and expertise.

Both **Associate Non-Executive Directors (ANED) David Smith and Priyanka Perera** will have successfully completed their 12-month development programme at the end of September. In discussion with Priyanka, it was felt she would benefit from another 6 months of the programme. I have discussed and agreed the extension with Michele Moran in line with our ANED policy agreed last year. David is moving on to be Chair of St Leonard's Hospice in York. I know David has enjoyed the ANED programme and equally his contributions have brought positivity and challenge to our discussions. **On behalf of Board colleagues and governors our very best wishes to David for the future.**

I have reviewed the Board Committee Chairs/membership and Champions for 24/25 for which Appendix 1 Report is attached to note.

As Francis Patton was the former Senior Independent Director (SID) at the Trust and having left Humber on 31 August 2024, a new appointment needs to be made. Attached my Appendix 2 Report recommending Dean Royles as the new SID for approval.

The Annual Members Meeting takes place on the 26 September 2024 the day after the Trust Board, and I look forward to reporting back next time.

Trust Board/Governor Development Meeting 15 August 2024

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

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

1. Chair's Activities Round Up

Humberfest on the 11 August It was great to join staff and their families at where the sun shone and both adults and children enjoyed the games and hot dogs.

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

With Medical Director Kwame Fofie I made **an unannounced visit to Inspire on 11 September**. Inspire has accommodation in two units to supporting young people ages 13-17. One ward is a General Adolescent Ward (GAU) with 9 beds, and it

was good to talk with both staff and patients there. I was very interested in the daily/weekly activities available for these young people including how they are supported to continue their education alongside therapeutic interventions. When asked one of the patients suggested she would like to see animal therapy provided. So, I was pleased when feeding back to Emily Wood (Specialist Practitioner) that in a few days a therapy dog was visiting but it was a surprise. Kwame and I therefore can take no credit for this. Emily told us more about the community/home-based care provided for young people with eating disorders.

The second ward with 4 beds is currently not in use but we talked about the plans for it to come into service as a short-term inpatient facility.

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

At time of writing this report I am looking forward to the face to face **“It’s Never Dull in Hull (0-19 IPHNS) Service Day” on the 17 September** to meet and hear from our staff, other invited speakers as well as making the closing comments.

External meetings included:

Humber and North Yorkshire (HNY) Provider Chairs
Chairs’ ICS Briefing

Board/Governors Visits

<p>Inspire CAMHS Inspire Unit Walker Street Hull HU3 3HE</p>	<p>Date - 24 September 2024 Time 2.15pm - 3.30pm</p>	<p>Exec - Stella Jackson Governor - Anthony Houfe</p>
---	---	---

Director/NEDs Unannounced Visits

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

2. Governors

The Appointment, Terms and Conditions Committee met (05.09.24) and agreed recommending to the **Council of Governors' meeting on 17 October**, that approval be given to extending the terms of Stuart McKinnon-Evans, Dean Royles and Phil Earnshaw by 1, 1, and 3 years respectively. This would require a recruitment campaign for a new NED/Audit Chair in the Autumn of 2025. An update on the ANED programme was provided and my proposal for Dean Royles to become the new Senior Independent Director was supported. It was agreed the rest of the governing body would be emailed for their comments before approval at Board.

Governor/Board Development

Governors have requested topics on a number of service areas they would like to know more about. As a result Stella Jackson, Katie Colrein and myself have allocated the requests to either forthcoming Governor Briefings, Development Sessions or Council of Governor meetings.

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 take place 10 times a year from 0900-1000 online with time for an informal catch up with the Chair, a bitesize brief on a specific service or topical issue relevant to governors and time for governors towards the end of the hour. We still want to keep the briefing informal and short.

The next Governor briefing will be on 26 September 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. On the 3 September, I spoke to John Harding on The Breakfast Show, Great Yorkshire Radio (including Seaside FM, Great Driffield Radio and Coast & County Radio) about upcoming Governor elections. You can hear it here:



030924 D S Become
a Governor Chair Carr

Trust Chair Caroline Flint 12/0924

Appendix 1

The Board are asked to approve the appointment of Dean Royles as Senior Independent Director (SID) with effect from October 2024 and an additional payment of £2000 pa.

Trust Public Board 25 September 2024

1.The requirement and role of the Senior Independent Director (SID)

In accordance with the NHS Foundation Trust Code of Governance (A.4.1) the Board is required, in consultation with the Council of Governors to appoint one of the independent Non-Executive Directors to be the SID to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary.

The SID should be available to Governors if they have concerns that contact through the normal channels has failed to resolve, or for which such contact is inappropriate.

The SID also has a role in the appraisal of the Chairman's performance and supports the Nominations & Remuneration Committee to carry out its functions in this regard.

In line with guidance an additional payment is appropriate, and it is recommended that it be £2000 pa in line with the additional payment agreed for the Audit Chair.

Current Position

Due to Francis Patton completing his term of office at the end of August, as Non-Executive Director and SID, as Chair I have considered the requirements of the SID role. Both the Chair and Chief Executive believe Dean Royles has the appropriate skills and experience for the role. Dean has indicated that he would be prepared to take on the role.

The governor led Appointment, Terms and Conditions Committee at its meeting on the 5 September supported the recommendation that Dean Royles be appointed as SID and that all governors be consulted by email. The response from governors was supportive of Dean Royles appointment. The appointment of the SID is a Board decision.

Recommendation

The Board are asked to approve the appointment of Dean Royles as SID with effect from 1 October 2024 and an additional payment of £2000 pa.

Trust Chair Rt Hon Caroline Flint

Appendix 2

The Board is asked to note Trust Board Sub Committee Chairs, Members and Non-Executive Director Champion Roles for 2024/25.

Trust Public Board 25 September 2024

Introduction

The report is presented for noting and identifies the Non-Executive Directors who chair and are members of the Trust Board Sub Committees and the Non-Executive Directors who have been allocated NED Champion roles. The allocation was last agreed at Trust Board 29 March 2023

In discussion with the Chief Executive Michele Moran and Head of Corporate and Head Stella Jackson it was agreed to remove the non-NHSE recommended role of **Flu Champion**. This role was introduced during the Covid 19 pandemic when prevalence rates were high and was intended, to champion flu and Covid vaccinations. I think we agreed this was no longer a requirement as Covid levels are no longer at the levels they were and our Flu vaccination take up campaigns are established with very good outcomes.

The Associate Hospital Managers – these are not a NHSE recommended role but we follow Rapid Review guidance. Currently Dean Royles, Phillip Earnshaw and Stephanie Poole (replacing Mike Smith) are assuming this role and undertaking training to provide insight to the Board.

Committee Membership (NEDs):

Mental Health Legislation Committee Members	Workforce Committee Members
Stephanie Poole (Chair) Phillip Earnshaw Dean Royles	Dean Royles (Chair) Keith Nurcombe Phillip Earnshaw

Quality Committee Members	Audit Committee
Phillip Earnshaw (Chair) Dean Royles Keith Nurcombe	Stuart McKinnon-Evans (Chair) Stephanie Poole Keith Nurcombe

Finance Committee	Collaborative Committee
Keith Nurcombe (Chair) Stuart McKinnon-Evans Dean Royles	Stuart McKinnon-Evans (Chair) Stephanie Poole

NED Champions:

The table below highlights those roles which NHS England/Improvement recommend should be assigned a NED champion (NHSE guidance dated December 2021):

Role	Legal Basis	Status/Proposal
Wellbeing Guardian	Recommended	Dean Royles undertakes this role
Freedom To Speak Up NED Champion	Recommended	Dean Royles undertakes this role
Doctors Disciplinary NED Champion/ Independent Member	Statutory	Phillip Earnshaw undertakes this role
Security Management (including Cyber Security) NED Champion	Statutory	Keith Nurcombe undertakes this role

Other NED Champion roles within the Trust (these are not mandatory/recommended):

Role	Status
Emergency Preparedness	NHSE Guidance states responsibility for EPRR sits with the whole board and all NEDs should assure themselves that requirements are being met. EPRR should be included on appropriate committee forward plans (i.e. Audit Committee) and EPRR Board reports, including EPRR annual assurance, should be taken to the Board at least annually. Stephanie Poole is the NED Champion.

Non-Executive Director (NED) Mandatory Training Requirements:

Fire Safety (every 2 years)	Equality and Diversity (every 3 years)	Health, Safety and Welfare (every 3 years)
Infection Control (every 3 years)	IG and Data Security (annual)	Mental Capacity Act (every 3 years)
Moving and Handling (required to undertake once)	Basic Prevent Awareness (every 3 years)	Safeguarding Adults (every 3 years)
Safeguarding Children (every 3 years)	Oliver McGowan (required to undertake once)	Patient Safety Level 1 (every 3 years)
Associate Hospital Manager Training for half of NEDs		

Agenda Item 6

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 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"> • Retirement Policy • Business Continuity 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
Retirement Policy	23/07/2024	Associate Director of People and OD	The following changes have been made to the policy: <ul style="list-style-type: none">• Updated to reflect changes to partial retirement and to include further links to the NHS Pensions site.• Retire and Return section enhanced regarding pre-employment checks and the process for bank staff.• Information incorporated regarding early retirement reduction buy-out.• Retirement gift section firmed up.
Business Continuity Policy	03/09/2024	Chief Operating Officer	Amendments have been made to the policy to reflect feedback received from the 2023-2024 Core Standards.

1.2 Chair Award

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

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

In practice, this will mean that individuals receiving the Honorary Fellowship have either made an exceptional contribution to helping the RCGP as a professional body to achieve

this objective or have made a direct contribution to improving the working lives of GPs and their care of patients.

Well done Caroline.

1.3 Around the Trust

1.3.1 Leadership Visibility

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

1.3.2 Veterans Accreditation

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

1.3.3 SEQOHS Re-accreditation

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

1.3.4 Humberfest

11/8 we held our first 'Humberfest' a fun family day. The weather was superb along with the event which was well attended by our staff and their families.

This it is hoped will become an annual event.

1.3.5 Awards

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

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

Health Service Journal

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

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

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

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

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

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

HSJ Patient Safety Awards

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

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

Congratulations Mel and the Team.

Awards for Waste Management

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

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

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

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

Parliamentary Awards

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

1.3.6 Health Inequalities

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

1.3.7 National Staff Survey 2024

In preparation for the 2024 National Staff Survey window, plans have been finalised in partnership with the Communications Team to promote the staff survey and build on the success of the 2023 survey. The 2023 saw a significant increase in the completion rate and ensured that the views of 56% of the workforce were considered. Communication

aims will focus on widening participation as far as possible and ensuring our workforce complete the survey regardless of their experience, this is largely in response to anecdotal intelligence that those who are satisfied with their experience often don't feel inclined to engage.

The survey window will be open for 8 weeks from Monday 7th October to Friday 29th November 2024.

Key messages that will be addressed in the pre-launch phase and throughout the survey period include;

- Ensuring the workforce are clear that the survey is an official statistic, run independently of NHS England and to the highest standards of quality and accuracy.
- That the survey is confidential and anonymous.
- That after the survey closes, everyone's responses are gathered by the Staff Survey Co-ordination Centre that manages the survey for the NHS who analyse all data.
- That the survey gives an accurate picture of our organisation, to allow us the opportunity to make improvements and build upon successes for staff and service users.
- Ensuring the workforce is clear of the offer of protected time to complete the survey.

These messages will be delivered through various mediums throughout, including Trust wide global comms, Q&A sessions, development of intranet page, intranet banners and managers promo packs.

1.3.8 Gold Accreditation

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

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

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

2 Around the System

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

2.1 National News

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

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

Wes Streetworking

One team between NHSE and SoS team

Honesty is central.

Economic growth central aim

Smoking and aging coming down the line

Triple aims; hospital to home

analogue to digital

treatment to prevention

3 Director Updates

3.1 Chief Operating Officer Update

3.1.2 Leadership Visibility

The Chief Operating Officer and Director of Nursing are continuing to undertake a series of visits to in patient units, unannounced and out of hours. Visits have included Newbridges and Market Weighton Surgery. Current operational challenges were discussed, areas of transformational change work were considered and any barriers to making progress were picked up and addressed. Overall staff were motivated and were committed to service improvement.

3.1.3 Operational, Service Planning, Industrial Action and Winter Update

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

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors. The Integrated Care System EPRR team continues to work with organisations to prepare and manage the collective action being undertaken by some GP practices and Primary Care Networks. Some impact of this action is being experienced by our services, e.g. electronic referral systems not being used and referrals reverting to letters. Our emergency planning arrangements have and will continue to be stood up to coordinate and implement our plan to manage the impact of any further action. Tactical/Silver command will continue to meet regularly during any action and report to Strategic/Gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant adverse impact on our services.

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. New national, regional and ICS wide OPEL reporting arrangement came into effect earlier in the year with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent escalation are robust. Triggers are now in place that stand up daily executive director level response when necessary. National work is taking place to develop a standard OPEL framework for mental health and community services, it is expected that this will be finalised prior to winter this year. The Trust has provided feedback on the proposed measures and triggers.

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

Operational service pressures have been stable in the Trust in August and early September. 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 our mental health inpatient beds 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. The localised pressures that were experienced in our learning disability inpatient service at Townend Court due to staff absence and the complexity of patients have improved due to newly recruited staff coming into post in July and August.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in August and early September 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. 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. Unfortunately, some children on the neurodiversity waiting lists are now presenting with mental health needs, this is being monitored very closely. High demand for young people experiencing complex eating disorders has plateaued and the new eating disorder community treatment service is addressing this and demonstrating that admissions to acute hospital and CAMHS beds are being avoided. Occupancy and patient flow in our CAMHS inpatient beds continues to be effective. Focus continues on our children's early intervention services, particularly embedding the support teams in schools.

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 74.2 – 82.9%. 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 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, this work is expected to be finished by the end of September. 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, our overall position however has improved in August.

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. The number of patient clinically ready for discharge reduced in August.

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 in order to improve our bed availability and reduce our need for out of area placements. To achieve this, we have utilised the nationally recommended "rapid improvement methodology for multiagency discharge event (MaDE)" throughout July and August. We are 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 introduced:

- 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.
- A specific focus on PICU and analysis of patient pathways to identify why access to PICU and length of patient stay is problematic.
- The work will culminate in a "Super MaDE" event in early September 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 and North Yorkshire areas more recently for both health and social care. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for short periods during the last two months, periods of de-escalation to OPEL 3 and 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 industrial action and other pressures. A number of ICB events have continued to place in August and September 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. The ICB UEC board and Place based boards are reviewing their terms of reference to strengthen further the achievement of improved performance.

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 overall staff absence position due to sickness is currently at 7.30% and is slightly increased from the position reported in July.

The Trust continues to effectively manage the impact of high system pressures and GP 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.

National plans to **release prisoners early** to help relieve prison capacity pressures will take place in September and October, health services are required to provide support to ensure the continuity of care for individuals with health needs. Whilst this will have impact on wider community services and primary care, details that have been received by the Trust demonstrate that this will particularly have impact on our Community Mental Health Teams. These teams have clinical and operational processes in place to respond to this additional demand.

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, ongoing consideration is given to this alongside ongoing operational challenges and winter preparedness.

3.1.3 Multi-Agency Public Protection Arrangements (MAPPA) Update

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National

Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

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

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

The Trust has developed a system of Single Points of Contact or SPOCs in all the Divisions, supported by the Clinical Lead so that MAPPA issues can be well coordinated and communicated. As well as single points of contact for each division, a number of staff are MAPPA "champions" who provide easily accessible support and advice to the teams that they work within.

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

The Trust SOP (standard operating procedure) for MAPPA is currently under review (routine) and this will have been completed by the end of September 2024, with no significant changes anticipated. A MAPPA and Mental Health meeting takes place quarterly and at the recent September meeting chaired by Helen Courtney, business covered included the review of the SOP and a discussion about how the new electronic patient record and its impact on MAPPA recording/review. This has been fully taken into account in the EPR programme. All MAPPA related information for the Trust is available on the Trust intranet:

<https://intranet.humber.nhs.uk/multi-agency-public-protection-arrangements.htm>

Sally Adegbembo is the new Head of Probation for South Yorkshire and Humber and has assumed responsibility for chairing the MAPPA Strategic Management Board (SMB). The SMB has met once in the period since the last MAPPA report to the Board.

The Humberside Criminal Justice Board (CJB) met in July and also held an extraordinary meeting at the end of August to review actions and learning in the broad criminal justice space in light of the violent disorder seen in Hull and other UK cities at the beginning of August. It was a partly reflective meeting but also focussed on the swift judicial response to the disorder.

The meeting also reminded participants that anyone who believes that they are a victim of crime can access the website <https://affectedbycrime.com/> whether or not they have reported the offence to the police, which may be of use to staff and patients in the Trust. Arrangements are being made to publicise this through our usual routes internally and the link will be added to the MAPPA pages on the intranet. The CJB has also updated its

Data-Sharing Memorandum of Understanding which will be considered by the Information Governance meeting.

MAPPA awareness training provided by probation for our staff continues with a new session expected to be arranged this autumn. The Trust continues to fulfil its responsibilities to MAPPA as a Duty To Cooperate agency.

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility

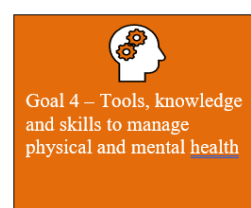
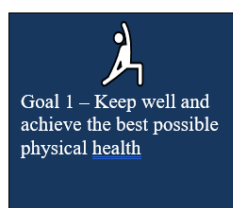
Visits have been undertaken to Townend Court to meet the patients and the nursing staff to see first-hand the work the team are undertaking to deliver high quality services for this patient group.

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

3.2.2 Physical Health Strategy

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

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



In the delivery of these key goals we will ensure:

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

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

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

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

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

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

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

- **Poor operational performance**

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

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

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

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

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

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

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

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

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

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

The review has identified 6 concerns with the SAF:

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

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

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

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

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

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

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

The review has been concerned to find that overall ratings for a provider may be calculated by aggregating the outcomes from inspections over several years. This cannot be credible or right. Providers do not understand how ratings are calculated and, as a result, believe it is a complicated algorithm, or a 'magic box'. This results in a sense among providers that it is 'impossible to change ratings'. CQC is seeking to bring greater clarity to how ratings are calculated and is developing materials to

facilitate communication and build transparency. Ratings matter - they are used by users and their friends and family, and they are a significant driver of staff recruitment and retention. They need to be credible and transparent.

Recommendations

There are 5 recommendations in line with the findings above:

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

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

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

3.2.4 Developing a Partnership Approach to Peer Review

As part of the Trusts commitment to partnership working across the Humber and North Yorkshire ICB, we have partnered with Tees Esk and Wear Valleys NHS Foundation Trust (TEVW) to develop a reciprocal peer review process. This project builds on the work already embedded in the Trust in respect of the internal peer review processes and the processes in TEVW.

The purpose of the project is to further develop a peer review process between the two organisations, which will not only enhance learning through independent review, but also build upon the work we are undertaking on the well led element of the CQC quality standards framework.

The co production of this process between the two organisations will also provide an opportunity to not only receive external feedback about our services, but to share learning and good practice across the two organisations.

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

3.3.1 Leadership Visibility and Visits

A planned visit was undertaken to Eating Disorder Intensive Therapy Team in September 2024.

3.3.2 Off Framework Agency Use

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

3.3.3 Recruitment Statistics

Our recruitment team figures from TRAC benchmarking data covering the period of 1st April – 30th June 2024 show that recruitment time had slightly improved:

Employment check Total Lapse Time (speed) which took 21 days on average and **ranked 29 out of 193 trusts.**

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

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

3.3.4 People Promise Exemplar Update

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

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

To test the assumption, exemplar sites are asked to:

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

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

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

3.3.5 Being Humber refresh

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

Capturing the Culture:

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

Guiding Performance:

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

Promoting Inclusivity and Equality:

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

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

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

3.3.6 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 July, our compliance remains steady at 94.99%, 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.

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.

3.3.7 E-Rostering the Clinical Workforce

As at August 2024 81% of the Clinical Workforce are on E-roster with a further 19% 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.

3.3.8 Respect becomes Business as Usual

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

3.3.9 No Excuse for Abuse Framework

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

3.3.10 Flu Programme 2024

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

The 2023/24 Flu campaign saw Humber achieve 53.6% uptake for employed staff and 49.7 staff including our active bank staff. The plan for 2024 follows similar principles delivered in 2023, with plans ongoing to host a large scale initial vaccination event, followed by peer vaccinator and OH led clinics.

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

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

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

3.4 Medical Director Updates

3.4.1 Leadership Viability

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

3.4.2 Medical Education

- General Medical Council National Training Survey (GMC NTS) results received August 2024.
 - Some triple green outliers which signify good practice and/or initiatives we have implemented.
 - Trainer results excellent - **Top scoring Trust in UK (out of 226 Trusts)**
 - Trainee results good.
 - Review meeting held with NHS England Education Quality Support Manager on 28th August 2024 to understand results fully and to ensure no major areas of concern.

- Executive Medical Director and Head of Medical Education & Medical Directorate Business engaged in Library & Knowledge Service Improvement Conversation with HUTH & NHS England:
 - Shared Performance Improvement Plan (developed by HUTH as provider).
 - Trust recommendations report expected September 2024.

- NHS England Annual Multi-Professional Self-Assessment Report (SAR) for Service Providers 2024 completed (submission deadline 1st October 2024). Positive Assurances:
 - The Trust is meeting requirements in relation to the quality of healthcare placements for learners.
 - Set standards are being met which are based on the philosophy of continuous quality improvement, development of action plans, implementation, and evaluation.
 - The SAR offers the opportunity to identify and confirm best practice which may be shared within and across organisations.
 - No key risks/areas of focus identified.
 - Educator Workforce Strategy and how we meet this to be considered across Medical Education.
 - Safe Environment Learning Charter (SLEC) self-assessment completed in Medical Education.

- Safe Learning Environment Charter (SLEC) Self-Assessment completed for Undergraduate & Postgraduate Medical Education and action plan completed with focus on 'Wellbeing'.

- Recruitment for replacement HYMS Team Lead in progress – 2 applications received and interviews being planned.

- Sarah Chew, Nurse Lead, Medical Education – Passed PG Cert in Medical Education.

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

- Insomnia CBT Course 25th September (fully subscribed).
- Medical Education Conference 2024 - International Medical Graduate Learning & Development Forum 16th October 2024.

3.4.3 Mental Health Act

To date since July we have carried out 4 Mock CQC MHA visits. These have been well received. Main issues picked up have been in relation to possible blanket restrictions regarding kitchens, and also RC responsibilities: problems with completion of S17 leave forms, Z48s and urgent treatment forms.

The team is currently occupied with the launch and embedding of SystemOne and we hope to find ways of making completion of the above forms a little easier including better monitoring processes. We also want to explore the possibility of the development of a MHA dashboard similar to the RRI dashboard so that we can monitor compliance with the MHA at a glance.

3.4.4 Quality Improvement

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

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

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

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

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

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

3.4.5 Research and Development

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

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

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

3.4.5 Psychology

3.4.5.1 Trust-Wide updates

Sarah Rockliff has commenced in post as interim Associate Director of Psychology, with Carolyn Scott being successfully appointed to the interim Lead Psychologist for the forensic division, which she commenced in August.

Work is underway to re-design structures to bring all the psychological professions in the organisation together under one leadership. Sarah Rockliff is running a series of consultation sessions with the psychological professionals, to hear their views and prepare them for the forthcoming change. She is working on different workforce models with HR, in order to present an options paper to CRMG and ODG with different potential structures. She will produce a paper outlining the process, with key milestones, for EMT.

Alex Hamlin, Lead Psychologist for Learning Disabilities has begun work on a new project supporting the trust's implementation of the Culture of Care Programme. This national project is part of NHS England's Quality Transformation Programme. The aim is to improve the culture of inpatient mental health, learning disability and autism wards for patients so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work. The Royal College of Psychiatry and the National Collaborating Centre for Mental Health are leading an extensive programme of support to 60 providers of inpatient care across the country, including HTFT. Four of our wards have been selected for inclusion; Swale, Avondale, Westlands and Townend Court.

The programme is based on four key interventions;

1. Ward Based Quality Improvement
2. Organisational Level Quality Improvement
3. Leadership Support
4. A personalised Approach to Risk

Psychologists from across our organisation have come together to provide safe reflective spaces for staff affected by the recent riots in Hull. These have been well received, and Sarah Rockliff is now working with EDI leads and networks to discuss the ways psychology can expand their support to this work.

3.4.5.2 Training and Development Updates

All 26 places on the University of Hull DClinPsy (clinical psychologist training) course have been recruited to, and onboarding is nearing its conclusion. As the number of training

places continues to increase, we are working creatively to fulfil the increased placement and supervision requirements, to good effect.

A number of our assistant psychologists from all the specialities have successfully secured places on their clinical psychology doctorate training courses. For context; national data demonstrates that only 21% of applicants are successful in gaining a place on these courses. We have team members leaving to commence their training at Sheffield, Leeds, and 'Trent' (Lincoln and Nottingham) course. We're really pleased to be supporting aspiring psychologists with their career path, and hope that in future years they move back to Hull area to move back to the trust for qualified positions. We continue to work with the University of Hull to progress the work around a change to their admission pathways in order to support local talent.

Recruitment is either underway, or complete, for the vacancies created by these moves: the number of applicants for each post has ranged between 50 and 70, the majority of which are outstanding candidates.

Charlotte Griffiths Forensic Psychologist in the forensic division, was successful in gaining her diploma in CFT with the Compassionate Mind Foundation.

3.4.5.3 Learning Disability Speciality Updates

QI work is underway reviewing the learning disability dementia pathway. A review of the research, national guidelines, and reflections on service user experiences is leading to some proposed pathway changes. The aim is to place greater emphasis on post-diagnostic support and to develop strong connected MDT approaches.

3.4.5.4 Forensic Speciality Updates

Having established effective assessment and treatment within the two initial prison sites, work has also been being undertaken in supporting the team for the new contract at HMP Full Sutton. We been working hard to set up psychology provision into this establishment, including key recruitment.

The in-patient team designed and delivered some HCR-20 refresher training, developed in response to feedback from staff who had undertaken the original training some time ago or had not recently been involved in completing the assessments. An event was delivered in June which was a more efficient way to meet these needs rather than individuals repeating the more in-depth training. Further foundation (2 day) HCR-20 training being delivered in October, and will welcoming attendees from some of our forensic partner organisations as well as from other parts of the Trust.

Carolyn Scott has been involved in a multi-disciplinary group which have revised and re-launched the induction training programme to new starters to the forensic division. This has also involved constructing and publishing the Forensic Division Training Catalogue, providing a range of training events for staff across the division. Members of the psychology department across the in-patient and community teams have been playing a significant role in delivering key modules of the induction programme which have been positively received.

3.5 Director of Finance Updates

3.5.1 Leadership Visibility

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

3.5.2 Cyber Security Updates

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

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2024: 112 (*Incl 8 in August*)
- High Priority CareCERT notices Issued during 2024: 10 (*0 in August*)

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

3.5.3 Estates and Hotel Services Updates

- The rebrand of the department to Humber Facilities Management is progressing well. Further engagement with Comms and new graphic designer planned for November. Updated Intranet pages have been developed for inclusion within launch material.
- Trust HQ Demolition - Works recommenced in August, with the remaining above ground structure now removed. Works continue to break out the ground structure and services. It is anticipated that the demolition contracted works will complete by end of October, with hoarding to follow as a blank canvass for future comms.
- Recently approved capital applications for Staff Wellbeing Improvements for the CITOP team at Millview; and formation of a multi-faith room on PICU. Both projects are currently being incorporated into the capital programme for completion this financial year.

- Working in partnership with forensic services to showcase our collaborative working achievements with forensic services to have a combined stall at the Annual Members Meeting later in Sept.
- Face to face fire warden training planned to commence from 1 October 2024, with inpatient sites targeted in the first instance and unit managers contacted. Bookings have been requested from Newbridges and Miranda House in the first instance.
- Decorator nominated by training provider for Apprentice of the Year 2024 with results to be announced Thursday 19th September at MKM Stadium.
- Power BI now embedded within the department with specific focus on budget monitoring and financial forecasting.
- All electric vehicles now in place and livered up, which includes for targeted Health Stars branding on one van.
- Patient Led Assessment of the Care Environment (PLACE) assessments commenced week commencing 9th September 2024.
- Nominated for a national waste management award.
- Team wellbeing walks continue and the latest one visited the trees that were planted on the Rugby Field at Willerby.
- New cleaning products being rolled out in September which are friendlier to the environment and the packaging and bottles are all recyclable and contribute to our overall carbon footprint reduction; all in line with the Trust Green Plan objectives.
- Staff survey follow on work underway, which has taken further feedback from follow up staff engagement sessions and coffee mornings. Action plan in development.

3.5.4 Digital Updates

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

3.5.5 Partnerships and Strategy Update

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

programme and agreed to further work to embed health inequalities in the Trust's major transformation projects

3.5.6 Finance Updates

- The Governments accepted the recommendations of the NHS Pay Review Body and agreed a 5.5 % consolidated pay uplift. This will be backdated to 1 April 2024 and paid in October salaries. The pay round also agreed to add intermediate pay points at each of bands 8 and 9 to which staff should progress after 2 years at the respective band.
- The Trust will be using a different Expenses system from December. The Giltbyte system which is part of ESR will provide very similar functionality to the current system but is free of charge and will offer the Trust a level of savings.

4 Communications Update

- **Service Support**

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

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

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none"> • Promotional Video – ED Streaming https://youtu.be/AqAXL-OwBVM • 111 Mental Health Roll Out • Person Centred Care Planning
Community & Primary Care	<ul style="list-style-type: none"> • GP practice website development • Primary Care Addition Service x2 new services • Changing Places – Whitby • Artwork in Whitby UTC
Children's and Learning Disabilities	<ul style="list-style-type: none"> • Divisional website development • Granville Court Build Programme • Youth Mental Health Day
Mental Health Support Teams (MHST) This team have a dedicated communications officer in post.	<ul style="list-style-type: none"> • Social Media growth 17% • Engagement rate 10.5%, • Profile reach 4,773 (+ 34%) • New paid content plan. • New free digital resources to support child and young people's mental health and wellbeing. • Co-produced anti-bullying video created to tackle high rates of bullying incidents in secondary schools – view here.
Forensic	<ul style="list-style-type: none"> • Service User involvement in EDI

	<ul style="list-style-type: none"> • A day in the life case studies • Learning and development for staff • EPR training launch
--	---

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;

- Social Media

Continued to grow the combined following to 425, an increase of 7% since last month. Engagement rate remains far above average at 8%, page and profile reach has increased to 5473, an increase of 14% since last month. Managing the delivery of a paid content plan with external agency in line with agreed strategy – findings will be reported next month.

- Digital resources

Continuously developing a collection of digital resources to support CYPs mental health and wellbeing, free to download and accessible via our social media channels. This month’s click through rate remains far above average at 102.2%. This month the collection will grow to include parent/carer guides focused on returning to school and keeping young people safe online.

- Youth Mental Health Day

Managed the delivery of a prerecorded assembly for Youth Mental Health Day, to be shared with all mainstream secondary schools, a powerful tool to reach more young people in school without strain on workforce. Draft video can be viewed [here](#). In addition, developing multiple resources with key messaging and information to tackle everyday challenges amongst families.

- Child Wellbeing Practitioner Branding

To support merge into MHST, service brand developed with assets which are now live on our Brand Centre and in use by the team and partners.

Theme 1: Promoting people, communities, and social values

- Brand Updates

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

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

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

We have appointed a Band 5 Graphic Designer into the team to further support brand development and campaign delivery. This role was created following a business case to

demonstrate where savings could be made from utilising freelancer designers and agencies.

World Mental Health Day

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

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

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

- **Whitby Artwork**

The art group's collection for Whitby Hospital has been chosen, featuring 136 images that will be displayed on the Whitby UTC digital PIP screens, with a rotating selection of images will be showcased each month. The group has been asked to provide title suggestions for the artwork collection and indicate what information should be included in the descriptions. The artwork is now being organised into a format suitable to be uploaded to the screens.

Social media

- **National Campaigns**

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

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

- **Staff Stories**

In the last month we have featured stories on:

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

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

Media coverage

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

- **Events**

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

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

Other events:

- Humberfest (Staff Family Fun Day-11th Aug 2024)
 - 226 Attendees
 - 96% of staff members would attend the event next year with the remaining 4% saying they ‘maybe’ would
 - 92% of staff members would encourage colleagues to attend next year if we did a similar event
- Staff Awards Shortlisting
 - Shortlisting took place across each category with support from EMT and NEDs
 - Final shortlisting took place with Michele and Caroline
 - Communications and filming now in the planning for nominees

Upcoming events:

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

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

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

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

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

Awareness Days

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

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

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

Theme 2: Enhancing prevention, wellbeing and recovery

- **Good News**

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

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

Theme 3: Developing an effective and empowered workforce

- **Humbleivable**

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

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

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

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

- **'Your Humber Plus'**

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

- **Intranet Staff Engagement Project**

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

- **The NHS Staff Survey**

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

- **Flu vaccines**

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

- **Completion of 100K Your Way**

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

The key stats from the feedback are:

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

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

Media Training

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

12 September 2024

14 November 2024

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

Theme 5: Innovating for quality and patient safety

Awards Shortlists

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

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

Theme 6: Optimising an efficient and sustainable organisation

EPR

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

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

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

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

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

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

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

Interweave

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

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

AccessAble

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

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

Trust website service landing pages

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

Trust website migration

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

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

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

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

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 / 2 neutral mentions 0 negative stories covered by media
Visits to Brand Portal	Up 20% to 696 sessions	415	642
Facebook engagement rate	2%	2.69%	4.31%
Twitter engagement rate	2%	4%	3.11%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	88 new followers – 5,289 total

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%	26.1%
Increase subscribers	Increase by 40% p/a	149	Total subscribers: 158 – 2.6% increase

Theme 3: Developing an effective and empowered workforce			
KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced – excluding homepage	< 50%	57.36%	19.25% (excludes homepage)
Intranet sessions maintain at current level	77,101 sessions p/m	77,101	75,409
Global click through rate (CTR) increase	7%	8.9%	8.2%

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 shortlists in HSJ Awards</p> <p>3 award shortlists in Social Worker of the Year</p> <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 bounce rate – whole site	Below 50%	66.7%	63.8%
Average page visits/views per session	Below 3	2	1.9
Increase average session duration	+ one minute	1m 32s	1m 41s

5 Health Stars Update

Theme 1: Be a trusted and engaged charity partner

- Customer Relationship Management software
We have written a paper for Digital Delivery Group and a DPIA is in progress to support this. Having a specific fundraising database will ensure we can provide excellent support care to everyone raising money for Health Stars.
- Just Giving
We are looking to sign up to the Grow Plan, Just Giving's monthly subscription, which will give us access to reports and enable to us to allocate donations accurately.
- Communications and Marketing
The Fundraising Pack has been printed and will be sent out to anyone doing any fundraising activity for Health Stars.
- 2nd – 6th September was Health Stars Week! In support of International Day of Charity we created a week of themed events and communications to raise awareness and inspire support. We have seen increased activity on the website and a rise in the number of wishes being received throughout the week.
 - Monday: Launch of Health Stars promo [film](#)
 - Tuesday: Launch fundraising pack
 - Wednesday: Wish Wednesday!
 - Thursday: ChariTea

- Friday: Fundraising Friday
- The Health Stars team ran a ChariTea cake sale at Trust HQ as part of Health Stars Week and the Finance Directorate held one at East Riding Community Hospital in between their team meetings, between them they raised £120. We also sent out 4 other Fundraising Packs to teams interested in holding their own event.
- The charity had a presence at the first HumberFest family and friends summer event. A Bring and Buy Sale and Guess how many Sweets in the Jar raised £120.
- Health Stars online workshops run by the Charity Manager for staff have been well attended
- Health Stars attended the Scarborough Prospect Hub Wellbeing Day to engage with staff in North Yorkshire
- Runners taking part in the Humber Bridge Half Marathon have already raised over £1000 for Health Stars.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Be a trusted and engaged charity partner			
Funds raised	£100k	£77,314	£50,244.84 YTD This month: £2933.40
<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

Theme 2: Improve Patient Care and Experience

Dreams are our requests for charitable funds over £5000.

- We are currently working with four 'Dream Teams' on the following projects
 - **Walker Street Centre – Waiting Room**
 - Work has started
 - **Fitzwilliam Ward at Malton Hospital - Dementia Friendly Day Room**
 - Designs being worked on
 - Awaiting landlord permission
 - **Fribo Scanner - portable liver scanner for the community (Bridlington)**
 - Partnerships Team working on bigger proposal
 - **Whitby Hospital – children’s area in waiting room**
 - First Dream Team meeting in September
- Two other dreams are being developed for submission
 - **Westlands Garden**
 - **Mobile clinic for ISPHNS**

- 32 wishes have been received since we reopened on 20 May 2024, 13 of them in this period
 - 10 have been completed.
 - 7 have been declined or cancelled
 - 15 are in progress

- Wishes submitted in this period include:
 - Diaries for patients in STaRS
 - Digital Dermatoscope for Humber Primary Care
 - Christmas card to send to patients
 - Merchandise to support the delivery of the People Promise

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 • Mental Health
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	Current live estates Dreams are; <ul style="list-style-type: none"> • Walker Street • Malton • Whitby Hospital Children's Area
Increase wishes approvals	By 20% (target 82 wishes)	22/23 - 62 wishes approved 23/24 7 wishes approved (note 27 of these wishes were completed on handover as legacy wishes)	10 have been approved 15 are in progress
Case studies per week	1 per week	3	Over 30 case studies completed since relaunch

Supporting Staff

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

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		Paper coming to Charitable Funds Group in November
Visits to charity guidance on Health Stars website – Access Funding page	KPI to be set after 3 months of figures obtained	n/a	73 visits this month (84 last month)

Develop Partnerships

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

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	Facebook: 860 followers (3.7% increase) Instagram: 361 follows (3.8% increase)
	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 clubs	360 sign ups to email clubs	104 sign ups (2.7%)
	Stakeholder newsletter sign ups	n/a	Not launched yet (waiting for CRM)
Lottery sign ups	20% staff	720	101 (14%)
Pennies from Heaven sign ups (Microhive)	20%	720	435 (60%)
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	Four live dreams in planning phase.

Michele Moran
Chief Executive

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	Publications and Policy Highlights														
Author/s:	Name: Michele Moran Title: Chief Executive														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	<p>To inform and update the Trust Board on recent key publications and policy since the July Board (detailed below):</p> <ul style="list-style-type: none"> • Learning from Trust Health Inequalities Strategies • Recruitment and retention of Community based staff • Care Quality Commission review • Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust • Regulation and oversight survey • Shaping better services for children and young people • Over 1,000 more GPs to be recruited this year • Virtual wards operational framework • Crisis mental health support from NHS 111 														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> • n/a 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • n/a 													
Matters of Concern or Key Risks: <ul style="list-style-type: none"> • n/a 		Decisions Made: <ul style="list-style-type: none"> • n/a 													
Governance:		Date	Date												
	Audit Committee		Remuneration & Nominations Committee												
	Quality Committee		Workforce & Organisational Development Committee												
	Finance & Investment Committee		Executive Management Team												
	Mental Health Legislation Committee		Operational Delivery Group												
	Charitable Funds Committee		Collaborative Committee												
			Other (please detail) Board												

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	

Publications and Policy Highlights

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

1. Learning from Trust Health Inequalities strategies

NHS Providers has published a report which highlights the key components of a successful trust strategy for reducing health inequalities. It is based on desk-based research into a selection of published trust strategy documents and follow-up interviews to better understand the extent to which action on health inequalities has been prioritised.

The review report is available via this link: [review-of-nhs-trust-strategies-for-addressing-health-inequalities.pdf \(nhsproviders.org\)](https://www.nhsproviders.org/review-of-nhs-trust-strategies-for-addressing-health-inequalities.pdf)

Lead: Medical Director

The Trust health Inequalities plan have included many of the strategies outlined in this publication. We now have in place a Trust-wide approach to addressing health inequalities focused on raising awareness and empowering staff at all levels to act, ranging from board level, individual practice to service and pathway redesign. The programme has provided a focus and governance structure for health inequalities activity across the Trust. The plan is ensuring that approaches to health inequalities are embedded in clinical practice, workplace culture and training and System working to address the wider determinants of health. We will use this publication to strengthen our approach.

2. Recruitment and retention of Community-based staff

Growing the Community workforce is key to providing safe and timely care in the community and achieving national ambitions to deliver more care at and close to home. Whilst national staff survey results have revealed many staff enjoy working in the community, recruitment and retention challenges persist.

The Community Network has issued a report highlighting the work being undertaken by four trusts to recruit and retain Community-based staff. The report can be accessed via this link: [People first \(nhsproviders.org\)](https://www.nhsproviders.org/people-first)

Lead: Chief Operating Officer:

This report is being considered by the Community and Primary Care division, the case studies are helpful and highlight areas of focus that are very much aligned with our community workforce plans:

- Active work to improve retention and reduce turnover.
- Focus on staff engagement, this division had a significantly improved response to the NSS in 2023.
- Developing career pathways, approaches to “grow your own” staff and opportunities for training and development.
- The benefit of a cadet programme.
- Focus on culture and staff health and wellbeing.

These areas will continue to be reflected in the community service workforce plan.

3. Care Quality Commission review

In late July, Dr Penny Dash published the [interim report](#) of her review into the Care Quality Commission (CQC)'s operational effectiveness. The purpose of the ongoing review is to examine the suitability of CQC's new single assessment framework and methodology for inspections and ratings of providers. The next stage of the review will focus on patient safety, exploring the perspectives of patients and the role of regulation – including CQC, and other regulatory bodies – in improving safety. The review is expected to conclude this autumn.

NHS Providers set out the key findings and recommendations of the interim report in a [recent briefing](#), as well as the next steps for the CQC and the possible impact on providers of health and social care.

Lead: Director of Nursing, Allied Health and Social Care Professionals:

[Full briefing regarding the findings in the September Board CEO report.](#)

4. Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust

The CQC has published [the final part of its special review](#) of mental health services at Nottinghamshire Healthcare NHS Foundation Trust (NHFT).

The review was commissioned, under Section 48 of the Health and Social Care Act 2008, following the conviction of Valdo Calocane in January 2024 for the killings of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber. The CQC was asked to look at three specific areas: a rapid review of the available evidence related to Valdo Calocane; an assessment of patient safety and quality provided by NHFT; and an assessment of progress made at Rampton Hospital since the most recent CQC inspection activity.

The publication makes recommendations for NHFT that relate to the care of Valdo Calocane. The Health and Social Care Secretary Wes Streeting has called for the review's recommendations to be implemented across the country.

Lead: Director of Nursing, Allied Health and Social Care Professionals:

[Trust response to the report recommendations detailed in item 12 on the September Board agenda: CQC review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust: Humber Teaching NHS FT response.](#)

5. Shaping better services for children and young people

NHS Providers has published a report which provides a comprehensive view across the provider sector of children and young people's healthcare services in England. It gives an overview of the challenges facing children and young people in accessing care; shares examples of the local initiatives and progress made by providers and their partners; highlights the national and system-level action needed to further support trusts; and makes a set of recommendations for the government.

The report can be accessed via this link: [Forgotten generation: shaping better services for children and young people \(nhsproviders.org\)](#)

Lead: Chief Operating Officer:

This is a helpful report and unsurprisingly highlights the increase in demand and slow recovery of children's services post the pandemic. It concludes that prevention and early intervention is where the focus needs to continue to be, with a comprehensive multiagency approach. This aligns with our own service change plans, with our focus on support in schools and out of hospital provision. This report is being considered by the Childrens and Learning Disability Divisions Clinical Network.

6. Over 1,000 more GPs to be recruited this year

The Department of Health and Social Care has announced that more than 1,000 newly qualified GPs are to be recruited.

Bringing back the family doctor is central to the government's plan to rebuild the health service, and the changes being made to cut through the current rules are designed to help more patients get access to GPs and ensure more GPs are able to find roles, so that people in communities across England will receive the timely care they deserve this year.

The link to the press release can be accessed via this link: [Over 1,000 more GPs to be recruited this year - GOV.UK \(www.gov.uk\)](#)

Lead: Medical Director:

The Trust has expanded the training of GPs in Primary Care and in Mental Health Divisions. At present we have recruited into all previously vacant GP posts and our practices have become an employer of choice for new GPs coming out of training due their positive association with the trust. The trust is therefore appropriately placed to take advantage of GP expansion.

7. Virtual wards operational framework

Virtual wards allow patients of all ages to safely and conveniently receive acute care at their usual place of residence, including care homes.

There is growing evidence that when all core components of these services are delivered at scale for appropriate patients, they provide a better patient experience and can improve outcomes compared to inpatient care, whilst reducing the demand for hospital beds. The virtual ward model has broad clinical support, including endorsement from professional bodies.

Virtual wards are now available in every integrated care system (ICS), although there is variation in the models and pathways they deliver. This is due to pre-existing service arrangements to address local need, and because national policy has supported a diversity of approaches to enable rapid expansion. Evaluation suggests that greater consistency nationally in the components of virtual wards would maximise benefits for patients and the wider system.

NHS England has published a framework which supports consistency across the NHS and the relevant goals in line with the [Year 2 urgent and emergency care \(UEC\) recovery plan](#) and the [2024/25 priorities and operational planning guidance](#). It is designed to optimise occupancy so it is consistently above 80%. It also clarifies the expectations of virtual wards and how they should be developed over time to maximise benefits for patients and the NHS.

The framework is accessible via this link: [NHS England » Virtual wards operational framework](#)

Lead: Chief Operating Officer:

This framework has been reviewed by our Community and Primary Care Division and our Frailty Virtual Ward service has been considered against the good practice criteria it sets out. Key to the

development of our ward has been the consistent availability of GP input, this has now been achieved with a new contracted arrangement. The clinical and operational practice supporting our service is in line with that set out within the framework. A consistent level of good occupancy of the service has been a focus, it is expected that with the improved medical input this will now be achieved.

8. Crisis mental health support from NHS 111

NHS 111 is now offering crisis mental health support. People of all ages, including children, who are in crisis or concerned family and loved ones can now call 111, select the mental health option and speak to a trained mental health professional.

NHS staff can guide callers with next steps such as organising face-to-face community support or facilitating access to alternatives services, such as crisis cafés or safe havens which provide a place for people to stay as an alternative to A&E or a hospital admission.

Further information can be accessed via this link: [NHS England » NHS 111 offering crisis mental health support for the first time](#)

Lead: Chief Operating Officer:

The Trust has provided the NHS 111 option 2 for mental health support from September 2023 as part of a national pilot approach. The service is provided through the pre-existing 24-hour Mental Health Advice and Support telephone line provided for the Trust through a partnership with Hull and ERY MIND. The demand is already high for the service, and a paper taken to our recent Quality Committee set out the work taking place to ensure that this is responding well and effectively.

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	Patient and Carer Experience Annual Report (2023/2024) including Complaints and Feedback														
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Co-production) David Napier (Complaints and Feedback Manager)														
Recommendation:	<table border="1" data-bbox="539 719 1520 837"> <tr> <td data-bbox="539 719 938 757">To approve</td> <td data-bbox="938 719 1031 757"></td> <td data-bbox="1031 719 1410 757">To discuss</td> <td data-bbox="1410 719 1520 757"></td> </tr> <tr> <td data-bbox="539 757 938 795">To note</td> <td data-bbox="938 757 1031 795"></td> <td data-bbox="1031 757 1410 795">To ratify</td> <td data-bbox="1410 757 1520 795" style="text-align: center;">√</td> </tr> <tr> <td data-bbox="539 795 938 837">For assurance</td> <td data-bbox="938 795 1031 837"></td> <td data-bbox="1031 795 1410 837"></td> <td data-bbox="1410 795 1520 837"></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>To ask the Trust Board to ratify the Patient and Carer Experience Annual Report (2023/2024) including Complaints and Feedback.</p> <p>A short film including highlights of the annual report will support this written document.</p>														

Key Issues within the report:

<p>Positive Assurances to Provide: By listening to feedback, it is helping us to understand and influence our service provision as well as shape the services we deliver. Key highlights from the past year include:</p> <ul style="list-style-type: none"> • April 2023 saw the introduction of the Involving Patients, Families and Carers Sub-Group of the Patient Safety Incident Response Framework (PSIRF) steering group. The group has been instrumental in providing a patient/carer voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures. • In May we held our annual Equality, Diversity and Inclusion (EDI) where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, priorities were identified for the Trust to progress during 2023/24. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Actions continue to be progressed within an Improvement Plan to address areas of concern identified in the National GP Survey (2023). Regular meetings are taking place to seek assurance that the plan is being implemented. • The Community Mental Health Service User Survey Working Group continues to meet on a regular basis to address the results from the 2023 survey and is working with service users and staff to co-produce actions to improve lower scoring areas and to look at ways to improve the response rate for the 2024 survey. • In September the Trust launched phase 2 of the Scale, Spread and embed FFT initiative to King Street and Humber Primary Care – and in September the initiative won a national Patient Experience Network “Innovative use of Digital and Technical award” in partnership with a group of 10 NHS Trusts. • The Trust has developed a new FFT
--	---

- In July the Trust was proud to announce that we were re-accredited as Veteran Aware where we met the standards laid down by the Veterans Covenant Healthcare Alliance (VCHA). We were initially accredited in 2020.
 - July saw the launch of the Youth Recovery and Wellbeing College. The YRWC is a person-centred community for those aged 11 to 18 living in the Hull and East Riding. The college is led by young people and explores creative and empowering ways to improve wellbeing through engaging virtual and face-to-face experiences, workshops, sessions, and activities.
 - In September we launched our Patient and Carer Experience Five Year Forward plan (2023 to 2028) including a suite of resources to support the roll out of the plan.
 - In March 2024 the refresh of our Caring for People of Different Faiths guide was approved. It offers an insight into spirituality, beliefs and faiths and we are proud to showcase the Co-production Logo on the front page of the booklet.
 - The Trust has five Engagement and Involvement leads within the clinical divisions supporting with day to day operational patient and carer experience, engagement, involvement, and co-production activities.
 - The Trust continues to actively engage and involve the community by hosting a range of Trust forums across the geographical patch. In May the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum for Scarborough and Ryedale patients, carers, staff and partner organisations.
 - Patients, service users and carers continue to provide feedback by participating in a number of surveys including; Friends and Family Test, Community Mental Health Service User survey and the national GP survey. Feedback is shared with staff and where learning is required, action plans are produced to make improvements.
- dashboard in Power BI and it will go live in April 2024. This dashboard will replace the Trust's existing dashboard offer. All staff will be able to access the dashboard to see the results of the FFT surveys received from patients, service users and carers. The information will show how we are performing at an organisation, division and team level including; number of survey forms received, percentage of people who are satisfied with our services, breakdown of positive, neutral/don't know and negative responses and a qualitative feedback. The dashboard will also thematically analyse all FFT feedback aligned to ten themes informed by the NHS Patient Experience Framework (each theme attributes to either positive, neutral or negative responses).
- The Trust continues to be a lead Provider in the Humber and North Yorkshire Integrated Care System's (ICS) 'A Good Experience' initiative. In time, this project will develop a Communication Charter identifying several principles around an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS.

<ul style="list-style-type: none"> • Since the launch of our Experts by Experience (EbE) initiative in January 2023, twenty-five individuals have completed an application form to register their interest to join our bank of Experts by Experience. • Fifty-three pieces of work have been approved for the co-production logo stamp since its launch. • During the past year the Trust has responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. For the previous year, the Trust responded to a total of 582 complaints: 195 formal complaints and 387 informal complaints. • Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. For the previous year, the Trust responded to 195 formal complaints of which 46 were upheld (24%), 58 were partly upheld (30%) and 91 were not upheld (46%). • 34 of the Trusts 97 clinical teams (35%) have not received any formal or informal complaints in the last twelve months. For the previous year, 40 (39%) of the Trusts 102 clinical teams did not receive any formal or informal complaints. 	
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • During 2024/25 we will strengthen our approach when developing actions in response to all surveys and will coproduce actions with people who use our services and those who care for people who use our services and we will continue to work with staff across Corporate and Clinical divisions to maximise engagement and involvement to ensure feedback from surveys is understood, acted upon and affectively communicated to all relevant stakeholders. • The National GP Survey 2023 results highlighted all three of the Trust's GP practices are below the national and ICS scores, however the national ICS scores had declined when comparing to 2022 figures. The lowest performing domains across the practices include; poor experience making an appointment, unable to speak to preferred GP, unable to contact the practice via telephone, limited variation of 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • A Service User Engagement audit has taken place to provide assurance on the plans in place to improve the areas of weakness identified in the 2022 Community Mental Health Service User survey. All actions identified by the audit were completed within a month of receipt of the audit report. • The Quality and Patient Safety Group (QPaaS) receives periodic updates where an overview of clinical teams that have not received any complaints (formal or informal) is shared. There are several processes in place to provide assurance that people know how to raise a concern or complaint including posters and information leaflets in Trust bases and on the Trust's website. In-house training is delivered by the Complaints and Feedback team and last year the Mental Health Services division developed a short, animated film to support the resolution of complaints as close

<p>appointment times and mental health needs unsupported.</p>	<p>to service delivery as possible. Clinical leads in the Learning Disabilities service ensure that they have complaints literature in an accessible format and have further enhanced their accessible information including recruitment of a new Engagement Lead who is working closely with patients and families to ensure they have a good understanding of the complaints process. Peer Review questions for 2023/24 were updated to include several questions relating to complaints, aimed at providing assurance that people know how to complain, one question asks if information is displayed clearing advising on how to make a complaint.</p>
---	--

<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	22.8.24	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	23.7.24
	Mental Health Legislation Committee		Operational Delivery Group	22.7.24
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) QPAS	27.6.24

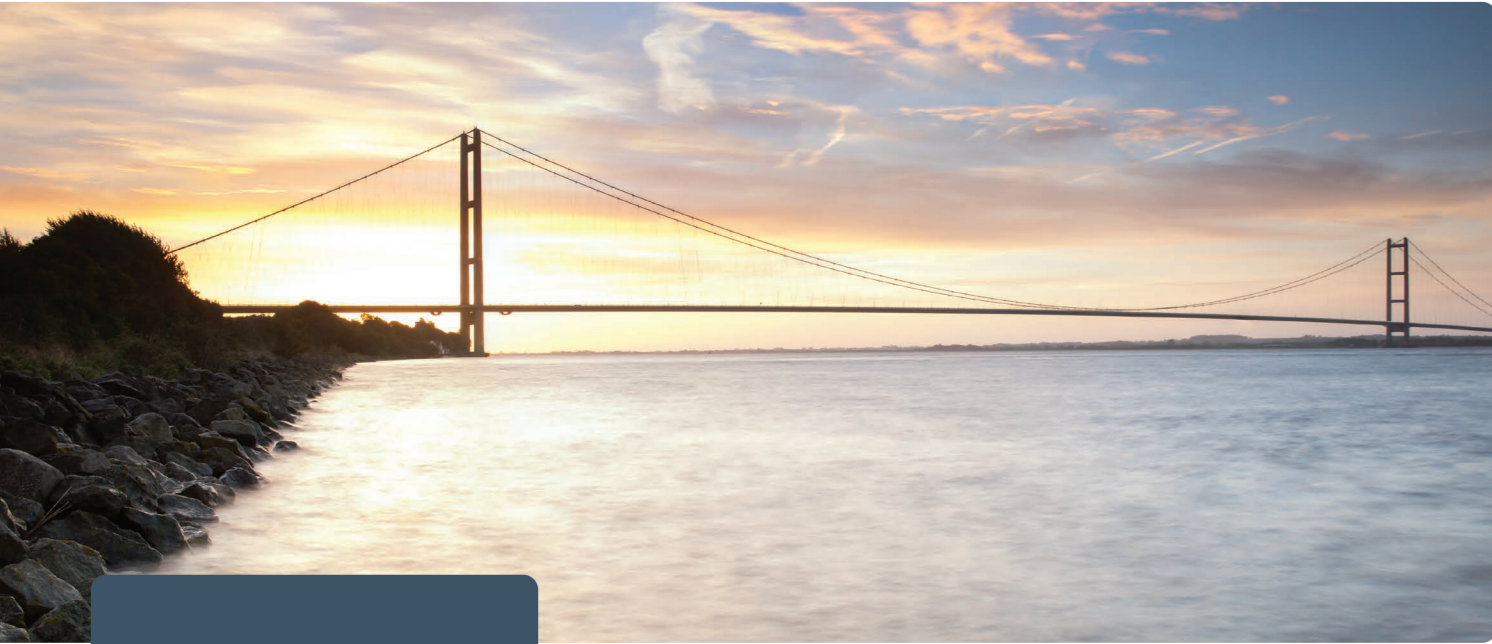
Monitoring and assurance framework summary:

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	

Patient and Carer Experience

Annual Report (2023/2024) including Complaints and Feedback





Contents

- 1.0 Executive Summary 2
- 2.0 Achievements over the last year (April 2023 to March 2024) 6
- 3.0 Complaints and Feedback 37
- 4.0 Priorities for 2024/25 50

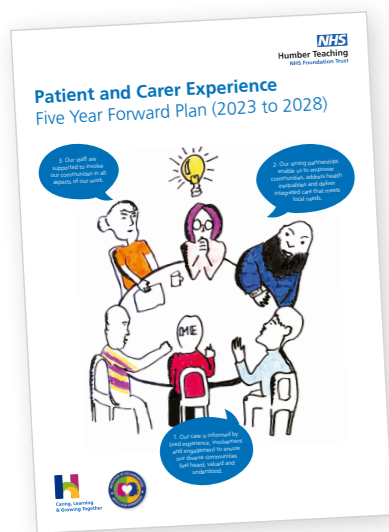
1.0

Executive Summary

The Patient and Carer Experience Annual Report (Apr 2023 to March 2024) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the past twelve months to support the patient and carer experience and co-production agenda.

Putting patients, service users and carers first is our priority at Humber Teaching NHS Foundation Trust (HTFT). Involving patients, service users their carers and our partners in all that we do has become an integral part of our culture and everyday thinking. To embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread woven throughout the patient and carer experience agenda. Due to the vast range of diverse services, we provide we believe there is an immense wealth of knowledge that we can access from our patients, service users and carers to help us with our improvement journey and transformation plans.

During the year we were delighted to launch our Patient and Carer Experience Five Year Forward plan (2023 to 2028).



This plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion. We engaged and involved our communities to support with the development and content of the plan together with a plethora of resources including a three minute film, easy read and detailed versions of the plan, pull up banners, posters and information leaflets.

The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA). During work on our re-accreditation, the VCHA could see that the Trust had built upon its original accreditation, through the development of our "Why Ask" booklet, which encourages staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities; through the development of the Trust's Armed Forces Community Navigator role, all of whom become members of the Trust's Veterans forum where speakers attend the forums to share knowledge, skills and experience and the sharing of patient/carer stories at Trust Board and Council of Governors and through global communications within the Trust.

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

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



A large array of patient, service user, carer and staff forums and groups continue to meet to enable everyone to have a voice and raise awareness of the patient and carer experience agenda. May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum in the Scarborough and Ryedale area.

This first event provided a platform for attendees to co-produce the aims and objectives for the forum together with the development of a logo to help inform an identity for the group moving forwards.

Since the launch of our Experts by Experience (EbE) initiative in January 2023 twenty five individuals have applied to join our bank of Experts by Experience. EbE are people with experience of using services as either a patient, service user or a carer and once registered on our EbE Bank, will be remunerated for undertaking activities with the Trust.



Over the past year 34 of the Trust's 97 clinical teams (35%) have not received any formal or informal complaints.

Our annual Equality, Diversity and Inclusion (EDI) event took place in May 2023, where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, four priorities were identified with a particular focus on enhancing the Trust's faith offer to ensure inclusivity and educating and supporting people to understand cultural differences by introducing cultural celebration weeks.

which took place in the Trust's Lecture Theatre. The college offers a range of non-clinical, fun, and creative sessions to young people aged from eleven to eighteen, living within Hull and the East Riding, all with a focus on promoting wellbeing.

The Trust is very pleased to inform that fifty-three pieces of work have been awarded the co-production logo stamp since its launch. The logo is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place.

During the past twelve months the Trust has responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. On comparing the same period for the previous year there has been an overall decrease of 28 complaints (formal and informal complaints). Communications and patient care are the top primary subjects.

Over the past year 34 of the Trust's 97 clinical teams (35%) have not received any formal or informal complaints.

For assurance that teams are informing their patients, service users and carers on how to make a complaint, and to ensure we are communicating the complaints process to everyone as effectively as possible, the Complaints and Feedback team continues to work with front line teams to maximise this opportunity.

This year the Complaints and Feedback team refreshed the complaints training programme and launched a new two tier training package designed to ensure that staff are informed with regular and up to date information about the complaints process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns effectively. For the two courses, the training was accessed by a total of 299 staff during the year.



July 2023 saw the launch of the Youth Recovery and Wellbeing College which was marked by a celebration event

1.1 Patient and Carer Experience Five Year Forward Plan (2023 to 2028)

The five year forward plan includes three outcomes (all of which underpin the six organisational goals) and are the focus for the Trust's patient and carer experience, engagement and involvement agenda. These include:

Our Care



Our Partnerships



Our Workforce and Organisation



Outcome 1 – Our Care

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

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

Outcome 2 – Our Partnerships

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

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

Outcome 3 – Our Workforce and Organisation

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

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

2.0

Achievements over the last year

This report includes achievements made across the organisation to support the patient and carer experience and co-production agenda over the past twelve months. The achievements have been aligned to the three outcomes highlighted in the Trust's Patient and Carer Experience Five Year Forward plan (2023 to 2028) which affiliate to the Trust's six strategic goals.

2.1 Trust-wide

1 Our Care

2.1.1 Trust Forums

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch. May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum in the Scarborough and Ryedale area.

2.1.2 Friends and Family Test

The Trust continues to collect feedback about all the services it provides using the FFT online and hard copy survey forms. From a total of **15,587** completed surveys received during this year, **88.3%** confirmed they are happy with the overall service they received. Here is a snapshot of some of the feedback:



"You listened made no judgement and gave me the support needed to help me through a very dark place."

Mental Health Planned Services

"You were amazing at quickly building relationships and building my trust."

Mental Health Unplanned Services

"All aspects of care were treated with good humour helping to ease the potential worries."

Community Services

"The practitioner was experienced and professional. I also liked the play area set out for my child, which helped to keep him entertained during the appointment."

Children's and Learning Disability Services

"Professional and competent from both doctor and nurse. An excellent example to all in the practice."

Primary Care Services

"Very understanding - never critical always helps, advises or points in right directions if any issues outside of treatment."

Addictions Services

"Everything, activities are always on the go, I can access the gym when I need too, staff are good listeners."

Forensic Services

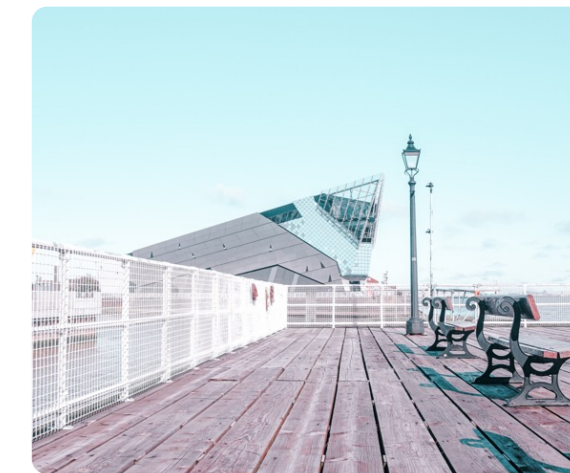
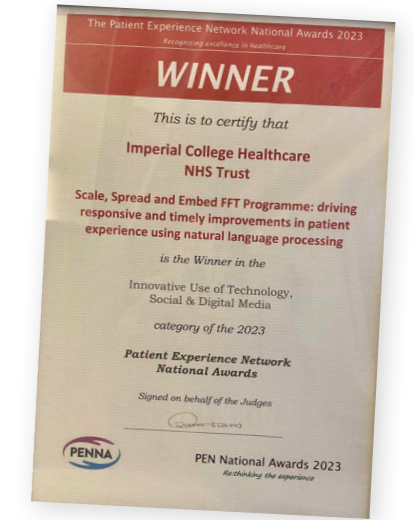
2.1.3 Scale, Spread and Embed FFT National Initiative

The national initiative came to an end in December 2023; however, the Trust's journey continues. Over the past few months, the Business Intelligence, Patient and Carer Experience and Quality Improvement Teams have been meeting with the three pilot teams (Market Weighton, King Street and Humber Primary Care GP Practices) to develop our 'new style' Power BI Friends and Family Test (FFT) dashboard. The dashboard will thematically analyse all FFT feedback aligned to ten themes informed by the NHS Patient Experience Framework (each theme attributes to either positive, neutral or negative responses).

On 8 April 2024 the new FFT dashboard will be launched, and all staff will be able to view divisional and teams' data. A series of workshops will take place during April 2024 for staff to learn how to maximise the dashboard data.

Benefits realised from participating in the initiative:

- Reduction in the length of time to look at the Trust's existing FFT dashboard to quantify the feedback received, in particular where teams receive a lot of feedback.
- Dedicated project expertise from the Imperial College in London including technical support deploying the algorithm.
- FFT feedback is enabling a streamlined and structured process to determine Quality Improvement (QI) initiatives.
- The Trust was one of ten sites participating in this national project to help shape the future of patient feedback informing QI.
- The Trust profile has been raised through participation in the National Project.
- In September 2023 the initiative won a national Patient Experience Network "Innovative use of Digital and Technical award" in partnership with a group of 10 NHS Trusts.



2.1.4 Patient and carer Stories at Trust Board and Council of Governor Meetings

Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved, or best practice shared. Patients, service users and carers attend our Trust Board and Council of Governor meetings to share their experiences of either using our services or caring for someone who has used our services.

September Trust Board Story: Experiences of Homelessness, Engagement and Co-production

At September's Board meeting, the group was informed that the Trust is listening to patient experience to improve the care provided to those who have experiences of homelessness. A co-produced film has been made and was shared at the meeting to inform on key messages from our homeless community, which include:

- Stigma: People feel cut off from society; a smile and hello can make all the difference.

- Individuals feel ashamed when accessing services.
- To show people that it is possible to recover.
- Anyone can end up homeless.

The film can be accessed by the following link:

<https://youtu.be/Lt33ilap0LM>

The Trust continues to support the Lived Experience of Homelessness agenda through the work of the organisation's Health Inequalities Operational Group.

2.1.5 Co-production Stamp

Fifty-three pieces of work have been approved for the co-production logo stamp since its launch. The logo is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place.



2.1.6 Experts by Experience

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



Townend Court was the first team to use the EbE initiative in May.

An EbE has been employed as a peer researcher on a project to evaluate the Specialist Doctor Service for people with Profound and Multiple Learning Disabilities (PMLD) and is working with a Principle Clinical Psychologist and a Psychology Assistant in Townend Court on the project.

The EbE has carried out interviews with families and care staff in residential homes. She has helped the team to analyse the interview material by pulling out what is important and is helping the team to see the connections. She is now helping with the presentation work.

The Principle Clinical Psychologist highlighted

"Her experience and insight has been invaluable. She has been able to build relationships with families and people with learning disabilities that meant they were much more open and relaxed in the interviews.

She has shared her experience of healthcare this has meant the analysis has focused on what is important. She has also helped build us as a team of researchers. It has been a pleasure and privilege to work alongside [name] in this project. Her insight has changed the way we work, helped our understanding of high quality healthcare and enhanced my own practice as a professional."

The EbE explains what it means to be involved in the initiative

"I can get more experience and meet new people in the service and learn what a peer researcher is". She goes on to say "I like doing something that helps people and something that is important and learning what the job is all about. It is good to be like other people and have a job and getting out and doing a job I enjoy. I was anxious at the start when I first started doing the job but now I am more confident."

2.1.7 Champion/Ambassador staff information leaflet

There are a range of champion/ambassador roles available for staff to develop their skills. This year a leaflet has been designed to inform staff of these opportunities and it is now shared with new staff as part of the Corporate Induction process. Champion/Ambassador roles featured in the information leaflet include; Patient and Carer Experience (PACE) Champion, Staff Champion of Patient Experience, White Ribbon Ambassador, Recovery Champion, Research Champion, Armed Forces Community navigator, Quality Improvement (QI) Champion, Menopause Champion and Domestic Abuse Champion.

The leaflet highlights the purpose and expectations of each role and the estimated time commitment. Here are a few quotes from a few staff who have taken on champion/ambassador roles:

"Being a Research Champion is a very rewarding role in a massive organisation all connected to make research a success. In my role as Research Champion I support the Research team within the Humber Trust. One of my roles is in promoting the importance of research and putting the need for volunteering out in the community. I also enjoy assisting the team with organised promotion days at various venues, there are many roles to get involved in and I meet interesting people often with a story to tell. Research is interesting, I learn a great deal as I go along and support of the team is always there. Research can only be the future of finding vaccines to prevent, treatments to heal and to save lives."

Research Champion

"Being an Armed Forces Navigator has helped me to better understand the specific needs of this community, and given me a perspective on how relatively minor adaptations to services can make them a far more accessible and welcoming offer for the armed forces community. It has also led to unexpected situations, such as attending an Easter service surrounded by new lambs and hours-old calves!"

Armed Forces Community Navigator

"As a QI champion I can advocate for QI projects within my work area and promote areas that would benefit from some quality improvement considerations to improve the patient pathway and reduce blockages or burden in relation to patient flow through our systems - but as a Service Manager who is also a QI Champion, I can do more, including sponsoring, endorsing and advocating for QI across my service area. I also have the ability to remove barriers and communicate the goal and vision around the suggested improvement work my staff may suggest and would advocate more staff receive the bronze training as a minimum."

Service Manager, Quality Improvement (QI) Champion

"Being a QI champion to me means not only reviewing how myself and my team can influence positive change within the Trust but also empowering our colleagues from across the organisation to be inspired to try and have a go to implement change using the plan, do, study act and supporting them as required to drive quality improvement in the Trust."

Senior Project Manager

2.1.8 Service User Engagement Audit

The audit was commissioned to receive assurances that plans are in place to improve areas identified within the 2022 Community Mental Health (CMH) Service User Survey and provide assurance on service user engagement across the Trust.

Key findings informed the outcome of the audit to provide limited assurance and this was because four moderate priorities and one minor priority were identified relating to the governance processes around the CMH Service User Survey. The Mental Health Services division developed an action plan to track actions in relation to the lowest scoring question areas from the survey. The Terms of Reference and process for updating the action plan needed strengthening. Also, recommendations highlighted Trust groups and committee papers needed to have assurances assigned to them. All actions were completed within a month of receipt of the audit paper.

Key findings in relation to service user engagement indicating positive assurance included:

- Several mechanisms are in place across the Trust to obtain involvement and feedback.
- The Five Year Forward Plan (2023 to 2028) including the Trusts involvement and engagement offer – including the looking back at achievements from the past 5 years section.
- Sound processes in place around PACE governance including reporting process.



2.1.9 Making Every Member Count (Involvement in Trust Activities Survey)

During 2023, an Involvement in Trust Activities survey was produced and sent to individuals who had taken part in any of the following Trust activities:

- Sharing their story
- Attended a Patient and Carer Experience Forum
- Volunteering
- Patient Engagement Groups
- Quality Improvement Initiatives
- Research
- Panel Volunteer (supporting the Trust's recruitment process)
- Becoming a Trust Member
- Supporting our Trust Charity
- Recovery College Courses

The aim of the survey was to gather information on what being involved in Trust activities means to individuals and the impact it might have had on their health and wellbeing.

Survey results confirm that when individuals get involved in Trust activities, this has a positive impact on their health and wellbeing.

Please see below a number of comments made via the survey:

"I find it empowering to feel I can influence the direction of travel and services with my input."

"I have enjoyed the activities and learnt about mental health."

"I find them stimulating and I gained new knowledge every day."

"I feel part of something, I can see changes. Students have valued my input."

"It has given me meaningful experiences and allowed me to give back to the Trust. It has increased my self confidence, motivation and resilience. I have hope, enjoy supporting the community and take up different opportunities as they come along."

Respondents were also asked where they see themselves next, using the skills they have acquired:

"Possibly returning to employment."

"Anything is possible."

"I look forward to remaining active within The Trust."

"I am retired so I use the skills I gain in any other volunteering work I do."

The survey will continue to be used to evaluate the Trust activities on offer and make changes or additions where necessary.

2 Our Partnerships

2.1.10 Veterans Aware Healthcare Alliance Re-accreditation

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

During work on our re-accreditation, the VCHA could see that the Trust had built upon its original accreditation, through the development of our "Why Ask" booklet, which encourages staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities; through the development of the Trust's Armed Forces Community Navigator role, all of whom become members of the Trust's Veterans forum where speakers attend the forums to share knowledge, skills and experience and the sharing of patient/carers stories at Trust Board and Council of Governors and through global communications within the Trust.

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

Chief Executive Michele Moran said: "Our Trust is delighted to once more receive the Veteran Aware accreditation. I would like to thank and recognise the whole team for their exceptional work in gaining this honour. Ensuring our services are accessible and understanding the experiences of veterans is paramount to our inclusive ethos."

2.1.10.1 Armed Forces Covenant E-learning Training

East Riding of Yorkshire Council have developed a 45-minute training package to provide individuals with details on an array of information about the Armed Forces Covenant. The below is not an exhaustive list but provides an overview of some of the areas covered:

- What is the Armed Forces Covenant
- Fact or fiction - challenging common misconceptions about members of the Armed Forces community
- Who is the Armed Forces community
- The differences between military and civilian worlds
- What is expected of our Armed Forces
- Life in and after the Armed Forces

2.1.10.2 Veteran's Aware Principles

To acknowledge our commitment as a Veterans Aware Trust, we have co-produced the following four principles with members of the Trust's Veterans Forum:

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

2.1.11 Integrated Care System (ICS) Engagement Project

A Good Experience is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS and will also support staff from all organisations within the ICS. A steering group made up of partner organisations and patient partners has been created to drive forwards the initiative, provide governance and assurance and monitor and review progress.

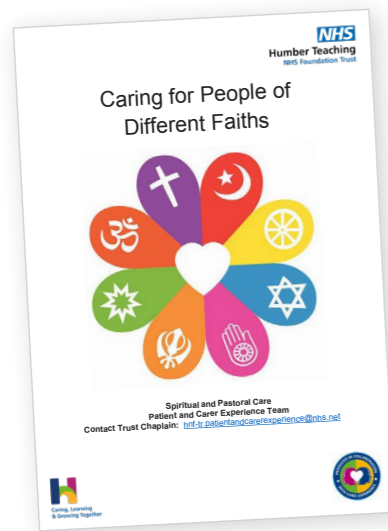
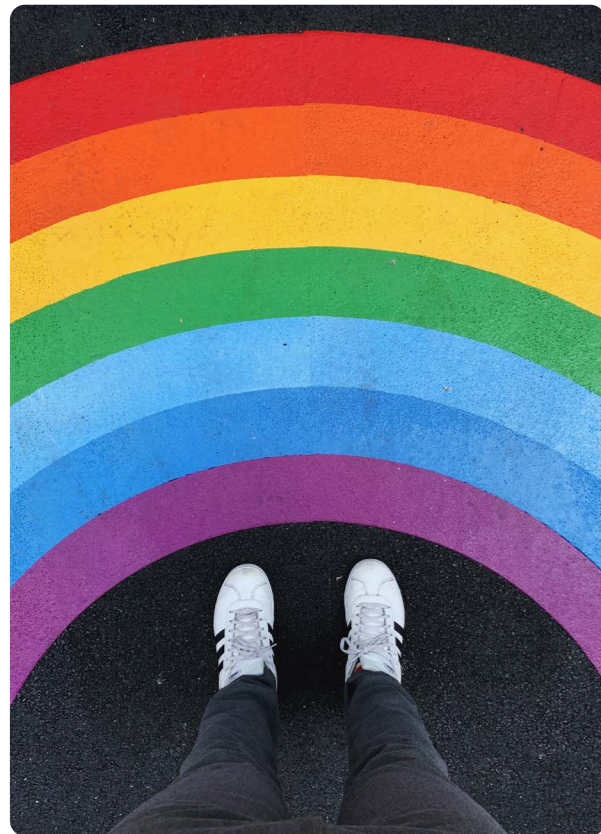
We are in the process of defining what 'good communications' looks like and are reaching out to the community to help us to co-produce a charter to ensure that everyone knows what they can expect from all organisations within the ICS. The charter will give staff permission to focus on elements of communication that are a shared, co-produced priority. It will also support staff and organisations in understanding that a good communication is for and about a person's treatment and care and it is a shared responsibility. It is anticipated that by universally agreeing what a good communication should be across the region, and by working to deliver it, measure it and improve it, that over time, people's experiences will remain good, despite system pressures.

Since September the steering group has been collecting views from the community on what good and poor communication looks like (from lived experiences inside and outside of the NHS) using a multifaceted approach including workshops, surveys (MS forms/ hard copy forms) and using existing meetings for a platform.



2.1.12 Hull Pride

This year the Patient and Carer Experience Team brought together staff, patients, service users and carers to celebrate diversity and show our support to the community by attending Hull Pride 2023. We hosted a stand in the Health Marquee and participated in the Pride in Hull march.



2.1.13 Caring for People of Different Faiths Guide

The Trust Chaplain has refreshed our Caring for People of Different Faiths guide which offers an insight into spirituality, beliefs and faiths and assists staff to recognise the significance of any existing faith practiced or maintained by a patient or service user.

The booklet was reviewed and refreshed with community members of the Peel Project, the Buddhist Centre and the Board of Jewish Deputies. Also, Jehovah Witnesses and members of the Pagan community were consulted with, to help enhance sections of the guide.

We are proud to showcase the Trust's Co-production Logo on the cover page of the guide to represent the engagement and involvement of faith groups in refreshing the document.

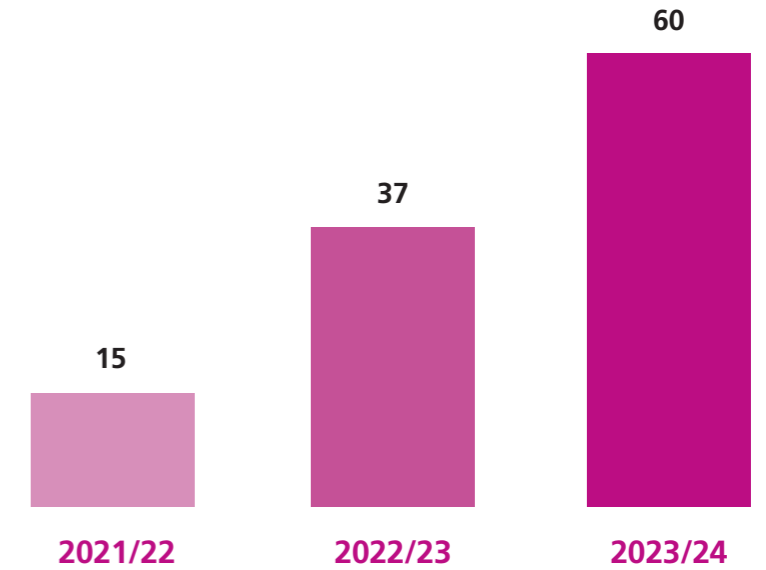
2.1.14 Accessible Information Standard (AIS)

The Trust produces reports for assurance that staff are identifying people with a communication need. For the period April 23 to March 24, 60 individuals were flagged as having a communication need on their Electronic Patient Record.

The graph below highlights that 112 individuals were flagged as having a communication flag added to their Electronic Patient Record over the past three years and there is a significant increase year on year.

The Trust has reviewed and refreshed our Accessible Information Standard Guideline which supports staff to ensure that patients, service users, carers and parents with information or communication needs relating to a disability, impairment or sensory loss receive information in a format they can understand and any communication support they need to enable them to access services appropriately.

Accessible Information Standard (AIS) Communication Alerts added to Electronic Patient Records: From 1 April 2021 to 31 March 2024



The Trust holds a Brand workshop every six weeks where the Accessible Information Standard is discussed (approximately 30 people attend each session).

2.1.15 Equality, Diversity and Inclusion (EDI) Priorities for Patients, Service Users and Carers (2023/24)

A workshop was held in May where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, the following priorities have been identified for the Trust to progress over the two year period 2023 to 2025. The Trust's EDI Annual Report (2023/24) will provide an update on progress made against each of the priorities below.

Priorities	Outcome
1. To strengthen patient demographical data collection to tailor care that meets individual needs.	An enhanced approach to deliver bespoke tailored care to meet individual needs.
2. To further enhance our faith offer to ensure inclusivity.	A strengthened offer to accommodate individual's religious practices.
3. To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face and how we can support to overcome them.	A culture where relationships with our diverse communities are embedded and sustained.
4. To introduce cultural celebration weeks to educate and support people to understand cultural differences.	A greater understanding of the cultural differences including beliefs, behaviours and practices unique to ethnicity and race.

3 Our Workforce and Organisation

2.1.15 Involving Patients and Families Subgroup of the Patient Safety Incident Response Framework (PSIRF)

Over the past year the Trust has been working towards the implementation of the Patient Safety Incident Response Framework with a key focus on how we engage and involve patients and families following a patient safety incident. The Trust has worked closely with our Patient Safety Partners who are members of our PSIRF working and steering groups, to develop the Patient Safety Incident Response Plan and policies.



In April 2023 we introduced our Involving Patient and Families group. This group meets every three months and membership includes patient and carer representatives, those with lived experience, peer support workers, our patient safety partners, and key members of the Patient Safety and Patient and Carer Experience teams. Working collaboratively has enabled the Trust to seek valuable feedback and insight, and ensure we take fully into account the perspective of patients, families and carers. Subsequently our Patient Safety Incident Response Plan and supporting policies have been awarded the co-production stamp and those involved in the group have provided positive feedback which has contributed to the patient safety agenda.

2.1.16 Virtual Services

Trust Chaplain, Eve Rose, continues to host virtual services over the year, bringing people together virtually and physically for spiritual and pastoral support. Patients, members of the public and staff openly share their lived experiences with poems and readings; many of which they have written themselves.



This year's Easter Service was hosted by our Trust Chaplain at Hall Farm, Messingham. The service was blended (face to face and via MS Teams). Children from a local primary school were in attendance together with a Knit and Natter group, staff from the Trust and farm staff.

2.1.17 Patient Experience to Inform Quality Improvement (QI)

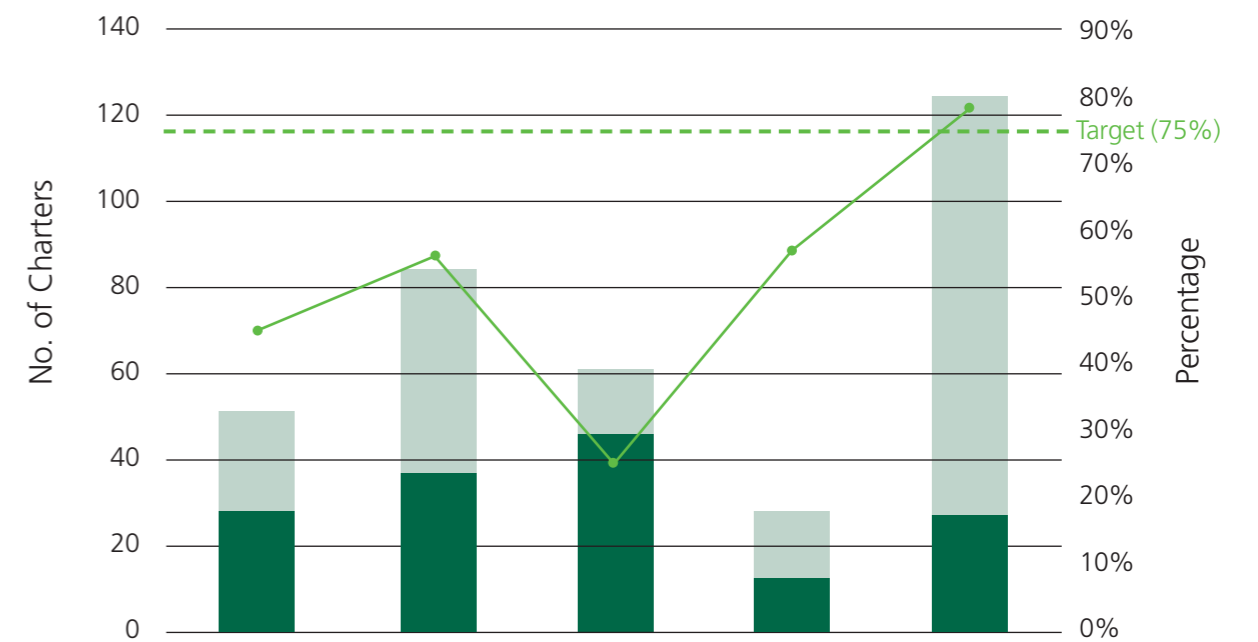
Quality Improvement (QI) and Patient and Carer Experience continue to work closely together. The Joint Strategy Group continues to ensure that both our patients, service users, carers and staff are fully involved in both agendas.

The QI charter continues to provide the tracking of patient and carer involvement within QI activities across the Trust and, at the end of March 2024, 64% (184) of activities from

our Operational Teams were identified by and/or delivered with our patients, service users and carers.

The chart below breaks down the charters for each Division and Corporate Services into those activities developed with our patients and carers and those that were not. The target for the end of the Strategy Lifecycle is to achieve a 75% patient/carer involvement by the end of March 2026 and our Mental Health Division have just exceeded the target. In addition, 99% of open and completed activities have indicated that the activity would benefit our patients, service users and carers.

Patients and Carers involved in QI Charters



	Children's and Learning Disability	Community and Primary Care	Corporate	Forensics	Mental Health
No. of Charters involving Patients and Carers	23	47	15	16	98
No. of Charters without Patients and Carers	28	37	46	12	27
Percentage including Patients and Carers	45%	56%	25%	57%	78%

2.2 Children's and Young People's Services

1 Our Care

2.2.1 Humber Youth Action Group (HYAG) Youth Board

The HYAG currently has 50 young people on its membership and continues to actively engage young people between the ages of eleven and twenty-five. Over the past year, sixteen sessions have taken place.

This year HYAG members were invited to a Child and Adolescent Mental Health Service (CAMHS) Teaching Session with Medical Students by the Trust's Lead Nurse, Medical Education. The purpose of attending the session was to share their lived experiences and help the medical staff to understand the importance of effective communication, as well as effective patient care when working with young people in their future career.

Several young people have participated in interview panels for senior roles within the division, such as Clinical Manager for Children's Services and the Deputy Ward Manager for Inspire.



"I would just like to say a big thank you, from myself and all of the medical students. They all spoke about how brave it was to come and speak to them and how they found what you had to say really valuable and impactful."

Lead Nurse, Medical Education

"Being a part of an interview panel as a young person has made me feel empowered that we can cause movement for change whilst being supported by the incredible people who work within our services."

HYAG member

2.2.2 Youth Recovery and Wellbeing College (YRWC)

July saw the launch of the Youth Recovery and Wellbeing College. The YRWC is a person-centred community for those aged eleven to eighteen living in the Hull and East Riding. The college is led by young people and explores creative and empowering ways to improve wellbeing through engaging virtual and face-to-face experiences, workshops, sessions, and activities.

The brand-new NHS service prides itself on co-production meaning that all opportunities are designed by young people and delivered in collaboration with experienced youth workers, NHS professionals, educational providers and creative persons from the arts and other areas. Provision is informal, non-clinical, self-led and non-referral based.

The YRWC celebrates diversity and inclusion providing safe environments and platforms for young people to grow and embrace friendship, relationship, and individuality.

YRWC: Facts and Figures

70
young people across Hull and East Riding are registered to the digital platform.

120
young people (who are most at risk of exclusion/thrive) are seen across Hull and East Riding by the Youth Practitioner service each month.

Impact

- The Youth Practitioner service sees a large volume of young people. On average the provision is having contact with 120 young people each month (since September 23 – see below):

Bishop Burton College – deliver two sessions per month <ul style="list-style-type: none"> The group provides support for around 12-16 young people The group are aged between 16 and 18 years old. 	Willberforce College – deliver two sessions per month <ul style="list-style-type: none"> The group provides support for around 12-16 young people The group are aged between 16 and 18 years old. 	Kelvin Hall – deliver sessions on a weekly basis <ul style="list-style-type: none"> The group provides support for 7 young people The group are aged between 13 and 14 years old. 	Wyke 6th Form College – deliver sessions once a month <ul style="list-style-type: none"> One-to-ones with 4 young people The group are aged between 11 and 18 years old. 	Inspire NHS – deliver sessions on a weekly basis <ul style="list-style-type: none"> The group provides support for around 1-4 young people The group are aged between 11 and 18 years old. 	Home-Ed Group, Kingston Youth Centre <ul style="list-style-type: none"> The group provides support for around 2-7 young people The group are aged between 13 and 15 years old.
---	--	--	---	---	---

- The provision Youth Recovery and Wellbeing College provides instant access for young people, where often young people are facing lengthy waiting lists for mainstream services.
- Anecdotally, it is recognised that access to support through the Youth Practitioner and Youth Recovery and Wellbeing College has reduced demand upon mainstream services, through its early intervention and preventative approach.

Learning

- The value of co-production – involving young people has meant that the service has been truly coproduced. This means that it is able to reach a wider pool of young people through its careful consideration of accessibility and activities. This approach has been embedded within the provision and so it is able to continually respond and adapt to the changing needs of young people.
- Young people need specially designed services that work for them, not adult services adapted for children.
- Collaboration with community partners has been important to reach those young people who may not ordinarily access services and support.
- A pilot of the provision was helpful to gain better understanding of the needs of young people and evidence how well the provision could meet these needs. This has led to securing central funding to continue delivery.





2.2.3 Children’s and Learning Disability Website

A brand new divisional website is in the design phase. An engagement event took place in March where approximately seventy people were in attendance including; parents/carers, young people, adults accessing the Trust’s Learning Disability services and partnering agencies. Feedback from the event has informed the final draft of the website.

Three young people are now established as key decision makers and are being paid as Experts by Experience to attend all planning meetings. Twenty-eight bespoke animations are being created for each service to share key information about the care delivered. The characters in the animations will be based on real life staff and service users; three staff, nine young people and four adults accessing Learning Disability services are having characters drawn and will provide voice-overs. Completion of the website is planned for September 2024 followed by a celebration event in October 2024.

Benefits of co-producing the new website will lead to a truly innovative, welcoming, highly accessible and inclusive website that supports our services and makes accessing important health information easy to understand and accessible.

“It was exciting to see the beginning stages of it and to be involved in that way.”

Staff member after attending the 6th March Stakeholder Engagement event

Feedback

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

Inspire strives to provide young people with links to services in the community upon discharge and the in-reach sessions from the youth recovery college have been key to this, letting our young people know there is a place for them to continue to build on their skills with staff who are already familiar to them.”

Inspire Staff Member

“The students feedback to me has been that they really enjoy the sessions they have with Mez. The boys in the group have loved being part of something and having the opportunity to plan and decide what they do each week. Overall, Mez has been a fabulous addition to our school and we are very grateful to have him working with us.”

Teacher, Kelvin Hall School

“If you want my personal experience of Mez sessions, I can say I really enjoy them. They are fun and I am excited to attend. We come up with great activities every week and overall its great.”

Pupil – Kelvin Hall

“It’s Fun and good.”

Young Person, Home Schooled

2 Our Partnerships

2.2.4 Launch of the Humber NHS Cadets Programme in Collaboration with St Johns Ambulance

This programme launched in November 2023 and there are two age groups; fourteen- to sixteen-year-olds and sixteen to eighteen. It provides young people ‘who are less likely to have such opportunities’ the chance to meet our staff, learn about their roles and career choices, examine important health topics, develop beneficial new skills, meet new people, grow in confidence and consider a future career within our organisation.



Approximately twenty young people should graduate the full programme!

“I just wanted to say a massive thank you for last night. Nia thoroughly enjoyed it and said how much better the face to face sessions are. She was very nervous but enjoyed meeting others taking part too. Thanks again.”

Parent

2.2.5 White Ribbon Campaign – Humber Safeguarding Team

To ensure that young people within the local community recognise signs of abusive behaviour and to enable them to have easy access to reliable sources of information and support, the HYAG have worked in collaboration with the Trust’s Safeguarding Team and Communications Team to devise an engaging marketing campaign which has been shared with local school and colleges. Two new posters have been produced relating to race and sexual abuse and disability and sexual abuse. The HYAG are now working with Community Vision and East Riding of Yorkshire Local Authority to co-produce local support and resources for young people around healthy relationships and domestic abuse.



The Trust’s Head of Safeguarding and Name Professional for Adult Safeguarding shared the following with the young person who supported with the co-production of the posters.

“I wanted to email you to thank you for the posters you have created recently – for Sexual Safety and Disability, Race, and Domestic Abuse – as part of the Youth Action Group. The posters on Sexual Safety and Race and Disability were recently shared at our Trust wide Sexual Safety Group (I co-chair this) and the feedback was incredibly positive, I understand from Chloe you really led the way with this piece of work. The posters are a great resource and something we are going to continue to promote as part of our ongoing work around sexual safety. I like how inclusive they are, clear and to the point but engaging at the same time. It is all too easy to share standardised resources which aren’t aimed or bespoke to certain groups or communication styles, and so having HYAG members like yourself and your peers’ creating resources like these challenges us to make our own work as accessible and engaging as yours are. Though our IT skills probably aren’t as up to scratch as yours!”

3 Our Workforce and Organisation

2.2.6 Walker Street Community Space

Staff have an awareness of the importance of therapy space used by children, young people, and their families. They appreciate that spaces need to consider reasonable adjustments to ensure they are welcoming, friendly and inclusive. To this end staff have been working with HYAG members, children and young people and families accessing the Walker Street waiting room to co-produce plans and improvements to this space. It is anticipated that the building enhancement work at Walker Street will create a warm, inviting, and engaging space for children, young people and their families' when attending appointments.



2.2.7 Staff Champions of Patient Experience (SCoPE)

SCoPE Engagement meetings are embedded across the Children's and Learning Disability Division. They are held virtually every six to eight weeks. All SCoPE leads are invited, and there is representation from all services across the division. The purpose of the meetings are:

- To gain an understanding and capture the quality of co-production and patient involvement occurring across the division and support the sharing and celebration of good practice.
- To provide a space to enable the Children's and Learning Disability Engagement team to support staff to have expertise, knowledge, and opportunity to engage those with lived experience of their services in high quality participation and co-production.
- To gain a comprehensive understanding of the wider strategic Trust values, vision and aims in terms of patient involvement set out within the Trust Strategy (2022 to 2027) and the Patient and Carer Experience Five Year Forward Plan (2023 to 2028).

"I really enjoy attending the staff engagement group as it provides a relaxed forum to discuss and share ideas across the division, understand where there are synergies or opportunities to learn from each other and to ensure co-production and the clients remain at the centre of everything that we do."

Staff attending the Staff Engagement Groups

"I chose to become a SCoPE Champion because our service users are at the heart of everything I do. Being a SCoPE champion allows me another opportunity to ensure that the voices of our service users are being heard within my team and the wider Trust. This way all our work can be more meaningful and serve our original purposes and goals."

Staff attending the Staff Engagement Groups

2.3 Forensic Services

1 Our Care

2.3.1 Patients Council 'Our Voice'

It meets face to face every month and feedback from each session, including a "we said you did" document, is shared with the service operational meeting for a response and actions, which are subsequently fed back in the next council meeting. An average of six to eight patients attend at any one time and the meetings have provided a platform for the service user voice to be heard by senior managers and staff. The council is now recognised as part of the division's governance structure.

"I think we make a good impact on services".

"I feel we are getting somewhere now, and we are being listened to".

Feedback from patients attending the council

2.3.2 The Dining Experience

The division is working in partnership with hotel services and service users and staff to improve both the food and dining experience. There is now a timetable of themed nights whereby every month a dining experience is themed, and everyone has the opportunity to taste new foods and help in preparing for the night. DAB radios have been purchased and are now used in the dining rooms to play background music during mealtimes. This initiative has led to an increased number of people attending the dining room on a daily basis.

The themed nights are going well and the feedback from service users has been extremely positive.

"I've loved every minute".

"The food was fantastic".

2.3.3 Family Ambassador role

The division is working with a patient to develop a job description and role for a family ambassador. It is hoped that this role will be taken on by patients in the future and that families will have the opportunity to speak with someone who has lived experience of the service.

The division held a family event in October and the patient working on the family ambassador role spoke with families directly about the role.

Here are some quotes from the families:

"It was great being able to speak to someone who is in the service."

"I was impressed with what I saw at the open day".

"It has reassured me a bit more by seeing the rooms where patients stay and also speaking to staff and patients".



2 Our Partnerships

2.3.4 Upgrade of Computers and Software

Since the upgrade of computers and installation of the equivalent to Microsoft office, the division now has several service users registered for online courses with the Trust's Recovery College and other colleges including Open University degree level courses.

2.3.5 Service User Involvement Events

During the year the division has supported service users and staff to attend two external events in Wakefield.

Benefits realised as a result of the computer and software upgrade

Access to online courses and education has had a massive impact on service users and appears to have increased self-confidence and increased the level of positive engagement with staff and service users.

"I'm really enjoying my course; I didn't think I could do it but its great".

"I really want to work in mental health when I get out, doing my mental health first aid course has really given me hope for the future".

Welly Fest took place in June and is an event organised by the Yorkshire and Humber Involvement team for all low and medium secure services across the region. Fifteen service users attended from our Trust of a total of approximately ninety people across all secure services in the region. The event gives service users the opportunity to socialise and work together and discuss experiences and areas and opportunities to improve and develop.

Service users listened to live bands, a silent disco, participated in activities and ate good food. Feedback included:

"This is great, I feel normal".

"Just wow, I've never seen a live band before".

"This is the best day ever".

2.3.6 NHS England Film

One service user and two members of staff made a film for the Head of Patient Experience Platform (NHS England) which tells the story of the service user's journey and experience of services, including what has helped him along the way and what he has found difficult. The film has since been shared at a national level and was very well received by the national team and is being used to help staff and other service users within the division to understand and share the personal experiences of this service users' journey through the services.



The service user is currently working in the community and is working towards becoming a peer support worker.

3 Our Workforce and Organisation

2.3.7 Involvement and Engagement Manager

A patient led interview process took place in March 2024 to recruit a new full-time Involvement and Engagement Manager. Five patients and two staff interviewed candidates and appointed the successful candidate together.

"I can't believe we are being trusted to make this decision."

Patient involved in interview process



2.3.8 Education and Vocational Opportunities

The division has developed links with external providers for education and vocational opportunities for patients. It is also in discussions with the Trust's Recovery College to explore ways in which on site courses can be provided as part of an education timetable.

Good News Stories

- AQA status has been successfully awarded and Probe (local independent service) has delivered a training course to patients about managing finances and budgeting. Eight individuals have received certificates and thirty-two further certificates have been applied for, including money management, mathematical skill, and basic knowledge of the solar system.
- One patient has enrolled on an Open University course and has just started their second term of the first year.
- One patient is working on Open Learn (an Open University free learning platform) to expand their academic skill set with hope to apply for an access course in September.

2.4 Community Services and Primary Care

1 Our Care

2.4.1 National GP Patient Survey

The GP Patient Survey is an independent survey run by Ipsos on behalf of NHS England. The survey is sent out to around 2.65 million people who are aged sixteen or over and are registered with GP practices in England. The survey ran from 3 January 2023 to 3 April 2023. Approximately 760,000 patients completed and returned a questionnaire, resulting in a national response rate of 28.6%. 830 questionnaires were sent to the Trust's 3 GP Practices with an average response rate of 44% (15.4% higher than the national position).

The survey assesses patients' experiences of healthcare services provided by GP practices, including experience of access to GP practices, making appointments, the quality of care received from healthcare professionals, experience of services when their GP practice is closed and patients' experiences of NHS dental services. The survey also captures information about patient health, including patients with long term conditions, disabilities, or illnesses, and the support they receive to manage these.

Refer to Appendix 1 which provides an overview of the Trust's GP Patient survey results for 2023 based on the thirteen priority domains defined by Ipsos national reporting, regarding appointment experience and accessibility. This overview offers comparison of in year results against 2023 national results and 2022 practice-level positions.

On comparing the percentage of patients who describe their overall experience of Humber GP practices as good; all three practices are below the national and ICS position. However, the national and ICB responses also have an overall experience decline against 2022 figures. Year on year, two of the three Trust's practices (King Street and Market Weighton) show an improvement, but Humber Primary Care is showing a deterioration of overall experience since 2022. This position correlates with other feedback received from patients since the merge of Practice 2 and Field House Surgery.

The lowest performing domains across the practices include; poor experience making an appointment, unable to speak to preferred GP, unable to contact the practice via telephone, limited variation of appointment times and mental health needs unsupported.

830 questionnaires were sent to the Trust's 3 GP Practices with an average response rate of 44% (15.4% higher than the national position).



A significant amount of work has taken place over the past twelve months to address the GP Patient Survey feedback and scores including:

Appointment availability

- All practices have implemented Total Triage System using AccuRX which offers same day appointments.
- Patients have been supported and encouraged to utilise the Total Triage System using AccuRX for booking appointments, which is helping the practice to process urgent requests for same day appointments and book routine appointments within a 14-day period.



King Street Medical Centre

Capacity Increased

- Extended access in place and utilised.
- An improved range of appointments available daily, with utilisation of core and Additional Roles Reimbursement Scheme (ARRS) staff (Paramedic, Advanced Clinical Practice (ACP), Pharmacist, Practice Nurse, Healthcare Assistant, Nurse Associate).
- Through AccuRx, patients can now book appointments for vaccinations, Flu, Shingles, Quality and Outcomes Framework (QOF) blood tests and test results.
- Nurse and phlebotomy appointments remain available on NHS app.



Market Weighton Practice

Capacity Increased

- Additional mental health support fully up and running in Market Weighton Practice. Providing 1-1 sessions out of the practice.
- Primary Care Network (PCN) social prescriber is now in post at the practice, providing 1-1 patient appointments and has supported 27 patients since the end of Jan-24.
- An improved range of appointments available daily, with utilisation of core and Additional Roles Reimbursement Scheme (ARRS) staff (Paramedic, Advanced Clinical Practice (ACP), Pharmacist, Practice Nurse, Healthcare Assistant, Nurse Associate).



Humber Primary Care Capacity Increased

- The practice now offers extended access appointments, early morning and evenings. Primary Care Network (PCN) offers weekend and evening appointments.
- Nurse and phlebotomy appointments are now available on NHS app.
- Through AccuRx, patients can now book appointments for vaccinations, Flu, Shingles, Quality and Outcomes Framework (QOF) blood tests and test results.
- Primary Care Network (PCN) Care coordinators now in waiting areas, to meet and greet patients to improve experience.

Practice Accessibility

The Primary Care division has procured a new nationally recommended digital, cloud-based telephone system through N3i (One Point). This offers a queue holding facility (choice to remain on the phone or request a call back with queue position held) and integration with our patient administration system. The telephone system was installed in King Street Medical Centre in December 2023 and work is in progress to install the telephone system in our two other practices (Market Weighton and Humber Primary Care).

2.4.2 Primary Care, GP Practice Website Redesign

Considerable work has been carried out to ensure that the patient voice influences the redesign of our GP Practices' websites. A patient engagement survey was circulated to patients of our three GP practices where they had a say about the current websites' layout and functionality including ease of navigation, relevant and understandable information that is easy to access and recommendations for improvement of the current design. A total of 1150 responses were received. A project group has been working with the Trust's Communications Team on a proposal for a new website design incorporating patient feedback.

The new design was shared with patients so they could make additional suggestions before the final version is approved. The website re-design will enable a swifter access to results, ordering prescriptions and completing online consultations for appointments. It will make it easier for staff to triage non-urgent patient appointments on receipt of consultation forms enabling appointments to be provided more effectively to those requiring an urgent requirement, as well as freeing up phone lines for patients who do not have access to online technology. The Practices' Patient Participation Groups (PPGs) have been informed of the progress along the journey.



Valuable feedback has informed the website redesign. A snapshot of the feedback includes:

"Could design layout be more like the NHS App."

"Cannot access information quickly – too complicated."

"Appointments section too complicated and does not let me book appointments."

"Want to be able to access appointments and get blood test results, which is frustrating at present."

"Needs to be more user friendly and with clearer navigation to get to where I want to get to more efficiently."

"Found it difficult to renew my monthly prescription on the website."

"It needs to be much simpler in general, appointments, prescriptions, queries, online consultations, contact at the practice."

The key themes from the survey of most importance to patients include:

- Design to be more like other national NHS websites and Apps.
- Easier to navigate.
- Clearer navigation bars/headings.
- Clearer information on how to book an appointment and complete an online consultation appointment request.
- Clear navigation to test results and ordering of repeat prescriptions.

Patient feedback on the new website redesign proposal includes:

"New proposed layout looks clear."

"New design just looks clearer and easier to navigate."

"New design gives me more information about what each subheading is for."

"New option very easy to navigate and doesn't look too busy and complicated."

"Proposed new layout clearer to understand and select options required."

"The design is clear, but in addition it gives an explanation of what each link is for."



2.4.3 Addictions Service, Opioid Substitution Therapy (OST) Project

This project captured the experiences of patients engaging with the Opioid Substitution Therapy programme and starting injectable Buprenorphine, to help support future patients considering this treatment offer in the future. A feedback questionnaire was developed in consultation with the East Riding Service User & Carer Representative Involvement Group (The Voice) where thirteen patients provided feedback on their experience of OST.

By service users sharing their experiences of the Therapy, has provided both staff and patients with the confidence to try this alternative option which has had positive effects on the individuals. Feedback included:

"I feel less restricted by not having to consider daily consumption. I feel I am moving in the right direction in my recovery. I enjoy not having to attend the pharmacy as often."

"I believe changing daily habits can aid recovery and reduce reliance on medication and this is an excellent opportunity to do so."

"Thank you for everything and for giving me this treatment and my life back."

"Helped with relationship with fiancé and family. Hopefully progressing back into employment."

"Just thank you for saving my life. You have a fantastic team there who are worth their weight in gold. I wish this had come out years ago but I'm so glad it has now."

Next steps are to look at developing an information leaflet for both staff and patients, producing case study posters to share in public areas and provide information for the Addictions Service website pages.

2 Our Partnerships

2.4.4 Community Services, The Virtual Ward

The Virtual Ward concept went live in May 2023 to help reduce hospital admissions where patients attending the Accident and Emergency department could be virtually treated in their homes opposed to being admitted into hospital.

At the start, five beds were available in Scarborough, which increased to fifteen beds over the course of the year. The Virtual Ward is now supporting patients in Whitby and Ryedale. The intention is to further increase this offering to twenty-five beds from April 2024. The Frailty Ward supports patients both at home and in care homes. Virtual Frailty Wards provide a safe alternative to hospital for patients living with frailty through community-based acute health and care delivery.

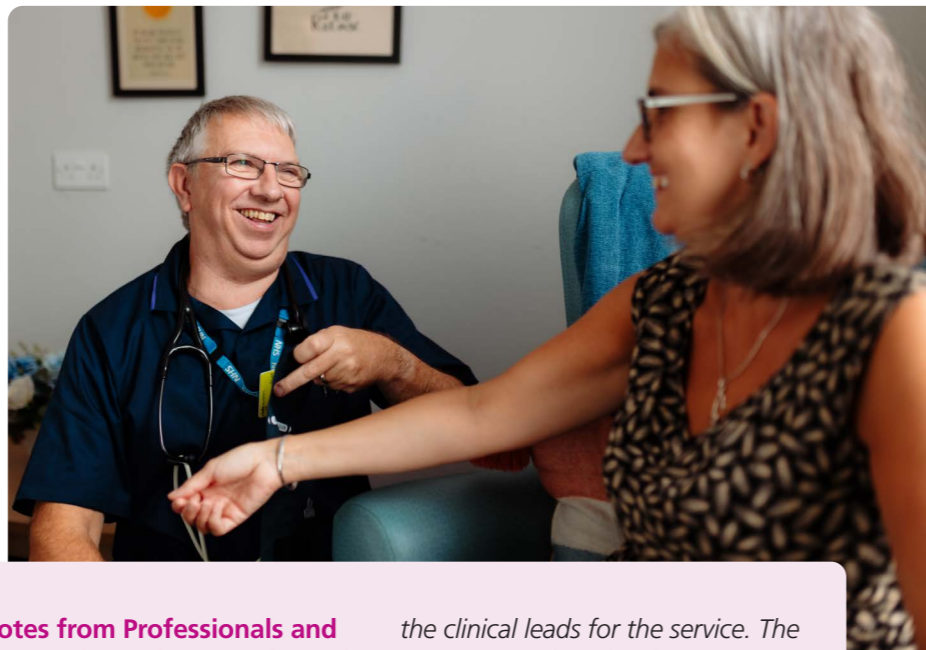
Over the past year the multi-disciplinary team (MDT) has supported over one hundred and fifty patients through this new community service. The Virtual Ward patients are also supported by other Trust services, including the District Nursing team, Therapy Services, Community Specialist Services as deemed appropriate for the care package.

Care at home includes face-to-face visits from community clinical staff, as well as options to use technology to support patient wellbeing and health monitoring from home. It can also support patients following a fall, those experiencing reduced mobility or managing an infection, provide palliative care or end of life support, prevent an admission to hospital where safe and appropriate and enables earlier discharge from hospital. All of which reduce the risk of hospital-acquired infections and enable more time with family or friends at home, especially for people living with frailty.

Top referral reasons include:

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

The average length of a patient stay is four to five days. The service aims to provide care required within fourteen working days, discharging to additional services for ongoing support if required beyond this point.



Quotes from Professionals and Patients about the Virtual Ward:

Feedback from Scarborough Hospital Staff:

"All the acute consultants are very impressed with the Virtual Ward service, and they are all engaged with thinking about whether any of their patients would be suitable. There seems to be a renewed focus with the acute trust to the Virtual Ward and we have had nothing but praise from them."

Advanced Clinical Practitioner

"The team have helped to avert numerous hospital admissions through the proactive management of the patients in collaboration with

the clinical leads for the service. The team are working hard to increase the admissions to the ward from GP's by visiting the local practices and promoting the service, utilising the Patient Journey Diagram."

Virtual Ward Manager

"Since May, the number of admissions from A&E has dramatically lowered. The patient journey process diagram has helped the team to explain the process to GP / partnership organisations patients and carers. This is clearly helping staff to think differently in this case lowering A&E admissions and considering the Virtual Ward alternative."

Virtual Ward Clerk



Patient / Carer Feedback on the Virtual Ward Service:

"Everything, professional, 100% care, thoughtful".

"First class, exceptional, given reassurance".

"I am a care home resident and was provided with after care after being in hospital. Much needed service for a lot of care home residents".

"After care was good. This is what all elderly residents need after being in hospital".

"Virtual Ward Team came out to check on my dad in his own house and organising OT to come out too".

"Spent quite a bit of time with me and were very nice. Felt like I was not rushed, and they had time to listen to me".

"Friendly people, Supportive. Nothing was rushed and they had plenty of time for me. Referred me to other services, as required".

Feedback from Service Manager/ Operational Lead for the Virtual Ward

"We have received positive feedback from patients, as well as from other local professionals, around the benefits of proving this additional care at home. We look forward to continuing to grow our community virtual ward and to developing clinical skills and use of technology to support more patients and families."

2.4.5 Community Services, Joint Scarborough & Ryedale Patient and Carer Experience Forum

May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum with a key aim to strengthen the patient and carer voice across the Scarborough and Ryedale area.

This first event provided a platform for attendees to co-produce the aims and objectives for the forum together with the development of a logo to help inform an identity for the group moving forwards. Working jointly, the two Trust have built a stronger network of community members and partner organisations which has led to a thriving membership.

3 Our Workforce and Organisation

2.4.6 Primary Care, Scale, Spread and Embed Initiative

Refer to item **2.1.3** which informs on the Scale, Spread and Embed initiative where the pilot sites where the GP practices from the Primary Care division.

2.5 Mental Health Services

1 Our Care

2.5.1 Co-production Groups

The division continues to host several co-production groups.

2.5.1.1 Adult Mental Health Co-production Group

This group now has 208 members and was initially set up to support the Community Mental Health Transformation Programme and has since evolved to include all involvement and co-production opportunities across the Adult Mental Health division. The group meets monthly where staff can share their co-production opportunities and invite those with lived experience to support with engagement and involvement activities.

2.5.1.2 Reducing Restrictive Interventions (RRI) Group

This is a new group which commenced February 2023. The group's initial piece of work was to develop co-produced RRI pledges for the Trust. One service user involved in this work highlighted *"Taking part in RRI work is in a way therapy, I get to talk about my experiences in a unique way with the hope of helping improve others experiences which in itself is ample payment"*.

This work has enabled a change in culture within our inpatient settings whereby recently a Peer Support Worker dialled into a virtual meeting where a patient from Westlands inpatient unit was able to contribute to the meeting.

2.5.1.3 Lived Experience of Homelessness Working Group

During the year this group met to develop a strengthened and joined up approach to listening to and engaging with anyone who has lived experience of being homeless. Refer to item **2.1.4** which provides the link to a film which promotes the Homeless Mental Health Team and the great work it does, together with key messages to break the stigma surrounding the homeless community to improve experiences of care.

2.5.2 Community Mental Health Service User Survey (2023)

This year the survey took place between August and December 2023. The survey captures patient views and perceptions of the care they received whilst receiving community mental health services. The survey was sent to a basic sample size of 1250 service users. There were 33 responses excluded from the survey for the following reasons: patient deceased (4) or moved/not known at the address (29). Therefore 216 responses were usable from a sample of 1217, and the response rate was 18%. Last year's response rate was 21%, therefore we have seen a 3% decline in responses this year.

Several changes have been made to the survey including:

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

In 2023 the Trust scored above the highest 80% threshold in comparison to all Trusts surveyed for five questions as follows:

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2023	
					Number of respondents	Score
Q6. While waiting, (between assessment and first appointment for treatment), were you offered support with your mental health?	38.3%	54.1%	65.0%	76.5%	73	68.6%
Q10. Did your NHS mental health team consider how areas of your life impact your mental health?	58.0%	60.8%	67.1%	73.9%	200	67.2%
Q18. Do you feel in control of your care?	45.5%	49.1%	55.3%	60.8%	180	56.4%
Q30. Did the NHS mental health team give your family or carer support whilst you were in crisis?	26.3%	38.9%	48.3%	55.7%	48	52.2%
Q32a. In the last 12 months, did your NHS mental health team give you any help or advice with finding support in joining a group / taking part in an activity?	29.0%	39.5%	46.6%	55.2%	157	46.9%

The Trust scored in the bottom 20% of all Trusts surveyed for one question as follows:

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2023	
					Number of respondents	Score
Q22. In the last 12 months, has your NHS mental health team asked how you are getting on with your medication?	59.7%	73.8%	80.7%	86.7%	156	73.0%

The remaining scores sit in the intermediate 60% of Trusts surveyed.

The Trust's Community Mental Health Service User Survey working group will continue to meet to implement an action plan to address areas where improvements can be made. The focussed work will pay particular attention to; the question were the Trust scored in the lowest 20% threshold compared to the national picture, the Trust's bottom five scoring questions and specific targeted questions of concern (rationale for targeted questions of concern include those that have been targeted for improvement in the past and actions have been implemented to address however improvements have not been realised in the current survey results, therefore further work is required). For further information on this survey, visit the website <https://nhssurveys.org/all-files/05-community-mental-health/05-benchmarks-reports/2023/>

2.5.2.1 Community Mental Health Service User Survey (2022)

A Service User Engagement audit has taken place to provide assurance on the plans in place to improve the areas of weakness identified in the 2022 Community Mental Health Service User survey. Refer to item **2.1.8** which provides further information on the findings from the audit.

2.5.3 Mental Health Inpatient Survey

The Mental Health Inpatient Survey launched in 2023. It was co-produced internally with staff, service users and carers to give detailed feedback from service users admitted to Trust inpatient units and, in turn, to allow teams to create actions to address any areas of issue which arise from responses to improve the experience of those who use our mental health inpatient services.

During the past year, we have focused on the survey approach and increasing response rates. In order to strengthen feedback rates, a competition was held and the team with the most responses in a set timeframe won a voucher for their team.

During the period 1 April 2023 to 31 March 2024, there were 26 responses received across two units (Mill View Court and Westlands). In the reporting period, on the whole, respondents said:

- That there was nothing else that could be done to improve their admission and that they felt that staff knew about them and any previous care they had received, informed them about routines on the ward and that they felt safe and were given enough privacy on the ward.
- That they were mostly satisfied with the food on offer and said that it meets their dietary requirements.
- That they were mostly satisfied with the support given to their loved ones and felt supported in maintaining contact with them.
- That they felt staff were approachable, they felt listened to and were treated with dignity and respect.
- That they felt their care was centred around them and their needs and that they felt involved in their care and treatment.

- New medication and possible side effects were discussed with them and some people received written information to support this.
- On admission, most people found their rights were explained in an easy-to-understand manner.
- Most people knew how to make a complaint if needed.
- That they did not feel that their care and treatment was affected by their age, gender, ethnicity, sexual orientation, religion or disability.

Looking ahead to 2024-25 we will increase uptake by working closely with the Engagement Lead for the Mental Health Services division alongside Peer Support Workers who are situated within the inpatient units to support teams to offer the survey to all service users and also to strengthen the support given to service users to complete the survey. Any consistent areas of concern which repeatedly appear in the survey results will be addressed with an action plan to resolve.

2.5.4 Primary Care Network Case Studies

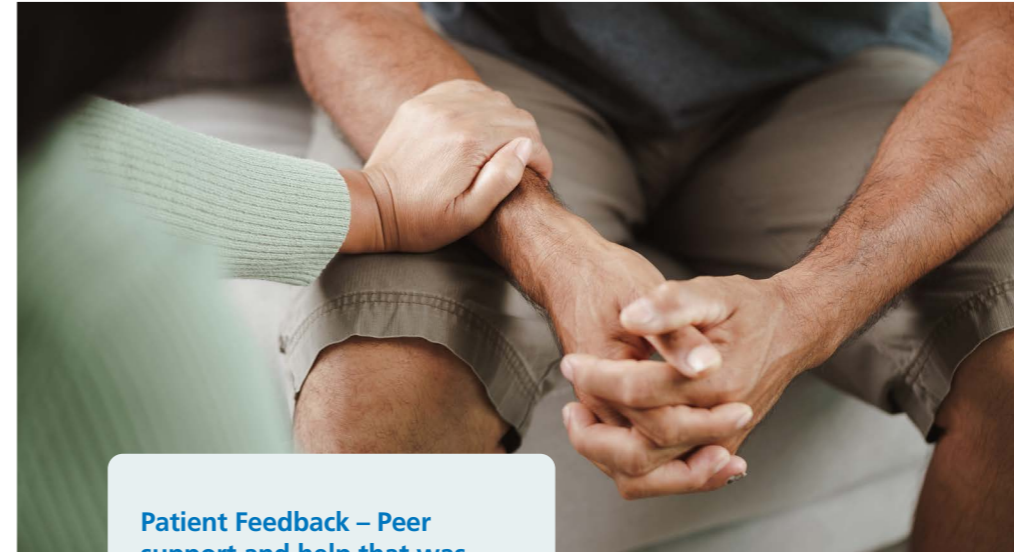
Initially the division started to collect case studies to help inform the development of the Primary Care Networks as part of the Community Mental Health Transformation Programme. Feedback continues to be collected so the division can listen to the experiences of those accessing the Primary Care Mental Health Network. They are collated on a quarterly basis and the Trust's Communication Team then cascade the stories to staff and external partners.

Patient Feedback – They helped me to realise that I was alive:

"I have suffered from depression for just about all my life. I got to a point where I had given up on everything and I just sat on a chair. I previously had problems with money but this time I was just overwhelmed by what I had to do. I just lost it a bit. I was just reading a book and doing nothing else. I suppose I just shut down. The GP put me in touch with a Mental Health and Wellbeing Practitioner. She started off with asking me what was going on and what I was interested in. I suppose she was fishing for roots into what would wake me up and get me interested in life again.

She came to my house initially, but I can't really remember the appointment now. I seemed to gel with her. I liked her because she wasn't challenging. It would have been good if I could have seen her for longer, or if she could get back in touch after 2 months to see how I am getting on and if I'm still doing what I'm supposed to do. I know what to do but I can't always do it. I can believe in the person that's helping me and it was easy to believe in the Mental Health and Wellbeing Practitioner.

The support has made an enormous difference, it has made me realise where I was little by little it built up my self-confidence and I realised that I could do things. It made me realise that I was alive and not just sat there. It made me look at things that I could do, I've got some of my interests back and I'm doing things in the house. The lady was so well suited to help me with my situation, she fitted the bill I couldn't have found a better person to look after me. Professionally she's pretty damn good."



Patient Feedback – Peer support and help that was there when needed:

I'd had anxiety and OCD for a few years and it suddenly took a big down turn and I needed support to get back to a place to become functional. I'd tried to get support before, but it wasn't helpful, and it was the wrong thing for me. I have no complaints about the support from the Primary Care Mental Health Network. I saw a Peer Support Worker before moving on to see a CBT therapist. It was really nice speaking to someone who understood what I was going through.

You can speak to people about what you're going through but unless they have been through it themselves, they don't really understand. To be able to say what was going on and for her to understand fully was really helpful. She pushed me to push myself. It was nice having her there. The communication was good, after an initial assessment I was put in touch with the Peer Support Worker really quickly, I didn't have to wait at all. It was so nice to be taken seriously and for help to be there when I needed it. I was offered other support like seeing a pharmacist to discuss medication and even though I didn't take up offer, knowing that it was there was really good. If I needed extra help, it was there.

2.5.5 Mental Health Services Divisional Policies

Service Users and Carers have been invited to write trust policies alongside staff which means that the voice of those with lived experience is running through the heart of our services. This is helping to build confidence and trust for those using our mental health services. Examples include; Rapid Tranquilisation policy and Use of Force policy.

Positive feedback from service users and carers on getting involved:

"It was enlightening to review the rapid tranquilisation policy and nice to be involved. It says a lot of positive things about the Trust."

Service User, Mental Health Services division, Avondale

"If I saw the co-production badge on a policy as an inpatient, I would feel comfortable enough with the policy to not feel the need to read it."

Service User, Mental Health Services division

2.5.6 Adult Mental Health Support Poster

A poster has been co-produced with members of the Trust's Adult Mental Health Co-production group to raise awareness of the support available for people experiencing mental health difficulties. The poster displays options of mental health support from the perspective of what a person needs. It is hoped that the poster will raise awareness of the different support services available, which in time will help to alleviate pressures in the system to help reduce the need to attend Emergency Department facilities for support when for example, the individual would like someone to talk to.



2 Our Partnerships

2.5.7 Emergency Department Streaming Project

Patient's, Service Users and Carers were involved in improving the environment for those attending the Emergency Department with a mental health problem. Ideas from the focus group informed the new space and helped to create a recovery focussed environment which is having a positive impact on those accessing the service.

A focus group was held to discuss experiences of waiting in the Emergency Department when needing mental health support to identify ideas around creating a supportive environment in the new space and a name for the new waiting area. Quotes from service users involved in the focus group include:

"Really enjoyed being part of the meeting and having the opportunity to contribute ideas. We think it is a much-needed way forward for many patients who experiencing mental health. Thank you again."

"Great initiative and some brilliant ideas, we all seem to be very much on the same page which makes me believe it will be a success."

"I have found this meeting very helpful and informative. I'm pleased about the changes which are to be implemented. I think it will improve my experience of A and E and make a difficult experience more manageable."

"Really valuable to have a voice and be heard."

"I've enjoyed it & will take part again"

Patients from the Mental Health Services division accessing the Emergency Department Streaming Service feedback:

"The blossom on the wall was really calming, I started thinking about things that would be happening over Easter and it helped me to calm, the colours were calming, certain colours tend to anger me like red but the purple and blue colours were relaxing."

"It was good that staff are seeing physical and mental health as equally important – the mental health assessor helped me sort out epilepsy medication."

3 Our Workforce and Organisation

2.5.8 Clinical Risk Training

Staff and three Experts by Experience (individuals with lived experience of mental health) worked together for two full days to refresh the Trust's Clinical Risk training slides.

Benefits of involving people with lived experience: The patient voice is now at the heart of the training. Their voices are ensuring that staff are meeting the needs of those experiencing mental health difficulties.

Feedback from one of the Experts by Experience highlights:

"The two days working with staff and Rebecca and Erin were fab! Long days but I felt fully involved all the way through, and I found the staff members to be extremely helpful and validating throughout the work. Tracy, Sian, Sarah and Claire were brill!"

2.5.9 Lived Experience to Inform Training Films

Patients and Service users have been involved in developing films that are being included in staff De-escalation, Management, and Intervention training to enhance the training through incorporating the lived experience element. This is improving patient care by bringing the 'human' element into the training room to build knowledge and understanding relating to restrictive intervention.

Feedback received:

"It's reassuring to know that negative experiences are listened to, taken seriously and that the Trust can be seen taking action to improve and reduce these experiences." Service User, Avondale

"I learned a lot from hearing what it is like for a person on the receiving end of restrictions, it has made me re consider things from a different perspective."

Staff member, Swale ward, The Humber Centre



2.6 Learning Disabilities Service

1 Our Care

2.6.1 Follow My Lead Project

The Speech and Language Therapy Team have implemented the Follow my Lead project which is an award-based training scheme (providing education) aimed at services who support individuals with profound and multiple learning disabilities (PMLD). The scheme aims to encourage and support care providers to meet, maintain and put into practice 'The Five Good Communication Standards' (Royal College of Speech and Language Therapists, 2013). The scheme focused on enhancing communication and the quality of life for people living with PMLD.

2.6.2 Children's and Learning Disability Services Website

Refer to item 2.2.3.

2 Our Partnerships

2.6.3 Hull Maritime Museum Refurbishment Project

The overall aim of the refurbishment project was to ensure equal access, remove barriers to communication, ensure information is displayed in an easy read format and ensure public spaces are environmentally friendly, inclusive and accessible.

HSJ Patient Safety Awards 2023: Follow My Lead Project

The project received 'highly commended' in the Learning Disability initiative of the year category of the HSJ Patient Safety Awards 2023. Co-production was prominent throughout the project with input from the Hull Profound and Multiple Learning Disabilities (PMLD) Focus Group including parents, carers and professionals who support people with PMLD.

Feedback from several residential home managers who participated in the project:

"The Follow My Lead project exceeded our expectations as not

only was the project well designed and well delivered, we were fully supported throughout the process."

"I wanted to see if the home would benefit from this project and wasn't disappointed."

"The audit tool was good to help me as a manager to assess what areas could be improved on in the service to support the clients and staff, it helped me see things differently and therefore opened my mind to trying new things to support communication."

"The training has had a positive impact on both the people we support and the team. It's great to see."

Service User Involvement

Twenty service users from CASE Day Service (Hull) and Priory View Day Service (Bridlington) were involved in focus groups to share their experience and opinions on the refurbishment. This included their feedback on which symbols to use, checking the easy read was understood and sharing their ideas for improvements.

Improved Confidence

On getting involved in the focus groups, service users fed back that their confidence had improved, and they had a sense of pride in contributing to an important project.

By involving service users and listening to their feedback to inform the changes to the refurbishment of the Hull Maritime Museum will have a big impact on the thousands of people who access the museum when it reopens.





3 Our Workforce and Organisation

2.6.4 Learning Disability Engagement Lead

This is a new post in the Learning Disability division and the successful postholder started in their role in January 2024.

"I have worked with the Learning Disability team for the last eight years. I am excited to use my knowledge of the service to support me to succeed in my new role. I am looking forward to co-producing with clients, families, and carers to improve and shape the service we offer."

Learning Disability Services Engagement Lead

2.6.5 Oliver McGowan Training

This training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for Health and Social Care staff to have better training. The Health and Care Act 2022 introduced a statutory requirement that regulated service providers must ensure their staff receive Learning Disability and Autism training appropriate to their role.

Trust Learning Disability Service Engagement Lead is now trained to deliver the Oliver McGowan training course.

The Learning Disability Services Engagement lead attended a four day train the trainer Oliver McGowan training course in Birmingham which was co-delivered by trainers with lived experience of Learning Disability and Autism. The Humber and North Yorkshire Integrated Care Board (ICB) is now in discussion with the Trust to see how the Trust's Learning Disability Service can facilitate this training in the future.

3.0

Complaints and Feedback

During the past year (1 April 2023 to 31 March 2024), the Trust has responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. For the previous year, the Trust responded to a total of 582 complaints: 195 formal complaints and 387 informal complaints.

previous year, the Trust responded to 195 formal complaints of which 46 were upheld (24%), 58 were partly upheld (30%) and 91 were not upheld (46%).

On comparing the 2 years there has been an overall decrease by 28 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

The Trust implements actions because of formal complaints responded to which are upheld/partly upheld and lessons are learnt from the feedback.



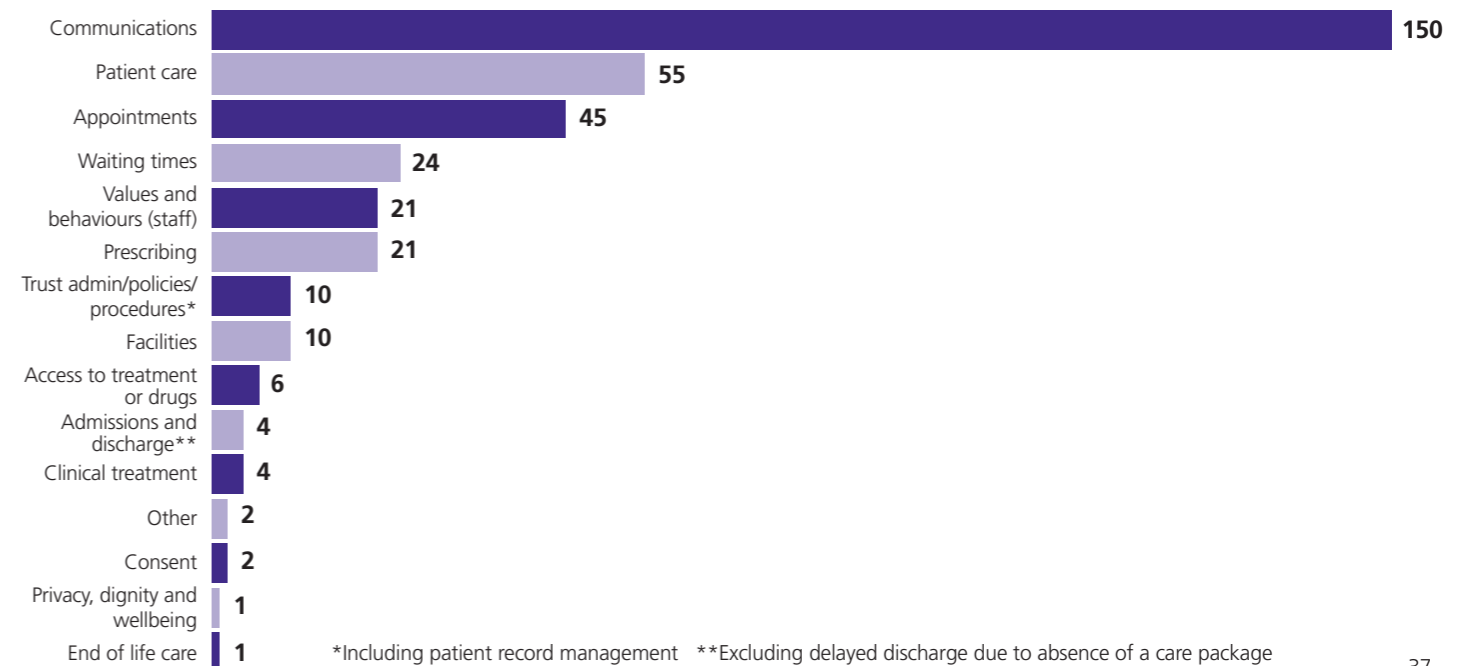
Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. For the

3.1 Informal Complaints

An informal complaint is when a complaint is received and triaged, if it is deemed appropriate for an informal resolution, it is sent to the team/service; most responses are given verbally by clinical staff. Once the issue has been resolved the Complaints and Feedback team is informed of the discussion/action taken, this is recorded, and the case is closed.

For the period 1 April 2023 to 31 March 2024, the Trust responded to 356 informal complaints. The primary subjects/themes are highlighted in Graph 1.

Graph 1 – Total informal complaints responded to by primary subject 1 April 2023 to 31 March 2024



*Including patient record management **Excluding delayed discharge due to absence of a care package

3.1.1 Informal Complaints Escalated to Formal Complaints

For the period 1 April 2023 to 31 March 2024, a total of 9 informal complaints have been escalated to formal complaints, as follows:

- Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) West**

Primary subject: Patient care

Reason for escalation: The complainant made an informal complaint to resolve their issue gaining access to support from the CMHT, despite multiple referrals, contacts and support from other services. However, they did not hear from the CMHT for more than two months from the date of the complaint and when they were ultimately contacted, they spoke to a student nurse who was unfamiliar with their case and stated the team could not help them any further.

- Community Services and Primary Care – Market Weighton Practice**

Primary subject: Communications

Reason for escalation: The patient originally raised concerns regarding the practice's communication and attitude of staff. The practice did not resolve these concerns to their satisfaction and they subsequently made the decision to escalate to formal after a communication error around their blood test results.

- Community Services and Primary Care – Physiotherapy**

Primary subject: Patient care

Reason for escalation: The complainant wished to raise concerns around the community nursing services provided for their partner, and the Service Manager agreed to meet with them directly and see if the issues could be resolved informally. Following discussion with the service manager, it was agreed to raise the issues regarding community physiotherapy as a formal complaint.

- Community Services and Primary Care – Humber Primary Care**

Primary subject: Values and behaviours (staff)

Reason for escalation: The complainant felt that a locum member of staff at the practice was rude towards them and that there was incorrect documentation in their medical record. The practice was unable to resolve these issues with the complainant on an informal basis, partly because the locum clinician declined to speak to the complainant as requested, and they requested escalation to formal.

- Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) East**

Primary subject: Prescribing

Reason for escalation: The complainant raised a concern about being unable to have their mood stabilising medication changed and to gain access to Attention Deficit Hyperactivity Disorder (ADHD) medication. The service was unable to resolve these issues on an informal basis as they could not fulfil these requests to the patient's satisfaction, and they requested escalation to formal.

- Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) West**

Primary subject: Patient care

Reason for escalation: The complainant originally raised a concern via their Member of Parliament (MP) around difficulties getting a medication review and an ADHD assessment for their son. The service was unable to resolve these issues on an informal basis as the complainant did not feel the response to their MP identified a plan in place for the patient and they requested escalation to formal.

- Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) East**

Primary subject: Communication

Reason for escalation: The complainant made an informal complaint to resolve their issue gaining access to support from the CMHT. However, they subsequently stated they had not been contacted by the services in spite of repeated attempts to request an update regarding their complaint and they requested escalation to formal.

- Community Services and Primary Care – Community Dietitians Service**

Primary subject: Patient care

Reason for escalation: The complainant originally raised the issue informally of being unable to obtain specialist medical supplies for their condition, stating that no NHS organisation would fund the supply including the Trust. A multi-agency meeting determined that the Trust would not be responsible for provision; the complainant was unhappy with this outcome and requested the complaint be escalated to formal.

- Planned Care Mental Health Services – Beverley Community Mental Health Team (CMHT)**

Primary subject: Prescribing

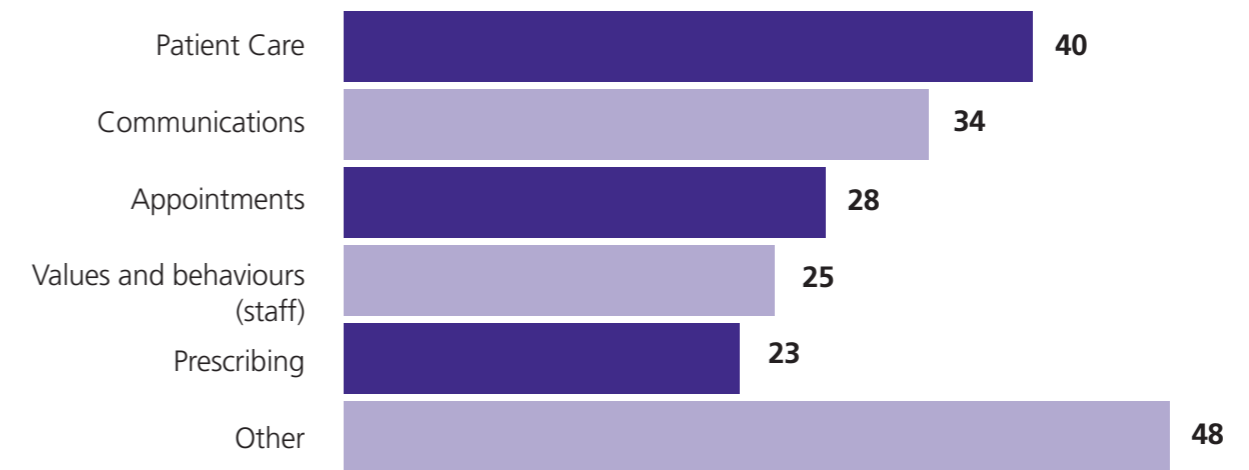
Reason for escalation: The complainant originally raised concerns via their MP around community mental health support for their son, a review of medication management, and specialist support for their complex condition. The service held a further conversation with the complainant to attempt to resolve the issues and confirm what could be provided; the complainant was unhappy with the proposals given and requested a formal investigation.

3.2 Formal Complaints

During the past year (1 April 2023 to 31 March 2024), the Trust received 216 formal complaints compared to 197 for the previous year.

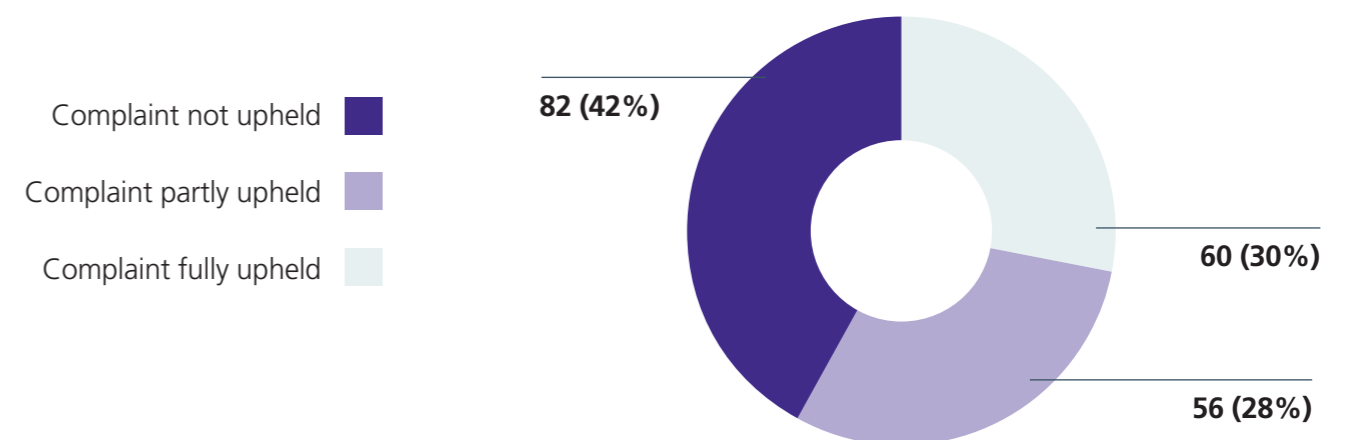
The Trust responded to 198 formal complaints which compares to 195 for the previous year (an increase of 3 formal complaints). The Complaints and Feedback Manager considers that this static position is due to the combination of an increase in formal complaints in Primary Care compared with the previous year and an overall reduction in formal complaints across the majority of other services and divisions. The primary subjects/themes are highlighted in Graph 2.

Graph 2 – All formal complaints responded to – primary subjects including Top 5 1 April 2023 to 31 March 2024



Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. Of the 82 formal complaints not upheld, 9 were withdrawn. For the previous year, the Trust responded to 195 formal complaints of which 46 were upheld (24%), 58 were partly upheld (30%) and 91 were not upheld (46%). The outcomes are highlighted in graph 3.

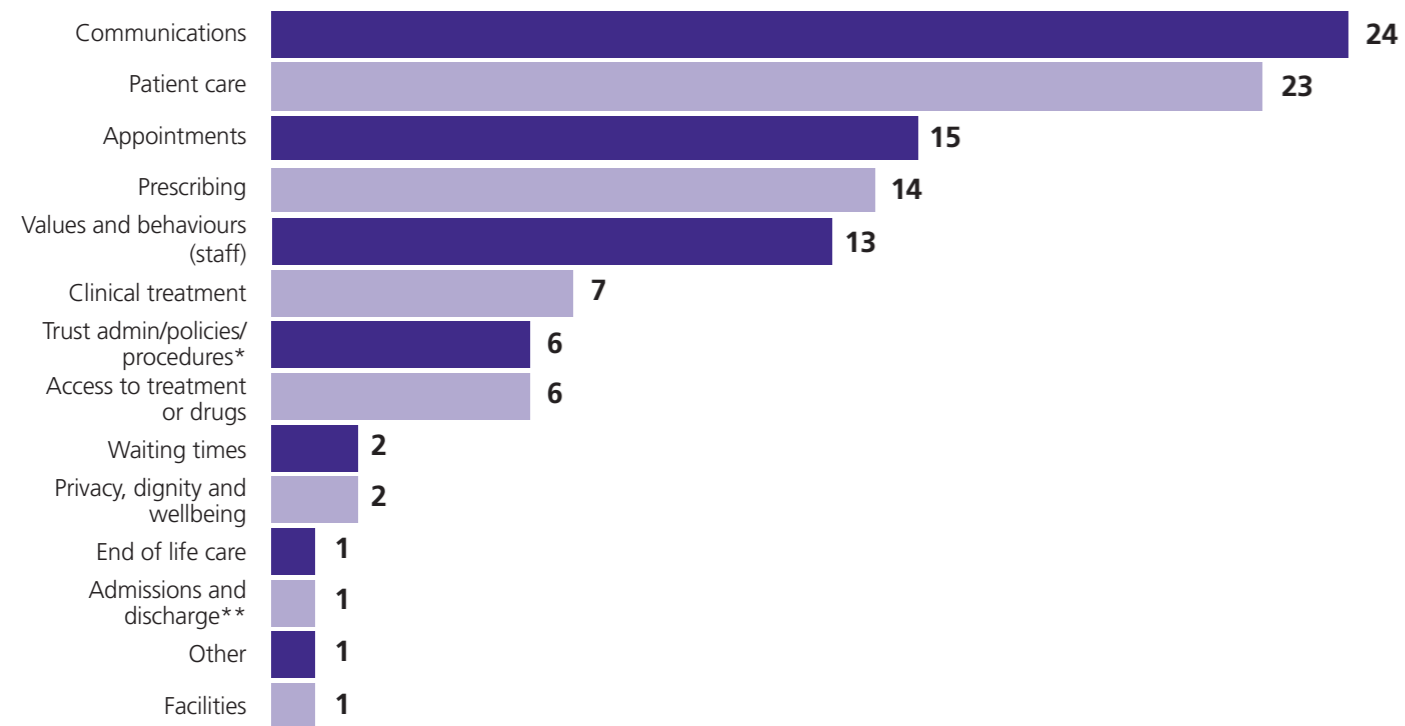
Graph 3 – All formal complaints responded to – outcomes 1 April 2023 to 31 March 2024



3.2.1 Themes and Trends

On analysing the total number of formal complaints responded to over the last twelve months where the outcome was either upheld or partly upheld, Graph 4 highlights that communications is the top subject for the Trust, followed by patient care then appointments.

**Graph 4 – Total formal complaints responded to – upheld and partly upheld
1 April 2023 to 31 March 2024**

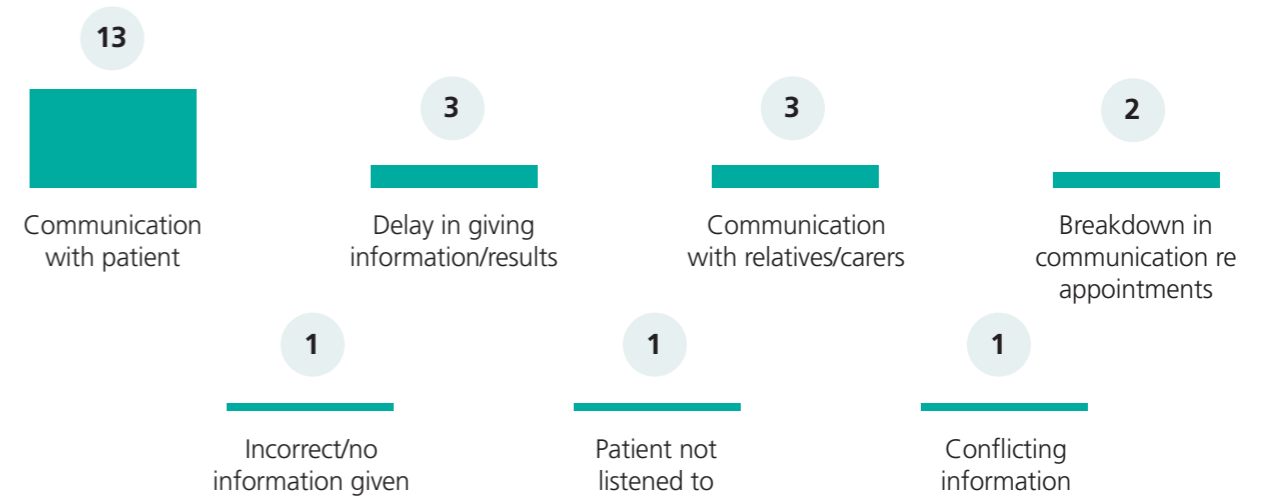


Analysis

Communications

On critiquing the top subject of communications, further analysis (Graph 5) confirms that communication with patient is the highest sub subject for the Trust, followed jointly by delay in giving information/results and communication with relatives/carers. There was a total of 34 formal complaints responded to, with communications as the primary subject during the twelve month period. Of these, 12 were fully upheld following investigation and 12 were partly upheld, with the remaining 10 not upheld.

**Graph 5 – Formal complaints responded to – upheld and partly upheld
Communications – 1 April 2023 to 31 March 2024**



Of the 24 complaints that were fully and partly upheld, 15 (63%) were for Community Services and Primary Care and the majority of complaints for this division resulted in a fully upheld outcome.

The top three sub-subject themes highlight:

- 13 had a sub-subject of ‘communication with patient’, and of those, 8 were related to a lack of promised telephone contact from the service.
- 3 had a sub-subject of ‘delay/information in giving results’, and of those, 2 related to issues with a General Practice.
- 3 had a sub-subject of ‘communication with relatives/carers’; no notable trends to observe

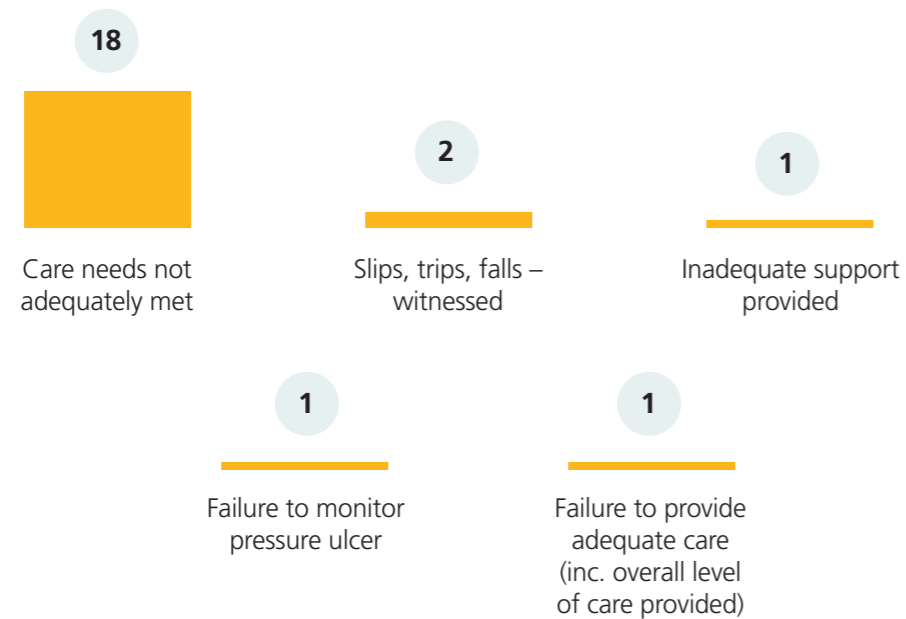
*Including patient record management **Excluding delayed discharge due to absence of a care package

Analysis

Patient Care

On critiquing the second highest subject of patient care, further analysis (Graph 6) confirms that care needs not adequately met is the highest sub subject in this category; followed by ‘slips, trips, falls – witnessed’. All other sub subjects have one entry each. There was a total of 40 formal complaints responded to, with patient care as the primary subject during the twelve month period. Of these, 11 were fully upheld

**Graph 6 – Formal complaints responded to - upheld and partly upheld
Patient care – 1 April 2023 to 31 March 2024**



Of the 23 complaints that were fully and partly upheld, 10 were for Community Services and Primary Care, 5 were for Planned Care Mental Health Services, 5 were for Children’s and Learning Disabilities Services, and the remaining 3 were for Unplanned Care Mental Health Services.

The top three sub-subject themes highlight:

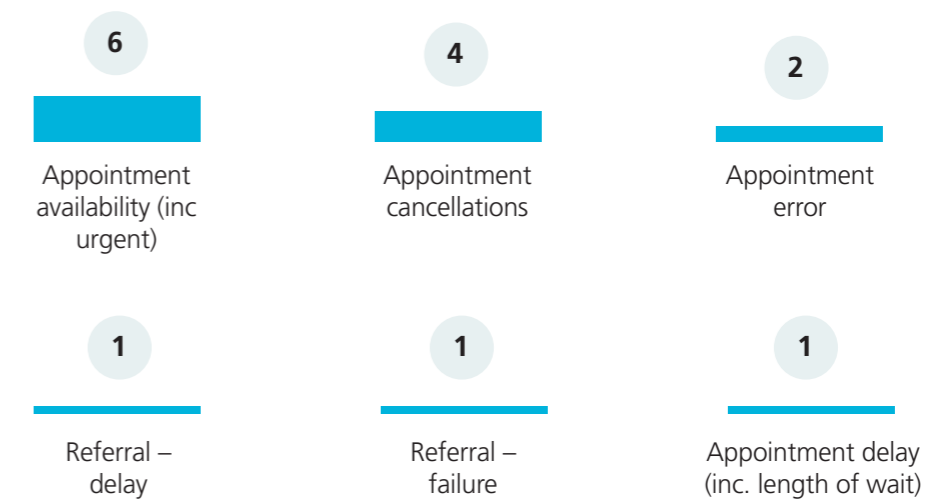
- 18 had a sub-subject of ‘care needs not adequately met’, and of those, 10 were fully upheld and 8 were partly upheld.
- 14 complaints related to an overall lack of care and support from the service, while the remaining 4 related to a specific instance of care.
- 2 had a sub-subject of ‘slips, trips, falls – witnessed’, and there were no notable trends to observe.
- There was 1 complaint for each of the remaining sub-subjects: ‘inadequate support provided’, ‘failure to monitor pressure ulcer’, and ‘failure to provide adequate care (inc. overall level of care provided)’. No notable trends to observe for these categories.

Analysis

Appointments

On critiquing the third highest subject of appointments, further analysis (Graph 7) confirms that appointment availability (including urgent) is the highest sub subject for the Trust, followed by appointment cancellations, then appointment error. There was a total of 28 formal complaints responded to, with appointments as the primary subject during the twelve month period. Of these, 9 were fully upheld following investigation and 6 were partly upheld, with the remaining 13 not upheld.

**Graph 7 – Formal complaints responded to - upheld and partly upheld
Appointments – 1 April 2023 to 31 March 2024**



Of the 15 complaints that were fully and partly upheld, 10 were for Community Services and Primary Care, 4 were for Planned Care Mental Health Services, and 1 was for Children’s and Learning Disabilities Services.

The top three sub-subject themes highlight:

- 6 had a sub-subject of ‘appointment availability (including urgent)’, and of these, 5 included issues with accessing a soon or urgent appointment at a General Practice.
- 4 had a sub-subject of ‘appointment cancellations’, and all 4 related to appointments being rearranged or cancelled at short notice without warning.
- 2 had a sub-subject of ‘appointment error’, and both of these related to incorrect appointment details being given out by a General Practice.

3.2.2 Learning Responses

Each complaint presents a new opportunity for learning and improvement in the Trust. For every formal complaint that has been either fully or partly upheld, an action plan is produced by the Investigating Manager and submitted with the final documentation; all actions are then moved onto an action tracker which is monitored by each division to ensure continuous improvement and transition into the day-to-day business of patient care.

The following are some of our learning responses because of the complaint and the subsequent investigation during the past year.

Theme 1: Communications

Issues upheld	Learning responses
Primary Care – The complainant had enquired several times with the GP practice about whether a procedure is offered and had been promised several follow-up calls but to date have heard nothing back.	The practice has now implemented an improved Total Triage system which will decrease the number of tasks they receive and improve communication timescales.
Children’s Services – The complainant had experienced poor communications between themselves, and the services involved whilst the patient was attending the emergency department and in crisis.	The service is developing a multi-agency process to enhance all the appropriate pathways for patients in crisis, in addition to a new self-harm pathway between the NHS and social care providers to complement this process.
Planned Care Mental Health Services – The complainant was sent a letter for an appointment with the team consultant, but the purpose of the appointment was unclear and made no reference to the complainant’s stated request.	The service is reviewing all their letter templates on the electronic patient record (EPR) to ensure that these more accurately reflect the nature and purpose of each appointment and give sufficient details to the patient.

Theme 2: Patient care

Issues upheld	Learning responses
Unplanned Care Mental Health Services – The complainant had not been happy with the care and support his son had received and had believed he had been discharged too early and had not been given the correct medication that he should have been given.	The service has arranged for the Carers Support Team to come in and provide some additional training about what they offer, and when may be an appropriate juncture to offer a referral.
Planned Care Mental Health Services – The complainant is unhappy with the treatment of their daughter’s mental health conditions, the lack of joined-up care with their physical health condition, Functional Neurological Disorder (FND) and the perceived lack of knowledge in treating the two together.	<ul style="list-style-type: none"> An additional training needs analysis was undertaken in respect of FND for staff to improve their knowledge base. A memo was also sent to all staff to remind them that a piece of outdated terminology is no longer to be used due to its potentially confusing and negative connotations.
Children’s and Learning Disabilities Services – There was a lack of clarity regarding the psychiatry pathway for patients that are currently under the service; this has led to delays as the referral was passed between teams.	The service is developing a clear and defined pathway/provision for a person with a learning disability who requires a psychiatry service and has a specific clinical risk requiring management.

Theme 3: Appointments

Issues upheld	Learning responses
Planned Care Mental Health Services – The complainant had to cancel multiple appointments due to personal reasons and although they had been assured they could cancel at short notice without being penalised, the service treated these as missed appointments, then gave another appointment for a weekday on which the complainant had already stipulated they were working. They then received a letter discharging them from the service.	The service has added a paragraph to appointment letters requesting patients cancel if they cannot attend the appointment or making contact with the service if they have missed an appointment. If they don’t make contact within 14 days, their case will be discussed in a multidisciplinary team meeting and they may be discharged from the service.
Primary Care – The complainant has had multiple appointments cancelled at short notice by the GP practice for various reasons; one due to an administrative error, another due to staff sickness and a further appointment due to test results not yet received.	<ul style="list-style-type: none"> The GP practice has now extended the length of time they have appointments for nurses and Health Care Assistants (HCA) and have increased appointments available to ensure patients have a better experience of booking their treatments - up to twelve weeks in advance. The practice has been reminded to ensure that they inform all patients of cancellations in a timely manner.
Primary Care – The complainant was unable to access appointments for their parents with either the GP or the Practice Nurse; they were told to use the online booking system but lack the IT skills to do so.	<ul style="list-style-type: none"> The current staffing level at the practice has been reviewed from when the complaint was raised, to the present time and can confirm that they have recruited further colleagues to support with call handling. The practice has implemented a newer online system which is easy to use and is happy to offer learning support with this.

3.3 Parliamentary and Health Service Ombudsman (PHSO)

Of the 198 formal complaints responded to from 1 April 2023 to 31 March 2024, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman.

There was 1 case considered by the PHSO which was closed during this reporting period but was not a complaint responded to during 2023/24.

There is currently 1 case currently under investigation by the Ombudsman which relates to a complaint from April 2022.

3.4 Zero Informal and Formal Complaints

The table below highlights the number of teams within each division where no formal or informal complaints have been received during the reporting period (1 April 2023 to 31 March 2024).

Division	Teams in scope	No. of teams with zero complaints	% of teams with zero complaints
Children’s and Learning Disabilities Services	33	16	48%
Community Services and Primary Care	10	0	0%
Corporate Services	3	3	100%
Forensic Services	10	4	40%
Planned Care Mental Health Services	19	3	16%
Mental Health Services - Central	1	1	100%
Unplanned Care Mental Health Services	21	7	33%
Total	97	34	35%

34 of the 97 clinical teams (35%) have not received any formal or informal complaints in the last twelve months.

3.4.1 Zero Complaints – recommendations

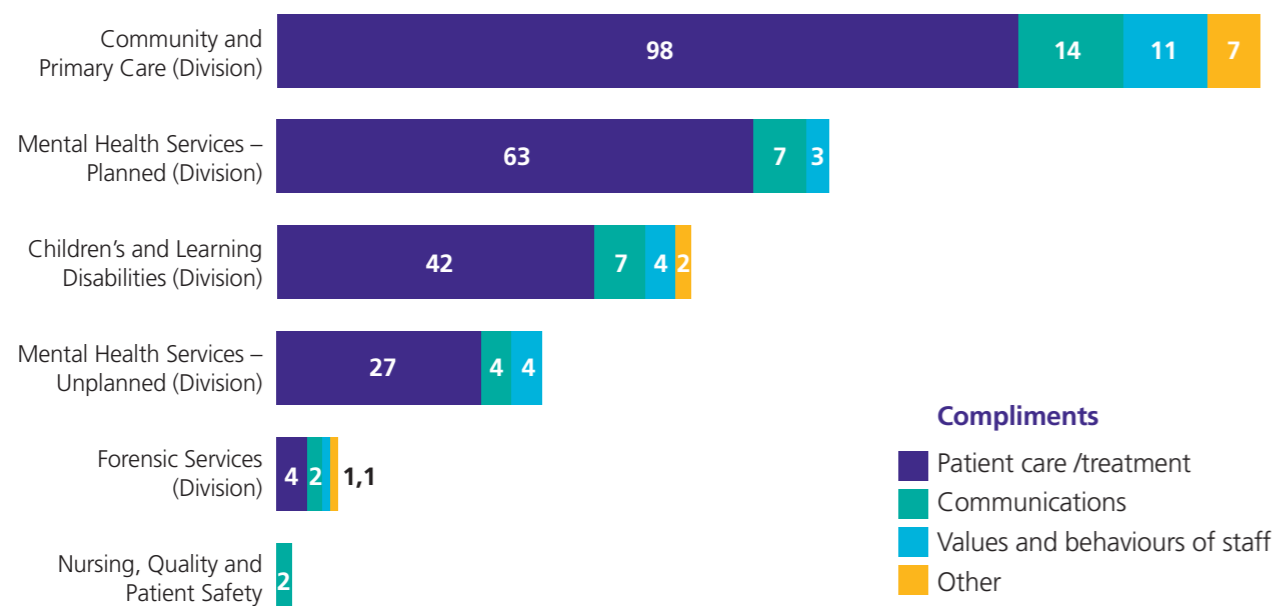
To ensure our teams are communicating the complaints process to everyone as effectively as possible, whilst acknowledging an effective local resolution, the below table details actions taken by the organisation during the past year to address key recommendations relating to teams receiving no complaints.

Recommendation	Activity
Clinical leads to talk to their teams who have not received any informal or formal complaints during the past 12 months to understand the rationale.	The Complaints and Feedback Manager has discussed with service managers/ clinical leads whose services have not received any complaints during the period, and the majority have advised this is due to these services having a holistic and responsive care approach which deals with issues quickly and compassionately and focuses on local resolution. Some have suggested they have been able to effectively resolve all their issues in this way. During the investigating manager training delivered to teams, a discussion takes place to ensure everyone understands the importance of the Trust complaints process being visible to the public.
Clinical leads to check their clinical areas to ensure that they have complaints leaflets and posters in their clinical areas for patients, service users and carers to access.	The Complaints and Feedback Manager has discussed with clinical leads for assurance and confirmed that posters and leaflets are currently available and on display throughout our community and inpatient sites. A new publicity campaign for complaints and patient feedback has recently been implemented in cooperation with the Communications Team, with refreshed posters and leaflets which are designed to strengthen the local resolution process and which join up the complaints process with compliments and giving positive feedback.
Clinical leads in the Learning Disabilities service to ensure that they have complaints literature in an accessible format. The division to enhance their accessible information offer.	The Complaints and Feedback Manager has received assurance from the division that easy read leaflets for making a formal complaint to the Trust are currently available in Learning Disabilities community and inpatient settings. The division has recruited a new Engagement Lead with a clinical background in Learning Disabilities who will work to engage with patients and families around their care, to ensure they have a good understanding of the complaints process and to assist with resolving issues locally.
Peer Reviews questions for 2023/24 have been updated and include several questions relating to complaints. Patients’ questions ask if information is displayed clearly advising on how to make a complaint and if people know how to raise a concern or complaint. Staff ask how teams learn from complaints and how important information about complaints is disseminated to the team.	Complaints are one of 8 performance indicators in peer reviews relating to stakeholder feedback and there is a question regarding complaints information for patients (environment/site visit) staff, team leaders and as part of the closed culture metrics. An estimated 118 reviewers have responded to these in the last year, 1 April 2023 to 31 March 2024.
The new Complaints and Feedback Manager joined the Trust on 5 April 2023. During his induction period to meet with divisional clinical leads and managers to get an understanding of teams’ complaints knowledge and experience and any gaps will be identified and a training offer given.	The Complaints and Feedback Manager discussed each division’s needs with service managers and clinical leads during his induction period and now meets them all regularly as part of the oversight and approval processes for complaints, both 1:1 and in governance meetings, where any gaps and outstanding concerns or suggestions for improvement are identified and acted upon. A full training package has been developed (see 3.6) and group training sessions for investigators, including professional development days, are now being booked on a regular basis.
Complaints and Feedback Team to attend a future Senior Leadership Forum to refresh staff on the complaints and feedback process.	The Complaints and Feedback Manager gave a presentation on the complaints process at a Governor Development Day, which included executive management in attendance. A basic awareness training package has been developed (see 3.6) and the offer is available to all staff, including senior management, every other month via lunch and learn sessions.

3.5 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful services they provide. The Trust received 303 compliments for the period 1 April 2023 to 31 March 2024, which compares to 243 compliments received for the previous year. Graph 8 below informs on which division the compliment relates to and the type of compliment received.

Graph 8 – Compliments received by division and subject
1 April 2023 to 31 March 2024



3.6 Complaints and Feedback Training Offer

The Complaints and Feedback Team are now offering an enhanced two-tier staff training package, designed to ensure that staff are informed with regular and up-to-date information about the complaints process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns as they arise. The *Basic Complaints Awareness* course is a 30-minute lunch and learn session held over Microsoft Teams which runs on a bi-monthly basis (launched September 2023). It is aimed at all staff in the organisation and diary invites are sent out to every staff member by the Communications Team. The objective of the course is to provide staff with a good awareness of the following:

- The different types of complaint.
- The different ways in which individuals can make a complaint.

- The complaints investigation process and how this works, including *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*.
- The importance of local resolution, wherever this is possible.

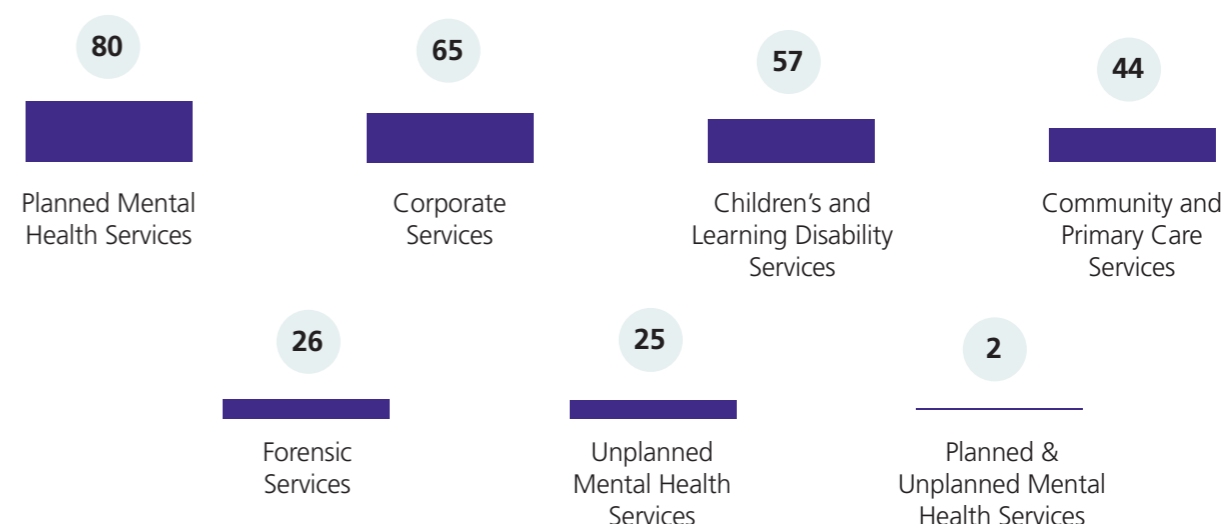
To strengthen the complaints awareness training session, in accordance with the Zero Complaints recommendations (see 3.4.1) around ensuring patients and carers know how to make a complaint or raise a concern, the session now also includes a section on Zero Complaints and appropriate dissemination of complaints information to patients and colleagues.

Also, to strengthen the recording of compliments in our reporting, there is a section around what constitutes a compliment and a video on how to record a compliment. Please click on the following link to access the film <https://www.youtube.com/watch?v=hTgBttYpjfk>

The *Complaints Investigation and Resolution* course is a more in-depth session aimed at those staff who may lead on or support with formal complaint investigations. Sessions are booked via the Complaints and Feedback Team and can be held either virtually or face to face. The objectives of the course are to ensure that anyone involved with a formal complaint understands:

- The investigation process from beginning to end.
- What a good investigation looks like.
- The rules and process for gaining consent.
- Duty of candour and admitting when we get it wrong.
- The importance of a sincere apology.
- Alignment with Trust policies and procedures including Information Governance (IG), patient safety and safeguarding.

Graph 9 – Total complaints training numbers by division
1 April 2023 to 31 March 2024



4.0

Priorities for 2024/25

The table below includes a broad overview of some of the patient and carer experience, engagement and involvement priorities that will be delivered over the next twelve months and focuses on key Trust wide priorities together with a snapshot of the divisional priorities which are included in the new PACE Five Year Forward plan.

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Trust wide	We will strengthen our approach when developing actions in response to all surveys and will co-produce actions with people who use our services and those who care for people who use our services.		We will continue to support and contribute to the Humber and North Yorkshire Integrated Care Board (ICB) engagement project 'A Good Experience' to help inform the development of a Communications Engagement Charter.		We will continue to work with staff across Corporate and Clinical divisions to maximise engagement and involvement to ensure feedback from surveys is understood, acted upon and affectively communicated to all relevant stakeholders.	
	We will strengthen the recruitment process for the Experts by Experience opportunity where we pay people with lived experience for their time and commitment in supporting service developments and specific projects.		We will continue to support the wider Integrated Care System (ICS) and attend the Humber and North Yorkshire ICB Experience of Care Group to network and share Place and provider based intelligence and insight across the system to inform quality improvement and share learning.		We will continue to recruit Panel Volunteers to support the Trust's recruitment process.	
	We will strengthen the Trust's Friends and Family Test (FFT) process by monitoring response rates across all divisions and teams with low/no feedback will implement actions to address.		We will (divisional engagement leads and the Patient and Carer Experience team) continue to align annual Patient and Carer Experience Development plan priorities to the Patient and Carer Experience Five Year Forward Plan divisional and Trust wide milestones for year 2.		We will continue to market the Patient and Carer Experience Training programme to raise the profile of involvement in Trust activities.	
	We will launch a new Power BI FFT dashboard which will be accessible for all staff to review thematically analysed feedback. This will enable teams to celebrate positive feedback and implement Quality Improvement Charters where improvements are required.					

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
Trust wide	We will strengthen our Patient and Carer Experience forums membership.					
Children's and Young People's Services	We will improve the space used by children, young people, and their families, taking into consideration reasonable adjustments to ensure they are welcoming, friendly, and inclusive in (Walker Street/West End Waiting Room Improvements).		We will co-produce a Children's and Learning Disability Divisional Website that is highly accessible and inclusive.		We will deliver Connect and Share sessions to promote shared learning, innovation and good practice across the children's and Learn Disability Division.	
Forensic Services	We will ensure the patient council "Our Voice" is heard and is part of the division's governance structure.		We will continue to develop links and partnerships with external education and training facilities.		We will continue to develop the recruitment process ensuring service users are involved in all recruitment and interviews for new staff in the division.	
Primary Care, Community Services and Addictions Services	We will increase the number of service users involved in co-production and will discuss progress at the Clinical Network meetings.		We will attend regular (bi-monthly) Partnership meetings led by the Public Health team, East Riding of Yorkshire Council.		We will develop a process to ensure every new volunteer/peer mentor receive the Trust's Trust activities information poster to strengthen our engagement and involvement offer.	
	We will act upon patient feedback received from the 2024 GP survey.		We will continue to attend Patient Participation Groups (PPGs) across all three Trust Practices, to ensure there are effective PPGs in place to support the wider patient population, contributing to a better overall experience.		We will work with volunteers to co-produce a refreshed and strengthened website for our 3 GP practices.	
Mental Health Services	We will embed patient stories within Mental Health services through case study, video and in person options for key meetings such as Crisis Care Concordat, Community Mental Health Team Transformation and Clinical Governance.		We will design a Carers Information Card for Carers (somebody who the patient/service user/child or young person relies on for emotional support and/or to support with daily activities).		We will develop and promote a co-production toolkit for the Mental Health Services division.	
Learning Disabilities	We will work with people with a learning disability and families to continue to develop a range of processes, to collect and collate feedback to ensure that experiences and expertise shape service delivery.		We will collaborate with the Partnership and Strategy team to support the Health Inequalities project (the Learning Disabilities Community Hub).		We will introduce a process to ensure all teams have co-production awareness sessions delivered as part of their training requirement.	

Appendix 1:

Overview of the Trust's GP Patient Survey Results for 2023

DOMAINS												
	1		2		3		4		5		6	
	Good overall experience of this practice		Easy to get through to this practice by phone		Good overall experience of making an appointment		Satisfied with the general practice appointment times available		Helpfulness of receptionists at this GP practice		Offered a choice of appointment when last tried to make a general practice appointment	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
National	72%	71% ↓	53%	50% ↓	56%	54% ↓	55%	53% ↓	82%	82% ↔	59%	59% ↔
ICS	76%	74% ↓	55%	52% ↓	60%	57% ↓	58%	54% ↓	85%	85% ↔	62%	61% ↓
HTFT Practices												
MWP	42%	51% ↑	23%	27% ↑	35%	33% ↓	38%	33% ↓	64%	80% ↑	59%	51% ↓
KS	57%	66% ↑	20%	38% ↑	32%	45% ↑	32%	43% ↑	83%	88% ↑	53%	41% ↓
HPC	68%	56% ↓	28%	6% ↓	32%	26% ↓	79%	28% ↓	79%	77% ↓	59%	39% ↓

DOMAINS													
7		8		9		10		11		12		13	
Patients satisfied with the appointment offered		The healthcare professional was good at giving the patient enough time		The healthcare professional was good at listening to the patient		The healthcare professional was good at treating the patient with care and concern		The patient was involved in decisions about their care and treatment		The patient had confidence and trust in the professional they saw or spoke to		The patient's needs were met	
2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
72%	72% ↔	83%	84% ↑	85%	85% ↔	83%	84% ↑	90%	90% ↔	93%	93% ↔	91%	91% ↔
75%	75% ↔	86%	86% ↔	87%	87% ↔	86%	87% ↑	91%	92% ↑	94%	94% ↔	93%	92% ↓
HTFT Practices													
55%	54% ↓	66%	72% ↑	72%	67% ↓	78%	75% ↓	93%	78% ↓	85%	86% ↑	88%	91% ↑
55%	63% ↑	67%	80% ↑	89%	84% ↓	90%	82% ↓	87%	95% ↑	95%	91% ↓	92%	92% ↔
64%	62% ↓	88%	81% ↓	86%	86% ↔	85%	84% ↓	92%	87% ↓	92%	89% ↓	92%	86% ↓

This forward plan is available in alternative languages and other formats including Braille, audio disc and large print by contacting us in the following ways:


Humber Teaching NHS Foundation Trust

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700

Email: hnf-tr.contactus@nhs.net

 [@humbernhsft](https://twitter.com/humbernhsft)

 [@humbernhsft](https://www.facebook.com/humbernhsft)

If you would like any further information relating to the implementation of this forward plan please contact the Patient and Carer Experience Team as follows:

Humber Teaching NHS Foundation Trust

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 389167

Email: hnf-tr.patientandcarerexperience@nhs.net

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024			
Title of Report:	Infection Prevention and Control Annual Report 1 April 2023 – 31 March 2024			
Author/s:	Executive Lead: Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals Author: Deborah Davies, Lead Nurse, Infection Prevention and Control			
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>	To provide a summary of the performance and key work undertaken with regards to infection prevention and control for the reporting period 1 April – 31 March 2024. The Board are kindly requested to ratify this annual report. .			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> Achievement of all contractually and locally agreed performance thresholds. The Trust overall mandatory infection control training compliance rate has exceeded 90% for all clinical and non-clinical staff working within the Trust. Initial feedback following participation in the national point prevalent survey (PPS) on HCAs and the third national PPS on antimicrobial use (AMU) Indicates <ol style="list-style-type: none"> a good level of antibiotic stewardship within the inpatient settings. A low burden of infection across the Trust sites 			Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Ventilation improvement project in Newbridges and Westlands. Seclusion suite improvement commenced. Refurbishment programme of hygiene facilities underway within the Humber Centre. 	
Key Risks /Areas of focus: Ongoing challenges continue due to the aging estate. This includes: <ul style="list-style-type: none"> The aging estate continues to pose challenges. Water safety issues persist at Maister Lodge, but levels are resolving. The ongoing requirement to improve hygiene facilities continues across the Trust Estate. 			Decisions Made: <ul style="list-style-type: none"> The need for the improvements of the ventilation to be considered in all building development work. 	
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	22 August 2024.	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	23 July 2024
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	HAIG May 2024	

				Quality and Patient Safety Group 8 August 2024
--	--	--	--	---

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	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Humber Teaching
NHS Foundation Trust

Infection Prevention and Control

Annual Report

01 April 2023 – 31 March 2024

1. Introduction

The Trust recognises that the prevention of all healthcare associated infections (HCAIs) is essential to ensure that patients using our services receive safe and compassionate care. Effective prevention and control must be an integral part of everyday practice and applied consistently to ensure the safety of our patients. In addition, good management and organisational processes are crucial to ensure high standards of infection prevention and control (IPC) measures are maintained.

The publication of an annual infection prevention and control report is a requirement to demonstrate good governance, adherence to Trust values and public accountability, in line with the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infection and related guidance.

This report covers the period 01 April 2023 to 31 March 2024 and provides information and assurance to the Trust Board of Directors of the achievements and progress made against the Trust Infection Prevention and Control 5 Year Plan developed in 2023 and the key criteria identified within the Health and Social Care Act 2008: Code of practice on the prevention and control of infections (updated December 2022).

1.1 Goals agreed as outlined within the IPC 5 Year Plan 2023 – 2028

2.0 Goal 01 – Innovating Quality and Patient Safety

‘We will embed a culture of continuous quality improvement in all infection control related activities undertaken on behalf of the Trust’

2.1 Governance Arrangements

The Trust Board recognises and agrees their collective responsibility for minimising the risks of infection and agrees and supports how these risks are controlled. These are outlined in the recent Trust updated Infection Prevention and Control Arrangements Policy N-014.

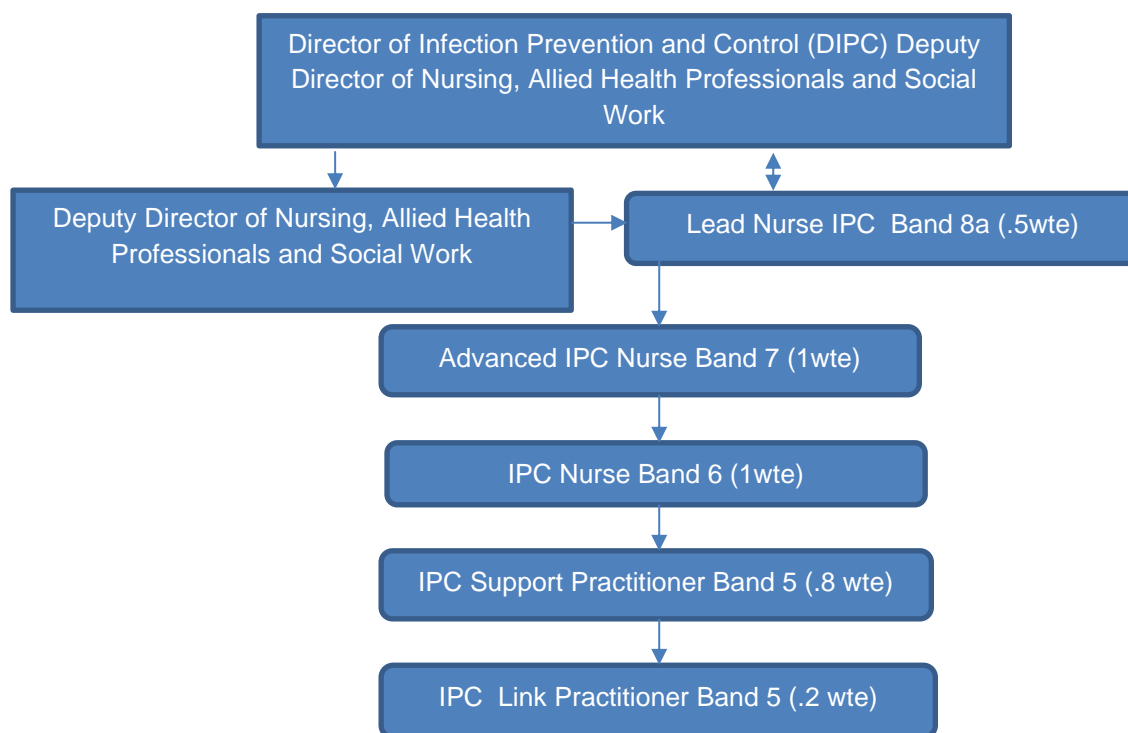
The Chief Executive accepts, on behalf of the Trust Board, responsibility for all aspects of Infection Prevention and Control activity within the Trust. This responsibility is delegated to the Executive Director of Nursing, Allied Health and Social Care Professionals who has the role of Director of Infection Prevention and Control within her portfolio and reports directly to the Chief Executive and the Board. Progress and exception reports have been presented to and monitored on behalf of the Trust Board via the Quality Committee.

The provision of an Infection Prevention and Control 5 Year Plan is seen as an essential element in continuing the Trusts focus on reducing HCAIs and in ensuring compliance to the Care Quality Commission (CQC), Regulation 12(2)(h) assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. The Trust strategic direction of all infection prevention and control activities was reviewed in 2023 resulting in the production of a newly refreshed Infection Prevention and Control 5 Year Plan (2023-2028). This was approved on the 27 September 2023 by the Trust Board and has received the ‘Co production’ stamp.

The plan is readily available to access on the Trust website.

2.2 The Structure and Responsibilities of the Infection Prevention and Control Team

Table 1. The Structure of the Nursing Team as of 31 March 2024



The IPC service is provided through a structured annual programme of work which includes the provision of expert advice, a robust audit programme, education, surveillance, policy development and review as well as support to staff, patients, and visitors. The main objective of the annual IPC programme is to maintain the high standards already achieved but to enhance or improve on areas where progress has been a little slower. The programme addresses national and local priorities and encompasses all aspects of healthcare provided throughout the Trust.

The Deputy Director of Nursing, Allied Health Professionals and Social Work Professionals provides managerial support and clinical supervision to the Lead Nurse, Infection Prevention and Control as part of her portfolio.

The Lead Nurse IPC continues to provide expert clinical advice and is operationally responsible for the development of policies, guidance, infection prevention practice and the delivery of an infection prevention and control educational and training programme Trust wide. The Lead Nurse has met regularly with the Director of Infection Prevention and Control throughout the year.

Following a review of the team structure at the end of January 2023 it is pleasing to report that a Band 5 Infection Prevention and Control Support Practitioner has been recruited and commenced in May 2023. She has settled into the team very well and completed a successful probationary period.

The review has allowed the opportunity to fund an additional .2 wte (1 day) secondment within the team. This has provided the Trust infection prevention and control link practitioners with a rare opportunity to enhance and consolidate their skills within the speciality. As a result, a link practitioner from Granville Court commenced in post August 2023 and has remained until the

end of April 2024. This approach will be extended to others to provide a similar experience in the ensuing year.

The Trust has a Service Level Agreement (SLA) in place with Closer Healthcare for the provision of an Infection Control Doctor (ICD) one session weekly. The ICD provides support, expertise, and guidance to the IPC Team on IPC and antimicrobial stewardship queries. The contract has been reviewed during 2023 and continues to provide an effective and responsive service.

2.3 The IPC Link Practitioner Network

The IPC Link Practitioner programme remains an important support to staff in all clinical areas and a large amount of the IPC Teams time has been spent on ensuring that each area has access to a link practitioner who has received guidance and training and ongoing support to fulfil this role. The membership is now made up of a variety of grades and professions reflecting the diversity of services across the organisation.

There are currently approximately 150 active IPC Link Practitioners across the Trust concentrated across all Care Divisions. They have utilised their enhanced level of knowledge and skills to support compliance with national standards and help embed IPC practice into their clinical areas of work.

We continue to actively recruit and assist in the promotion of the role of the IPC Link Practitioner and 2023-2024 continued to see an increase in engagement across the community teams. Unfortunately, we have not yet seen the number of individuals attending the planned link practitioner meetings reverting to pre-pandemic levels.

To explore the reasons for this an IPC Link Practitioner Network Engagement Survey was completed in 2022-2023. The feedback received highlighted that there is now a need to offer a more hybrid approach rather than the historic face to face programme. The programme has since been amended to suit the needs of a very varied and diverse audience.

This has included the introduction of an additional MS Teams Channel for the link practitioner to access and provides regular updates from the IPC team but also allows the links to connect with each other, seek advice, share good practice and accomplishments with their peers across the Trust and the IPC team. The usage appears low, but work will continue to demonstrate the additional benefits that it can bring.

2.4 Performance against Key Indicators

2.4.1 Mandatory Surveillance of Healthcare Associated Infections

Healthcare associated infections (HCAs) remain one of the major causes of patient harm therefore our performance, in accordance with all other NHS Trusts has been measured against a clearly defined set of standards (Key Performance Indicators) which includes the mandatory surveillance of specific categories of HCAI. This allows national trends and position to be identified but also enables regional and local benchmarking.

The Trust works in collaboration with all partners in reducing avoidable infections. Although some national targets divide healthcare associated infections into 'hospital onset' or 'community onset' these are artificial distinctions. Many infections diagnosed in the community have their origins in hospital, and vice versa. It is therefore essential that a 'whole system' approach is taken to tackling healthcare associated infections. The Trust continues to meet regularly with partners in several forums to discuss.

Table 2. Trust performance against IPC Key Performance Indicators

Trust wide Confirmed Cases	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
Clostridioides difficile infection	0	0	0	0	0	0	0	0	0	0	1	0	1
Meticillin resistant staphylococcus aureus (MRSA) bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin sensitive staphylococcus aureus (MSSA) bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E.coli) bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	1	0	1

✓ It is pleasing to note that zero cases of Trust apportioned MRSA, MSSA or *E.coli* bloodstream infections have been reported during April 2023 – March 2024.

The increase in the number of *Clostridioides difficile* cases nationally is of concern and is reflected nationally. The reasons for these observed increases are still being investigated nationally. The Trust participates in the mandatory surveillance of all *Clostridioides difficile* infections and continues to maintain a good level of performance. All cases of *C.difficile* infection are subject to a post incident review facilitated by the IPC Team. Summary outcomes and learning are presented to both the Healthcare Associated Infection Group (HAIG) and the respective Clinical Governance Networks.

✓ Although two patient episodes were identified during 2023-2024 for *Clostridioides difficile*, in consultation with the Infection Prevention and Control Lead for Humber and North Yorkshire Integrated Care Board one episode (reported initially in January 2024) was deemed to be attributed to the secondary care facility from which the patient had been transferred. This case was therefore removed from the Trust figures.

A review of the second patients journey concluded that the acquisition was deemed to be unavoidable. The patient had been transferred from secondary care where intravenous antibiotics had been appropriately received for several weeks. Staff had managed the patient in accordance with good practice guidance (prompt sample collection and patient isolation). Both patients' outcomes have been satisfactory post acquisition.

2.4.2 Hand Hygiene Compliance ✓ (Achieved Trust agreed threshold of 95%)

Hand hygiene remains a fundamental component in the prevention of nosocomial infections and the IPC Team has continued to promote hand hygiene compliance in accordance with the 'WHO five moments for hand hygiene'. Hand hygiene compliance, including bare below the elbows is a mandatory requirement for all individuals who provide clinical care as part of their duties.

Opportunistic hand hygiene observations are conducted by the link practitioners within the inpatient and primary care settings on a quarterly basis utilising the Trust approved Hand Hygiene Observation Audit Tool. Hand Hygiene observational compliance is achieved at 95% and above. The trust overall average compliance threshold of 95% has been achieved in all 4 quarters during 2023-2024.

Areas however which did not consistently achieve 95% compliance in all 4 quarters include:

- Quarter 1 Ullswater and Orion
- Quarter 3 Swale Unit
- Quarter 4 Mill View Lodge

The drops in scores recorded for the above areas were noted in the main to be due to non-compliance with the 'bare below the elbows' principles potentially hampering the hand hygiene process. The reasons for non-compliance included the wearing of 'Fitbits' and the wearing of false nails in clinical practice. Action was taken in all instances and results have been noted to have improved in all the areas identified in subsequent quarters.

Table 3. Trust Hand Hygiene Observational Compliance percentage according to Quarter 2023-2024

Inpatient area	Hand Hygiene Observations			
	Q1	Q2	Q3	Q4
Avondale	100%	100%	100%	100%
Mill View Court	97%	100%	97%	97%
Newbridges	100%	100%	100%	100%
PICU	100%	100%	100%	100%
Westlands	100%	100%	100%	100%
Maister Lodge	100%	100%	100%	100%
Mill View Lodge	97%	100%	100%	93%
Maister Court	100%	100%	100%	100%
Derwent	100%	100%	100%	100%
Ouse	100%	100%	100%	100%
Swale	97%	97%	93%	97%
Ullswater	90%	97%	97%	97%
Pine View	100%	100%	100%	100%
Lilac	100%	100%	100%	100%
Willow	100%	100%	100%	100%
Granville	100%	100%	100%	100%
Whitby Memorial	100%	100%	100%	100%
Malton Fitzwilliam	100%	100%	100%	100%
Orion	93%	97%	100%	97%
STaRS	97%	100%	100%	100%

My Assurance Hand Hygiene Observation results 2023–2024 RAG+B rating key:

- 0-69.9% Red (Inadequate)
- 69.9%- 94.9% Amber (Requires Improvement)
- 95%-99.9% Green (Good)
- 100% Blue (Outstanding)

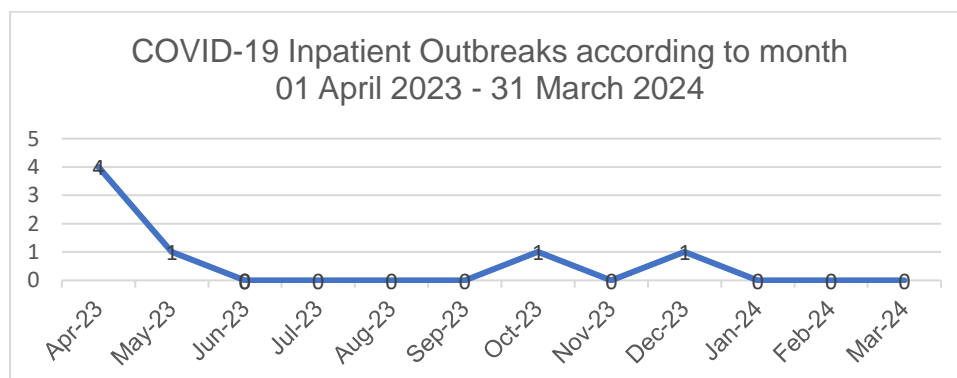
2.5 Outbreaks of Communicable Infection

Outbreaks of infection continue to be the major cause of infection related incidents in any hospital in the United Kingdom. Outbreaks occur when there are two or more linked transmissible infections which may or may not be preventable. Usually, these events are, by definition, unpredictable.

In line with the mandatory national reporting requirements the Trust have reported 7 outbreaks of COVID-19 during 2023-2024. In each instance an Outbreak Control Group meeting has been held to support clinical areas ensuring patient safety and to minimise the risk of onward transmission (please refer to table 4 and 5 below).

All episodes were managed in accordance with national guidance and no major issues identified. The source of the outbreaks could not be determined with any certainty with the majority of the cases. No adverse outcomes however were reported for any of the patients who yielded a positive test result. All patients recovered satisfactorily and have either returned to a place of residence or remain within our care due to their ongoing mental health needs.

Table 4. COVID-19 Outbreaks in the inpatient setting according to month 2023-2024



An outline of the outbreaks and findings for each individual area can be seen below in table 5.

Table 5. Covid-19 Outbreak notification details according to unit

Quarter	Unit	Date of closure	Date of reopening	Patient affected	Staff affected	Learning
1	Swale	05/4/23	14/4/23	2	3	<ul style="list-style-type: none"> Staff to patient transmission noted. 2 Patients and 1 symptomatic staff member had attended an engagement event in a shared minibus 30.3.23. Good patient compliance with IPC recommendations noted.
1	Westlands	11/4/23	20/4/23	6	7	<ul style="list-style-type: none"> The importance of multi-disciplinary working noted as challenges faced when dealing with the management of symptomatic patients who have 'informal' status.
1	Pine view	11/4/23	17/4/23	3	3	<ul style="list-style-type: none"> All residents accessing various activities outside of the unit increasing the risk of transmission

1	Granville Court	11/4/23	23/4/23	7	16	<ul style="list-style-type: none"> All residents accessing various activities outside of Granville and therefore it is difficult to ascertain acquisition of the virus. Large number of staff affected several staff noted to share the same households. Air scrubbers required and subsequently purchased to improve the air quality in the office spaces where the staff members congregate.
2	Millview Court	30/5/23	05/6/23	8	5	<ul style="list-style-type: none"> Staff to patient transmission likely. Variations in patient compliance noted which posed challenges in the management at times.
3	Granville Court	30/9/23	09/10/23	7	14	<ul style="list-style-type: none"> Residents in one bungalow (Carlyle) only affected throughout. Prompt appropriate actions taken across the weekend when the initial positive cases identified resulted in no transmission between the three bungalows.
3	Swale	19/12/23	25/12/23	3	0	<ul style="list-style-type: none"> Measures implemented across the Humber Centre minimised onward transmission. Positive feedback provided from the patients regarding the care received whilst being nursed within bedrooms. One patient suggested that more activities should be offered within the bedspace. This has been discussed at unit level and will be addressed in any future incident.

2.5 Notifiable Communicable Infection Incidents

2.5.1 Identification of a patient with a confirmed campylobacter positive result.

On the 21/03/24 the IPC team were contacted by a member of staff from Fitzwilliam ward to inform them of a positive faecal specimen result received from the York and Scarborough Teaching Hospitals NHS Foundation Trust Laboratory that afternoon for a patient who was currently residing within the ward. The specimen had yielded the Campylobacter species.

The patient was noted to have experienced a one-off episode of a semi-formed loose stool on 18/03/24. A sample of which was obtained promptly, and the patient was isolated appropriately whilst awaiting the result of the specimen. The patient experienced no further symptoms. An incident meeting was held in collaboration with colleagues within York and Scarborough Teaching Hospitals NHS Foundation Trust due to the catering services being provided by themselves. No source of infection could be found, and all food safety measures were noted to be in place with appropriate monitoring records produced of all actions completed and measures in place evidenced. To further enhance the level of assurance, joint inspections will be held involving the catering supervisors for both York and Humber Trusts in quarter 1 2024.

2.5.2 Identification of a community cluster of Invasive group A streptococcal (iGAS) infection cases February 2023 and October 2023

Notification was received from the regional Health Protection Team that a cluster of 4 patients had been identified as having Invasive group A streptococcus (iGAS) displaying the genotype emm 4.19. within the Scarborough locality between the period of February 2023 and October 2023. Following an epidemiological review of all the cases one community hub had been found to have been involved in the care of all the affected patients. Following both regional and local discussion in an effort to reduce the potential of any further exposure or transmission all the team were offered antibiotic prophylaxis. Uptake was noted to be good.

Learning

Feedback provided following a post incident review was mainly positive however:

- Staff felt that the option of a face- to- face meeting with the Occupational Health Doctor would have been preferred by some of the staff members. The appointments had all been undertaken virtually.
- Some staff were noted to have been unhappy regarding the variations in the antibiotic choice and course length prescribed to each of them. The staff members medical history dictated the variation between a course requiring five days and the second of ten days. The staff felt that this should have been explained more thoroughly. The feedback was shared with the regional Health Protection Team to consider how the prescribing should be approached in any similar instance.

2.5.3 Measles preparedness following an increase in the national prevalence of measles cases 2023

Measles is known to be one of the most highly infectious communicable diseases. It is spread when an infected person breathes, coughs or sneezes. The virus remains active and contagious in the air or on surfaces for up to 2 hours. The number of measles cases have been rising nationally since late 2023.

Although the number of confirmed cases were initially negligible in Yorkshire and the Humber there has been a number of small clusters identified. A low number of suspected cases have been reported as presenting within the Urgent Treatment Centre at Whitby and 1 in the primary care setting in Quarter 4. Following a review appropriate measures were taken in the management and care of each individual presenting.

Work completed to ensure preparedness has included:

- The production and circulation of Trust wide Communication. A dedicated measles information section is now in place on the Trust Intranet.
- The production of a 'practice note' highlighting the actions required by each clinical manager within their respective areas.
- Support provided to all managers in the development of individual local risk assessments utilising the national risk assessment for infection prevention and control measures for measles in healthcare settings template.
- Ensuring that a robust fit testing programme is in place in the areas most likely to encounter a patient presenting with measles. Work has included the enhancement of the number of staff appropriately fit tested in areas of greater risk. This has included the Urgent Treatment Centre, the Primary Care Practices, and the Mental Health Crisis Team. Further work will continue in the children services within quarter 1 2024.
- Work is underway within the Primary Care Practices to improve the vaccination uptake of their population.

- Additional work is being undertaken within the inpatient units where our medium to long term patients reside eg Forensic services. A number of patients whose status was unknown have agreed to have their immune status checked and have a course of immunisation if required. At the time of the report three patients within the Forensic unit were found to have no immunity and following a blood test have agreed to receive their MMR vaccines.

Work will continue in partnership with Occupational colleagues to ensure that all staff and patients are adequately protected by effective vaccination.

2.6 Antimicrobial Stewardship

Slowing the development of microorganisms resistant to antimicrobials, increasing the longevity of our available agents and minimising the occurrence of healthcare acquired infections is a national and international priority. All healthcare professionals are therefore encouraged to facilitate good prescribing practice.

The Drugs and Therapeutic Group within the Trust is responsible for the monitoring and provision of advice on the optimal and cost-effective prescribing of antimicrobial agents. Its aim is to facilitate the development, implementation and audit of policies, guidelines and protocols related to antimicrobial prescribing, with reference to local variations in antimicrobial susceptibility. All antimicrobial data collected is presented and reviewed at both HAIG and the respective Clinical Network meeting.

Electronic prescribing is in place in all clinical inpatient areas which assists in ability to improve the level of stewardship. Each antibiotic prescribed on the system is subject to a prompt review and validation process by the pharmacist allocated to the specific unit.

The Lead Nurse, Infection Prevention and Control and the General Practitioner, Prescribing Lead have recently attended the inaugural meeting of the Hull and ERY Antimicrobial Resistance (AMR) and Infection Prevention and Control Collaborative Forum. The purpose of this group is to bring together key stakeholders across health and social care from the Hull and East Yorkshire Health Care Partnerships with the ambition of the local delivery of key targets described in the UK 5-year action plan for antimicrobial resistance 2019 to 2024 and any subsequent updates. Attendance at this meeting will support the development of an agreed plan for 2024-2025. Initial discussions have been held internally and it has been agreed to move this forward Trust representation will also be provided from the inpatient clinical settings within the Trust in any subsequent meetings.

2.6.1 Participation in the national point prevalent survey (PPS) on HCAs and antimicrobial use (AMU).

We are pleased to report that we availed ourselves of the opportunity to participate in the sixth national point prevalent survey (PPS) on HCAs and the third national PPS on antimicrobial use (AMU). This was the first time that data has been gathered from Community or Mental Health NHS Trusts in England. Data collection for each Trust inpatient unit commenced in September 2023 and concluded in November 2023.

Inclusion in this study provided a snapshot of the antimicrobial use within the inpatient population within the Trust but it will also allow us to both compare our performance against other similar sized NHS organisations but also to identify areas where antimicrobial prescribing interventions can be targeted.

Although the Trust has received provisional data the national report has not yet been finalised and it is anticipated that this will be available to share in July 2024. The key data however can be seen below in table 6:

Table 6. Trust HCAI and Antimicrobial Data from the National Point Prevalence Survey (PPS) 2023

Hospital	Total number of patients included	Number of healthcare associated infections (n)	Number of antimicrobials prescribed (n)	Number of patients with a urinary catheter in situ (n)
Inspire Site - Orion	6	0	0	0
Townend Site - Willow	2	0	0	0
Townend Site - Lilac	3	0	1	0
Townend site - STaRS	4	0	0	0
Miranda House - PICU	7	0	0	0
Miranda House - Avondale Unit	14	0	1	0
Westlands Unit	16	0	0	0
Newbridges Unit	18	1	2	0
Humber Centre - Derwent	7	0	0	0
Humber Centre - Ouse	12	0	0	0
Humber Centre - Swale	12	0	0	0
Humber Centre - Ullswater	8	0	0	0
Pine View	16	0	0	0
South West Lodge Unit	1	0	0	0
Maister Court	5	0	0	0
Maister Lodge	6	0	0	0
Mill View Court	12	0	1	0
Mill View Lodge	6	0	0	0
Malton Community Hospital	17	3	5	4
Whitby Hospital	16	2	3	4
Total	188	6	13	8

Summary of key points

- 188 patients within the Trust inpatient areas met the criteria for inclusion within the survey. 155 patients were noted to reside within the mental health and learning disability settings and the remaining 33 within the community inpatients settings.
- A total of 6 HCAIs were identified Trust wide (3.19%), 5 noted within the community inpatient settings (3 Malton, 2 Whitby) and 1 within mental health (Newbridges Unit).
- Of the 6 HCAI cases identified the source of acquisition initial review indicates that 3 of these cases were not directly attributable to the Trust.
- 12 patients were receiving antibiotics at the time of the survey (13 courses) 5 of the patients resided within the mental health setting and the remaining 7 within the

community inpatient settings. All the antibiotics prescribed by the Trust were noted to adhere to national or local prescribing guidance.

- The prevalence of patients with a urinary catheter in situ was higher than expected (24.2%) of the total population within the community inpatient settings (4 at Whitby and 4 at Malton). The rationale for insertion however has been reviewed in all instances and the usage was deemed to be appropriate in all cases.

A detailed review of the results will be presented at both the Drugs and Therapeutic Group meeting and the Healthcare associated Group (HAIG) meetings once the national report has been finalised and published.

3.0 Goal 02 – Enhancing Prevention, Wellbeing and Recovery

'We will enhance patient and carer involvement in all matters relating to infection prevention'

It is important that patients are engaged in their health care decision making process as those who are engaged as decision makers tend to be healthier and have better outcomes. To support this, access to good quality health information is deemed to be essential.

A regular review of all the patient related infection control information available has been maintained during 2023-2024 to ensure the information that is already in place remains accurate, current and in line with both the national guidance and Trust branding requirements.

All leaflets were circulated for consultation to the IPC Link Practitioner network, Patient and Carer Experience (PACE) forum and the Health Watch panel. Feedback received was positive and minor changes only required. Leaflets have subsequently been approved via HAIG.

A member of the IPC team remains an active participant within the PACE forum and is now also supported by the newly recruited IPC Support Practitioner within the team. Work has commenced to ensure IPC initiatives, policies, information resources are shared with PACE members via the Engagement Leads to raise awareness and gain valuable input and feedback. An IPC PACE Development Plan is in place and progress is monitored in accordance with the agreed time scales during the ensuing year.

Summary of IPC PACE achievements for 2023-2024

- IPC attendance at the various PACE related forums has been fulfilled throughout the year.
- In quarter 3 the Staff Champion of Patient Experience (SCoPE) within the team attended the Adult Mental Health Co-production Group meeting and the Patients Council (Humber Centre) to introduce themselves to the groups. The new national IPC Education Framework was discussed and the vision for the Trust revised IPC training programme to be co-produced was shared.
- The co-production stamp was approved for the IPC 5 Year Plan 2023-2028. The team were entered into the 'Co-production Logo Stamp prize draw' which was drawn at the February SCoPE meeting and were delighted to win the prize of a gift card which was used to purchase an item to support staff wellbeing in the workplace.
- An MS form survey was developed in quarter 4 to provide patients residing on a ward / unit the opportunity to feedback regarding IPC, this formed part of the work standardising patient information in the inpatient areas in conjunction with the Communications Team.

All Engagement Leads across the care divisions have been contacted and the IPC Education Framework and associated engagement MS form survey has been shared to assist gaining valuable input from patients and carers.

4.0 Goal 03 – Fostering Integration, Partnership and Alliances

'We will work collaboratively with local and regional partners to drive forward further reductions in the number of healthcare associated infection'

Working collaboratively across organisational boundaries has been acknowledged as an essential component in the reduction of HCAs and as such the IPC Team have availed themselves of every opportunity to meet with colleagues both locally and nationally to share learning, and best practice.

Both the senior members of the team are members of the national Infection Prevention Society (IPS), which provides opportunities for networking at a regional and national level and access to appropriate educational study days and conferences.

Meetings regularly attended during 2023-2024 have included:

- The Yorkshire Region Infection Prevention Society Meeting
- North East and Yorkshire (NEY) IPC Lead Nurses Forum
- The National Infection Prevention Society Mental Health Special Interest Group
- The Regional Hydration Group

Additional bespoke sessions attended by the IPC Team have included:

- IPC Champions and Care Home Nurses Network event.
- Use of the Patient Safety Response Framework in Infection Prevention and Control (NHS England webinar August 2023).
- Attendance at the HCAI and AMU PPS England 2023 National Training webinar in preparation for participation in the national point prevalence survey.
- IPC Route to Net Zero (Infection Prevention Society Conference). A team member is now a member of a newly established IPS Sustainability Special Interest Group.

Although the majority continue to be attended virtually they have continued to be invaluable in the provision of mutual support and the sharing of information.

5.0 Goal 04 – Developing an effective and empowered workforce

'We will strive for exemplary infection prevention and control principles to be embedded in practice throughout all areas within the Trust'

The prevention of any avoidable infection remains a major priority within the Trust and is the responsibility of everyone who works within the Trust. Care should be exemplary and delivered by staff who understand and effectively discharge their roles and individual responsibilities for the prevention and treatment of HCAs.

Work undertaken to support all staff in the delivery of their responsibilities during 2023-2024 has included:

5.1 A Review of Infection Prevention and Control Policies and Guidelines

In line with the Health and Social Care Act 2008: Code of Practice (2022) the Trust infection prevention and control policies, protocols and clinical pathways are all reviewed and updated

by the IPC team to ensure that practice and guidance is current, evidence based and in line with the national mandatory requirements.

The Trust has now fully adopted all elements of the national infection prevention and control manual (NIPCM) as the main point of reference and work continues to ensure that all the Trusts IPC Standard Operating Procedures (SOPs) and guidelines provide the Trust operational details required to support the content of this manual. Key updated IPC Policies and SOPs can be seen in table 7 below.

Table 7. Infection Prevention and Control Policies and SOPs updated 2023-2024

Name of Policy / Standard Operating Procedure	Date approved	Changes made
The Selection of Respiratory Protective Equipment (RPE) and Fit Testing Requirements within the Clinical Environment (SOP21-004)	9 August 2023	A full review was completed with Fit testing recommendations aligned to the national infection prevention and control manual. The SOP was approved at the Physical Health and Medical Devices Group.
The Management of an Outbreak of Communicable Infection Policy (N-009)	1 December 2023	A full review was completed, update including the removal of the specific information sections relating to COVID-19 outbreak as no longer required). Reference section updated to include updates in national guidance documents. The policy was approved at QPaS.
Infection Prevention and Control arrangements Policy (N-014)	4 April 2024	Reviewed and refreshed to ensure that the policy reflects the Trust current organisational structure and governance arrangements for infection control. The reference section updated to ensure all current national guidance is included. The policy was approved at QPaS.

The IPC Team have enhanced the series of 'Guidance at a Glance' staff quick reference documents and new topics have included:

- Campylobacter
- Carbapenemase-producing Enterobacteriaceae (CPE)
- Streptococcus A
- Streptococcus B
- Respiratory Syncytial Virus (RSV)
- Mumps
- The Management of Fleas

Four existing 'Guidance at a Glance' documents have been reviewed and updated. These include:

- The Management of a suspected / confirmed COVID positive patient
- The Management of Measles
- Influenza
- Bacterial and Viral Meningitis and Meningococcal Disease

The IPC Team have provided input into the development of a variety of other Trust policies and SOPs that support staff. These remain constantly under review to ensure they reflect the changes in any produced national guidance documents.

5.2 The Delivery of the Infection Control Training Programme

The IPC educational programme is an integral part of the Trust Mandatory Training Programme for all staff and the commitment to education continues to be a priority throughout the year.

The IPC Nurses (IPCNs) participate in the Trust Corporate Induction programme for all staff newly appointed by the organisation. The session includes an introduction to the team and provides guidance on how to access all essential IPC information via the Trust Intranet and provides a brief overview of Sepsis to support raising Sepsis awareness.

The IPC Team have continued to utilise the national evidence-based infection prevention and control national education programme for both clinical and non-clinical staff utilising the virtual platform and e-learning packages. As shown in table 8 below the Trust training compliance target of 85% has been exceeded each month during 2023-2024.

Table 8. Infection Prevention and Control Mandatory Training Compliance 2023-2024

Compliance percentage	April 23	May 23	June 23	July 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Level 1	98.30	97.83	97.74	97.25	97.37	97.86	97.71	98.09	97.57	99.1	98.02	98.87
Level 2	97.90	97.98	97.86	97.72	97.61	96.65	96.03	96.58	96.72	96.59	96.32	96.26

Following the publication of the 'NHS England commissioned Skills for Health (SfH) The Infection Prevention and Control Framework' a review of the Trust mandatory training programme has been initiated to ensure that all full compliance is achieved against all standards highlighted within this document. To facilitate this the Lead Nurse is now a member of the recently refreshed Trust Training and Development Working Group to improve collaborative opportunities across the Trust.

Initial enhancements to the IPC programme have included:

- An increase in the frequency requirement for IPC refreshers for all staff who require level 2 Mandatory training IPC training. The frequency will now be increased from three yearly to annually.
- The development and implementation of a Hand Hygiene and Personal Protective Equipment (PPE) competency training package. It is expected that all clinical staff who require an enhanced level of clinical training (level 2) are required to undertake this training and assessment package. Roll out commenced initially within the inpatient teams in quarter 1 and then all other clinical teams in quarter 2. Good progress has been made and the Trust overall compliance percentages at the time of writing this report can be seen below in table 9.

Table 9. Trust Hand Hygiene and PPE Competency Compliance July 2023 – March 2024

Month	Trust Overall Compliance Data
July 2023	0.72%
August 2023	28.93%
September 2023	40.72%
October 2023	52.35%
November 2023	59.90%
December 2023	66.65%
January 2024	71.16%
February 2024	74.36%
March 2024	80.13%
April 2024	84.74%

5.3 The Continuing Professional Development of the IPC Team

To retain credibility and enhance their level of knowledge the IPC Team has continued to develop and maintain their professional development through a variety of sources.

The IPCN Advanced Nurse and IPC Specialist Nurse commenced the Trust Quality Service Improvement and Re-Design (QSIR) Practitioner Programme, successfully completing in July 2023. Quality Improvement (QI) principles are now being applied into all IPC projects the most recent one of which is the Implementation of the Hand Hygiene and PPE Competency Package.

The IPCN Advanced Nurse was notified of her success in the attainment of the Mary Seacole Leadership Programme which is designed to assist individuals to enhance a greater understanding of self and impact as a leader.

It is pleasing to note that funding was secured in quarter 2 for one member of the team to complete the *Advanced Professional Development Module in Negotiated Studies* (HE7). This commenced in January 2024 and its aim is to support the development and enhancement of professional practice, clinical judgement, decision making and leadership skills to challenge and implement safe standards of IPC practice. Completion of the course will be in quarter 1 2024.

An additional opportunity arose for the seconded IPC Link Practitioner to enrol on to the online IPC Course '*Developing Healthcare Support Workers to be Infection Prevention Control Champions*'. This was jointly commissioned by the Regional Nursing Workforce Team and the Florence Nightingale Foundation (FNF). The course commenced in September 2023 and is designed to build confidence in delegates, enabling them to have the right levels of influence and authority to contribute to changes in practice at a local level, improve patient care and health outcomes. The feedback gained following the completion of the course was positive. She has utilised her strengthened skillset by commencing a 'Gloves off' quality improvement project within Granville Court. The project is designed to ensure that health and care workers only wear disposable gloves when clinically appropriate. The IPC team will continue to support the individual to complete the project within 2024-2025.

6.0 Goal 5 - Maximising an efficient and sustainable organisation

'We will continue to support the improvement of our healthcare environments to ensure they are clean, safe and facilitate the prevention and control of infection'

6.1 Infection Prevention and Control Audit Programme

In line with the requirements of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections (2022) the Trust has an extensive IPC audit programme in place which is both environmentally and clinically focused. It is targeted at improving infection prevention and control practices for all disciplines across the Trust. Any environmental concerns determined to be of immediate risk are escalated via the Care Division structure and the Clinical Environmental Risk Group.

The audit programme is completed either by the IPC team, the IPC link practitioners or the matrons. The audit results are included as part of the quarterly matron report and are scrutinised at the HAIG meeting where each matron is invited to present their reports and improvement plans where required. Any issues identified during the completion of the audit visits were dealt with on the day of the visit wherever possible.

The results of the IPC environmental audits completed in the inpatient areas during 2023-2024 can be seen below in table 10.

Table 10. Inpatient Environmental Audit results 2023-2024

Inpatient area	Environment			
	Q1	Q2	Q3	Q4
Avondale	97%	99%	94%	97%
Mill View Court	88%	90%	88%	82%
Newbridges	99%	99%	99%	94%
PICU	97%	97%	87%	90%
Westlands	71%	*	93%	88%
Maister Lodge	100%	97%	100%	97%
Mill View Lodge	94%	97%	91%	97%
Maister Court	88%	96%	96%	99%
Derwent	91%	97%	97%	95%
Ouse	86%	96%	96%	94%
Swale	91%	96%	96%	94%
Ullswater	96%	97%	97%	95%
Pine View	97%	100%	100%	100%
Lilac	88%	96%	94%	98%
Willow	94%	94%	94%	98%
Granville	93%	94%	94%	97%
Whitby Memorial	94%	97%	96%	97%
Malton Fitzwilliam	93%	99%	94%	98%
Orion	96%	97%	99%	98%
Nova	Closed	Closed	Closed	Closed
STaRS	93%	97%	94%	98%

My Assurance IPC Inpatient audit results 2023–2024 RAG+B rating key:

- 0 - <70% Red (Inadequate) 70%
- <90% Amber (Requires Improvement)
- 90% -99% Green (Good)
- 100% Blue (Outstanding)

An improvement plan has been developed within each area where a satisfactory result has not been achieved (i.e. amber or below). An additional enhanced level of support has also been provided as required from the IPC team, Hotel Services and the Estates team to facilitate or address any environmental concerns.

Areas with an ongoing formalised improvement plans in place at the time of writing this report includes Townend Court (Lilac and Willow units), Westlands and Mill View Court. The staff and clinical leads for both the sites have positively engaged with the support provision and actions, resulting in improvements being made across the sites.

Redecoration has been completed on Lilac and Willow, decluttering and reorganising of storage rooms has been addressed by staff. All flooring is now vinyl and patient furniture has been replaced. Challenges raised regarding access for domestic staff on Willow Unit was reviewed and adjusted around the needs of the patients to ensure cleanliness requirement were met, this resulted in seeing improved cleanliness on the unit.

6.2 Primary Care Audit Programme

A significant amount of effort also continues in improving the primary care setting to ensure it reaches an acceptable standard and level of cleanliness. This is made more difficult however in those buildings that are not owned by the Trust and the need for effective communication and negotiation skills with our landlords cannot be over emphasised. Where it has been possible the cleaning contracts have been brought 'in house' to ensure that the cleaning consistency is maintained at an acceptable standard.

Table 11. Primary Care Environmental Audit results 2023-2024

Practice	Environment				Issues highlighted in the quarters where 90% compliance has not been achieved
	Q1	Q2	Q3	Q4	
Kings Street Medical Centre	99%	98%	96%	96%	
Humber Primary Care - Providence Place	87%	91%	98%	96%	Q1 <ul style="list-style-type: none"> Significant wear and tear to seating area furniture and desks. Hand basin found to require cleaning and ventilation grills. Rust marks evident on chairs and flooring. Damage to flooring and walls noted. Ventilation grills required cleaning.
Market Weighton Practice	100%	96%	100%	100%	<ul style="list-style-type: none"> Water ingress noted to waiting room, ground floor kitchen and clinical room first floor.
Humber Primary Care - Station Ave	89%	91%	91%	91%	Q1 <ul style="list-style-type: none"> Damage to walls. Basin in the treatment room not in line with current NHS specification.

As can be seen above the environmental cleanliness and IPC practice and the cleaning standards have improved generally however there is still a significant amount of estates and further remedial work required to improve the estate.

Table 12. Primary Care Practice IPC Compliance Audit results 2023-2024

Practice	Practice Compliance				Comments
	Q1	Q2	Q3	Q4	
Kings Street Medical Centre	89%	95%	74%	88%	<ul style="list-style-type: none"> Hand Hygiene and PPE competency compliance below 95% (91.67%), unable to locate daily workstation cleaning checklists. Sharps management and training requiring attention. No evidence of routine flushing. Limescale noted on a number of water outlets.
Humber Primary Care - Providence Place	93%	93%	79%	93%	Q3 <ul style="list-style-type: none"> Clinical equipment cleaning checklist not consistently completed. Not all staff bare consistently bare below the elbow (wrist watches). Sharps containers not assembled or labelled correctly and the temporary

					closure mechanism not used effectively.
Market Weighton Practice	95%	88%	95%	98%	<p>Q2</p> <ul style="list-style-type: none"> • Not all clinical staff bare below elbow. • Sharps containers not free from inappropriate items. • Not all sharps containers had the temporary closure in use when the container is not in use. • Lime scale noted on a number of Water outlets.
Humber Primary Care - Station Ave	88%	91%	88%	95%	<p>Q3</p> <ul style="list-style-type: none"> • Clinical equipment cleaning checklist not being completed consistently. • Daily workstation cleaning checklists not completed. <p>Sharps Management issues, the temporary closure mechanism not in place on several sharps containers. Rooms where sharps containers present not locked as cannot currently lock rooms, awaiting door keypad locks.</p> <ul style="list-style-type: none"> • Privacy curtains not changed in accordance with the agreed schedule.

My Assurance IPC Primary Care audit results 2023 –2024 RAG+B rating key:

- 0 - <70% Red (Inadequate)
- 70% - <90% Amber (Requires Improvement)
- 90% - 99% Green (Good)
- 100% Blue (Outstanding)

Ongoing waste management training (including sharps management) is currently being provided at all areas where an improvement in practice is needed.

6.3 Environmental Cleanliness

It is pleasing to report that the level of cleanliness has met the national standards and local specified requirements within all the Trust inpatient settings during 2023-2024. Issues previously identified within Fitzwilliam ward at Malton are noted to have now been resolved with the additional recruitment of staff and an enhanced level of supervisory and managerial oversight. A slight drop in the cleanliness was noted at Granville however this has been rectified and the score has improved in quarter 4.

6.4 The Completion of the Patient Led Assessments of the Care Environment Programme (PLACE) 2023

PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent / private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). They provide a framework for assessing quality against common guidelines and standards to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

A full programme of inspections was completed in 2023 and the national results of the 'cleanliness' and the overall 'condition appearance and maintenance' standards can be seen below in table 13.

As can be seen from the scores highlighted above the Trust is slightly below the national average for the 'Condition Appearance and Maintenance' domain, and this was mainly influenced by the scores recorded at Granville Court.

Table 13. PLACE national results 2023-2024

Domain	Trust score	National Score	MH Trust score	Community Trust Score
Cleanliness	98.27%	98.10%	98.24%	99.41%
Condition Appearance and Maintenance	89.56%	95.90%	95.57%	97.09%

Following the publication of the national results a site visit was undertaken by the Head of Estates and Patient Environment Manager to provide assurance that the site is safe for the residents, in terms of the condition of the building. Whilst both the assessment and the follow up are both subjective in nature, it is believed the original scoring of Granville Court was heavily influenced by the known planned redevelopment.

At the follow up visit It was noted however that there are areas of decoration and flooring that are in need of work. Owing to the complex needs of the residents at Granville Court, and the limited capacity of the site to temporarily relocate residents into other areas of the facility, it was previously agreed with the unit that these works would be addressed as part of the major redevelopment programme, on the basis that the works are planned to commence autumn 2024. Should there be any delays to the planned works at Granville Court, it may be deemed necessary to undertake works during the intervening period, if this occurs a plan of action will be developed and agreed with the unit.

Following completion of assessments and review of exception reports actions plans are currently being developed for each site. Action plans will be prioritised against the resource set aside in the 2024-2025 capital programme.

The action log will be presented to and monitored by the Health and Safety Group.

6.5 Environmental Facilities Development / Refurbishment

The design, planning construction refurbishment and ongoing maintenance of the environment plays an important part in minimising the transmission of infection and the physical environment should assist not hinder good practice. It is therefore important that the IPC team is involved in all new builds and refurbishment projects to provide advice from the infancy of the projects.

The IPC team and the Estates Department have continued to work closely to ensure that the new and existing patient facilities are constructed in a way that facilitates good infection control practice. Despite all endeavours and best efforts however it is acknowledged that the maintenance of some of our environments still continue to pose an ongoing challenge.

Regular Estates, IPC and Hotel Services 'walk rounds' have now been re-instated to provide focus and impetus on the actions required to achieve full compliance with elements required within the Code of Practice and the Board Assurance Framework Document.

Advice and input has been provided / continues to be provided for the following:

- The major redesign programme at Granville Court.
- Humber Centre / bathroom and clinic refurbishment projects. The ongoing work on the bathrooms and clinical spaces is now underway. It is acknowledged however that this work is only an interim measure and a longer-term plan is still in place to create en-suite accommodation for 2 wards.
- The planned improvement of seclusion suite facilities across the mental health sites. The IPC team were actively involved during quarter 2 in the design and planning of the seclusion suites at PICU, Westlands and Newbridges. Work at some of the sites has now almost been completed.

6.6 The Improvement of Ventilation within the Trust Estate

The requirement for good ventilation has been acknowledged as essential in any work place environment and in accordance with the updated Health Technical Memorandum (HTM 03-01) the Trust has an appointed Authorised Ventilation Engineer and a Ventilation Group has been established which has met quarterly since the inception.

An ongoing programme to improve the ventilation within our clinical settings continues. Work in progress completed includes the enhancement of ventilation in both the Newbridges and Westlands Unit.

6.7 Water Safety Management

The Trust has a fully functioning Water Safety Management Group (WSMG), the group responsibility it is to provide assurance that the water, once within the Trust infrastructure, is safe and that risks from chemical and microbial hazards are minimised.

The WSMG continues to work to raise awareness of water safety issues throughout the Trust and to take steps to improve arrangements for water safety and governance. Quarterly WSMG meetings are in place supplemented with the addition of a subgroup of the Water Safety Group who meet fortnightly to monitor the progress of any areas where issues have arisen until the desired outcome has been achieved.

An externally validated audit of the Trusts performance has been conducted by the Trust appointed Authorised Water Engineer in December 2023. The purpose of the audit was to assess and compare all element of the Trust performance against all operational and legislative compliance pertaining to water safety and overall Risk Management and Control. The audit result demonstrated 'reasonable assurance' with no major concerns highlighted.

Several water safety training sessions have been provided for ward managers and link practitioners to enhance their waters safety management knowledge and enhancing their heir knowledge and advising them of their personal responsibilities.

Ongoing water issues 2023-2024

Maister Lodge

Legionella detection found historically at the site initially following the creation of the Maister Court ward has persisted in various locations. Extensive work has continued throughout the year to resolve although progress is slow improvements are now being seen. All redundant pipework has been removed and temperature and water flow rates have improved. Fortnightly meetings are in place and will continue until the legionella has been eradicated.

Mill View Court and Lodge

Legionella found at site following pre samples prior to development works on vanity unit replacements, staff welfare and the creation of the COVID pod (now stepped down). A number of improvements to the system have been completed and legionella has now been eradicated from all locations within this clinical area.

Humber Centre

Legionella found following improvement works to the ADL kitchen on the Oaks corridor and improvement works across the site. Further remedial work has been completed and work continues to achieve clear results. All necessary mitigations remain in place to maintain both staff and patient safety. This includes the use of legionella filters / isolation of any unprotected outlets, the enhancement of water flushing regimes and the completion of staff and patient vulnerability assessments to ensure ongoing safety.

7.0 Goal 06 – Promoting People, Communities and Social Values

‘We will avail ourselves of every opportunity to promote the importance of infection prevention and control community wide’

Throughout the year we have continued to support all national IPC promotional events. The key events are highlighted below.

7.1 World Hand Hygiene Day 5 May 2023

World Hand Hygiene Day unfortunately coincided with national and local preparations to celebrate the Kings Coronation, so activities were a little more subdued than previous years. However, as the focus was on the 5 moments for hand hygiene the IPC team utilised the day to roll out of the Hand Hygiene and PPE competency package and visit as many areas as feasible.

Patients at Mill View Lodge contributed to the celebration of the day by adapting the World Hand Hygiene Posters for use at the patient hand washing stations.

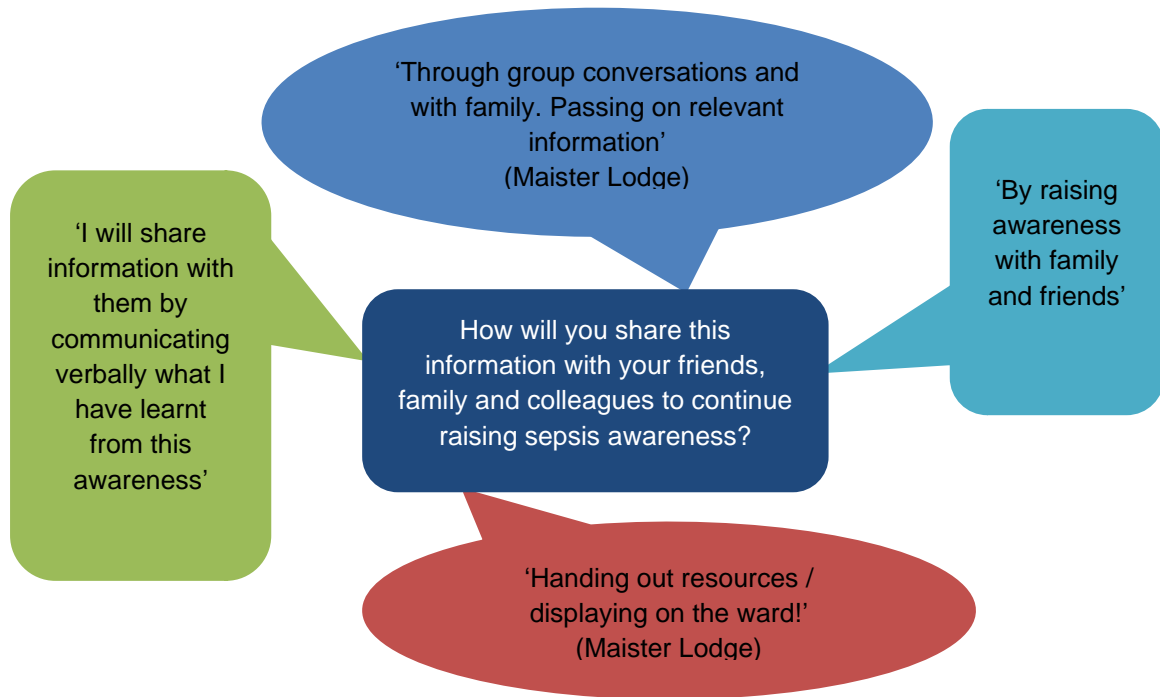
7.2 World Sepsis Awareness Day 13 September 2023

During September, the IPC team actively supported UK Sepsis Awareness month and World Sepsis Day. There were visits to the inpatient areas across the Trust to deliver promotional resources and promote awareness. The visits provided the opportunity to discuss the recognition of the symptoms of sepsis with staff and patients and teams throughout the month and to complete the World Sepsis Day Photo Challenge.

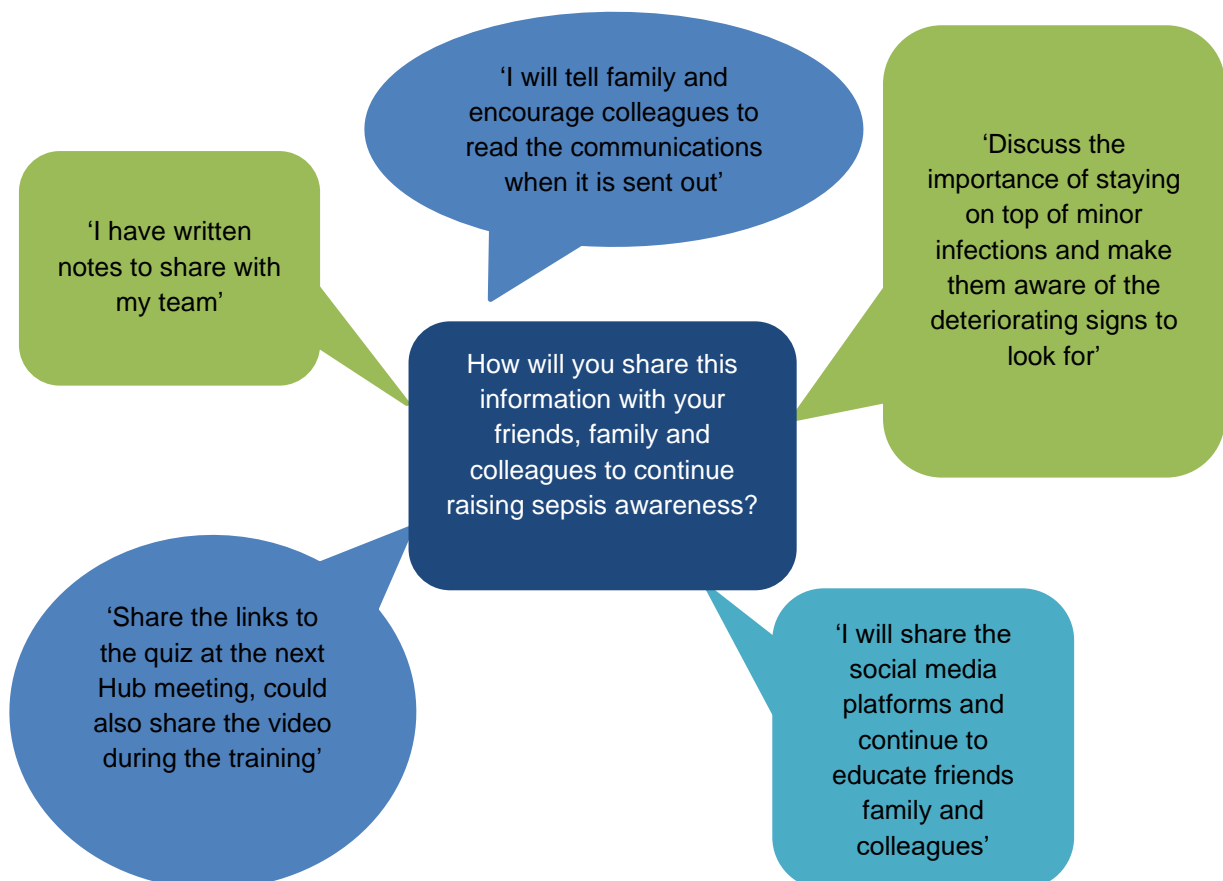
The IPC team also worked in collaboration with the Training Department and two lunch and learn sessions were held namely Sepsis Awareness for all and the Recognition and escalation of sepsis for clinical staff. Both sessions were well attended by 82 and 49 individuals respectively. Overall feedback shows many staff learnt new information and found the sessions beneficial and will be sharing with friends, family and colleagues.



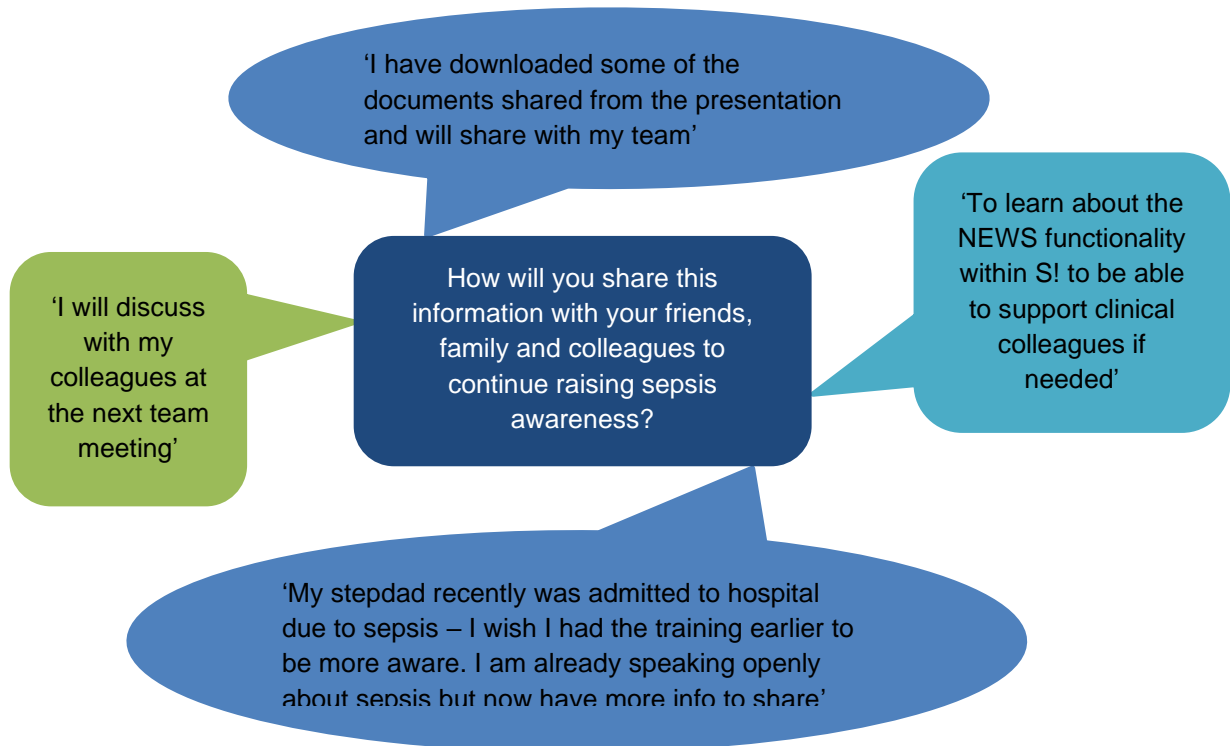
7.3 World Sepsis Day; Staff feedback from visits and discussions held on the 13 September 2023



7.4 Sepsis Awareness for All – Feedback received following Lunch and Learn session held 11 September 2023



7.5 Feedback received following Recognition and escalation of sepsis for clinical staff – Lunch and learn session 15 September 2023

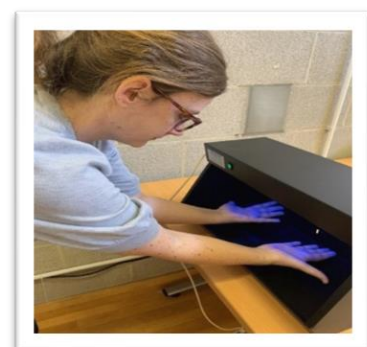
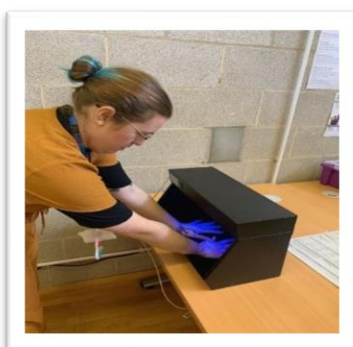


7.6 International Infection Prevention Week

Sunday 15 October 2023 marked the start of International Infection Prevention Week. This years theme was celebrating the fundamentals of infection prevention, from this we focused on the Standard Infection Control Precautions. Throughout the week the IPC Team facilitated Lunch and Learn sessions in collaboration with relevant teams focusing on Standard Infection Control Precautions.

- Tuesday 17 October – Hand Hygiene and PPE
- Wednesday 18 October – Cleaning and Linen Management
- Thursday 19 October – Waste Management, Sharps Safety and Sustainability
- Friday 20 October – Water Safety and Ventilation

Each session was well attended and feedback demonstrated attendees found them to be very informative and a good refresher. The IPC Team joined the Neurodiversity Team with their hand hygiene activities which included having fun with the light box, completing puzzles and quizzes, and staff achieving the new Hand Hygiene and PPE clinical competency.



8. Summary and Key Priorities for 2024-2025

Healthcare Associated Infections (HCAs) can cause harm to patients, compromising their safety and leading to a suboptimal patient experience and increased length of stay in hospital. Maintaining low rates of HCAs remains a cornerstone of the Trust's approach to providing safe, high-quality care across all the services.

This annual report aims to provide assurance that the journey to deliver all elements of the IPC Plan 2023-2028 is progressing. It acknowledges the hard work and diligence of all grades of staff, clinical and non-clinical who have played a vital role in improving quality of patient experience as well as helping to reduce the risk of acquiring an infection.

All systems and process for the management of all infections will remain under regular review and be updated when required. New audit processes and tools have been implemented and governance arrangements and assurance will continue to be strengthened where required.

We will continue to remain vigilant to the challenges yet to emerge and be prepared to respond appropriately to the variety and range of pathogens that we are now seeing nationally. Much of this work will be proactive, putting an emphasis on training, education, supporting best practice and learning from incidents and mistakes. We will continue to work collaboratively with community partners, across the sector and beyond. This sharing of information, learning and experience will help us to deliver the best for our patient.

Key areas of focus for 2024-2025 as approved within the IPC Plan 2023-2028

1. Innovating quality and patient safety	
We will embed a culture of continuous quality improvement in all infection control related activities undertaken on behalf of the Trust	
How we will achieve this	How we will know we have achieved this
<ul style="list-style-type: none"> Utilise the National Infection Prevention and Control (IPC) Board Assurance Framework (BAF) to monitor and evaluate Trust IPC compliance against the Health and Social Care Act 2008 code of practice on the prevention and control of infections and related guidance (updated 13 December 2022).in each inpatient and residential setting. 	<ul style="list-style-type: none"> Full compliance demonstrated against all the key criteria outlined within the Health and Social Care Act 2008. The use of the National IPC Board Assurance Framework document is fully embedded as a self-assessment tool in each Trust inpatient/residential setting.
<ul style="list-style-type: none"> Enhance the mechanisms in place for monitoring compliance to Infection Prevention and Control (IPC) standards and policies to improve IPC practices and outcomes. 	<ul style="list-style-type: none"> A Trust wide IPC audit programme approved and in place. Annual review of the content of the IPC audit programme evidenced. Compliance monitored and rated as 'excellent' in all clinical areas.
<ul style="list-style-type: none"> Maintain the production of IPC guidelines, Standard Operating Procedures (SOPs) to address clinical and operational needs. 	<ul style="list-style-type: none"> All new and existing Trust IPC policies developed and reviewed in accordance with the relevant national guidance, and available for our staff on the Trust Intranet.

<ul style="list-style-type: none"> • Complete timely and accurate reporting of mandatory surveillance of all alert organisms. 	<ul style="list-style-type: none"> • All mandatory alert organisms are reported promptly and in accordance with national and contractually agreed requirements. • National and locally agreed infection prevention and control targets are met or exceeded.
<ul style="list-style-type: none"> • Review and strengthen the infection control enquiry and investigation processes across the Trust when dealing with an incident and an outbreak of communicable disease. 	<ul style="list-style-type: none"> • Evidence is available that a multidisciplinary approach is adopted in the management and review of all infection control incidents and outbreaks. • All serious infection incidents are investigated utilising the Patient Safety Incident Response Framework. • We can evidence that any learning is used to promote change across our clinical pathways.

2. Enhancing prevention, patient wellbeing and recovery

We will enhance patient and carer involvement in all matters relating to infection prevention

How we will achieve this	How we will know we have achieved this
<ul style="list-style-type: none"> • Maximise every available opportunity to actively engage with all our patients and patient groups. 	<ul style="list-style-type: none"> • Able to demonstrate that adjustments have been made to our care delivery because of patient or carers feedback. • All relevant policies, procedures, and guidelines will reflect feedback received and shared in line with the Trust processes and guidance.
<ul style="list-style-type: none"> • We will work collaboratively with the Patient and Carer Experience (PACE) Team and the Trust Communication Team to promote, receive, and share information about IPC work with patients, carers, volunteers, and the local communities. 	<ul style="list-style-type: none"> • Evidence the IPC team Staff Champion attendance at the PACE Forum and events, linking in with external relevant work streams. • Ongoing progress is made in respect of the Trust approved IPC PACE Development Plan. • Co-produced patient information / leaflets that reflect patient needs and current evidence base are readily accessible to all patients. • The Trusts co-production stamp is displayed on all co-produced work.

3. Fostering integration, partnership and alliances

We will work collaboratively with local and regional partners to drive forward further reductions in the number of healthcare associated infection

How we will achieve this	How we will know we have achieved this
<ul style="list-style-type: none"> • The continued commitment of the IPC team to avail themselves of every opportunity to share and learn with 	<ul style="list-style-type: none"> • Shared learning with regional partners is demonstrated by the continued regular attendance at regular local and regional meetings.

colleagues across the local health economy.	<ul style="list-style-type: none"> Representation and contribution to regional working parties and groups can be evidenced. Contribute to the consultation process for national and regional IPC guidelines and policy, ensuring learning outcomes shared.
<ul style="list-style-type: none"> We will work with partners locally to develop and implement a Trust Antimicrobial Strategy. 	<ul style="list-style-type: none"> A Trust Antimicrobial Strategy will be developed and approved. Evidence that the Board receives a formal report on antimicrobial stewardship activities annually which includes the Trust progress against the UK action plan for antimicrobial resistance (AMR). The formalised Trust audit programme of adherence with antimicrobial prescribing demonstrates a high level of compliance and an effective response when areas for improvement are identified.
<ul style="list-style-type: none"> Working in partnership with members of the North East and Yorkshire Regional Hydration Improvement Network we will support the delivery of a plan to improve hydration in the clinical inpatient settings as means of reducing infection. 	<ul style="list-style-type: none"> A Trust Hydration Quality Improvement programme will be developed and in place.

4. Enhancing prevention, patient wellbeing and recovery We will enhance patient and carer involvement in all matters relating to infection prevention	
How we will achieve this	How we will know we have achieved this
<ul style="list-style-type: none"> Maximise every available opportunity to actively engage with all our patients and patient groups. 	<ul style="list-style-type: none"> Able to demonstrate that adjustments have been made to our care delivery when required because of patient or carers feedback. All relevant policies, procedures, and guidelines will reflect feedback received and shared in line with the Trust processes and guidance.
<ul style="list-style-type: none"> We will work collaboratively with the Patient and Carer Experience (PACE) Team and the Trust Communication Team to promote, receive, and share information about IPC work with patients, carers, volunteers, and the local communities. 	<ul style="list-style-type: none"> Any new members of the IPC team will have completed the Patient and Carer Experience Training Programme. Evidence the IPC team Staff Champion attendance at the PACE Forum and events, linking in with external relevant work streams. Ongoing progress is made in respect of the Trust approved IPC PACE Development Plan.

	<ul style="list-style-type: none"> • Co-produced patient information / leaflets that reflect patient needs and current evidence base are readily accessible to all patients. • The Trusts co-production stamp is displayed on all co-produced work.
--	---

5. Maximising an efficient and sustainable organisation

We will continue to support the improvement of our healthcare environments to ensure they are clean, safe and facilitate the prevention and control of infection

How we will achieve this	How we will know we have achieved this
<ul style="list-style-type: none"> • Work in collaboration with our Facilities colleagues to ensure that IPC is considered specific goals relevant to each construction project are achieved to ensure the provision of a safe and appropriate environment. 	<ul style="list-style-type: none"> • Evidence is available that all capital schemes and preventative maintenance schemes have involved the IPC team from the initial stage of the project. • IPC sign off can be evidenced at all stages of the project. • Evidence is available that improvements to the ventilation system are considered and made in all new builds.
<ul style="list-style-type: none"> • Ensure that the built environment meets all infection control and national specifications (e.g HTM /HBN - Technical standards and guidance (health building notes/health technical memoranda documents) 	<ul style="list-style-type: none"> • The fabric of the environment is suitable to meet the needs of the patients, staff and visitors whilst meeting all infection control and HTM/HBN requirements
<ul style="list-style-type: none"> • Work in collaboration to ensure that the National Standards of Healthcare Cleanliness (2021) are fully embedded in all areas. 	<ul style="list-style-type: none"> • Cleanliness audits independently undertaken by Facilities Services, the Matrons and the IPC team demonstrate a high level of cleanliness in all areas within the Trust Estate. • Positive patient feedback can be evidenced

6. Promoting people, communities and social values

We will avail ourselves of every opportunity to promote the importance of infection prevention and control community wide

How we will achieve this	How we will know we have achieved this
<ul style="list-style-type: none"> • The IPC team will support the Trust participation in local, national and global IPC promotional campaigns raising IPC safety awareness. 	<ul style="list-style-type: none"> • All IPC activities and promotional events undertaken will be shared organisationally and with our collaborative partners.
<ul style="list-style-type: none"> • We will enhance the quality and availability of all Trust IPC promotional resources. 	<ul style="list-style-type: none"> • The usage of a variety of key media styles, including the internet, intranet, and social media platforms has been adopted to promote effective IPC practice and IPC team involvement in all.

The plan will be formally monitored through the Quality Committee. An infection prevention and control report will be produced bi-annually which will provide an update of the progress made against the identified priorities within the plan. The Trust Board will receive the annual report, supplemented by exceptional reports on operational priorities or concerns as required. A quarterly report will also be produced by the Modern Matrons highlighting areas of good practice and learning required.

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024																							
Title of Report:	The Care Quality Commission special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust. Summary of recommendations & Humber Teaching NHS FT response.																							
Author/s:	Paul Johnson, Clinical Director Lynnette Robinson, Clinical Lead Planned Care																							
Recommendation:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">To approve</td> <td style="width:10%;"></td> <td style="width:30%;">To discuss</td> <td style="width:10%; text-align: center;">X</td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss	X	To note		To ratify		For assurance											
To approve		To discuss	X																					
To note		To ratify																						
For assurance																								
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>To provide a summary of the recommendations from the CQC review of mental health services at Nottingham Healthcare FT and Humber Teaching NHS Trust response to date.</p> <p>The oversight and governance arrangements for this work going forward are described in the report. The Board are requested to confirm how it wishes to receive future updates regarding this work ie. Via the Quality Committee or direct to the Board.</p>																							
Key Issues within the report:																								
Positive Assurances to Provide: <ul style="list-style-type: none"> Self-assessment against the recommendations currently underway. Clinical lead attending each MDT across all community mental health services to complete the self-assessment tool. All Standard Operating procedures have been reviewed to ensure disengagement is not a reason for discharge. 	Key Actions Commissioned/Work Underway: <p>ICB Maturity Index Self-Assessment Tool (appendix A) to be collated and returned by 30th September. Any gaps/areas for improvement identified through the self-assessment in relation to the quality of care, patient safety, public safety, and staff experience in community mental health services will be identified with a plan of action to address the improvements needed.</p> <p>Action plan and progress to be reported to EMT, the Quality Committee and the Board.</p>																							
Key Risks/Areas of Focus: <ul style="list-style-type: none"> The Trust do not currently offer intensive and assertive community mental health care. 	Decisions Made: Self-assessment underway.																							
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%;">Date</th> <th style="width:30%;"></th> <th style="width:10%;">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>17.09.24</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	17.09.24	Mental Health Legislation		Operational Delivery Group	
	Date		Date																					
Audit Committee		Remuneration & Nominations Committee																						
Quality Committee		Workforce & Organisational Development Committee																						
Finance & Investment Committee		Executive Management Team	17.09.24																					
Mental Health Legislation		Operational Delivery Group																						

	Committee		
	Charitable Funds Committee		Collaborative Committee
			Other (please detail)

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	

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

1 Introduction

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

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

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

2 Recommendations and Actions Required

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

Nottingham Healthcare Trust must:

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

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

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

(d) Ensure that, in line with national guidance and best practice, staff are aware of the importance of involving and engaging patients' families and carers and that they do so in all aspects of care and treatment, including at the point of discharge, with patient consent. The Trust should ensure that where patients do not give consent, this is reviewed on a regular basis in line with best practice and on all the available information available to the multidisciplinary team.

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

Recommendations for NHS England:

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

Actions required by Integrated Care Boards

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

CQC recommend:

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

3. Immediate Actions Required

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

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

In additions ICBs are required to:

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

4. Actions taken to date by Humber Teaching Foundation Trust

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

1. The Clinical lead has attended all MDT`s across all community mental health services to complete the self-assessment tool against the recommendations.
2. The ICB Maturity Index Self-Assessment Tool has been undertaken with all Community mental health teams and is currently being reviewed by the division to inform the development of an action plan in line with the return date of 30th September 2024. This is being completed by the Clinical Lead & Operational Programme Delivery Manager.
3. All SOP`s have been reviewed and a response provided to NHSE that the Trust do not have any SOPS which state discharge due to disengagement.
4. Operational Programme Delivery Manager is supporting the operational aspects of the tool, providing the evidence-based information.
5. A “check & challenge” meeting has been scheduled with all service leads to review the self-assessment once it has been reviewed and agreed.
6. The report and recommendations have been reviewed by the Professional AMHP lead and further clarification has been sought from the national AMHP leads forum and CQC regarding the recommendation regarding clinical supervision for people and audits of decisions to detain.

5. Summary

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

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

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

6. Next Steps

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

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

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

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024																		
Title of Report:	Humber Safeguarding Annual Report 2023/24																		
Author/s:	Rosie O’Connell, Head of Safeguarding and Named Professional for Adult Safeguarding Kerry Boughen, Named Nurse for Safeguarding Children																		
Recommendation:	<table border="1" data-bbox="539 593 1524 705"> <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>	To seek the approval of the Safeguarding Annual Report 2023/24 which presents the annual work of the safeguarding team and safeguarding activity across the Trust, including performance, key achievements and priorities for 2023/24.																		
Key Issues within the report:																			
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Trust meeting statutory requirements for both adult and child safeguarding Training compliance for safeguarding above set target of 85% White Ribbon Accreditation for Trust secured again following successful delivery of first 3 year plan Overall increase in the number of referrals being made to the Local Authority 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Introduction of Safeguarding Link Worker Role Coproduction of safeguarding work/resources 2 Safeguarding QI Projects initiated Ongoing monitoring of safeguarding training to ensure compliance remains above set target 																		
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> Though there is an overall increase in referrals, there is a reduction in certain areas where it would not be expected so an audit of contacts in these areas will take place to understand reason for reduction 	<p>Decisions Made:</p> <ul style="list-style-type: none"> Audit to take place to understand reason for reduction in referrals in areas not expected 																		
<p>Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i></p>	<table border="1" data-bbox="539 1816 885 1989"> <thead> <tr> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>Approved 22/08/2024</td> </tr> <tr> <td>Finance & Investment</td> <td></td> </tr> </tbody> </table>		Date	Audit Committee		Quality Committee	Approved 22/08/2024	Finance & Investment		<table border="1" data-bbox="917 1816 1372 1989"> <thead> <tr> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Executive Management</td> <td>Approved</td> </tr> </tbody> </table>		Date	Remuneration & Nominations Committee		Workforce & Organisational Development Committee		Executive Management	Approved	
	Date																		
Audit Committee																			
Quality Committee	Approved 22/08/2024																		
Finance & Investment																			
	Date																		
Remuneration & Nominations Committee																			
Workforce & Organisational Development Committee																			
Executive Management	Approved																		

	Committee		Team	13/08/24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other	Approved
			QPAS	08/08/24

Monitoring and assurance framework summary:

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



**Caring, Learning
& Growing Together**

Humber Safeguarding
Annual Report 2023/24

Foreword by the Director of Nursing, Allied Health and Social Care Professionals

I am pleased to present the Humber Safeguarding Annual Report 2023-2024. The report demonstrates the trusts commitment to safeguarding children, young people and vulnerable adults. The report also demonstrates how safeguarding is at the heart of patient safety and quality and the work being undertaken as part of a learning organisation, committed to improving patient care and experience and delivering excellence.

We are aware of the longer-term impact that COVID 19 has had on exacerbating health inequalities and the pressures that a cost-of-living crisis can have on families and individuals. Many people have been affected by loss, financial instability, and isolation and so as a Trust we have ensured that the focus on supporting people to stay safe has remained a high priority. This report provides an overview of how the Trust is meeting statutory responsibilities in respect of safeguarding children and vulnerable adults. The report also provides an analysis of the effectiveness of the arrangements the Trust has in place, as well as how we contribute to the multi-agency safeguarding arrangements.

The report also provides a progress position against the priorities that were agreed in this year as we continue to embed a 'Think Family', as well as a trauma informed care approach across all our services.

Our Safeguarding Mission

Humber Teaching NHS Foundation Trust is committed to safeguarding all children, young people and adults who access our services from harm, abuse or neglect.

Our Safeguarding Vision

- **Safe and effective** safeguarding services for children, young people and adults will be delivered by staff who feel empowered and supported to work in collaboration with our patients and their families to achieve the best outcomes.
- **An organisational wide approach** will be taken to safeguard and promote the welfare of our patients. Safeguarding responsibilities will be embedded at all levels and across all staff groups in accordance with our statutory responsibilities.
- **Senior leaders and the Trust Safeguarding Team will be visible** to both our patient and staff groups, promoting a positive culture where open conversations about safeguarding are encouraged, patients, carers and families are listened to, suspected abuse or neglect is readily reported and ensuring that when mistakes are made, we learn from them.

I would like to thank all our dedicated staff, our supportive partners, the Executive Team and Trust Board who continue to work positively together to ensure safeguarding is everybody's business.

Hilary Gledhill, Executive Director for Nursing, Allied Health and Social Care Professionals



Contents

1. Introduction

- 1.1 Our Safeguarding Mission, Vision and Values
- 1.2 The Humber Safeguarding Team
- 1.3 Safeguarding Governance Arrangements

2. Achievements

- 2.1 Domestic Abuse and White Ribbon Accreditation
- 2.2 Safeguarding Link Workers
- 2.3 Safeguarding Level 3 Training
- 2.4 Co-production
- 2.5 Sexual Safety

3. Performance

- 3.1 Duty Contacts
- 3.2 Safeguarding Adults Performance
- 3.3 Safeguarding Childrens Performance
- 3.4 East Riding Children Looked After (CLA)
- 3.5 Training

4. Partnership Working

- 4.1 Multi agency risk assessment conference (MARAC)
- 4.2 Multi agency tasking and coordination (MATAC)
- 4.3 Multi agency child exploitation (MACE)
- 4.4 Prevent
- 4.5 Modern Slavery
- 4.6 Multi agency public protection arrangements (MAPPA)
- 4.7 Safeguarding Investigation/Reviews

5. Safeguarding Priorities

- 5.1 How did we do?
- 5.2 Our Priorities for 2024/25

6.1 Summary

1. Introduction

Humber Teaching NHS Foundation Trust is a leading provider of integrated healthcare services across Hull East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. It delivers healthcare to a population of 765,000 people of all ages. The Trust employs approximately 3,600 staff and works across 3 local authority areas:

- Hull City Council
- East Riding of Yorkshire Council
- North Yorkshire Council

The Trust is an active member of the three local authority Safeguarding Adult Boards and Safeguarding Children Partnerships, attending and contributing to safeguarding activity across each local authority. The Trust also works closely with the Humber and North Yorkshire Integrated Care Board on safeguarding matters.

1.1 Our Safeguarding Mission, Vision, and Values

Our Safeguarding Mission

Humber Teaching NHS Foundation Trust is committed to safeguarding all children, young people and adults who access our services from harm, abuse or neglect.

Our Safeguarding Vision

Safe and effective safeguarding services for children, young people and adults will be delivered by staff who feel empowered and supported to work in collaboration with our patients and their families to achieve the best outcomes.

An organisational wide approach will be taken to safeguard and promote the welfare of our patients. Safeguarding responsibilities will be embedded at all levels and across all staff groups in accordance with our statutory responsibilities.

Senior leaders and the Trust Safeguarding Team will be visible to both our patient and staff groups, promoting a positive culture where open conversations about safeguarding are encouraged, patients, carers and families are listened to, suspected abuse or neglect is readily reported and ensuring that when mistakes are made, we learn from them.

Our Values

Our safeguarding mission and vision is closely aligned to the Trust strategic goals of:

- **Innovating** for quality and patient safety
- **Enhancing** prevention, wellbeing and recovery
- **Fostering** integration, partnership and alliances
- **Promoting** people, community and social values
- **Developing** an effective and empowered work force
- **Optimising** an efficient and sustainable organisation



1.2 The Humber Safeguarding Team

The Humber Safeguarding Team is an integrated service that provides advice and support to Trust staff on both adult and child safeguarding issues. The team consists of the Named Professional for Adult Safeguarding, Mental Capacity Act and Prevent Lead (who has overall management responsibility for the team), the Named Nurse for Safeguarding Children (who acts as deputy manager for the team), 4 Specialist Safeguarding Practitioners, 4 Safeguarding Practitioners and 4 Safeguarding Administration Assistants. The team works closely with the Named Nurse for Children Looked After Children in East Riding. The Named Professional, Named Nurse and Practitioners within the team come from a mix of different professional backgrounds and include social work, learning disability nursing, health visiting/school nursing and midwifery.

The teams core functions include:

Providing advice and support on safeguarding matters on a day-to-day basis via a duty desk, including safeguarding supervision for complex matters
Providing clinical leadership as an expert in matters relating to safeguarding practice to support the provision of high-quality safeguarding practice for both children and adults
To provide safeguarding training to support safeguarding practice development and compliance with statutory and mandatory training requirements
To share learning from both internal and external reviews of cases and best practice
To carry out or support internal investigations where safeguarding issues are identified
To participate in Trust governance processes to provide safeguarding expertise and oversight when reviewing incidents, investigations and the development of Trust policies and procedures
Develop and lead the Trusts Safeguarding Plan
To promote and raise awareness of key safeguarding issues and national awareness campaigns across the Trust
Participating in external statutory review processes such as child death reviews and safeguarding adult reviews
To provide support to staff, and coordinate the training offer, on Mental Capacity Act 2005
Carrying out independent reviews on individuals in seclusion, long term segregation and care away from other arrangements

1.3 Safeguarding Governance Arrangements

Safeguarding is firmly embedded within the core duties of Humber Teaching NHS Foundation Trust. Responsibilities for safeguarding are enshrined in legislation and guidance which the Trust must adhere to, including the Children Act 2004, Working Together to Safeguard Children 2023, the Mental Capacity (Amendment) Act 2019, the Prevent Strategy 2011, the Mental Health Act 2007, the Care Act 2014, Care and Support Statutory Guidance 2016 and the Accountability and Assurance Framework 2022.

Under the requirements of Section 11 of the Children Act 2004 the Trust completes annual Section 11 audits and submits them to the local safeguarding children's partnerships to provide assurances on how we are meeting the duties.

The statutory function for the Trust is held by the Executive Director of Nursing, Allied Health, and Social Care Professionals, who is the executive member for the Trust at the Hull and East Riding Safeguarding Boards and Partnerships. The Trust actively participates in the Boards, Partnerships and Subgroups to ensure safeguards are in place across all our services.

There is a line of sight on Safeguarding activity from floor to Board through:

- Review of all incidents at the Daily Corporate Safety Huddle attendance
- Duty desk provision which allows for safeguarding oversight of all patient safety incidents and responses to any queries/ guidance professionals across the Trust require
- Reporting of Section 42 investigations to the Clinical Risk Management Group for approval, as well as updates on learning from reviews
- Safeguarding Learning & Development Forum which is attended by each clinical division and other key areas of the Trust, including an open Forum each year for our external partners, sharing patient stories, safeguarding investigation and review outcomes and actions, training and development activity and updates on the delivery of the Safeguarding Plan 2023-2026
- Investigations and reviews are monitored on an investigation tracker which reports into Safeguarding Business Meeting, and Safeguarding Learning & Development Forum to ensure all actions are complete and learning embedded.
- Weekly case update presented to Executive Director and Deputy Director of Nursing, AHP and Social Work
- Annual report presented to the Quality and Patient Safety Group,
- Performance data on safeguarding contact and referral activity presented to the Safeguarding Learning and Development Forum, Quality Committee and Executive Management Team meeting.
- Results of deep dives into areas of further inquiry presented to QPAS and Quality Committee. Reportable log quarterly to Trust Board

Safeguarding Plan 2023-2026 Achievements in 2023/24

White Ribbon Day event and travelling roadshow held in November 2023, supported by external partners including the Police, drug & alcohol services, domestic abuse services, health colleagues and voluntary services

White Ribbon accreditation gained for the Trust for 2023-2026, the second consecutive accreditation following the successful delivery of our White Ribbon plan for 2020-2023

Successful co-facilitation of child neglect tool training with Local Authority partners, Trust staff in attendance, alongside the integration of child neglect and use of tools into the Trust safeguarding training offer

Development of bespoke training packages to support Trust staff, including topics such as safeguarding supervision, self-neglect and mental capacity, and Think Family

Leading or supporting 24 statutory safeguarding reviews / investigations across the year, including Domestic Homicide Reviews, Child Safeguarding Practice Reviews and Safeguarding Adults Reviews

Creation and roll out of the Safeguarding Link Worker role, and the introduction of quarterly safeguarding forums that deliver updates, information and training to the Link Workers

Safeguarding Children L3 training compliance consistently hits Trust set target of 85%

The services co-produced further work alongside the Youth Action Group on sexual abuse and sexual safety

Work started on several longer-term projects including the development and implementation of a new safeguarding template across all systems, refreshed mental capacity and best interest templates, and a brand new safeguarding training prospectus

Safeguarding Adults L3 training compliance consistently hits Trust set target of 85%

Trust Wide Sexual Safety Group established with a focus on patients and staff

2.1 Domestic Abuse and White Ribbon Accreditation

Humber Teaching NHS Foundation Trust became **the first NHS Trust to gain White Ribbon Accreditation** in October 2020; we have now successfully delivered our first White Ribbon Action Plan and gained accreditation for 2023-2026. White Ribbon campaigns to prevent violence against women and girls by encouraging allyship from men and boys. Every year on 25th November White Ribbon Day inspires individuals and organisations such as the Trust to take positive action to challenge harmful cultures and behaviours that lead to violence. Being accredited allows the Trust to implement a 3-year action plan to affect tangible culture change and the safety of our staff and patients.

In November 2023 the Safeguarding Team delivered a White Ribbon Roadshow across the Trust, the aim being to raise awareness, influence change and provide resources to end male violence against women. This started with a launch event at the Lecture Theatre which was supported by external partners such as Humberside Police, Care After Sexual Assault (CASA), Renew, DVAP/DAP, Age UK, health colleagues and partners, the Trusts Youth Action Group and our 0-19 ISPHN services. This event helped not only to raise awareness about domestic abuse and support services available, but to strengthen the Trusts links with our external partners. As a result over 100 staff signed up to the White Ribbon promise and became ambassadors of the cause. The team also visited services across the Trust given the demographic area of the Trust is so large and not everyone may have been able to make the event at the Lecture Theatre. This was a huge success, and the team were able to link in with staff around not only domestic abuse, but a whole approach to the challenge of culture and systems that contribute towards inequity and violence. This included non-clinical teams such as Estates who were really engaged in the event.



Alongside the event, the safeguarding team created, organised and shared resources and training opportunities for all staff to attend on domestic abuse as part of Domestic Abuse Awareness month in October 2023, and continue to support around 159 Domestic Abuse Champions across the Trust who have been given bespoke training on topics such as domestic abuse and violence, control and coercion, use of the DASH risk assessment tool and MARAC.

Year on year the safeguarding team are reporting increased contacts to the duty desk and safeguarding referrals in relation to domestic abuse; these figures are explored in the performance section of this report but its clear that the work delivered by the team and supported by colleagues and the Trust Board, is having a positive impact in the recognition and response to the domestic violence experienced by patients and staff.

2.2 Safeguarding Link Workers

In 2023/24 the Safeguarding Link Worker role was launched following consultation with staff across the Trust. Link Workers are provided with additional safeguarding updates, news and learning via a Quarterly Safeguarding Updates, which is also attended by guest speakers to provide updates on specialist areas of safeguarding knowledge. They have the opportunity to receive bespoke training for themselves and their team and are able to then promote and share the safeguarding resources and information across their service area leading to a safeguarding empowered workforce.

We now have 156 Safeguarding Link Workers across the Trust. A launch event was held in November 2023, and we have had 2 Quarterly Updates since, which have been well attended from representatives across each Division.



ARE YOU OR WOULD YOU LIKE TO BE A SAFEGUARDING LINK WORKER?

Do you have a passion for safeguarding?

Are you looking for new ways to develop your existing skills?

If the answer is YES, then this is the role for YOU!

Opportunities to:

- Keep updated with relevant safeguarding news & information via our quarterly safeguarding update meeting.
- Receive bespoke training and resources for your team.
- Obtain evidence of CPD that can be used towards your mandatory safeguarding training.
- Shadow colleagues in the Safeguarding Team.

All that we ask from you is:

- Minimum attendance of 2 safeguarding updates throughout the year
- Promotion and sharing of safeguarding resources and information with your colleagues



7. A Safeguarding Empowered Workforce
HNH-TR.safeguardinghumber@nhs.net

Topics covered in the Quarterly Updates include:

- MCA and Young People
- Safeguarding Supervision
- Case Studies
- Escalation process
- Managing risk
- Use of community police intelligence forms
- Cuckooing
- The role of the safeguarding team
- Modern day slavery
- The dark web

2.3 Level 3 Safeguarding Training

The Trust assigns competency levels for safeguarding training based on requirements set out in the Royal College of Nursing's Intercollegiate Document for safeguarding training. The set target for compliance is 85%.

For those working with children; clinical staff who could potentially contribute to assessing and planning interventions and evaluating the needs of children must do level 3 safeguarding training as outlined in the intercollegiate document.

In May 2023 the Trust hit the target of 85%, again a significant improvement on compliance a year prior which was 66%. Since then, the Trusts compliance has been consistent around the 85% target, fluctuating between 83% and 87%. Fluctuation is expected due to staffing changes, service acuity, and seasonal pressures.



For those working with adults; registered staff who engage, assess and plan interventions and evaluations of the needs of adults must do level 3 safeguarding training as outlined in the intercollegiate document. The previous year's annual report identified progress had been made however at the start of 2023/24 compliance remained under target. Across the year the work continued and **in August 2023 the Trust hit the target of 85%**, which is a significant improvement on compliance a year prior which was 67%. Since meeting the target, compliance has fluctuated between 83% and 87%, however in February and March 2023 there was a reduction in compliance to 82% and 81% and there is an increased focus on this to understand why and what needs to be done to increase compliance to Trust target and beyond.

2.4 Co-production

Following on from the successful co-production of domestic abuse resources with the Youth Action Group, the safeguarding team have continued to work with the group who have produced resources on sexual violence and abuse, with a focus on the impact on people with a disability or from black, black British and mixed ethnic groups who are significantly more likely to experience sexual assault. These co-produced resources have fed into the Trust wide sexual safety work and are a great addition to the previous co-produced resources meaning we now have bespoke resources on domestic abuse and sexual abuse focussing on race, disability and the LGBTQ+ community.



In the coming year the safeguard team have planned work involving co-production around:

- Learning Disabilities & Domestic Abuse
- Older Adults & Domestic Abuse
- Transitional safeguarding through mental health inpatient and community services

2.5 Sexual Safety

In September 2023 the Trust signed up to the NHS Sexual Safety Charter. Though this charter focusses on unwanted behaviours in the workplace towards staff, the Trust adopted a wider approach to sexual safety considering everyone in the workplace be it staff or service users. In February 2024, the Sexual Safety Group was established and is co-chaired by the Head of Safeguarding and Head of People Experience. The purpose of this group is to monitor reported sexual safety incidents across the Trust and deliver the Trusts sexual safety action plan. Having safeguarding co-leadership and input into this group ensures that the sexual safety of our services users, who we have statutory responsibilities to safeguard from harm or abuse, remains a high priority. This is particularly important for staff working with service users who have experienced sexual trauma in the past, or are experiencing it currently, or who are particularly vulnerable to sexual abuse/violence and need the support of staff because of this. Examples of the work achieved in 2023/24 include:

- Consideration of assessment of historical sexual trauma at point of admission to services, with a representative specialising in Trauma on the sexual safety group membership, to ensure inpatient experience is trauma informed for those who have experienced sexual violence.
- Implementation of sexual safety principles within key policies such as Bullying and Harassment and Safeguarding Adults and Children
- Closer partnership working with external partners such as the Police, DA Services and Sexual Assault Referral Centre where service users may go for examination following sexual assault.

The sexual safety work across the Trust aims to:

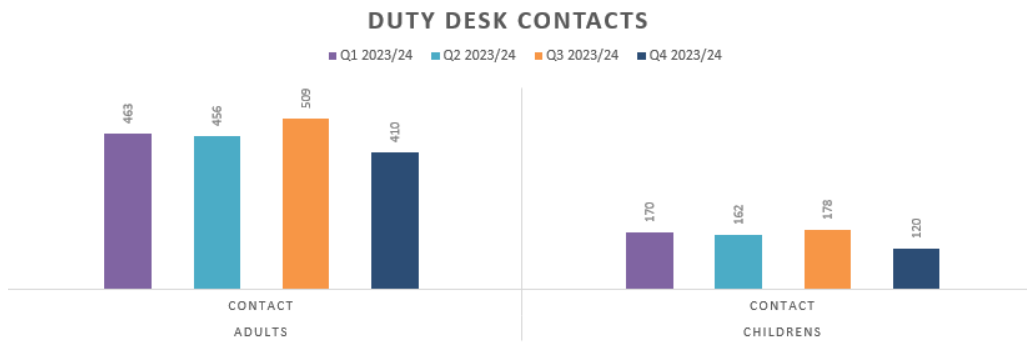
- Increase reporting of sexual safety incidents
- Improve training and resources available to staff.
- Implement policy and process that supports staff to recognise and respond to sexual safety incidents, providing meaningful support to those involved.

3. Performance

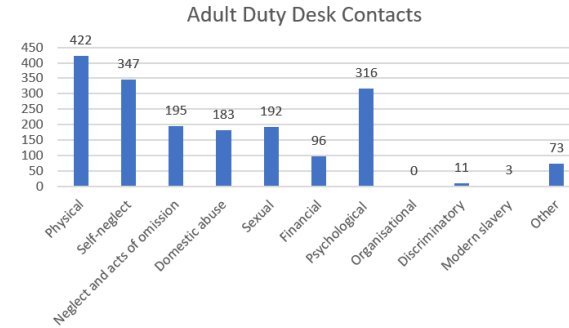
3.1 Duty Contacts

The safeguarding team offer a duty function which means that practitioners are available to provide advice and guidance to staff across the Trust between Monday—Friday 09:00-17:00. The practitioner assigned to duty on a specific day will attend the Corporate Safety Huddle to provide safeguarding oversight of reported incidents, provide advice and guidance via email/phone/MS Teams and attended meetings where appropriate and able to do so. These meetings include:

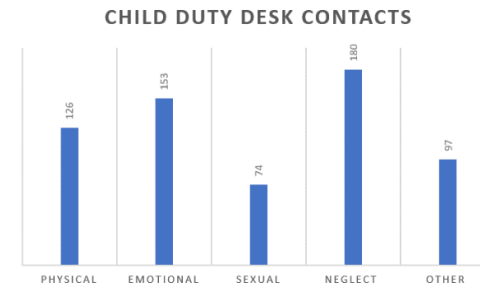
- Child/adult safeguarding strategy meetings
- Professional meetings for children or adults
- Vulnerable Adult Risk Management meetings
- MDT/CPA’s where safeguarding issues have arisen
- Allegations meetings
- Best interest meetings



In 2023/24 there were 1838 adult duty desk contacts recorded; this is slightly higher than the previous year’s figure of 1819. There were 630 children duty desk contacts recorded, slightly under the figure reported the previous year of 668. In total there were 2468 duty contacts to the team in 2023/24, showing the continued need and demand for safeguarding support across the Trust following the significant increase the service experienced in 2022/23 of 27%.



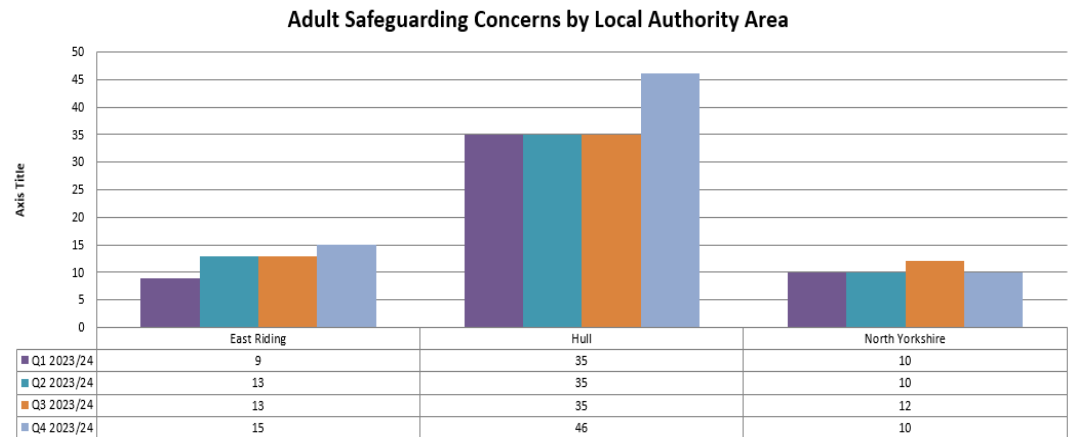
In 2023/24 the team started reporting on statutory categories of abuse the duty desk were contacted with regards to. The most common adult concern reported was that of physical abuse, self-neglect and psychological. The Trust commissions several inpatient units and incident reporting and safeguarding policies state that physical and psychological incidents between service users, or directed to service users by others, must be reported to the team for safeguarding oversight and to ensure all measures have been put in place to safeguard the service users.



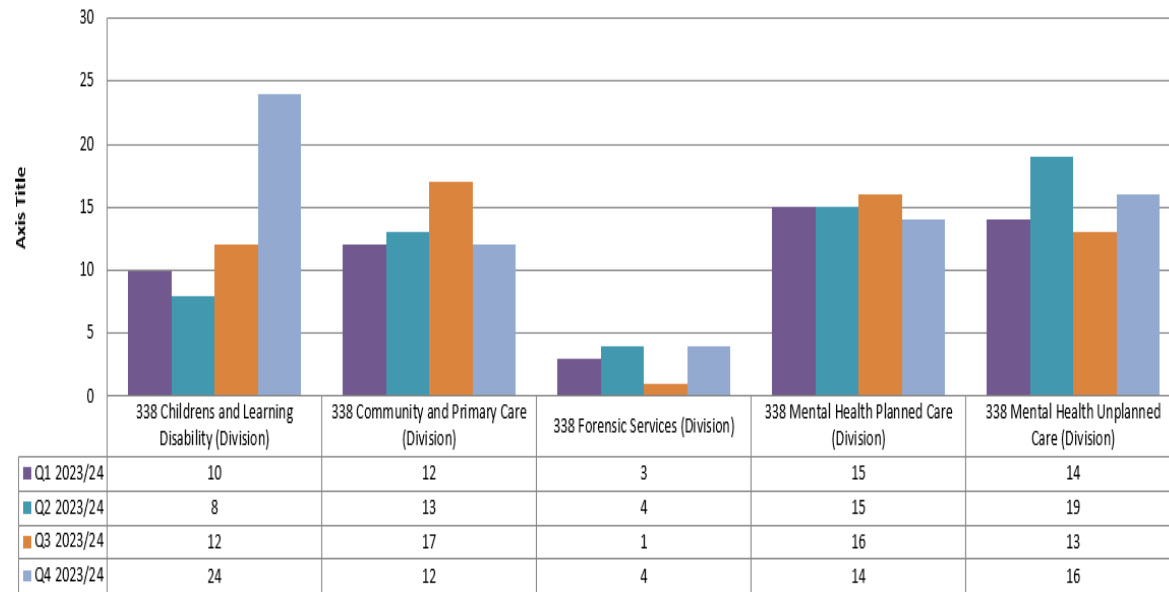
The most common child concern reported was that of neglect, followed by emotional and physical abuse. This is reflective of the reasons children were placed on a child protection plan in March 2023 from a national perspective (DfE 2023). There is a high number of ‘other’ reported for childrens concerns, reasons for this vary and include deprivation of liberty queries (3), domestic abuse (31), exploitation/FGM (20). The ‘other’ category is also used for LADO/PIPOT concerns, Prevent data and other reported data outside of the statutory categories of abuse. Work is ongoing to better capture these.

3.2 Safeguarding Adults Performance

In 2023/24 246 adult concerns were referred to the Local Authority, a slight increase from 231 the previous year. 12.5% of duty contacts resulted in a referral being made, almost identical to the previous year of 12.6%. The remaining contacts did not meet the threshold for child protection reporting. The Trust consistently makes more referrals to Hull, and this year made 27% more than the previous. North Yorkshire referral rates are increased by 23% showing improved reporting in the area. Referrals to East Riding have reduced 36% most noticeably in the first 3 quarters. A dip sample will be taken of safeguarding contacts in the East Riding to ensure referrals have been submitted where the Care Act criteria is met.



Adult Safeguarding Concerns by Division



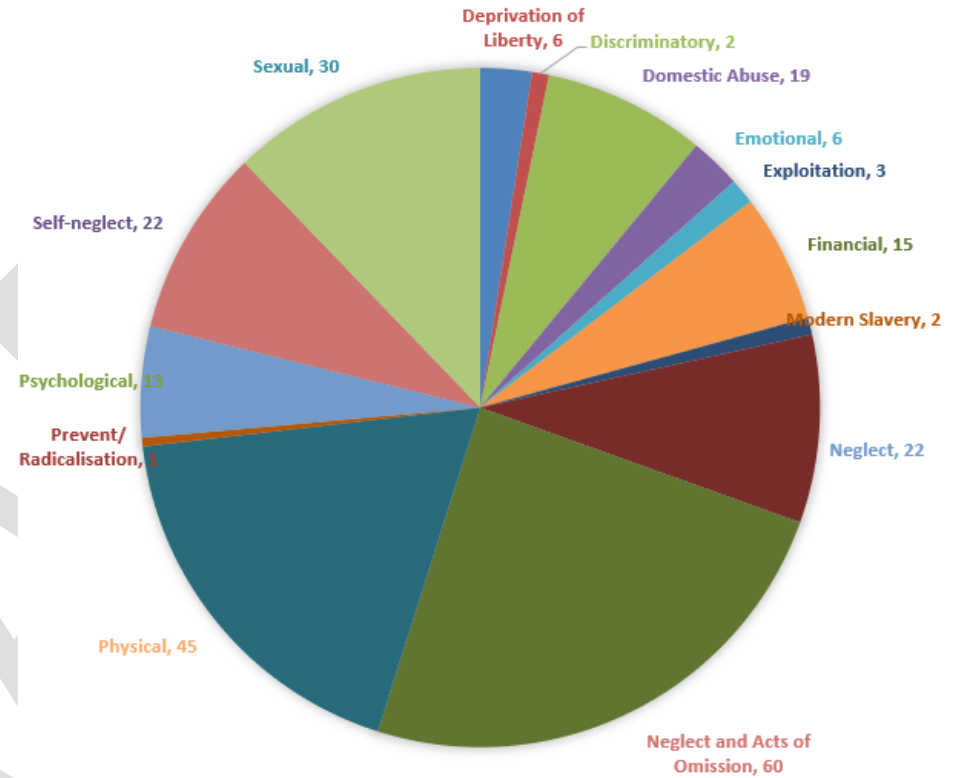
In 2023/24 referrals from the Childrens and Learning Disability Division have increased by 31%, this is mostly due to the acuity in the learning disability inpatient unit (reporting of incidents between patients or reported external concerns about patients) and our IST (reporting of incidents involving patients and their care in the community). CAMHS are also referring as they come into contact with adult safeguarding concerns through work with children, reflecting the principles of Think Family. Referrals made by the Community and Primary Care Division have increased by 21.5%, and the majority made by the community nursing service in North Yorkshire which explains the improved reporting in that area. Referrals made by the Forensic services have remained consistent with only a slight increase of 1 referral. The Mental Health Division overall remains the highest referring Division which is in line with previous reporting. Unplanned Division have made 12.6% less referrals and the Planned Division made 7% more. Given the acuity and safeguarding concerns that the safeguarding team have been supporting in the Unplanned Division, the reduction in referrals needs to be understood further therefore a dip sample of contacts will be taken and audited.

Of the adult concerns referred in 2023/24, neglect and acts of omission is the most commonly referred category reported by the Trust with a total of 60. This is in line with national data ([Safeguarding Adults, England, 2022-23 - NHS England Digital](#)) which reports this category as having the most concluded Section 42 enquiries on. The Trust reported a total of 45 concerns due to physical abuse, also in line with national reporting.

However following neglect and physical, the reporting made by the Trust differs to that reported as being subject to a Section 42 enquiry nationally; this is because the Trust reported 30 adult concerns due to sexual abuse and 22 due to self-neglect, whereas nationally psychological and financial abuse is more commonly reported. The annual report for 2022/23 also highlighted differences in the third and fourth most commonly reported category abuse which at the time was domestic abuse and self-neglect. The numbers have remained the same for self-neglect however we have seen an increase in reporting due to sexual abuse.

Previously in 2022/23 no adult concerns were submitted for sexual abuse. This year the Trust has referred 30 adult concerns due to sexual abuse, showing the positive impact the sexual safety and white ribbon work has had for our service users across the Trust.

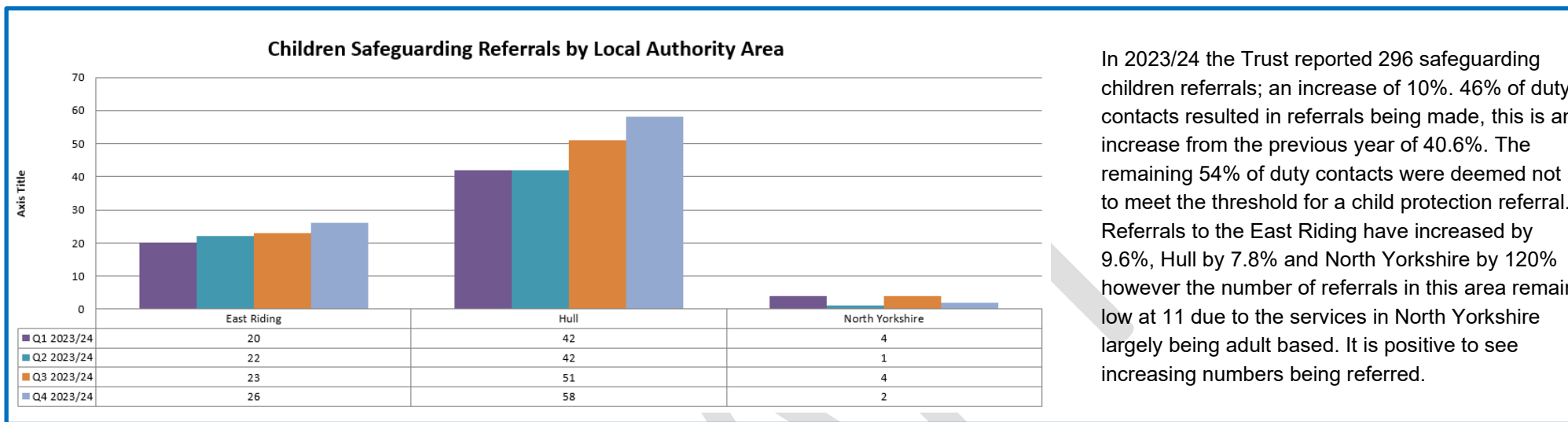
ADULT CONCERNS BY CATEGORY - 2023/24



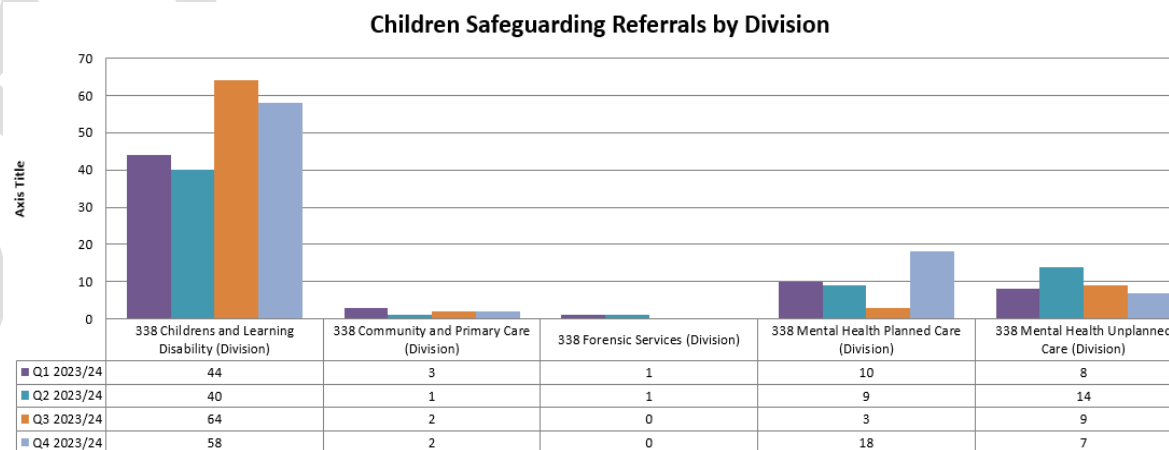
Analysis and Actions

The number of concerns submitted to Local Authorities has remained consistent in numbers, however as a Trust we have referred more to Hull and less to East Riding. The increase to Hull is not unexpected given the population and deprivation in Hull, and acuity in services, however the reduction in East Riding needs to be explored further and will be subject to dip sample and audit. Across Divisions, all have made more adult referrals this year, in particular the Children & Learning Disability Division partly due to acuity and safeguarding concerns relating to the population in Townend Court, and the Community & Primary Care Division due to the increasing reports made by the community nursing service. The Mental Health unexpectedly referred less than the previous year which needs to be explored, so will also be subject to a dip sample and audit. The sexual safety and white ribbon work across the Trust has contributed to an increase in sexual abuse referrals being made.

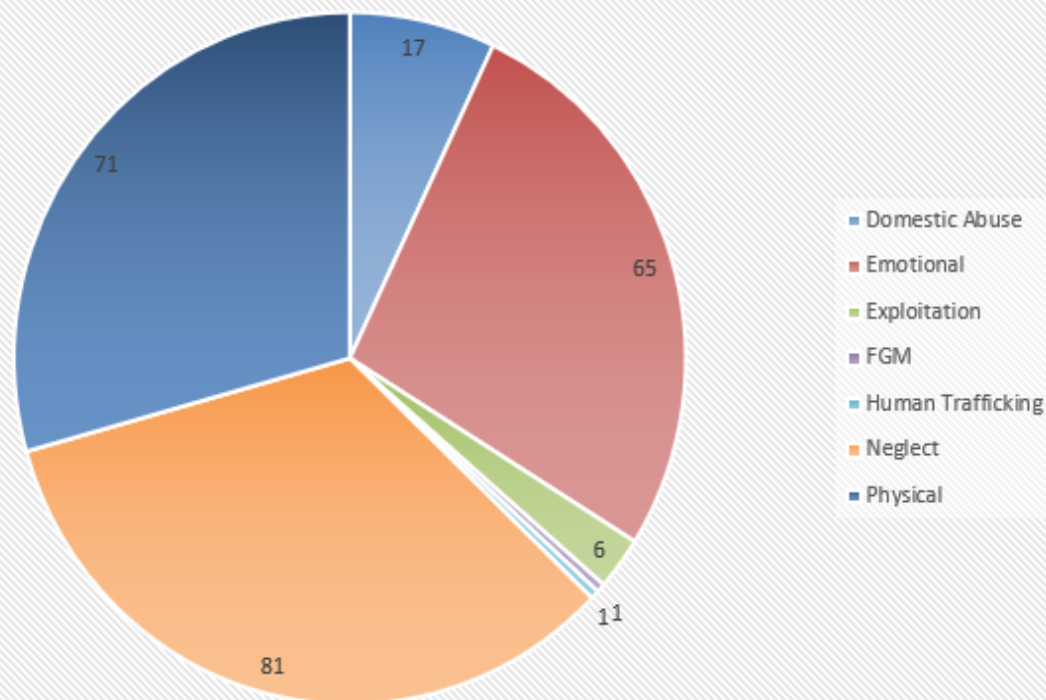
3.3 Safeguarding Children Performance



The Childrens and Learning Disability Division continue to make the most referrals, with CAMHS (including Forensic CAMHS and CAMHS Inspire) submitting the majority of these followed by the East Riding and Hull 0-19 services. This is in line with previous years reporting and is due to the services provided by this Division and resulting contact with children and young people. The Community and Primary Care Division have referred 8, a reduction from 15 the previous year. It is evident that these have all come from the Community Services and Primary Care have not submitted any referrals in 2023/24; this would be expected given the Primary Care service provides care for children and young people, however it is recognised the Trust do not have as many GP surgeries as it had previously. Therefore, a dip sample and audit of contacts from the Primary Care Division is recommended. Forensics continue to refer low numbers due to it being an adult provision and the strict processes in place for child contact on secure units. The Mental Health Divisions have referred 78 which is an increase of 30% from the previous year, showing increased recognition and reporting equally across both Planned and Unplanned Care. It is also an encouraging indication of the continued focus on Think Family and clinical areas taking the whole family approach to clinical work.



Children Referrals by Reason - 2023/24



When considering the referral reason, neglect is the most common category of abuse referred with a total of 81 referrals made. This is in line with previous reporting years and national figures which identify that neglect continues to be the most commonly reported category of abuse for children on protection plans, accounting for almost half of children on them ([Children in need, Reporting year 2023 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#)). The second most reported reason is for physical abuse, followed closely by emotional. The Trust has done a lot of work to raise awareness and appropriate support for children who are experiencing neglect, through the introduction and training on the child neglect tool kit. Practitioners from the safeguarding team are trained to deliver this training for the partnerships, and Trust staff can attend although numbers attending have initially been low. It is recommended that this remains a focus as the increased number of referrals concerning neglect should incorporate an evidence base. Domestic abuse referral numbers have reduced however this could be due to the primary reason being reported in line with statutory categories such as physical and emotional rather than domestic.

Analysis and Actions

Neglect continues to be a significant safeguarding issue and in 2023 Government data found that several factors identified at the end of assessment could be linked to this, such as alcohol misuse, parental mental health, and neglect, this. The referrals made by the Trust reflect this national challenge. Overall, referral numbers have increased as has the conversion rate from duty contact to referral, this is encouraging as it suggests that staff are recognising the threshold for safeguarding issues and when referrals are likely to be required. However the Community & Primary Care Division has seen a reduction with the Primary Care part of this not recording any referrals being made. Given the Trust has a number of Primary Care services where children and young people would be seen, it is recommended that a dip sample of contacts are audited to consider whether referrals should have been made and if so, what support can be provided. The Mental Health Division have increased referral numbers by 30% showing increased recognition and response to child safeguarding concerns in our adult inpatient and community services. The impact of these factors upon parenting is clearly being recognised and responded to.

3.4 East Riding Children Looked After (CLA)

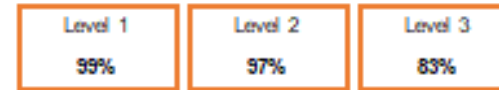
2023/24 was another busy year for the Children Looked After Team in the East Riding with a total of 381 children in care. The year saw 150 new children come into care; initial health assessments offered to those children within statutory timescales have improved significantly due to an increase in medical capacity within the team meaning more appointments can be offered.

There continues to be Unaccompanied Asylum Seeking Children arriving in the East Riding through the Migration Yorkshire scheme. Some present as under 18 years of age and as such the Local Authority have a legal obligation to complete an age assessment and treat them as a child looked after until the outcome of that assessment is known. In 2023/24 a total of 17 became looked after, however this was a reduction from the previous year when a local hotel was acquired by the Home Office. Performance for health assessments for all children looked after has dropped from 95% to 80% due to the increased numbers of children looked after, the backlog of children who were already waiting and the funding of review health assessments for those children being placed into the East Riding from other areas. Currently there is no funding for this which has been raised with the commissioners. The Named Nurse for Children Looked After continues to have a positive relationship with the Local Authority and is an active member of its forums and panels. The Making a Change Nurse sits in the team but works very closely with the Local Authority to support children at risk or being exploited criminally or sexually.

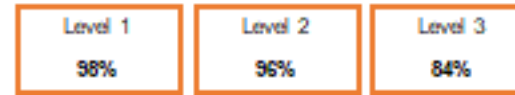


3.4 Training

Safeguarding Adults



Safeguarding Children



Safeguarding L1 and L2 training for both adults and children has averaged around the 96%-99% mark throughout the year with the above figures showing compliance for end of year 2023/24. Safeguarding L3 for both adults and children did reach above the Trust target of 85% during the year, for the first time following the full training review. Towards the end of the year those figures have decreased slightly and adults L3 sits at 83%, and children L3 at 84%. Ongoing monitoring of training compliance takes place in the Safeguarding Learning and Development Forum, is reported monthly to senior managers via HR Business Managers and is included in the Divisions accountability reviews. Where it decreases, an analysis is undertaken by the safeguarding team to understand why. Currently the challenge and possible explanation as to the decrease in compliance is acuity in services and the number of trainee medics and psychologists in the Trust needing to complete the training. This is an area of focus to ensure these groups of staff receive safeguarding training. The team are now able to offer additional training to apprentices, preceptees, staff in development/training roles and trainee medics and psychologists to account for their academic schedule. This is in addition to the existing 120 places per month.

Mental Capacity Act training compliance is consistently above target at 98% for L1 and 92% for L2 at the end of the year. **Prevent training** also remains above target at 98% for basic awareness and 93% for Prevent WRAP at the end of the year.

4. Partnership Working

The Executive Director of Nursing, Allied Health and Social Care Professionals is the named executive member for safeguarding at the Trust at the Hull and East Riding Safeguarding Boards and Partnerships; the Deputy Director of Nursing, Allied Health and Social Care Professionals, Named Professional and Named Nurse deputise on their behalf. The Named Professional and Named Nurse also represent the Trust in North Yorkshire Boards and Partnerships.

The Trust is represented at strategic and operational partnership meetings including key multi agency safeguarding meetings across the areas where risk is considered, and agencies work together to mitigate that. These meetings are attended by agencies including Police, Local Authority, Education, Health, Voluntary, Probation, and the Trust shares information proportionately and appropriately throughout these meetings. In 2023/24 new multi-agency meetings have been established such as the multi-agency cuckooing panel (MACAP) which looks at adults being cuckooed in their own home, and the Violence Against Women and Girls (VAWG) working groups in both Hull and East Riding. The Trust have recently started attending and these meetings will be included in the annual report 2024/25.

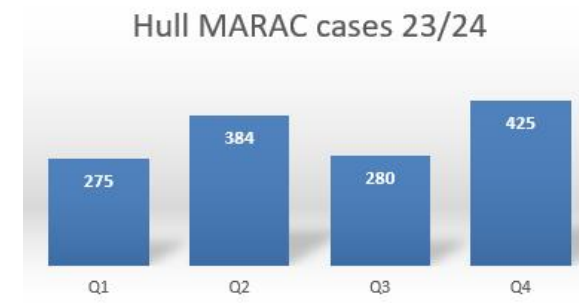
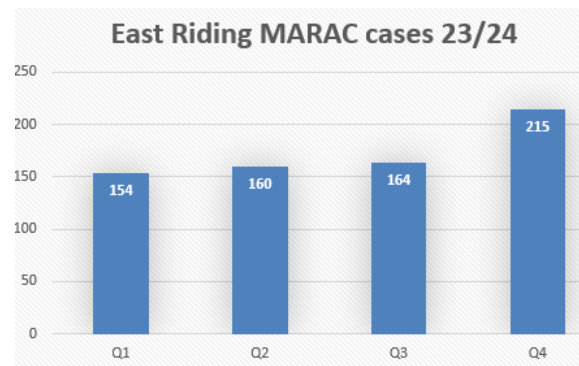
4.1 Multi agency risk assessment conference (MARAC) and Multi agency tasking and coordination (MATAc)

In 2023/24 there were 250 contacts to the safeguarding duty desk in relation to domestic abuse; 202 for adults and 48 for children. The number of child contacts is lower due to the contacts being in the name of the victim who are most often adults; for adults the team has seen a 16% increase from 173 to 202 in the last year.

MARAC is a multi-agency meeting where information is shared on high-risk domestic abuse cases and safety plans are put into place to increase the safety of victims of domestic abuse and those around them. The Trust has representatives at, and regularly attends, both Hull and East Riding MARAC, and introduced a standard operating procedure in the last year to ensure consistency in information sharing and recording due to several staff from across Trust attending the MARAC meetings, this ensures that minutes are recorded in a consistent manner and that information shared with MARAC and others is appropriate and proportionate.

During MARAC, cases are discussed and the Trust contributes information from its services. The representative supports a multi-agency discussion to consider the risk, immediate actions that need to be taken and ongoing safety planning for the victim and those around them such as children in the house.

In the East Riding, MARAC cases have steadily increased over the year with a more noticeable increase in Q4 which correlates to the increasing number of domestic abuse incidents over the Christmas and post-Christmas period which is known for increased alcohol consumption and financial and mental health stress. These do factors alone do not cause domestic abuse but do increase the risk of violence. The graph shows a total of 693 cases, which is a 55% increase from the previous year. The East Riding MARAC meeting now takes place over two days per month as a result.



In Hull the MARAC numbers are higher than East Riding and in total have increased from 1346 in 2022/23 to 1364 this year. As in the East Riding, meetings in Q4 contained the highest number of cases discussed. Of the 1364 cases discussed, there were 1825 children identified as being linked to the victims and perpetrators, an increase from 1783 the previous year. This increase is in line with increases seen in the East Riding and in the number of domestic abuse contacts and referrals in the Trust, showing the Trusts commitment to recognising and responding to domestic abuse and violence concerns involving our patients and those in the home.

4.2 Multi agency tasking and coordination (MATAC)

MATAC has now been established for well over a year and a member of the safeguarding team attends both Hull and East Riding. The purpose of the group is to focus on repeat perpetrators of domestic abuse and how to work with them to reduce the risk of harm to victims. Our representatives provide information about recent input from the Trust in order to inform these decisions. Reporting on exact figures is not yet available for MATAC however the numbers will be significantly lower as the meetings generally have a case discussion number of around 4-6 perpetrators; these often have multiple current and past victims. During these meetings information is shared to support multi agency discussions as to how best to manage the perpetrators risk of domestic violence and abuse; this might include specific interventions from services such as our substance misuse or mental health services whereby substance misuse or deterioration in mental health is a recognised precedent to a domestic incident.

4.3 Multi agency child exploitation (MACE) meeting

The Trust attends both the Hull and East Riding MACE meeting on a monthly basis. More recently the Hull MACE meeting has been reviewed and its terms of reference expanded to include children, young people and young adults who have been victims of modern slavery and those who are within the Youth Justice system. The meeting has been renamed Multi agency youth violence and exploitation meeting (MAYVE), a practitioner from the safeguarding team has received full training in relation to this and attends on behalf of the Trust, with others from the Trust down to complete that training to be able to fulfil the role required as a health decision maker. Trust representatives share information, consider risk and contribute to the safety planning of those reviewed in the meeting.

Both Hull and East Riding MACE referral numbers have reduced this year from 194 to 112 in Hull and 136 to 84 in East Riding; but this does not mean criminal and sexual exploitation of children and young people has reduced. The introduction of pre-mace / vulnerability and risk panels has helped to triage and remove cases that might not meet the threshold for MACE, meaning only the cases appropriate for that level of risk management are discussed. In terms of child sexual exploitation, a recent [review](#) by the Vulnerability, Knowledge and Practice Programme found that in 2022 (no data as of yet for 2023) offences of this nature against children increased 7.6%, and over ten years this number has quadrupled. The [Office for National Statistics](#) have reported the increase in number of children and young people experiencing criminal exploitation; 9% in 2023 from the previous year. The MACE meetings—soon to be MAYVE—are responding to a changing picture across child exploitation which include:

Historically child on child abuse accounted for a third of CSAE* offences; today that number is just

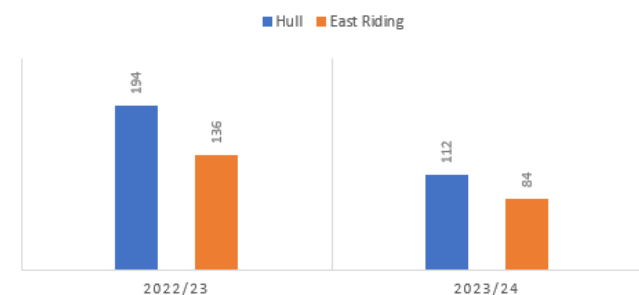
The number of boys victimised increased more rapidly than girls

Online sexual abuse continues to grow and now accounts for at least 32% of CSAE

The most common age for a child to experience CSAE is 14 years old

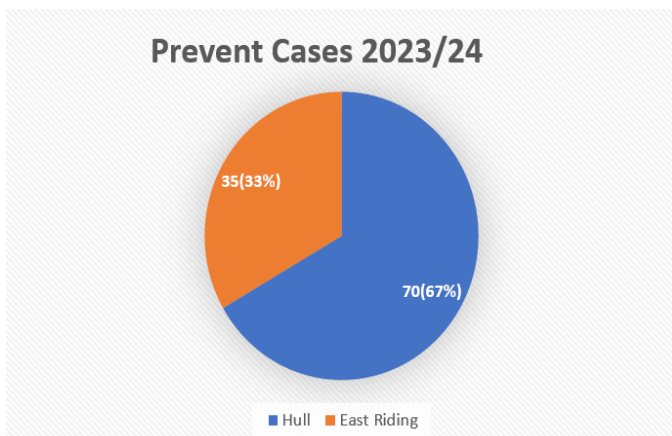
Yorkshire and Humberside was the 3rd highest reporting Police force for CSAE

MACE REFERRALS 2022/23 AND 2023/24



4.4 Prevent

In 2023 the Prevent Duty Guidance was updated to reflect several recommendations of the Independent Review of Prevent; a review was undertaken following this update and assurance given to the Board that the Trust remains compliant with this Duty Guidance. The Counterterrorism and Security Act 2015 requires health bodies to consider the need to safeguard individuals from being drawn into terrorism. The Trust has an appointed Prevent Lead who attends all local Prevent Boards, and a Specialist Safeguarding Practitioner who attends the operational Channel Panel which is a multi-agency panel that identifies how best to support people who are susceptible to terrorism. The Trust submits quarterly reports to the ICB on its Prevent figures and training compliance, to assure the ICB of the Trusts commitment to the Prevent agenda.



In 2023/24 a total of 105 cases were discussed across both Hull and East Riding Panels, a reduction of 27 from the previous year. This number includes Police Led Panels which occur when it is more appropriate for the Police to lead on the multi-agency approach, this could be because the person has committed a terrorist offence, and it is therefore a police led criminal matter with the support of involved partner agencies. Across panels the issue of consent and lack of it continues to be a challenge as Channel cannot engage with the person if consent is not provided.

4.5 Modern Slavery

The Trust is a member of the Humberside Modern Slavery Partnership and produces a statement on its public internet page pursuant to section 54(1) of the Modern Slavery Act 2015 which provides assurances on its organisational structure, approach, policies, recruitment and procurement and supply chains.

A dedicated safeguarding practitioner attends the Humber wide modern Slavery Partnership meeting and shares appropriate updates from that.

The East Riding has also introduced a local panel for partners which is attended by the practitioner. This area in particular is more rural and therefore more attractive to criminal exploiters who can hide operations in remote locations and offer high demand for season labour.

Where a person suspected to be a victim of modern slavery or exploitation, or at risk of it, goes missing, networks are able to share information as appropriate about this person should they cross local authority borders. In the case of children, missing children notifications can be shared across local safeguarding children partnerships, the Trust safeguarding team cascades this with the appropriate services and leads, and updates clinical records to highlight the missing concern.

4.6 Multi agency public protection arrangements (MAPPA)

MAPPA is a statutory arrangement for managing sexual and violent offenders; in 2021 a new chapter of the statutory guidance was introduced to highlight the use of agencies also making use of MAPPA to manage serial, high harm domestic abuse and stalking offenders. The Trust is a Duty to cooperate agency and has a crucial role in reducing risk and protecting the public. The Trust is represented at strategic and operational level and each clinical division has a MAPPA Champion in place to provide additional support to staff and support the Trusts MAPPA process.

There is a CAMHS nurse sitting within the Youth Justice Service who works between Core CAMHS and the YJS to ensure they have timely access to emotional health support. Interventions are based on the Trauma Recovery Model which incorporates thinking from criminal, psychological and child development fields to improve the understanding of the causes and treatment resistance of serious youth crime.

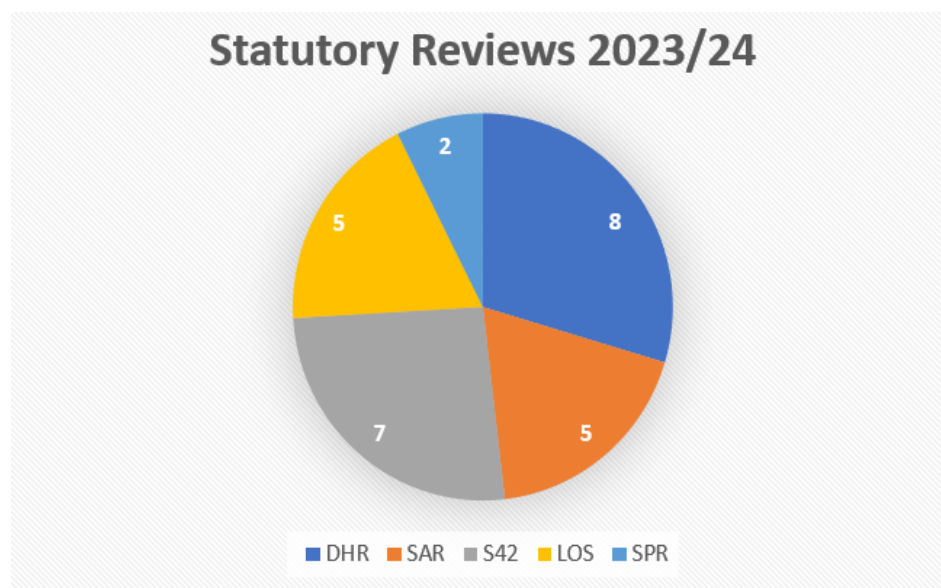
4.7 Safeguarding Investigations/Reviews

The Trust works across 3 local authorities and the safeguarding team supports statutory reviews held in these such as:

- Domestic Homicide Reviews (now Domestic Abuse Related Death Reviews)
- Safeguarding Adults Reviews
- Section 42 Safeguarding Enquiries
- Safeguarding Children Practice Reviews

The team also support non statutory reviews such as Line of Sight Reviews for Children, and internal Trust reviews such as Patient Safety Incident Investigations (formerly SI) and Patient Safety Incident Analysis (formerly SEA). The Named Professional and Named Nurse have received training to facilitate Swarm Huddles as part of the Patient Safety Incident Response Framework.

In 2023/24 the team led or supported 27 statutory investigations (see table below) due to having involvement, or having had it in the past, with the person subject to the review. The Named Professional and Named Nurse also sit on the decision making panels for each Local Authorities Partnership and Board, to consider whether a statutory review is required. This involves a chronology being completed and the reviewer using this to complete an agency management report which is then taken to the panel and reviewed alongside other agencies. This may not necessarily lead to a review, or the Trust may not be involved in the review due to not knowing the person, however this is still a vital part of decision making across the sector and ensures statutory processes are being followed where an incident has occurred. Learning themes include:



Responding to safeguarding concerns effectively; not assuming that other agencies will address safeguarding concerns

Challenges when service users do not engage with interventions, often due to practitioners not having the knowledge, training or policy in place to help determine next steps

Ensuring those with communication or cognitive impairments have access and suitable information about services they access

Confidence in applying MCA 2005 particularly where people are not engaging with services or neglecting care or treatment

Information sharing across services that do not use the same system

Listening to the voice of the person as well as the carer, going out of the way to obtain this

The importance of effective safeguarding supervision

Professional curiosity and thinking about others in the services users life, including fathers and other relatives of babies/young children

5. Safeguarding Priorities

5.1 How did we do?

Domestic Abuse We will recognise and respond appropriately to those who are at risk of or are experiencing or perpetrating domestic violence and abuse.

We successfully delivered our first White Ribbon Plan and have secured our second accreditation as a White Ribbon Trust. Contacts to the duty desk for advice and support on domestic abuse has increased, and the team are providing advice to line managers supporting staff who are experiencing or perpetrating domestic abuse. Resources around domestic abuse and sexual violence have been co-produced, with an emphasis on race, disability and LGBTQ+. The Trust has now has 159 domestic abuse champions across services and is strengthening its relationship with external partners who provide support to those experiencing or perpetrating domestic abuse.

Child Neglect We will recognise and respond appropriately to children and young people who are at risk of or are experiencing child neglect and abuse.

Bespoke training has been delivered on child neglect tool training, and features in the taught element of Safeguarding Children L3 training. Practitioners support multi agency child neglect training across Hull and East, which is delivered to a wide range of professionals including health staff. Neglect is the Trusts highest reporting category of concern to Local Authorities, consistently recognising and referring in line with local and national trends.

Liberty Protection Safeguards We will understand our responsibilities when a person is deprived of their liberty, and empower and protect service users who may lack the capacity to make decisions for themselves.

The implementation of the Liberty Protection Safeguards was delayed by the previous Government. The Trust has continued its Mental Capacity Act work and MCA assessment and best interest forms have been reviewed and refreshed by a working group, these templates will be uploaded onto the electronic patient. The MCA training package has also been reviewed to ensure that the right staff across the Trust are getting the right level of training.

Self-Neglect We will recognise signs of self-neglect and respond appropriately, whilst adopting a preventative approach to reduce the risk of self-neglect occurring with service users.

Self-neglect features within our Safeguarding Adults L3 taught training course and the safeguarding team have delivered bespoke training sessions around the topic. It is the fourth most reported category of adult abuse, more prevalent than national figures. A self-neglect roadshow is due to start in August 2024 which will deliver a taught session alongside Humberside Fire Service on self-neglect, hoarding and mental capacity. This is accessible to all staff across the Trust and will be delivered taught and via MS Teams over the course of the roadshow.

Think Family We will think about the whole family when working with a service user. We will understand how trauma can impact families, and work with our partners to safeguard our service users and their families from harm and abuse.

The safeguarding team have developed bespoke resources and training for staff around this topic, and the ongoing work around child neglect and domestic abuse encourages staff to think about those around the person they are working with. Child safeguarding referral figures have increased notably in the Mental Health Division which delivers adult mental health services; this shows the Think Family approach is being adopted in that area. A child neglect training roadshow is planned for early 2025.

Increased Visibility of Safeguarding Team We will increase our visibility across our patient and staff group and reach out to diverse groups and people who experience health inequalities. We will become a more regular presence for patients and staff to seek support.

Contacts to the duty desk for advice and attendance at meetings is consistently high following a sharp increase in 2021/22. The team take part in reviews for patients in seclusion, long term segregation and care away from other arrangements which involve visiting the ward to see the patient and speak to staff, providing an independent review of the persons care and care environment. A safeguarding drop-in service is in development, the team are working with services to do this, and it will be piloted in 2024/25. The aim of this is to increase visibility of the team across our services and provide staff and patients the opportunity to speak to someone from the safeguarding team who will be working on site for the duration of that drop in.

Ensuring a safeguarding empowered workforce We will empower our workforce to prevent, recognise and respond to safeguarding issues confidently and with our patients at the heart of this process

The Safeguarding Link Worker role has been developed and we now have 156 across the Trust. They attend quarterly safeguarding forums that provide updates, news and training on safeguarding topics, alongside guest speakers on specialist areas. Link Workers receive regular updates from the safeguarding team and are responsible for cascading this to their service area. Safeguarding Adults and Children L3 training reached the set target of 85% during this reporting year, following a review of training and close working with Divisions and the Learning Centre to identify and overcome any barriers to this. Staff are able to contact the duty desk for advice, and numbers of contacts remain consistently high. Referrals to local authorities reflect local and national themes showing the staff are working to recognise and respond to safeguarding concerns.

Improving efficiency and effectiveness across safeguarding systems We will provide a way for safeguarding information to be recorded and shared in an efficient and effective way across the Trust.

Work is ongoing on a number of safeguarding systems to enable information to be shared in a more efficient way. Across the Trust staff are able to access the Yorkshire & Humber Care Record which allows for certain information to be shared across different agencies such as health and local authorities, this is continually being extended to include other agencies and can now be accessed directly from electronic patient records. A new safeguarding template to be used across all services and systems is being designed to better record safeguarding issues and allow reporting data to be pulled through in a more efficient way. The Trust has good relationships with its partners and shares information appropriately and proportionately to support statutory reviews and criminal investigations as a result of a safeguarding concern.

5.2 Our priorities for 2024/25: supporting the delivery of the Safeguarding Plan and of the Trusts overall strategic goals

1

Co-production. Our co-production with services users, carers and staff will continue as we deliver the Trusts Safeguarding Plan 2023-2026. The service user or patient experience will remain at the heart of the work we do, and every quarterly safeguarding learning and development forum will feature a service user / patient safeguarding story to ensure their voices and experiences inform the work delivered across the Trust.

2

Quality Improvement. We will complete at least two pieces of Quality Improvement work in the next year; these are set to focus on the experience of female adult inpatients experiencing domestic abuse and improving the support given to them whilst an inpatient, and the implementation of the safeguarding drop in service across the Trust to all inpatient units and hospitals. The team will work closely with the Quality Improvement team and use QI methodology to implement these changes.

3

Systems. A singular safeguarding template will be introduced for use across all systems by all clinical staff which will provide more consistency in recording and allow for efficient information sharing between teams. The team will make use of, and promote, the Yorkshire & Humber Care Record as a way to access and share safeguarding information across different agencies. New mental capacity assessment and best interest forms will be introduced on the clinical systems, improving the prompts and guidance given to staff as they complete the assessments. The new templates will improve the quality of safeguarding data we are able to report.

4

Audit. The team will complete audits on key safeguarding topics such as referrals, domestic abuse, mental capacity and neglect, considering how effectively the Trust are recognising and responding to these issues and identifying good practice and areas for development. Audit reports will feed into the quarterly safeguarding learning and development forum.

5

Visibility. The safeguarding drop in service will be introduced across the Trust, firstly as a pilot and then later expanded. This will provide all staff and service users/ patients across inpatient units and hospital wards the opportunity to meet and discuss any safeguarding concerns with a safeguarding practitioner. The practitioner will be visible and engaging with staff and service user / patients on the unit or ward, providing support where required.

6.1 Summary

This year has been a period of significant development for the safeguarding team. There have been many achievements highlighted in this report, these reflect the priorities identified in local Partnerships and Boards. These themes also reflect the need of the local population which is observed in the day-to-day activity of the safeguarding team such as duty advice and guidance, learning reviews and audits. This has generated many opportunities for strengthening joint working and combined development. There has been ongoing commitment to partnership working, vital in enabling change.

To affect change, the safeguarding team have made great progress in increasing their visibility and presence across clinical teams and divisions. This has allowed us to develop numerous reciprocated and productive professional relationships with key individuals and progress identified work such as sexual safety, neglect, and domestic abuse. There has also been a notable shift in Trust processes and how the safeguarding team is inaugurated into these processes. As a result, there is a greater oversight and robust review of clinical and patient safety processes with safeguarding considered throughout.

These achievements have been made possible by the development of the safeguarding team itself. Each individual providing specialist skills and knowledge to safeguard children and adult patients. The commitment of each individual is paramount in maintaining the evolution of the safeguarding team, and the safeguarding development plan is evidence of this. These achievements have also been made possible because of the commitment to safeguarding shown by the Divisions and staff within, and the service users and patients who have started the service on its safeguarding co-production journey. There are many objectives yet to achieve, safeguarding activity is an ever-evolving area with themes and learning identified continually. However, the enthusiasm of the team and support from divisions and staff across the Trust will maintain safeguarding as a priority for everyone.

Rosie O'Connell, Head of Safeguarding and Named Professional for Adult Safeguarding

Kerry Boughen, Named Nurse for Safeguarding Children

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	NHS England - Annual Self-Assessment for Placement Providers 2024														
Author/s:	<p>Gillian Wicks, Head of Medical Education & Medical Directorate Business.</p> <p>Melanie Barnard, Professional Education Lead, Preceptorship lead, Professional Nurse Advocate Lead.</p> <p>John Duncan, Workforce Equality, Diversity and Inclusion Partner.</p> <p>Sadie Milner, Patient Safety and Practice Development Lead.</p> <p>Sarah Rockliff, Consultant Forensic Psychologist & Interim Associate Director of Psychology.</p> <p>Fran Ashton, Head of Social Work/PSW.</p>														
Recommendation:	<table border="1" data-bbox="539 1070 1524 1187"> <tr> <td data-bbox="539 1070 938 1108">To approve</td> <td data-bbox="938 1070 1034 1108">X</td> <td data-bbox="1034 1070 1412 1108">To discuss</td> <td data-bbox="1412 1070 1524 1108">X</td> </tr> <tr> <td data-bbox="539 1108 938 1146">To note</td> <td data-bbox="938 1108 1034 1146"></td> <td data-bbox="1034 1108 1412 1146">To ratify</td> <td data-bbox="1412 1108 1524 1146"></td> </tr> <tr> <td data-bbox="539 1146 938 1187">For assurance</td> <td data-bbox="938 1146 1034 1187">X</td> <td data-bbox="1034 1146 1412 1187"></td> <td data-bbox="1412 1146 1524 1187"></td> </tr> </table>			To approve	X	To discuss	X	To note		To ratify		For assurance	X		
To approve	X	To discuss	X												
To note		To ratify													
For assurance	X														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>Board level sign off required with approval date.</p> <p>Deadline for final submission to NHS England - 1st October 2024.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Multiprofessional NHS England Provider Self-Assessment (SA) 2024 completed for Humber Teaching NHS Foundation Trust. • The Trust is meeting requirements in relation to the quality of healthcare placements for learners. • Set standards are being met which are based on the philosophy of continuous quality improvement, development of action plans, implementation, and evaluation. • Information from the SA will be triangulated 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Work ongoing across specialties within the Trust in relation to embedding: <ul style="list-style-type: none"> - Educator Workforce Strategy - Safe Environment Learning Charter (SLEC) <ul style="list-style-type: none"> ○ Self-assessment completed for Nursing/AHP ○ Self-assessment completed for undergraduate and postgraduate medical education. Broken down into 4 areas i.e. undergraduate, 														

<p>with other evidence gathered through existing NHS England quality processes. This combined picture is used to determine how well the Trust is fulfilling the requirements of the Education Funding Agreement.</p> <ul style="list-style-type: none"> • The SA offers the opportunity to identify and confirm best practice which may be shared within and across organisations. • Highlights from national findings will be published on NHS England website outlining national themes and national compliance across England against the NHS Education Funding Agreement key performance indicators and the Education Quality Framework standards. • SA feeds into NHS England 'Multi-Professional Senior Leader Engagement' meeting with the Trust (May 2025). 	<p>foundation, core psychiatry/GP, and higher training to form overarching medical education overview and assessment.</p> <ul style="list-style-type: none"> - Safety Charter (following a review by the English Deans EDI Committee Chair). Significant information provided by EDI Lead for this report.
--	---

<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • None 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • Following Board level sign-off information contained in attached word document will be uploaded to the NHS England portal for final submission. • SAR feeds NHS England Multi-Professional Senior Leader Engagement meeting with the Trust in May 2025.
--	--

<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	10/0924
	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	

NHS England Self-Assessment for Placement Providers 2024

1.

Introduction

The NHS England Self-Assessment (SA) for Placement Providers is a process by which providers carry out their own quality evaluation against a set of standards. Providers are asked to complete this online form indicating where they have or have not met the standards as set out in the SA. There is the opportunity under most questions to provide comments to support your answer.

Completing the Self-Assessment

- **Your region and trust name has been pre-populated - do not amend this.**
- The SA saves your progress at the end of each page - **click save** and next page button.
- **You can amend/change your responses any time prior to completing the final submission** box in section 12 (click save after any changes).
- Anyone completing any part of the SA can do so using the same link supplied by your regional NHS England WT&E quality team. **Only one person should use the link at any one time.** You must close the weblink for someone else to access the survey to avoid overwriting previous entries.
- **To print the SA**, prior to/after submission, skip through to the last page and use the print button. Only questions with responses will print.
- You can move around the SA without being forced to complete questions/sections before moving to another section. **Save each update even if only partially completed.**
- **All sections are mandatory**, please undertake a final check that every question has been completed prior to submission. If a question/section has not been answered after submission, the SA will be returned to you for completion.
- Where free text comments are available the word or character limits are shown within each question.

- The SA does not support the upload of attachments. If we require any evidence as part of your submission, we will contact you separately after submission.

****This submission should be completed for the whole organisation. It's important that those responsible for each section feed into and contribute to the response.****

Sections of the Self-Assessment

Section 1: Provide details of (up to) 3 challenges within education and training that you would like to share with us.

Section 2: Provide details of (up to) 3 achievements or good practice within education and training that you would like to share with us.

Section 3: Confirm your compliance with the obligations and key performance indicators of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation.

Section 4: Confirm your compliance with the Quality, Library, Reporting Concerns, and Patient Safety training obligations and key performance indicators of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas feed into this section.

Section 5: Confirm your policies and processes in relation to Equality, Diversity and Inclusion. Should normally be completed by your placement provider EDI Lead.

Section 6 - 11: Self-assess your compliance against the Education Quality Framework and Standards. Each section must be completed once on behalf of the whole organisation. There are opportunities to share good practice examples. You are asked to confirm whether you meet the standard for all professions / learner groups or provide further details where you do not meet or partially meet the standard(s). Where you are reporting exceptions, you are asked to provide the professions impacted and a summary of the challenges you face in meeting the standard.

Section 12: Final sign-off.

Further Questions

If you have any queries regarding the completion of the SA, please review the FAQ document. If you still require further information, you can contact your regional NHS England WT&E quality team.

2 – 9 Region and Provider Selection – Do Not Amend

Please do not amend the region you have been allocated to. If you feel this is incorrect please continue to complete the SA and email your regional NHS England WT&E quality team.

- East of England
- London
- Midlands
- North East and Yorkshire
- North West
- South East
- South West

10. Training profession selection

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

2. Please select from the list below those professional groups your organisation currently train, please select all those which apply. Please select only one option for each row.

	Yes we train in this professional group	N/A we do NOT train in this professional group
Advanced Practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Allied Health Professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dental Undergraduate	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes we train in this professional group	N/A we do NOT train in this professional group
Healthcare Science	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Associate Professions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine Postgraduate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicine Undergraduate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midwifery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paramedicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychological Professions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. Section 1 - Provider challenges

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to provide details of (up to) 3 challenges within education and training that you would like to share with us. Please consider whether there are any challenges which impact your ability to meet the education quality framework standards. Please select the category which best describes the challenge you are facing, along with a brief description/narrative of the challenge (*the character limit is set at 1000 characters*). In the event you cannot find an appropriate category select other and add the category at the start of your narrative.

3. Example 1: Please choose the most appropriate category for your challenge.

- Apprenticeships
- Burnout / Wellbeing
- COVID / Post COVID return to norms

- Culture
- Curricula / Training Standards
- Educational Governance & Strategy
- Funding - Requirements / Unpredictability / Timeliness
- HEI Issues/ Processes
- Increase in LTFT / Reasonable Adjustment Requests
- IT Systems
- NHS England Issues/ Processes
- Other
- Placement Management / Capacity
- Supervisors / Educators (investment)
- Supervisors / Educators (recruitment / retention)
- Supervisors / Educators (training)
- Training affected by service pressures (cannot release staff)
- Training Equipment / Systems
- Training Space / Facilities
- Trust Merger or Reconfiguration
- Workforce Challenges (recruitment / retention)

Please provide your narrative in the comments box

Medical Education: Postgraduate - Increase in Foundation, Core, Higher, training placements adds pressure. Currently manageable; however, additional pressure may arise as the 'Covid bulge' comes through. Undergraduate - Capacity further stretched moving forward due to planned medical school expansion and the aspiration from HYMS for significant expansion.

Increased demand for all clinical placements continues, from a widening Health & Social care workforce, requiring differing skill sets and new approach to provision. Student population expect flexible, arrangements. Try to accommodate and support students, but ongoing challenge of ensuring they receive a full breadth of learning opportunity.

Central funding for DClinPsy placements increased, resulting in more trainees, but the professional workforce hasn't increased, in some areas is reducing. Supervisor availability limits capacity. University contract for DClinPsy, placements is honoured, however others e.g. counselling, forensic psychology, other psychological professions, cannot be provided.

Requirement for accreditation in a therapy model adds pressure on placement providers.

4. Example 2: Please choose the most appropriate category for your challenge.

- Apprenticeships
- Burnout / Wellbeing
- COVID / Post COVID return to norms
- Culture
- Curricula / Training Standards
- Educational Governance & Strategy
- Funding - Requirements / Unpredictability / Timeliness
- HEI Issues/ Processes
- Increase in LTFT / Reasonable Adjustment Requests
- IT Systems
- NHS England Issues/ Processes
- Other
- Placement Management / Capacity
- Supervisors / Educators (investment)
- Supervisors / Educators (recruitment / retention)
- Supervisors / Educators (training)
- Training affected by service pressures (cannot release staff)
- Training Equipment / Systems
- Training Space / Facilities
- Trust Merger or Reconfiguration
- Workforce Challenges (recruitment / retention)

Please provide your narrative in the comments box

Recruitment to Consultant Psychiatrist vacancies in areas such as CAMHS, Older People's Mental Health, Adult Inpatient, continues to be a challenge and limits placement opportunities, particularly for Higher Trainees (our pool of prospective consultants). In response, we have introduced career discussions with all ST5 and ST6 and proactively discuss opportunities for 'Acting-up' and introduced 1:1 and group interview AAC interview preparation sessions.

However, we continue to successfully recruit, and we have also significantly increased our cohort of Clinical and Educational Supervisors. Through our 'grow our own' approach, and successful international recruitment, and national/regional networking, we continue to remain optimistic with regards to recruitment. Despite this challenge we continue to deliver high quality education and training, there is no impact on our ability to meet the education quality framework standards.

Social Work: Challenges relate to Trust understanding re: requirements which need to be in place to ensure social work students can meet their learning needs and how these differ from health and allied health professionals.

5. Example 3: Please choose the most appropriate category for your challenge.

- Apprenticeships
- Burnout / Wellbeing
- COVID / Post COVID return to norms
- Culture
- Curricula / Training Standards
- Educational Governance & Strategy
- Funding - Requirements / Unpredictability / Timeliness
- HEI Issues/ Processes
- Increase in LTFT / Reasonable Adjustment Requests
- IT Systems
- NHS England Issues/ Processes
- Other
- Placement Management / Capacity
- Supervisors / Educators (investment)
- Supervisors / Educators (recruitment / retention)
- Supervisors / Educators (training)

- Training affected by service pressures (cannot release staff)
- Training Equipment / Systems
- Training Space / Facilities
- Trust Merger or Reconfiguration
- Workforce Challenges (recruitment / retention)

Please provide your narrative in the comments box

It has been a very positive few years in terms of undergraduate medical student expansion and also significant expansion at FY1, Core Trainee, and Higher Trainee level. In some areas this expansion has been over 100%.

Should expansion continue as it will do to accommodate the 'Covid bulge' and planned medical school/student expansion, this may impact on the system and cause a challenge in terms of ensuring a suitable number of training placements, availability of Tutors, Clinical and Educational Supervisors, and overall ability to offer a high-quality learning experience and high-quality learning environment.

This has not caused a significant issue to date as we have been successful in recruiting a number of additional CS/ES and undergraduate Tutors. We are currently reviewing our training placements and considering where additional training opportunities may exist, this will enable us to consider how we may accommodate trainees should further expansion be needed at a local level.

Our recent NTS results for our trainers was excellent, this highlights that we are currently managing well within our current resource and not overwhelming our medical educators.

12. Section 2 - Provider achievements and good practice

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to provide details of (up to) 3 achievements within education and training that you would like to share with us. Please select the category which best describes the achievement you wish to share, along with a brief description/narrative (*the word limit is set at 1000 characters*). In the event you cannot find an appropriate category select other and add the category at the start of your narrative.

6. Example 1: Please choose the most appropriate category for your achievement.

- Collaboration / Partnerships
- Covid - Response / Catch up
- CPD
- Culture
- Development of TEL Provision
- Improved Facilities
- Increased SIM for Training
- Innovative Training / Course Development
- Learner / Trainee Support or Wellbeing
- Multi-professional Initiatives
- New/Improved Strategy or Governance
- Other
- Placement Capacity / Expansion
- Quality - Improvement Initiatives, response to data, positive feedback
- Recruitment / Retention Initiatives
- Supervisors / Educators (investment)
- Supervisors / Educators (training)

Please provide your narrative in the comments box

The Trust continues to build on its success of gaining the National Interim Quality Kite Mark for preceptorship for nursing by working on the standards set out in the AHP preceptorship matrix. We have recently completed the self-assessment and are awaiting further details of how we integrate these standards in the Trust overall standards for preceptorship.

We have continued to build on the work of the academy which now includes preceptorship for newly qualified non-medical prescribers, newly qualified School nurses & Health visitors, social workers, internationally educated nurses, return to practice nurses & AHP's, district nursing & GPN's.

We have also been awarded the NHSE & Improvement Pastoral Care Quality Award, which recognises the positive work we have done around supporting our internationally educated nurses.

Social Work: Part of the Humber Social Work Teaching Partnership which works with employers and education providers to support students and assessors of practice with SW education. We have also employed a number of social workers

within the Trust in both Mental Health and Specialist Divisions who have previously had placements with us.

7. Example 2: Please choose the most appropriate category for your achievement.

- Collaboration / Partnerships
- Covid - Response / Catch up
- CPD
- Culture
- Development of TEL Provision
- Improved Facilities
- Increased SIM for Training
- Innovative Training / Course Development
- Learner / Trainee Support or Wellbeing
- Multi-professional Initiatives
- New/Improved Strategy or Governance
- Other
- Placement Capacity / Expansion
- Quality - Improvement Initiatives, response to data, positive feedback
- Recruitment / Retention Initiatives
- Supervisors / Educators (investment)
- Supervisors / Educators (training)

Please provide your narrative in the comments box

Deliver an interesting, sustainable, and evolving undergraduate and postgraduate medical education programme, meeting curriculum and GMC requirements and supports tutors, trainers, students, trainees.

Focused heavily on events which support wellbeing and training recovery and opened avenues for undergraduate medical student participation.

2024

- Junior Doctor Led Event 17th April
- Higher Trainee Career Discussions 10th May.
- Spotlight on the President of the RCPsych 11th June – Dr Lade Smith.
- Medical Education Celebration Event 10th July:
 - Deep Brain Stimulation in Psychiatry & Addictions
 - Transcranial Magnetic Stimulation
- Insomnia CBT Course 25th September.
- IMG Training & Support Forum 16th October.

2025

- Prof Paul Marks, His Majesty's Senior Coroner for East Riding of Yorkshire & Hull.
- Autism Diagnostic Observation Schedule (ADOS) Training

We allocated our doctors in training a pot of funding, they planned, organised, and delivered their own bespoke educational/support event. Feedback was excellent, junior doctors had full ownership of the event, it raised morale and instilled a feeling of achievement and pride.

8. Example 3: Please choose the most appropriate category for your achievement.

- Collaboration / Partnerships
- Covid - Response / Catch up
- CPD
- Culture
- Development of TEL Provision
- Improved Facilities
- Increased SIM for Training
- Innovative Training / Course Development
- Learner / Trainee Support or Wellbeing
- Multi-professional Initiatives
- New/Improved Strategy or Governance
- Other

- Placement Capacity / Expansion
- Quality - Improvement Initiatives, response to data, positive feedback
- Recruitment / Retention Initiatives
- Supervisors / Educators (investment)
- Supervisors / Educators (training)

Please provide your narrative in the comments box

The Safe Learning Environment Charter (SLEC) has been used to self-assess in Medical Education, Nursing & AHP.

In order to ensure we are meeting the 10 priorities of the Charter we have used the SLEC self-assessment maturity matrix to review our current standards against the priorities.

In Medical Education we broke the self-assessment down into 4 areas:

- Undergraduate Medical Education
- Postgraduate Medical Education:
 - Foundation
 - Core & GP
 - Higher

We are using this information to form an overall action plan for Medical Education (Postgraduate and Undergraduate) which will feed into a wider Trust action plan for overall improvement of the Trusts learning environment. Other medical educators/ Tutors i.e. Addictions and Psychotherapy have also been given the opportunity to feed into the medical education self-assessment. The governance and assurance process is via the Medical Education Committee. An action plan sits behind each area, this will be reviewed, and updated at regular intervals.

Within Medical Education the self-assessment is being triangulated with NSS, NTS, and NETS results.

13. Section 3 - Contracting and the NHS Education Funding Agreement

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to confirm your compliance with the obligations and key performance indicators set out in Schedule 3 of the [NHS Education Funding Agreement \(2024-27\)](#). This should be completed once on behalf of the whole organisation. Please select only one option for each row. There is an option to

provide additional comments to support your answer, this is restricted to 2000 characters.

9. Please confirm your compliance with the obligations and key performance indicators set out in Schedule 3 of the NHS Education Funding Agreement (EFA).

This should be completed once on behalf of the whole organisation. Please select only one option for each row.

	Yes	No
There is board level engagement for education and training at this organisation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The funding provided via the NHS Education Funding Agreement (EFA) to support and deliver education and training is used explicitly for this purpose.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We undertake activity in the NHS Education Funding Agreement which is being delivered through a third party provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Provider or its sub-contractor did not have any breaches to report in relation to the requirement of the NHS Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Yes

No

Finding Agreement (EFA)

We are compliant with all applicable requirements of the Data Protection Legislation and with the requirements of Schedule 5 of the NHE Education Funding Agreement.

The Provider did not have any health and safety breaches that involve a learner to report in the last 12 months.

The organisation facilitates a cross-system and collaborative approach, engaging the ICS for system learning.

We have collaborative relationships with our stakeholders (e.g. education providers) which provide robust mechanisms to deliver agreed services.

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Board level engagement, education and training:

Dr Kwame Fofie, Executive Medical Director.

Hilary Gledhill, Executive Director of Nursing, Allied Health Professions & Social Care Professionals

Karen Phillips Associate Director of People & Organisational Development.

Committee Assurance Report from the Medical Education Committee is drafted by the Director of Medical Education and Head of Medical Education following each meeting and fed through to the Workforce & OD Committee (Board sub-committee) via the Executive Medical Director.

Contract funding provided via the education contract to support and deliver education and training is used explicitly for this purpose. In Medical Education we have a ringfenced budget. All medical educators sit under Medical Education and are funded via this budget (Medical Education structure chart available for illustration if required, which clearly demonstrates the funding flow to teaching/training delivery).

Regular tariff and budget review meetings are held with Senior Trust Finance Managers.

Tariff funding for student placements (nurses & AHP's) is used to support the Practice Education team and is monitored by Trust Finance team.

We are fully compliant with all education and training data request e.g.:

- HEE Self-Assessment Report (SAR)
- Accountability Reports
- Placement Activity & TNA Employer Activity Return
-

We continue to attend the following engagement meetings:

- ICS and Leap Programme,
- Communication & engagement with all local HEI's
- Preceptorship and Professional Nurse Advocate regional meetings and community of practice
- HYMS Undergraduate Liaison
- Head of School
- Monitoring the Learning Environment
- Senior Leader Engagement

We score/rank relatively well in:

- GMC National Training Survey
- National Training & Education Survey
- National Student Survey
- Etc.

10. Please provide the name and email address of the board named individual responsible for education and training.

Name	<input type="text" value="Karen Phillips"/>
Email Address	<input type="text" value="karen.phillips40@nhs.net"/>

11. Signature

I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical Education & Medical Directorate Business, gillian.wicks@nhs.net
Melanie Barnard, Professional Education Lead/Preceptorship lead/Professional Nurse Advocate lead, melanie.barnard@nhs.net
Fran Ashton, Head of Social Work/PSW, fran.ashton@nhs.net

14. Section 4 - Education Quality

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to confirm your compliance with the quality, library, reporting concerns and patient safety training obligations and key performance indicators of the [NHS Education Funding Agreement \(EFA\)](#). This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas are able to feed into this section. There is an option to provide additional comments to support your answer, this is restricted to 1000 characters.

**12. Can you confirm as a provider that you...
Please select only one option for each row.**

	Yes	No	N/A
We are aware of the requirements and process for	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
an education quality intervention, including who is required to attend.			
We are reporting and engaging with the requirements and process to escalate issues, in line with NHS England's education concerns process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have developed and implemented a service improvement plan to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the provider been actively promoting, to all learners, use of the national clinical decision support tool funded by NHS England?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a Freedom to	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Speak Up Guardian and they actively promote the process for raising concerns through them to their learners.			

Have a Guardian of Safe Working (if postgraduate doctors in training are being trained), and they actively promote the process for raising concerns through them to their learners.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------

Are aware of the Safe Learning Environment Charter (SLEC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------

Are actively implementing and embedding the SLEC multi-professionally.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	-------------------------------------	--------------------------	--------------------------

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Service improvement plan has been developed and implemented to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services by our provider, Hull University Teaching Hospitals NHS Trust who have developed and implemented a KLS service improvement plan agreed with the Knowledge and Library Services Development Manager for the North. Currently in the middle of the QIOF conversations with NHS England.

Trust has a Freedom to Speak Up Guardian, plus speak up champions. Process for raising concerns is clearly communicated across the Trust through various media.

Guardian of Safe Working (GoSW) communicates freely with trainees and meets with them on a regular basis, established 'open door' culture. The GoSW attends the Medical Education Committee (MEC), DME meetings, Junior Doctor Forum and other meetings, they contribute to Junior Doctor Clinical Induction at every rotation. Junior Doctor Forum (JDF) Chair/s also hold a seat on MEC to allow issues to be raised, considered, escalated.

See above (under achievements) re: Safe Learning Environment Charter (SLEC).

13. As an organisation, have you been referred to a regulator for education and training concerns in the last 12 months (with or without conditions) (e.g., GMC, GDC, HCPC, NMC, etc)

Note: we are not seeking information about the referral of an individual learner.

We have not been referred to a regulator

We have been referred to a regulator and the details are shared below.

If you have received conditions from a regulator please provide more details including the regulator, the profession involved and a brief description

14. Did you actively promote the National Education and Training Survey (NETS) to all healthcare learners?

Yes

No

Please briefly describe your process for encouraging responses including your organisations response rate for the 2023 NETS.

We strongly encourage our learners to engage with the NETS and actively send out targeted emails to all learners including junior doctors, nursing and AHP students.

We also circulate the link and communications piece via Trust global.

This is also raised at Practice Education meetings as an agenda item and advertised via Junior Doctor Forum (JDF) as well as being highlighted at Medical Education Committee, Training Committee, DME meetings and other suitable forums.

Any publicity materials available regionally and/or nationally are used to advertise e.g. email banners, Microsoft Teams backgrounds etc.

15. Have you reviewed, at Board Level, and where appropriate, taken action on the outcome of the results of the National Education and Training Survey (NETS).

Yes

No

Please provide a brief description of the action you have taken as a result; if 'no' please provide further details including your plans to use the NETS data for quality improvement activity in the future:

As is routine practice at Humber, a deep dive into NETS data has been completed by the Director of Medical Education (DME), Foundation Tutor, College Tutor, Higher Tutor, and Head of Medical Education. This allows us to identify any areas of potential concern as well as highlighting areas of good practice.

Data is reviewed through the following course of action:

- Focus Groups and 1:1 sessions held with junior doctors by Head of Medical Education and Foundation/College/Higher Tutor/s.
- Separate IMG Focus Groups held if required, and action plan developed.

Governance and assurance sit with the Medical Education Committee (MEC) for medical students and doctors in training. Survey results are fed through this meeting, and subsequently to the Workforce & OD Committee (Board sub-committee). A Medical Education update is also provided to the Executive Medical Director on a regular basis, to form part of his Board update.

Outside of NETS we take responsibility as a Trust for ensuring we do regular 'temperature checks' with our learners e.g. mid and end placement reviews with year 3 medical students. We also engage freely with our doctors in training.

16. 2024's NETS will be open from 1 October 2024 until 26 November 2024. How will your organisation increase their [NETS response rate](#) for 2024?

As well as strategies outlined above we will also circulate for the purpose of awareness raising in Trust global comms.

Add any email and online meeting banners made available.

Raise with Junior Doctor Forum reps for information sharing.

17. Patient Safety and the promotion of a Patient Safety culture is integral to the Education Quality Framework. Please provide the following information:

Name and email address of your Board representative for Patient Safety

Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
hilarygledhill@nhs.net

Name and email address of your non executive director representative for Patient Safety

Phillip Earnshaw
phillip.earnshaw1@nhs.net

Name and email address of your Patient Safety Specialist/s

Sadie Milner sadie.milner@nhs.net

What percentage of your staff have completed the patient safety training for level 1 within the organisation (%)

95%

18. Signature

I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

Melanie Barnard, Professional Education Lead/Preceptorship lead/Professional Nurse Advocate lead, melanie.barnard@nhs.net

Sadie Milner, Patient Safety & Practice Development Lead, sadie.milner@nhs.net

15. Section 5 - Equality, Diversity and Inclusion

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks about your policies and processes in relation to equality, diversity and inclusion and should normally be completed by your nominated EDI lead. There is an option to provide additional comments to support your answer, this is restricted to 1000 characters.

19. Please confirm whether your organisation has an Equality, Diversity and Inclusion Lead (or equivalent):

Yes

No

If 'yes' please add comments to support your answer sharing details of governance and links with education and training alongside the nominated name of your EDI lead for education and training; if 'no' please provide further detail

John Duncan is the Trusts Workforce Equality, Diversity and Inclusion Lead and been in role since 2019. EDI governance is provided through the EDI Steering Group that is chaired by the Associate Director of People and OD, that group reports into the People and OD committee which is a subcommittee of the Board and provides the Board with regular assurance around EDI activities, initiatives and workstreams. All staff at the Trust undertake mandatory Equality, Diversity and Human Rights training. New training around neurodiversity has recently been developed.

20. Please confirm that you liaise with your Equality, Diversity and Inclusion Lead (or equivalent) to...

Please select only one option for each row.

Yes

No

Ensure reporting mechanisms and data collection

Yes

No

take learners into account?

Implement reasonable adjustments for learners with a disability?

Ensure policies and procedures do not negatively impact learners who may have a protected characteristic(s)?

Ensure International Graduates (including International Medical Graduates) receive a specific induction into your organisation?

Ensure policies and processes are in place to manage with discriminatory behaviour from patients?

Ensure a policy is in place to manage Sexual Harassment in the Workplace?

Do you have initiatives to support reporting of sexual harassment?

Has your organisation

Yes

No

signed up to the [NHS England Sexual Safety in Healthcare - Organisational Charter?](#)

Does your organisation have a designated sexual safety lead, such as a Domestic Abuse and Sexual Violence (DASV) lead?

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Trust is signatory of NHS England Sexual Safety Charter. Working group established to develop sexual safety action plan (aim to improve sexual safety in the Trust). Sexual Safety Lead is Head of Safeguarding.

Discriminatory behaviour from patients addressed via Datix and safety huddle. Launched No Excuse for Abuse toolkit, in consultation with stakeholders, provides clarity and consistency re: dealing with incidents.

Refreshed bullying and harassment policies.

Launched Respect Campaign, to drive up incident reports of bullying and harassment, includes dedicated Report It! Intranet page, email. Seen significant increase in staff referrals demonstrating that we are creating a safe space for reporting.

New starters, including learners have their equality data captured during recruitment. Subsequent reporting mechanisms e.g. WRES/WDES/Gender Pay Gap take learners into account. All new starters undertake mandatory EDI training.

Disabled staff, including learners, have access to reasonable adjustments via occupational health.

Staff, including IMG, receive half day corporate induction which includes EDI and introduction to staff network chairs.

21. How does your organisation manage sexual harassment reports?

All forms of bullying, harassment and discrimination are dealt with in line with the Trusts policies and procedures. These policies were recently refreshed. The Trust has a number of methods of reporting incidents, via the Freedom to Speak up Guardian, HR Operations, Report It campaign

22. Postgraduate Deans and their teams are keen to consider responses and initiatives and share good practice. Please share details on EDI initiatives that are specific to or have an impact on education and training in your organisation and the email address for someone we can contact to discuss this further.

John Duncan, Workforce EDI Partner – john.duncan6@nhs.net

Our EDI workstreams impact across our full workforce including those in education and/or training. Recent workstreams include:

No Excuse for Abuse toolkit, produced in consultation with stakeholders and designed to provide clarity and consistency around how to support and address abuse towards staff by patients.

Respect Campaign designed to drive up reporting of incidents of bullying and harassment, includes a range of posters, dedicated Report It! Intranet page, email mailbox. Noted a significant increase in referrals from staff which demonstrates that we are creating a safe space for reporting of incidents.

Signed up to Act Against Racism Charter from Royal College of Psychiatrists, led by Executive Medical Director, co-ordinated by EDI Lead. Charter has 15 aims; progress is reported to the Executive Management Team every quarter as part of quarterly EDI assurance reporting.

All HR managers have an EDI objective for their appraisals in accordance with NHS England's EDI Improvement Plan, all EMT and Board members have an EDI objective as part of their appraisals.

23. For education and training, what are the main successes for EDI in your organisation?

Compliance with the Trusts mandatory Equality, Diversity and Human Rights training is at 98%. This ensures that all staff have a broad understanding of EDI topics, and Trust expectations. Representation on our leadership development programmes is reflective of our Trust overall demographics, including those from diverse ethnic communities, those with a disability or long-term condition, the LGBTQ+ community and women.

The Trust has recently established a coaching and mentoring network, which is designed to provide staff with developmental support. This includes a reverse mentoring offer which looks to partner staff with lived experience with senior leaders to support cultural exchange and learning opportunities for senior colleagues.

Our 2024 Workforce Race Equality Standard (WRES) demonstrates that in access to non-mandatory training between staff from ethnically diverse communities and their white peers was equal. This is also seen in our Workforce Disability Equality Standard (WDES) report, as such we can demonstrate equality in accessing non-mandatory training.

24. For education and training, what are the main challenges for EDI in your organisation?

From an EDI perspective the main challenge in the organisation is the disproportionate experience of staff from ethnically diverse backgrounds, and those with a disability or long-term condition experiencing bullying, harassment or discrimination, from patients or colleagues. While our WRES and WDES data are above average and better than almost all in our system, the Trust wanted to improve the experience of staff. To address this, the Trust launched the Respect campaign to address bullying, harassment or discrimination from staff, and the No Excuse for Abuse Framework toolkit to address bullying, harassment or discrimination from patients, carers and service users.

25. Signature

I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

John Duncan, Humber Teaching NHS Foundation Trust, Workforce EDI partner –
john.duncan6@nhs.net

16. Section 6 - Assurance Reporting: learning environment and culture

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 2000 characters per text box. **This section should be completed once on behalf of the whole organisation,** however it is important that those responsible for these areas are able to feed into this section.

26. Thinking about the learning environment and culture of your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

We continue to support the role of the preceptorship champion for all nursing & AHP undergraduate and graduates. The champions are pivotal in ensuring a positive learning environment and supporting those newly qualified.

We have delivered two preceptor symposiums with the ambition of delivering these on a quarterly basis. These have provided updates and the opportunity for preceptors from across the whole organisation to get together to share experiences, learning opportunities and ideas of how we can continue to improve the experience for learners within the Trust.

The practice education team have also delivered a number of sessions entitled Close Cultures & The Importance of Psychological Safety & Compassion, the success of these sessions for preceptees has led to a request for the team to deliver to a wider Trust audience. The team have also been shortlisted for the HSJ Awards Patient Safety Category. The session focuses on learning from Edenfield.

Although the funding to support our two PNA's is no longer in place the work they implement continues with the support of the local matrons and clinical leads.

We now have a legacy mentor working part time within our primary care services and still have the option of supporting some legacy mentor hours within our community & learning disabilities services.

Melanie Barnard, Professional Education Lead/Preceptorship lead/Professional Nurse Advocate lead, melanie.barnard@nhs.net

Also:

In response to our SLEC self-assessment in Medical Education, we are introducing pastoral care 'clinics' for our medical students. All students will have open access to these clinics led by our Nurse Lead for Medical Education.

Gillian Wicks, Head of Medical Education & Medical Directorate Business, gillian.wicks@nhs.net

27. Quality Framework Domain 1 - Learning environment and culture

Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
The learning environment is one in which education and training is valued and championed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.

The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.

There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.

Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.

The environment is one that

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

ensures the
safety of all
staff, including
learners on
placement.

All staff,
including
learners, are
able to speak
up if they have
any concerns,
without fear of
negative
consequences.

The
environment is
sensitive to both
the diversity of
learners and the
population the
organisation
serves.

There are
opportunities for
learners to take
an active role in
quality
improvement
initiatives,
including
participation in
improving
evidence led
practice
activities and
research and
innovation.

There are
opportunities to
learn
constructively
from the
experience and
outcomes of

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
patients and service users, whether positive or negative.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to knowledge and library specialists.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The learning environment promotes multi-professional learning opportunities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

28. Areas of exception

From the professional groups you train, please select which professional group(s) are impacted from the list below.

Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.

If required you can add the details of the sub professions / specific specialties in the comments box.

- | | | |
|--|--|---|
| <input type="checkbox"/> All professions | <input type="checkbox"/> Site specific | <input type="checkbox"/> Dental Postgraduate |
| <input type="checkbox"/> Dental Undergraduate | <input type="checkbox"/> Medicine Postgraduate | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Paramedicine | <input type="checkbox"/> Medical Associate Professions | <input type="checkbox"/> Advanced Practice |
| <input type="checkbox"/> Psychological Professions | <input type="checkbox"/> Healthcare Science | <input type="checkbox"/> Medicine Undergraduate |
| <input type="checkbox"/> Social Workers | | |

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

29. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

30. Signature

I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

Melanie Barnard, Professional Education Lead/Preceptorship lead/Professional
Nurse Advocate lead, melanie.barnard@nhs.net

17. Section 7 - Assurance Reporting: educational governance and commitment to quality

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to

submission.

For each standard, please confirm whether the you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. **This section should be completed once on behalf of the whole organisation**, however it is important that those responsible for these areas are able to feed into this section.

31. Thinking about the educational governance and commitment to quality of your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you to would like share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Medical:

We have a robust educational governance arrangement in place via the Medical Education Committee which reports into the Trust Workforce & OD Committee (sub-committee of the Trust Board). To increase the variety of perspectives, we have enhanced our MEC membership through the engagement of a Patient & Carer Experience (PACE) Champion, we are one of only a small number of Trusts to do so. Although not yet common, this is an area which offers great potential for development, allowing effective, constructive input which could influence strategic thinking and long-term decision making.

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

Nursing:

To support the CNO for England's strategic plan for research, the trusts research & development team along with the practice education team are supporting a small national pilot on embedding research into student mental health nurse training. This comprises of a structured research placement which commenced in September 2023.

Mel Barnard, Professional Education Lead, Preceptorship lead, Professional Nurse Advocate Lead, melanie.barnard@nhs.net

Psychology:

The Lead psychologists and the university of Hull remain strongly linked and collaborate on a number of initiatives; the relationship is a very positive one.

Sarah Rockliffe, Interim Associate Director of Psychology, s.rockliffe@nhs.net

Social Work:

Student provides evidence to show how they meet the nine domains of the Professional Capabilities Framework for SW (PCF). The placement is reviewed at mid-point and a final review considers a range of key documents/assessments.

Fran Ashton, Head of Social Work/PSW, fran.ashton@nhs.net

32. Quality Framework Domain 2 - Educational governance and commitment to quality

Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

professional
and, where
appropriate,
inter-
professional
approach to
education and
training.

There is active
engagement
and ownership
of equality,
diversity and
inclusion in
education and
training at a
senior level.

The governance
arrangements
promote
fairness in
education and
training and
challenge
discrimination.

Education and
training issues
are fed into,
considered and
represented at
the most senior
level of decision
making.

The provider
can
demonstrate
how educational
resources
(including
financial) are
allocated and
used.

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.

There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.

Consideration is given to the potential impact on education and training of service changes (i.e. service re-design / service reconfiguration), taking into account the

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

views of
learners,
supervisors and
key
stakeholders
(including
WT&E and
Education
Providers).

33. Areas of exception

From the professional groups you train, please select which professional group(s) are impacted from the list below.

Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

- | | | |
|--|--|---|
| <input type="checkbox"/> All professions | <input type="checkbox"/> Site specific | <input type="checkbox"/> Dental Postgraduate |
| <input type="checkbox"/> Dental Undergraduate | <input type="checkbox"/> Medicine Postgraduate | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Paramedicine | <input type="checkbox"/> Medical Associate Professions | <input type="checkbox"/> Advanced Practice |
| <input type="checkbox"/> Psychological Professions | <input type="checkbox"/> Healthcare Science | <input type="checkbox"/> Medicine Undergraduate |
| <input type="checkbox"/> Social Workers | | |

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

34. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are

impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/a

35. Signature

I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

Melanie Barnard, Professional Education Lead/Preceptorship lead/Professional Nurse Advocate lead, melanie.barnard@nhs.net

18. Section 8 - Assurance Reporting: developing and supporting learners

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the Education [Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

36. Thinking about how you develop and support learners within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Delivering IMG Training & Support Forum with full input of, and engagement from, IMG trainees and IMG Junior Doctor Champion, includes external speakers from GMC, MPTS, IMG CASC Tutor & Leadership Fellow in Differential Attainment, etc. Focus on reflective writing, differential attainment, British Culture and Language Strategies for Psychiatric Consultations. EDI Lead invited to attend and link in. Designed for IMG Trainees and their junior doctor peers, Clinical & Educational Supervisors, IMG SAS colleagues, and other Trust doctors.

In collaboration with NAViGO, led by the TPD, supported by a Higher Trainee, we rolled out regional series of workshops across 4 months as additional support for IMG doctors. Covered a breadth of topics e.g. cultural barriers, communication issues, social inclusion, resettlement challenges, working within and understanding NHS structure, clinical knowledge, navigating training, e-portfolio, reflective practice etc.

Enhanced supervision offered to those in difficulty due to e.g. personal situation, occupational, differential attainment etc. Triangulation of feedback between supervisors, college tutor and TPD's for trainees in difficulty.

To restore autonomy and restore self-management- organising ECT competencies training is in junior doctor control. Juniors responsible for drafting this rota. Good starting platform to introduce delivery of coordinated teaching and managerial skills to trainees.

New psychiatric handbook was developed for trainees, aimed at addressing a myriad of queries, e.g. working and living locally, training pathways, social prescribing, etc. information is also held on Health Toolbox.

Proactively encourage trainees to take up responsibilities beyond basic ARCP requirements i.e., mentoring, JDC Chair, IMG Champion, etc.

37. Quality Framework Domain 3 - Developing and supporting learners

Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

to their scope of
practice.

Learners
receive the
educational
supervision and
support to be
able to
demonstrate
what is
expected in
their curriculum
or professional
standards to
achieve the
learning
outcomes
required.

Learners are
supported to
complete
appropriate
summative
and/or formative
assessments to
evidence that
they are
meeting their
curriculum,
professional
and regulatory
standards, and
learning
outcomes.

Learners are
valued
members of the
healthcare
teams within
which they are
placed and
enabled to
contribute to the

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

work of those
teams.

Learners
receive an
appropriate,
effective and
timely induction
and introduction
into the clinical
learning
environment.

Learners
understand their
role and the
context of their
placement in
relation to care
pathways,
journeys and
expected
outcomes of
patients and
service users.

Learners are
supported, and
developed, to
undertake
supervision
responsibilities
with more junior
staff as
appropriate.

Learners are
encouraged to
access
resources to
support their
physical and
mental health
and wellbeing
as a critical
foundation for
effective
learning.

38. Areas of exception

From the professional groups you train, please select which professional group(s) are impacted from the list below.

Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.

If required you can add the details of the sub professions / specific specialties in the comments box.

- | | | |
|--|--|---|
| <input type="checkbox"/> All professions | <input type="checkbox"/> Site specific | <input type="checkbox"/> Dental Undergraduate |
| <input type="checkbox"/> Dental Postgraduate | <input type="checkbox"/> Medicine Postgraduate | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Paramedicine | <input type="checkbox"/> Medical Associate Professions | <input type="checkbox"/> Advanced Practice |
| <input type="checkbox"/> Psychological Professions | <input type="checkbox"/> Healthcare Science | <input type="checkbox"/> Medicine Undergraduate |
| <input type="checkbox"/> Social Workers | | |

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

39. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

40. Signature

I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

19. Section 9 - Assurance reporting: developing and supporting supervisors

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to

submission.

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

41. Thinking about how you develop and support supervisors within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Due to the Trust's investment in the Medical Education Team, we have been able to develop an invaluable administrative team and Medical Education structure. Any new workshops or training opportunities for furthering our supervisor's skillset are always disseminated to our full cohort of trainers/tutors, and aspiring trainers/tutors. This ensures skills, knowledge, qualifications are appropriately refreshed and up to date. This information is held centrally in the Medical Education Department by the Postgraduate and Undergraduate Programme Leads.

Moving forward we aim to develop a series of Clinical/Educational Supervisor Forums led by the College Tutor mainly, with input from the Foundation, Higher, Addiction, and Psychotherapy Tutors also. The aim is to deliver these bi-annually, the Forums will be run workshop style, and will encourage full participation from the audience. Topics pertinent to junior doctor training will be the main focus, problem solving, topical discussion, regional and national updates, will all be offered as part of the agenda.

Our junior doctors were allocated a small budget this year to plan, co-ordinate, deliver, and evaluate, their own bespoke event. This initiative was led by the Junior Doctor Forum Chairs in consultation and collaboration with junior doctor colleagues and proved highly successful, feedback was excellent, and this event proved to be helpful in galvanising the trainees. It provoked a sense of enthusiasm and drive, encouraged trainees to think about areas which were important to them, they had pride and ownership. We plan to continue this on an annual basis if funding allows.

42. Quality Framework Domain 4 - Developing and supporting supervisors

Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, WT&E).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.

Clinical supervisors are supported to understand the education, training and any other support needs of their learners.

Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

development
and role
progression
and/or when
they may be
experiencing
difficulties and
challenges.

Supervisors can easily access
resources to
support their
physical and
mental health
and wellbeing.

43. Areas of exception

From the professional groups you train, please select which professional group(s) are impacted from the list below.

Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.

If required you can add the details of the sub professions / specific specialties in the comments box.

All professions

Site specific

Dental
Undergraduate

Dental Postgraduate

Medicine Postgraduate

Nursing

Midwifery

Allied Health
Professionals

Pharmacy

Paramedicine

Medical Associate
Professions

Advanced Practice

Psychological
Professions

Healthcare Science

Medicine
Undergraduate

Social Workers

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

44. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

45. Thinking about the [Educator Workforce Strategy](#), please confirm that your organisation

	Yes	No
Is aware of the Educator Workforce Strategy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensures educators/supervisors undertake a skills gap / learning development needs analysis for this role.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensures educators/supervisors have formal development to undertake this role.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Considers the educator workforce in wider clinical workforce planning.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Through strategic planning and preparation, we support, where possible, increasing numbers of learners and placement requests (see previous).

Medical:

Consultants have minimum 2.5 SPA time in job plans (consistent for many years) allowing time to expand roles as trainers, tutors, appraisers etc. Trainer feedback, 2024 GMC NETS, is excellent, we rank well regionally and nationally.

Invested substantially, developed additional senior medical educator roles across medical education, providing breadth of opportunity and strong career framework for Trust doctors. This is not restricted to consultant grades.

Postgraduate teaching time is protected. We aim to offer further protected, development time to CS/ES through introduction of Training Forums.

Delivered a series of wellbeing events across the last couple of years, strong attendance and engagement.

Medical educators agree clear objectives annually, are fully supported by the DME though regular meetings, interim objective reviews, annual performance review. Barriers are discussed.

Multi-professional approach to undergraduate medical education, engaging with MDT's, nursing, social work etc. for well-rounded programme delivery.

Educator Workforce Strategy introduced at Medical Education Committee 10th May 2023.

Nursing:

Started to review the strategy and how we ensure that we align ourselves to the strategic priorities underpinning it. Firstly, looking at the career framework for our nursing & AHP educators ensuring that they all receive regular updates dependent on their profession. We continue to fund and support nurses to achieve the Assessment & Support for Learners in Practice, and Specialist Practice Teaching (Practice teacher Programme) Practice Assessor (community), Professional Nurse Advocate programme/Professional Advocate Programme.

46. Implementation of the [Educator Workforce Strategy](#)

- We have **fully implemented** the recommendations of the Educator Workforce Strategy.
- We have **partially implemented** the recommendations of the Educator Workforce Strategy.
- We have **not yet started** implementation of the recommendations of the Educator Workforce Strategy.

47. Signature

- I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

20. Section 10 - Assurance reporting: delivering programmes and curricula

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from

the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

48. Thinking about how you deliver programmes and curricula to support training within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

We have developed and delivered an interesting, sustainable, and evolving undergraduate and postgraduate medical education and events programme, which meets curriculum and GMC requirements, supports tutors, trainers, students, and trainees, provides new insights, enhances thinking and further development. We have focused heavily on events which support wellbeing and training recovery and opened avenues for undergraduate medical student participation.

In collaboration with the local Training Programme Director (Core Psychiatry) online sessions were delivered to Clinical and Educational Supervisors to enable full understanding and implementation of the new RCPsych curriculum. No problems were encountered. Online resources have been made available to support trainees and supervisors, both on the Royal College website, as well as on the local Medical Education intranet pages.

All trainees are all given Blackboard access, this platform hosts a full range of teaching material as well as other very useful videos on how to proficiently use the e-portfolio platform, how to showcase and benchmark development etc.

The local postgraduate teaching programme is also complemented by the Leeds psychiatry course -aimed at supporting the trainees to feel better equipped at tackling the PRCPsych Exam. A series of mock CASC sessions were delivered in 2023/24, these proved invaluable to trainees and were exceptionally well received.

49. Quality Framework Domain 5 - Delivering programmes and curricula

Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models,	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

as well as a
focus on health
promotion and
disease
prevention.

Placement
providers
proactively seek
to develop new
and innovative
methods of
education
delivery,
including multi-
professional
approaches.

The
involvement of
patients and
service users,
and also
learners, in the
development of
education
delivery is
encouraged.

Timetables,
rotas and
workload enable
learners to
attend planned/
timetabled
education
sessions
needed to meet
curriculum
requirements.

50. Areas of exception

From the professional groups you train, please select which professional group(s) are impacted from the list below.

Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.

If required you can add the details of the sub professions / specific specialties in the comments box.

- | | | |
|--|--|---|
| <input type="checkbox"/> All professions | <input type="checkbox"/> Site specific | <input type="checkbox"/> Dental Postgraduate |
| <input type="checkbox"/> Dental Undergraduate | <input type="checkbox"/> Medicine Postgraduate | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Paramedicine | <input type="checkbox"/> Medical Associate Professions | <input type="checkbox"/> Advanced Practice |
| <input type="checkbox"/> Psychological Professions | <input type="checkbox"/> Healthcare Science | <input type="checkbox"/> Medicine Undergraduate |
| <input type="checkbox"/> Social Workers | | |

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

51. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

52. Signature

- I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Dr Doug Ma, College Tutor & IMG Lead, doug.ma@nhs.net

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

21. Section 11 - Assurance reporting: developing a sustainable workforce

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to

submission.

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

53. Thinking about developing a sustainable workforce within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Junior doctor numbers (Foundation, Core, and Higher) have expanded considerably in recent years and the Humber / Local regional has been oversubscribed. In this sense Humber is looking healthy in terms of its junior doctor workforce at present.

We have implemented a series of individual career discussions with all ST5 and ST 6 Higher Trainees, involving the Executive Medical Director, Higher Training Tutor, and Head of Medical Education. Group and 1:1 interview (AAC) development sessions have also been implemented by the Higher Training Tutor. This encourages our trainees to start thinking about their future consultant career and allows us to provide support and advice for them to do so.

To bolster the resilience of the workforce, we also have recruited, and continue to retain, a reasonable cohort of SAS doctors to buffer any unexpected movement in trainee / junior doctors' numbers. The Trust has recently recruited a number of IMG SAS doctors.

We have invested heavily in delivering focused wellbeing events and initiatives to support our doctors, including our trainees. At Humber we strive to promote and support our staff in achieving work life balance, mental and physical wellbeing. This is done via a number of ways including an open-door policy, affable interpersonal dynamics, and a culture of taking feedback onboard on how to help and support our colleagues.

We have invested heavily in supporting and developing our IMG colleagues. In October 2024 we will be delivering a bespoke, IMG Support and Learning Forum (see previous).

54. Quality Framework Domain 6 - Developing a sustainable workforce
Please select only one option for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the provider provide opportunities for learners to receive appropriate careers advice from colleagues	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

underpinned by
a clear process
of support
developed and
delivered in
partnership with
the learner.

55. Areas of exception

From the professional groups you train, please select which professional group(s) are impacted from the list below.

Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.

If required you can add the details of the sub professions / specific specialties in the comments box.

- | | | |
|--|--|---|
| <input type="checkbox"/> All professions | <input type="checkbox"/> Site specific | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Dental Undergraduate | <input type="checkbox"/> Medicine Postgraduate | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Paramedicine | <input type="checkbox"/> Medical Associate Professions | <input type="checkbox"/> Advanced Practice |
| <input type="checkbox"/> Psychological Professions | <input type="checkbox"/> Healthcare Science | <input type="checkbox"/> Medicine Undergraduate |
| <input type="checkbox"/> Social Workers | | |

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

56. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

57. Signature

I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Dr Doug Ma, College Tutor & IMG Lead, doug.ma@nhs.net

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

22. Section 12 - Final Submission

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

Before completing your final submission please ensure you have:

1. Completed all questions within the Self-Assessment (including the free text sections)
2. Received Board level sign off for your submission

58. Board level sign-off (Premises, Learning Environment, Facilities, and Equipment)

I confirm that our premises, learning environments, facilities and equipment are: suitable for the performance of the Services; accessible, safe and secure; comply with any applicable Health and Safety Legislation, any other Applicable Law, Guidance, appropriate risk management clinical guidance, good healthcare practice and the requirements of any relevant Regulator; and are sufficient to enable the Services to be provided at all times and, in all respects, in accordance with the NHS Education Funding Agreement.

59. Board level sign-off

I confirm that the responses in this SA have been signed off at board level
Name, email address and role of Board representative for education and training

60. Please confirm the date that board level sign off was received:

*

61. Final Submission (please only tick this box when you ready to submit your self-assessment)

I confirm that all sections of this self-assessment have been completed and that this is the final version for submission

23. Thank you for your time

Thank you for your time on the NHS England Self-Assessment for Placement Providers

You can continue to update this self-assessment using the link supplied to you by your regional NHS England WT&E education quality team.

If you would like to print a version of your draft submission at any time, please use the print button on the next page (note that you will only print those sections currently completed)

Once you have completed all sections in full of this self-assessment please ensure that you complete section 12 final submission and tick the box Complete Submission. At which point your final response will be sent to your regional NHS England WT&E education quality team.

Title & Date of Meeting:	Trust Board - Wednesday 25th September														
Title of Report:	Workforce Disability Equality Standard (WDES) Report 2024														
Author/s:	John Duncan EDI Partner														
Recommendation:	<table border="1" data-bbox="539 539 1516 656"> <tr> <td data-bbox="539 539 938 577">To approve</td> <td data-bbox="938 539 1031 577">✓</td> <td data-bbox="1031 539 1409 577">To discuss</td> <td data-bbox="1409 539 1516 577"></td> </tr> <tr> <td data-bbox="539 577 938 616">To note</td> <td data-bbox="938 577 1031 616"></td> <td data-bbox="1031 577 1409 616">To ratify</td> <td data-bbox="1409 577 1516 616">✓</td> </tr> <tr> <td data-bbox="539 616 938 656">For assurance</td> <td data-bbox="938 616 1031 656"></td> <td data-bbox="1031 616 1409 656"></td> <td data-bbox="1409 616 1516 656"></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>	This paper sets out to provide the Board with analysis of the Trusts Workforce Disability Equality Standard (WDES) and action planning for 2024/25														
Key Issues within the report: <ul style="list-style-type: none"> • Executive Summary • Introduction • WDES related activity • Data Summary • Summary of Progress • Conclusion • Appendix 1 - Trust WDES action plan 2024/25 • Appendix 2 - Data Sources 															
Positive Assurances to Provide: <ul style="list-style-type: none"> • Over the past 12 months, the Trust has undertaken several initiatives and, as a result, has performed better than the national figure in seven out of ten metrics. • Up to 1295 colleagues with a disability or long-term condition responded to the WDES questions in the National Staff Survey which demonstrates a year-on-year improvement from 780 in 2019. • Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 27.52%, an improvement on the 2023 figure of 32.16% and demonstrates a continuous improvement from the 2019 figure of 34.88%. • Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months is 17.90%, an improvement on the 2023 figure of 22.62%. • Staff who believe that their organisation provides equal opportunities for career 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high impact action 1. • Utilise the July 2024 Trust Non-Executive Director recruitment window as an opportunity to further diversify the Board. The EDI Lead will represent staff (in capacity as Staff Governor) on the NED recruitment stakeholder panel. • Following the success of the Respect campaign, embed the respect framework as business-as-usual practice, raising the profile for the ambitions of the work and further drive up a safe reporting culture. • Consult with stakeholders on the 'No Excuse for Abuse' task and finish group on the guidance framework that seeks to address patient to staff bullying, harassment and aggression from patients. Further see this launched and embedded by March 2025. • EDI Lead will attend the newly established People & OD working group to examine harm caused by 														

<p>progression or promotion is 61.67%, an improvement on the 2023 figure of 52.56% and is better than the comparison figure which is 56.66%.</p> <ul style="list-style-type: none"> • Staff satisfied with the extent to which their organisation values their work is 46.62%, an improvement on the 2023 figure of 41.78%, and demonstrates an improving trend since the 2019 figure of 36.45%. • Staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work is 83.84%. This figure is significantly better than the comparison figure of 79.32%, and an improvement on the 2023 figure of 79.65%. • The Staff engagement score for colleagues with a disability or long-term condition responding to the survey was 6.95, the comparison figure is 6.82, and the figure demonstrates an improving trend since the 2019 figure of 6.28. • Staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 12.43%, this figure demonstrates a downward trend since 2019 when the figure was 20%. 	<p>formal investigations process and implement proportionate actions to address via multi stakeholder involvement.</p> <ul style="list-style-type: none"> • EDI Lead to attend the newly established People & OD staff experience working group which will examine issues of discrimination and belonging and implement proportionate actions to address via multi stakeholder involvement. • Implement the requirements of the Disability Confident Leader programme with a view to being awarded with improved status by March 2025.
--	--

<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • WDES Action Plan (Appendix 1 on Report) • Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was 56.38%. This represents a steep decline on the 2023 figure when it was 70.47%. It is also below the comparison figure which is 59.93%. • Staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is 20.63%, this represents an increase on the 2023 figure of 17.34% and is slightly above the comparison figure at 19.35%. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • N/A
--	---

<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	20/06/24
	Finance & Investment Committee		Executive Management Team	11/06/24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Trust Board Meeting	25/09/24

Monitoring and assurance framework summary:

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

√ Tick those that apply

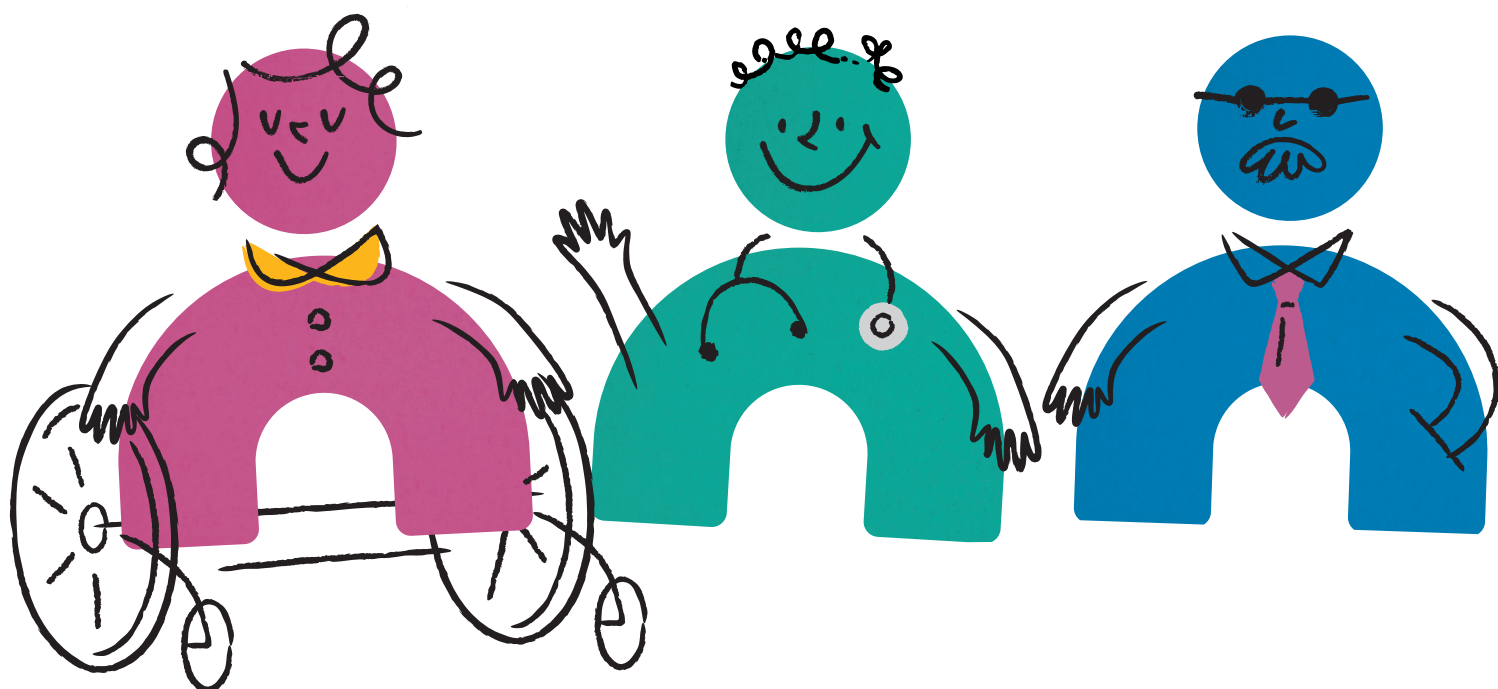
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances
√	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation
√	Promoting people, communities and social values

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	

Humber Teaching NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2024



Contents

1.0 Executive Summary	3
2.0 Introduction	5
3.0 WDES Related Activity	7
4.0 Data Summary	10
5.0 Summary of Progress	13
6.0 Conclusion	15
Appendix 1 WDES Focused Action Plan 2024/25	16
Appendix 2 Data Sources	17



Over the past 12 months, the Trust has undertaken several initiatives and, as a result, has performed better than the national figure in all metrics.



1.0

Executive Summary

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) used by NHS organisations to compare disabled and non-disabled staff experiences. Like the Workforce Race Equality Standard (WRES) it provides an opportunity for NHS Trusts to hold up the mirror to organisational performance on the equality agenda and develop action plans to address areas of challenge.

In NHS England's 2023 national WDES report the Trust was regularly recognised in the top 25% of Trusts. Highlights include the Trust being in the top 4.9% of Trusts for disability representation, and for metric 4d: Reporting last incident of harassment, bullying or abuse the Trust was placed 3rd in the country.

Similarly, in the ICBs recent evaluation of the six Trusts in our system, the Trust's WDES results position well when compared to our system partners. We position higher than our system partners in almost all areas. For Indicator 5: Percentage of disabled colleagues believing they have equal opportunities for career progression and promotion, Humber was the only Trust in our system that scored above the national average. For Indicator 8: Workplace adjustments, the Trust places a close second (less than half a percent) in the system.

Over the past 12 months, the Trust has undertaken several initiatives and, as a result, has performed better than the national figure in seven out of ten metrics.

Other Key findings include:

- Up to 1295 colleagues with a disability or long-term condition responded to the WDES questions in the National Staff Survey which demonstrates a year-on-year improvement from 780 in 2019.
- From 1291 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 27.52% which is substantially higher than for colleagues without a disability or long term condition at 19.36%, but better than the comparison figure at 28.92%. This is an improvement on the 2023 figure of 32.16% and demonstrates a continuous improvement from the 2019 figure of 34.88%.
- From the 1289 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months is 17.90%. While this figure is over 7% higher than for colleagues without a disability or long-term condition at 10.24%, the figure does represent a significant improvement on the 2023 figure of 22.62%, and it is 1% better than the comparison figure.
- From the 1288 colleagues with a disability or long-term condition responding to the question, the percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion is 61.67%, compared to colleagues without a disability or a long-term condition where the figure is 65.06%. However, the figure is a significant improvement on the 2023 figure of 52.56% and is better than the comparison figure which is 56.66%.

- From the 1295 colleagues with a disability or long-term condition responding to the question, the percentage of staff satisfied with the extent to which their organisation values their work is 46.62%. This compares to colleagues without a disability or long-term condition where the figure is 57.37%. However, this represents a significant improvement on the 2023 figure of 41.78%, is slightly better than the comparison figure of 45.36% and it demonstrates an improving trend since the 2019 figure of 36.45%.
- From the 328 colleagues with a disability or long-term condition responding to the question, the percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work is 83.84%. This figure is significantly better than the comparison figure of 79.32%, and an improvement on the 2023 figure of 79.65%.
- The staff engagement score for colleagues with a disability or long-term condition responding to the survey was 6.95, this compares to colleagues without a disability or long-term condition where the figure is 7.32. However, the comparison figure is 6.82, and the figure demonstrates an improving trend since the 2019 figure of 6.28.
- From 1286 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months

is 12.43% which is substantially higher than for colleagues without a disability or long-term condition at 4.82% and 0.5% higher than the comparison figure at 11.87%. However, despite a slight increase on the previous year, this figure demonstrates a downward trend since 2019 when the figure was 20%.

- From 315 colleagues with a disability or long-term condition responding to the question, the percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was 56.38%. This compares to 61.27% of colleagues without a disability or long-term condition reporting. This represents a steep decline on the 2023 figure when it was 70.47%. It is also below the comparison figure which is 59.93%.

- From 580 colleagues with a disability or long-term condition responding to the question, the percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is 20.63%, whereas colleagues without a disability or long-term condition the figure is 12.24%. This represents an increase on the 2023 figure of 17.34% and is slightly above the comparison figure at 19.35%.



- Up to 1295 colleagues who identify as having a disability or long-term condition responded to the WDES questions in the NSS. However, our workforce data suggests disability representation across the Trust is 9.14% (Source: December people Insight Report), which would give us approximately 311 staff with a disability. Given the substantial difference in numbers between those with a declared disability on ESR and those who identify as having a disability but have not declared on ESR, work is needed to understand why so many staff have not declared a disability on ESR, and what support is needed to improve our data.

2.0

Introduction

All NHS Trusts and Foundation Trusts are required to comply with the Workforce Disability Equality Standard (WDES) mandated by the NHS Standard Contract.

WDES is a data-driven standard that uses ten measures (metrics) to improve disabled staff experiences in the NHS. Metrics are drawn from existing data sources (recruitment dataset, ESR, NHS Staff Survey, local HR data).

The metrics have been developed to capture information relating to the workplace and career experiences of Disabled staff in the NHS.

The national WDES 2023 Annual Report has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work

when feeling unwell, when compared to non-disabled staff.

Humber Teaching NHS Foundation Trust is an award-winning organisation, providing a broad range of care and services across a wide geographical area.

We employ approximately 3,600 staff across more than 82 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres,

which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.



As an employer of choice locally, we strive to offer long-term employment opportunities as well as structured personal and professional development for our workforce in order to provide high quality care for our patients. In East Riding, 19.1% of the population is disabled, in Humber, 19.7%, and in North Yorkshire, 17.5%. Disabled employees represent 9.14% of Humber Teaching NHS Foundation Trust's workforce. The purpose of this report is to understand the experiences of our disabled staff across the ten WDES metrics (see appendix 1).



Employing approximately

3,600

staff



Operating across more than

82

sites



Serving 5



geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

Those with a disability represent

- 19.1%** of the East Riding population
- 19.7%** of the Humber population
- 17.5%** of the North Yorkshire population

Disabled employees represent

9.14%



Humber Teaching NHS Foundation Trust's workforce



We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres.

3.0

WDES Related Activity

As a Trust, we are committed to interpreting the WDES data and utilising it to improve representation. The following is a brief summary of some of the WDES related activities the Trust has undertaken since the 2023 report:

Diverse representation in the Workforce

During the year the Trust has seen disability representation across the workforce increase from 8.34% to 9.23%. We have also seen an improvement in the number of disabled staff in band 8c to VSM roles in both clinical and non-clinical roles. Similarly, the Board continues to be representative of the communities we serve with a 12.5% of members declaring a disability on ESR.

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, a 'Report It' intranet page has been developed as a resource hub, hosting all relevant information, contact details and policies.

Since the launch we have seen a 70% increase in referrals for bullying, harassment, and discrimination. This has allowed colleagues in the HR Operations team to address these issues with a fair and equitable approach. So too has it allowed us to monitor the equality data of those making referrals and analyse statistics, themes, and areas of concern. This increase in referrals may have contributed to the increased reporting of bullying and harassment by staff from diverse cultural backgrounds in the staff survey and demonstrate that the Trust is creating a safe space culture to report bullying and harassment.

Addressing Bullying, Harassment and Discrimination

Respect Campaign

Our Respect campaign was launched on the 1st November 2023, with a range of 9 different 'Report It' posters which were displayed in the workplace, this a part of developing a positive and safe workplace culture.

This campaign has focused on developing a safe culture to report 'staff to staff' incidents of bullying, harassment or discrimination, towards all people, but with



Since the launch we have seen a 70% increase in referrals for bullying, harassment, and discrimination. This has allowed colleagues in the HR Operations team to address these issues with a fair and equitable approach.



No Excuse for Abuse Task and Finish Group

Through collaboration with our staff networks, it was identified that staff with a protected characteristic, especially those staff from ethnic minority backgrounds, those with a disability or long-term condition, and those from the LGBTQ+ community, were experiencing higher rates of bullying, harassment and discrimination from patients, carers and service users.

The Trust believes everyone has a duty to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, in an environment that is properly safe and secure.

To that end, a 'No Excuse for Abuse' task and finish group met in February 2024 which was

supported by senior leaders and with representation from People and OD, EDI, H&S (LSMS) and the Race Equality Staff Network.

The result was the drafting of guidance for managers and staff. This guidance was designed to bring together a range of information from multiple sources into one document to provide a process and expectations. The aim is that this guidance will reduce underreporting of all incidents and ensure a consistent approach to supporting staff who have received aggression from patients, carers and service users.

Moving forward, the Trust will undertake listening exercises to ensure this draft guidance is consulted on by a wide range of stakeholders from across the Trust prior to a launch and embedding process.

Strengthening our Staff Networks

At the Trust we have three staff networks including the Race Equality Network, Disability Staff Network, and the Rainbow Alliance (LGBTQ+ staff network). Our staff networks provide a safe and practical space where generating and sharing new ideas, and exchanging information can be expressed in an informal environment. They also provide peer support, networking opportunities and social activities. Their activities can help to open the door to changing the culture within the Trust.

During the year, we reviewed the terms of reference for our staff networks to support them to reach their goals. We introduced an EMT Sponsor from the executive leadership team who would attend meetings and support in the escalation of issues as they arise.

We introduced monthly meetings between the Associate Director of People and OD, the Network Executive Sponsor and the EDI lead in order to take feedback from the networks and address those issues escalated in network meetings.

We have continued to provide a budget of £5000 for each staff network to help them to put on engagement events. In March the Rainbow Alliance put on a face-to-face event with a range of guest speakers to celebrate International Trans Visibility Day.

Learning and Development

In April the Learning and Development team launched our own in house bullying and harassment awareness training for managers and leaders. This training will utilise Trust WDES data on bullying and harassment which can be contextualised within the training to ensure all colleagues are aware of the WDES findings regarding bullying and harassment.

Equality, Diversity and Inclusion Objectives for the Board

In March, a development session was held with the Board to establish a range of EDI objectives linked to the Trust EDI workstreams and strategies. A paper went to EMT which finalised the EDI objectives for all Board members including the Chief Executive and Chair for the appraisal window for 24/25.

EDI Assurance Reporting to the Executive team

This year the Trust introduced a quarterly EDI Assurance Report for EMT. This extensive report is designed to assure the Trusts Leadership of the progress against all our EDI workstreams, including the Workforce Race Equality Standard, the Workforce Disability Equality Standard, the Gender and Ethnicity Pay gap report, NHS England EDI Improvement Plan, the Act Against Racism Charter, and the impact of the Respect campaign.

Developing Cultural Awareness

Reverse mentoring

The Trust introduced a new Reverse Mentoring programme for the organisation, as part of the wider Mentoring programme for the organisation. The purpose is to create meaningful mentor/mentee relationships that assists in generating a greater awareness of issues relevant to equality, diversity and inclusion amongst senior leaders and provides an opportunity to develop a greater understanding of the experiences of staff from diverse groups on a more personal level. Moving forward the Trust will work to raise awareness of the reverse mentoring offer and look to recruit a bank of trained mentors with live experience to work with senior leaders.

Inclusive Language Guidance

The Trust developed inclusive language guidance which has been presented at the Senior Leadership Forum and plans are in place to provide wider coverage across the organisation to support fostering better relations between the protected characteristics as well as supporting improved awareness and understanding. One of the topics includes how the organisation is moving away from the use of outdated terminology. This will support the organisation to move towards more inclusive language when referring to the wide range of diversity in the workforce, and wider community.

Recruitment Deep Dive Impact of the Disability Staff Network on Trust Culture

A Recruitment deep dive report was developed which places an EDI lens on our recruitment activities over the previous six months based upon protected characteristics. Insight from this report is shared with HR Business Partners who take this information into their workforce planning meetings to discuss underrepresentation with actions to support diverse recruitment strategies. This forms part of our work to ensure our EDI objectives are known in the areas and can support our organisational EDI aims.

The Staff Disability Network has contributed to growth in the organisation in a number of ways during the past year, with consultation work around the Trusts new Access to Work framework. Similarly, they have been instrumental in arranging for accessible desks, and a bank of laptops to be available in Trust HQ.

4.0

Data Summary

Detailed below is the organisation’s WDES data which was submitted in May 2024 covering the period 1st April 2023 – 31st March 2024.

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce. (Data source: ESR).

1a.	Non-clinical workforce					
	Disabled staff in 2024	Disabled staff in 2023	Non-disabled staff in 2024	Non-disabled staff in 2023	Unknown/null staff in 2024	Unknown/null staff in 2023
Cluster 1 (Bands 1–4)	11.6% (74)	9.4% (59)	74.21 (471)	73.4% (463)	14.3% (91)	17.3% (109)
Cluster 2 (Band 5–7)	8.3% (17)	7.3% (12)	89.3% (183)	88.5% (146)	2.4% (5)	4.2% (7)
Cluster 3 (Bands 8a–8b)	8.8% (5)	12.2% (6)	78.9% (45)	75.5% (37)	12.3% (7)	12.2% (6)
Cluster 4 (Bands 8c–9 & VSM)	8.9% (2)	0.00% (0)	92.3% (21)	94.4% (17)	0% (0)	5.6% (1)
1b.	Clinical workforce					
	Disabled staff in 2024	Disabled staff in 2023	Non-disabled staff in 2024	Non-disabled staff in 2023	Unknown/null staff in 2024	Unknown/null staff in 2023
Cluster 1 (Bands 1–4)	7.6% (65)	6.8% (56)	77.2% (664)	75.4% (625)	15.2% (131)	17.9% (148)
Cluster 2 (Band 5–7)	20.2% (147)	9.4% (129)	73.5% (1063)	72.7% (1002)	16.3% (236)	17.9% (247)
Cluster 3 (Bands 8a–8b)	7.5% (11)	7.6% (12)	85.7% (126)	83.5% (132)	6.8% (10)	8.9% (14)
Cluster 4 (Bands 8c–9 & VSM)	12.9% (4)	9.7% (3)	77.4% (24)	80.6% (25)	9.7% (3)	9.7% (3)
Cluster 5 (Medical and Dental staff, Consultants)	5% (2)	2.7% (1)	72.5% (29)	83.78% (31)	22.5% (9)	13.51% (5)

	Disabled staff in 2024	Disabled staff in 2023	Non-disabled staff in 2024	Non-disabled staff in 2023	Unknown/null staff in 2024	Unknown/null staff in 2023
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	7.68% (1)	10% (1)	69.2% (9)	80% (8)	23% (3)	10% (1)
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	3.3% (1)	6.9% (2)	33.3% (10)	44.83% (13)	63% (19)	48.28% (14)

Metric	Trust 2024	Trust 2023	National Figures (2023)
2. Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts	Ratio: 1 (equal)	0.97	0.98*
3. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	Ratio: 2.6	1.27 (represents 1 member of staff)	2.17*
4a. Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	Disabled 27.52%** Non-disabled 19.3%**	Disabled 32.2%** Non-disabled 21.1%**	Disabled/LTC 28.9%*** Non-disabled 21.91%***
4b. Staff experiencing harassment, bullying or abuse from managers in the last 12 months	Disabled 12.4%** Non-Disabled 4.8%**	Disabled 11.7%** Non-Disabled 6.4%**	Disabled/LTC 11.8%*** Non-disabled 6.19%***
4c. Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Disabled 17.9%** Non-disabled 10.24%**	Disabled 22.6%** Non-disabled 10.9%**	Disabled/LTC 18.9%*** Non-disabled 11.38%***
4d. Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Disabled 56.3%** Non-disabled 61.2%**	Disabled 70.4%** Non-disabled 61.6%**	Disabled/LTC 59.9%*** Non-disabled 62.07%***
5. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	Disabled 61.6%** Non-disabled 65%**	Disabled 52.6%** Non-disabled 62.6%**	Disabled/LTC 56.6%*** Non-disabled 61.00%***
6. Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Disabled 20.6%** Non-disabled 12.2%**	Disabled 17.3%** Non-disabled 12.7%**	Disabled/LTC 19.3%*** Non-disabled 12.27%***

*2023 NHS National WDES Report **2023 NHS Staff Survey Results ***NSS23 WDES – WRES National Tables



5.0

Summary of Progress

Below is a brief summary of the Trust's progress against each metric.

Metric	Trust 2024	Trust 2023	National Figures (2023)
7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	Disabled 46.6%** Non-disabled 57.3%**	Disabled 41.8%** Non-disabled 54%**	Disabled/LTC 45.3%*** Non-disabled 54.35%***
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled 83.8%**	Disabled 79.6%**	Disabled/LTC 79.3%***
9. The staff engagement score for Disabled staff, compared to non-disabled staff	Disabled 6.95** Org average 7.3**	Disabled 6.7** Org average 7.1**	Disabled/LTC 6.82***
10. Percentage difference between the organisation's board voting membership and its organisation's overall workforce.	12.5%	8%	N/A

*2023 NHS National WDES Report **2023 NHS Staff Survey Results ***NSS23 WDES – WRES National Tables

WRES Indicator	Description
1	Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.

Disabled representation in the workforce has improved on the previous year. 9.23% of the workforce identifies as being disabled which is an increase on the previous year's figure of 8.34%. Our work to improve representation across higher pay bands has seen us improve disability representation in clinical and non-clinical bands 8c – VSM.

2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
---	--

The relative likelihood of disabled staff being appointed from shortlisting is 1 which represents an equal figure and is a slight improvement on the previous year of 0.97. The figure indicates that disabled staff are not disadvantaged when compared to non-disabled staff in being appointed from shortlisting.

3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
---	---

The relative likelihood of disabled staff entering the formal capability process is 2.6, which is higher than the national figure of 2.17. However, statistically the numbers entering the formal capability process remain very low, with 3 staff with a disability or long term condition entering the process, compared to 9 colleagues without a disability or long term condition.

4a	Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months.
----	--

From 1291 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 27.52% which is substantially higher than for colleagues without a disability or long term condition at 19.36%, but better than the comparison figure at 28.92%. This is an improvement on the 2022 figure of 32.16% and demonstrates a continuous improvement from the 2019 figure of 34.88%.

4b	Staff experiencing harassment, bullying or abuse from managers in the last 12 months.
----	---

From 1286 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 12.43% which is substantially higher than for colleagues without a disability or long-term condition at 4.82% and 0.5% higher than the comparison figure at 11.87%. However, despite a slight increase on the previous year, this figure demonstrates a downward trend since 2019 when the figure was 20%.

WRES Indicator	Description
4c	Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.
From the 1289 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months is 17.90%. While this figure is over 7% higher than for colleagues without a disability or long-term condition at 10.24%, the figure does represent a significant improvement on the 2022 figure of 22.62%, and it is 1% better than the comparison figure.	
4d	Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months.
From 315 colleagues with a disability or long-term condition responding to the question, the percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was 56.38%. This compares to 61.27% of colleagues without a disability or long-term condition reporting. This represents a steep decline on the 2022 figure when it was 70.47%. It is also below the comparison figure which is 59.93%.	
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
From the 1288 colleagues with a disability or long-term condition responding to the question, the percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion is 61.67%, compared to colleagues without a disability or a long-term condition where the figure is 65.06%. However, the figure is a significant improvement on the 2022 figure of 52.56% and is better than the comparison figure which is 56.66%.	
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
From 580 colleagues with a disability or long-term condition responding to the question, the percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is 20.63%, whereas colleagues without a disability or long-term condition the figure is 12.24%. This represents an increase on the 2022 figure of 17.34% and is slightly above the comparison figure at 19.35%.	
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
From the 1295 colleagues with a disability or long-term condition responding to the question, the percentage of staff satisfied with the extent to which their organisation values their work is 46.62%. This compares to colleagues without a disability or long-term condition where the figure is 57.37%. However, this represents a significant improvement on the 2022 figure of 41.78%, is slightly better than the comparison figure of 45.36% and it demonstrates an improving trend since the 2019 figure of 36.45%.	
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
From the 328 colleagues with a disability or long-term condition responding to the question, the percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work is 83.84%. This figure is significantly better than the comparison figure of 79.32%, and an improvement on the 2022 figure of 79.65%.	
9	The staff engagement score for Disabled staff, compared to non-disabled staff.
The Staff engagement score for colleagues with a disability or long-term condition responding to the survey was 6.95, this compares to colleagues without a disability or long-term condition where the figure is 7.32. However, the comparison figure is 6.82, and the figure demonstrates an improving trend since the 2019 figure of 6.28.	
10	Percentage difference between the organisation's board voting membership and its organisation's overall workforce.

All Trust board members have up to date ESR Records, with a disability representation in its membership Of 12.5%, which is a significant improvement on last year's figure.

6.0

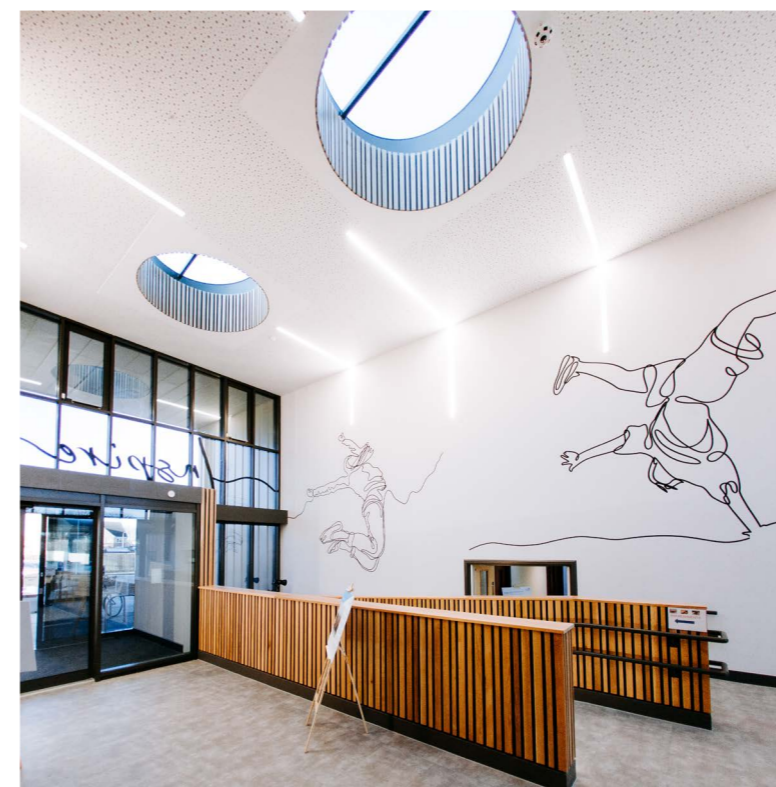
Conclusion

Trust performance is better than the NHS average in seven of ten measures, which is a testament to the work undertaken to make positive improvements over the last few years. Despite this, we do recognise that there is still work to do and therefore the focus and attention will be on improving to a better than average position across all metrics, and continually improving year on year against our local position.

Most notably, focus is still required on improving the experience of disabled staff in relation to bullying and harassment, and further drive up a safe reporting culture:-

- Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
- Staff experiencing discrimination at work from manager / team leader or other colleagues.

The Trust's WDES action plan addressing areas for improvement is attached at Appendix 1.



Trust performance is better than the NHS average in seven of ten measures, which is a testament to the work undertaken to make positive improvements over the last few years.

Appendix 1

Trust WDES action plan 2024/25

Number	2024/25 Objective
1	Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high impact action 1.
2	Utilise the July 2024 Trust Non-Executive Director recruitment window as an opportunity to further diversify the Board. The EDI Lead will represent staff (in capacity as Staff Governor) on the NED recruitment stakeholder panel.
3	Following the success of the Respect campaign, embed the respect framework as business-as-usual practice, raising the profile for the ambitions of the work and further drive up a safe reporting culture.
4	Consult with stakeholders on the 'No Excuse for Abuse' task and finish group on the guidance framework that seeks to address patient to staff bullying, harassment and aggression from patients. Further see this launched and embedded by March 2025.
5	Effective delivery of a working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement.
6	Effective delivery of a staff experience working group which will examine issues of discrimination and belonging and implement proportionate actions to address via multi stakeholder involvement.
7	Implement the requirements of the Disability Confident Leader programme with a view to being awarded with improved status by March 2025.

Appendix 2

Data Sources

Metric	Data Source
Metric 1 – Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.	ESR
Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.	Trust's recruitment data
Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	Trust's HR data
Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.	Question 13, NHS Staff Survey
Metrics 5 – 8.	Questions 14, 11, 5, 28b, NHS Staff Survey
Metric 9 – Disabled staff engagement.	NHS Staff Survey
Metric 10 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce.	ESR and/or Trust's local data

Humber Teaching NHS Foundation Trust

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700
www.humber.nhs.uk



Independently accredited
menopause friendly
employer



Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024															
Title of Report:	Workforce Race Equality Standard (WRES)															
Author/s:	John Duncan - EDI Partner															
Recommendation:	<table border="1" data-bbox="539 546 1528 663"> <tr> <td data-bbox="539 546 938 584">To approve</td> <td data-bbox="938 546 1031 584">✓</td> <td data-bbox="1031 546 1410 584">To discuss</td> <td data-bbox="1410 546 1528 584"></td> </tr> <tr> <td data-bbox="539 584 938 622">To note</td> <td data-bbox="938 584 1031 622"></td> <td data-bbox="1031 584 1410 622">To ratify</td> <td data-bbox="1410 584 1528 622">✓</td> </tr> <tr> <td data-bbox="539 622 938 663">For assurance</td> <td data-bbox="938 622 1031 663"></td> <td data-bbox="1031 622 1410 663"></td> <td data-bbox="1410 622 1528 663"></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>	This paper sets out to provide the Board with analysis of the Trusts Workforce Race Equality Standard (WRES) and action planning for 2024/25															
Key Issues within the report: <ul style="list-style-type: none"> • Executive Summary • Introduction • WRES related activity • Data Summary • Summary of Progress • Trust WRES action plan 2024/25 • Appendix 1 - Data Sources 																
Positive Assurances to Provide: <ul style="list-style-type: none"> • The relative likelihood of white staff being appointed from shortlisting compared to staff from diverse backgrounds is 0.76 (less than 1 is a positive metric) which is an improvement on the previous year's figure of 0.78. which demonstrates the continued trend of equality and fairness in our recruitment processes. • During the period, we have seen an improvement to ethnic diversity representation on the Trust Board. The Board representation is 12.5% which compares to 7.17% in the Trust workforce, and 4.9% in the communities we serve. This demonstrates that the Board is representative of the areas they serve. • The relative likelihood of staff accessing non-mandatory training and CPD - Employees Accessing Non-Mandatory Training is exactly equal and demonstrates equality and fairness in accessing non-mandatory training. • Staff experiencing harassment, bullying or abuse from staff in the last 12 months is 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high impact action 1. • Utilise the July 2024 Trust Non-Executive Director recruitment window as an opportunity to further diversify the Board. The EDI Lead will represent staff (in capacity as Staff Governor) on NED recruitment stakeholder panel. • Following the success of the Respect campaign, embed the Respect framework as business-as-usual practice, raising the profile for the ambitions of the work and further drive up a safe reporting culture. • Consult with stakeholders on the 'No Excuse for Abuse' task and finish group on the guidance framework that seeks to address patient to staff bullying, harassment and aggression from patients. Further see this launched and embedded by March 2025. • EDI Lead will attend the newly established People & OD working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement. 															

<p>20.62%. This also demonstrates a substantial improvement on the 2023 figure of 25.76% and demonstrates a continual downward trend since 2019 when the figure was 28.57%.</p>	<ul style="list-style-type: none"> • EDI Lead to attend the newly established People & OD staff experience working group which will examine issues of discrimination and belonging and implement proportionate actions to address via multi stakeholder involvement. • EDI lead to work with the Executive Medical Director to realise the ambitions of the Act Against Racism Charter and embed inclusive practice across the organisation, providing regular assurance to EMT and the Board.
---	--

<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • WRES Action Plan • staff believing that the organisation provides equal opportunities for career progression or promotion is 50%, this shows a downward trend since 2019 figure of 60% • staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 37.37%. This is a substantial increase on the 2023 figure of 21.21% and an area of focus to be addressed. • staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 16.16%, and demonstrates a downward trend since 2020 when the figure was 18.37%. • The relative likelihood of ethnically diverse staff entering the formal disciplinary process compared to White staff is 3 which represents a substantial gap on last year's figure of 1.08, which means the Trust will need to examine the formal disciplinary process to ensure diverse staff are not unfairly represented. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • N/A
---	---

<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	20/06/24
	Finance & Investment Committee		Executive Management Team	11/06/24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Trust Board Meeting	25/09/24

Monitoring and assurance framework summary:

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

√ Tick those that apply

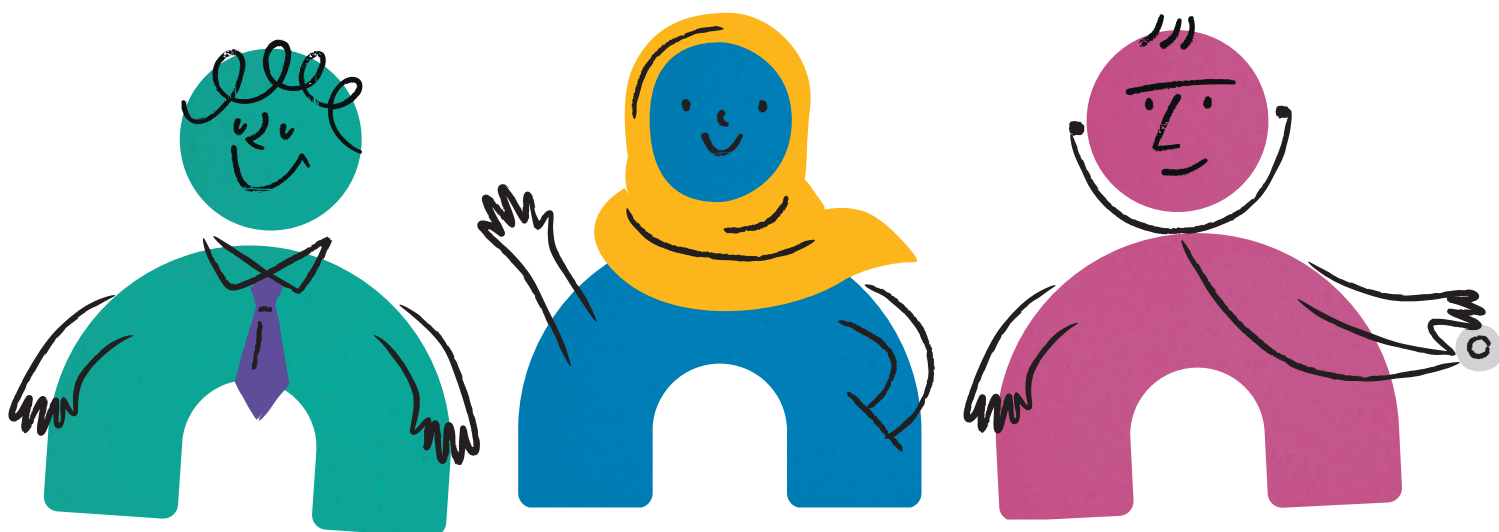
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

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	

Humber Teaching NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report 2024



Contents

1.0 Executive Summary	3
2.0 Introduction	5
3.0 WRES Related Activity	7
4.0 Data Summary	11
5.0 Summary of Progress	14
6.0 Action Plan	16
Appendix 1 Data Sources	17



In the ICBs recent evaluation of the six Trusts in our system, the Trust's WRES results position well when compared to our system partners, where we position higher in almost all areas.

1.0

Executive Summary

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract in 2015, with the first report released in June 2016. Since then, the Trust has published its progress annually against a number of indicators, focusing on addressing inequality at work and showing progress against the nine WRES indicators. In this way, the Trust can fully understand local challenges, make necessary changes, and also chart our progress on a broader scale by comparing regional and national issues.

In the ICBs recent evaluation of the six Trusts in our system, the Trust's WRES results position well when compared to our system partners, where we position higher in almost all areas.

For **indicator 2: Relative likelihood of appointment from shortlisting**, the ICB recommended that Humber is demonstrating performance in the upper quartile that could support wider system learning.

For **indicator 6: The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months**, the Trust places best in the system. According to the ICB report, no Trusts in England demonstrate equity between colleagues from ethnically diverse backgrounds and white staff in the experience of discrimination at work, with the vast majority falling outside the upper equity band.

For **indicator 8: The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues**, Humber have the best overall score in the system and are only second for ethnically diverse colleagues by 0.3%

The Trust has undertaken a number of initiatives in the last 12 months and our results match or surpass the national average in six of the nine indicators.

Trust scores have improved on the previous year in five of the indicators showing a positive trajectory, although more work remains. A notable achievement is that the Trust is likely to remain a top performing Trust for WRES indicator 2, 'Relative likelihood of hiring staff from shortlisting.'

Key findings include:

Areas of Progress

- The relative likelihood of white staff being appointed from shortlisting compared to staff from diverse backgrounds is 0.76 (less than 1 is a positive metric) which is an improvement on the previous year's figure of 0.78. which demonstrates the continued trend of equality and fairness in our recruitment processes.
- During the period, we have seen an improvement to ethnic diversity representation on the Trust Board. The Board representation is 12.5% which compares to 7.17% in the Trust workforce, and 4.9% in the communities we serve. This demonstrates that the Board is representative of the areas they serve.
- The relative likelihood of staff accessing non-mandatory training and CPD - Employees Accessing Non-Mandatory Training is exactly equal and demonstrates equality and fairness in accessing non-mandatory training.
- The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is 20.62%, and whilst this is higher than for white colleagues at 16.13%, it is slightly better than the national figure at 20.98%. This also demonstrates a substantial improvement on the 2023 figure of 25.76% and demonstrates a continual downward trend since 2019 when the figure was 28.57% (number of responses to the question 97).
- The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion is 50%, which is substantially lower than for white colleagues at 65.21%, and only marginally lower than the national figure at 50.50%. This represents an increase of just over 3% on the previous year but shows a downward trend since 2019 figure of 60% (number of responses to the question 100).



Areas for Concern

- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 37.37%, which is substantially higher than for white colleagues at 20.74%, and higher than the national figure at 31.43%. This is a substantial increase on the 2023 figure of 21.21% and an area of focus to be addressed. (Number of responses to the question 99)
- The percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 16.16% which is substantially higher than for white colleagues at 4.43% and 2% higher than the national figure at 13.90%. However, this figure is a slight improvement on 2023 and demonstrates a downward trend since 2020 when the figure was 18.37% (Number of responses to the question 99)
- The relative likelihood of ethnically diverse staff entering the formal disciplinary process compared to white staff is 3 which represents a substantial gap on last year's figure of 1.08, which means the Trust will need to examine the formal disciplinary process to ensure ethnically diverse staff are not unfairly represented.

2.0

Introduction

Using the Workforce Race Equality Standard (WRES), NHS organisations measure and provide key insight into the workplace experience of Black, Asian and Ethnic Minority staff.

In 2015, the NHS Equality and Diversity Council and NHS England commissioned the WRES to understand Black, Asian and Ethnic Minority staff experiences within NHS organisations.

A total of nine indicators are used in the WRES report (see appendix 1): indicators 1 - 4 are taken from the Trust's Electronic Staff Record (ESR), indicators 5 - 8 are taken from the National NHS Staff Survey, and indicator 9 refers to the Trust's Board.

All NHS organisations implement the WRES report annually, and

it has become an integral part of measuring our performance and progress in relation to the experiences of Black, Asian and Ethnic Minority staff.

Humber Teaching NHS Foundation Trust is an award-winning organisation, providing a broad range of care and services across a wide geographical area. We employ approximately 3,600 staff across more than 82 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

Our workforce is paramount to delivering high quality care for our patients and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.

Diverse communities represent 3.8% of the East Riding population, 5.1% of the Humber population and 2.6% of the North Yorkshire population. In the Trust, diverse communities represent 7.19% of Humber Teaching NHS Foundation Trust's workforce, an increase on last year's figure of 6%.

This report seeks to understand the experiences across the nine WRES metrics for our staff from a diverse heritage and backgrounds.



Employing approximately

3,600

staff



Operating across more than

82

sites



Serving 5




geographical areas;
Hull, the East Riding
of Yorkshire, Whitby,
Scarborough and Ryedale.

Diverse communities represent

- 3.8%** of the East Riding population
- 5.1%** of the Humber population
- 2.6%** of the North Yorkshire population

Diverse communities represent **7.19%**



of the Humber Teaching NHS Trust's workforce, an increase on last year's figure of **6%**



We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres.

3.0

WRES Related Activity

As a Trust we are committed to using the WRES data and interpreting it in order to improve representation within the workforce and ensuring staff experience is of the highest quality.

Below is a summary of some of the WRES related activity that we as a Trust have undertaken since the 2023 report:

Diverse representation in the Workforce

During the year the Trust has seen representation across the workforce increase from 6% to 7.34%. We have also seen an improvement in the number of diverse staff in band 7 and 8a roles in both clinical and non-clinical roles. Similarly, the Board continues to be representative of the communities we serve with a 12.5% diverse membership.

Addressing Bullying, Harassment and Discrimination

Respect Campaign

Our Respect campaign was launched on the 1st November 2023, with a range of 9 different 'Report It' posters displayed in the workplace, this forms a part of developing a positive and safe workplace culture.

This campaign has focused 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, a 'Report It' intranet page has been developed as a resource hub, hosting all relevant information, contact details and policies.

Since the launch we have seen a 70% increase in referrals for bullying, harassment, and discrimination. This has allowed colleagues in the HR Operations team to address these issues with a fair and equitable approach. So too has it allowed us to monitor the equality data of those making referrals and analyse statistics, themes, and areas of concern. This increase in referrals may have contributed to the increased reporting of bullying and harassment by staff from diverse cultural backgrounds in the staff survey and demonstrates that the Trust is creating a 'safe space' culture to report bullying and harassment.



Since the launch we have seen a 70% increase in referrals for bullying, harassment, and discrimination. This has allowed colleagues in the HR Operations team to address these issues with a fair and equitable approach.



No Excuse for Abuse Task and Finish Group

Through collaboration with our staff networks, it was identified that staff with a protected characteristic, especially those staff from ethnic minority backgrounds, those with a disability or long-term condition, and those from the LGBTQ+ community, were experiencing higher rates of bullying, harassment and discrimination from patients, carers and service users.

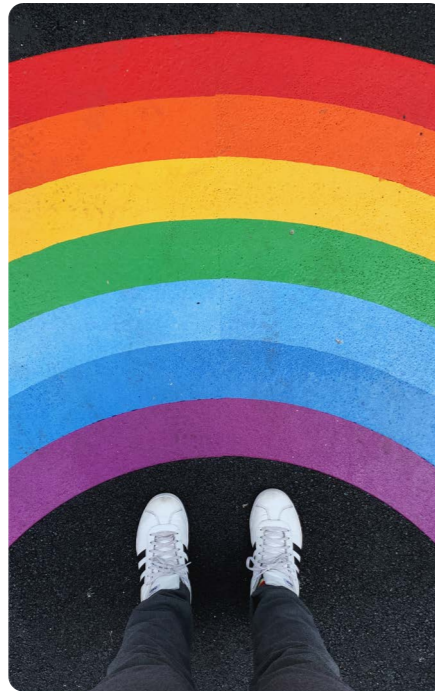
The Trust believes everyone has a duty to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, in an environment that is properly safe and secure.

To that end, a No Excuse for Abuse task and finish group met in February 2024 which was supported by senior leaders and with representation from Workforce and OD, EDI, H&S (LSMS) and the Race Equality Staff Network.

The result was the drafting of guidance for managers and staff. This guidance was designed to bring together a range of information from multiple sources into one document to provide a process and expectations. The aim is that this guidance will reduce underreporting of all incidents and ensure a consistent approach to supporting staff who have received aggression from patients, carers and service users.

Moving forward, the Trust will undertake listening exercises

to ensure this draft guidance is consulted on by a wide range of stakeholders from across the Trust prior to a launch and embedding process.



Strengthening our Staff Networks

At the Trust we have three staff networks including the Race Equality Network, Disability Staff Network, and the Rainbow Alliance (LGBTQ+ staff network). Our staff networks provide a safe and practical space where generating and sharing new ideas, and exchanging information can be expressed in an informal environment. They also provide peer support, networking opportunities and social activities. Their activities can help to open the door to changing the culture within the Trust.

During the year, we reviewed the terms of reference for our staff networks to support them to reach their goals. We introduced an EMT sponsor who would attend meetings and support in the escalation of issues as they arise.

We introduced monthly meetings between the Associate Director of People and OD, the Network Executive Sponsor and the EDI Lead in order to take feedback from the networks and address those issues escalated in network meetings.

We have continued to provide a budget of £5000 for each staff network to help them to put on engagement events. In March the Rainbow Alliance put on a face-to-face event with a range of guest speakers to celebrate International Trans Visibility Day.

Learning and Development

In April the Learning and Development team launched our own in house bullying and harassment awareness training for managers and leaders. This training will utilise Trust WRES data on bullying and harassment which can be contextualised within the training to ensure all colleagues are aware of the WDES/WRES findings regarding bullying and harassment.



Equality, Diversity and Inclusion Objectives for the Board

In March, a development session was held with the Board to establish a range of EDI objectives linked to the Trust EDI workstreams and strategies and aligned to the national EDI Improvement Plan. The Executive Team have since finalised EDI objectives for all Board members including the Chief Executive and Chair for the appraisal window for 24/25.

Ethnicity Pay Gap Analysis

This year, for the first time, the Trust undertook an ethnicity pay gap analysis. The resulting report found that there were no negative pay gaps between staff from ethnic minority backgrounds and their white colleagues.

All pay gaps identified were in favour of our staff from ethnic minority backgrounds. The report is currently being reviewed by our governance committees and will be published on our Trust website in due course.

National Celebrations and commemorations

As a part of our ongoing work to inform and educate colleagues, across the past 12 months, the Trust has provided a range of informative articles via our weekly global staff email that offers informative guidance about Ramadan, Eid, Black History Month and commemorated Martin Luther King Day and Stephen Lawrence Day.

Making EDI a priority for the Organisation

Act Against Racism Charter

During the year, the Trust signed up to the Royal Society of Psychiatrists Act Against Racism Charter. The campaign guidance provides a framework of 15 actions to support Trusts to effectively address racism and was developed with Medical Directors, the NHS Race and Health Observatory, and the expertise of a working group. In the Trust this work is led by the Executive Medical Director, coordinated by our EDI Lead and the Board are provided assurance as to our progress via a quarterly Board EDI assurance report.

EDI Assurance Reporting to the Board

This year the Trust introduced a quarterly EDI Assurance Report for EMT and the Board. This extensive report is designed to assure the Trusts Leadership of the progress against all our EDI workstreams, including the Workforce Race Equality Standard, the Workforce Disability Equality Standard, the Gender and Ethnicity Pay gap report, NHS England EDI Improvement Plan, the Act Against Racism Charter, and the impact of the Respect campaign.

Developing Cultural Awareness

Reverse mentoring

The Trust introduced a new Reverse Mentoring programme for the organisation, as part of the wider Mentoring programme for the organisation. The purpose is to create meaningful mentor/mentee relationships that assists in generating a greater awareness of issues relevant to equality, diversity and inclusion amongst senior leaders and provides an opportunity to develop a greater understanding of the experiences of staff from diverse groups on a more personal level. Moving forward the Trust will work to raise awareness of the reverse mentoring offer and look to recruit a bank of trained mentors with lived experience to work with senior leaders.

Inclusive Language Guidance

The Trust developed inclusive language guidance which has been presented at the Senior Leadership Forum and plans are in place to provide wider coverage across the organisation to support fostering better relations between the protected characteristics as well as supporting improved cultural awareness understanding.

One of the topics includes how the organisation is moving away from the use of outdated terminology such as BAME (Black, Asian and Minority Ethnic) in line with guidance from the Governments Race Disparity Advisory Group. This will support the organisation to move towards more inclusive language when referring to the wide range of diversity in the workforce and wider community.

Recruitment Deep Dive

A Recruitment deep dive report was developed which places an EDI lens on our recruitment activities over the previous six months based upon protected characteristics. Insight from this report is shared with HR Business Partners who embed this information into their workforce planning meetings to discuss underrepresentation, with actions to support diverse recruitment strategies. This forms part of our work to ensure our EDI objectives are known in the areas and can support our organisational EDI aims.



4.0

Data Summary

Indicator	2023/24			2022/23				
1. PERCENTAGE OF STAFF IN BANDS	Non-Clinical							
	Band	White	BAME	Unknown	Band	White	BAME	Unknown
	Under Band 1	0% (0)	0% (0)	0% (0)	Under Band 1	0% (0)	0% (0)	0% (0)
	Band 1	91% (10)	9% (1)	0% (0)	Band 1	91% (11)	9% (1)	0% (0)
	Band 2	92% (307)	3% (9)	5% (17)	Band 2	90% (303)	4% (12)	6% (21)
	Band 3	96% (179)	2% (4)	2% (3)	Band 3	96% (172)	2% (4)	2% (4)
	Band 4	91% (98)	5% (5)	4% (4)	Band 4	90% (93)	5% (5)	5% (5)
	Band 5	92% (86)	7% (6)	1% (1)	Band 5	91% (66)	7% (5)	2% (1)
	Band 6	96% (54)	2% (1)	2% (1)	Band 6	92% (44)	4% (2)	4% (2)
	Band 7	91% (52)	7% (4)	2% (1)	Band 7	92% (41)	6% (3)	2% (1)
	Band 8a	88% (35)	5% (2)	7% (3)	Band 8a	90% (28)	3% (1)	7% (2)
	Band 8b	95% (17)	0% (0)	5% (1)	Band 8b	100% (17)	0% (0)	0% (0)
	Band 8c	100% (11)	0% (0)	0% (0)	Band 8c	100% (5)	0% (0)	0% (0)
	Band 8d	100% (7)	0% (0)	0% (0)	Band 8d	100% (9)	0% (0)	0% (0)
	Band 9	0% (1)	0% (0)	0% (0)	Band 9	0% (0)	0% (0)	0% (0)
	VSM	100% (4)	0% (0)	0% (0)	VSM	100% (4)	0% (0)	0% (0)
	Clinical							
	Band	White	BAME	Unknown	Band	White	BAME	Unknown
	Under Band 1	0% (0)	0% (0)	0% (0)	Under Band 1	0% (0)	0% (0)	0% (0)
	Band 1	0% (0)	0% (0)	0% (0)	Band 1	0% (0)	0% (0)	0% (0)



Indicator	2023/24			2022/23				
1. PERCENTAGE OF STAFF IN BANDS	Clinical							
	Band	White	BAME	Unknown	Band	White	BAME	Unknown
	Band 2	70% (72)	17% (18)	13% (13)	Band 2	77% (71)	11% (10)	12% (11)
	Band 3	85% (441)	10% (54)	5% (24)	Band 3	88% (455)	7% (37)	5% (26)
	Band 4	90% (217)	6% (13)	4% (9)	Band 4	91% (203)	4% (9)	5% (11)
	Band 5	79% (313)	12% (46)	9% (35)	Band 5	82% (321)	8% (34)	10% (41)
	Band 6	90% (617)	4% (27)	6% (40)	Band 6	92% (604)	4% (24)	4% (28)
	Band 7	93% (342)	3% (9)	4% (13)	Band 7	93% (302)	2% (8)	5% (16)
	Band 8a	88% (105)	8% (9)	4% (4)	Band 8a	88% (116)	6% (8)	6% (8)
	Band 8b	86% (25)	4% (1)	10% (3)	Band 8b	88% (23)	4% (1)	8% (2)
	Band 8c	88% (21)	4% (1)	8% (2)	Band 8c	88% (23)	4% (1)	8% (2)
	Band 8d	100% (3)	0% (0)	0% (0)	Band 8d	100% (1)	0% (0)	0% (0)
	Band 9	50% (1)	50% (1)	0% (0)	Band 9	50% (1)	50% (1)	0% (0)
	VSM	100% (2)	0% (0)	0% (0)	VSM	100% (2)	0% (0)	0% (0)
	Consultants	37% (14)	50% (19)	13% (5)	Consultants	39% (15)	47% (18)	14% (5)
Non-Consultants	54% (7)	46% (6)	0% (0)	Non-Consultants	50% (5)	50% (5)	9% (0)	
Trainee Grade	13% (4)	66% (20)	20% (6)	Trainee Grade	33% (10)	50% (15)	17% (5)	
Other	55% (22)	12% (5)	33% (13)	Other	33% (60)	6% (10)	61% (110)	

Indicator	2023/24	2022/23	NHS National Figures
2. Relative likelihood of staff being appointed from shortlisting	1.3	0.78	1.59*
3. Relative likelihood of staff entering a formal disciplinary investigation	3	0.98	1.03*
4. Relative likelihood of staff accessing non-mandatory training and CPD	1	1.01	1.12*
5. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public	37.3% Diverse staff** 20.4% White staff**	21.2% BAME staff** 24.3% White staff**	30.4% BAME staff*** 26.8% White staff***
6. % of staff experiencing harassment, bullying or abuse from staff	20.6% Diverse staff** 16.1% White staff**	25.8% BAME staff** 17.1% White staff**	27.7% BAME staff*** 22% White staff***
7. % of staff believing that trust provides equal opportunities for career progression or promotion	50% Diverse staff** 65.2% White staff**	47% BAME staff** 60.5% White staff**	46.4% BAME staff*** 59.1% White staff***
8. % of staff personally experiencing discrimination at work by Manager/team	16.1% Diverse staff ** 4.3% White staff**	16.7% BAME staff ** 4.6% White staff**	16.6% BAME staff*** 6.7% White staff***
9. % difference between the organisations' Board voting membership and its overall workforce	White Staff 85.3% Diverse Staff 7.3% White Board members 81.2% Diverse Board members 12.5% Difference -5.2%	White Staff 85.3% BAME Staff 6% Board 84.6% White Difference -0.7%	-10.9% Difference*

Data source: *2023 NHS WRES Report **2023 NHS Staff Survey Results ***NSS23 WDES/WRES National Tables

5.0

Summary of Progress

Below is a brief summary of the Trust's progress against each indicator. Whilst there has been positive improvement the Trust recognises that there remains more to do.

WRES Indicator	Description
1	Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce
	<p>266 of Trust staff come from diverse backgrounds which is an improvement on 214 in the previous year and represents 7.34% of the overall workforce, up from 6% last year. Our local demographic for diverse representation is 5%.</p> <p>During the year we have seen an improvement in diverse representation in band 7 and 8a in clinical and non-clinical roles. However, in medical roles we have seen a greater improvement to diverse representation. There has been a 25% increase in Clinical Trainee Grade staff from diverse backgrounds which builds upon the previous year's 50% increase. 50% of clinical band 9 senior leaders are from diverse backgrounds.</p> <p>The data is showing some minor improvement in the representation of BAME staff at bands 7/8a in clinical and non-clinical roles, there is recognition that this remains an area of focus for all bands in the workforce.</p> <p>In the national WRES reporting the Trust are rated green for five out of six race disparity ratios and amber for only one. This demonstrates a proportionality across the bandings, with areas for improvement in the mid-range roles. The Trust is in the top 6% of Trusts for representation for upper clinical roles.</p>
2	Relative likelihood of BAME staff being appointed from shortlisting
	<p>The ratio of 1.3 demonstrates that applicants from diverse backgrounds are more likely to be appointed from shortlisting compared to white applicants. The national guidance states that anything between 0.80 and 1.25 is in the non-adverse range, so this is in favour of diverse candidates. The Trust has been highlighted by the ICB as being the only Trust in our system to provide equity in shortlisting to appointment and recommend that other Trusts in the system learn from our practice. In the national WRES report the Trust were positioned in the top 7% of Trusts for this indicator, this is likely to increase with this year's ratio.</p>
3	Relative likelihood of staff entering a formal disciplinary process
	<p>The ratio between diverse candidates entering formal disciplinary process when compared to their white colleagues is 3, this indicates that they are 3 times more likely to enter the process. However, in the previous year we strengthened our disciplinary processes where previously we had very low numbers across the board. This ratio represents 8 diverse colleagues and 20 white colleagues across the organisation. The ratio of 3 is due in part to having 266 diverse staff in the organisation when compared to 3087 white colleagues. However, an investigation is prudent to ensure there is no inequality in our disciplinary processes. The Trust is in a worse position than the nationally reported figure 1.14 for this indicator.</p>

WRES Indicator	Description
4	Relative likelihood of staff accessing non-mandatory training and CPD
	<p>This year's ratio of 1 indicates that diverse staff are as likely to access non-mandatory training and CPD in the Trust which is within the non-adverse range as set out in the national WRES report. This demonstrates equality of access and shows a more positive position than the national figure of 1.14 and the North-East and Yorkshire figure of 1.07.</p>
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public
	<p>We have seen an increase in the number of staff from diverse backgrounds who have completed the WRES questions, with 99 respondents to this indicator. This is an improvement on 66 last year. 37.37% of diverse staff reported experiencing harassment, bullying or abuse from patients, relatives or the public which is a significant decline of 16.1% on last year's figure. The figure reported nationally in the NHS staff survey is 31.4%, showing the Trust is significantly worse for this indicator. This figure reinforces the need to embed the new No Excuse for Abuse framework across the Trust.</p>
6	Percentage of staff experiencing harassment, bullying or abuse from staff
	<p>20.6% of the diverse staff reported experiencing harassment, bullying or abuse from staff. This represents a 5.1% improvement from last year's figure. However, there has been a steady decline since 2018 when the figure was 29.7% and the Trust's figure is comparable to the national figure of 21%. This figure reinforces the continued importance of embedding the Trust's Respect framework to address bullying and harassment from staff.</p>
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion
	<p>50% of diverse staff reported that the Trust provides equal opportunities for career progression or promotion. Whilst acknowledging there is still work to do, this represents a 3% improvement on the previous year, and is comparable to the national figure of 50%</p>
8	Percentage of staff personally experiencing discrimination at work by manager/team leader or other colleagues
	<p>16.6% of diverse staff reported they had personally experienced discrimination at work by a manager/team leader, this represents a small improvement on the previous year, it does demonstrate an improving trend since 2020. However, this figure is still higher than the national average of 13.9%, so will be an area of focus in 2024/25 address by further embedding the Respect framework.</p>
9	% difference between the organisations' Board voting membership and its overall workforce
	<p>Diverse representation on the Trust board (voting membership) is 12.5%, this demonstrates a diverse representation on the board that exceeds our workforce and local demographics representation. In the national WRES reporting the Trust positions well with that national figure being -10.9%</p>

6.0

Action Plan

Trust performance in 7 of the 9 indicators is better than the NHS average. The Trust WRES action plan for 2024/25 below represents our priorities based upon the data.

Number	2024/25 Objective
1	Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high impact action 1.
2	Utilise the July 2024 Trust Non-Executive Director recruitment window as an opportunity to further diversify the Board. The EDI Lead will represent staff (in capacity as Staff Governor) on NED recruitment stakeholder panel.
3	Following the success of the Respect campaign, embed the Respect framework as business-as-usual practice, raising the profile for the ambitions of the work and further drive up a safe reporting culture.
4	Consult with stakeholders on the 'No Excuse for Abuse' task and finish group on the guidance framework that seeks to address patient to staff bullying, harassment and aggression from patients. Further see this launched and embedded by March 2025.
5	Effective delivery of a working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement.
6	Effective delivery of a staff experience working group which will examine issues of discrimination and belonging and implement proportionate actions to address via multi stakeholder involvement.
7	EDI lead to work with the Executive Medical Director to realise the ambitions of the Act Against Racism Charter and embed inclusive practice across the organisation, providing regular assurance to EMT and the Board.



Following the success of the Respect campaign, embed the Respect framework as business-as-usual practice.

Appendix 1

Data Sources

Metric	Data Source
Metric 1 – Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.	ESR
Metric 2 – Relative likelihood of BAME staff being appointed from shortlisting	Trust's recruitment data
Metric 3 – Relative likelihood of staff entering a formal disciplinary process	Trust's HR data
Metric 4 – Relative likelihood of staff accessing non-mandatory training and CPD	Question 13, NHS Staff Survey
Metrics 5 – 8	Questions 14, 11, 5, 28b, NHS Staff Survey
Metric 9 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce	ESR and/or Trust's local data

Humber Teaching NHS Foundation Trust

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700
www.humber.nhs.uk



Independently accredited
menopause friendly
employer



Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	EDI Annual Report 2024														
Author/s:	John Duncan EDI Partner														
Recommendation:	<table border="1" data-bbox="539 539 1516 656"> <tr> <td data-bbox="539 539 938 577">To approve</td> <td data-bbox="938 539 1031 577">x</td> <td data-bbox="1031 539 1409 577">To discuss</td> <td data-bbox="1409 539 1516 577"></td> </tr> <tr> <td data-bbox="539 577 938 616">To note</td> <td data-bbox="938 577 1031 616"></td> <td data-bbox="1031 577 1409 616">To ratify</td> <td data-bbox="1409 577 1516 616"></td> </tr> <tr> <td data-bbox="539 616 938 656">For assurance</td> <td data-bbox="938 616 1031 656">x</td> <td data-bbox="1031 616 1409 656"></td> <td data-bbox="1409 616 1516 656"></td> </tr> </table>			To approve	x	To discuss		To note		To ratify		For assurance	x		
To approve	x	To discuss													
To note		To ratify													
For assurance	x														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The paper sets out this year’s EDI Annual Report, examining equality reporting such as the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), the Gender Pay Gap and Staff Survey in the 12 months between 1st April 2023 and 31st March 2024. It describes the progress made against previous equality actions and delivers new equality actions for patients and workforce based on Trust data.</p>														
Key Issues within the report: <ul style="list-style-type: none"> • Equality, diversity and inclusion opening statement • Introduction to Humber Teaching NHS Foundation Trust • Equalities milestones reached during the last 12 months • Equalities Milestones • Governance structure in relation to equality, diversity and inclusion • Statutory and mandatory duties – NHS standard contract • Implementation of the NHS Equality Delivery System (EDS2) • Implementation of the NHS Workforce Race Equality Standard (WRES) • Implementation of the NHS Workforce Disability Equality Standard (WDES) • Gender Pay Gap Report • NHS Accessible Information Standard (AIS) • Provision of a System for Delivery of Interpretation and Translation Services • National Staff Survey (NSS) • Conclusions • Appendix 1 - EDI data relating to the Yorkshire and Humber Region • Appendix 2 - EDI data relating to the workforce of Humber Teaching NHS Foundation Trust • Appendix 3 – Progress on Objectives 2023/24 and New Objectives for 2024/25 															
Positive Assurances to Provide: <ul style="list-style-type: none"> • During the period, the Trust demonstrated better results than the national average in 8 of the 9 WRES indicators. • The Trust demonstrated better results than the national average for all WDES indicators. • Disabled and BME candidates were not disadvantaged in the recruitment process • Disabled and BME staff are not disadvantaged in the capability process 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high impact action 1. • Utilise the July 2024 Trust Non-Executive Director recruitment window as an opportunity to further diversify the Board. The EDI Lead will represent staff (in capacity as Staff Governor) on NED recruitment stakeholder panel. 														

<ul style="list-style-type: none"> The Gender Pay Gap was 13.2% in March 2023, representing an increase in the gap of 1.8 percentage points, but below the national figure of 14.7% 	<ul style="list-style-type: none"> Following the success of the Respect campaign, embed the Respect framework as business-as-usual practice, raising the profile for the ambitions of the work and further drive up a safe reporting culture. Consult with stakeholders on the 'No Excuse for Abuse' task and finish group on the guidance framework that seeks to address patient to staff bullying, harassment and aggression from patients. Further see this launched and embedded by March 2025. EDI Lead will attend the newly established People & OD working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement. EDI Lead to attend the newly established People & OD staff experience working group which will examine issues of discrimination and belonging and implement proportionate actions to address via multi stakeholder involvement. EDI lead to work with the Executive Medical Director to realise the ambitions of the Act Against Racism Charter and embed inclusive practice across the organisation, providing regular assurance to EMT and the Board. Realise the ambitions of the Rainbow Badge Accreditation action plan provided as by the LGBT Foundation and embedded across the organisation by March 2025. Implement the requirements of the Disability Confident Leader programme with a view to being awarded with improved status by March 2025.
--	---

<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 	<p>Decisions Made:</p> <ul style="list-style-type: none"> N/A
---	---

<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	20/06/24
	Finance & Investment Committee		Executive Management Team	11/06/24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Trust Board Meeting	25/09/24

Monitoring and assurance framework summary:

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

√ Tick those that apply

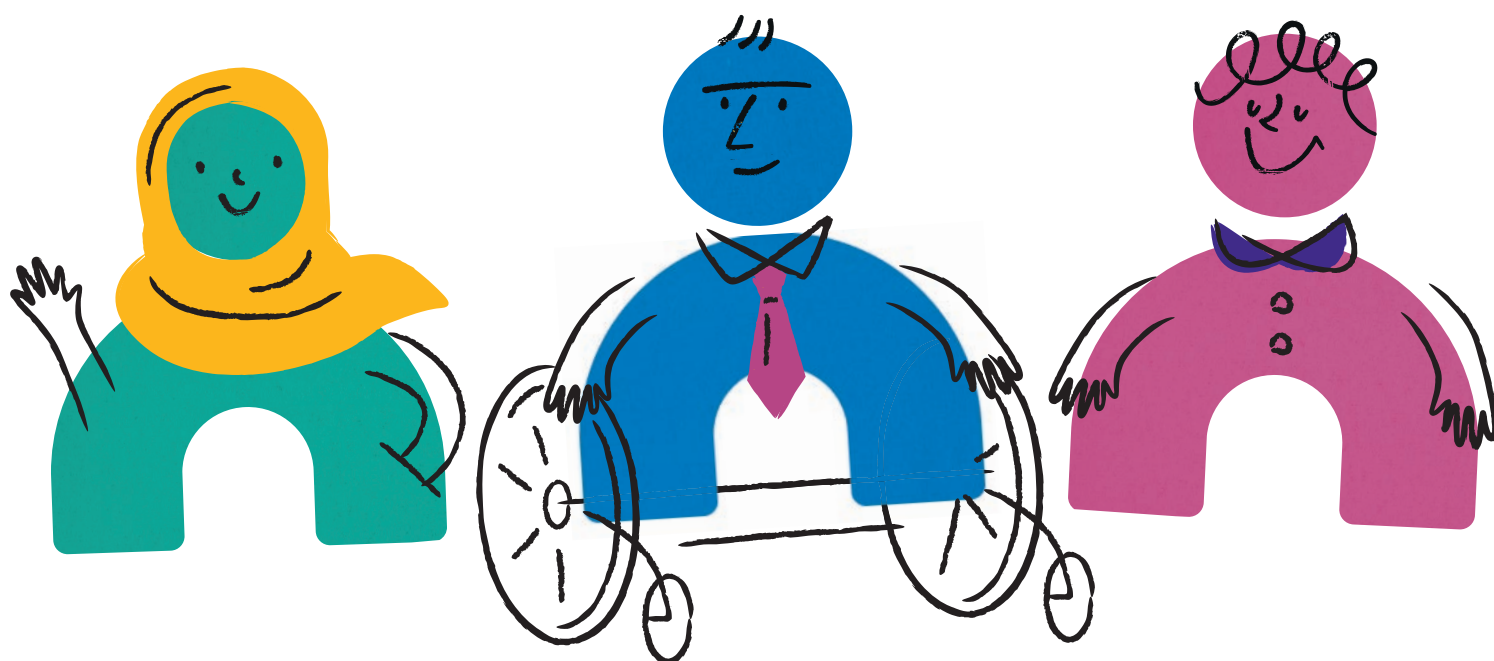
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances
√	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation
√	Promoting people, communities and social values

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	

Humber Teaching NHS Foundation Trust

Equality, Diversity and Inclusion

Annual Report 2023 – 2024



Contents

- 1.0 Equality, diversity and inclusion opening statement** 3
- 2.0 Introduction to Humber Teaching NHS Foundation Trust** 4
- 3.0 Equalities milestones reached during the last 12 months** 7
 - 3.1 Equalities Milestones 12
- 4.0 Governance structure in relation to equality, diversity and inclusion** 14
- 5.0 Statutory and mandatory duties – NHS standard contract** 17
 - 5.1 Implementation of the NHS Equality Delivery System (EDS2) 17
 - 5.2 Implementation of the NHS Workforce Race Equality Standard (WRES) 17
 - 5.3 Implementation of the NHS Workforce Disability Equality Standard (WDES) 20
 - 5.4 Gender Pay Gap Report 24
 - 5.5 NHS Accessible Information Standard (AIS) 26
 - 5.6 Provision of a System for Delivery of Interpretation and Translation Services 26
- 6.0 National Staff Survey (NSS)** 27
- 7.0 Positive Assurance** 30
- 8.0 Appendices** 31
 - Appendix 1 – EDI data relating to the Yorkshire and Humber Region
 - Appendix 2 – EDI data relating to the workforce of Humber Teaching NHS Foundation Trust
 - Appendix 3 – Progress on Objectives 2023/24 and New Objectives for 2023/24



1.0

Equality, diversity and inclusion opening statement

Treating everyone fairly is a fundamental principle upheld by the Trust. We believe in EDI (Equality and Diversity Inclusion) because we acknowledge that a diverse workforce offers a wealth of benefits. A diverse workforce brings fresh ideas, diverse backgrounds, and unique perspectives, which have the potential to not only enhance the experience for our staff but also improve the quality of care to our patients, service users, and carers. As an organisation with a diverse workforce, we gain invaluable insights that facilitate our efforts to enhance workforce diversity.

Humber Teaching NHS Foundation Trust, as a public sector body, is governed by the Equality Act 2010 and the Public Sector Equality Duty (section 149 of the Equality Act 2010) in relation to its equality duties.

The general duties are:

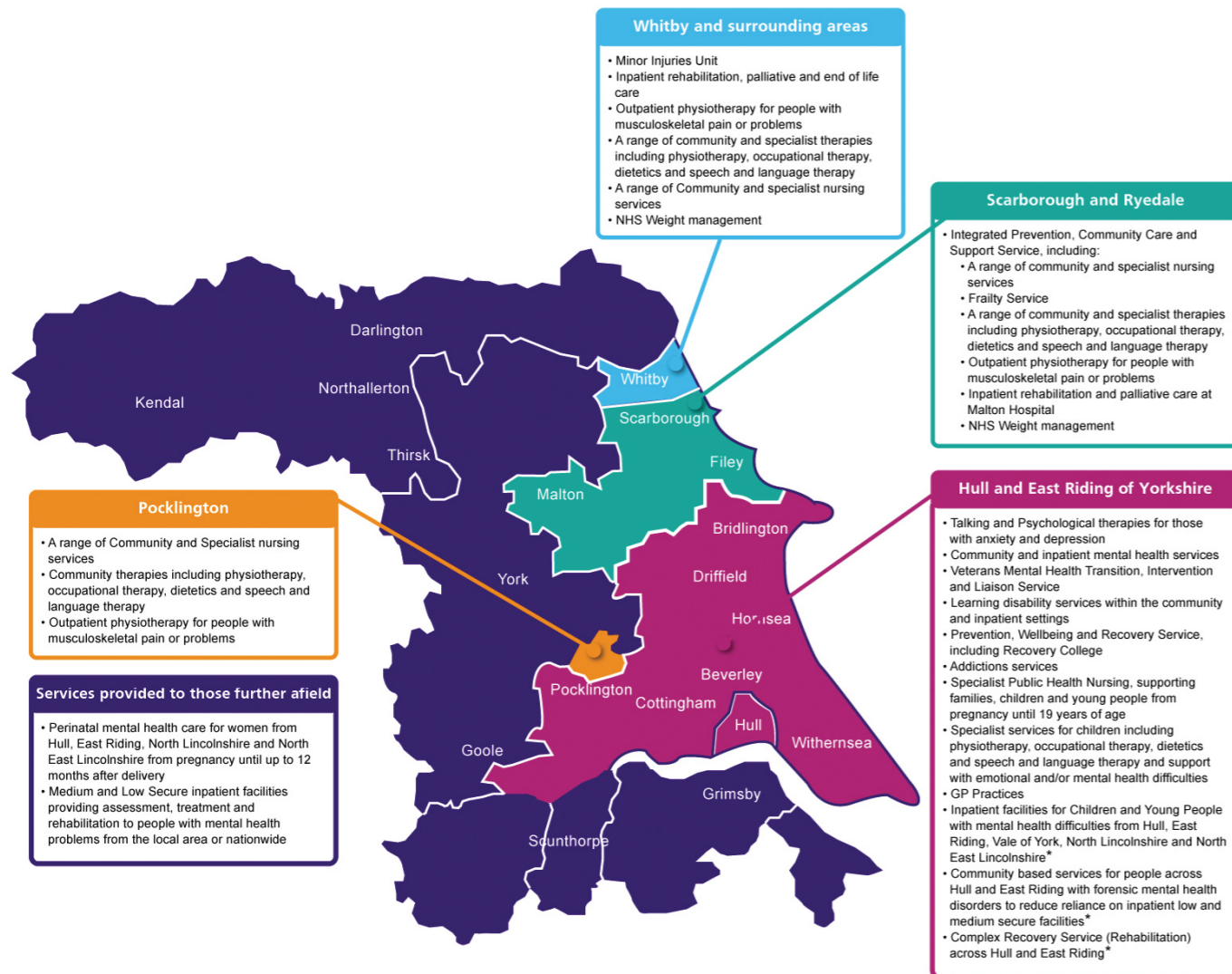
- 1** Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- 2** Advance equality of opportunity between people who share a protected characteristic and those who do not.
- 3** Foster good relations between people who share a protected characteristic and those who do not.

Moving forward into 2024/25, the Trust and all of its key stakeholders will remain dedicated to prioritising and delivering key national priorities with unwavering focus. One crucial area of attention will be addressing the inequalities highlighted by the pandemic in a structured and robust manner. This commitment is an integral component of our ongoing journey as a compassionate and inclusive employer.

2.0

Introduction to Humber Teaching NHS Foundation Trust

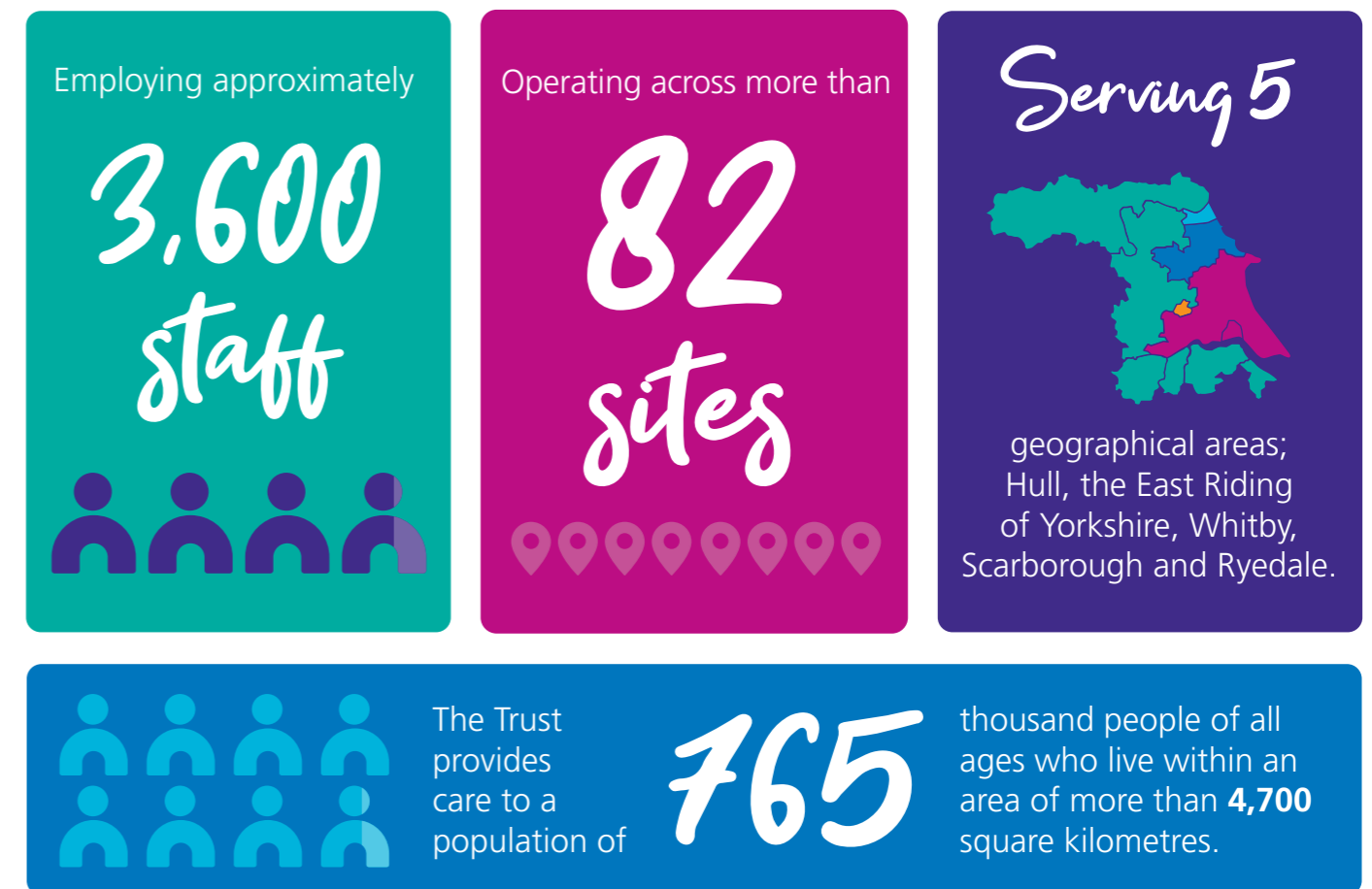
Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.



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

The Trust employs approximately 3,600 staff across 82 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. The Trust provides care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals. Our workforce is paramount to delivering high quality care for our patients, and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.



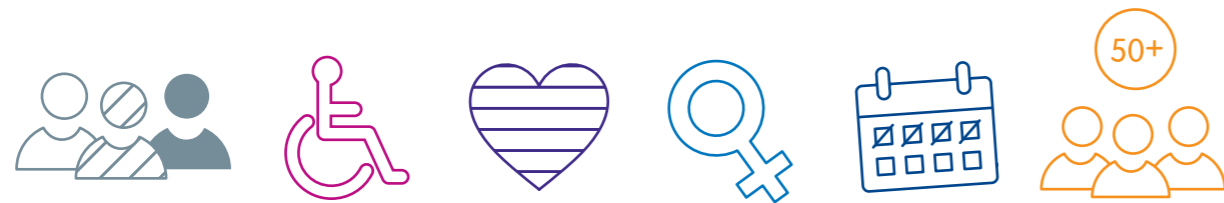
The new Patient and Carer Experience Five Year Forward Plan (2023 to 2028) came into effect, following Board ratification, in September 2023. The strategy defines how Humber Teaching NHS Foundation Trust will engage with people, listen and respond to their experiences so that we can improve patient and carer experience and satisfaction within our services. The 'Operational Plan on a Page' for 24/25 is currently under development but will provide further detail on the Trust's Strategic goals.

Humber Teaching NHS Foundation Trust Workforce Demographics

The table below demonstrates the continued progress made in workforce representation, over the last four years. Having a reliable and accurate workforce dataset ensures that the Trust is able to identify where we need action to improve representation and to better reflect the communities we serve.

Notably, the Trust has made significant progress since November 2021 in terms of improving representation in the workforce from a range of communities such as those from a diverse heritage, disability or long-term condition and LGBTQ+.

This demonstrates that our pragmatic response to the actions set out in the Workforce Race Equality Standard and Workforce Disability Equality Standard have shown a number of successes, so too has our work around LGBT+ inclusion.



Trust wide	% of workforce that is Diverse	% of workforce that is disabled	% of workforce that is LGBTQ+	% of workforce that is female	% of workforce that is part-time	% of workforce aged over 50
March 2024	7.19%	9.14%	4.50%	79.34%	33.43%	34.54%
March 2023	6.22%	8.19%	3.92%	79.17%	33.37%	34.65%
November 2022	5.85%	7.66%	4.00%	79.25%	34.44%	35.14%
November 2021	4.73%	6.66%	3.0%	78.4%	43.0%	37.0%



Having a reliable and accurate workforce dataset ensures that the Trust is able to identify where we need action to improve representation and to better reflect the communities we serve.

3.0

Key achievements during the last 12 months

Humber Teaching NHS Foundation Trust is committed to the development of a diverse and inclusive workforce that attracts and engages talented individuals from all backgrounds. We want to be recognised as an organisation that embraces diversity and inclusion.

Since 2021 the Trust has demonstrated its commitment to this aim by striving to achieve increased representation across our workforce of staff that identify as being LGBTQ+, disabled or being from a diverse heritage. We recognise there is more to do, especially at more senior levels.

During the period of 2023/2024 the Trust introduced a wide range of initiatives to meet local equality objectives and worked towards meeting the required standards within the Public Sector Equality Duty, these included:

Diverse representation in the Workforce

During the year the Trust has seen representation across the workforce increase from 6% to 7.34%. We have also seen an improvement in the number of diverse staff in band 7 and 8a roles in both clinical and non-clinical roles. Similarly, the Board continues to be representative of the communities we serve with a 12.5% diverse membership.

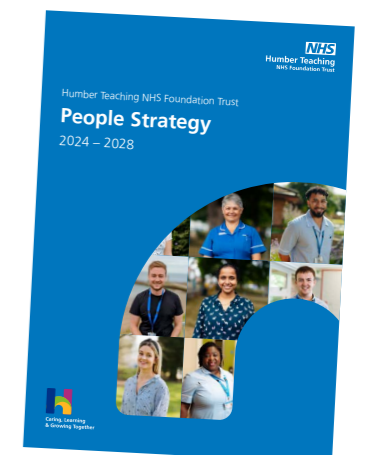
The Trust has seen representation across the workforce increase to

7.34%



Refreshed People Strategy for the Organisation

In 2023 the Trust developed a new People Strategy to take the Trust forward for the next five years. Coproduced in collaboration with stakeholders the new people Strategy ensures inclusivity and respect are at the heart of the Trust people operations.



Addressing Bullying, Harassment and Discrimination

Respect Campaign

Our Respect campaign was launched on the 1st November 2023, with a range of 9 different 'Report It' posters were displayed in the workplace, this a part of developing a positive and safe workplace culture.

This campaign has focused 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, a 'Report It' intranet page has been developed as a resource hub, hosting all relevant information, contact details and policies.

Since the launch we have seen a 70% increase in referrals for bullying, harassment, and discrimination. This has allowed colleagues in the HR Operations team to address these issues with a fair and equitable approach. So too has it allowed us to monitor the equality data of those making referrals and analyse statistics, themes, and areas of concern. This increase in referrals may have contributed to the increased reporting of bullying and harassment by staff from diverse cultural backgrounds in the staff survey and demonstrate that the Trust is creating a safe space culture to report bullying and harassment.

9 different 'Report It' posters were displayed in the workplace, this a part of developing a positive and safe workplace culture.



No Excuse for Abuse Task and Finish Group

Through collaboration with our staff networks, it was identified that staff with a protected characteristic, especially those staff from ethnic minority backgrounds, those with a disability or long-term condition, and those from the LGBTQ+ community, were experiencing higher rates of bullying, harassment and discrimination from patients, carers and service users.

The Trust believes everyone has a duty to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, in an environment that is properly safe and secure.

To that end, a 'No Excuse for Abuse' task and finish group met in February 2024 which was supported by senior leaders and with representation from People and OD, EDI, H&S (LSMS) and the Race Equality Staff Network.

The result was the drafting of guidance for managers and staff. This guidance was designed to bring together a range of information from multiple sources into one document to provide a process and expectations. The aim is that this guidance will reduce underreporting reporting of all incidents and ensure a consistent approach to supporting staff who have received aggression from patients, carers and service users.

Moving forward, the Trust will undertake listening exercises to ensure this draft guidance is consulted on by a wide range of stakeholders from across the Trust prior to a launch and embedding process.

Strengthening our Staff Networks

At the Trust we have three staff networks including the Race Equality Network, Disability Staff Network, and the Rainbow Alliance (LGBTQ+ staff network). Our staff networks provide a safe and practical space where generating and sharing new ideas, and exchanging information can be expressed in an informal environment. They also provide peer support, networking opportunities and social activities. Their activities can help to open the door to changing the culture within the Trust.

During the year, we reviewed the terms of reference for our staff networks to support them to reach their goals. We introduced an EMT Sponsor from the executive leadership team who would attend meetings and support in the escalation of issues as they arise.

We introduced monthly meetings between the Associate Director of People and OD, the network executive sponsor and the EDI lead in order to take feedback from the networks and address those issues escalated in network meetings.

We have continued to provide a budget of £5000 for each staff network to help them to put on engagement events. In March the Rainbow Alliance put on a face-to-face event with a range of guest speakers to celebrate International Trans Visibility Day.



Learning and Development

In April the Learning and Development team launched our own in house bullying and harassment awareness training for managers and leaders. This training will utilise Trust WRES data on bullying and harassment which can be contextualised within the training to ensure all colleagues are aware of the WDES/WRES findings regarding bullying and harassment.

Equality, Diversity and Inclusion Objectives for the Board

In March, a development session was held with the Board to establish a range of EDI objectives linked to the Trust EDI workstreams and strategies. A paper went to EMT which finalised the EDI objectives for all Board members including the Chief Executive and Chair for the appraisal window for 24/25.

Ethnicity Pay Gap Analysis

This year, for the first time, the Trust undertook an ethnicity pay gap analysis. The resulting report found that there we no negative pay gaps between staff from ethnic minority backgrounds and their white colleagues. The report is currently being reviewed by our governance committees and will be published on our Trust website in due course.



National Celebrations and commemorations

As a part of our ongoing work to inform and educate colleagues, across the past 12 months, the Trust has provided a range of informative articles via our weekly global staff email that offer informative guidance about Ramadan, Eid, Black History Month and commemorated Martin Luther King Day and Stephen Lawrence Day.



Developing Cultural Awareness

Reverse mentoring

The Trust introduced a new Reverse Mentoring programme for the organisation, as part of the wider Mentoring programme for the organisation. The purpose is to create meaningful mentor/mentee relationships that assists in generating a greater awareness of issues relevant to equality, diversity and inclusion amongst senior leaders and provides an opportunity to develop a greater understanding of the experiences of staff from diverse groups on a more personal level. Moving forward the Trust will work to raise awareness of the reverse mentoring offer and look to recruit a bank of trained mentors with live experience to work with senior leaders.

Inclusive Language Guidance

The Trust developed inclusive language guidance which has been presented at the Senior Leadership Forum and plans are in place to provide wider coverage across the organisation to support fostering better relations between the protected characteristics as well as supporting improved cultural awareness understanding. One of the topics includes how the organisation is moving away from the use of outdated terminology such as BAME (Black, Asian and Minority Ethnic) in line with guidance from the Governments Race Disparity Advisory Group. This will support the organisation to move towards more inclusive language when referring to the wide range of diversity in the workforce, and wider community.

Recruitment Deep Dive

A Recruitment deep dive report was developed which places an EDI lens on our recruitment activities over the previous six months based upon the protected characteristics. Insight from this report was shared with HR Business Partners who take this information into their workforce planning meetings to discuss underrepresentation with actions to support diverse recruitment strategies. This forms part of our work to ensure our EDI objectives are known in the areas and can support our organisational EDI aims.



Caring for people of different faiths

In collaboration with faith leaders and wider stakeholders, the Trust Chaplin and the Patient and Carer Experience Team developed guidance on caring for people of different faiths. It is the responsibility the Trust to actively promote and develop the spiritual well-being of adults and young people in its care. This extensive guidance is designed to provide support to staff as well as patients, carers, and service users in supporting spiritual well-being.

Making EDI a priority for the Organisation

Act Against Racism Charter

During the year, the Trust signed up to the Royal Society of Psychiatrists Act Against Racism Charter. The campaign guidance provides a framework of 15 actions to support Trusts to effectively address racism and was developed with Medical Directors, the NHS Race and Health Observatory, and the expertise of a working group. In the Trust this work is led by the Executive Medical Director, coordinated by our EDI Lead and the Board are provided assurance as to our progress via a quarterly Board EDI assurance report.

EDI Assurance Reporting to the Board

This year the Trust introduced a quarterly EDI Assurance Report for EMT and the Board. This extensive report is designed to assure the Trusts Leadership of the progress against all our EDI workstreams, including the Workforce Race Equality Standard, the Workforce Disability Equality Standard, the Gender and Ethnicity Pay gap report, NHS England EDI Improvement Plan, the Act Against Racism Charter, and the impact of the Respect campaign.

Access to Work Framework

The Trust ratified a new Access to Work framework that help staff get or stay in work if they have a physical or mental health condition or disability. This work was supported by the Trusts Disability Staff Network. Access to Work could give support with:

- specialist equipment and assistive software
- support workers, like a BSL interpreter, a job coach or a travel buddy
- costs of travelling to work, if staff cannot use public transport
- adaptations to staff members vehicle so they can get to work
- physical changes to staff's workplace



NHS Rainbow Badge scheme accreditation

In December 2022 the Trust signed up to the rainbow badge scheme and are currently working with the LGBT+ Foundation through a policy review, patient and staff surveys, a services survey and a workforce assessment to evaluate how we have engaged with the LGBTQ+ community. The outcome of our assessment was announced in November of 2023, where the Trust was awarded initial stage accreditation. The resultant action plan will inform EDI workstreams for the coming year.

Stakeholder Consultation

The Trust consulted with staff networks on a range of equality related initiatives such as new policies, the Respect campaign, Access to Work procedures and guidance, Rainbow Badge Accreditation Scheme, Hull PRIDE and the supporting trans patients policy.

3.1 Patient and Carer Experience (PACE) Equalities Milestones

Over the past twelve months the Trust undertook a wide range of initiatives to meet with Trust equality and diversity objectives to ensure the Trust works towards the Public Sector Equality Duty, these included:

- In September the Trust launched our Patient and Carer Experience Five Year Forward plan (2023 to 2028) including a suite of accessible resources to support the roll out of the plan.
- The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).
- To acknowledge our commitment as a Veteran's Aware organisation, in the Summer we co-produced four principles with our Veteran's forum members:
 - To be an employer who supports the Armed Forces Community by offering programmes such as 'Step into Health' to develop careers in the NHS.
 - To continue to promote the flexible working opportunities and roles available in the Trust to meet the needs of the individual and the Trust through existing Trust opportunities including the Veterans forum, Armed Forces Community Navigator, Reservists and 'Step into Health'.

- To ensure staff undertake training to raise awareness of the specific needs of the Armed Forces Community and requirements of the Armed Forces Covenant.
- To continue to identify the Armed Forces Community at first point of contact and staff are able to signpost individuals to relevant services.
- More teams have recruited an Armed Forces Community Navigator (AFCN) and are sharing the wealth of resources available to support the military community and their family and friends.
- The Equality, Diversity, Inclusion Operational Group continues to meet on a regular basis, with representation from all four Divisions and Corporate Services to share best practice and support new initiatives.
- Panel Volunteers continue to sit on interview panels across all services in the Trust to give an opportunity for members of the public to influence recruitment and selection decisions.
- Work continues to strengthen the collection of demographical data collection.
- This September saw the completion of a film to promote the Homeless Mental Health Team and the great work it does. Also, it shares key messages to help to break the stigma surrounding the homeless community to improve experiences of care. The film was shared at the September Trust Board meeting and can be

viewed here: <https://youtu.be/Lt33ilap0LM>

- Work continues to identify carers and signpost them for support; the Carer's Dashboard has been enhanced to provide additional information at team and divisional level and monthly prompts are sent to all divisions to access their team level data.
- Virtual and face-to-face services were and continue to be hosted by the Trust Chaplain.
- New work which has been developed in partnership with patients, service users, carers and individuals with lived experience can display our Trust's Co-production logo. It is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place.
- The Patient and Carer Experience Team brought together staff, patients, service users and carers to celebrate diversity and show our support to the community by attending Hull Pride 2023. We hosted a stand in the Health Marquee and participated in the Pride in Hull march.



- July saw the launch of the Youth Recovery and Wellbeing College which was marked by a celebration event which took place in the Trust's Lecture Theatre.

- The Humber Youth Action Group (HYAG) continues to grow and has excess of 40 young people on its membership, enabling young people to learn about the Trust as well as to shape and co-produce services and develop new skills and knowledge.



- The Humber NHS cadets programme launched in November. There are two age groups: fourteen- to sixteen-year-olds and sixteen to eighteen. The programme provides young people 'who are less likely to have such opportunities' the chance to meet our staff, learn about their roles and career choices, examine important health topics, develop beneficial new skills, meet new people, grow in confidence and consider a future career within our organisation.
- Since the launch of our Experts by Experience (EbE) initiative in January 2023 twenty-eight individuals have applied to join our bank of Experts by Experience. EbE are people with experience of using services as either a patient, service user or a carer and once registered on our

EbE Bank, will be remunerated for undertaking activities with the Trust.

- The Children's Services division has co-produced a Young Peoples Co-production and Participation toolkit for Staff: The toolkit provides important information, tips, and resources to support staff by helping to embed a culture within the Children's Services division around the importance of listening to the voices of young people and their lived experience to shape and improve the care we deliver.
- The Contact Point in the Child and Adolescent Mental Health Services (CAMHS) team has been remodelled to help ensure young people experience less duplication, less waiting and better communication when navigating the contact point. HYAG members gave their views and experiences to support with the restructure.
- To ensure that young people within the local community recognise signs of abusive behaviour and to enable them to have easy access to reliable sources of information and support, the HYAG have worked in collaboration with the Trust's Communications Team to devise an engaging White Ribbon marketing campaign which has been shared with local school and colleges.
- The Forensic Services division has upgraded computers and installed software (equivalent to Microsoft Office) and several service users are now registered for online courses with the Trust Recovery College and other

colleges including the Open University degree level courses.



- A poster has been co-produced to raise awareness of the support available for people experiencing mental health difficulties. It is hoped that the leaflet will raise awareness of the different support services available, which in time will help to alleviate pressures in the system to help reduce the need to attend Emergency Department facilities for support when for example, the individual would like someone to talk to.
- An Emergency Department Streaming Project has been introduced where a focus group was held to discuss experiences of waiting in the Emergency Department when needing mental health support to identify ideas around creating a supportive environment in the new space and a name for the new waiting area.

4.0

Equality, Diversity and Inclusion Governance Structures

The Trust has governance, regulatory frameworks and mechanisms in place to ensure that assurance is provided in relation to the discharge of equality duties. The EDI governance structure reflects our approach to making sure there is a clear leadership commitment to support the delivery of our EDI strategy. It reflects the important relationships and collaboration between key stakeholder groups, whose common purpose it is to make sure that EDI is considered in all our work.

Workforce and OD Committee

The purpose of the Workforce and OD Committee is to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care. This includes Workforce, ED&I and staff health and wellbeing.

driven forward in a structured manner. The group leads and drives the change required in relation to the workforce inclusion agenda in active support of the Trust’s objectives.

This group meets on a quarterly basis, is chaired by the Associate Director of People and OD and is attended by the staff network chairs and other key stakeholders including representation from all service areas of the Trust. This group reports into the Workforce and OD Committee and provides regular updates and assurance on progress against objectives.

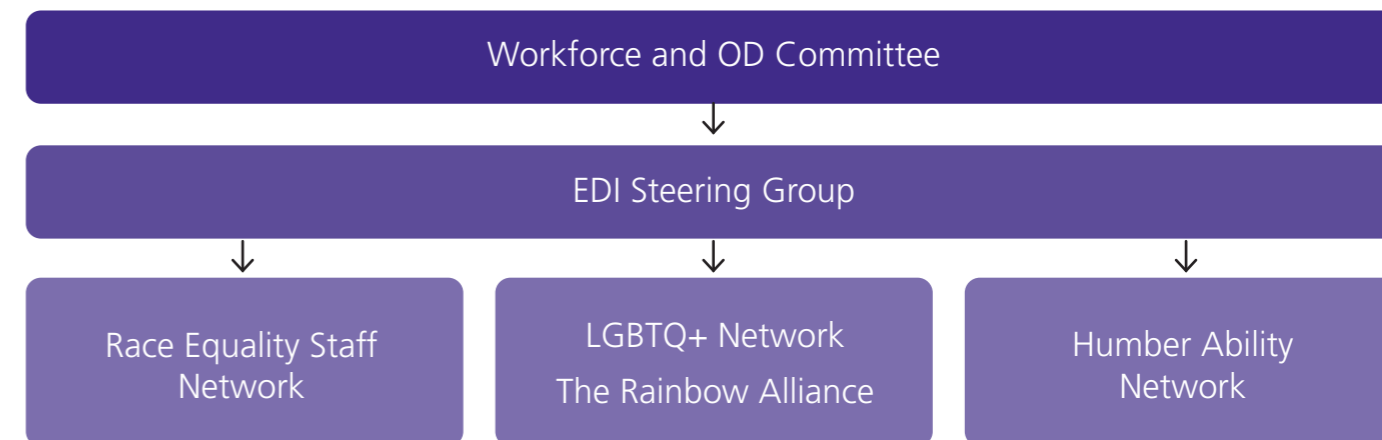


Workforce Equality Diversity and Inclusion Steering Group

The Workforce Equality, Diversity and Inclusion Steering Group brings together key stakeholders in the Trust to ensure that Equality, Diversity and Inclusion work is



The Workforce Equality, Diversity and Inclusion Steering Group brings together key stakeholders in the Trust to ensure that Equality, Diversity and Inclusion work is driven forward in a structured manner.



Embedding EDI in Our Work – Roles and Responsibilities

Our Board

The Trust Board is our governing body. It is responsible for the overall control of our organisation, including agreeing this report and holding the Executives to account for its delivery. This year we introduced EDI objectives into Board member appraisals to further embed EDI throughout the organisation.

Executive Management Team

The Chief Executive and Executive Directors form the Trust Executive Management Team (EMT). Directors have the authority to set the EDI priorities in their business areas. They are also accountable to the Chief Executive for making sure the resources are in place to deliver the EDI priorities. Directors are responsible for providing their teams with the support and understanding they need to deliver EDI through their work. This year we introduced EDI objectives into EMT members appraisals to further embed EDI throughout the organisation.

Management and Line Managers

Managers and line managers are responsible for delivering the EDI strategy and for understanding and raising the importance of EDI in their business areas. They must make sure that all staff are aware of and engaged with these priorities, and that they understand how our approach to EDI fits the overall Trust vision and strategic plan.

All Employees

Everyone is responsible for making sure they:

- Uphold the equalities and human rights legislation.
- Treat all colleagues and patients with respect and civility.
- Maintain compliance with EDI mandatory training.
- Contribute to an inclusive working culture that celebrates the diversity of their colleagues and the people using our services.
- Everyone has a responsibility to ‘live’ our Humber values and to bring these to life through their work and interactions with other people both inside and outside

Patients and Service Users and Carers

Equality, Diversity and Inclusion (EDI) is a regular agenda item at the Trust’s Patient and Carer Experience (PACE) forums. A six-monthly update is presented to the Quality and Patient Safety (QPAS) group, Organisational Delivery Group, Executive Management Team and Quality Committee within the Patient and Carer Experience (including Complaints and Feedback) report.

An annual update is presented to the Quality and Patient Safety (QPAS) group, Organisational Delivery Group, Executive Management Team, Quality Committee and Trust Board within the Patient and Carer Experience Annual Report (including Complaints and Feedback).

Community Consultation through Networks

The Trust ensures decision making regarding Equality, Diversity and Inclusion is in consultation with the community through a range of local and regional networks, these include:

- Local groups such as the Equality, Diversity and Inclusion Partnership
- Regional groups such as the Yorkshire and Humber Regional E&D leads network
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender + (LGBT+) forum
- Peel Street Project network
- Hull Sisters
- Hull Interfaith Group
- Trust forums including Patient and Carer Experience Forums, Veterans Forum and Humber Co-production Network
- Humber Staff Networks including: Race Equality, LGBTQ+ and Disability Staff Equality Networks

It is recognised that staff equality networks are an excellent mechanism through which the general duties of the Equality Act 2010 can be supported in relation to staff from the protected groups and other groups at potential risk of inequality.

The Trust currently has three established staff networks:

- LGBTQ+ staff network, known as the Rainbow Alliance, with the Head of Corporate Affairs acting as the executive sponsor.



- The Race Equality staff network, with the Executive Director of Nursing, Allied Health and Social Care Professionals acting as the executive sponsor.
- Humber Ability Group (for staff with long term health conditions and Disabilities), with the Executive Director of Finance acting as the executive sponsor.

The importance of staff networks has been formally recognised at a national level and articulated in the NHS People Plan. Each of the Staff Networks have access to a budget, admin resources to support them and terms of reference have been established to provide a framework to support these networks and the delivery of their aims.

EDI Training

It is a statutory and mandatory requirement for all employees and workers at the Trust to complete the Health Education England E-learning Equality, Diversity and Human Rights Level 1 course every

three years. This is a national level course aligned to the Core Skills Training Framework (CSTF) which sets out an acceptable minimum standard of competence. As of March 2024, compliance with the training is 97.55%.

New Starters

EDI features on the Corporate Induction programme to ensure that from the outset all new employees are aware of the Trust's commitment to the Equality, Diversity and Inclusion agenda. This includes an overview of how the Trust undertakes inclusion initiatives, our Trust workforce demographical data and an introduction to the Staff Networks.

5.0

Statutory and Mandatory Duties – NHS Standard Contract

5.1 Implementation of the NHS Equality Delivery System (EDS2)

Completion of the EDS2 is a requirement of both NHS Commissioners and NHS Providers in the NHS Standard Contract. It is an annual requirement to upload data to the system and from there a summary report is produced.

EDS2 is a toolkit designed around four primary goals, and grades are given against each:

- **Goal 1** – Better health outcomes
- **Goal 2** – Improved patient access and experience
- **Goal 3** – A representative and supported workforce
- **Goal 4** – Inclusive leadership

The EDS2 is implemented in a three-staged process:

- Self-assessment
- Peer reviewed assessment
- Stakeholder Reviewed assessment

The Trust is given gradings against each of the primary goals in March of each year. In summary there are no areas undeveloped, no areas graded as developing, four areas graded as achieving and eleven areas graded as excellent. The EDS2 is considered and agreed by the Trust Board each year.

5.2 Implementation of the NHS Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is designed to help NHS organisations understand and actively address differences in the experience between staff from diverse communities and white staff. It ensures that the Trust evaluates the experiences of its diverse workforce and set actions for improvement.

The WRES comprises of nine indicators; indicators 1 – 4 are taken from the Trust's HR data systems; indicators 5 – 8 are taken from the national NHS Staff Survey and indicator 9 pertains to the Trust's senior leadership.

The WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

The WRES was implemented in 2015 and since 2020, through the establishment of the Race Equality Staff Network, the voices of staff from diverse backgrounds have been heard and acted upon in relation to the Trust's commitment to improving race equality.

Information about the Trust's WRES and the full report can be located on the Trust **website**.

Summary of Progress in 2023

WRES Indicator	Description
1	Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce
	<p>214 of the staff in the Trust come from Black, Asian and Ethnic Minority backgrounds which is 6% of the overall workforce.</p> <p>In terms of improvements there has been a 50% increase in Clinical Trainee Grade Black, Asian and Ethnic Minority staff.</p> <p>Whilst there is no significant change from last year in representation across the bandings, the data presents a requirement to focus on improving the representation of staff from Black, Asian and Ethnic Minority backgrounds specifically across the non-clinical workforce, specifically band 7 and above, where there is no Black, Asian and Ethnic Minority representation.</p> <p>The data is showing some minor improvement in the representation of BAME staff at bands 7 and in clinical roles however there is recognition that this remains and area of focus for all bands in the clinical workforce.</p>
2	Relative likelihood of BAME staff being appointed from shortlisting
	<p>The ratio of 0.78 shows applicants from Black, Asian and Ethnic Minority backgrounds are more likely to be shortlisted compared to applicants declaring themselves as White. The national guidance states that anything between 0.80 and 1.25 is in the non-adverse range, so this is in favour of BAME candidates.</p>
3	Relative likelihood of staff entering a formal disciplinary process
	<p>This metric is consistent with the 2022 report and shows that there is no significant difference in the likelihood of entering into a formal disciplinary between White staff and Black and Ethnic Minority Staff. The Trust remains better than the nationally reported figure 1.14 for this indicator.</p>
4	Relative likelihood of staff accessing non-mandatory training and CPD
	<p>This year's ratio of 1.01 indicates that BAME staff are as likely to access non-mandatory training and CPD in the Trust which is within the non-adverse range as set out in the national WRES report. This demonstrates equality of access and shows a more positive position than the national figure of 1.14 and the North-East and Yorkshire figure of 1.07.</p>

WRES Indicator	Description
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public
	<p>21.2% of the 66 Black, Asian and Ethnic Minority staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from patients, relatives or the public which is a 9.2% improvement on last year's figure. The BAME figure reported nationally in the NHS staff survey is 30.4%, showing the Trust is significantly better for this indicator.</p>
6	Percentage of staff experiencing harassment, bullying or abuse from staff
	<p>25.8% of the 66 Black, Asian and Ethnic Minority staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from staff represents a 0.3% increase from last year's figure and is 8.7% higher than White staff. However, there has been a steady decline since 2018 when the figure was 29.7% and the Trust compares favourably to the national figure of 27.7%.</p>
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion
	<p>47% of the 66 Black, Asian and Ethnic Minority staff that completed the NHS Staff Survey reported that the Trust provides equal opportunities for career progression or promotion. Whilst acknowledging there is still work to do, this represents a 0.6% improvement over the previous year, and is 0.6% better the national figure of 46.4%.</p>
8	Percentage of staff personally experiencing discrimination at work by manager/team leader or other colleagues
	<p>16.7% of the 66 Black, Asian and Ethnic Minority staff that completed the NHS Staff Survey reported they personally experience discrimination at work by a manager/team represents an improvement of 1.5% on the previous year. However, this figure is still 0.1% above the national average of 16.6%, so will be an area of focus in 2023/24.</p>
9	% difference between the organisations' Board voting membership and its overall workforce
	<p>Black, Asian and Ethnic Minority staff representation on the Trust board (voting membership) improved to 15.4%, this represents a significant improvement and is better than the national figure as reported in the national WRES report in 2022.</p>

The Trust undertook a number of initiatives during the year and as a result demonstrated better results than the national average in 8 of the 9 indicators. Trust scores improved on 2022 in three of the indicators (where one remained only 0.1% worse than the national figure), showing a positive trajectory, although more work remains. A notable achievement is that the Trust remained a top performing Trust for WRES indicator 2, 'Relative likelihood of hiring staff from shortlisting'.

Action Plan from 2023 WRES Report

No.	Action
1	ED&I Workforce Lead, in collaboration with HRBPs, to review advertising strategy for band 7 - VSM roles in order to ensure roles are advertised widely and targeted towards more diverse candidates, improve advert quality with regard to diversity, and ensure band 7+ roles are advertised to diverse candidates.
2	Launch the 'Report it' anti-bullying campaign across the Trust (this will be aimed at patients and service users as well as staff). In line with Trust policies, 'Report It' posters will be displayed in all service areas, with links to key policy documents and staff contacts.
3	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 BME staff.
4	Through our governance structures, support and empower our Race Equality Staff Network to work with BME staff on the development of the WRES action plan, and development opportunities to enable it to maximise the impact and the involvement of all BME colleagues, so they are valued and thrive within an inclusive and compassionate workplace.
5	Continue to deliver Trust bullying and harassment awareness training for managers, using Trust WRES data to contextualise concerns with organisational priorities.
6	Continue to drive the process to reduce the number of 'unspecified' entries in staff records to continually improve accuracy of our workforce data on ethnicity.
7	Ensure high visibility of the Trust Behavioural Standards framework to maintain high expectations of staff in their interactions with colleagues.

5.3 Implementation of the NHS Workforce Disability Equality Standard (WDES)

In 2019 NHS England launched the Workforce Race Disability Standard (WDES). Similar to the WRES, the WDES is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts.

The WDES is a data-based standard that uses a series of ten measures (metrics) to improve the experiences of Disabled staff in the NHS. All of the metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, local HR data) with the exception of one; metric 9b asks for narrative evidence of actions taken, to be written into the Trust's WDES annual report.

The metrics have been developed to capture information relating to the workplace and career experiences of Disabled staff in the NHS. The following information provides insight into Humber Teaching NHS Foundation Trust's current position against the Workforce Disability Equality Standard (WDES) Metrics. Humber Teaching NHS Foundation Trust has demonstrated a number of key improvements in the past 12 months when compared to other NHS Trusts. A copy of the 2023 WDES report can be found on the Trust [website](#).

Summary of Progress in 2023

WDES Metric	Description
1	Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce. Disabled representation in the workforce has improved on the previous year. 8.34% of the workforce identifies as being disabled which is an increase on the previous year's figure of 6.77%, however there continues to be no disabled staff represented across pay bands 8c – VSM in non-clinical roles and there has been a decline in cluster 7 clinical roles for staff with a disability or long-term condition.
2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts The relative likelihood of disabled staff being appointed from shortlisting is 0.97 which is an improvement on the previous year of 1.11. The Trust is doing better than the nationally reported figure of 1.11. A figure below 1.0 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. The relative likelihood of disabled staff entering the formal capability process has increased to 1.27, however this represents 1 member of staff and demonstrates that disabled staff are not disadvantaged by the Trust's formal disciplinary processes.
4a	Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months 32.2% of 370 disabled staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Despite a 2.2% deterioration from the previous year, this is better than the national figure of 33.1%. Despite being better than the national figure, it is still 10% higher than for colleagues without a disability/LTC and this is something that should be closely monitored in 2023/24.
4b	Staff experiencing harassment, bullying or abuse from managers in the last 12 months 11.7% of 367 disabled staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from a manager in the last 12 months. This is a decrease of 2.1% on 2022 figure but is significantly better than the national figure of 16.4%.
4c	Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months 22.6% of 367 disabled staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months. This is an increase of 2.2% on 2022 figure; however, it is better the national figure of 25%.

WDES Metric	Description
4d	Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months

70.5% of 149 disabled staff that completed the NHS Staff Survey reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it. This represents an improvement of 11.8% on the previous year and this is significantly better than the national figure of 51%.

5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
---	--

52.6% of 371 disabled staff that completed the NHS Staff Survey believe the Trust provides equal opportunity for career progression or promotion. This represents a slight decline of 1% on the previous year but is better than the national figure of 51.7%.

6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
---	--

17.3% of 271 disabled staff that completed the NHS Staff Survey believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. This represents an improvement of 7.1% on the previous year and is better than the national average of 28%.

7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
---	---

41.8% of 371 disabled staff that completed the NHS Staff Survey were satisfied with the extent to which the Trust values their work. This represents a decline of 3.5% on the previous year, however it is higher than the national figure of 34.7%.

8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
---	--

79.6% of 226 disabled staff that completed the NHS Staff Survey believe the Trust has made adequate adjustments to enable them to carry out their work, a decrease of 2.8% on the previous year. However, this is better than the national figure of 73%.

9	The staff engagement score for Disabled staff, compared to non-disabled staff.
---	--

The engagement score of disabled staff (6.7) is in line with the national figure of 6.4.

10	Percentage difference between the organisation's board voting membership and its organisation's overall workforce
----	---

All Trust board members have up to date ESR Records, however there is no disability representation in its membership.

During 2022-2023 the Trust embarked on a number of important strategic initiatives which were intended to have a direct impact on improving the experience of disabled staff and lead to improvement in the WDES data.

Action Plan from 2023 WDES Report

No.	Action
1	ED&I Workforce Lead in collaboration with HRBPs to review advertising strategy for band 8c - VSM roles in order to ensure roles are advertised widely and targeted towards disabled individuals, improve advert quality with regard to diversity, and ensure band 7+ roles are advertised to diverse candidates.
2	Launch the 'Report it' anti-bullying campaign across the Trust (this will be aimed at patients and service users as well as staff). In line with Trust policies, 'Report It' posters will be displayed in all service areas, with links to key policy documents and staff contacts.
3	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 disabled staff.
4	Through our governance structures, support and empower our Humber Disability Staff Network to work with disabled staff on the development of the WDES action plan, and development opportunities to enable it to maximise the impact and the involvement of all disabled colleagues, so they are valued and thrive within an inclusive and compassionate workplace.
5	Continue to deliver Trust bullying and harassment awareness training for managers.
6	Continue to drive the process to reduce the number of 'unspecified' in staff records to continually improve accuracy of our workforce data on disability.
7	Ensure high visibility of the Trust Behavioural Standards framework to maintain high expectations of staff in their interactions with colleagues.

5.4 Gender Pay Gap Report

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017, has made it a statutory requirement for organisations with 250 or more employees to report their gender pay gap annually by 31st March, as of 31st March the previous year.

The Gender Pay Gap report for Humber Teaching NHS Foundation Trust (HTFT), is a welcome addition to the workforce data that the Trust uses to monitor diversity and informs our decision-making regarding workforce inequalities.

The workforce at the Trust is predominantly female, which is in common with the wider NHS. The Trust has a good track record of promoting diversity within the workforce. The Trust uses this data to recognise that inequalities continue to exist and drive the actions that we take to address those inequalities.

The first report was published in 2018 and was informed by 'snapshot data' as of 30th March 2017. Subsequent reports (published in 2019, 2020 and 2021, 2022) were informed by 'snapshot data' as of 31st March for each previous reporting year. The 2023 report is informed by 'snapshot data' as of 31st March 2022.

The report must include:

- The mean and median gender pay gaps

- The mean and median gender bonus gaps
- The proportion of men and women who received bonuses
- The proportions of male and female employees in each pay quartile

The gender pay gap shows the difference in the average pay between all men and women in the workforce. The gender pay gap is different to equal pay. Equal pay is regarding pay differences between men and women who carry out the same, or similar, jobs or for work of equal value. It is unlawful to pay people unequally on the basis of gender. It is possible to have pay equality but still have a significant gender pay gap.

The Trust is committed to the principle of equal opportunities and equal treatment for all employees regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy / maternity, sexual orientation, gender reassignment or disability.

On this basis, the Trust has a clear policy of paying employees equally for the same or equivalent work, regardless of their sex (or any other characteristic set out above), the Agenda for Change pay framework is designed to support NHS Trusts in ensuring NHS employees are paid equally and this is fully embedded within the Trust.

The Trust has a largely female workforce, like many other NHS organisations, at the time of the report 78.79% of the workforce were female, and 21.21% male. This was an increase of 0.5% more women in the organisation, compared to the previous year.

In summary, the Trust's Gender Pay Gap shows us that:

The Trust's mean gender pay gap was **13.2%**
an increase on 2022 (11.4%)

The Trust's median gender pay gap was **6%**
an increase on 2022 (1%)

The proportion of males receiving a bonus is **1.26%**
and lower than 2022 (1.27%)

The proportion of females receiving a bonus is **0.26%**
and smaller than 2022 (0.27%)

The gender pay gap trend for Humber Teaching NHS Foundation Trust is decreasing, despite a slight rise from the previous year. The mean gender pay gap was 13.2% in March 2022, representing an increase in the gap of 1.8 percentage points. The median gender pay gap has increased to 6% in March 2022, equating to an increase of 5 percentage points since March 2022.

Clinical Excellence Awards

As an organisation we do honour existing Clinical Excellence Award (CEA) payments, which are recognised practice across the NHS.

CEAs are nationally recognised discretionary payments that are awarded to Medical Consultant colleagues who have contributed exceptional clinical skills and expertise to improve the quality of care in the NHS. The CEAs are awarded to attract and retain highly skilled clinical colleagues within the NHS.

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. This was distributed equally across 30 Consultants, with 18 being male and 12 female.

The Trust recognises that it has further work to do in positively impacting the gender pay gap position and has developed a draft revised action plan to support this ongoing work.

Actions from 2023

1 Deliver and monitor female participation in Career Confidence Coaching sessions that focus on supporting our female colleagues through their career journey in the organisation.

2 Moving away from equal distribution local clinical excellence awards and implement an assessment-based approach to ensure fairness and proportionality in awarding clinical excellence payments.

3 Ongoing analysis of recruitment EDI data to refine inclusive recruitment practices, building on existing strategy, tools, resources and local promotion and recruitment practices to engage and employ applicants and retain employees from all communities.

4 Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying collaborative actions that will support pay equality encouraging increased uptake from female staff.

5 Develop a succession planning process to provide balance in the promotion, succession planning and development opportunities.

5.5 NHS Accessible Information Standard (AIS)

The AIS came into effect for all NHS organisations in July 2016. The aim of the Standard is to ensure that patients, service users, carers and parents with information or communication needs relating to a disability, impairment or sensory loss receive information in a format they can understand and any communication support they need to enable them to access services appropriately.

The Trust has Accessible Information Standard guidance which sets out the general steps to be taken to ensure any information and communication support needs that are related to disability, impairment or sensory loss of patients/service users and/or their parents/carers are met. This includes needs for:

- Information in a ‘non-standard’, alternative or specific format
- Use of specific or alternative contact methods
- Arrangement of support from a communication professional (e.g. a British Sign Language Interpreter or a deafblind manual interpreter); and
- Support to communicate in a different or particular way or to use communication aids (e.g. to lip-read or use a hearing aid).

This guidance document sets out the Trust’s obligations under the NHS Accessible Information Standard and how it intends to

achieve compliance with the Standard.

During the initial assessment clinicians identify if a patient or service user or carer has additional communication needs. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient’s record and is visible for clinicians to see.

In December 2018 the Trust purchased Reachdeck (formerly known as Browsealoud) software for the website. Reachdeck is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important information.

The Trust has strengthened the Brand Centre by introducing guidance on writing Accessible Information, designing patient information and offering information in alternative formats.

The Trust has access to Healthwatch Read Right panels (Hull Healthwatch and East Riding Healthwatch) who provide feedback on our patient information.

The Trust Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgeit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.

5.6 Interpretation and Translation Services

The Trust has access to several organisations that provide interpreter and translation services support to individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding a particular language. The three key providers used by the Trust are; Hull City Council who provides services to our patients in the Hull and East Riding area, The Big Word for individuals living in the Whitby, Scarborough and Ryedale region and Language Line who provides video interpreters to the teams who have the highest volume of patients who speak English as their second language.

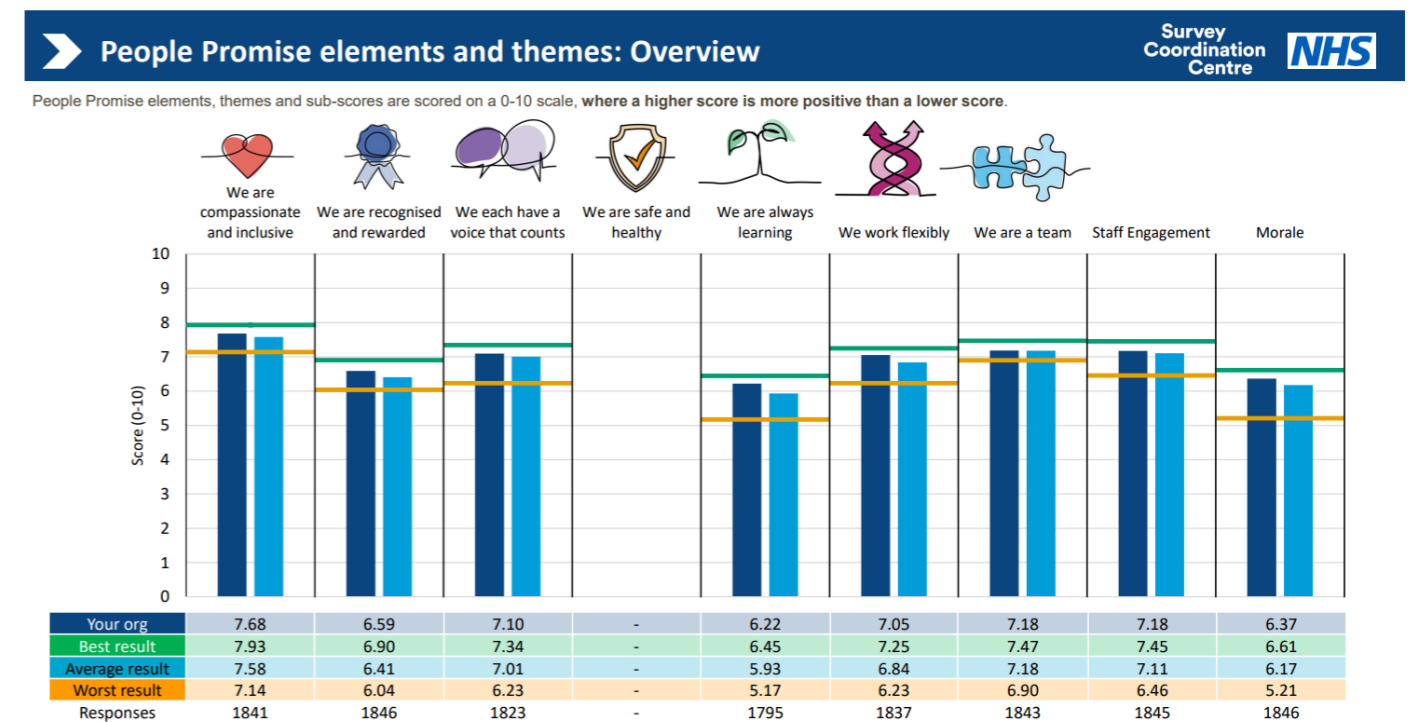
6.0

NHS National Staff Survey (NSS)

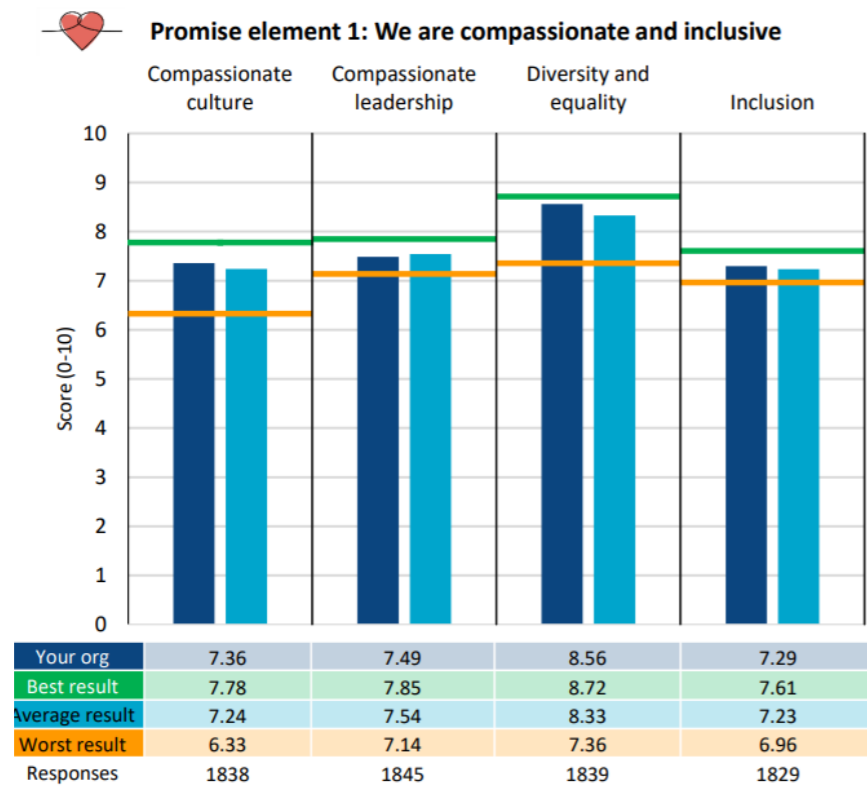
In the 2023 Trust National Staff Survey (NSS) the response rate was 56%, a significant improvement on the previous year of 43.9%. The median response rate for the benchmark group was 52%.

The NSS responses are considered in each of the EDI reports as addressed in section 5 of this report. Indicators and metrics in the WRES and WDES take data from the NSS. In 2021 the NSS questions were aligned to the NHS People Promise. The People Promise sets out, in the words of our NHS people, the things that would most improve our working experience.

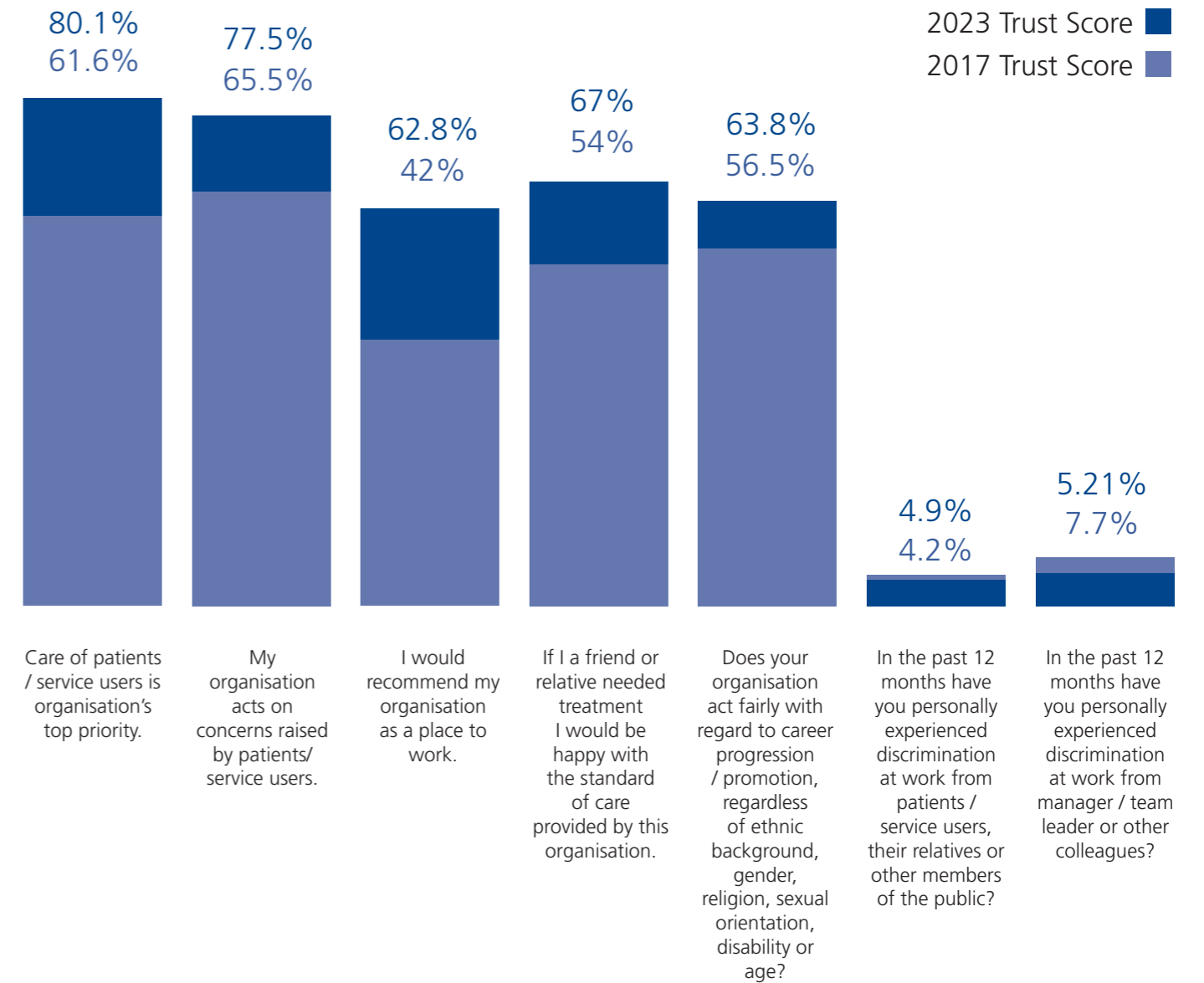
The Trust’s score against each of the seven elements of the People Promise are outlined below alongside the two key themes, staff engagement and morale, that remained from the previous NSS. The results of the 2023 staff survey demonstrate the Trust scores higher than national comparison figures in all but one people promise theme, and matches the national average on one theme.



In relation to the People Promise ‘We are compassionate and inclusive’ the below infographics show the Trusts scores in summary:



Analysis of the questions relevant to the People Promise area ‘We are Compassionate and Inclusive’ are outlined below and demonstrates the journey of the Trust, recognising that there are still some areas of focus.



The NSS responses have been analysed to division/directorate level and are in the process of being disseminated into those areas to enable collaborative and proactive actions to be established and carried out. Each division is held accountable for their NSS scores via accountability reviews and objective setting.

7.0

Positive Assurance

Over the course of the year, the Trust has continued to meet its commitments to the Equality, Diversity and Inclusion agenda. The primary highlights of the year have included:

- During the year the Trust has seen representation across the workforce increase from 6% to 7.34%. We have also seen an improvement in the number of diverse staff in band 7 and 8a roles in both clinical and non-clinical roles. Similarly, the Board continues to be representative of the communities we serve with a 12.5% diverse membership.
- The Trust developed a new People Strategy to take the Trust forward for the next five years. Coproduced in collaboration with stakeholders the new People Strategy ensures inclusivity and respect are at the heart of the Trust people operations.
- The Respect campaign was launched on the 1st November 2023, with a range of 9 different 'Report It' posters which were displayed in the workplace, this a part of developing a positive and safe workplace culture. Since the launch we have seen a 70% increase in referrals for bullying, harassment, and discrimination.

- EDI objectives linked to Trust EDI workstreams, and strategies were agreed for all Board members including the Chief Executive and Chair for the appraisal window for 24/25.
- The Trust introduced a quarterly EDI Assurance Report for EMT and the Board. This extensive report is designed to assure the Trust's leadership of the progress against all our EDI workstreams, including the Workforce Race Equality Standard, the Workforce Disability Equality Standard, the Gender and Ethnicity Pay gap report, NHS England EDI Improvement Plan, the Act Against Racism Charter, and the impact of the Respect campaign.

- A Recruitment deep dive report was developed which places an EDI lens on our recruitment activities over the previous six months based upon the protected characteristics. Insight from this report is shared with HR Business Partners who took this information into their workforce planning meetings to discuss underrepresentation with actions to support diverse recruitment strategies. This forms part of our work to ensure our EDI objectives are known in the areas and can support our organisational EDI aims.

As we move into 2024-2025, the Trust's commitment to Equality, Diversity and Inclusion is outlined in the Equality Objectives 2024-25 (Appendix 3).

This provides assurance that work on the EDI agenda will continue to ensure that Humber Teaching NHS Foundation Trust and key stakeholders in the Integrated Care Board (ICB) continue to evolve as inclusive providers of services and as an inclusive employer.



Appendix 1

EDI data relating to the Yorkshire and Humber Region

In East Riding of Yorkshire, the population size has increased by 2.4%, from around 334,200 in 2011 to 342,200 in 2021.

In the 2021 Census, we have seen minor changes to the local demographics.

Ethnic identity across the East Riding of Yorkshire in 2021		
Ethnic origin	Percentage	% Change since 2011
Asian, Asian British or Asian Welsh	1.1	+0.2
Black, Black British, Black Welsh, Caribbean or African	0.3	+0.1
Mixed or multiple ethnic groups	0.9	+0.2
White	97.3	-0.7
Other ethnic groups	0.3	+0.2

Gender Identity of people over the age of 16 across East Riding of Yorkshire in 2021		
Gender identity	Percentage	% Change since 2011
Gender identity the same as their sex registered at birth	94.62	Not measured in 2011
A gender identity different from their sex registered at birth	0.29	Not measured in 2011
Did not answer	5.09	Not measured in 2011

Sexual orientation of people over the age of 16 across East Riding of Yorkshire in 2021		
Sexual orientation	Percentage	% Change since 2011
Straight or heterosexual	91.22	Not measured in 2011
Lesbian, gay, bisexual, or other (LGBTQ+)	2.01	Not measured in 2011
Did not answer	6.77	Not measured in 2011

Religion of people across East Riding of Yorkshire in 2021		
Religion	Percentage	% Change since 2011
No Religion	39.1	+15.7
Christian	53.3	-14.7
Buddhist	0.3	0
Hindu	0.1	0
Jewish	0.1	0
Muslim	0.6	+0.2
Sikh	0.1	0
Other	0.4	+0.2
Not answered	6	-1.3

Disability of people across East Riding of Yorkshire in 2021		
Disability	Percentage	% Change since 2011
Disabled under the equality act: day-to-day activities limited a lot	6.7	-1.4
Disabled under the equality act: day-to-day activities limited a little	10	+0.3
No disabled	83.3	+1.1

Age of people across East Riding of Yorkshire in 2021		
Age	Percentage	% Change since 2011
aged 15 years and under	15.8	-0.9
aged 16 to 64 years	57.8	-4.2
aged 65 years and over	26.4	+5.1

Sex of people across East Riding of Yorkshire in 2021		
Sex	Percentage	% Change since 2011
Female	51	-0.2
Male	49	+0.2

Appendix 2

EDI data relating to the workforce of Humber Teaching NHS Foundation Trust

In the data report below, the workforce data of the Trust as at 31st March 2024 is presented. The following observations are noted:

Age

In line with the wider NHS the Trust employs a multigenerational workforce. The Trust is moving forward with its plans to increase those in the lower age bands via apprenticeship schemes and career development roles.

Age Band	Headcount	%	FTE
<=20 Yrs	31	0.77	17.41
21-25	267	6.66	230.33
26-30	384	9.57	322.25
31-35	493	12.29	395.33
36-40	541	13.49	430.06
41-45	432	10.77	358.72
46-50	446	11.12	367.00
51-55	533	13.29	443.82
56-60	485	12.09	357.39
61-65	301	7.50	183.15
66-70	71	1.77	36.21
>=71 Yrs	27	0.67	10.29
Grand Total	4,011	100.00	3151.96

Disability

The Trust has seen an increase in the number of staff who are declaring their disability in workforce data however it remains a challenge to enable disabled staff to feel comfortable and confident to disclose. The Trust will continue to raise the profile of the Disability Staff Network to develop a positive and supportive narrative and actions to support our disabled staff.

Disability Flag	Headcount	%	FTE
No	2,971	74.07	2386.78
Not declared	506	12.62	350.41
Prefer not to answer	40	1.00	33.74
Unspecified	139	3.47	76.47
Yes	355	8.85	304.55
Grand total	4,011	100.00	3151.96

Religion and Belief

The Trusts data continues to demonstrate a high number of not disclosed.

Religious Belief	Headcount	%	FTE
Atheism	905	22.56	763.52
Buddhism	17	0.42	12.70
Christianity	1,592	39.69	1231.15
Hinduism	13	0.32	11.23
Islam	38	0.95	27.95
Judaism	1	0.02	0.80
Not disclosed	1,016	25.33	758.80
Other	404	10.07	333.01
Sikhism	3	0.07	3.00
Unspecified	22	0.55	9.81
Grand total	4,011	100.00	3151.96

Marriage and Civil Partnership

The Trust data is consistent with previous years and demonstrates little change.

Marital Status	Headcount	%	FTE
Civil partnership	62	1.55	51.69
Divorced	275	6.86	220.40
Legally separated	55	1.37	47.52
Married	1,963	48.94	1504.82
Single	1,389	34.63	1122.92
Unknown	159	3.96	126.18
Unspecified	58	1.45	42.68
Widowed	50	1.25	35.74
Grand total	4,011	100.00	3151.96

Sex

Like most, if not all, NHS organisations, the Trust employs a majority female workforce (approx. 79%). Compared to the local population demography, this is by far the largest variance. As an act of positive action, the Trust is advised to consider promoting career opportunities to the local male population.

Gender	Headcount	%	FTE
Female	3,191	79.6	2472.65
Male	820	20.4	679.32
Grand Total	4,011	100.0	3151.96

Sexual Orientation

In recent years the Trust has seen an increase in the overall number of staff from the LGBTQ+ community where the figure in 2019 was 0.5%. There is still a higher proportion of not disclosed data.

Sexual Orientation	Headcount	%	FTE
Bisexual	77	1.92	68.21
Gay or Lesbian	81	2.02	71.12
Heterosexual or Straight	3,174	79.13	2533.64
Not disclosed	636	15.86	451.68
Other sexual orientation not listed	19	0.47	16.64
Undecided	6	0.15	5.00
Unspecified	18	0.45	5.67
Grand total	4,011	100.00	3151.96

Race

The Trust is proud to attract employees from a wide range of diverse heritage and thereby contribute to the cultural diversity of the region.

Ethnic Group	Headcount	%	FTE
A White - British	3,295	82.15%	2645.45
B White - Irish	19	0.47%	15.10
C White - Any other White background	62	1.55%	48.27
C3 White Unspecified	3	0.07%	2.71
CA White English	16	0.40%	10.21
CB White Scottish	1	0.02%	1.00
CC White Welsh	1	0.02%	1.00
CF White Greek	1	0.02%	1.00
CK White Italian	1	0.02%	1.00
CP White Polish	4	0.10%	3.99
CQ White ex-USSR	1	0.02%	1.00
CX White Mixed	1	0.02%	1.00
CY White Other European	4	0.10%	3.30
D Mixed - White & Black Caribbean	8	0.20%	6.88
E Mixed - White & Black African	10	0.25%	6.64
F Mixed - White & Asian	12	0.30%	8.04
G Mixed - Any other mixed background	15	0.37%	12.60
GD Mixed - Chinese & White	2	0.05%	2.00
H Asian or Asian British - Indian	35	0.87%	29.00
J Asian or Asian British - Pakistani	12	0.30%	10.00
K Asian or Asian British - Bangladeshi	6	0.15%	5.60
L Asian or Asian British - Any other Asian background	7	0.17%	4.76
LA Asian Mixed	1	0.02%	0.20
LE Asian Sri Lankan	1	0.02%	0.00

LG Asian Sinhalese	1	0.02%	1.00
LH Asian British	1	0.02%	1.00
M Black or Black British - Caribbean	11	0.27%	10.76
N Black or Black British - African	167	4.16%	110.51
P Black or Black British - Any other Black background	10	0.25%	7.00
PC Black Nigerian	17	0.42%	9.78
PD Black British	4	0.10%	0.61
R Chinese	6	0.15%	4.17
S Any Other Ethnic Group	12	0.30%	8.92
SC Filipino	2	0.05%	1.90
SD Malaysian	1	0.02%	1.00
SE Other Specified	3	0.07%	3.00
Unspecified	11	0.27%	4.00
Z Not Stated	247	6.16%	167.57
Grand Total	4,011	100%	3151.96

Appendix 3

Progress on Objectives 2023/24

Patient, Service Users and Carer Equality Objectives 2023/24

A face-to-face workshop was held on 18 May 2023 where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, the following priorities have been identified for the Trust to progress for the period 2023 to 2025.

Priorities	Outcome	Progress Over the Past Twelve Months
1. To strengthen patient demographical data collection to tailor care that meets individual needs.	An enhanced approach to deliver bespoke tailored care to meet individual needs.	<ul style="list-style-type: none"> A presentation on Demographical Data Collection was shared at the Senior Leadership Forums in January and July 2023 and divisional team meetings over the year. A Protected Characteristics Project Group has been created where a Protected Characteristics Standard Operating Procedure has been developed. A Patient/Service User self-capture digital offer has been factored into the new SystmOne Electronic Patient Record (EPR) project plans. Bedigital will take this forwards. Demographic data has been used to analyse DNA rates in Talking Therapies by age, ethnicity, gender, sexuality and deprivation decile, identifying higher DNA rates in working age adults. Demographic data has been used by the Perinatal Mental Health Service to identify lower referral rates among ethnic minority communities, which is informing a QI project on building better connections with these communities. This information will also be used to support Major Transformation Projects in the Trust and we will continue to look at how this information can be used effectively. Current focus is on improving recording of data so that it is robust and meaningful. Current Trust recording of mandated information is 40%. The staff intranet Health Inequalities pages (launched February 2024) includes tips for staff on using data, including Trust data to explore health inequalities. Future updates to the pages will include explicit reference to using demographic data as the data quality improves.
2. To further enhance our faith offer to ensure inclusivity.	A strengthened offer to accommodate individual's religious practices.	<ul style="list-style-type: none"> An awareness session to celebrate Diwali-Diwali (Hindu) took place across the Trust from 12 November 2023. Diwali is a festival lasting one to five days and is a festival of light coinciding with the darkest night of the lunar month. To celebrate Diwali the Trust ran a series of activities including; Inpatient units took part in art and craft activities including lantern making.

2. Cont.

Trust Chaplain (Eve Rose) visited several units to offer support in lantern making and celebrate Diwali with our patients, service users and staff. Patients and service users in our Mental Health inpatient units and community hospital wards enjoyed a Diwali menu. A local knit and natter group made lanterns which were displayed in our Trust headquarters.

- An awareness session to celebrate Vesakha Puga-Wesak-Buddha day will start on the 23 May 2024. This celebrates the birth and enlightenment and final passing away of Gautama Buddha.
- The Trust Chaplain continues to host services across the year including; Easter, Eid, Armistice Day and the Trust's Christmas Carol Service. This year's Easter Service will take place at Messingham Hall Farm and will focus on 'Who is My Neighbour?'
- The Trust Chaplain and Race Equality Network Chair have both joined the Hull Interfaith Group.
- The Trust is looking into the feasibility to provide a prayer space in Westlands Inpatient Unit Garden – one idea is a meditative walk for multi faiths.
- A prayer space has been captured on the list of considerations within the Mental Health Inpatient Services business case.
- A prayer space within the Humber Centre business case has been approved and the multi-faith room redesign will be co-produced with the Patient Council for a safe haven.

3. To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face and how we can support to overcome them.	A culture where relationships with our diverse communities are embedded and sustained.	<ul style="list-style-type: none"> • The Trust Chair, Assistant Director of Patient and Carer Experience and Co-production and Senior Partnerships and Strategy Manager attended a Ladies Befriending Session ran by the Peel Project in September. A further visit to the Ladies Befriending Group has been arranged to discuss health inequalities. • The Trust Chaplain has refreshed the Caring for People of Different Faiths guide where the Peel Project supported with the review. • The Patient and Carer Experience Manager and Partnerships and Strategy team met with Hull Sisters to look at how the Trust can engage and network with the group moving forwards. • The Trust Chaplain arranged a Hull Mosque visit in September as part of the 'Visit my Mosque 2023'.
4. To introduce cultural celebration weeks to educate and support people to understand cultural differences.	A greater understanding of the cultural differences including beliefs, behaviours and practices unique to ethnicity and race.	<ul style="list-style-type: none"> • In November the interpretation and translation services guidelines for The Bigword (Whitby, Scarborough & Ryedale) and Hull City Council (Hull and East Riding) guidelines were reviewed and refreshed to set out a clear procedure to accessing interpretation and translation services for patients, service users and carers, ensuring they will receive information in a format that they can understand, and support they need to enable them to communicate with our services appropriately. • Refer to priority number 2 "To further enhance our faith offer to ensure inclusivity" for further updates on this priority.

Progress Against Workforce Equality Objectives 2023/24

No.	2023/24 Objective	Comments/Progress to date
1.	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 established to attract those underrepresented to the Trust	<ul style="list-style-type: none"> In 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% Recruitment deep dive report developed 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.
2.	To achieve the NHS Rainbow Badge Accreditation	<ul style="list-style-type: none"> We have successfully been accredited by the LGBT Foundation for the NHS Rainbow Badge Scheme, we are at the initial stage and have been provided with an action plan that will inform our EDI workstreams moving forward. The Trust is ambitious to progress to bronze accreditation, and the improvement action plan provided by the LGBT Foundation will be actioned in collaboration with the Trust LGBTQ+ staff network, and our divisional areas, in EDI workstreams over the coming year. Moving forward, our Respect campaign focusses on minimising specific discrimination based on gender identity, gender expression or gender history.
3.	To deliver upon the actions following the NCFD cultural audit, by implementing a Respect campaign.	<ul style="list-style-type: none"> Our Respect campaign was launched in November, a range of 9 different 'Report It' posters were displayed in the workplace, this a part of developing a positive and safe workplace culture. This campaign has focused 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, a 'Report It' intranet page has been developed as a resource hub, hosting all relevant information, contact details and policies.
4.	Move from disability confident employer to disability confident leader status.	<ul style="list-style-type: none"> Our work to become a Disability Confident Leader will be actioned in our 2024/25 EDI workstreams to give our new Access to Work arrangements time to be embedded, work with the newly embedded Occupational Health team, and to take time to understand the challenges faced by colleagues with a disability or long-term condition when requesting reasonable adjustments. A collaborative working group with the Staff Disability network will support the application.

No.	2023/24 Objective	Comments/Progress to date
5.	ED&I Workforce Lead, in collaboration with HRBPs, to review advertising strategy for band 7 - VSM	<ul style="list-style-type: none"> Since December 2023, the EDI Lead reviews job roles advertised on NHS Jobs on a monthly basis for language, quality and accuracy of information. Findings are shared with the HR Business partners, with targeted EDI actions for workforce planning purposes and establish what new channels for advertising have been exploited such as Pink Jobs, and Stonewalls Proud Employer portal.
6.	Launch the 'Report it' anti-bullying campaign across the Trust	<ul style="list-style-type: none"> See action 3 for progress review
7.	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 BME, Disabled and LGBTQ+ staff.	<ul style="list-style-type: none"> Prior to intakes of the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes in April 2024, the full range of communications channels were used to promote and provide information to all staff about the development opportunities. This included targeted communications to our staff networks, managers newsletter and EDI MS teams channels to reach a more diverse candidate base. The Trust was successful in attracting underrepresented candidates from our staff networks.
8.	Through our governance structures, support and empower our Race Equality, LGBTQ+ and Disability Staff Networks to work with BME and Disabled staff on the development of the WRES/ WDES action plan, and development opportunities.	<ul style="list-style-type: none"> The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) data is drawn down after March 31st 2024, and the raw data will be taken to the Race Equality and Disability Staff Network meetings in May 2024 to facilitate coproduction with the analysis and action planning to inform our EDI workstreams in 2024/25.
9.	Continue to deliver Trust bullying and harassment awareness training for managers.	<ul style="list-style-type: none"> In 2024, the external training is moving to an internal delivery model. Following the Trusts revised policy on Bullying and Harassment the internal Bullying & Harassment for Leaders and Managers training is a brand-new course and is being piloted in April. It will provide 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.

No.	2023/24 Objective	Comments/Progress to date
10.	Continue to drive the process to reduce the number of 'unspecified' entries in staff records.	<ul style="list-style-type: none"> The Trust continued its focus on the accuracy of the workforce equality data and has seen a continuation in the reduction in the number of unspecified entries in ESR for ethnicity, disability or sexual orientation. As part of the onboarding process for any new employee, the recruitment team must ensure that EDI data is collated. In addition, the importance of collecting this data is discussed at Corporate Induction and all employees can update their own records on ESR and they are sent annual reminders to update. This is in addition to receiving several emails to remind new starters to provide the information. Employees do have the option to choose not to declare their information however the above measures are designed to improve our data quality and minimise the number of unspecified records. In February 2024 there were 17 ESR records showing unspecified data, an improvement on March 2023 when that figure was 86.
11.	Ensure high visibility of the Trust Behavioural Standards framework.	<ul style="list-style-type: none"> '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 language guidance provided in support for teams. The first collaborative training event with OD and EDI took place on 19th January.
12.	Deliver and monitor female participation in Career Confidence Coaching sessions	<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 Trusts development opportunities. The Trust has a coaching and mentoring offer designed to support candidates to grow and develop in their careers and participation is monitored and reviewed regularly. 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. The Trust promoted the Health and Care Women Leaders Network led by the NHS Confederation in the global email W/C 23rd Oct. Communications channels included Trust Global email, WOD MS Teams, Equality Network MS Teams, Trust Local email and the manages Newsletter.

No.	2023/24 Objective	Comments/Progress to date
13.	Moving away from equal distribution local clinical excellence awards and implement an assessment-based approach	<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.
14.	Ongoing analysis of recruitment EDI data	<ul style="list-style-type: none"> Recruitment deep dive report developed and ongoing. 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.
15.	Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying collaborative actions	<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.
16.	Develop a succession planning process	<ul style="list-style-type: none"> A new template has been developed that will support the Trusts workforce planning activities to ensure succession planning around female leaders is central to future recruitment plans.

Workforce Equality Objectives 2024/25

The following workforce equality actions have been developed through analysis of Trust data and reporting of the Gender Pay Gap, the Workforce Race Equality Standard (WRES), the Workforce Disability Standard (WDES) as well as the Staff Survey.

No.	2024/25 Objective	Driver
1.	Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high impact action 1.	NHSE EDI Improvement Plan
2.	Utilise the July 2024 Trust Non-Executive Director recruitment window as an opportunity to further diversify the Board. The EDI Lead will represent staff (in capacity as Staff Governor) on NED recruitment stakeholder panel.	WRES/WDES/ Gender Pay Gap
3.	Following the success of the Respect campaign, embed the Respect framework as business-as-usual practice, raising the profile for the ambitions of the work and further drive up a safe reporting culture.	Staff Survey/ WRES/ WDES/Gender Pay Gap/ NHSE EDI Improvement Plan
4.	Consult with stakeholders on the 'No Excuse for Abuse' task and finish group on the guidance framework that seeks to address patient to staff bullying, harassment and aggression from patients. Further see this launched and embedded by March 2025.	Staff Survey/ WRES/ WDES
5.	Effective delivery of a working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement.	Staff Survey/ WRES/ WDES
6.	Effective delivery of a staff experience working group which will examine issues of discrimination and belonging and implement proportionate actions to address via multi stakeholder involvement.	Staff Survey/ WRES/ WDES
7.	EDI lead to work with the Executive Medical Director to realise the ambitions of the Act Against Racism Charter and embed inclusive practice across the organisation, providing regular assurance to EMT and the Board.	WRES/ NHSE EDI Improvement Plan
8.	Realise the ambitions of the Rainbow Badge Accreditation action plan provided as by the LGBT Foundation and embedded across the organisation by March 2025.	Staff Survey/ Rainbow Badge Accreditation Scheme
9.	Implement the requirements of the Disability Confident Leader programme with a view to being awarded with improved status by March 2025.	WDES/ Staff Survey



Humber Teaching NHS Foundation Trust

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700
www.humber.nhs.uk



Independently accredited
menopause friendly
employer



Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024		
Title of Report:	Guardian of Safe Working - Annual Report September 2024		
Author/s:	Name: Dr Mohammed M Qadri, Guardian of Safer Working		
Recommendation:	To approve	✓	To discuss
	To note		To ratify
	For assurance		
Purpose of Paper:	<p>To inform the board of issues relating to the safe working of trainee doctors.</p> <p>Through reporting on exceptions that include the ability to attend education and training and immediate patient safety concerns and highlighting issues relating to safer working for the trainees as per terms of the 2016 junior doctor contract.</p>		
Key Issues within the report:			
Positive Assurances to Provide: <ul style="list-style-type: none"> Payments to be made to deal with back log of exceptions. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Payments to be made to deal with back log of exceptions. 	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Overdue payments from retrospective exceptions - due to allocate software not working during that period. 		Decisions Made: <ul style="list-style-type: none"> Prompt resolution of exceptions raised. Need for robust and better engagement with monitoring process. 	
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
Guardian quarterly reports to Workforce and OD Committee. Last report was on 02/08/24.	✓	Other (please detail) Annual report to Board	✓

Monitoring and assurance framework summary:

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

1 **EXECUTIVE SUMMARY**

- 1.1 Reporting Period: 01/08/23 – 31/07/24
- 1.2 No exception reports were raised in relation to attending teaching and training sessions.
- 1.3 Four exceptions were raised in the first quarter in relation to immediate safety patient concerns but on further query these were found to be made in error. There were no further exceptions of this type through the remaining quarters.
- 1.4 During the reporting period from August 1, 2023, to July 31, 2024, the number of exception reports varied significantly from quarter to quarter. In the first quarter (August to October 2023), there were 43 reports. This number rose sharply in the second quarter (November 2023 to January 2024), peaking at 68 reports. However, in the third quarter (February to April 2024), the number of reports decreased substantially to 16. The downward trend continued into the fourth quarter (May to July 2024), with only 5 reports. This progression highlights a significant fluctuation in exception reports being submitted over the year.
- 1.5 The trends in the number of exception reports over the reporting period from August 1, 2023, to July 31, 2024, appear to be influenced by several key factors:
 - 1.5.1 System Access and Backlog Issues: The sharp increase in exception reports during the second quarter (Q2) can be largely attributed to difficulties accessing the Allocate system, which caused a backlog of unreported issues. Once access was restored, many reports were submitted, including a significant number of backdated reports by one trainee. This sudden influx likely contributed to the spike observed in Q2.
 - 1.5.2 Workload and Rota Adjustments: The reduction in exception reports from Q2 to Q4 may also reflect changes in workload and adjustments to rotas. The second quarter saw an increase in workload due to vacancies and higher admission rates outside standard hours, which likely contributed to the high number of reports. In response, on-call monitoring exercises were conducted to better understand work patterns and make necessary adjustments.
 - 1.5.3 Increased Awareness and Training: Efforts to encourage junior doctors to report exceptions more contemporaneously, coupled with training on effective on-call triage and reporting using the Allocate system, may have initially led to a rise in reports as awareness increased. However, as issues were addressed and working conditions improved, the need for reports diminished, resulting in the observed decline by Q4.
 - 1.5.4 There was also unprecedented number of days of industrial strike action both by consultant and junior doctors which also contributed potentially to the culture and work intensity impacting submission of exception reports.
 - 1.5.5 Payment Delays and Reporting Fatigue: Another factor that may have influenced the reduction in exception reports in the later quarters is the delay in payments for agreed exceptions. This delay could have led to reporting fatigue among junior doctors, who may have been discouraged from submitting further reports if they felt their concerns were not being adequately addressed or compensated.

- 1.6 Overall, the trends suggest that the initial spike in exception reports was driven by system access issues and increased workload, while the subsequent decline was due to the amelioration of historical exceptions, improved Rota management, acute change of working conditions from industrial action and lack of day cover, and potential reporting fatigue.
- 1.7 Reports related to hours of working were the most frequent, peaking at 64 in the second quarter after starting with 33 in the first quarter, and then decreasing significantly to 16 in the third quarter and 5 in the fourth quarter. Reports concerning the pattern of work were initially 10 in the first quarter but dropped to 3 in the second quarter and then to 0 in the last two quarters. There was a single report about service support available to the doctor in the second quarter, with no reports in the other quarters.

2 KEY ISSUES AND FINDINGS

2.1 Delays in Resolving Exceptions

- 2.1.1 In Q1, there were 18 delays in resolving exceptions, mainly due to incomplete supervisor meetings and pending approvals. The delays ranged from 6 to 52 days, significantly exceeding the 14-day target for resolution. Four of these delays were due to consultants being on sick leave.
- 2.1.2 Q2 saw continued delays, largely caused by doctors waiting for approval and the absence of clinical supervisors, some of whom were on long-term sick leave. These issues have been addressed by reallocating supervisory duties.
- 2.1.3 In Q3 and Q4, there were no significant delays in issuing work schedules, indicating an improvement from previous quarters.

2.2 System Access Issues and Backlogs

- 2.2.1 The sharp increase in exception reports in Q2 (rising to 68) was largely due to difficulties accessing the Allocate system, creating a backlog. Notably, one trainee submitted 36 backdated reports, contributing to the spike.
- 2.2.2 By Q4, these access issues were largely resolved, as reflected in the significant reduction in reports (down to 5).

2.3 Rota Adjustments and On-Call Workload

- 2.3.1 The February 2024 rotation experienced delays due to last-minute changes from Health Education England, which affected rota calculations. Adjustments were made in response to these changes, and an on-call monitoring exercise was implemented to better understand work patterns and workload intensity.

2.4 Junior Doctor Engagement and Reporting

2.5 Efforts have been made to encourage junior doctors to report exceptions more promptly, with training provided on effective on-call triage and using the Allocate system for reporting.

2.6 Concerns were raised about delays in payments for agreed exceptions, which affected junior doctors' willingness to continue reporting. Efforts are underway to address these payment issues to ensure timely compensation.

2.7 Governance

2.7.1 Regular quarterly meetings with the Junior Doctor Committee and the Freedom to Speak Up Guardian have been established under ratified term of reference to discuss safer working issues and update all parties on current challenges.

2.7.2 Quarterly meetings are planned as part of the scheduled education timetable to encourage attendance with a view to enhance working practices and ensure a safer environment for junior doctors.

3 CONCLUSION AND FORWARD ACTIONS

3.1 Over the past year, the number of exception reports have fluctuated due to various factors, including systemic issues and changes in workload. The Guardian of Safer Working was actively working with supervisors and junior doctors to address these concerns, improve reporting practices, and ensure a safer working environment through better engaged Rota monitoring, robust supervision in exceptions reports, timely resolution of payment through interim locum form whilst IT solution is forthcoming.

3.2 Looking ahead, we will continue monitoring exceptions closely, work towards prompt resolution, and address any outstanding payment concerns. This ongoing focus will help enhance junior doctors' engagement and adherence to safe working practices.

3.3 Guardian also works closely with college tutor, training programme director, to identify any specific training issues for individualised trainees to better promote safer working.

4 **BACKGROUND**

4.1 The introduction of the 2016 TCS has meant clear limits to the number of hours junior doctors can work being set. It has also provided a framework for trainees to be able to report safety concerns in the workplace trainees to record if they worked beyond their scheduled hours fining departments directly for the most serious breaches of working hours, providing work schedules to doctors, and trainees to inform if they are not able to attend education and training opportunities and hours worked over the contract through exception. The contract also stipulates the establishment of a junior doctor's forum (JDF) to discuss work and training issues.

- 4.2 The contract also requires that every Trust has a Guardian of Safe Working (GoSW), whose responsibilities include ensuring that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and providing assurance to the Board of the employing organisation that doctors' working hours are safe.

Rota Rules Enshrined in the 2016 Contract

- Max 13hr shift length, with no more than 5 consecutive long shifts, or 4 consecutive long evening shifts.
- Max 8 consecutive shifts, with a minimum of 48 hrs rest following completion.
- A minimum of 30mins break for 5 hours work and a 2nd 30mins for more than 9 hrs.
- Maximum of 72hrs in 7 consecutive days.
- Maximum of 4 consecutive nights, with a minimum of 46 hours rest when 3 or more night shifts worked.
- Max average of 48 hrs/wk – can opt out of EWTD allowing 56 hrs.

NROC (Non-resident on call)

- No consecutive on-call periods, except Saturday and Sunday, no more than 3 in 7 consecutive days.
- Day after a NROC must be less than 10hrs, or 5hrs if minimum rest not met.
- Expected rest – 8hrs in 24hrs, with 5hrs continuous between 2200 and 0700

5 THE ROLE OF THE GUARDIAN OF SAFE WORKING HOURS

- 5.1 The guardian is a senior appointment, and the appointee does not hold any other role within the management structure of Trust. The guardian ensures that issues of compliance with safe working hours are addressed by the junior doctor and/or Trust, as appropriate. The guardian shall provide assurance to the Board that junior doctors' working hours are safe in concordance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 but additional oversight of the working hours of junior doctors still working on the 2002 contract.

5.2 The guardian:

- 5.2.1 acts as the champion of safe working hours for doctors in approved training programs.
- 5.2.2 provides assurance to doctors and employers that doctors are safely rostered and enables work hours that are safe and in compliance with Schedules 3, 4 and 5 of the terms and conditions of service.
- 5.2.3 receives copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service.
- 5.2.4 escalates issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level.
- 5.2.5 requires intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk.

- 5.2.6 requires a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed.
 - 5.2.7 has the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily.
 - 5.2.8 distributes monies received as a consequence of financial penalties to improve the training and service experience of doctors.
- 5.3 The guardian reports to the Board of the Trust directly or through a committee of the Board, as follows:
- 5.3.1 The Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the Local Negotiating Committee, or equivalent. It will include data on all Rota gaps on all shifts.
 - 5.3.2 A consolidated annual report on Rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the trust chief executive. This report shall also be provided to the Local Negotiating Committee, or equivalent.
 - 5.3.3 Where the guardian has escalated a serious issue and the issue remains unresolved, the guardian must submit an exceptional report to the next meeting of the Board.
 - 5.3.4 The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.
 - 5.3.5 The Guardian and Director of Medical Education have jointly established a Junior Doctors Forum. This includes junior doctor colleagues from the organisation and includes the relevant junior doctor representatives. The guardian attended and consulted with junior doctors regarding their concerns and liaised with supervisors where necessary to explore any issues arising including exceptions.

6 TRAINEE NUMBERS

- 6.1 The Report on Safe Working Hours for doctors in training covers staffing levels and changes from August 2023 to July 2024.
- 6.2 August 2023 to January 2024: There were 19 full-time Core Trainees, 3 (less than full time) LTFT Core Trainees, 9 (foundation year 1) FY1 doctors, 4-5 FY2 doctors, 7 six-month GP Trainees, and 7 Higher Trainees. Staffing remained stable, except for a slight decrease in FY2 doctors in December. The team included trainees on maternity and long-term sick leave.

- 6.3 February 2024 to April 2024: Staffing adjusted slightly, with 17 full-time Core Trainees, 2 LTFT Core Trainees, 9 FY1 doctors, 5 FY2 doctors, 6 six-month GP Trainees, and 11 Higher Trainees. There was one (core trainee) CT on long-term sick leave.
- 6.4 May 2024 to July 2024: Numbers remained consistent with the previous quarter, with the same 17 full-time Core Trainees, 2 LTFT Core Trainees, 9 FY1 doctors, 6 FY2 doctors, 6 six-month GP Trainees, and 11 Higher Trainees. A CT was still on long-term sick leave.
- 6.5 Throughout these periods, work schedules were provided 8 weeks in advance to ensure proper planning and safe working hours with adjustments made when updates were provided by HEE.

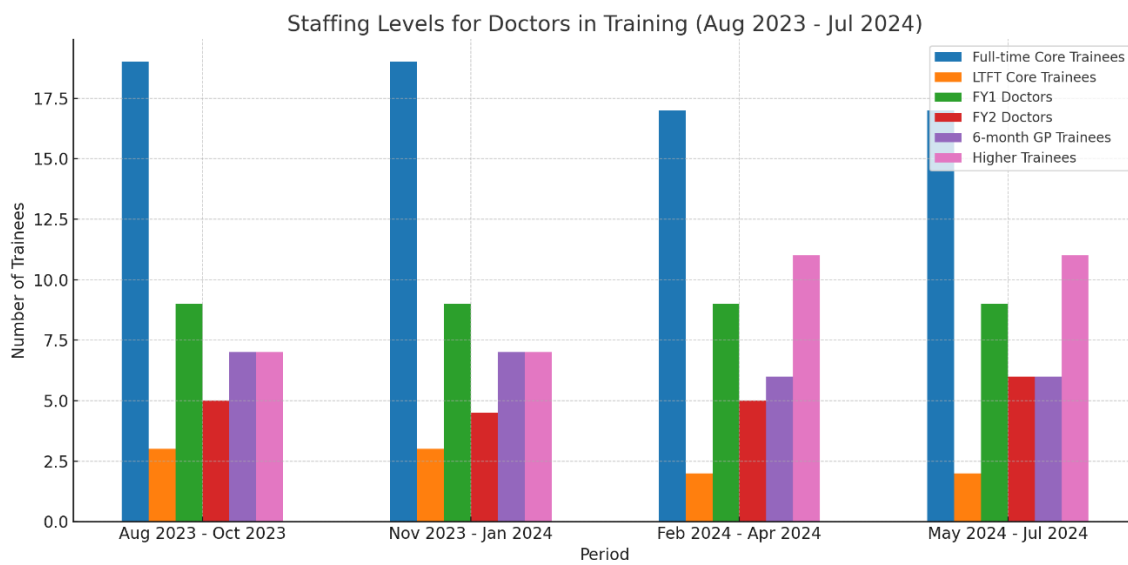


Figure 1. Trainee numbers provided by medical workforce.

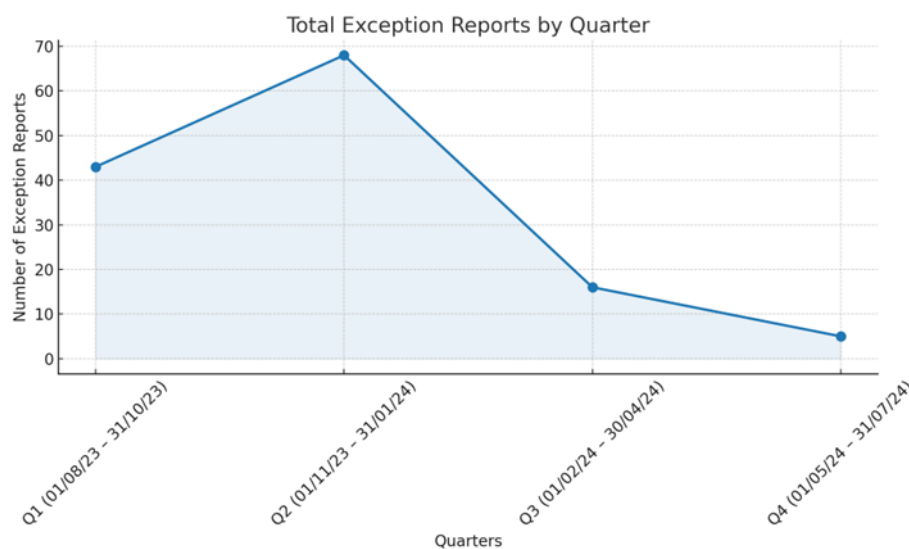


Figure 2. Exception data by quarter provided by exception reporting software.

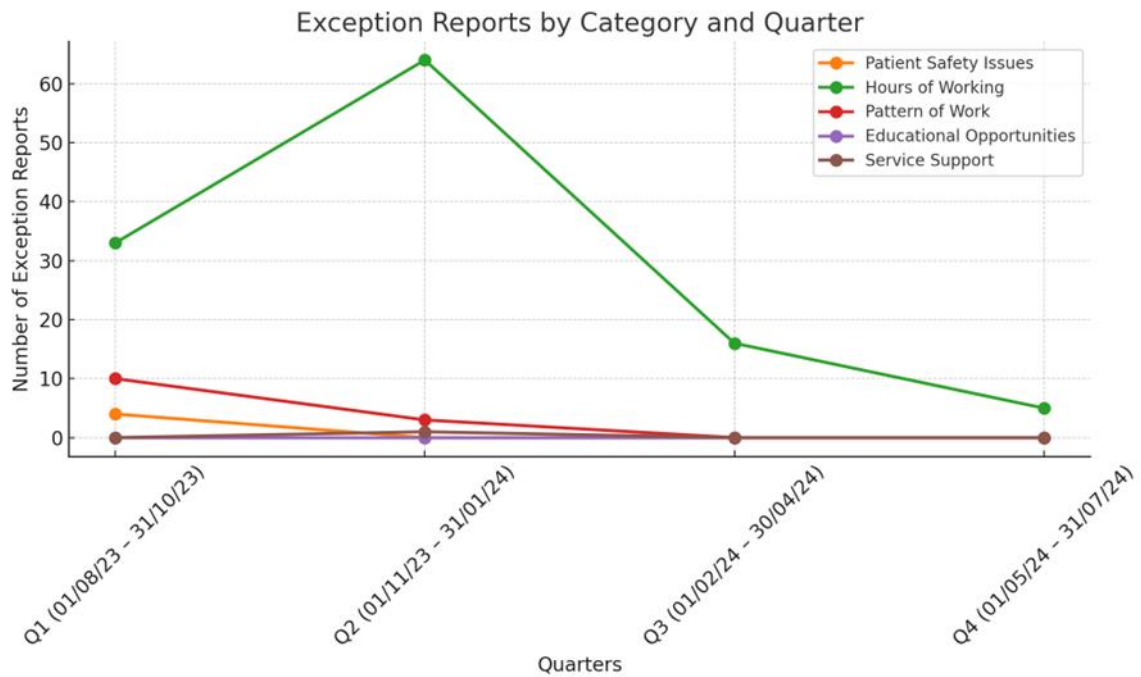


Figure 3. Exception data by category over the year

6.6 The review and feedback of on call work and case presentation can further improve safer working environments and is being highlighted through clinical supervision.

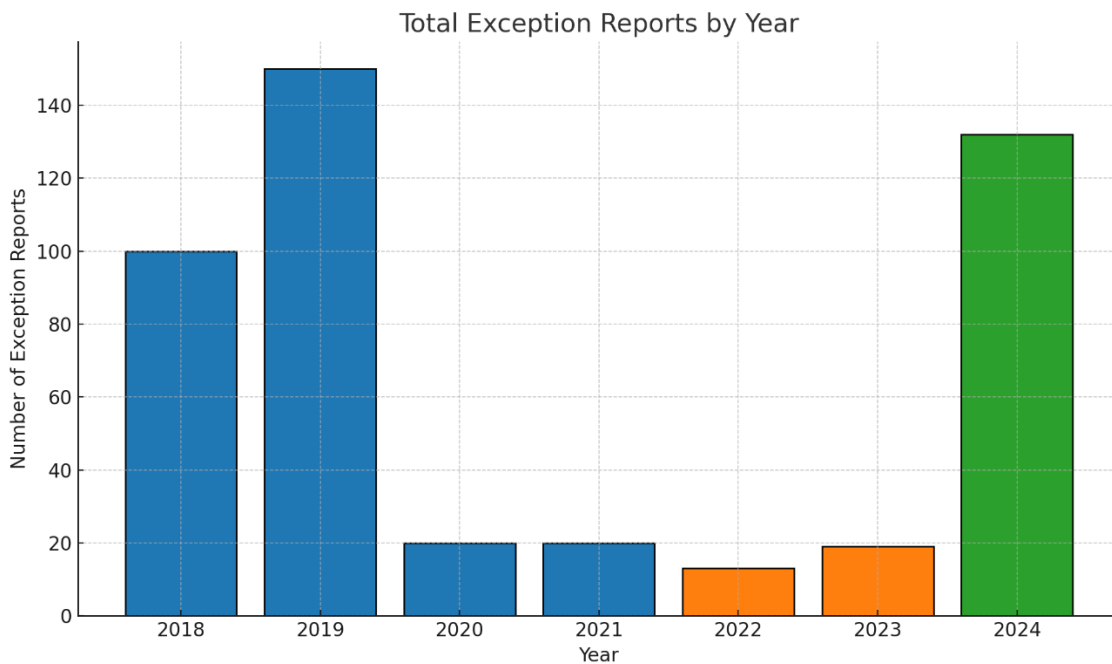


Figure 4. Exception data by year provided by exception reporting software.

	Previous Work Schedule	New Work Schedule
Weekday Evening (1700-2200)	3 hours standard	4.15 hours standard
Weekend Day (0900-2200)	10 hours standard	9 hours standard
Night (2200-0900)	6hrs45 enhanced	6:00 enhanced

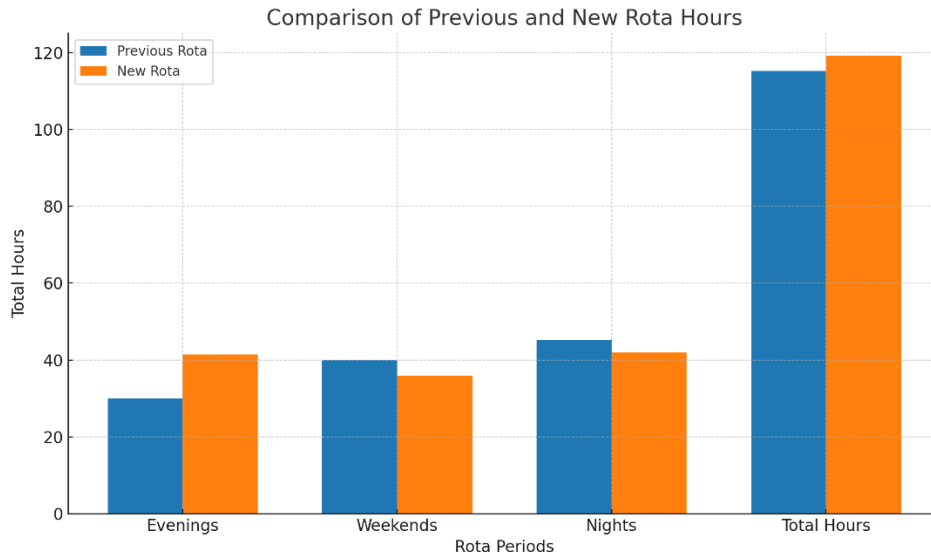


Figure 5. The bar graph above compares the hours for each rota period between the previous and new rotas from medical workforce.

- Evenings: The new rota increases total evening hours from 30 to 41.5.
- Weekends: The new rota slightly reduces weekend hours from 40 to 36.
- Nights: The new rota decreases night hours from 45.15 to 42.
- Total Hours: The overall total hours slightly increase from 115.15 to 119.15.

6.7 The night on call remains as a 3-night weekend and 4-night mid-week pattern. This means the trust is non-compliant with the 2016 TCS which advises against 2 consecutive night resident on call shifts (NROCS). This, however, was agreed locally by the junior doctor cohort, who expressed a preference for maintaining the current 3:4 night on call pattern.

7 **RECOMMENDATIONS**

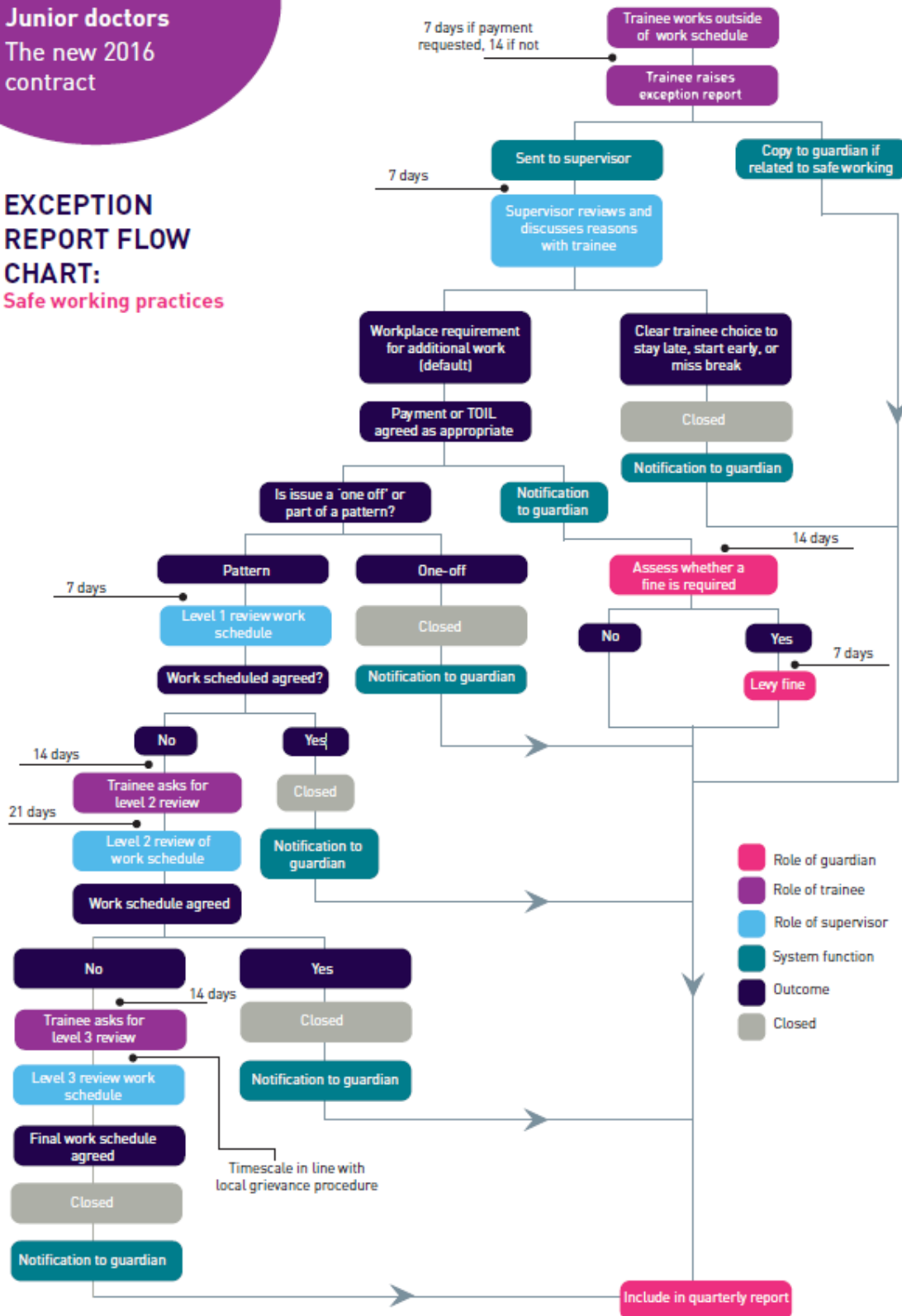
- 7.1 The approach to enhance safer working is to continue to review and improve structural factors such as regular rota review, through better engaged monitoring, more effective way of trainees receiving payment from exceptions being agreed. Trainees to provide more helpful information on exception forms.
- 7.2 The training and teaching program will continue to provide opportunities for junior doctors to develop their clinical skills, focusing on managing on-call duties and emergency situations more effectively. Training sessions will specifically address handling on-call scenarios to improve emergency response capabilities.
- 7.3 Support for reflective spaces, such as Balint groups, will be maintained to help doctors develop their practice and create better working strategies, reducing workload during emergency cover.
- 7.4 Ongoing efforts will be made to minimize rota gaps by encouraging proactive sustainable recruitment and retention, ensuring a stable and reliable workforce.

- 7.5 There will be an emphasis on better engagement with regular rota monitoring to ensure accurate scheduling and identify any areas that need adjustment.
- 7.6 Further collaborative work to be supported between medical staffing, the Guardian of Safe Working (GOSW), junior doctors, and supervisors who will continue to ensure trainees are supported and working in safer environments.
- 7.7 A more streamlined system to be introduced to link exception reporting with finances, aiming to reduce bureaucracy and ensure timely compensation for extra hours worked.
- 7.8 Representatives from the medical workforce and Local Negotiating Committee (LNC) to attend junior doctor committee meetings to share concerns and collaborate on timely resolutions.
- 7.9 This approach aims to enhance the working environment for junior doctors by focusing on training, support, engagement, and efficient processes.

Appendices

Junior doctors
The new 2016 contract

EXCEPTION REPORT FLOW CHART:
Safe working practices



Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024			
Title of Report:	Annual Non-Clinical Safety Report 2023 – 2024			
Author/s:	Peter Beckwith - Director of Finance Paul Dent - Safety Manager			
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>	<p>The Purpose of this paper is to provide the Trust Board with the Annual Non Clinical Safety Report.</p> <p>The Annual report provides assurance to the Trust Board on the ongoing management of non clinical Health and Fire Safety within the Trust.</p>			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> The number of staff receiving safety training for H&S, Fire and Security has surpassed the baseline target of 85%. The training compliance has increased on the previous year's compliancy figures (see page 24) the average rate for all disciplines is within the mid 90% range. Risk assessments were completed within the annual timeframe for all Trust buildings achieving compliancy with Regulatory requirements. <p>Safety assessment audits have been carried out at Trust premises and action is taken to address any issues identified. The Trust is conforming to the standards required by the Department of Health and has been deemed compliant by the enforcing authorities.</p>		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Reintroduction of face to face training will commence for patient facing staff in clinical areas. This will comprise of fire warden training in the first instance. 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> 4 fire incidents occurred during the year. The cause of the fires was malicious ignition, one being in bedroom, one in a seclusion area and two in gardens adjacent to Trust buildings. 67 false fire alarm activations occurred during the year and 40 unwanted fire alarm activations. Fire Service attendances have been only as per the 'after normal hours' protocols of call filtering. Two fire service attendances occurred in line with the call filter protocol, both attendances were for fire related incidents. 5 RIDDOR incidents have occurred over the past reporting period. 33 behavioural letters have been sent to patients and family members. 		Decisions Made: <ul style="list-style-type: none"> N/A 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational	

Please indicate which committee or group this paper has previously been presented to:			Development Committee	
	Finance Committee	✓	Executive Management Team	✓
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Health and Safety group	✓

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	



Humber Teaching NHS Foundation Trust

Annual Non-Clinical Safety Report 2023-24



Caring, Learning
& Growing Together

CONTENTS

Executive Summary	3
Introduction and Purpose	5
Reporting Structure and Governance	5
<i>Water Safety Group</i>	6
<i>Asbestos Management Group</i>	7
Legal Compliance Overview	7
<i>Health and Safety</i>	8
<i>Fire Safety of Occupied and Maintained Properties</i>	10
<i>Fire Nominated Officers</i>	11
Safety Related Policies	11
Incident Reporting	12
<i>Reporting Industrial & Dangerous Diseases Occurrences Regulations</i>	12
<i>Fire and False Alarm Incidents</i>	15
<i>Fire Incidents</i>	15
<i>False Fire Alarm Signals</i>	15
<i>Unwanted Fire Alarm Signals</i>	16
<i>Call Filter Systems</i>	17
<i>Emergency Fire Procedures Plans</i>	17
<i>Security incidents</i>	18
Safety Assessments	19
<i>Health and Safety Risk Assessments</i>	20
<i>Template Health and Safety Risk Assessments</i>	21
<i>Planned Actions for 2024/2025</i>	21
<i>Fire Risk Assessments</i>	22
<i>Security Assessments</i>	22
<i>Themes arising from the assessment reviews 2023/24</i>	22
Health and Safety Premises Inspections	23
Services joining the Trust	23
Safety Training	23
<i>Fire Training Plans for 2024/2025</i>	23
<i>Fire Warden Training</i>	24
<i>Security related training</i>	24
<i>Regulatory Reform Fire Safety Order 2005</i>	25
E	25
Cigarettes	
Liaison with Fire Service	26
<i>Liaison with Humberside Police Force</i>	26
Fire Plans	
Summary of Action for 2024/2025	26
Conclusion	26

Annual Non-Clinical Safety Report 2023 - 2024

Executive Summary

This report provides information relating to key activities undertaken by the Safety Team, with respect to policies, workplace activity safety management reviews, premises Health & Safety, Fire Safety and Security inspections and Safety training provision.

The report provides information on incidents which meet the reporting requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and which have been reported to the Health and Safety Executive (HSE).

In the reference period, a total of 5 RIDDOR reportable incidents occurred compared to 3 in the previous twelve-month period. Of these incidents, 2 incidents related to violence and aggression, 1 because of a slip, trips and fall, 1 related to injury being struck by gate and 1 because of moving and handling incorrectly.

During the reporting period, the Trust did not receive any enforcement notices from the Health and Safety Executive or the Fire Service.

Throughout the reference period Health & Safety inspections and Health & Safety management

reviews have been undertaken to assess compliance with Trust Health and Safety Policies and applicable Health and Safety legislation.

The Trust board has the primary responsibility and accountability for security management, with day-to-day functions/advice provided by the Accredited Local Security Management Specialists (ALSMS).

Trust managed premises have been risk assessed and audited during the year to ensure continuing compliance with Fire Safety provisions. Standardised methods of fire safety risk assessment have been adopted across the Trust area.

To complement the Regulatory Reform Fire Safety Order 2005 (RRFSO 2005), 'FIRECODE' a suite of documents, underpins a move away from prescriptive fire safety measures and towards a risk-based approach of the Fire Safety Order.

Trust premises conform above the minimum standards required by the Department of Health and a maintenance/improvement programme is in place to maintain standards in accordance with HSC 1999/191 'Achieving Statutory Fire Safety Provisions'.

Security and lockdown profiles within Trust managed buildings and sites where staff are located, along with the GP surgeries are undertaken to ensure continued safety provisions are suitable and achievable.

During the reporting period 4 fire incidences occurred within the Trust. The causation factor for all four of the incidents was malicious ignition of HTFT property and personal belongings.

All fire, false alarm and unwanted fire signals which took place during 2023/24 have been entered onto the Estates database. This information is used to look at trends and develop and implement initiatives to reduce the causation factors of fire alarm signals. There has been an increase in reporting incidents to the police compared to the previous year, Absconding/AWOL, Violence & Aggressive and criminal damage. Procedures are continually evolving

Introduction and Purpose

The purpose of this report is to provide the Humber Teaching NHS Foundation Trust Board with assurance regarding the ongoing management of Health & Safety, Fire Safety and Security within the Trust. It is a requirement that the Board receive an annual Safety report to assure the Board that sufficient safety arrangements are in place and that the Safety measures being employed are being effectively managed across the Trust.

This report provides analysis of the Trust's Safety performance for 2023/24 and outlines key developments and work has been undertaken during the reporting period.

Procedures are continually evolving to ensure protective and preventative measures employed protect all patrons of buildings should a fire occur and evacuation be necessary.

Management have been made aware that they have a duty to ensure staff under their managerial control are aware of their roles and responsibilities as detailed within Articles 8 – 23 of the RRFSo 2005. Failure to comply with this requirement is an offence under criminal law.

The Risk Assessments of premises are dynamic, and because more emphasis is being placed by inspecting authorities on the management of fire safety.

Continued support for managers and supervisors has been given during the year 2023/2024 have been undertaken during The current programme of work aims to achieve further improvements in Health and Safety, Fire, Security Management whilst also highlighting and mitigating associated risks. An important focus of current activity is to encourage and support a risk-based culture towards managing safety hazards, in which a positive and initiative-taking approach to safety management is developed and maintained.

The fire and false alarm statistics in this report cover only premises owned and occupied by Humber Teaching NHS Foundation Trust (HTFT).



Reporting Structure and Governance

This report details Trust wide safety performance throughout 2023/24 in order to comply with the Health & Safety at Work Act 1974 and the Regulatory Reform Fire Safety Order 2005 and associated statutory regulations.

The Chief Executive has overall responsibility and accountability for all Health & Safety and Fire Safety matters. The Director of Finance/Senior Information Risk Owner is the designated Executive Director responsible Health & Safety, Fire Safety and Security.

Health and Safety is managed within the Trust's Health & Safety, Fire Safety and Security Team. The Safety Manager reports directly to the Deputy Director of Estates and Facilities.

The Trust's Safety Manager manages all 'non-clinical' aspects of Health and Safety within the Trust. Patient safety risks regarding patient clinical care is overseen by the Clinical Risk Management Group. The governance structure for Health & Safety, Fire Safety and Security is via

the Health and Safety Group, which reports into the Executive Management Team and provides quarterly reports to the Finance Committee with issues escalated to the Trust Board when appropriate.

The Health and Safety Group has the following responsibilities:

- Receive and review Health & Safety, Fire and Security related policies and recommend where these policies will go next in terms of ratification.
- Review information on Trust Health & Safety, Fire and Security incident reports, collate actions for the action tracker and monitor accordingly.
- Review, monitor and challenge where relevant, reports and action plans received.
- Invite relevant Managers to provide information on incidents or to respond to inspection reports.
- Review the outcomes of external or internal Health & Safety, Fire and Security inspections and make recommendations and representations to others as required.
- Encourage and support the principles of Occupational Health and Infection Control throughout the Trust and any related health surveillance

programmes.

- Review upcoming new and amended Health & Safety, Fire and Security related legislation for its impact on Trust's activities.
- Review Health and Safety related civil law cases and relevant Health and Safety Executive prosecutions for their impact on Trust activities.
- Review Health and Safety key performance indicators and findings of Health and Safety audits against Trust Policies and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12: Safe care and treatment'. collate actions for the action tracker and monitor accordingly.
- Keep records of all proceedings, decisions and activities of the H&S Group.
- Receive and review the quarterly Safety Board update report and recommend ratification to EMT prior to submission to the Board.
- Regular Health & Safety, Fire and Security reports are provided to the Board to ensure they are cited on all statistics and issues relating to safety matters.

There are two sub-groups of the Health and Safety Group:

Water Safety Group

Humber Teaching NHS Foundation Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff and other persons working at or using its premises.

To discharge this duty, a Water Safety Management Group, under the direction of the Trust's Estates Department, meets regularly to co-ordinate the water safety management activities.

Issues arising from the above meetings are escalated to the Trust's Health and Safety Group.

During the 2023/24 period, in conjunction with the Trust's externally appointed Authorising Engineer, a Trust Water Safety Plan was formally reviewed, adopted and implemented.

Legionella awareness refresher training, for key Trust staff, will be undertaken in 2024.

Asbestos Management Group

Humber Teaching NHS Foundation Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Asbestos Regulations 2012, to take all reasonable precautions to prevent or control the harmful effects of

asbestos containing materials (ACMs) to clients, visitors, staff and other persons working at or using its premises.

To discharge this duty, an Asbestos Management Group, under the direction of the Trust's Estates Department, meets regularly to co-ordinate asbestos management activities. Asbestos awareness refresher training for key Trust staff was undertaken as an online course between February and June 2022 to suit individual needs.

Legal Compliance Overview

Health and Safety

The foundation of the current management of Health and Safety in the United Kingdom was established by the Health and Safety at Work etc. Act 1974, which remains the principal Health and Safety legislation. The Act and its associated regulations, address the way in which Health and Safety is managed within all organisations.

The Trust fulfils its legal responsibility for Health and Safety by:

Legislation	Description of Actions/Compliance
<p>Health and Safety at Work etc. Act 1974</p>	<p>Maintaining a team of professionals to provide advice and support to managers and staff.</p> <p>Undertaking reviews of local Health and Safety Management processes during Health & Safety review/support visits at Unit/Team level.</p> <p>Undertaking premises Health and Safety inspections to assess the level of safe working conditions and promoting improvements.</p> <p>Continuing to develop a library of template work activity. Risk assessments and substances hazardous to health assessments for Units/Teams to access.</p> <p>Monitoring Health and Safety incident reports on DATIX, carrying out incident investigations as required and sharing the lessons learned.</p> <p>Facilitating a range of E Learning based Health and Safety Training courses.</p>
<p>Management of Health and Safety at Work Regulations 1999</p>	<p>Undertaking reviews of Teams/Units work activity risk assessments.</p>

Legislation	Description of Actions/Compliance
	Continuing to develop a library of template work activity. Risk assessments for Teams/Units to access.
Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	Maintaining Sharps devices activity assessments. Restricting purchasing of sharps devices to approved makes and models only.
Control of Substances Hazardous to Health (COSHH) 2005	Undertaking reviews of Teams/Units COSHH assessments.
Personal Protective Equipment at Work Regulations 1992	Undertaking reviews of Teams/Units Personal Protective Equipment risk assessments
Display Screen Equipment Regulations 1992	Undertaking reviews of Teams/Units Display Screen Equipment assessments where applicable.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	Reporting incidents to the Enforcement Authority which meet the RIDDOR reporting requirements. Carrying out incident investigations as required and sharing the lessons learned.
Health and Safety Information for Employees Regulations (Amendment) 2009	Displaying Health and Safety information posters in Trust buildings.
Health and Consultation with Employees Regulations 1996	Having in place a number of employee Health and Safety representatives for improved consulting and communication of Health and Safety.
Safety Representatives and Safety Committees Regulations 1977	Liaising with Union appointed Health and Safety representatives for improved consulting and communication of Health and Safety.

Fire Safety of Humber Teaching NHS Foundation Trust Occupied and Maintained Properties

The following table summarises the schedule of directives and state of compliance in relation to fire safety.

DIRECTIVE	REQUIREMENT	COMPLIANCE	COMMENTS
POLICY AND PRINCIPLES	Clearly Defined Fire Safety Policies	YES	Organisational fire policy in line with requirements as detailed in the HTM suite of documents and the RRFSO 2005.
	Director Appointed Re Fire Safety	YES	Director of Finance/Senior Information Risk Owner
	Fire Safety Manager	YES	Safety Manager
	Fire Safety Improvement Programme Instigated	YES	Forms part of the Capital Investment programme
	Annual Fire Report to Board	YES	June 2024
	Fire Reporting Procedure	YES	All Fire & False incidents reported through DATIX
	Liaison with Fire Service	YES	Contact maintained through Fire Safety Manager.
	Emergency Fire Procedure Plans	YES	Updated annually by site management.



Inspire

Fire Nominated Officers

The Department of Health requires under FIRECODE Policy & Principals – Fire Safety in the NHS Health Technical Memorandum 05-01: Managing Healthcare Fire Safety, that a Fire Safety Manager be appointed to ensure day-to-day activities in relation to fire safety.

This responsibility has been delegated to the Safety Manager.

In 1997, the Fire Precaution (Workplace) Regulations placed responsibility on every person who has, 'in any extent, control of a workplace to ensure that, so far as it relates to matters within their control', the workplace complies with any applicable requirement of the Regulations.

Non-compliance could, in serious cases, render the responsible person liable to an unlimited fine and/or a custodial sentence.

Such persons who have 'in any extent Control of a Workplace so far as it relates to matters within their control', must be made aware of their responsibilities and of the legal implications if those responsibilities are not carried out. This responsibility has been continued and extended by the RRF50 2005.

The above requirements will be disseminated through clear distinct training routes, these being face to face Fire Warden/Responsible Person Training courses.

Evacuation Plans for individual premises are continually reviewed,

with Responsible Persons being named and designated duties listed to promote a clear understanding of fire safety roles and responsibilities.

The training of Nominated Fire Officer/Fire Wardens has been on-going with both fire refresher and fire warden courses being provided via the ESR platform. All safety related training has been migrated to online courses accessible through the ESR portal. When requested the fire safety manager will attend site//buildings to discuss fire safety matters where a local solution is required. Face to Face training will take place on a two year cycle for all patient facing staff who have fire warden duties.

Safety Related Policies

Safety policies are regularly reviewed and updated to reflect changes in legislation, service improvements or external agencies' requirements.

The Trust's overarching Health and Safety policy is due for review in April 2025.

The Fire Safety policy was reviewed in June 2022 and was placed on the Intranet as a live document, the policy has a manual of procedures to ensure total compliance with RRF50 2005. The policy will be due for review in April 2025

All Safety related policies are available to staff via the Trust's Intranet site.



Incident Reporting

The reporting of incidents across the Trust is key to establishing trends and identifying specific areas where improvements are required.

Reporting Industrial & Dangerous Diseases Occurrences Regulations (RIDDOR) Incidents

RIDDOR require employers and other people in charge of work premises to report and keep records of:

- Work related accidents which cause death.

- Work related accidents which cause certain serious injuries (Reportable injuries)
- Diagnosed causes of certain industrial disease.
- Certain dangerous occurrences (incidents with potential to cause harm).

There have been 5 RIDDOR reportable incidents during the 2023-2024 period, brief details of the incidents are summarised in the table on page 13.

Comparison of all RIDDOR reportable incidents

Reporting Period	2021/22	2022/23	2023/24
1 April 2023 to 31 March 2024	9	3	5

Incident	Action Taken
Physical assault: Whilst staff walked onto the ward a patient asked for medication, when informed they had not been prescribed this type of medication, they punched staff in the chest whilst making racial sounds. The assault culminated in a rib to be fractured.	Staff member attended hospital for medical attention. Building management reinforced with all staff the need to be aware of patients change in demeanour during periods whilst administering medication and to be spatially aware of their surroundings. All staff training records checked to ensure staff are within the refresher dates as detailed in the training programme for clinical staff.
Moving and handling: Whilst moving a patient from the prone position into a seated position in the bed a member of staff suffered a lower back injury which initially placed the staff member on sick leave for a period of seven days.	Staff members advised of the correct manual handling techniques for moving patients in bed/bed space areas. Staff records checked to ensure all clinical staff have received both induction and refresher training for moving and handling procedures.
During a patient assault on staff in seclusion, patient twisting and pulling staff wrists, they sustained a fractured wrist.	Staff member visited Minor Injuries Department due to level of swelling and bruising. Discharged after checkup. All staff asked to confirm if they were in date with their disengagement training.
Staff member and patient struggled to lock the car park gate in the dark. The locking bar was pushed and hit the staff members wrist and was lodged in between the gates.	Staff member treated wrist with rest, elevation and ice then visited MIU and informed of fracture. Additional lighting in the area of the building concerned recommended and fitted by the Estates Department.

Incident	Action Taken
An empty box was left outside the administration office door for removal by the cleaner to dispose of later in the day. A staff member tripped over it as they returned to their office after answering the door, injuring their arm. Staff member recently returned following extended sick leave due to a previous injury to the same arm.	Management took staff member to A&E (identified as a bone fracture). The box was immediately removed. Staff were informed not to leave anything in the hallways for removal by the onsite domestics but to arrange pick up from the relevant offices. Incident reported to Hotel Services supervisors to reinforce the need to remove waste materials as soon as possible.



Fire and False Alarm Incidents

To monitor and control false alarms and satisfy the Department of Health Estates & Facilities requirement for submission of fire incident details, there is an internal reporting system within the Trust. Four fire related incidents were reported with forty unwanted fire signals and sixty seven false alarm activations occurring over the last reporting period.

There has been a decrease in unwanted fire alarm signals of 57.1%. Causation factors for fire alarm activations have been, patients deliberately starting fires in accommodation areas, the use of smoking materials and e-cigarettes, or physically damaging the fire detection systems employed.

False alarm calls increased by 56.7%, the primary causes being contractor work adjacent to fire detection systems, staff preparing food and patients accidentally damaging fire alarm call points and associated equipment.

For both False Alarms and Unwanted Fire Signal activations both staff and management have been reminded and advised to monitor patients who are known for causing unwanted fire signals.

To reduce intentional fire alarm activations the Trust commenced fitting 'flush' type fire detectors in the inpatient units. These new detectors are 3-4mm in depth as against 75mm, making them far more difficult to remove or damage.

Fire Incidents 2023/2024

Over the past reporting period four fire incidents have occurred, all the incidents were due to malicious ignition.

There remains an ongoing challenge with lighters and smoking paraphernalia being introduced into Trust buildings. Management and staff are 'policing' the issue but in some instances as soon as the lighters have been confiscated, family, friends and other patients returning from leave are resupplying patients.

For all the incidents detailed below, if it had not been for the prompt intervention actions of staff the fire incidents would have developed.

All fire incidents have been investigated and management and staff debriefed as to their individual actions. Staff have been asked to be more vigilant, with policy and procedures reinforced after each incident.

The reported incidents were as follows:

- One fire incident occurred in inpatient unit, bedroom accommodation, which was a significant fire culminating in predominantly smoke damage to the room of origin, with moderate fire damage to personal belongings and bedroom furniture. The fires were caused by malicious ignition to items within the room, the ignition source being a fuel type lighter.

- Two fires were as a direct result of paper and associated waste materials being set on fire in unit gardens. Fire damage was minimal to plastic cups and refuse/paper. These fires were again intentionally set, more of a frustration tactic for staff rather than the fire being set to damage the building or to compromise staff and patient safety in the sleeping accommodation areas.
- One fire was because of a patient setting fire to clothing and bedding in seclusion.

False Fire Alarm Signals 2023/2024

False alarm activations have increased from 38 on last year's figures to 67 this year, an increase of 56.7%.

False alarm activations have been predominantly because of patient actions, whereby fire alarms have been activated by; aerosols being sprayed directly into fire detectors, unattended food that patients have been preparing and the increase in e-cigarettes and smoking paraphernalia being used within buildings.

Since January 2024 the increase of fire alarm activations has been predominantly down to the use of e - cigarettes in bedroom accommodation. Management have been informed accordingly to ensure rooms are adequately ventilated when patients are using e – cigarettes to reduce the number of false alarms occurring.

Management and staff have been reminded through various communication routes to be more

vigilant with patients when these products are being used. Management have also been asked to ensure that smoking materials and ignition sources are surrendered by patients on leave and to reinforce the no smoking policy for visitors to Trust buildings.

Unwanted Fire Alarm Signals 2023/2024

Unwanted fire signals have decreased from 70 from last year's figures to 40 this year, a decrease of 57.1%. Most of the unwanted fire alarm activations over the past reporting period have been down to patient actions and the use smoking materials to activate fire detection systems in Trust buildings. Some incidences of contractor activations were identified due to the works being carried out in Trust buildings.

Staff and management have been reminded to be more vigilant whilst contractual work and alarm testing is taking place. A monthly report is received regarding alarm activations and causation factors from the alarm receiving company and the report where applicable is sent to managers for them to action locally.

Staff are also reminded of their responsibilities under the Regulatory Reform Fire Safety order 2005 through the fire training course that are provided as part of the mandatory training programme.

The percentage of fires to false alarms & unwanted fire signals was 4% actual fires and 96% false alarms/unwanted fire signals.

Systems are now in place whereby the Fire and Rescue Service will require Alarm Receiving Centres (ARC's) to confirm that a building has a confirmed report of a fire before they attend. The introduction of the call filter system has proved advantageous in reducing the number of fire service attendances and the 'down time' of the premises whilst the reason for the alarm activation is confirmed.

A reporting system with the Alarm Receiving Centre (ARC) SCAMP Security now produces a monthly return of not only the alarm activations but also when the fire service was informed and if they attended HFT buildings.

Of the 40 unwanted and 67 false alarm signals (totalling 107) incidences, the fire service attended Trust buildings on 2 occasions, these attendances being for fire related incidents. For the remaining 105 fire alarm activations the Trust dealt with them inhouse without any outside help being required.

Call Filter System

The call filter system has proved beneficial in reducing the number of fire service attendances due to spurious alarm activations. Staff continue to embrace the system and are comfortable with the operating parameters of the 3-minute investigatory timeframe. Humberside Fire & Rescue Service have cited HTFT as using best practice in line with the National Fire Chiefs Council (NFCC) and the HTM guides for the reduction of unwanted fire signals for NHS premises. All new staff on induction are instructed on this procedure and

emergency procedures to be followed.

Emergency Fire Procedure Plans

The arrangements for transmitting emergency calls to the fire service across the Trust has been rationalised for all HTFT premises implementing the call filter procedure. The procedure is contact between the premises and the Alarm Receiving Centre to confirm the nature of the alarm activation before contact is made with HF&RS, should this be required (confirmed fire incidents only).

The attendance of HF&RS to premises on the call filter system has been reduced to the minimum amount with attendances being made to life risk premises after normal office hours only, as per the out of hours protocol.

Regular fire drills/exercises to enhance staff awareness of procedures are a statutory requirement and must be arranged by managers to ensure the suitability of the Evacuation Plan for the premises. The approach now is that drills/evacuation exercise should take place twice a year, this approach being deemed best practice from the Department of Communities and Local Government.

Most organisational premises have completed at least two evacuation exercises within the last reporting period and a database is held with the Safety Manager to ensure that all premises are complying with the requirements of the RRF50 2005 in relation to this matter. Some Trust buildings have not completed two exercises and management have been reminded accordingly about their responsibilities.

As Trust buildings become repopulated evacuation exercises have recommenced, to ensure this practice is reinstated, management have been contacted to complete evacuation exercises as soon as practicable. A reminder regarding reinstating evacuation exercises has been placed regularly in all Trust promulgations to reinforce the message regarding this matter. Procedures are in place for fire evacuation of all organisational premises. Such plans detail how the evacuation will be conducted, who will carry it out and where the patients will be evacuated to. These protocols are in place for all trust premises and as the risk/client base changes then plans are amended accordingly.

All HTFT premises now hold an evacuation strategy in the event of the premises having to completely 'decant' from site to an alternate premises/location. This alternative evacuation plan dovetails in with the resilience measures outlined in the Major Incident Plan as detailed in the Civil Contingencies Act 2004.

Security Incidents

The ALSMS has a duty to investigate all criminal allegations relating to any security incident in a timely and proportionate manner reporting the findings to the appropriate management tier and consulting with the police. The following took place during 2023/24:

- Advice and support provided to management while localised investigations are conducted, which contributed to appropriate action plans.

- Liaison with partner organisations using Trust buildings relating to open and unlocked doors resulting in visitors being able to access restricted areas.
- Provided information for Freedom of Information requests relating to sexual violence/conduct on and from staff, patients and visitors and racial abuse from patients, several which were reported to police.
- Issuing security alerts to other units relating to breaches with smuggled contraband into the units – blades within plaster packaging, tablets in hair bands/scrunches.

CCTV images have been provided to the police on occasions in relation to assaults on staff members and patients, theft of vehicles and criminal damage to buildings to support their criminal investigations. Along with internal investigations with regards to safeguarding of patients and inappropriate staff working hours.

The CCTV system installed the previous year within the inpatient units has been a huge success in capturing footage of assaults on staff, on patients and criminal damage to the units/building, to support the police with their criminal investigations and with internal HR investigations.

A total of 33 Unacceptable Behaviour letters were sent to service users, visitors and/or family members who were verbally abusive towards a wide

range of staff whilst undertaking their duties. This was found to be a decrease from the previous year. These relate to the Equality Acts protected characteristic as 30 for Other – V&A and 3 for racial incidents. The letters were issued because of a variety of incidents, ranging from being verbally and racial abusive, using inappropriate language, threatening and causing criminal damage to buildings and vehicles. One letter was also issued to a family member, because of their threatening behaviour towards staff during a visit to an inpatient unit. The letters issued were associated with incidents within community settings and GP Practices.

The quarterly visits from the Drug Search Dog company to Pine View and Humber Centre have highlighted hot spots for staff to search frequently. No contraband has been located on any visit. The general opinion from staff and patients has been positive. The continuous aim is to provide long term deterrents to persons wishing to use or supply illegal drugs and to improve the safety and security of all persons to promote and maintain a safe environment where care and treatment can be delivered safely.

Safety Assessments

Health and Safety Risk Assessments

Health and Safety risk assessments are a key tool in ensuring that Health and Safety standards are monitored and managed correctly by Trust staff and/or where Trust services are delivered. The following are completed on an annual or risk-based frequency:

- Workplace/activity risk assessments for compliance with the Management of Health and Safety at Work Regulations.
- Control of Substances Hazardous to Health (COSHH) assessments for compliance with the Trust's COSHH Policy.
- Display Screen Equipment (DSE) assessments for compliance with the Trust's DSE Policy.
- Driving at Work assessments for compliance with the Trust's Driving at Work Policy.
- Moving and Handling assessments for compliance with the Trust's Moving and Handling Policy.

As part of the process, line managers are requested to review their Unit/Team's Health and Safety workplace risk assessments against a checklist, to ensure the required assessments are in place and have been communicated to staff.

Where risk assessment reviews identify any non-conformances for example, missing activity assessments, assessments requiring review, the relevant line manager is required to take action to rectify the non-conformance.

Themes Arising from The Assessment Reviews In 2023/24

Themes arising from risk assessment completed were:

- Office space and accommodation.
- Review of workplace risk assessments.

Office space and accommodation plans/layouts are confirmed by the Estates Development Team who plan working spaces on a figure of 5 sqm per persons floor area as per existing H&S requirements. As staff are reintegrated into the workplace and working within the 'blend and thrive' approach office space has been reconfigured to achieve mandatory safe working measures.

Template Health and Safety Risk Assessments

The continued rollout of a generic template for Health and Safety assessments over the last 12 months has reduced the length of time needed to undertake the reviews and provides a more consistent approach to the assessment process across services.

Feedback on the template assessments continues to be positive and the introduction and implementation of new template assessments is on-going, with greater co-operation and sharing of assessments actively encouraged across the service areas,

An electronic version of the existing fire folder was trialled last year and proved successful with staff. Trust buildings now have the option of using an electronic reporting system for documenting fire safety related checks. The electronic option will replace hard copies and in turn help towards reducing the carbon footprint for the Trust.

The physical condition of some premises has been brought to the attention of the Safety & Estates Teams and where possible remedial works have been, and are being, programmed in.



All aspects of safety systems within the organisation continue to improve. The safety team are assessing which areas require addressing to evolve to the next level for audit purposes as it has been identified that staff on site are duplicating recordings.

Fire Risk Assessments/Audits

The RRFSO 2005 requires an annual fire risk assessment to be conducted in all premises in which people are employed to work.

Within the healthcare industry the risk assessment identifies deficiencies against the mandatory provision of FIRECODE and details appropriate measures to achieve an acceptable standard.

The purpose of the audit is to monitor compliance with FIRECODE and statutory requirements, to identify areas of non-compliance and set up remedial programmes.

All premises managed by the Trust have a fire and safety risk assessment completed annually but because of its very nature, it is dynamic and fluid and Divisional/Departmental heads need to be aware of the implications of the fire and safety risk assessments.

As part of the fire risk assessment all premises have an arson risk assessment completed to ensure the premises are inspected both internally and externally and any arson issues are identified and removed.

Interim fire safety inspections are being implemented to enhance the annual inspection and ensure continued compliancy is being maintained.

Security Assessments/Audits

The assessment identifies any risks within the building and/or to staff, where appropriate, to make recommendations to ensure compliance with safety legislation. The assessment sets out the recommendations it is considered necessary for management to take, in order to satisfy the safety of the building, staff and patients.

All wards/departments are subject to annual audits. It is the responsibility of managers to advise the ALSMS of any changes that may affect the validity and contents of this document and subsequent audit reports.

Themes arising from the assessment reviews in 2023/24

Themes arising from risk assessment completed were:

- Unsecure doors and windows
- Non-compliance with Lone Working procedures due to the lack of staff working from their bases on occasion due to staffing levels.
- Lack of key management



Items arising from the assessment review have been addressed via:

- One to one discussion with management and staff.
- Key management systems to be employed.
- Confirmation and familiarisation with policy contents.
- Reminders of roles and duties placed in all Trust promulgations.

Planned Actions for 2024/25

Safety Inspections

All Trust premises to have annual safety inspections diarised for the period 2024/25 to ensure compliance is being achieved with regulatory requirements and to confirm assurance for the organisation when audited externally. A building will now have all safety inspection completed within one visit were possible to alleviate 'down time' for staff.

Inpatient buildings will have the assessments completed at times when the attendance of the safety team will not affect clinical service delivery.

Building Plans & Risk Assessments

Risk assessments continue to be programmed in to upgrade and increase the information compiled in relation to all Trust properties. As information is collated a final plan will be issued to each property identifying protective and preventative measures that are inherent to the building.

Raise Awareness

Regarding new legislations and guidance nationally, regionally and locally to all staff within the Trust regarding Health & Safety, Fire and Security related issues, through attending regular meetings/forums, newsletters, training sessions and visiting staff within their work settings/buildings.

Amendments to The RRFSo 2005

The government has published new guidance on the enhanced duties of responsible persons under amendments made to the Fire Safety Order by the Building Safety Act.

The amendments to the Regulatory Reform (Fire Safety) Order 2005 made by section 156 of the Building Safety Act 2022 apply to all non-domestic premises – such as where people work, visit or stay.

To summarise, the amendments to the Fire Safety Order require that all responsible persons must record:

- Their completed fire risk assessment in full (where

previously only specific information was required to be recorded)

- The identity of the individual and/or if applicable, the organisation engaged by them to undertake/review any or all of the fire risk assessment.
- The fire safety arrangements (to demonstrate how fire safety is managed in their premises)
- Maintain their contact information and share this with other responsible persons and residents of multi-occupied premises, where applicable.

In addition, the amended legislation requires that:

- All responsible persons take reasonably practicable steps to ascertain the existence of other responsible persons who share or have duties in the same premises.
- Outgoing responsible persons share all “relevant fire safety information” with incoming responsible persons (a full handover).
- In the meantime, current guidance recommends that if responsible persons appoint a fire risk assessor, they should ensure that they are competent in terms of having sufficient training and experience or knowledge and other qualities.

It remains the case that the responsible person has a duty to make sure that a suitable and sufficient fire risk assessment is completed. This is

completed in the Trust by qualified and competent staff.

Investigations

The Safety Team will continue to investigate all criminal allegations relating to Health & Safety, Fire and Security incidents in a timely and proportionate manner reporting the findings to the appropriate management tier and external organisations where appropriate.



Safety Premises Inspections

Safety inspections of Trust buildings and buildings where Trust staff are based are undertaken as part of the incident prevention work and to seek compliance with the Workplace (Health, Safety and Welfare) Regulations. (See Appendix A)

Services Joining the Trust

The actions outstanding from premises inspections highlights that as services join the Trust and their buildings become the responsibility of the Trust, substantial work is often required to bring the condition of the buildings up to the required Trust standards.

Estates are working closely with the Safety Team to review new services prior to joining the Trust and to ensure that due diligence is completed, so

issues with building standards and compliance are addressed prior to the new service buildings becoming the Trust's responsibility.



Safety Training

As part of the Trust's mandatory training policy, all staff are required to complete safety training aligned to their role. The Trust monitors compliance on a regular basis.

The table overleaf (page 24) shows the overall compliance rates for the following Health and Safety/fire related training as of the 31 March 2024. The Trust's target compliance rate for each of the listed training elements is 85%, the training compliance rates were all above the baseline target at Trust Level.

From December 2021 COSHH awareness and Display Screen Equipment training was incorporated into the H&S awareness course and as such reporting of these two elements are captured in the H&S awareness figures.

Safety Related Training Compliance 2023/24

Month	2023									2024		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Percentage	%	%	%	%	%	%	%	%	%	%	%	%
Moving & Handling	96.57	96.81	96.98	95.71	96.88	97.49	97.38	97.91	97.93	98.14	98.08	98.27
H&S Awareness	98.12	98.31	98.46	98.33	98.09	97.83	97.49	97.85	98.17	97.45	97.65	97.81
Fire Refresher	95.87	97.06	97.10	96.65	96.37	95.97	95.93	96.65	96.61	97.45	97.03	97.34

Fire Training Plans for 2024/25

All fire related training will now be completed as an online ESR package, however when required, bespoke site-specific fire training will be given on request. There will be a cost saving in employing online training as staff will not be travelling to training venues. In essence they will be able to complete mandatory training in their workplace. This approach is in line with the Department of Health guidelines and the UK Core Skills Training Framework.

Health Technical Memorandum 05-03: Operational provisions Part A: Training has been amended and Para 7.6 now states: In extreme circumstances where a member of staff cannot be made available for training delivered by the Authorised Person (Fire Training) (for example, due to long term sickness), the use of e-learning may be considered as a temporary alternative.

No member of medical staff who has contact with patients should go without face to face training by the Authorised Person (Fire Training) for longer than two years. Therefore, medical staff who have contact with patients should not receive refresher

training via e-learning more than once in a two-year period. A paper has been tabled with EMT to recommend the reintroduction of face to face training for all patient facing staff on a two year cycle. This will commence October 2024.

Fire Warden Training

This training was developed into an interactive online version. The new format will help managers identify and allow training of new fire wardens within the workplace. The premise of placing this package online was to help staff train in fire warden duties, whilst also reducing time away from the workplace. In addition, the student can complete the training in their own time and allows staff to be available for workplace duties.

As stated earlier, fire warden training will be placed on a two year cycle whereby year two will be face to face training delivered by the fire safety team at site to cater for local needs.

Security Related issues

The Prevent and Chanel Panel process adopts a multi-agency approach to identify and provide

support to individuals who are at risk of being drawn into terrorism. It is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The Trust's safeguarding team provides information, consults with partners, supports internal colleagues, shares appropriate information and attends the Channel Panel meeting, this is usually the Safeguarding Adults Specialist Practitioner, supported by the Prevent Lead for the Trust and the Named Nurse for Children for the Trust. The Channel Panel in Hull and East Riding of Yorkshire are attended monthly and when an urgent meeting is needed to discuss a specific case and information is provided for the North Yorkshire panel if requested. The works are ongoing and supportive.

The Trust Prevent lead continues to attend at the strategic Silver or MAP Prevent meetings which looks how the latest guidance from the Home Office can be disseminated and have overall oversight of the local Channel Panels. The Trust has four Prevent Champions.

Prevent Training

The Prevent and Chanel Panel process adopts a multi-agency approach to identify and provide support to individuals who are susceptible to being drawn into terrorism. The process aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorist activity.

The Trust support and attend Channel Panels in both Hull and East Riding local authority areas. The Trust's safeguarding team provides information, consults with partners, supports internal colleagues, shares appropriate information and attends the Channel Panel meeting, this is usually the Safeguarding Adults Specialist Practitioner, supported by the Prevent Lead for the Trust and the Named Nurse for Children for the Trust. The Channel Panels are attended monthly and when an urgent meeting is needed to discuss a specific case, and information is provided for the North Yorkshire panel if requested. The works are ongoing and supportive.

The Trust Prevent lead continues to attend at the strategic Prevent Board meetings for both Channel Panel areas, which looks at how the latest guidance from the Home Office can be disseminated. The Trust has four Prevent Champions whose role it is to provide support, advice is also given about Prevent concerns by safeguarding practitioners on duty. Data on referrals to Prevent is held by the safeguarding team and reported on a quarterly basis.

This year the Prevent Duty Guidance was updated. A full review of this was undertaken by the Safeguarding Adults Specialist Practitioner and a brief submitted to the Board providing assurances that the Trust remains compliant with the guidance and requirements within.

Prevent Training
Prevent training is delivered to staff via e learning and is discussed within

the Level 3 Safeguarding mandatory training, regularly information is shared in the Trust wide global newsletter. The safeguarding team has its own Prevent information guide leaflet and maintains a Prevent page on the Trust internal intranet which has key information and the respective local authority Prevent referral forms.

De-escalation Management and Intervention Training

There are three associate trainer posts based at the Humber centre to support training delivery to all the Trusts services, which has been provided from various venues within the local area. The latest training venue is the MKM Stadium, Hull.

An Associate DMI Trainer supports Humber Centre staff to deliver Search training on their security refresher courses. Humber's Positive Engagement Team (PET) have delivered training to the other adult in-patient units.

The PET team continue to support services with specialist training for instances where patients and service users present with more complex issues/risks (clinical holding), which is an annual refresher session. Specialist courses have been provided to Learning Disability Community Teams to enhance their skills to safely physically intervene and hold when necessary. These has been developed at the request of the service to fit the needs of their team, all content has been selected from the pre-approved DMI training curriculum. Continued training package for Wellington Care staff.

The training team provides training for Mechanical Restraint, Secure Escort Vehicle, Basic Life Support and Search training. Search Training has become Mandatory and will be reflected of staff's ESR once it has been identified which staff need the training within the inpatient setting.

De-escalation Management Intervention (DMI) training is now certificated by BILD (British Institute of Learning Disabilities) standards, the trainers are required to undertake 4 annual CPD development days. PET is an approved Affiliate Training Centre.

The PATS training has been redesigned and involved a Training Needs Analysis being supported by various areas within the trust that are community based, reviewing of Datix over an 18-month period.

Training is being delivered to several areas within the trust for the use of Safety Pod. The training is also incorporated into the Initial 5 day course and 2 day refreshers.

CRT/Disengagements- (formerly PATS) continues to be trained, this training is constantly reviewed and services are requesting this training for their areas if they feel the need.

There has been a review of the training for FWT staff to reduce to the Agency staff use. Bank staff are being trained in DMI who work within the in-patient areas.

Personal & Environmental Search is now mandatory with an 18 month competency.

Regulatory Reform Fire Safety Order 2005

Managers at every level have been encouraged to accept their responsibilities under the amended RRFSO 2005 and be pro-active in the discharge of those duties including a full handover and induction for new managers taking over their safety responsibilities. This must include ensuring that all staff members receive fire training as this is an area where the Trust may be deemed to be vulnerable should this training not occur.

E Cigarettes

Ecigarettes were approved to be used within inpatient type premises in 2019. The type of e-cigarette being employed is the Generation 2, with chambered types not approved within Trust premises. The replacement liquid is kept in the nurse's station. Due to some liquids being identified as flammable they are stored in a flame and waterproof storage box. Within the forensic unit's disposable e-cigarettes are available through a vending machine.

Although there is still a noticeable issue with false alarm activations being caused as a direct result of e-cigarette usage, it has been noted that there has been a steady increase of unwanted fire signals over the past 6 months. The reason for the increase is that patients have been closing doors and windows to ensure a buildup of 'vape gas' in their bedrooms to activate the smoke detectors in the room. Management and teams have been contacted directly and

management are addressing this issue by reinforcing search procedures and making patients aware that if using e-cigarettes that they ventilate the bedroom accordingly.

Liaison with the Fire Service

Humberside Fire & Rescue Service (HF&RS) continues to focus on local health care premises for audits under their own inspection programme. Contact is maintained via the Premises Managers and the Trust Fire Safety Manager.

Joint liaison regarding fire investigation with HF&RS and the Police will take place for incidents to ensure a more cohesive approach to fire investigation is conducted and outcomes for internal investigations are prepared.

Liaison with Humberside Police Force

Working relationships continue with various departments within the local Police force with sharing intelligence and information.

The Trust Prevent lead continues to attend at the strategic Silver or MAP Prevent meetings which looks how the latest guidance from the home office can be disseminated and have overall oversight of the to the local Channel Panels.

Summary of Action for 2024/25

Initiatives will continue to reduce fires, false alarms and unwanted fire signals during the next year.

The initiatives will combine awareness, advice and investigations of incidents relating to Health & Safety, Fire and Security.

The reintroduction of face to face training for all patient facing staff will commence October 2024, commencing with fire warden training and then it will be developed to include fire refresher training. Health Technical Memorandum 05-03: Operational provisions Part A: Training has been amended and Para 7.6 states patient facing staff must receive face to face training every second year.

Conclusion

The Trust seeks to ensure that it provides a safe working environment for staff, clients and visitors through risk assessments, inspections, staff engagement, training and advice and guidance and will continue to improve on this.

The 2023/24 period had an increase in the number of RIDDOR reportable incidents compared to the previous year.

There was an increase in RIDDOR reports being submitted that did not meet the criteria for a report.

To filter out spurious reports a way forward was to employ an email address for all RIDDOR reports to be sent to the Safety team to confirm the criteria was met and the prompt to send a form to the Health and Safety Executive was disabled. Once confirmed the report did meet the criteria the Safety team to submit the report with assistance from the injured participants management tier.

Changes to the Trust structures and more flexible methods of working has presented fresh challenges for the Safety Team and the management tiers within the Trust. However, with continued streamlining of the review and risk assessment process, increased staff Health and Safety representation and more focused training, the Trust has striven to meet these new challenges.

**P Dent GFireE, MIFSM, ASMS, MNAHS
Safety Manager**

APPENDIX
AF Annual Frequency

PROPERTY NAME	PROPERTY ADDRESS	POST CODE	Fire RA AF	Security RA AF	H&S RA AF	Evac Ex AF
Alfred Bean Hospital	Bridlington Road, Driffield	YO25 5JR	15/03/2024	15/03/2024	15/03/2024	17/01/2024
Anlaby Clinic	First Lane, Anlaby	HU10 6UE	11/01/2024	11/01/2024	11/01/2024	04/12/2023
Snaiton Surgery	Pickering Road, Scarborough (2 Year Frequency)	YO13 9JF	08/08/2023	08/08/2023	08/08/2023	24/06/2023
Baker Street	7 Baker Street, Hull	HU2 8HP	12/12/2023	12/12/2023	12/12/2023	22/11/2023
77 Beverley Road	Beverley Road, Hull		09/01/2024	12/09/2024	09/01/2024	18/01/2024
Bartholomew House	161 Boothferry Road, Goole	DN14 6AL	14/03/2024	14/03/2024	14/03/2024	12/10/2023
Becca House	27 St John's Avenue, Bridlington	YO16 4ND	19/01/2024	19/01/2024	19/01/2024	11/09/2023
Beverley CMHT	Manor Road, Beverley	HU17 7BZ	19/01/2024	19/01/2024	19/01/2024	04/10/2023
Beverley Health Centre	Manor Road, Beverley	HU17 7BZ	04/10/2023	04/10/2023	04/10/2023	18/09/2023
Coltman Avenue	Coltman Avenue, Beverley	HU17 9LP	02/10/2023	02/10/2023	02/10/2023	16/01/2023
Coltman Street	Coltman Street, Hull	HU3 2SG	08/02/2024	08/02/2024	08/02/2024	24/11/2023
Cottingham Clinic (King St)	King Street, Cottingham	HU16 5QJ	11/06/2024	11/06/2024	11/06/2024	24/04/2024
Crystal Villas	15 St John's Avenue, Bridlington	YO16 4ND	07/07/2023	07/07/2023	07/07/2023	06/10/2023
Driffield 8 Market Place (CMHT, DAC, Rivendell)	8 Market Place, Driffield	YO25 6AP	12/04/2024	12/04/2024	12/04/2024	21/06/2024
East House	38 St John's Avenue, Bridlington	YO16 4NG	04/03/2024	04/03/2024	04/03/2024	30/10/2023
East Riding Community Hospital	Swinemoor Lane, Beverley	HU17 0FA	15/11/2023	15/11/2023	15/11/2023	27/02/2024
Eastfield Medical Centre	14 High Street, Scarborough, North Yorkshire (2 Year Frequency)	YO11 3LJ	08/08/2023	08/08/2023	08/08/2023	23/06/2023
Filey Surgery	Silver Birches Care Home, Station Avenue, Filey, North Yorkshire (2 Year Frequency)	YO14 9AH	11/04/2024	11/04/2024	11/04/2024	28/02/2024
Goole Substance Misuses Service	100 Boothferry Road, Goole	DN14 6AE	17/05/2024	17/05/2024	17/05/2024	10/05/2023
Granville court	4 Granville Court, Hornsea, East Yorkshire	HU18 1NQ	29/09/2023	29/09/2023	29/09/2023	16/06/2024
Hawthorne Court	St Mary's Lane, Manor Road, Beverley	HU17 1BT	03/04/2024	03/04/2024	03/04/2024	23/10/2023
Health Trainers, Bridlington	19 Quay Road, Bridlington	YO15 2AP	14/06/2024	14/06/2024	14/06/2024	11/10/2023
Health Trainers, Goole	67 Boothferry Road, Goole	DN14 6BB	14/06/2024	14/06/2024	14/06/2024	12/10/2023
Hornsea Cottage Hospital	Eastgate, Hornsea	HU18 1LP	27/03/2024	27/03/2024	27/03/2024	01/05/2023
Kingfisher Lodge	Completed with Hornsea Cottage Hospital	HU18 1LP	27/03/2024	27/03/2024	27/03/2024	01/05/2023

Humber Centre	Willerby Hill, Beverley Road, Willerby	HU10 6XB	02/11/2023	02/11/2023	02/11/2023	05/02/2024
INSPIRE	Walker Street	HU3 2HE	08/04/2024	08/04/2024	08/04/2024	18/09/2023
Maister Lodge	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	06/10/2023	06/10/2023	06/10/2023	05/07/2023
Malton Community Hospital	Middlecave Road, Malton, North Yorkshire	YO17 7NG	05/01/2024	05/01/2024	05/01/2024	09/06/2024
Manor House Surgery	Providence Place, Bridlington	YO15 2QW	12/07/2023	12/07/2023	12/07/2023	04/02/2024
Market Weighton GP Practice	10 Medforth Street, Market Weighton	YO43 3FF	28/07/2023	28/07/2023	28/07/2023	12/10/2023
Millview	Castle Hill Hospital, Castle Road, Cottingham	HU16 5JQ	15/09/2023	15/09/2023	15/09/2023	11/02/2023
Miranda House	Gladstone Street, Anlaby Road, Hull	HU3 2RT	31/07/2023	31/07/2023	31/07/2023	05/02/2024
Newbridges	Birkdale Way, Newbridge Road, Hull	HU9 2BH	26/01/2024	26/01/2024	26/01/2024	19/07/2023
Peeler House GP Practice	1 Ferriby Road, Hessle, East Yorkshire	HU13 0RG	09/11/2023	09/11/2023	09/11/2023	06/04/2022
Pine View	Beverley Road, Willerby	HU10 6AW	11/07/2023	11/07/2023	11/07/2023	25/04/2024
Pine View -South West Lodge	Beverley Road, Willerby	HU10 6AW	11/07/2023	11/07/2023	11/07/2023	25/04/2024
Pocklington Beckside GP Practice	1 Amos Drive, West Green, Pocklington	YO42 2BS	07/05/2024	07/05/2024	07/05/2024	25/08/2023
Pocklington Health Centre	8 -10 George Street, Pocklington	YO42 2DF	15/08/2023	15/08/2023	15/08/2023	25/08/2023
Practice 2	Station Road, Bridlington	YO16 4LZ	09/02/2024	09/02/2024	09/02/2024	21/11/2023
Princes Court (Ground Floor)	Princes Court, Princes Avenue, Hull	HU5 3QA	06/10/2023	06/10/2023	06/10/2023	08/11/2023
Prospect Road Surgery	174 Prospect Road, Scarborough, North Yorkshire	YO12 7LB	29/06/2023	29/06/2023	29/06/2023	25/04/2023
Rosedale	Preston Road, Hedon	HU12 8JU	22/09/2023	22/09/2023	22/09/2023	27/09/2023
St Andrews	271 St Georges Road, Hull	HU3 3SW	16/05/2024	16/05/2024	16/05/2024	01/12/2023
Scarborough Rugby Club	Scalby, Scarborough YO11 1UB (2 Year Frequency)		08/08/2023	08/08/2023	08/08/2023	unknown
Sunshine House	70 Walker Street, Hull	HU3 2HB	25/09/2023	11/03/2024	11/03/2024	20/02/2024
The Grange	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	11/03/2024	12/03/2024	12/03/2024	19/05/2023
Townend Court (PSYPHER,CTLD, OPCMHT)	298 Cottingham Road, Hull	HU6 8QG	17/07/2023	17/07/2023	17/07/2023	18/02/2024
Townend LD Unit	296 Cottingham Road, Hull	HU6 8QA	27/11/2023	27/11/2023	27/11/2023	18/02/2024
Unit A	Enterprise Way Bridlington	YO16 4SF	08/08/2023	08/08/2023	08/08/2023	07/06/2023
Walker Street Centre	70 Walker Street, Hull	HU3 2HE	03/10/2023	03/10/2023	03/10/2023	19/04/2023
Waterloo Centre	Brunswick Avenue, Hull	HU2 9AY	26/09/2023	26/09/2023	26/09/2023	07/02/2024
West End	2062-2068 Hessle Road, Hull	HU13 9NW	12/06/2024	12/06/2024	12/06/2024	12/06/2024
Westlands	Wheeler Street, Hull	HU3 5QE	08/04/2024	08/04/2024	08/04/2024	14/03/2024
Whitby Community Hospital	Springhill, Whitby, North Yorkshire	YO21 1EE	17/02/2024	17/02/2024	17/02/2024	03/01/2024

Willerby Hill - College House	Willerby Hill, Beverley Road, Willerby	HU10 6NS	04/06/2024	04/06/2024	04/06/2024	25/09/2023
Willerby Hill - Learning Centre	Willerby Hill	HU10 6ED	04/06/2024	04/06/2024	04/06/2024	10/05/2023
Willerby Hill - Lecture Theatre (Ex Tech Centre)	Willerby Hill	HU10 6ED	04/06/2024	04/06/2024	04/06/2024	10/05/2023
Willerby Hill - Mary Seacole	Willerby Hill	HU10 6ED	22/05/2024	22/05/2024	22/05/2024	13/05/2024
Willerby Hill - PABX	Willerby Hill (3 yearly frequency)	HU10 6ED	16/08/2023	16/08/2023	16/08/2023	N/A not a populated building.
Willerby Hill - Sledmere House	Willerby Hill	HU10 6ED	28/07/2023	28/07/2023	28/07/2023	27/06/2024
Willerby Hill - Trust HQ	Willerby Hill, Beverley Road, Willerby	HU10 6ED	07/08/2023	07/08/2023	07/08/2023	23/08/2023
Willerby Hill - Skidby House	Willerby Hill	HU10 6ED	04/06/2024	04/06/2024	04/06/2024	24/07/2024

Title & Date of Meeting:	Trust Board Meeting – 25 September 2024														
Title of Report:	Being Humber Refresh														
Author/s:	Pete Cook – Head of Learning and Organisational Development														
Recommendation:	<table border="1" data-bbox="539 539 1516 645"> <tr> <td data-bbox="539 539 935 573">To approve</td> <td data-bbox="935 539 1031 573"></td> <td data-bbox="1031 539 1409 573">To discuss</td> <td data-bbox="1409 539 1516 573">✓</td> </tr> <tr> <td data-bbox="539 573 935 607">To note</td> <td data-bbox="935 573 1031 607">✓</td> <td data-bbox="1031 573 1409 607">To ratify</td> <td data-bbox="1409 573 1516 607"></td> </tr> <tr> <td data-bbox="539 607 935 645">For assurance</td> <td data-bbox="935 607 1031 645">✓</td> <td data-bbox="1031 607 1409 645"></td> <td data-bbox="1409 607 1516 645"></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 purpose of this paper is to update The Board on the progress of the refresh of the 'Being Humber' Behavioural standards and introduce Being Humber Hallmarks and a proposed culture scorecard.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> The "Being Humber" behavioural framework, launched in 2022, sets clear expectations for employees, ensuring alignment with our organisational values and goals. The existing framework is in regular use, on average the full guideline is downloaded 95 times a month, and there are 200 hits on the Being Humber intranet page monthly. <p>Key Enhancements:</p> <ul style="list-style-type: none"> Restorative Just Culture Sexual Safety Equality, Diversity, and Inclusion Health Inequalities Learning from Incidents Compassionate Leadership Preventing Closed Cultures <p>The consultation involved key stakeholders and groups, including:</p> <ul style="list-style-type: none"> TCNC ODG QPAS Staff Networks PACE 	<p>Key Actions Commissioned/Work Underway:</p> <p>Timeline and Actions:</p> <p>We have completed a consultation process to review and refresh the existing Being Humber framework</p> <p>It is currently designed ready for the new internal Graphic Designer. In late Oct/early Nov.</p> <p>The comms team have proposed a comprehensive release plan, including:</p> <p>Phase 1 – October/November Refresh & Replace New updated guides and supportive documents Refresh intranet Maintain regular communication to support cascade as part of business as usual</p> <p>Phase 2 November/December Review & Rebrand EMT & Board sign off Create new 'hallmark' for Being Humber documents Develop self-assessment tool Cultural Scorecard tool released Share with leaders and managers as part of pre-launch communications</p>														

<ul style="list-style-type: none"> • EDI groups • FTSU 	<p>Build library of examples Supports external communication of internal culture</p> <p>Phase 3 Relaunch January Soft approach – conversational New year – cultural reset What should we expect from ourselves and one another Link to New Years intentions (rather than resolutions)</p> <p>Phase 4 Remind – April, July, November Talk louder about Being Humber during key moments e.g. appraisals window & awards season Targeted messages for a range of audiences</p>
--	---

<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Our Graphic Designer doesn't have a start date until late October, this will be their first piece of work. • Launching the Being Humber Refresh in 2024 will mean competing with other Trust wide campaigns potentially contributing to change fatigue, The comms team have devised a smart and appropriate approach to replacing the exiting framework while providing new messaging in the new year. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • The Board to note progress and timelines of the Being Humber Refresh and the Relaunch approach with a view that this will be formally approved in November
---	--

<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	12/09/24
	Mental Health Legislation Committee		Operational Delivery Group	12/09/24
	Charitable Funds Committee		Collaborative Committee	
		Trust Board Meeting	25/09/24	

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	

Executive Summary: Progress on Refreshing the "Being Humber" Behavioural Framework

Overview

The "Being Humber" behavioural framework, launched in 2022, sets clear expectations for employees, ensuring alignment with our organisational values and goals. This framework is crucial for capturing and embedding our core values, guiding performance, and promoting inclusivity and equality. The refresh aims to enhance these elements, ensuring our workplace culture remains supportive, high-performing, and inclusive.

Objectives of the refresh

- **Capturing the Culture:** Embedding core values into everyday actions.
- **Guiding Performance:** Providing clear standards for behaviour and aiding in appraisals and professional development.
- **Promoting Inclusivity and Equality:** Highlighting the importance of diversity and ensuring a just culture.

Progress to date

Part 1: Updating the Existing Framework

Timeline and Actions:

- **5 July:** Subject Matter Experts (SMEs) reviewed the framework, incorporating examples of equality, inclusion, just culture, and addressing health inequalities.
- **26 July:** Introduced for feedback to Senior Leadership Forum
- **22 July – 2 August:** Organisational Development (OD) team formalised the draft edits and prepared for consultation.
- **5 – 13 August:** A questionnaire distributed to capture feedback on the updates.
- **19 – 23 August:** Feedback to collated and reviewed.
- **26 August – 6 September:** The document prepared for the graphic designer for production.
- **12 September:** Update to EMT/ODG Timeout
- **25 September:** Update provided to Board
- **31 October:** Internal Graphic Designer starts role at Humber – design brief provided
- **November:**
 - 12 Nov EMT sign off final production of BH framework document
 - 27 Nov final production to Board for approval
- **December:** Intranet refresh and Hallmarks self-assessment released
- **January:** relaunch comms released Trust wide

Key Enhancements:

- Restorative Just Culture
- Sexual Safety
- Equality, Diversity, and Inclusion
- Health Inequalities
- Learning from Incidents
- Compassionate Leadership
- Preventing Closed Cultures

The framework language was also refreshed, introducing new section titles, now termed "The Hallmarks of Being Humber," which include:

- We Put Patients First
- We Are Courteous and Civil
- We Are Compassionate
- We Act with Integrity
- We Are Inclusive

- We Communicate Effectively
- We Work Together

Consultation Process

The Organisational Development team opened the review process by asking Sarah Clinch, Tara Owens, John Duncan, and Kate Baxendale for their specific feedback on what was missing based on their understanding of our strategic objectives and the Trust's commitment to respectful and safe cultures.

We reviewed all feedback and developed three versions on the framework, each with a varying amount of change and alignment. The SME group decided on a final version which mostly represented their changes. For alignment with Trust tone of voice we shared this with Communications and arrived at the draft that has been shared to wider groups for this stage of consultation.

The consultation involved key stakeholders and members of the following groups, including:

- TCNC
- ODG
- QPAS
- Staff Networks
- PACE
- EDI groups
- FTSU

Feedback from these consultations has shaped the final draft, ensuring alignment with the Trust's tone of voice and values.

Overall, the feedback is that the framework is 'more to the point and the emphasis is clear on the sort of culture we want Humber to be for both patients and staff.'

There are wider concerns about what Just Culture is, specifically for more junior staff, and that some clear explanations would be helpful to have available as part of the roll out of this framework.

There has been an appetite to demonstrate Being Humber through many of the initiatives which capture how we do what we do at Humber. This will be achieved by the introduction of the Being Humber Hallmarks.

Our senior leadership community have been engaged with the changes throughout the consultation process, with opportunities throughout to enhance its development.

The Communications team has recruited an internal Graphic Designer, who is expected to start end Oct '24, and this will be one of their first pieces of work. This will give us greater version control and enable us to build a Being Humber hallmark brand also in line with our branding guidelines.

The final draft will be produced as an accessible, Humber-branded document for launch and distribution. Versions such as managers guides will also feature as part of the portfolio of accessible Being Humber content.

Part 2: Implementing the Hallmarks

The second phase involves integrating the enhanced framework into daily practices. This includes creating a "Being Humber" hub on the intranet with examples of how each hallmark is demonstrated in our processes, services, and communications.

Collaboration with the communications team has provided us with some support in making the **Being Humber Hallmarks** a stand-out feature of our embedding campaign, the intention here is to make sure our behaviours can be clearly demonstrated in all that we do.

A self-assessment process will enable services to evidence their alignment to the Being Humber Framework, they are provided a visual logo to display on their appropriate documentation, these become examples for us to all reflect on as they're published and stored in a library on the Being Humber Hub.

This process is being developed and will be piloted by early adopters in a November/December, with case studies to be shared throughout the relaunch campaign.

One of the supporting tools that has been developed as part of the revision of the Being Humber framework is a Cultural Scorecard. This collation of accessible workforce data demonstrates at team level when we can see trends which may indicate strains on a team. Team managers can drill down to see how people data performance metrics when seen at a glance can indicate pressures on the teams, performance and behaviours.

Launch and Embedding Plan

Phase 1 – **'Refresh & Replace'** - October/November

- New updated guides and supportive documents
- Refresh intranet.
- Maintain regular communication to support cascade as part of business as usual

Phase 2 **'Review & Rebrand'** - November/December

- Sign off from EMT & Board
- Create new 'hallmark' for Being Humber documents.
- Develop self-assessment tool.
- Release Cultural Scorecard
- Share with leaders and managers as part of pre-launch communications.
- Build library of examples.
- Supports external communication of internal culture.

Phase 3 **'Relaunch'** - January

- Soft approach – conversational.
- New year – cultural reset.
- What should we expect from ourselves and one another.
- Link to New Years intentions (rather than resolutions.)

Phase 4 **'Remind'** – April, July, November

- Talk louder about Being Humber during key moments e.g. appraisals window & awards season.
- Targeted messages for a range of audiences.

Post-Launch Phase

- **Continuous Engagement:** Regular updates, feedback sessions, and success stories.
- **Monitoring and Evaluation:** Surveys, performance metrics, and continuous improvement.
- **Reinforcement and Recognition:** Recognising adherence and scheduling appraisal readiness sessions focusing on the "Being Humber" framework.

Conclusion

The refresh of the "Being Humber" behavioural framework is well underway, with thorough consultation and strategic updates ensuring it remains relevant and effective. This initiative will strengthen our workplace culture, promote inclusivity, and guide our performance, ultimately contributing to the Trust's success and reputation as a leading healthcare provider and an exemplary place to work.

BEING HUMBER

At our Trust, we have our own special way of doing things. For most of us, "Being Humber" is just who we are and how we work every day.

What is the 'Being Humber' Guide?

People from all parts of our Trust have helped create a guide that captures what life is like here. The 'Being Humber' guide sets out the values and behaviours we should all expect from one another in a simple, easy-to-use framework.

We want our Trust to be known for outstanding services and to be a great place to work. How we treat each other, and our patients is a big part of our culture. We want a compassionate and fair culture where staff love their jobs, feel part of a trusted and safe team, and work together with patients to make a real difference.

By following these principles, we can make our Trust a place where both staff and patients thrive. Together, we can be a leading healthcare provider and a fantastic place to work.

OUR MISSION, VISION, AND VALUES

OUR MISSION: Humber Teaching NHS Foundation Trust - 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 colleagues and known as a great employer and a valued partner.

OUR VALUES:

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

OUR GOALS:

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

The Hallmarks of Being Humber

- *We Put Patients First*
- *We Are Courteous and Civil*
- *We Are Compassionate.*
- *We Are Inclusive*
- *We Act with Integrity*
- *We Communicate Effectively*
- *We Prioritise Safety*
- *We Work Together*

Behaviours we recognise as 'Being Humber'	Behaviour we do not display or tolerate at Humber
<p data-bbox="188 188 504 220">We Put Patients First</p> <ul data-bbox="237 272 1211 1075" style="list-style-type: none"> • Care is person-centred and based on assessed needs. • Patients are partners in decisions about their care. • Patients are asked about their care and support needs, and their responses are listened to and acted upon. • Involve patients' families and carers in their care. • Provide care with compassion and empathy. • Ensure care is trauma-informed. • Keep patients informed and up to date about their care. • Deliver care through a collaborative, cohesive multidisciplinary team. • Focus on safety and quality in care delivery. • Provide care in line with people's preferred communication needs, enabling full participation. • Work in partnership with other services to provide integrated, patient-centred care. • Actively seek different perspectives. • Listen to the voice of lived experience. • Embed the use of co-design or co-production in your services. • Adapt your communication to meet people's needs, considering factors such as literacy, language barriers, and digital exclusion. • Recognise that people may experience inequalities in access, outcomes and experiences of our services and think about how you can change this 	<p data-bbox="1247 188 1805 220">What is Lack of Patient Prioritisation?</p> <ul data-bbox="1296 272 2033 762" style="list-style-type: none"> • Ignoring and treating patients and families unfairly. • Making decisions for patients without their involvement. • Displaying apathy and lack of compassion, giving the impression of not caring. • Prioritising individual agendas over patient care. • Allowing mood to affect patient treatment. • Ignoring other team members involved in patient care and failing to work together or pass on essential information. • Ignoring health inequalities resulting from differences in access, outcomes, and experiences of our services among some groups of patients • Transferring care to another team without ensuring appropriateness.

We Are Courteous and Civil

- Be courteous, friendly, and welcoming.
- Introduce yourself and explain your role to put people at ease.
- Smile, make eye contact, use open body language, and an appropriate tone of voice to build rapport.
- Recognise that people accessing our services may be anxious, vulnerable, or remembering past trauma.
- Ensure our physical environment is calm, clean, and welcoming.
- Make our services accessible and welcoming to everyone.
- Be polite.

We Are Compassionate

- Show empathy; put yourself in others' shoes (patients and colleagues) to understand their perspective, feelings, roles, and pressures.
- Talk directly with people about their care and any issues being addressed.
- Use appropriate language.
- Treat others with respect and civility.
- Be informed and sensitive to different cultural needs and beliefs, providing appropriate resources and support.
- Challenge and report stigmatising, discriminatory, or racist language and actions.
- Use supervision time to explore any personal challenges impacting staff and provide appropriate support or signposting.
- Ensure fair treatment: all colleagues should be treated with dignity and respect, regardless of their background or characteristics.

We Are Inclusive

What is Unfriendly and Disrespectful Behaviour?

- Displaying unfriendly or unkind behaviour.
- Avoiding introductions, including avoiding eye contact.
- Displaying closed body language, appearing unapproachable and rude.
- Being rude, uncivil, or ignoring people.
- Making people feel vulnerable and invisible.
- Creating a bad impression.
- Ignoring differences among those with protected characteristics.
- Displaying behaviour that constitutes bullying, harassment, or discrimination.
- Ignoring or dismissing others' perspectives and feelings.
- Engaging in gossip, talking behind people's backs, or talking over people.
- Using bad language.
- Engaging in aggressive behaviour.
- Exhibiting behaviour that is humiliating, offensive, or degrading.
- Ignoring the experiences of minoritised colleagues or failing to address microaggressions.
- Claiming the success or achievements of others.
- Being patronising and judgemental, including belittling team members.
- Ignoring the achievements and successes of the team and its members.

<ul style="list-style-type: none"> • Role model inclusive behaviours and attitudes. • Actively promote diversity, provide equal opportunities for advancement, and challenge biases and prejudices. • Encourage the expression of ideas and opinions freely, without fear of judgment or retribution. • Actively listen and promote a culture of open communication. 	
<p>We Act with Integrity</p> <ul style="list-style-type: none"> • Be professional. • Do what you say you will do within the agreed timeframe. • Be honest about where things have not gone as planned. • Be constructive and share your ideas. • Work in line with policies or raise concerns where a policy needs to change. • Respect confidentiality. • Treat people with dignity. • Be brave and speak up if you have a concern or think something is unsafe or needs to change. • Commit to learning and improving yourself and the services we operate. • Take a restorative approach to incidents, complaints, and feedback. • Be innovative and share your ideas. • Acknowledge that our services may not meet everyone's needs and be open to change. 	<p>What is Unprofessional Conduct?</p> <ul style="list-style-type: none"> • Being disrespectful to people. • Failing to follow policies and processes, causing undue worry for patients and colleagues. • Breaching confidentiality by discussing patient or colleague information or leaving documentation visible. • Criticising others for speaking up about patient safety or inappropriate behaviour. • Being resistant to change and unwilling to move forward. • Ignoring feedback and refusing to address issues or change behaviour. • Continuing to work without reviewing performance to ensure alignment with current practices. • Allowing personal matters to affect workplace responsibilities and performance. • Ignoring diverse views on a situation. • Engaging with social media in a way that could harm colleagues or our Trust's reputation.

We Communicate Effectively

- Communicate effectively in face-to-face, telephone, and written interactions.
- Be trauma-informed and show empathy and understanding of your message, considering how it will be received.
- Use a restorative approach in communication.
- Keep people informed, ensuring communication is timely and delivered using the most appropriate method and language.
- Take time to really listen with empathy towards colleagues' experiences and perspectives, ensuring they know they are heard.
- Show patience and understanding, fully grasping what someone is trying to tell you so intelligent action can be taken.
- Encourage everyone to have a voice. Allow everyone to ask questions, remembering we learn through asking.
- In virtual meetings, keep your camera on and participate to the best of your ability.

What is Ineffective Communication?

- Communication is unclear, blunt, and lacks empathy.
- Failing to keep people informed, using methods easiest for oneself.
- Using jargon, abbreviations, terminology, and language that people may not understand.
- Not taking the time to listen.
- Failing to provide opportunities for questions, leaving people anxious or unclear.
- Interrupting people inappropriately during interactions.
- Failing to allow diverse opinions to influence decisions.
- Failing to communicate with patients, their families, or carers.
- Providing little or no information to patients, leaving them uncertain.

We Prioritise Safety

- Take responsibility for your own actions, work, and tasks.
- Be honest when things go wrong, taking ownership and accountability.
- Keep promises and follow through on commitments.
- Be professionally curious about patients' wider living conditions (e.g., housing, money, social connections) and how these might affect their physical and mental health.
- Challenge and report harassment, abuse, sexual safety concerns, racist behaviour, or any discrimination against individuals with protected characteristics if you see it in the workplace.
- Report incidents you believe are patient safety issues.
- Offer support to those around you, particularly after an incident has occurred.
- Be open about and seek advice regarding safeguarding issues.
- Be evidence-based in the care provided.
- Be involved in quality improvement and research to continually enhance care.
- Be skilled in de-escalation and trained in appropriate intervention.

What are Unsafe Practices?

- Not committing to training and development.
- Failure to complete essential training in a timely manner.
- Being defensive and not open to challenge or feedback.
- Not treating people humanely in accordance with their Human Rights.
- Covering up when something has not gone as planned.
- Not welcoming others into environments.
- Being hierarchical and not valuing each person's contribution.
- Taking a blame approach instead of committing to learning.
- Being overly restrictive.
- Not supporting colleagues' safety.
- Ignoring evidence of poor outcomes for some patients.
- Arguing away uncomfortable data about poor outcomes.
- Failing to give adequate feedback about lack of advancement.

We Work Together

- Recognise and praise the contributions everyone makes to the team.
- Focus on strengths.
- Provide positive feedback when people do a good job.
- Reward great work and those who go the extra mile.
- Share compliments and highlight what is working well.
- Model inclusive behaviour and challenge non-inclusive practices.
- Acknowledge and share ideas, encouraging individuals to try new ways of working.
- Celebrate everyone's success.
- Provide feedback to colleagues when things are going well.
- Encourage collaboration across groups to break down silos and promote teamwork.

What are Poor Team Dynamics?

- Ignoring and failing to recognise the contributions everyone makes to the team.
- Treating people with incivility, ostracising, or marginalising them.
- Not sharing compliments or giving feedback to team members.
- Dismissing or not encouraging ideas.
- Providing feedback only when things are not going well and doing so publicly, causing humiliation.



Contact us

Humber Teaching NHS Foundation Trust
Willerby Hill
Beverley Road
Willerby HU10 6ED
hnf-tr.proud@nhs.net
[\[www.humber.nhs.uk\]](http://www.humber.nhs.uk) (<http://www.humber.nhs.uk>)
@HumberNHSFT
01482 336200

If you would like to receive this document in another format, please do not hesitate to contact us.

Title & Date of Meeting:	Trust Board Public Meeting - 25 September 2024			
Title of Report:	National Staff Survey 2024 Plans			
Author/s:	Alison Meads - Head of People Experience			
	To approve		To discuss	
	To note	✓	To ratify	
	For assurance	✓		
Purpose of Paper:	To provide the Board with a summary of the plans for the National staff Survey Plans for 2024			
Key Issues within the report:				
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> The organisation has developed a robust communications plan for 2024 which strengthens the incentive plans first introduced in 2023. Planning for delivery of the 2024 survey is on track. The organisation implemented a number of initiatives in response to the 2023 survey as detailed in the report. These initiatives focused on improving experience through health and wellbeing, reward and recognition and widening participation and inclusivity. The 2023 survey showed the Trust positioned better than the national average across all People Promise Theme areas The 2023 survey showed the Trust positioned better than the national average in all People Promise Sub Themes 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Localised work continues in response to actions resulting from 2023 survey. 		
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> The 2023 response rate saw a marked improvement with an 11.72% increase against the 2022 survey. This 56% response rate is the highest response rate the Trust have achieved to date. The success can be attributed to a number of factors not least the incentive scheme and for this reason the plan is to continue the scheme in the 2024 		<p>Decisions Made:</p> <ul style="list-style-type: none"> EMT have agreed an incentive for the 2024 survey and protected time for all staff, to encourage completion. 		

survey. • Timelines for the dissemination of results for 2024 is yet to be communicated.	
---	--

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) Trust Board Meeting	25/09/24

Monitoring and assurance framework summary:

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

NATIONAL STAFF SURVEY 2024 PLANS

1.0 Background and Context

As is widely acknowledged, the National Staff Survey has been in place since 2003 – it is owned by NHS England and all NHS organisations are mandated to take part. NHS Trusts are obliged to employ an independent survey contractor (of which there are 2 providers to select from).

The purpose of the survey, as outlined by NHS England is to:

‘Collect our NHS People’s views about working in their organisation. Used to improve local working conditions and improve patient care.’

In 2021, the survey was aligned to the NHS People Promises. Following this, in 2022 there was an addition of a separate and distinct Bank Worker survey. Questions are reviewed each year by NHS England and the provider notifies the Trust of any additions and changes to be aware of ahead of the following staff survey window.

The survey is administered annually, always in the Autumn and is significant in size, totalling roughly 120 questions (although there is slight variance if questions have been added / removed as part of the ongoing review). In addition to the annual survey, the People Pulse Survey is administered during the other three quarters of the year and can act as a temperature check outside of the annual National Staff Survey window.

2.0 Plans for 2024 National Staff Survey

In preparation for the 2024 National Staff Survey window, plans are underway in partnership with the Communications Team to finalise the activity that will take place pre-launch (commencing w/c 9th September 2024) and during the window, to encourage participation. Whilst no formal target has been set, internally we are aiming for higher than 2023 (56%).

The survey window will open for an 8-week period, from Monday 7th October 2024, closing on Friday 29th November 2024.

The communication plan for 2024 reflects that of 2023, with some enhancement to the key features. The incentive approach remains in 2024, with a prize winner drawn each week to receive a £25 voucher, which represents an increase from £20 in 2023. The winner will be randomly selected by the survey provider from the list of respondents. In addition, in 2024, upon survey closure, all respondents will be placed into a prize draw to win an iPad.

The main aim of the staff survey communication plan for 2024 is to build on the success of 2023 which saw a significant increase in the completion rate and enabled the views of 56% of the workforce to be considered. Communication aims will focus on widening participation as far as possible and ensuring our workforce complete the survey regardless of their workplace experience.

As with 2023, divisions and directorates are taking local ownership of the survey, with plans in place to engage teams at a local level, with a view that successes of 2023 are built upon.

Key messages that will be addressed in the pre-launch phase and throughout the survey period include;

- Ensuring the workforce are clear that the survey is an official statistic, run independently of NHS England and to the highest standards of quality and accuracy.
- That the survey is confidential and anonymous.

- That after the survey closes, everyone’s answers are gathered by the Staff Survey Co-ordination Centre that manages the survey for the NHS. It then takes some time to carefully check and analyse the responses.
- That the survey gives a really accurate picture of our own organisation, to make things better for staff and service users.
- That an incentive is being offered for participation.
- Ensuring the workforce is clear of the offer of protected time to complete the survey.

These messages will be delivered through various mediums throughout, including global comms, Q&A sessions, development of intranet page, intranet banners and manager promotional packs and resources.

The official timeline for release of the results have yet to be confirmed. The Board will be updated once this information is made available.

3.0 Staff Survey 2023 Re-cap and Progress

The Trust achieved a response rate of **55.62%** overall which represented **1,847** responses from a sample of **3,321** substantive staff. The overall response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts (51 Trusts) was 52% and the national average response rate was 48%.

The above represents a **11.72%** increase in response rate in comparison to the 2022 survey (**1,391** responses submitted: **43.9%**).

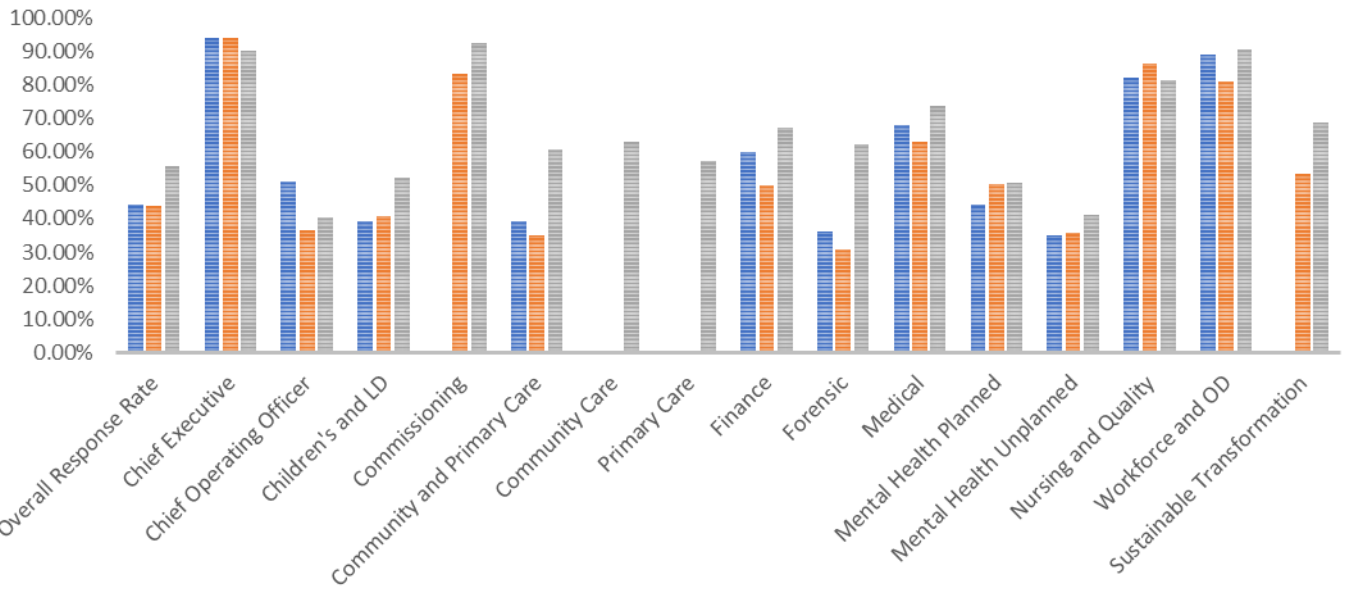
Staff survey response rates between 2014 and 2022 are detailed below.

	Response rate
2014	44%
2015	48%
2016	43%
2017	38%
2018	45%
2019	40%
2020	43%
2021	44%
2022	44%
2023	56%

The breakdown of responses by area is provided below (2021 to 2023).

RESPONSE RATE COMPARISON

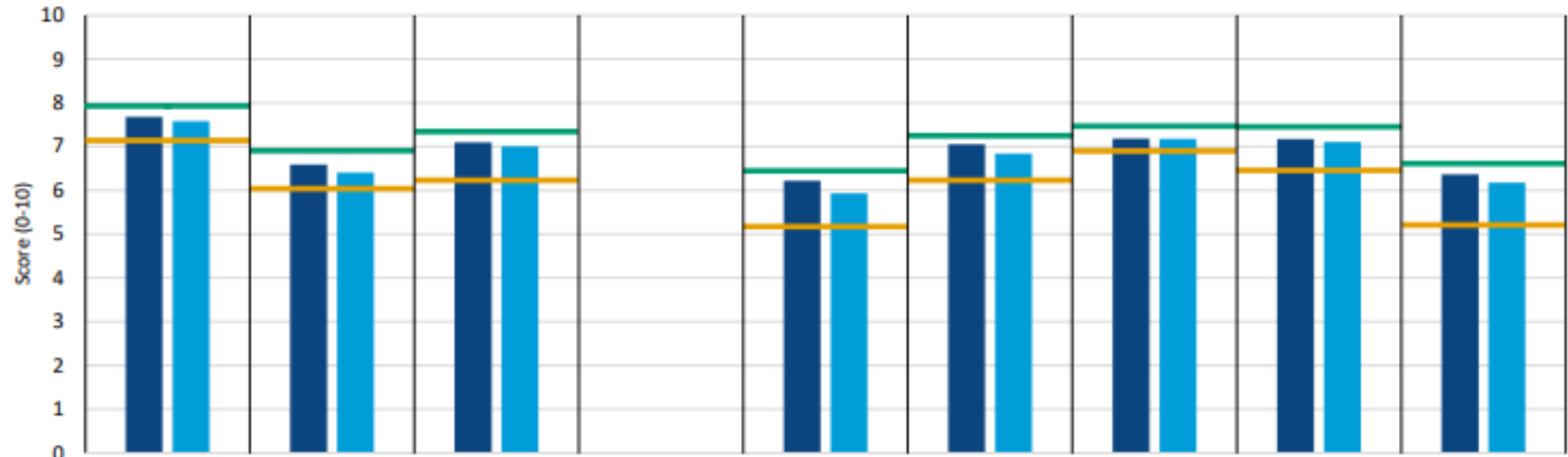
■ 2021 ■ 2022 ■ 2023



People Promise Theme Summary



We are compassionate and inclusive We are recognised and rewarded We each have a voice that counts We are safe and healthy We are always learning We work flexibly We are a team Staff Engagement Morale



Your org	7.68	6.59	7.10	-	6.22	7.05	7.18	7.18	6.37
Best result	7.93	6.90	7.34	-	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	-	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	-	5.17	6.23	6.90	6.46	5.21
Responses	1841	1846	1823	-	1795	1837	1843	1845	1846

In summary;

- The Trust positions better than the national average across all People Promise theme areas.
- The Trust positions better than the national average in all People Promise sub themes.
- 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)
- 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)

Friends and Family Test

Three key questions asked in the survey, which are revisited in the Pulse Survey, relate directly to care of service users and staff experience of working in the organisation.

The Trust position against all three has incrementally improved since 2014 and for the question 'I would recommend my organisation as a place to work' the Trust was recognised as third most improved nationally.

	Care of patients / service users is my organisations top priority	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
2013			
2014	62%	47%	54%
2015	60%	45%	58%
2016	64%	45%	58%
2017	62%	42%	54%
2018	64%	48%	61%
2019	66%	49%	58%
2020	76%	61%	67%
2021	74%	60%	66%
2022	76%	63%	66%
2023	80%	67%	70%

4.0 Areas Of Focus for 2023

1. People Promise 7 – Sub score 2 – Line Management

2. People Promise 1 - Sub score 2 – Compassionate Leadership

- Qn 16c06 Experienced discrimination on grounds of age. Bottom 20% of sector, Org 29.1%, Sector 20.5%.

- Qn 16c04 Experienced discrimination on grounds of sexual orientation. Bottom 20% of sector, Org 8.5%, Sector 5.8%.
- Qn The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it. Below the sector score and reduced against 2022 figure

3. WRES / WDES Areas of Focus

3.1 WRES

- Qn 14a - 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?
- q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

3.2 WDES

- Qn 14a - 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?
- Qn 16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

5.0 Actions following Staff survey 2023

Actions following the staff survey were addressed locally and organisationally, meaning efforts to target localised issues could be independently put in place and broader organisational actions established to improve experience.

A number of organisational initiatives were put in place to respond to the 2023 survey, including, but not limited to;

- Relaunched the new Senior Leadership Forum with face-to-face events included to give space for senior leaders to come together to share experiences and gain updates.
- Launched annual leave on ESR as a tool for all staff to have clearer management of their leave entitlements
- Launched a Health Care Support Worker transfer window alongside the Nurses transfer window to give greater flexibility.
- Reviewed and refreshed Being Humber behavioural standards.
- Respect Campaign launched and continuously reviewed and refreshed, campaign now identified as business as usual.
- Planned launch of 'no excuse for abuse' toolkit to support staff raising concerns of abuse and/or bullying and harassment issues from patients.
- Ongoing reviews of effectiveness of Staff Networks.
- Culture scorecard in development to pull together all workforce metrics relevant to culture.
- Planned launches of "Your Flex Plus" and "Your Health and Wellbeing Plus" to clearly demonstrate Trust commitment and drive-up access.

6.0 Conclusion

The board are asked to note the progress and actions taken forward following the 2023 staff survey and note the approach set out for the 2024 survey.

Agenda Item 20

Title & Date of Meeting:	Trust Public Board Meeting 25 September 2024														
Title of Report:	'A framework of quality assurance for responsible officers and revalidation' Annex A - Annual Board Report and Statement of Compliance														
Author/s:	Dr Kwame Fofie, Executive Medical Director & Responsible Officer Dr Srikanth Sajja, Appraisal Lead Gillian Wicks, Head of Medical Education & Medical Directorate Business Jane Lloyd, Appraisal & Revalidation Officer														
Recommendation:	<table border="1" data-bbox="539 707 1528 824"> <tr> <td data-bbox="539 707 938 745">To approve</td> <td data-bbox="938 707 1031 745">√</td> <td data-bbox="1031 707 1410 745">To discuss</td> <td data-bbox="1410 707 1528 745"></td> </tr> <tr> <td data-bbox="539 745 938 784">To note</td> <td data-bbox="938 745 1031 784"></td> <td data-bbox="1031 745 1410 784">To ratify</td> <td data-bbox="1410 745 1528 784"></td> </tr> <tr> <td data-bbox="539 784 938 824">For assurance</td> <td data-bbox="938 784 1031 824"></td> <td data-bbox="1031 784 1410 824"></td> <td data-bbox="1410 784 1528 824"></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>This report summaries activity relating to appraisal and revalidation processes for 2023/24.</p> <p>The purpose of the framework is to help responsible officers and organisations to provide assurance that their professional standards processes meet the relevant statutory requirements and support quality improvement.</p> <p>The Board/Executive Management Team is requested to receive this report for information.</p> <ul style="list-style-type: none"> Note that the report will be shared with the Tier 2 Responsible Officer, NHS England. Note the Statement of Compliance confirms that the Trust, as a Designated Body, is in compliance with the Regulations. <p>This report will be signed by the Chief Executive or Chairman of Humber Teaching NHS Foundation Trust as required by NHS England and ensures that the Board/Executive Management Team have reviewed the content and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).</p>														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> The Medical Revalidation Team will continue to: <ul style="list-style-type: none"> Deliver regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses to include new appraiser training and appraiser refresher training. Seek to recruit additional appraisers to ensure the Appraisal and Revalidation 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Work will continue to ensure the establishment and roll out of a robust peer review process. 														

<p>procedure remains impartial, effective, and compliant.</p> <ul style="list-style-type: none"> - Ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers. - Maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning. - Ensure principles of new Good Medical Practice (GMP) 2024 standards are embedded in our local appraisal system and software. - Engage medical staff in Freedom to Speak Up Forums which will also include our Consultant Freedom to Speak Up Ambassador. - Continue to maintain networking and support our doctors to maintain professional standards as recommended by GMP 2024. - Maintain good practice. 	
---	--

<p>Matters of Concern or Key Risks:</p> <ul style="list-style-type: none"> • There are no matters of concern or key risks to escalate. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • No significant new actions, simply retention of existing actions which mainly relate to maintenance, standards of good practice and compliance with policy and quality assurance process.
--	---

<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	10/09/24
	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	

Annex A

Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

The content of this template is updated periodically so it is important to review the current version online at [NHS England » Quality assurance](#) before completing.

- Section 1 – Qualitative/narrative
- Section 2 – Metrics
- Section 3 - Summary and conclusion
- Section 4 - Statement of compliance

Section 1 Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to use concise narrative responses in preference to replying yes/no.

1A – General

The board/executive management team of

can confirm that:

- 1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:	The Revalidation Team continues to attend updates/refresher training as part of the RO Network 2023/2024.
Comments:	In full compliance with the regulations, Dr Kwame Opoku-Fofie is the designated Responsible Officer (from 1 st November 2023), he has completed all necessary training for his role and is also a member of the Regional Responsible Officers network. Dr Opoku-Fofie is compliant in relation to his own revalidation and appraisal.
Action for next year:	No new actions for 2024/2025 – Retained action to continue to attend any updates/refresher training as part of the RO Network.

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes	The designated body provides sufficient funds, capacity and other resources for the RO to carry out the responsibilities of the role.
Action from last year:	Continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of the role fully.
Comments:	The Appraisal Lead was appointed in April 2018; the post holder receives 1PA remuneration for the role. The Appraisal Lead and Responsible Officer are supported by a part time Revalidation Officer and by the Head of Medical Education and Medical Directorate Business. The Trust currently has 11 trained appraisers and recruited a further 3 appraisers in 2023/2024; This ensures that all doctors receive an annual appraisal (where appropriate). The L2P system is fully implemented in the Trust this system supports doctors to collect all required and supporting information for appraisal and ensures sufficient time to participate in annual appraisal effectively.
Action for next year:	Retained Action – To continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of his role fully. Explore mechanisms to aid the recruitment of additional appraisers and retain existing appraisers.

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Action from last year:	To continue to update and maintain information systems as necessary.
Comments:	The L2P system is fully implemented across the Trust and this system is used effectively to manage appraisals and record appraisal compliance (including engagement/completion of 360 multisource appraisals), individual doctors' details in relation to their continuing professional development (CPD), preparation for, and completion of, appraisal and any issues or concerns raised during the appraisal process. The system also hosts a medical educator's module available to all doctors and medical educators in the Trust. This system, and information contained within the system, is maintained by the Revalidation Officer. The record of licensed

	medical professionals held with the L2P system is regularly cross-checked/validated with the record of licensed medical practitioners held on GMC Connect.
Action for next year:	Retained action – Continue to update and maintain information systems as necessary.

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:	Undertake full, formal review of the Trust Medical Revalidation and Appraisal Policy.
Comments:	Full, formal, review of the Trust Medical Revalidation and Appraisal Policy was undertaken and completed in March 2023. The Trust Medical Revalidation and Appraisal Policy is designed to incorporate the principles outlined in the NHS England Revalidation Policy, National Guidance, and guidance with the GMC. This policy also complies with equality and diversity legislation.
Action for next year:	Amend policy if required, in line with any changes to the Trust and national guidance. Formal Policy review required by March 2026.

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	To progress dialogue with potential partner organisation to allow a joint process to be agreed and established for external peer review.
Comments:	Discussions are ongoing with other Trusts in Regional Network Meetings regarding developing a partnership approach to peer review. All Trusts are implementing the post Covid-19 changes, discussions are also being held around an internal peer review process. The implementation of a robust peer review process is a key objective for 2024/2025.
Action for next year:	To progress dialogue with potential partner organisation to allow a joint process to be agreed and established for external peer review and/or agreed internal process for peer review. This is a key objective for 2024/25.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are

supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last year:	The Trust will continue to request that all long-term locums provide confirmation that they have had a necessary appraisal and continue sharing their appraisals with the Trust. Information sharing process relating to the Agency Locum doctor's appraisal between both Responsible Officers will be reviewed.
Comments:	All doctors employed by the Trust on either a substantive or fixed term basis are expected to comply with the local Medical and National Revalidation Policy. Short term doctors are treated in the same way as permanent medical staff in relation to expectations about appraisal and revalidation. Agency Locum doctors (not employed by the Trust but working in the Trust) are supported to meet their CPD requirements and attend the weekly Postgraduate Teaching Programme and peer group meetings, however, their responsible officer requirement sits with their agency Responsible Officer. It is requested that Locum Doctors share with the Revalidation Team their most recent appraisal in PDF Format. All agency locums are required to comply with the NHSE Information Flows guidance. Routine information, in the form of the doctors most recent appraisal, should be supplied by the doctor to the Trust. Also, anything of note will be expected to flow from doctors RO to the Trust RO and vice versa. This is routine information as required by the Trust to enhance patient safety, ensure good governance, and maintain good practice and will also support the doctor.
Action for next year	The Trust will continue to request that all long-term locums will confirm that they have had a necessary appraisal and continue sharing their appraisals with the Trust. Appraisal Lead to meet with new agency doctors to discuss the process.

1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practise (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year:	To maintain existing standards to comply with Medical Revalidation and Appraisal Policy. The external peer review process will be used to provide quality assurance.
Comments:	<p>The 'Good Medical Practice' model has been implemented during 2024. We also continue to use the appraisal 2020 longer version that was brought in during the Covid-19 pandemic.</p> <p>Responsible Officer, Appraisal Lead, and appraisers were invited to attend the Regional Network Meeting which include a presentation from a speaker from GMC on GMP 2024. Our Appraisal Lead will be organising another Appraisal Forum to share and discuss GMP 2024 with appraisees and appraisers.</p>

	In compliance with the local 'Medical Revalidation and Appraisal' Policy all doctors, prior to their appraisal are provided with pertinent information from the Risk Management Department relating to Serious Incidents (SI's)/significant events/clinical incidents and complaints in which they have been named. The focus is mainly on discussion in the appraisal meeting even if there is minimum supporting information submitted by the appraisee. This information is included within the appraisal and reviewed by the appraiser.
Action for next year:	To maintain existing standards to comply with Medical Revalidation and Appraisal Policy. Arrange an Appraisal Forum to discuss GMP 2024.

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year	N/A
Comments:	Not applicable – see response to Question 1b above.
Action for next year:	N/A

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:	Next formal policy review is due by March 2026 however, it is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.
Comments:	The Trust Medical Revalidation and Appraisal Policy is designed to incorporate the principles outlined in the NHS England Revalidation Policy, national guidance, and guidance from the GMC. The policy is reviewed and updated at specified intervals, or intermittently as required. All medical policies are ratified through the Local Negotiating Committee (LNC) and signed off by the Executive Management Team (EMT).
Action for next year:	Next formal policy review is due by March 2026; however, it is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.

1B(iv) Our organisation has the necessary number of trained appraisers¹ to carry out timely annual medical appraisals for all its licensed medical practitioners.

¹ While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

Action from last year:	Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers
Comments:	Medical Appraisers are recruited and selected by the Trust in accordance with national guidance. The Trust currently has 11 trained appointed appraisers to meet need, and this ensures that all doctors receive an annual appraisal (where appropriate) in a timely manner. A continuous recruitment plan is in situ. Appraiser allocation takes place on an annual basis; this is led by the Appraisal Lead and ensures adequate notice for Appraisees.
Action for next year:	Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers.

1B(v) Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements ([Quality Assurance of Medical Appraisers](#) or equivalent).

Action from last year:	Retained action - Continue to maintain and expand on existing good practice. An Appraisal Forum will be arranged in 2023/2024. Appraiser refresher training and new appraiser training will also be continued.
Comments:	RO, Appraisal Lead, Head of Medical Education & Medical Directorate Business, and Revalidation Officer regularly attend regional network meetings and disseminate relevant information through local appraiser forums to facilitate personal development of the appraisers and maintain the standards of the appraisal process. All medical appraisers have completed a suitable training programme delivered in-house by the Appraisal Lead before undertaking any appraisals. All Appraisers have access to medical leadership and support from the Appraisal Lead and RO, and the Trust operates a regular Appraiser meeting which allows peer review and learning to take place. There is a system in place to obtain feedback for Appraisers on the appraisal process; the Appraisal Lead facilitates this process and gives the feedback to the appraisers.
Action for next year:	Retained action - Continue to maintain and expand on existing good practice. An Appraisal Forum will be arranged in 2024/25. Appraiser refresher training, new appraiser training and training for new Trust employed doctors for their first appraisals will also be continued.

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:	Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.
------------------------	---

Comments:	Appraisal Lead to continue to comply with quality assurance process by conducting the appropriate audits, surveys and forums, when necessary, this includes giving regular feedback to appraisers and discussing the audit process in the appraisal forum, sharing the findings with appraisers and appraisees.
Action for next year:	Retained action - Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Action from last year:	Continue to maintain standards of good practice and remain compliant.
Comments:	The RO makes timely recommendations to the GMC as required in line with protocol. The RO ensures that the Trust Board are informed/advised of any late or missed recommendations with an explanation and reasons for any deferral submissions.
Action for next year:	Retained action - Continue to maintain standards of good practice and remain compliant.

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Action from last year:	Continue to maintain standards of good practice.
Comments:	All recommendations made to the GMC are confirmed in a timely manner with the doctor along with the reason/s for the recommendation. Discussion is held with individual doctor/s before the submission of a recommendation as required.
Action for next year:	Retained action - Continue to maintain standards of good practice.

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	No actions for 2023/24 as no changes were anticipated.
Comments:	For appraisal doctors are routinely provided with information regarding complaints, SI's, etc. in which they have been named and a reflection is included in the appraisal. The Responsible Officer has quarterly booked meetings with the employer liaison adviser (ELA) from the GMC which discusses ongoing developments and challenges.
Action for next year:	No changes anticipated for 2024/25.

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

Action from last year:	An external peer review will be conducted in the next 12 months to provide assurance with regard to the quality of Trust appraisal processes and documentation.
Comments:	The performance of all doctors is monitored as part of the annual job planning process. Systems are in place to monitor the fitness to practice of doctors working in the Trust. Relevant information is also shared with other organisations in which a doctor works, where necessary. The Trust also has a system in place to link complaints, SI's, incidents etc. to individual doctors and appraisees are provided with this information for appraisal. Appraisal reviews and re-audits have been completed by the Appraisal Lead in the Trust. This will be expanded moving forward to include peer review.
Action for next year:	To maintain existing standards

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	No action from 2023/24
Comments:	The Revalidation Officer reviews all upcoming doctors' appraisals on a monthly basis and sends requests for information to PALS & Complaints Team and Risk & Patient Safety Team for any complaints or significant incidents involving the relevant medics for the past year. Information

	from each department is sent by email to the medic and a copy to the Revalidation Officer. The Revalidation Officer forwards the information on to the appraiser for reference and saved electronically on the doctor's file. Once a doctor is due for revalidation, a 5-Year Summary Form is completed and all relevant information can be collated including, complaints, significant incidents, 360 multisource feedback, CBDs and PDPs, completed by the Revalidation Officer and Appraisal Lead for an RO Decision Panel.
Action for next year:	To maintain existing good practice with regards to the provision of all necessary information for our doctors in a convenient format to include at their appraisal.

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns [policy](#) that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:	Next formal review of the Medical Revalidation and Appraisal Policy is due January 2026 It is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.
Comments:	The local Medical Disciplinary Policy is in line with, and based on, Maintaining High Professional Standards in the Modern NHS (MHPS). This policy outlines the process by which to respond to concerns relating to fitness to practice and includes process arrangements for investigation and intervention for capability, conduct, health and fitness to practice concerns. The policy has been ratified through the Local Negotiating Committee (LNC) and by Executive Management Team (EMT). Links with the PPA are well established, and regular meetings take place between the Medical Director and the GMC Employer Liaison Adviser (ELA). Trust policy ensures there is a formal procedure in place which allows colleagues to raise concerns. Following audit and scrutiny the local policy was reviewed and updated. The final document was ratified through the Local Negotiating Committee (LNC) and Executive Management Team (EMT).
Action for next year:	Retained action – Next formal review of the Medical Revalidation and Appraisal Policy is due March 2026. It is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Action from last year:	Continue to maintain existing standards or practice
------------------------	---

Comments:	In relation to concerns relating to a doctor/s the Medical Director provides regular report to the Trust Board detailing information, concerns, types of concern and outcome. Consideration of protected characteristics of the doctors is reviewed by the HR Department and presented at various trust committees such as Workforce and OD committee.
Action for next year:	Retained action – Continue to maintain existing standards of practice.

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with [appropriate governance responsibility](#)) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners).
Comments:	All Consultant and SAS doctor appointments are subject to pre-employment checks in line with the NHS Employment Check Standards. As part of these checks the Trust insists on a sharing of the doctor's appraisal history and portfolio from the previous RO and the completion of transfer of appraisal information form (MPIT form). All conditional employment offer letters request that the prospective employee provides contact details of their RO. In the case of Agency doctors, feedback is provided to their RO in the form of an exit form once their placement with the Trust ends.
Action for next year:	Retained action - Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners)

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref [GMC governance handbook](#)).

Action from last year:	No action from 2023/24
Comments:	The Medical Revalidation and Appraisal Policy and the Disciplinary policy and other Trust policies are subject to Equality Impact Assessment (EIA). Policies contain the right of appeal where relevant. Advice on cases relating practice concerns is discussed with the

	Practitioner Performance Advice (PPA) and with the GMC ELA as required and in line with policy.
Action for next year:	No action for 2024/2025

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Action from last year:	No action from 2023/24
Comments:	<p>The Responsible Officer attends various committees to share information from national reviews, reports and enquiries, and integrates these into the organisation's policies, procedures and culture. To share learning with the medics.</p> <p>The Trust are signatories of the NHS England Sexual Safety Charter with a working group established to develop a sexual safety action plan that aims to improve sexual safety across the Trust. The sexual safety lead is the Trust's Head of Safeguarding.</p> <p>In November 2023, the Trust launched the 'Respect' campaign which was designed to drive up reporting of incidents of bullying and harassment, including sexual harassment. Since the launch, we have seen a significant increase in referrals from staff which demonstrates that we are creating a safe space for reporting of all incidents of bullying and harassment.</p> <p>In September we launch the No Excuse for Abuse toolkit, that has been produced in consultation with stakeholders, which is designed provide clarity and consistency around how to support and address abuse towards staff by patients in their care.</p> <p>The Trust have signed up to the Act Against Racism Charter from the Royal College of Psychiatrists, the Executive Medical Director leads on this with the EDI Lead coordinating. The Charter has 15 aims, and progress on these domains are reported to the Trusts Executive Management team EMT every quarter as part of quarterly EDI assurance reporting.</p>
Action for next year:	Maintaining good practice.

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

Action from last year:	No action from 2022/23
Comments:	<p>Our doctors actively engage with local clinical governance systems, and we have 100% compliance with annual medical appraisal.</p> <p>GMP 2024 standards are embedded in our local appraisal system and Appraisal Forums are in place to share learning, support and develop our medical workforce.</p> <p>Peer groups are in place in all specialties across the Trust, our doctors are supported, and encouraged to attend.</p> <p>We have a healthy medical study leave budget and actively encourage our doctors to engage in CPD activities. This is further enhanced by the local postgraduate medical education programme offered to all of our doctors, who have protected time to attend on a weekly basis.</p> <p>As a Trust we commit to promoting equal opportunity and fairness standards. We aim for our doctors to work in an environment which is free from discrimination, in which they are respected and valued.</p>
Action for next year:	Ensure principles of new GMP2024 standards are embedded in our local appraisal system and software.

1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:	Maintain compliance and standards of good practice.
Comments:	<p>All Trust doctor appointments, substantive or temporary, are made in line with the NHS Employment Check Standards, this includes checks relating to qualifications and experience, reference checks (including information relating to local investigations and management of concerns), identity and right to work checks, etc. GMC registration is also verified and GMC information relating to fitness to practice, conditions/restrictions/ revalidation and doctor history is checked. A Disclosure and Barring Service (DBS) check is conducted for new starters.</p>

	All checks as listed are checked and verified for agency doctors through the Tempre system before the medic commences employment within the Trust.
Action for next year:	Retained action – Maintain compliance and standards of good practice.

1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	No action from 2022/23
Comments:	<p>We have substantially expanded our local postgraduate Psychiatry training scheme. Our recent GMC National Training Survey (NTS) has highlighted excellent trainer feedback, ranking our Trust 1st in the UK in this area. NHS England Education also confirmed no reports of bullying or undermining by doctors in training.</p> <p>We have increased our number of medical educators and have developed a range of senior medical educator roles within our medical education structure. Recruitment and retention in these posts is excellent.</p> <p>We embrace the NHS England Workforce Educator Strategy in Medical Education. We have also proactively completed a self-assessment against the NHS England Safe Learning Environment Charter.</p> <p>Our doctors regularly take part in training and development, we have a very strong, active Medical Education Department which develops a programme of events annually, content influenced by our own medical workforce. We have a healthy medical education budget.</p> <p>We engage in the NHS England Quality Assurance Process. Feedback from our Senior Leader Engagement Visit 2023/24 was excellent.</p>
Action for next year:	Continue to maintain standards of good practice.

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	No action from 2022/23
------------------------	------------------------

<p>Comments:</p>	<p>The Trust introduced values-based recruitment last year and refreshed our policies on bullying, harassment and discrimination. We have introduced in-house bullying and harassment training for all managers and leaders, and Recruitment and selection training.</p> <p>In November 2023, the Trust launched its Respect campaign, and since then we have seen a substantial increase in referrals for bullying, harassment, and discrimination. This demonstrates that the Trust is creating a safe space for staff to report bullying and harassment. This gives colleagues in the People and OD team and those across the organisation the opportunity to address these concerns in a fair and consistent manner. The Trust have developed a No Excuse for Abuse framework, which is guidance drawn from a range of policies and SOP's and is designed to help managers provide effective support to staff who have been subjected to unacceptable abuse from patients. The guidance went out for consultation in late June to gain stakeholder feedback and ensure the guidance is fit for purpose. In July, the guidance was pulled together into a practical toolkit for staff and embedded throughout the organisation over the year. A formal launch event will take place in late September with a communications campaign designed to reach stakeholders across the organisation.</p> <p>The Trust EMT receive a quarterly assurance update as to the progress of our Respect campaign (and EDI workstreams) to ensure transparency of progress we are making.</p>
<p>Action for next year:</p>	<p>The Trust will be embedding the Respect Campaign as business as usual across the Trust and a No Excuse for Abuse formal launch event will take place in late September with a communications campaign designed to reach stakeholders across the organisation.</p> <p>EDI Lead to work with the Executive Medical Director to realise the ambitions of the ACT Against Racism Charter and embed inclusive practice across the organisation, providing regular assurance to EMT and the Board.</p>

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

<p>Action from last year:</p>	<p>No action from 2022/23</p>
<p>Comments:</p>	<p>The Trust has an experienced and respected Freedom to Speak Up Guardian and also a Deputy Freedom to Speak Up Guardian.</p> <p>The Trust welcomes and encourages speaking up when staff members feel something is wrong at work. All employees are also encouraged to have the confidence to speak up at the earliest opportunity.</p>

	<p>Patient safety is the Trust's prime concern, and we recognise that our staff are often best placed to identify where care may be falling below the standard our patients deserve.</p> <p>Staff are reassured that it is not disloyal to colleagues to raise concerns; it is a duty to our patients.</p> <p>In order to ensure our high standards continue to be met, we want everyone in the organisation to feel able to highlight wrongdoing or poor practice when they see it and confident that their concerns will be dealt with in an open and supportive manner.</p> <p>The Trust has a robust process in place for speaking up and raising concerns. There is a comprehensive Freedom to Speak Up Strategy available on the Trust's intranet and regular communications are shared to publicise speaking up and encourage staff to raise their concerns.</p> <p>We have appointed a number of speak up ambassadors including a Consultant Ambassador and information sessions have been delivered to junior medical staff and Consultants.</p> <p>It is a mandatory training requirement for all staff to complete the National Speak Up Training (Level One).</p> <p>The FTSU Guardian also works closely with the Guardian for Safe Working.</p> <p>The Trust Board receive a 6 monthly report from the Guardian and also review the NGO self-assessment on an annual basis.</p>
Action for next year:	Engage medical staff in Freedom to Speak Up Forums which will also include our Consultant Freedom to Speak Up Ambassador

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Action from last year:	No action from 2022/23
Comments:	<p>The Trust has established a culture in which our doctors feel able to raise concerns in situations where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies, and procedures in the organisations. They are enabled and supported to do so via several different routes e.g. medical appraisal, Freedom to Speak Up Guardian, Consultant Freedom to Speak Up Ambassador, Medical Staff Committee, peer group/s, Local Negotiating Committee (LNC), or through direct contact with Human Resources. We operate an open door policy where our doctors are free to contact medical managers directly, including the Executive Medical Director, operational managers etc.</p>

	<p>Doctors in Training have open access to our experienced Guardian of Safe Working and can also engage with colleagues through the Junior Doctors Forum. A process of exception reporting is established in the Trust, no patient safety concerns have been raised. Junior Doctors are encouraged to have a voice, they have a seat of various Trust committees and are empowered to consult with the Director of Medical Education, College/Foundation/GP/Higher Tutors and/or Clinical/Educational Supervisors on any matters of concern.</p> <p>The Trust has a process of Datix reporting in place, adverse incidents are used for the purpose of learning.</p>
Action for next year:	Engage medical staff in Freedom to Speak Up Forums which will also include our Consultant Freedom to Speak Up Ambassador.

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

Action from last year:	No action from 2022/23
Comments:	<p>The People and OD team have established a working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement. Processes around investigations around concerns and/or disciplinary processes have recently been reviewed to improve collaborative approaches.</p> <p>The Trust have signed up to the Act Against Racism Charter from the Royal College of Psychiatrists, the Executive Medical Director leads on this with the EDI Lead coordinating. The Charter has 15 aims, and progress on these domains are reported to the Trusts Executive Management team EMT every quarter as part of quarterly EDI assurance reporting.</p>
Action for next year:	M aintain existing standards and good practice.

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	No action from 2022/23
Comments:	<p>We are part of the Regional RO and Appraisal Lead Network sharing good practice and information about Quality Review processes to make sure our professional standards processes are consistent with other organisations.</p> <p>The standards of new Good Medical Practice 2024 have been introduced in our Appraisals following the attendance of Responsible officer, Appraisal Lead and Appraisers at the Regional Network Meeting which included the presentation from a speaker from GMC on GMP 2024.</p> <p>Appraisal Lead will be organising another Appraisal Forum to facilitate further discussion about GMP 2024 with appraisees and appraisers.</p> <p>Doctors are regularly supported in improving their competence levels by supporting them in attending CPD events, participating in internal development programmes, obtaining 360 MSF, completing QIA and patient surveys, planning and completing their PDPs, refreshing their knowledge and skills through training and providing Appraisal Forum platform in order to maintain their high professional standards.</p> <p>RO engages with higher-level responsible officer and GMC Liaison officer for support when necessary.</p>
Action for next year:	To continue to maintain networking and support our doctors as mentioned above to maintain professional standards as recommended by Good Medical Practice 2024.

Section 2 – metrics

Year covered by this report and statement: 1 April 2023 – 31 March 2024 .

All data points are in reference to this period unless stated otherwise.

2A General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March	53
--	----

2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	41
--------------------------------------	----

Total number of appraisals approved missed	1
Total number of unapproved missed	0

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	6
Total number of late recommendations	0
Total number of positive recommendations	6
Total number of deferrals made	0
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0

2D – Governance

Total number of trained case investigators	5
Total number of trained case managers	3
Total number of new concerns registered	1
Total number of concerns processes completed	2
Longest duration of concerns process of those open on 31 March	3
Median duration of concerns processes closed	183 days
Total number of doctors excluded/suspended	103.5 days
Total number of doctors referred to GMC	1

2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation – includes Consultants and SAS Doctors	11
Number of new employment checks completed before commencement of employment	11

2F Organisational culture

Total number claims made to employment tribunals by doctors	0
Number of these claims upheld	0
Total number of appeals against the designated body's professional standards processes made by doctors	0
Number of these appeals upheld	0

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
<p>General review of last year's actions:</p> <ul style="list-style-type: none"> - There were no major actions arising in 2023/24 except actions around the maintenance of standards and good practice, and compliance with policy and quality assurance process. - The Trust Appraisal Lead has provided first appraisal training for the new appraisees. - Work will continue in terms of engaging with our neighbouring NHS Trust in order to explore and potentially implement out a process of external peer review. We will also review and consider implementing an internal process of peer review. - The Medical Revalidation Team will continue to deliver regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses to include new appraiser training and appraiser refresher training. - There were no exceptions during the period of this report (2023/24)
Actions still outstanding
<ul style="list-style-type: none"> - Implementation of peer review process
Current issues
<ul style="list-style-type: none"> - There are no current issues
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):

- To continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of his role fully. Explore mechanisms to aid the recruitment of additional appraisers and retain existing appraisers.
- Continue to update and maintain information systems as necessary.
- Amend Trust Medical Revalidation and Appraisal policy if required, in line with any changes to the Trust and national guidance. Formal Policy review required by March 2026.
- To progress dialogue with potential partner organisation to allow a joint process to be agreed and established for external peer review and/or agreed internal process for peer review. This is a key objective for 2024/25.
- The Trust will continue to request that all long-term locums will confirm that they have had a necessary appraisal and continue sharing their appraisals with the Trust. Appraisal Lead to meet with new agency doctors to discuss the process.
- To maintain existing standards to comply with Medical Revalidation and Appraisal Policy. Arrange an Appraisal Forum to discuss GMP 2024.
- Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers.
- Continue to maintain and expand on existing good practice. An Appraisal Forum will be arranged in 2024/25. Appraiser refresher training, new appraiser training and training for new Trust employed doctors for their first appraisals will also be continued.
- Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners)
- Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.
- To maintain existing good practice with regards to the provision of all necessary information for our doctors in a convenient format to include at their appraisal.

- Ensure principles of new GMP2024 standards are embedded in our local appraisal system and software.
- EDI Lead to work with the Executive Medical Director to realise the ambitions of the ACT Against Racism Charter and embed inclusive practice across the organisation, providing regular assurance to EMT and the Board.
- Engage medical staff in Freedom to Speak Up Forums which will also include our Consultant Freedom to Speak Up Ambassador
- To continue to maintain networking and support our doctors to maintain professional standards as recommended by Good Medical Practice 2024.
- Continue to maintain standards of good practice.

Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

The Trust will continue to strive to create and maintain a supportive environment and promote a culture of continuous improvement and learning. There are clear lines of accountability within the organisation which actively support doctor's personal and professional development.

The main focus for 2024/25 will be the establishment and implementation of a robust, peer review process, the implementation of GMP 2024, evaluation of our revalidation process, gaining more insight into how we are embedding learning, checking Colleague and Patient feedback about the doctors, maintaining Quality Assurance Framework, addressing any concerns, SI or complaints about the doctors, and providing training forums to medics.

Summarising concerns:

No concerns to add.

Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of the designated body:	Humber Teaching NHS Foundation Trust
---------------------------------------	--------------------------------------

Name:	
Role:	
Signed:	
Date:	

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024		
Title of Report:	Finance Report Month 5 (August 2024)		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
	Trust Board are asked to note the Finance report for August 2024 and comment accordingly.		
Purpose of Paper:	<p>This report is being presented to the Trust Board to provide the financial position for the Trust as at the 31 August 2024 (Month 5).</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 £1.681m at Month 5 which is consistent with the agreed ICS planning target for the Trust The cash balance at the end of Month 5 was £25.286m. The Better Payment Practice Code figures show achievement of 91.6%. The Year-to-Date Agency expenditure totalled £2.847m. This is £0.427m below the same period for the previous year. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> A recovery plan has been formulated for the Mental Health Division to reduce in year expenditure and move towards a budgeted position from 2025/26 Agency continues to be monitored with monthly reports to ODG and EMT. 		
<p>Matters of Concern or Key Risks:</p> <ul style="list-style-type: none"> ICS Financial position is challenging and requires significant improvement in the last 8 months Run Rate 	<p>Decisions Made:</p> <ul style="list-style-type: none"> The Board are asked to note the Finance report for August 2024. 		

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

Monitoring and assurance framework summary:

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

FINANCE REPORT – August 2024

1. Introduction

This report is being circulated to The Board to present the financial position for the Trust as at 31 August 2024 (Month 5). The report provides assurance regarding financial performance, key financial targets, and objectives.

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

2. ICS Context

The Humber and North Yorkshire NHS system are working to the £50m deficit plan as agreed with NHS England (NHSE). The system has confirmed to NHSE that this position will be achieved in 2024/25 and as such, in line with the new NHS financial framework, expects to receive a non-recurrent deficit support revenue allocation in 2024/25 equal to the £50m deficit limit.

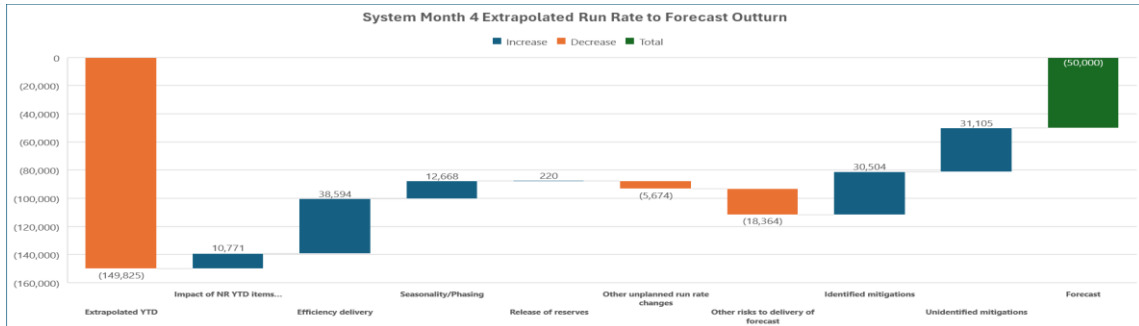
At month 4 the ICS was reporting a balanced position to plan, as per the table below:

Organisation	Year To Date (Month 4)			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Harrogate & District NHS Foundation Trust	(6,297)	(6,389)	(92)	(5,298)	(5,298)	0
Hull University Teaching Hospitals NHS Trust	(18,137)	(18,137)	0	(13,297)	(13,297)	0
Humber Teaching NHS Foundation Trust	(1,495)	(1,495)	0	0	0	0
Northern Lincolnshire & Goole NHS Foundation Trust	(10,489)	(10,484)	4	(14,856)	(14,856)	0
York and Scarborough Teaching Hospitals NHS Foundation Trust	(13,604)	(13,604)	0	(16,551)	(16,551)	0
Provider Total	(50,022)	(50,109)	(88)	(50,000)	(50,000)	0
Humber & North Yorkshire ICB	0	125	125	0	0	0
Full System Position	(50,022)	(49,984)	37	(50,000)	(50,000)	0

Across the ICS a detailed bridge has been developed to demonstrate the movement from the month 4 plan extrapolated, to delivery of the 24/25 planned deficit (£50m), this includes circa £100m of efficiencies or mitigations (*identified and unidentified*) that will need to be delivered over the remaining 8 months of the year.

The detailed bridge is summarised below:

	YTD (M4 24/25)	Extrapolated YTD	Impact of non- recurrent YTD items in extrapolated position	Efficiency delivery	Seasonality /Phasing	Release of reserves	Other unplanned run rate changes	Other risks to delivery of forecast	Identified mitigations	Unidentified mitigations	Forecast
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Harrogate & District NHS Foundation Trust	(6,388)	(19,165)	190	6,000	1,985	0	0	(7,822)	12,722	793	(5,297)
Hull University Teaching Hospitals NHS Trust	(18,137)	(54,411)	1,704	10,000	11,436	0	(5,440)	0	7,540	15,874	(13,297)
Humber Teaching NHS Foundation Trust	(1,495)	(4,485)	1,634	1,300	833	220	0	(500)	200	798	0
Northern Lincolnshire & Goole NHS Foundation Trust	(10,484)	(31,452)	4,733	12,001	(2,430)	0	0	0	0	2,292	(14,856)
York and Scarborough Teaching Hospitals NHS Foundation Trust	(13,604)	(40,812)	2,510	9,293	1,344	0	(234)	(10,042)	10,042	11,348	(16,551)
Humber & North Yorkshire ICB	125	500	0	0	(500)	0	0	0	0	0	0
System Position	(49,983)	(149,825)	10,771	38,594	12,668	220	(5,674)	(18,364)	30,504	31,105	(50,001)



The majority of planned efficiencies/mitigating actions for the ICS are phased into the last quarter of 2024/25 and as such the plan and actual expenditure is expected to exceed the full year planned deficit in the early months reporting until the impact of these actions are realised.

Given the financial position and level of risk a series of escalation meetings have taken place with system Chief Executives, Chairs, Directors of Finance (DoFs) and Directors of Human Resources (HRDs) to review the system financial position with the focus on delivering the 2024/25 financial plan.

The main resultant actions for the system have been:

- Proactively securing additional external capacity to strengthen programme management arrangements and assure the effectiveness of control processes.
- Agreeing workplan through joint DoFs and HRDs meeting to better align finance (efficiency) and workforce data and track delivery.
- Weekly Directors of Finance meetings including NHSE regional representation to review key actions on a weekly basis with focus on profile delivery of financial improvement through to the end of the financial year

3. Position as at 31 August 2024

The Trust's revised ICS target is a requirement to achieve a break-even position for the year.

Table 1 shows for the period ended to 31 August 2024 the Trust recorded a deficit of £1.681m which is in line with the ICS profiled 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 £0.016m year to date, this takes the ledger position to a deficit of £1.697m.

**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	172,017	71,568	71,115	(453)	172,017	172,017	-
YHCR	4,053	1,689	726	(962)	4,053	4,053	-
Total Income	176,070	73,257	71,841	(1,415)	176,070	176,070	-
<u>Clinical Services</u>							
Children's & Learning Disability	40,187	16,978	16,941	37	40,187	40,559	(372)
Community & Primary Care	20,179	8,407	8,400	7	20,179	20,349	(170)
Mental Health	54,314	22,694	23,093	(399)	54,314	56,153	(1,839)
Forensic Services	12,540	5,254	5,397	(142)	12,540	12,698	(158)
	127,220	53,334	53,831	(497)	127,220	129,759	(2,539)
<u>Corporate Services</u>							
	42,197	16,461	15,770	691	42,197	37,947	4,249
Total Expenditure	169,417	69,796	69,602	194	169,417	167,706	1,711
EBITDA	6,653	3,461	2,240	(1,221)	6,653	8,363	1,711
Depreciation	4,995	2,081	2,145	(64)	4,995	5,148	(153)
YHCR Amortisation	1,157	482	482	(0)	1,157	1,157	-
Interest	(1,444)	(602)	(727)	125	(1,444)	(1,523)	79
IFRS 16	1,479	616	783	(167)	1,479	1,615	(136)
PDC Dividends Payable	1,966	-	-	-	1,966	1,966	-
Operating Total	(1,500)	883	(444)	(1,327)	(1,500)	0	1,500
BRS	(1,500)	2,564	1,237	1,327	(1,500)	-	(1,500)
Operating Total	(0)	(1,681)	(1,681)	0	(0)	0	0
Excluded from Control Total							
Donated Depreciation	22	9	16	(7)	22	40	(18)
	(22)	(1,690)	(1,697)	(7)	(22)	(39)	(18)
Excluded							
Commissioning	-	-	(1)	1	-	0	(0)
Ledger Position	(22)	(1,690)	(1,696)	(7)	(22)	(39)	(18)
EBITDA %	3.8%	4.7%	3.1%		3.8%	4.8%	
Surplus %	-0.9%	1.2%	-0.6%		-0.9%	0.0%	

3.1 Income

Income overall is showing an underachievement of £1.415m. This is predominantly due to late payments from Local Authority Commissioners and YHCR partners however the forecast is to balance at the year end.

3.2 Divisional Expenditure

The overall operational expenditure is showing a forecast overspend of £2.539m.

3.2.1 Children's and Learning Disability

Children's and LD is forecasting a pressure of £0.372m. Agency usage at Inspire is contributing to this within 2024-25 however plans are in place to reduce this pressure from Month 8 with a substantive replacement and a further Substantive Consultant is planned to be employed by the end of 2024-25.

Other Agency cost pressures are apparent relating to Nursing cover which is expected to cease by the end of Month 7.

A further pressure relates to Townend Court caused by staffing pressures due to high levels of sickness which has required Agency cover. A deep dive into the financial position is being undertaken with the requirement to work within budget.

3.2.2 Community and Primary Care

Community and Primary Care is reporting a forecast deficit of £0.170m which is made up of a £0.368m pressure relating to Primary Care and in particular the Humber Primary Care Practice in Bridlington. This is offset by a forecast underspend on Community Services of £0.198m. There are risks associated with this in terms of the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts.

3.2.3 Mental Health

There are forecast pressures across both Planned and Unplanned services. The Inpatient Units are witnessing an increase in staffing costs due to the acuity of patients and the backfill of staff on training courses and sickness to maintain safer staffing levels.

The Trust has placed a number of patients out of area and this actual amount incurred up to Month 5 has been factored into the year end position but it is not possible to provide an annual prediction for this pressure at this stage.

Both Planned and Unplanned areas have pressures due to the use of Agency Medics to cover vacant posts.

Due to the level of forecast outturn pressures the Division has been required to produce a recovery plan through the Executive Accountability reviews and with weekly meetings taking place between the General Managers the COO and DOF. The current position shows a deficit of £1.839m but additional measures that are part of the recovery plan would deliver a further reduction of £0.600m taking the pressure to £1.239m.

A plan to return to balance for 2025/26 has been agreed.

3.2.4 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.

3.2.5 Corporate Services

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £4.249m, the main factor being items held centrally to offset pressures.

3.2.6 Forecast

The Month 5 position is in line with the ICB system target for the Trust which at the year end is a break-even position.

4. Cash

As at the end of Month 5 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	25,060
Nat West Commercial Account	200
Petty cash	26
Total	25,286

5. Agency

Actual agency expenditure year to date at Month 5 is £2.847m, which is £0.427m below the same period in the previous year.

Table 3: Agency Spend by Staff Group

Staff Type	Apr-24 £000	May-24 £000	Jun-24 £000	Jul-24 £000	Aug-24 £000	Total £000
Consultant	32	739	336	493	450	2,050
Nursing	115	135	98	232	144	724
AHPs/Clinical Support	19	14	6	41	(18)	62
Administration & Clerical	2	2	3	2	2	11
Grand Total	169	890	442	767	579	2,847

The table above shows the agency spend by staff type by month, the majority (72%) of expenditure relates to Consultants.

Off framework Agency Expenditure was £0.272m year to date at the end of Month 5. There is a recognition that Off Framework Agency expenditure should have been eliminated from 30 June 2024. £0.042m of Off Framework expenditure has been incurred since 1 July which is being reviewed by the Trust's Operational Delivery Group.

6. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 4. The current position is 93% for non-NHS and 86.0% for NHS, based on the value of invoices. Work is ongoing to improve this position with targeted support to managers.

Table 4: Better Payment Practice Code

Better Payment Practice Code	YTD	YTD
	Number	£
NON NHS		
Total bills paid	14,665	46,140
Total bills paid within target	13,481	42,922
Percentage of bills paid within ta	91.9%	93.0%
NHS		
Total bills paid	593	11,625
Total bills paid within target	439	9,990
Percentage of bills paid within ta	74.0%	85.9%
TOTAL		
Total bills paid	15,258	57,765
Total bills paid within target	13,920	52,912
Percentage of bills paid within ta	91.2%	91.6%

7. Recommendations

The Board are asked to note the Finance report for August 2024 and comment accordingly.

Title & Date of Meeting:	Trust Board – 25 th September 2024			
Title of Report:	Trust Performance Report – August 2024			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
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>	<p>This purpose of this report is to inform on the current levels of performance as at the end of August 2024.</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>Long Term Plan performance dashboard is attached at appendix B.</p>			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Mandatory Training – the Trust maintained a strong position against the Trust target of 85%, reporting current compliance at 94.6% The overall trust vacancy position is 7.1%, consultant vacancies remain above target but report an improving position and nursing vacancies remain stable at 8% . Clinical Supervision in month was above target at 89.5%. 		<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. A recent audit demonstrated that the operational approach in place to address waiting times gave “significant assurance”. Dialogue continues with the Integrated Care Board 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. Operational Delivery Group and Executive Management Team continue to 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. Learning Disability and Autism Integrated Care System Collaborative – this work has been supported however the release of funding has yet to be secured. Investment should see older adult out of area placements 		

	<p>eliminated.</p> <ul style="list-style-type: none"> Work is currently underway to understand trends relating to inpatient unit sickness, which in some areas is exceeding Trust targets, which will result in targeted initiatives intended to address specific areas of concerns identified. This is being reported into EMT and the People & OD Committee.
--	---

<p>Matters of Concern or Key Risks:</p> <ul style="list-style-type: none"> Waiting times for both children’s and adult neurodiversity services continues to be the most significant area of pressure and challenge. Out of Area placements has seen a continued improvement in August. CPA 12 month follow up has dropped marginally below target, now reporting at 94.6%. (Target 95%). Safer Staffing Dashboard – the number of units with sickness above 10% remains the same as June at 9 in total, detailed commentary is provided in the dashboard. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> None (report is to note)
--	--

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

Monitoring and assurance framework summary:

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

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:

Aug-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: **August 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>50.0</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	50.0	Feb-23	95.0	Mar-23	90.0	Apr-23	90.0	May-23	88.0
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	50.0																																	
Feb-23	95.0																																	
Mar-23	90.0																																	
Apr-23	90.0																																	
May-23	88.0																																	
<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: **August 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: **August 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)

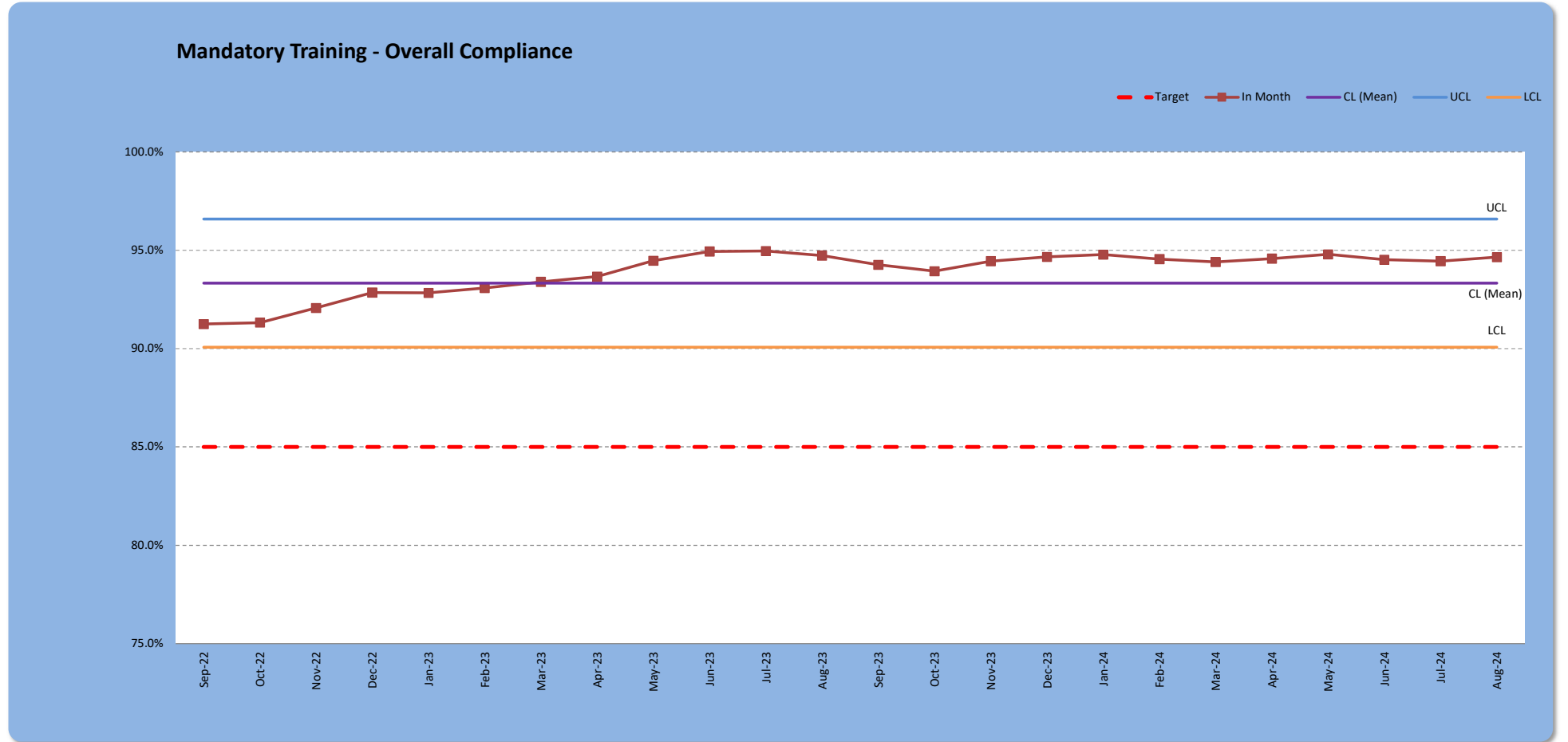
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
85%	80%	94.6%

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



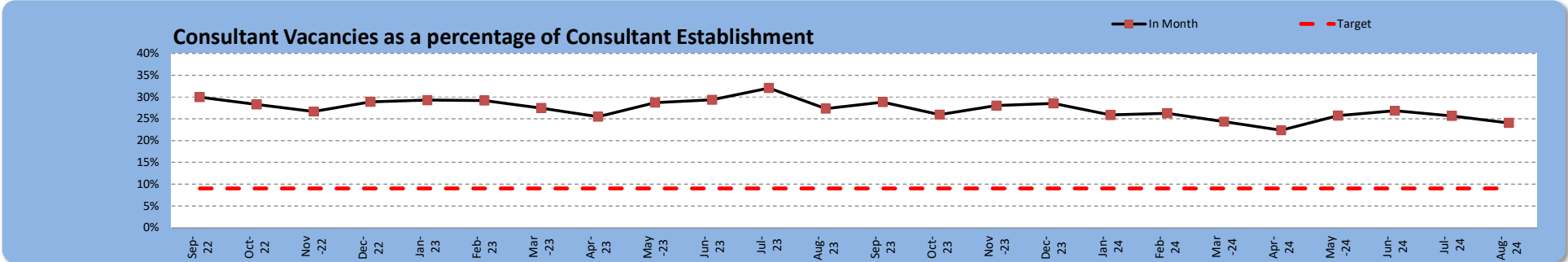
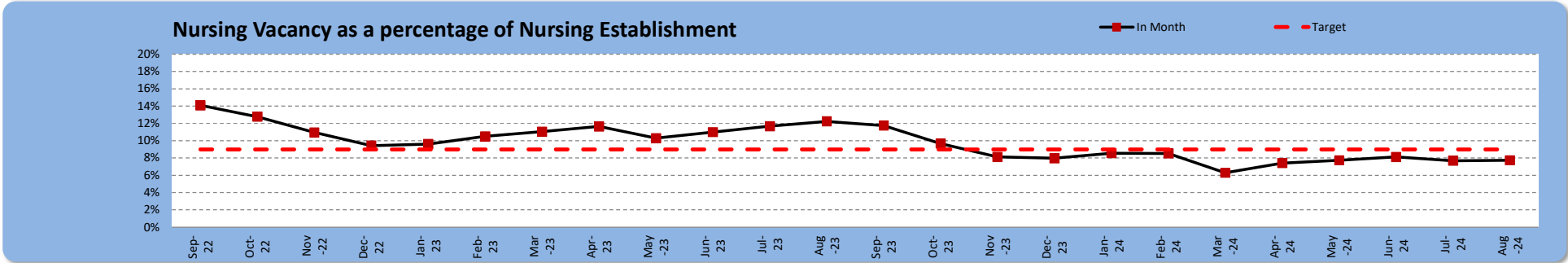
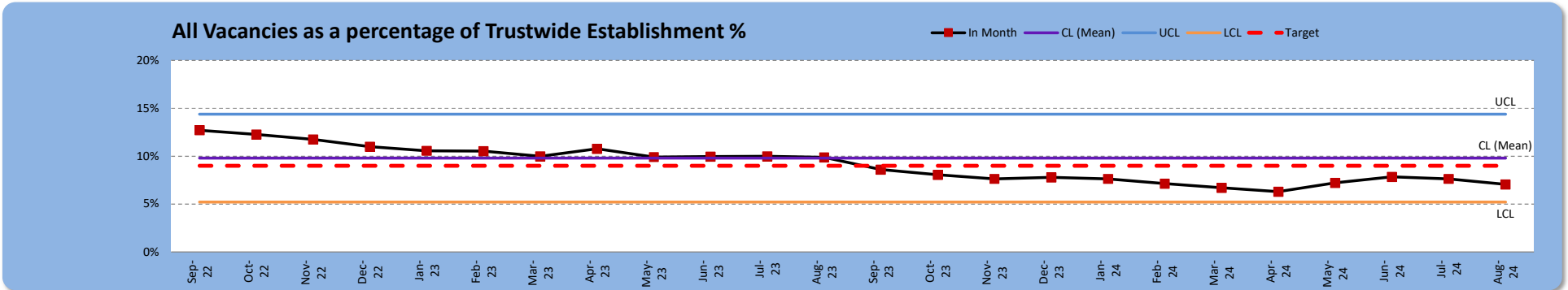
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
N/A	N/A	7.1%

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



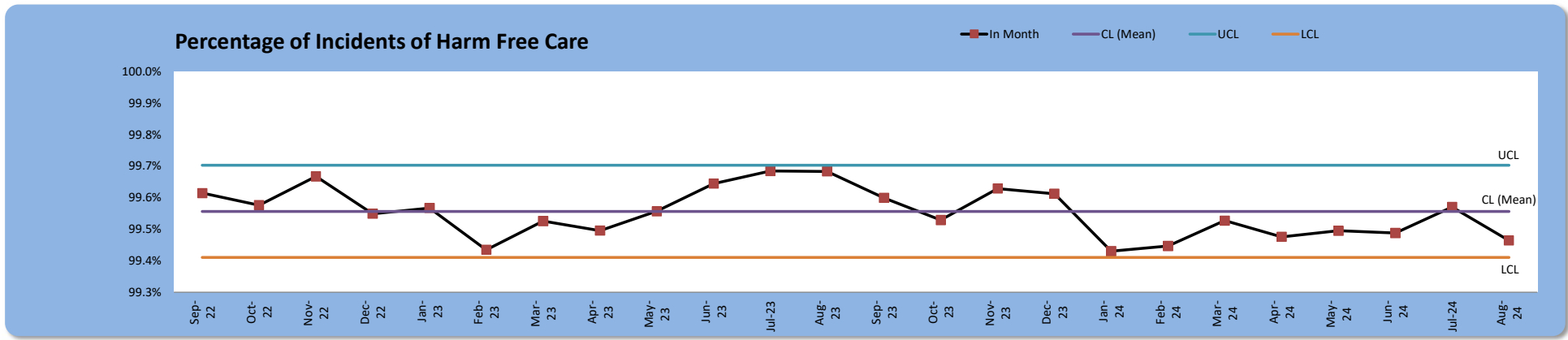
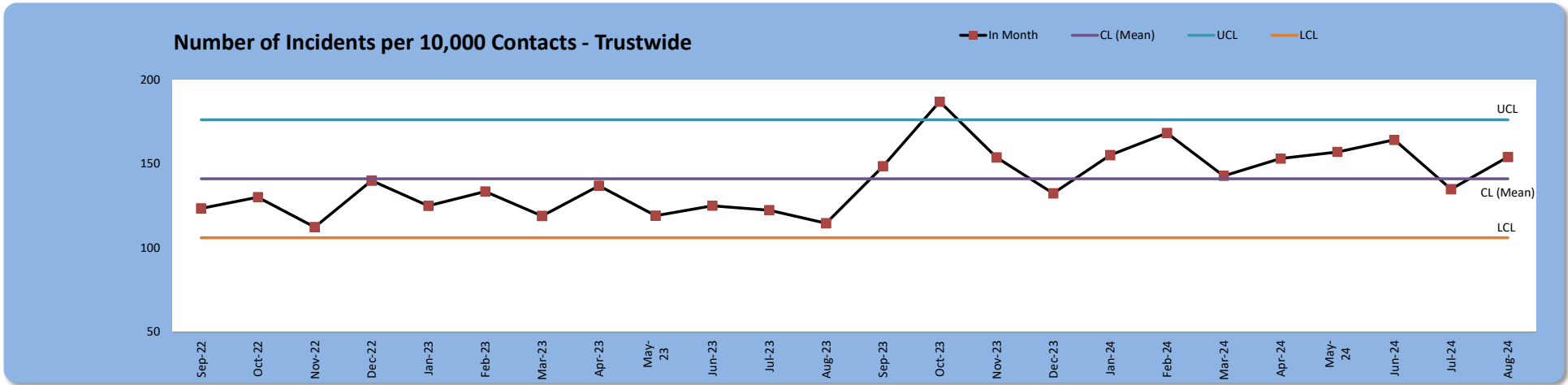
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2024**

Target:	Amber:	Trustwide current month stands at:
0	0	154

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



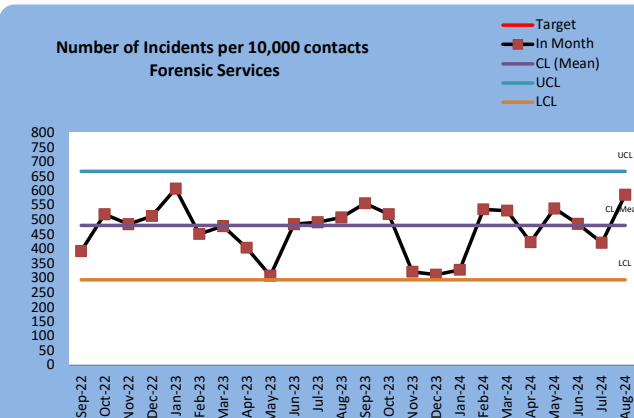
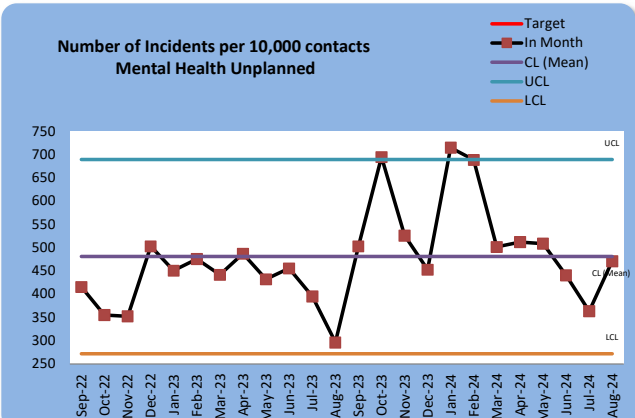
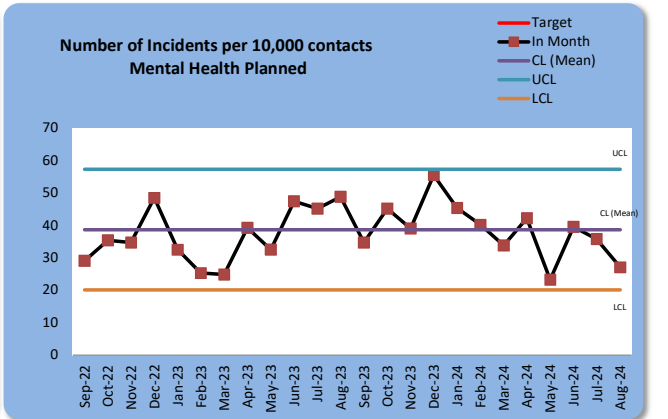
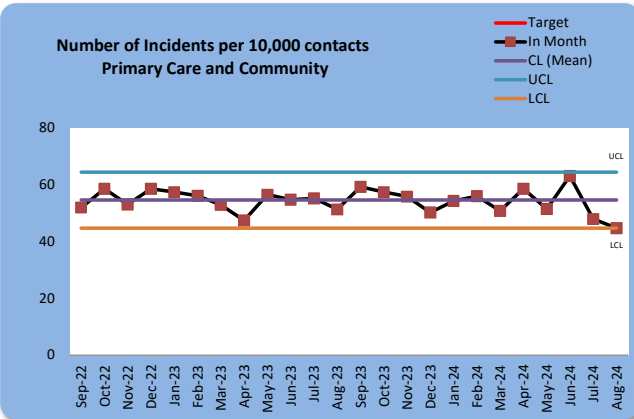
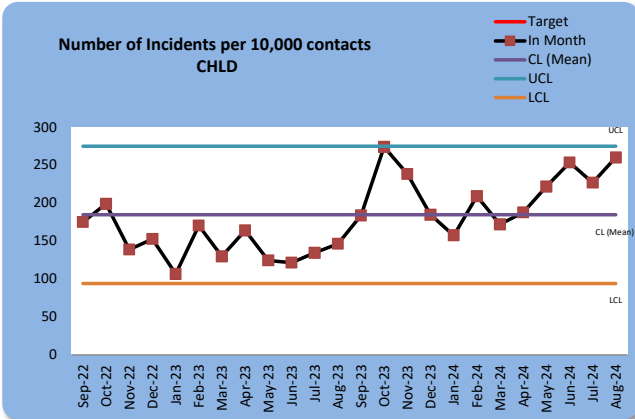
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2024**

Target:	Amber:	Trustwide current month stands at:
0	0	154

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



Current Month per Division

Children and Learning Disability	260
Primary Care and Community	45
Mental Health Planned	27
Mental Health Unplanned	471
Forensic Services	586

Incident Analysis

	Jul-24	Aug-24
Never Events	1	0
% of Harm Free Care	99.6%	99.5%
% of Incidents reported in Severe Harm or Death	0.0%	0.6%

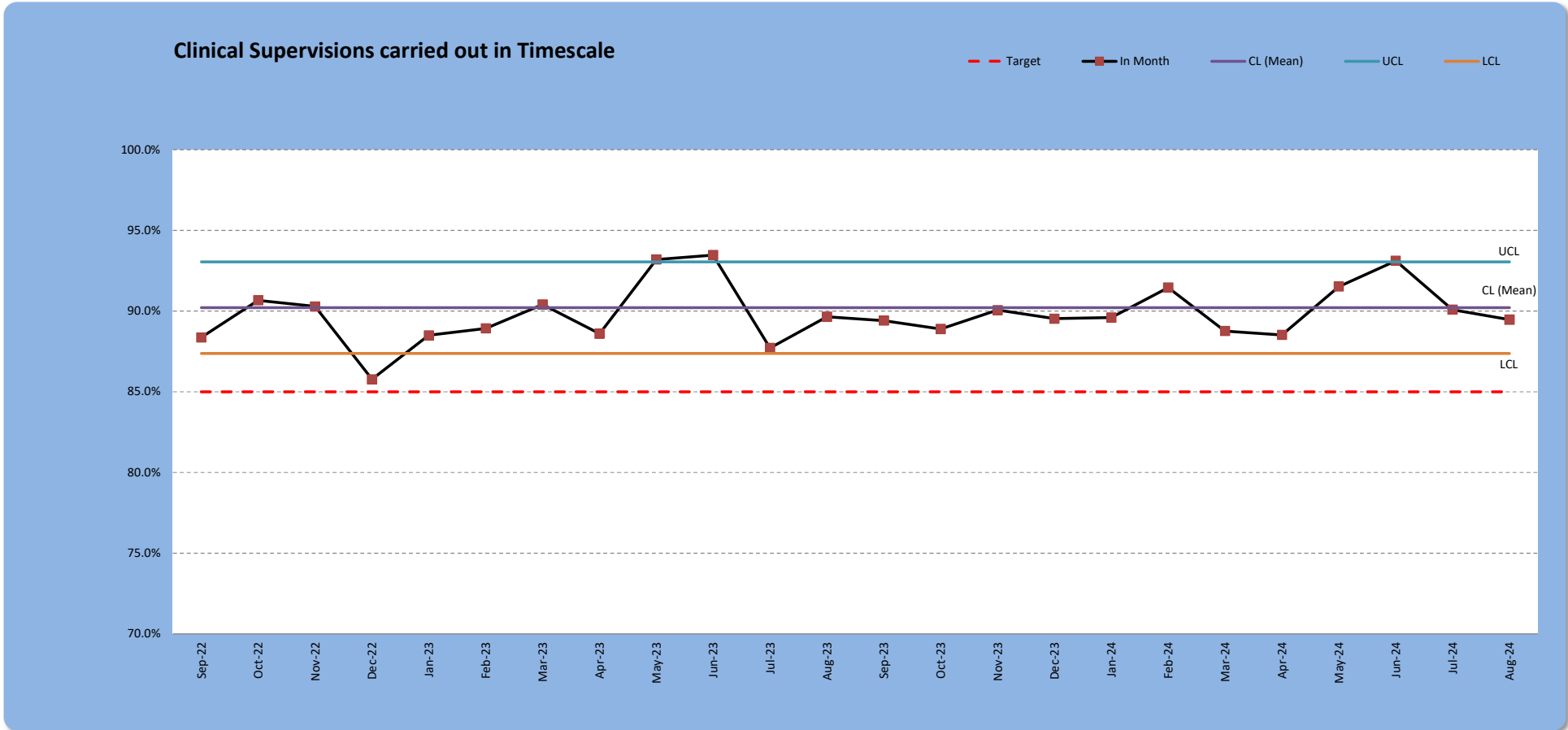
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2024**

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

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



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period: 2024-25
Reporting Month: Jul-24



Shown one month in arrears

Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Improvement	Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
							Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (YTD)										Jun-24	Jul-24
											Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ parity upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	28.4	76%	10.7	19.6%	6.2%	85%	104%	95%	101%	0	14	2	0	100.0%	93.8%	83.3%	93.3%	11.0%	4.0	1	1			
	New Bridges	Adult MH Treatment (M)	39.2	92%	8.0	17.7%	2.6%	84%	100%	82%	122%	0	20	1	0	88.9%	95.5%	100.0%	90.9%	13.0%	0.8	3	2			
	Westlands	Adult MH Treatment (F)	34.5	81%	9.9	37.7%	5.7%	94%	82%	87%	110%	1	25	0	0	88.9%	93.1%	88.2%	66.7%	8.1%	0.4	1	1			
	Mill View Court	Adult MH Treatment	29.0	83%	9.1	18.3%	13.3%	77%	105%	92%	118%	3	19	0	0	89.7%	90.4%	73.3%	50.0%	20.0%	2.0	3	2			
	STARS	Adult MH Rehabilitation	14.2	83%	25.8	38.7%	0.0%	76%	84%	100%	100%	1	2	0	0	N/R	93.4%	75.0%	66.7%	15.0%	1.0	4	2			
	PICU	Adult MH Acute Intensive	28.6	86%	21.4	32.6%	11.3%	94%	115%	94%	127%	0	31	1	1	96.0%	94.2%	91.7%	72.2%	9.0%	5.6	1	1			
OP MH	Maister Lodge	Older People Dementia Treatment	35.4	86%	13.7	19.0%	0.0%	90%	112%	100%	126%	0	44	0	0	97.8%	93.0%	100.0%	92.0%	4.3%	0.6	0	0			
	Mill View Lodge	Older People Treatment	31.9	92%	15.3	10.5%	5.2%	74%	75%	100%	105%	0	9	0	0	78.8%	97.6%	100.0%	77.8%	5.0%	5.0	2	2			
	Maister Court	Older People Treatment	16.0	101%	16.2	26.9%	0.3%	87%	95%	98%	100%	0	4	0	0	91.7%	92.1%	85.7%	80.0%	7.8%	0.8	2	2			
	Pine View	Forensic Low Secure	30.8	75%	10.4	36.2%	0.0%	94%	93%	95%	96%	0	1	0	5	100.0%	94.6%	90.9%	83.3%	10.8%	-0.1	1	1			
	Derwent	Forensic Medium Secure	27.9	78%	15.5	27.0%	0.0%	89%	80%	101%	111%	0	1	0	0	96.3%	92.5%	81.8%	58.8%	0.5%	0.0	1	1			
	Ouse	Forensic Medium Secure	22.6	63%	13.2	33.2%	0.0%	82%	132%	117%	162%	1	2	0	0	100.0%	95.6%	88.9%	80.0%	8.9%	1.2	1	1			
Child & LD	Swale	Personality Disorder Medium Secure	29.8	80%	9.8	19.3%	0.0%	84%	97%	123%	80%	2	1	2	0	100.0%	96.3%	84.6%	82.4%	5.3%	0.0	0	1			
	Ullswater	Learning Disability Medium Secure	29.2	67%	16.2	37.4%	0.0%	72%	154%	105%	131%	1	9	1	2	92.0%	92.0%	100.0%	55.0%	18.9%	-0.1	2	3			
	Townend Court	Learning Disability	40.7	39%	36.6	37.4%	9.9%	62%	94%	187%	104%	6	261	0	0	88.0%	85.6%	64.3%	72.0%	24.1%	0.8	1	3			
	Inspire	CAMHS	43.0	76%	19.8	25.0%	12.7%	92%	102%	94%	104%	0	5	0	0	86.8%	89.7%	80.0%	83.3%	16.8%	-0.5	2	1			
	Granville Court	Learning Disability Nursing Care	57.1	77%	18.9	29.3%	0.0%	97%	105%	100%	113%	0	0	0	0	89.3%	96.1%	83.3%	78.0%	5.5%	0.0	1	1			
	Whitby Hospital	Physical Health Community Hospital	35.9	82%	8.9	1.5%	0.0%	83%	81%	102%	98%	3	0	0	0	84.6%	94.8%	84.2%	86.4%	10.0%	-0.4	1	1			
CH	Malton Hospital	Physical Health Community Hospital	29.8	87%	7.2	18.3%	0.0%	97%	77%	103%	95%	0	1	0	0	100.0%	92.6%	86.7%	93.3%	7.1%	0.7	2	1			

Key	Target met	Within 5% of target	Target not met
-----	------------	---------------------	----------------

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators	
Contract Period:	2024-25
Reporting Month:	Jul-24



Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Jul

16 units are flagging red for sickness which is an increase from May and June. EMT has asked for a deep dive into sickness in the MH units.

The number of units with sickness over 10% remains the same as June with 9 in total. Inspire and TEC continue to have sickness levels above 15% and additionally STARs; MVC and Ullswater have sickness at 15% and above.

There are no units with 5 red flags.

All units have achieved their CHPPD target except for Malton who's CHPPD target is currently under review following discussion at EMT.

3 units have flagged as being below the 75% fill rate threshold (TEC; Ullswater and MVL RN days) however exploration of E-roster confirms that were they were shortfalls there were minimal occasions when overall safe staffing numbers were impacted.

Ullswater has temporarily increased staffing levels to support the care of a patient in LTS, for which EPOC (enhanced package of care) payment is received and whilst they are underfilling on RN on days they have an overall overfill due to additional unregistered shifts. Ouse is currently split over two wards due to refurbishment and staffing has been increased to support this. TEC have an underfill of RNs on days but have increased their RN cover on nights to support LTS.

Mandatory training (all) is above 85% for all units. Compliance with ILS/BLS has been consistently strong across most of the units. TEC (BLS) was below target for June and remains just under target in June; their ILS has also dropped below target in the context of significant sickness (24%) and increased clinical pressures. The modern matron is aware and has a plan to recover this position. Mill View Court, Derwent and Ullswater are all flagging red this month for BLS. This has been escalated to the resuscitation officer, the divisional clinical leads and matrons. STARs have now achieved their target for BLS.

Clinical supervision remains in a strong position with most units above 85%. MVL and Whitby are just under target and Inspire and STARs have not completed their return for the month.

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton))
<=4.3	>=5.3	STARS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby, Malton
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Townend Court

Registered Nurse Vacancy Rates (Rolling 12 months)

Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
13.85%	13.67%	13.50%	12.10%	11.04%	11.25%	11.00%	9.56%	9.10%	9.59%	9.66%	10.20%

Slips/Trips and Falls (Rolling 3 months)

	May-24	Jun-24	Jul-24
Maister Lodge	7	7	7
Millview Lodge	5	1	2
Malton IPU	4	3	3
Whitby IPU	2	2	3

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

PI RETURN FORM 2024-25

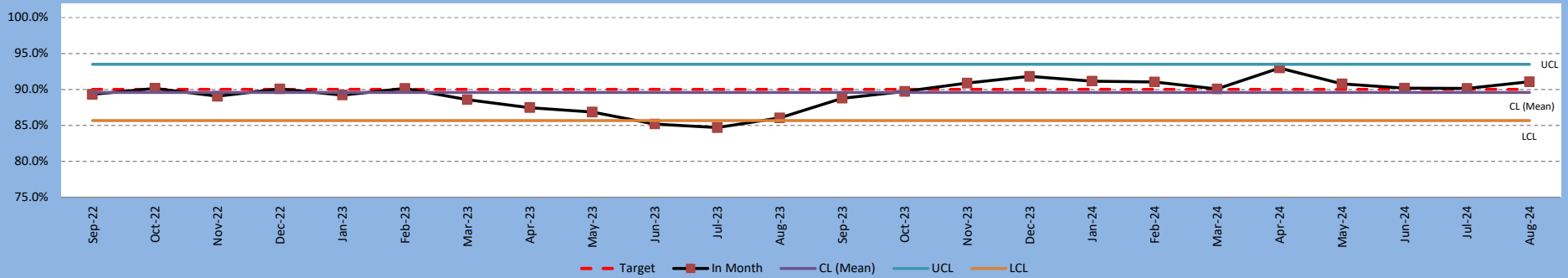
Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	91.1%

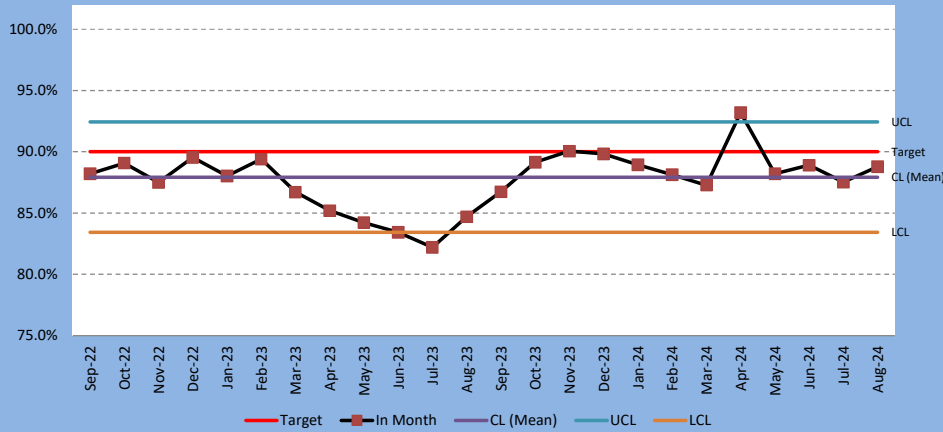
For the period ending: **August 2024**

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 %

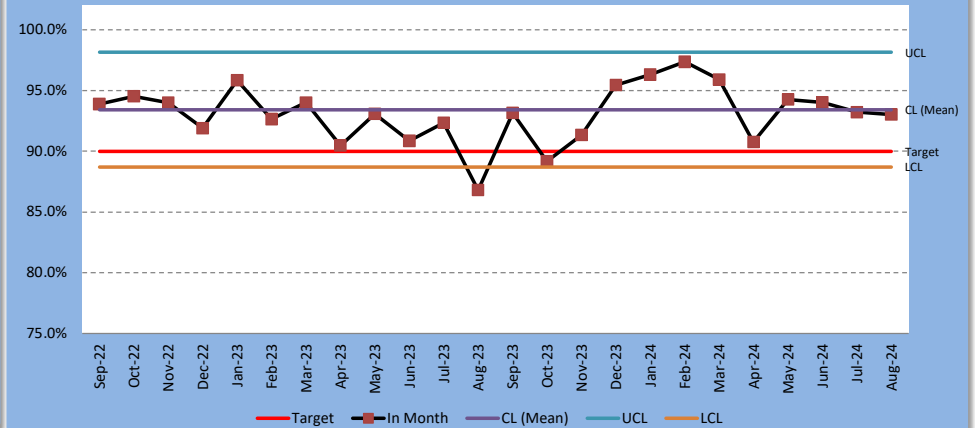
Friends and Family - Recommendation - Trustwide



Friends and Family - Recommendation - GP



Friends and Family - Recommendation - Non GP



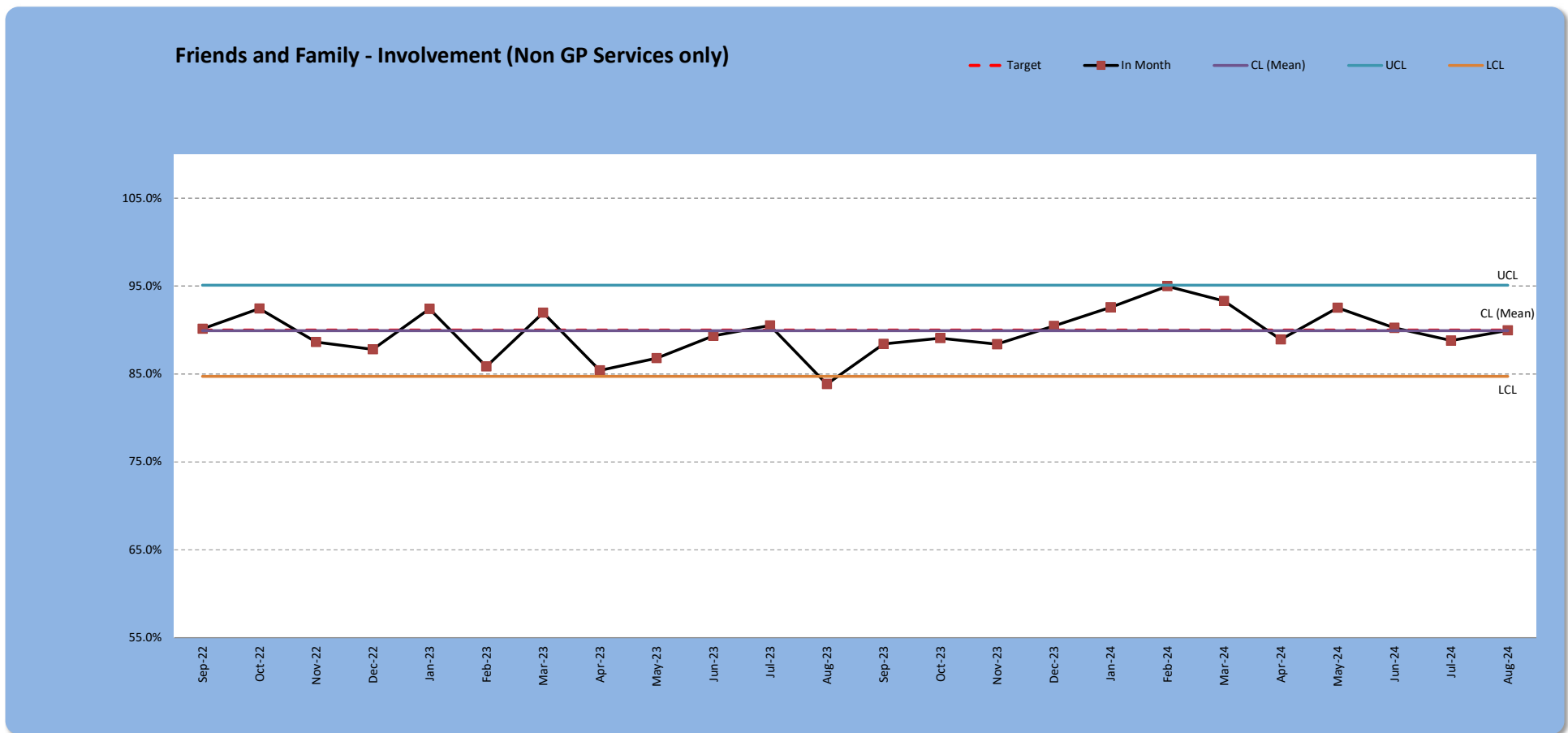
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
90%	80%	90.0%

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



PI RETURN FORM 2024-25

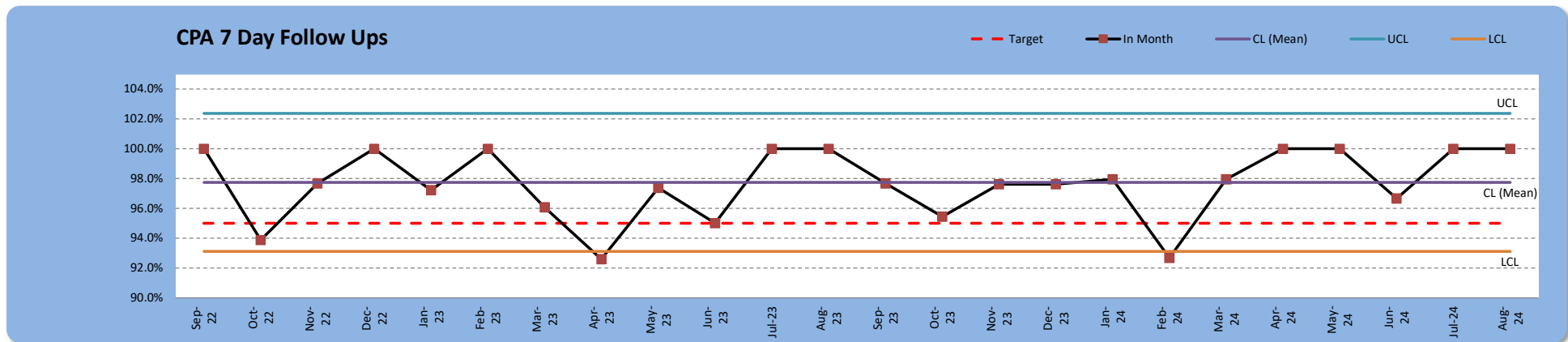
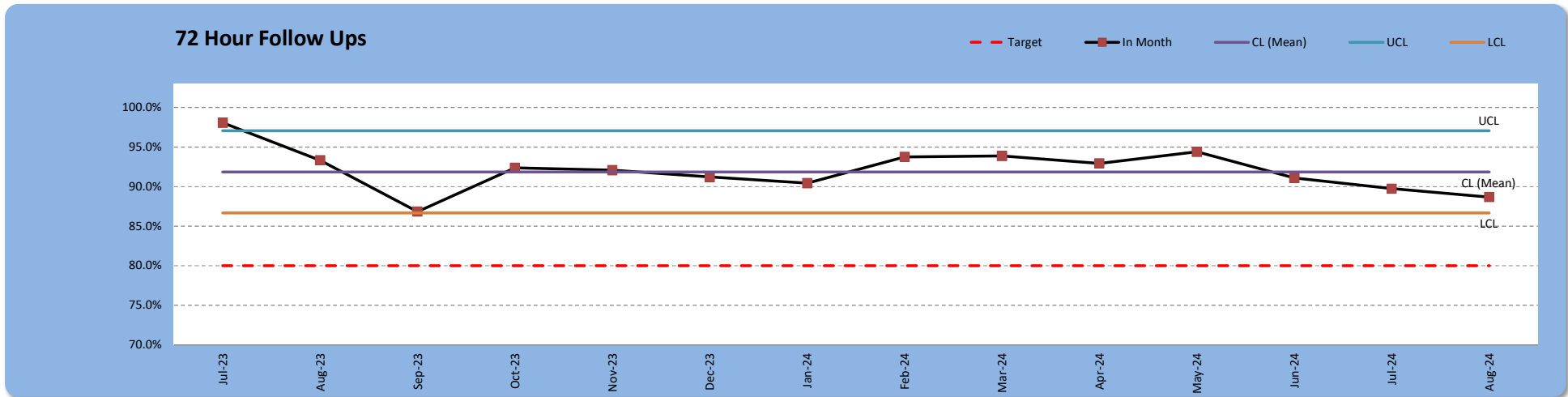
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2024**

		Current month for 72 hour stands at:
Target:	Amber:	88.7%
80%	60%	

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
OP 12



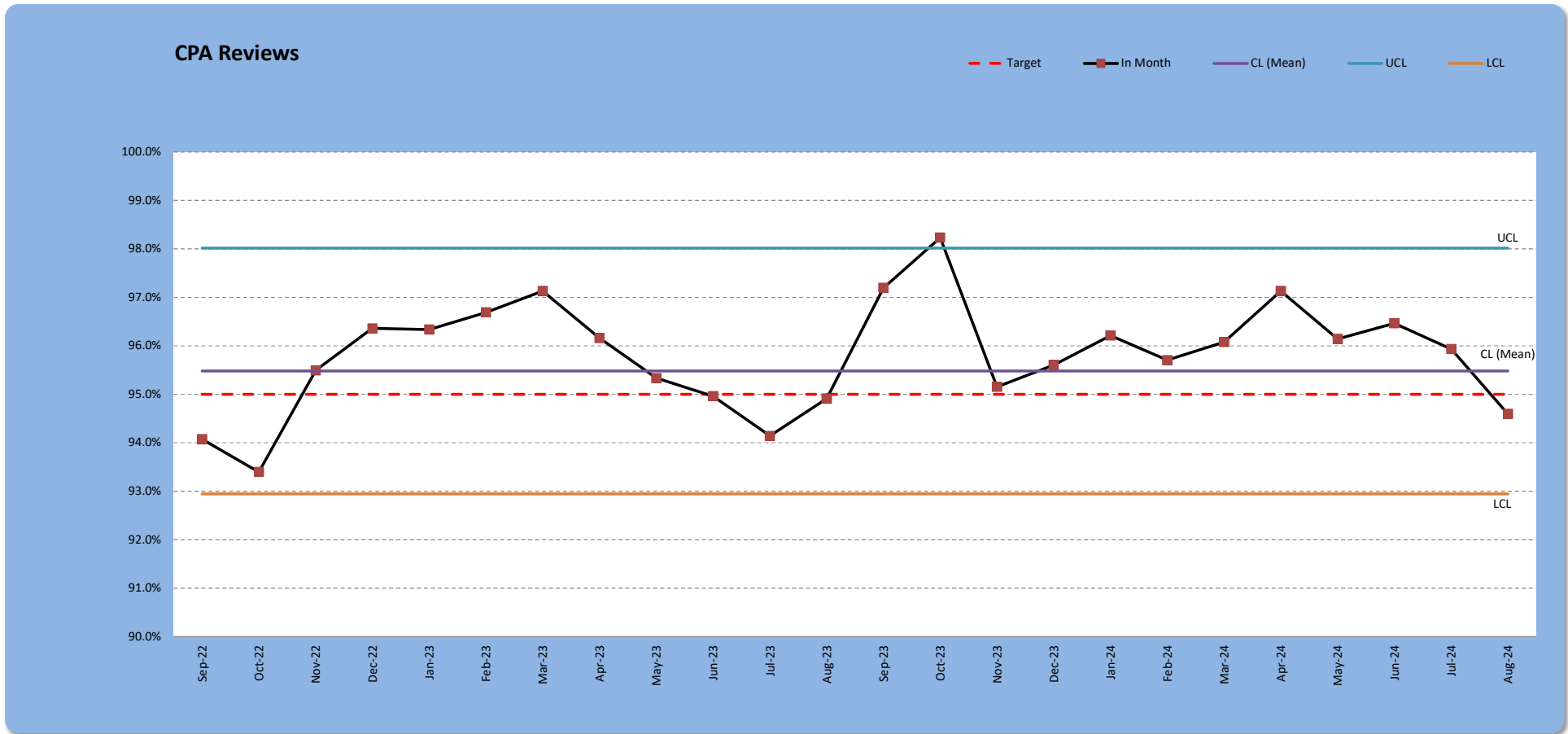
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
95%	85%	94.6%

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



PI RETURN FORM 2024-25

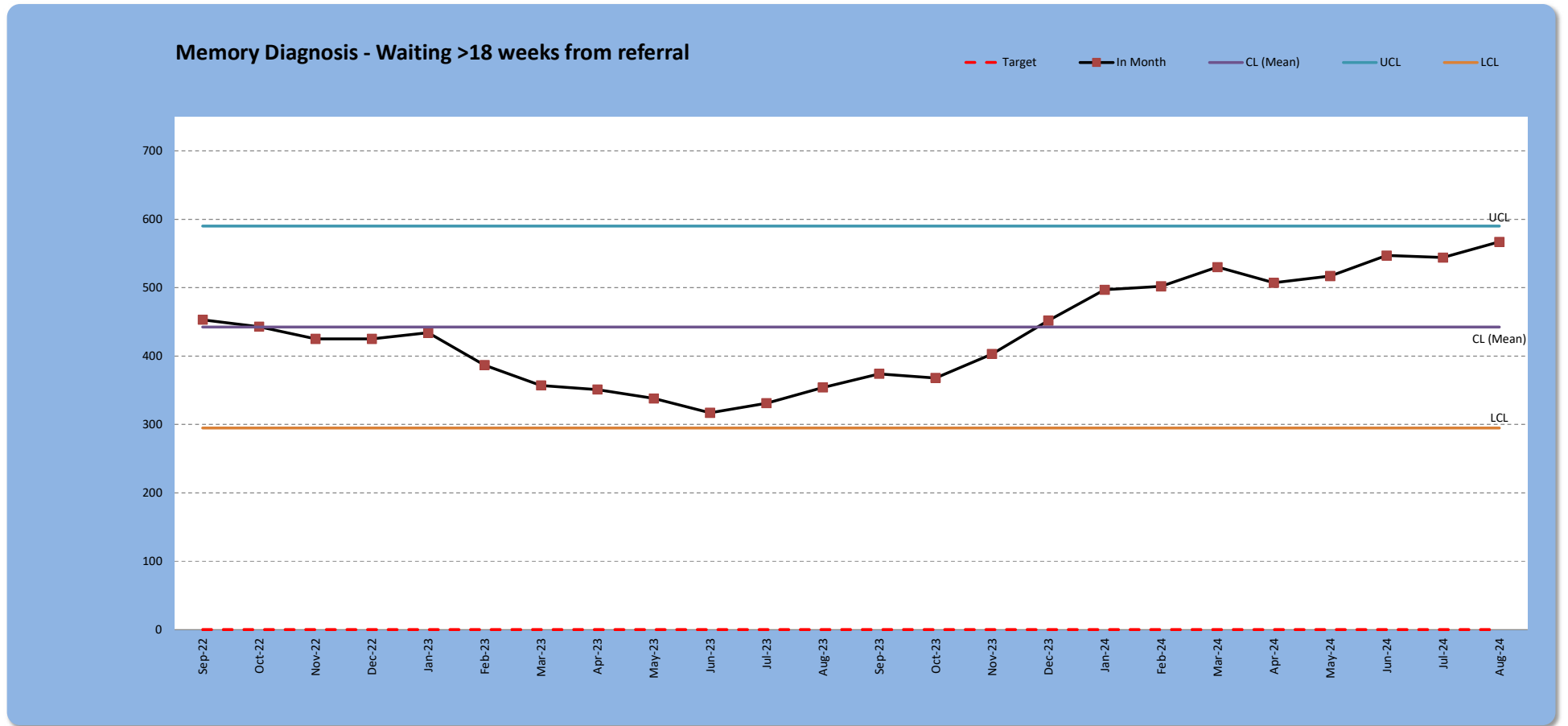
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
n/a	n/a	567

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

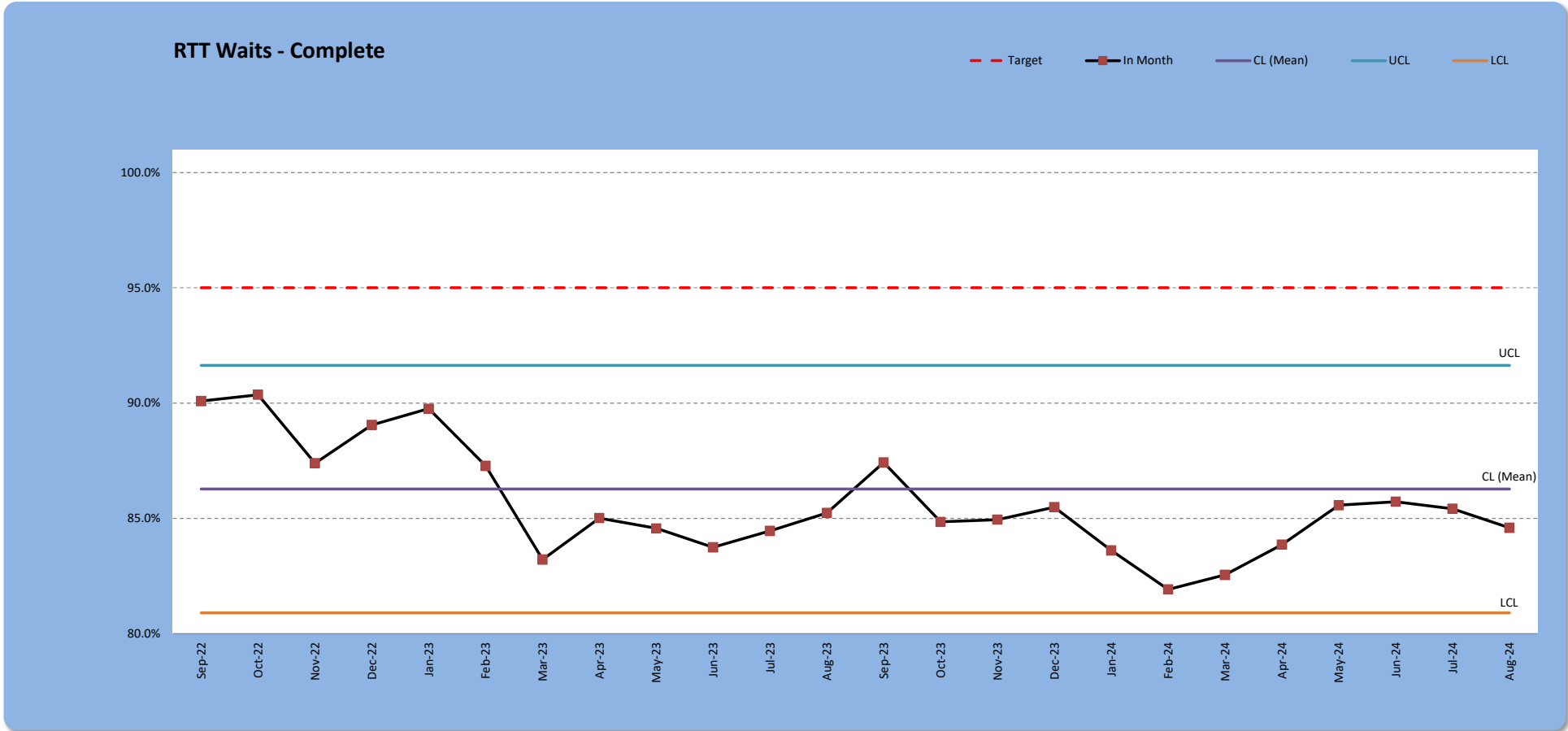
For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
95%	85%	84.6%

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

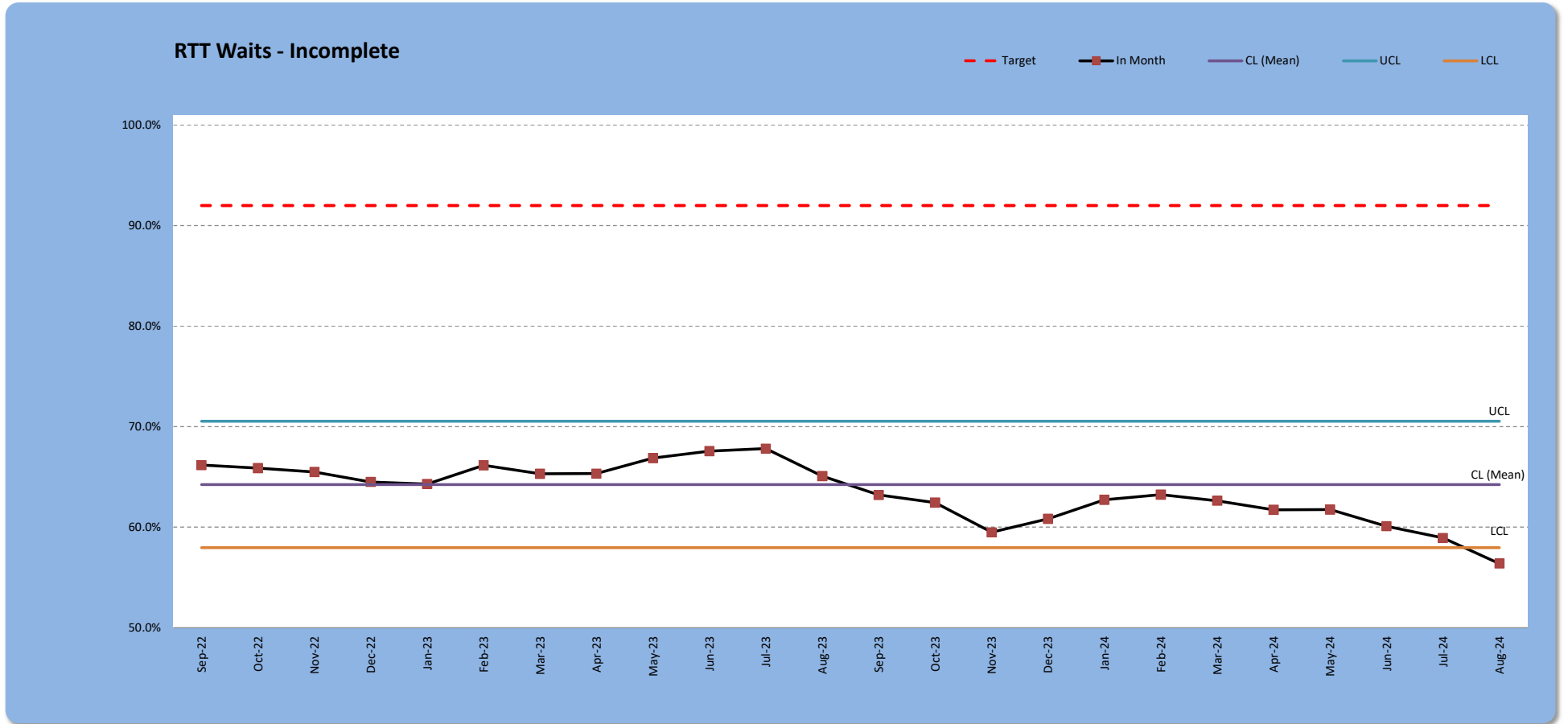
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
92%	85%	56.4%

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



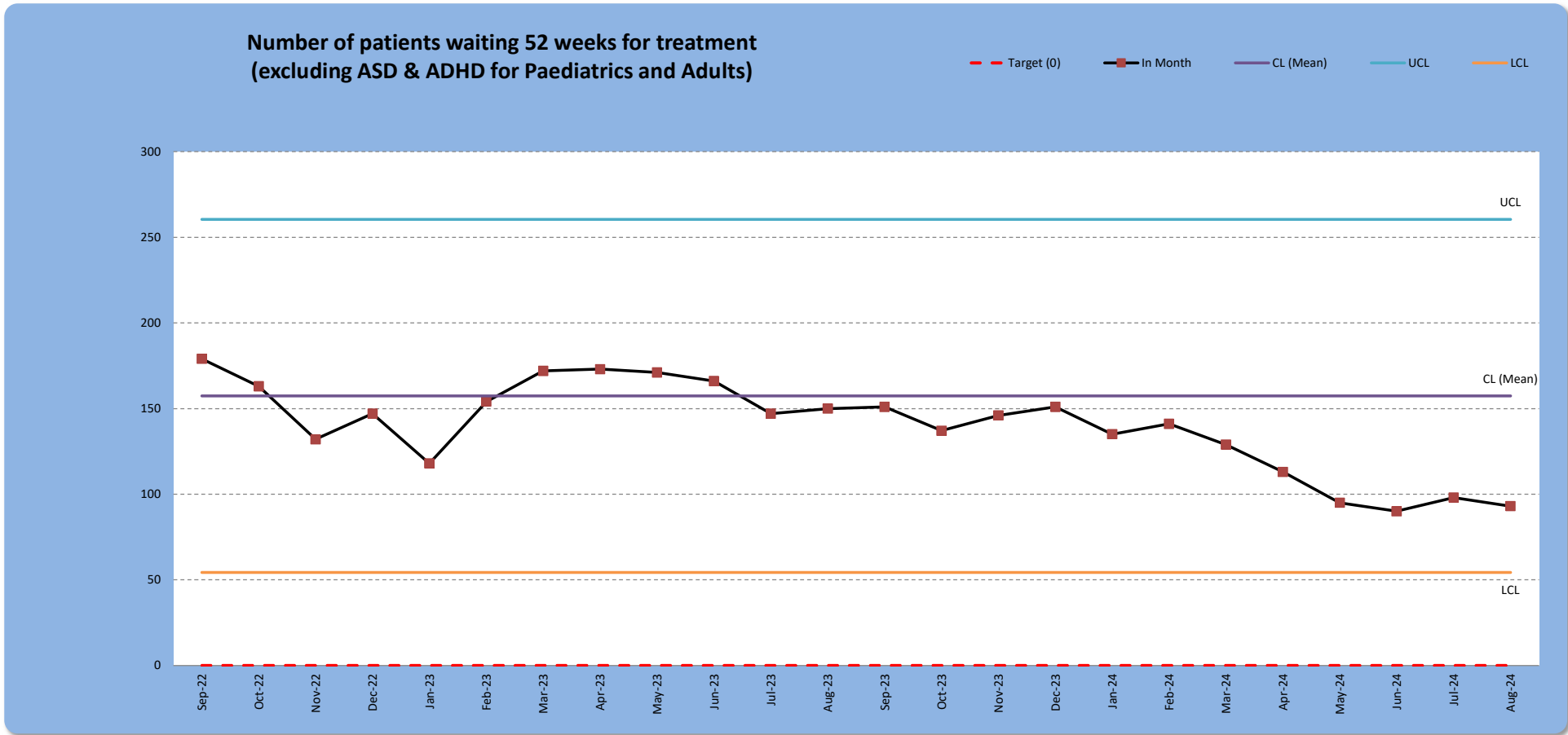
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	93

For the period ending: **August 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. <i>(Excludes ASD & ADHD Services for both Adult and Paediatrics)</i>	Lynn Parkinson	OP 22x



PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
0	0	571

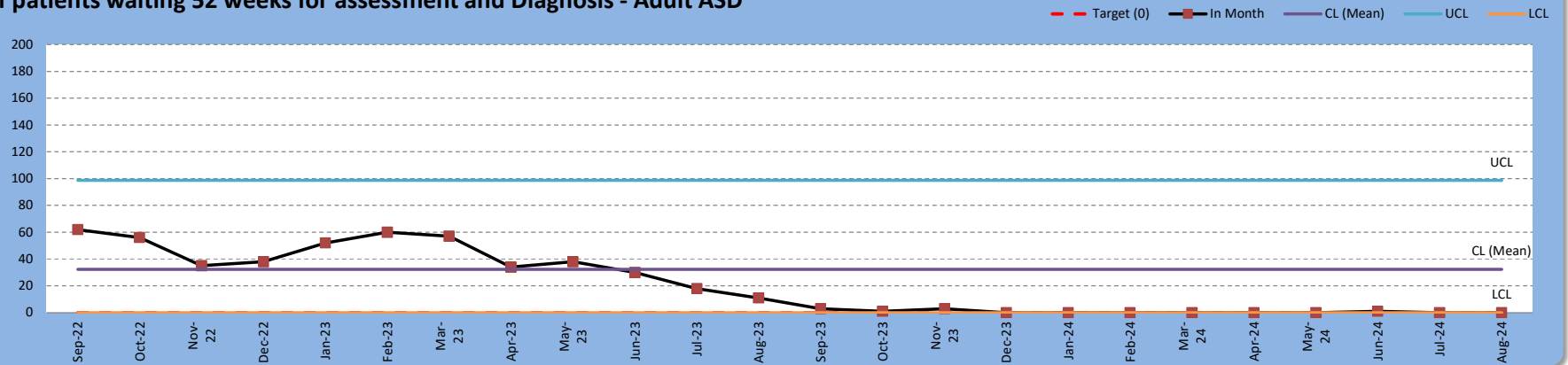
Indicator Title	Description/Rationale
52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks

Executive Lead
Lynn Parkinson

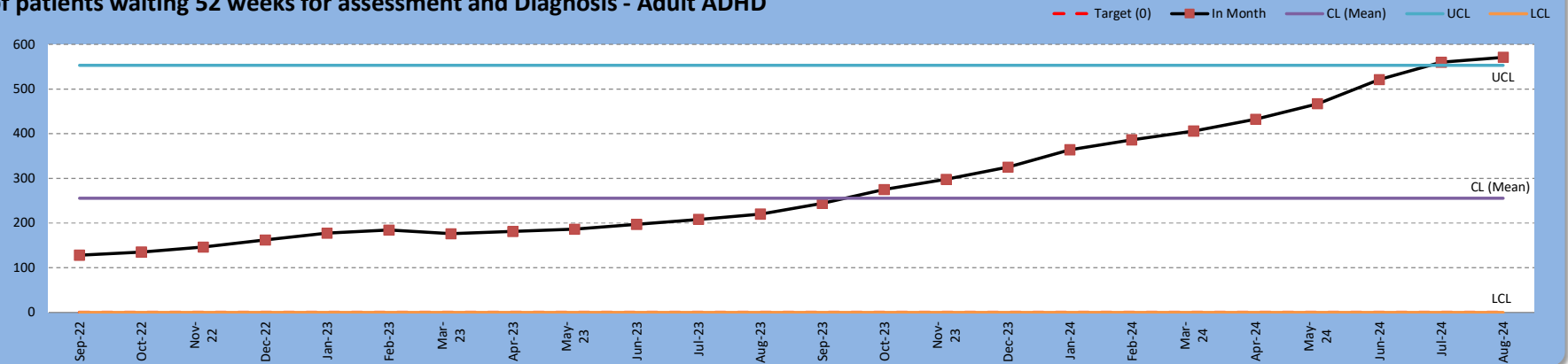
KPI Type

OP 22u

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



Number of patients waiting 52 weeks for assessment and Diagnosis - Adult ADHD



PI RETURN FORM 2024-25

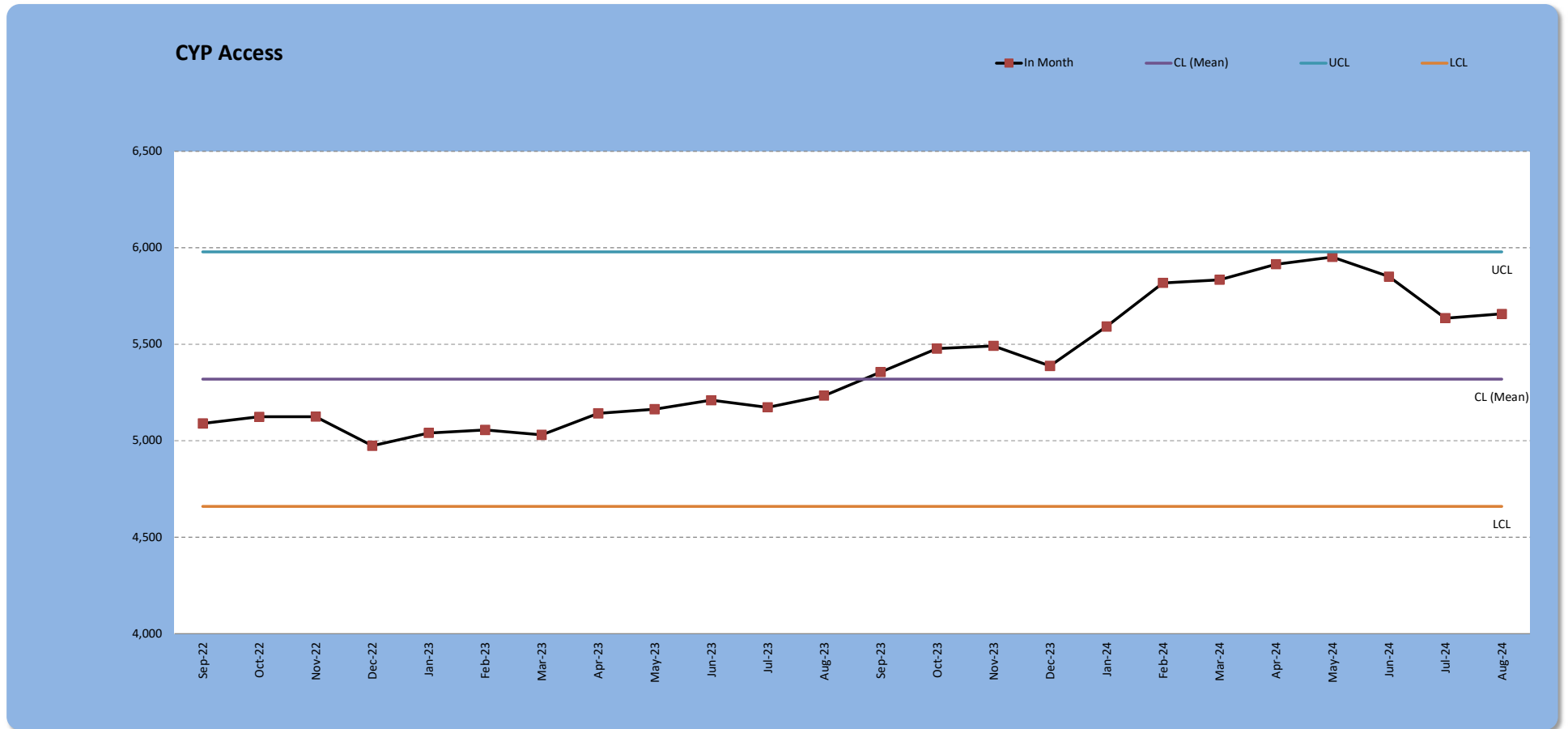
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	5657

For the period ending: **August 2024**

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
MHS95.2



PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:
0	0	1275

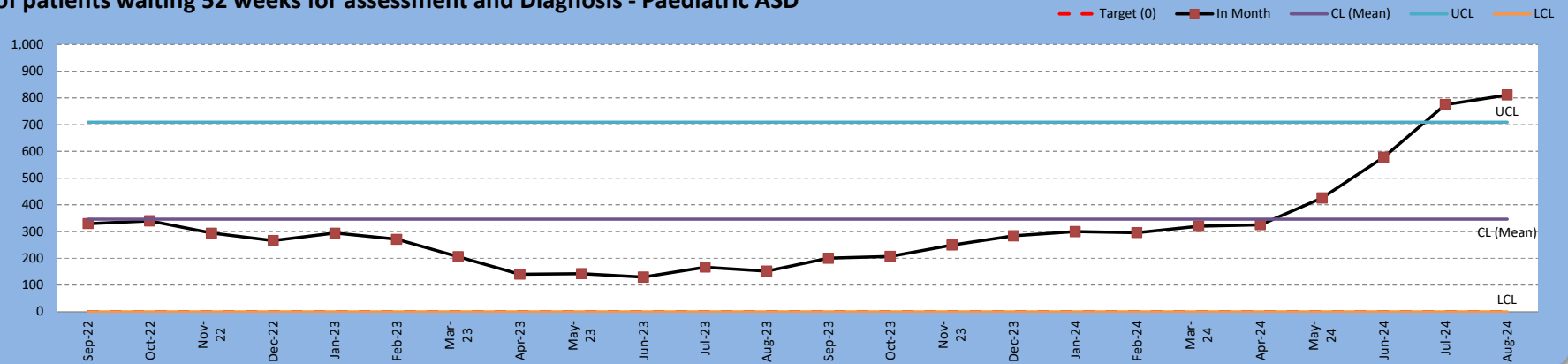
Indicator Title	Description/Rationale
52 Week Waits - Paediatric ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks

Executive Lead
Lynn Parkinson

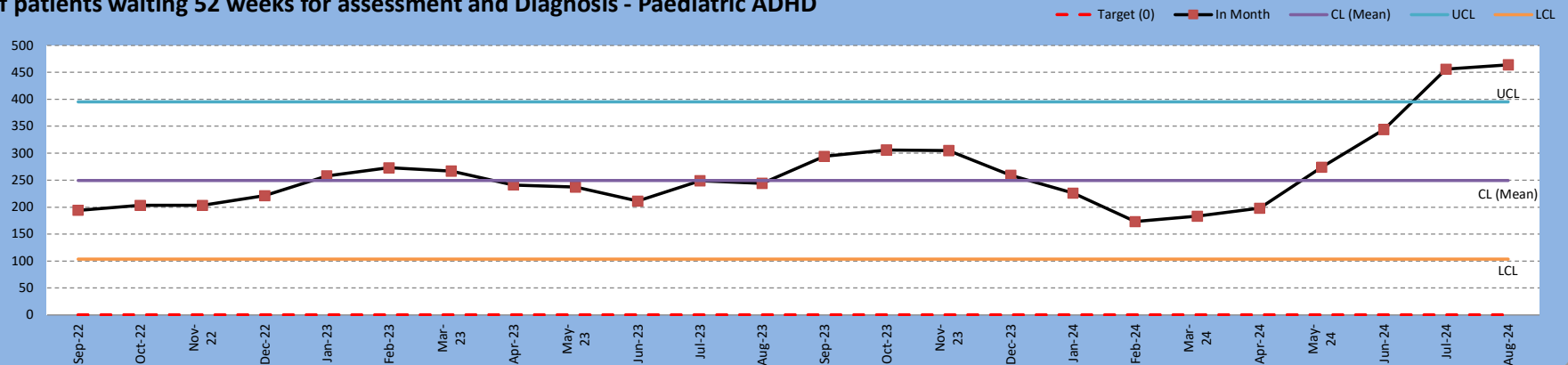
KPI Type

OP 22s

Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ASD



Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ADHD



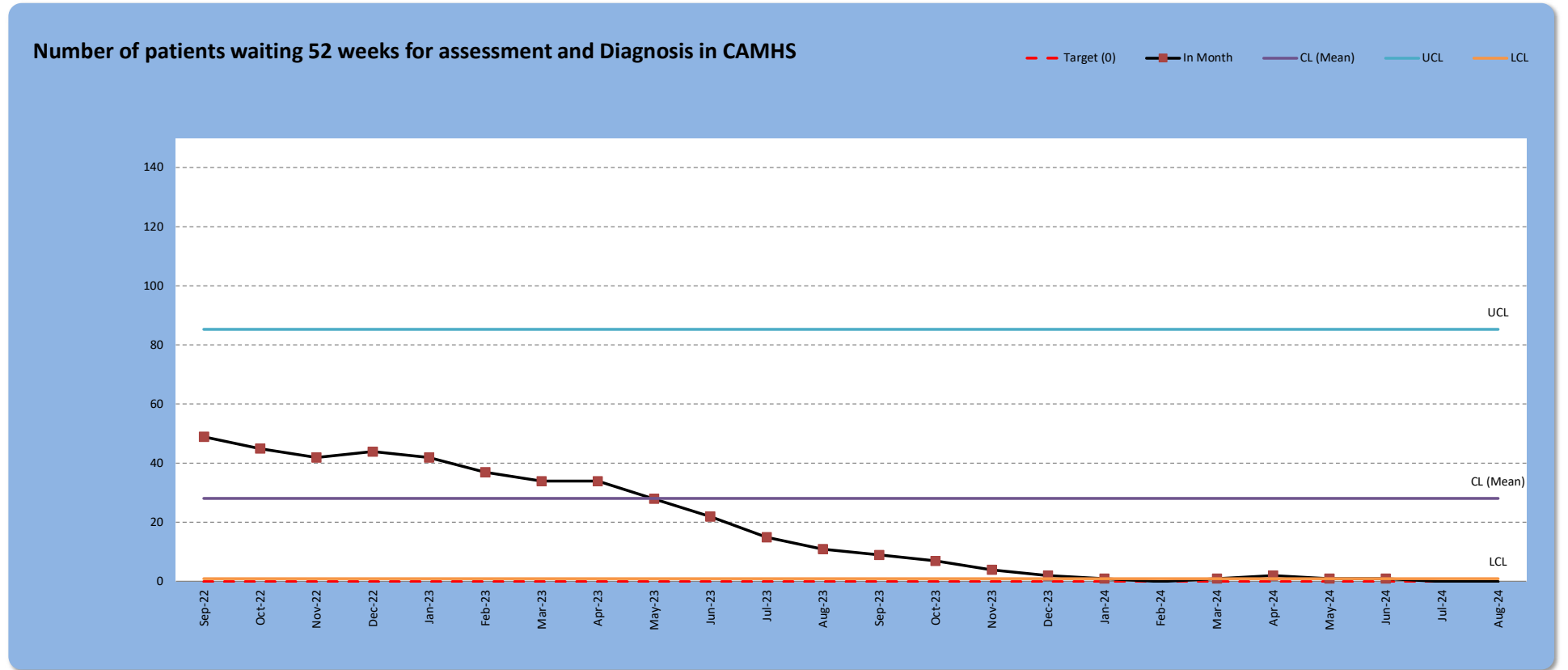
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

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

For the period ending: **August 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



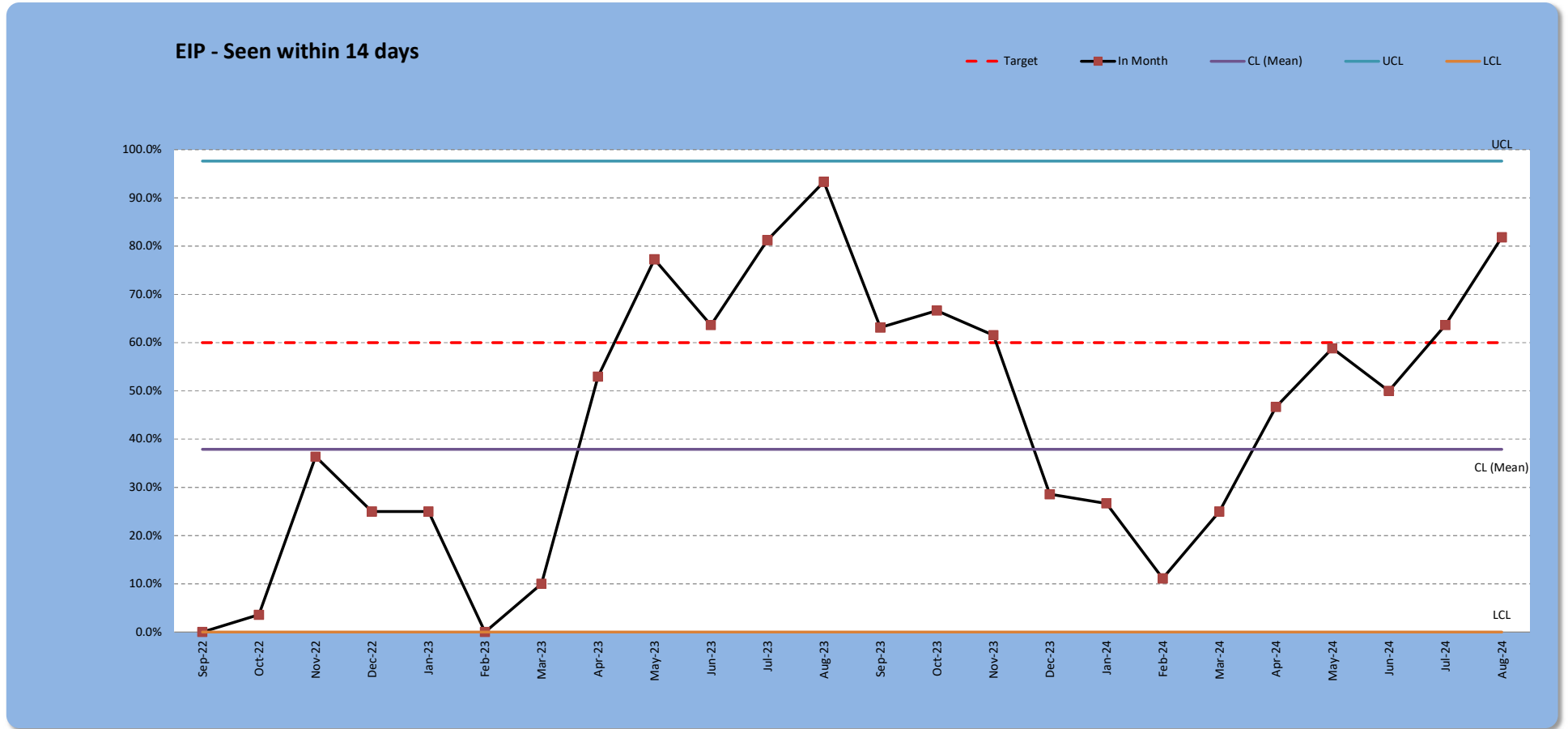
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
60%	55%	81.8%

For the period ending: **August 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



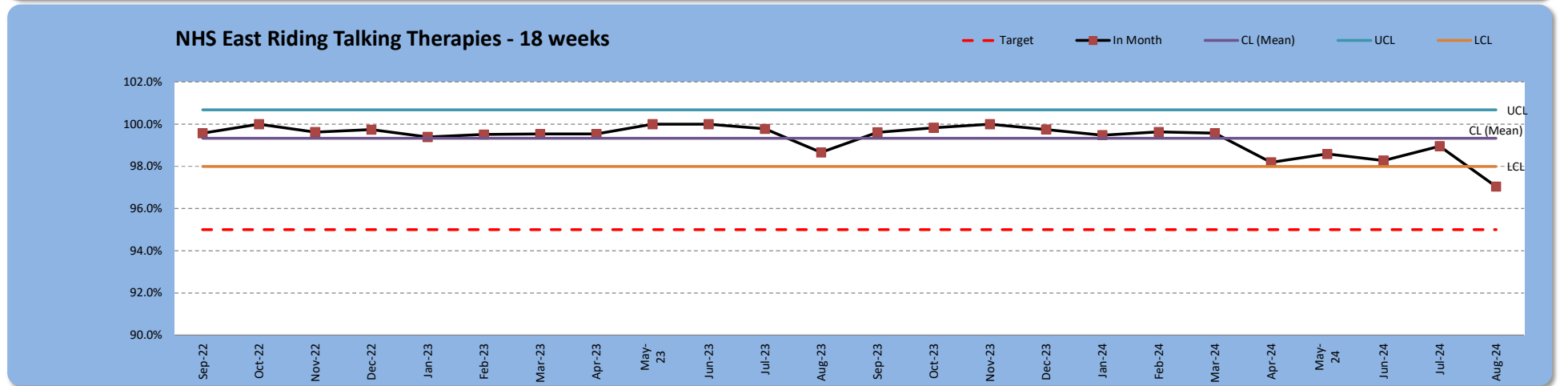
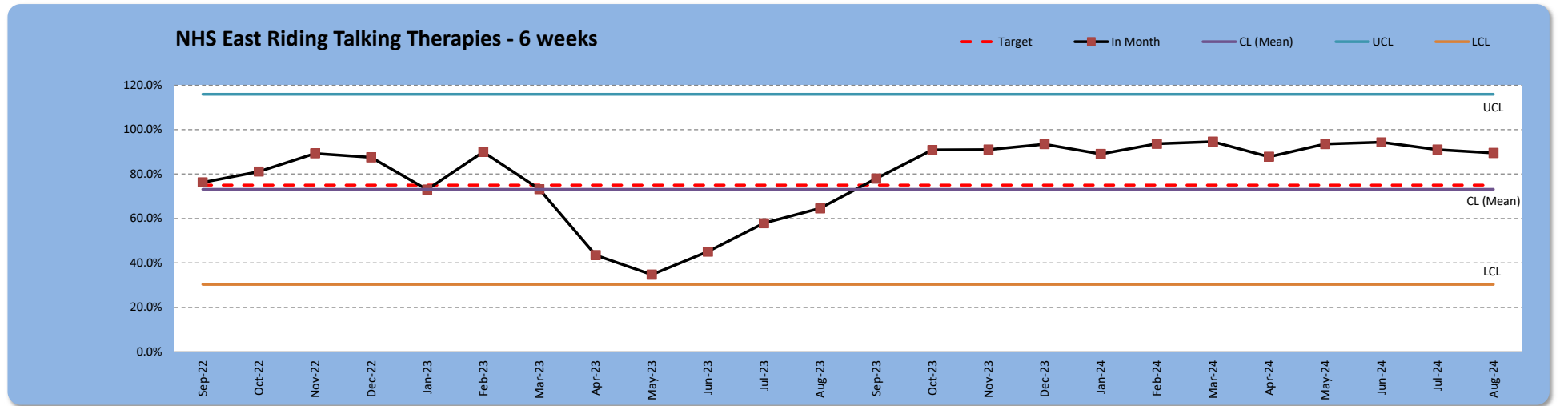
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2024**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	89.5%	95%	85%	97.0%

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



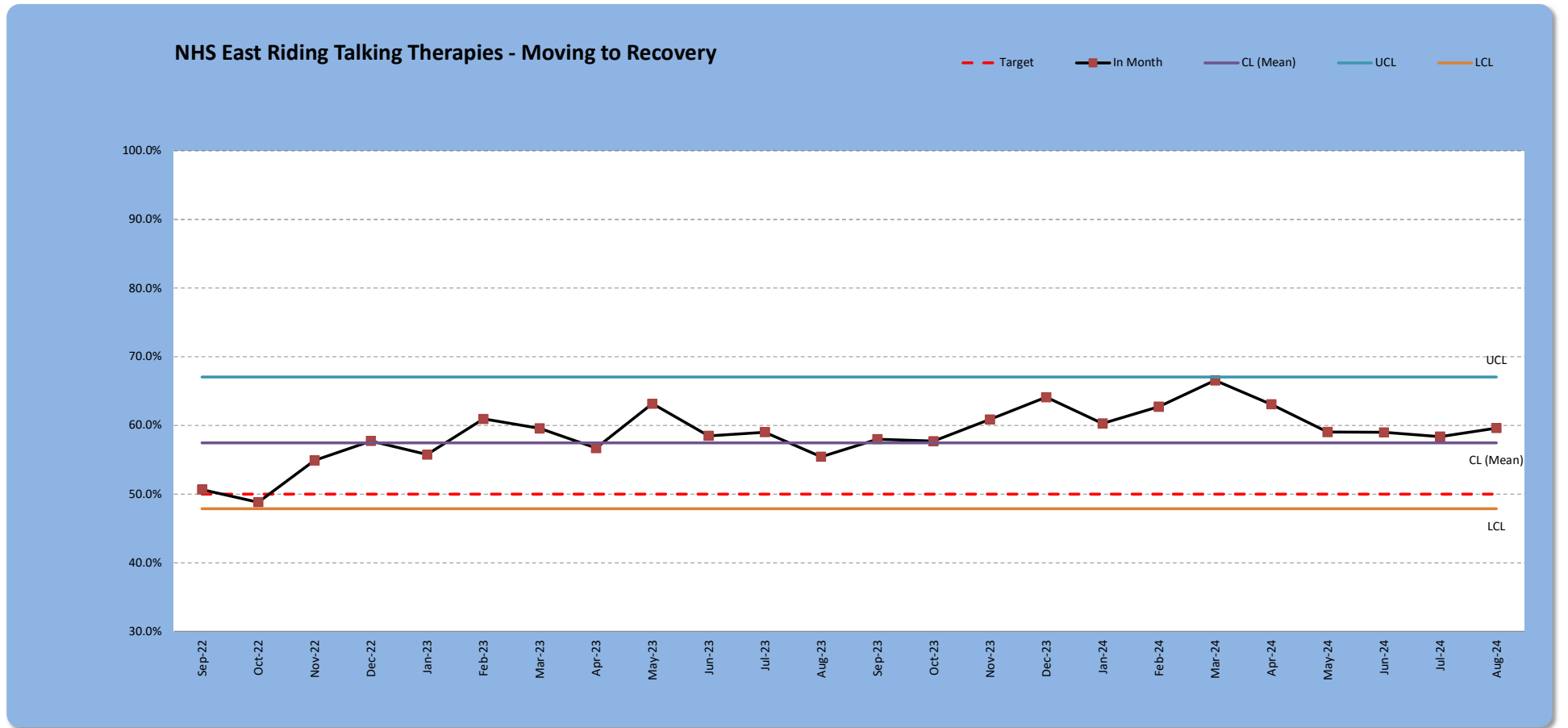
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
50%	45%	59.6%

For the period ending: **August 2024**

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



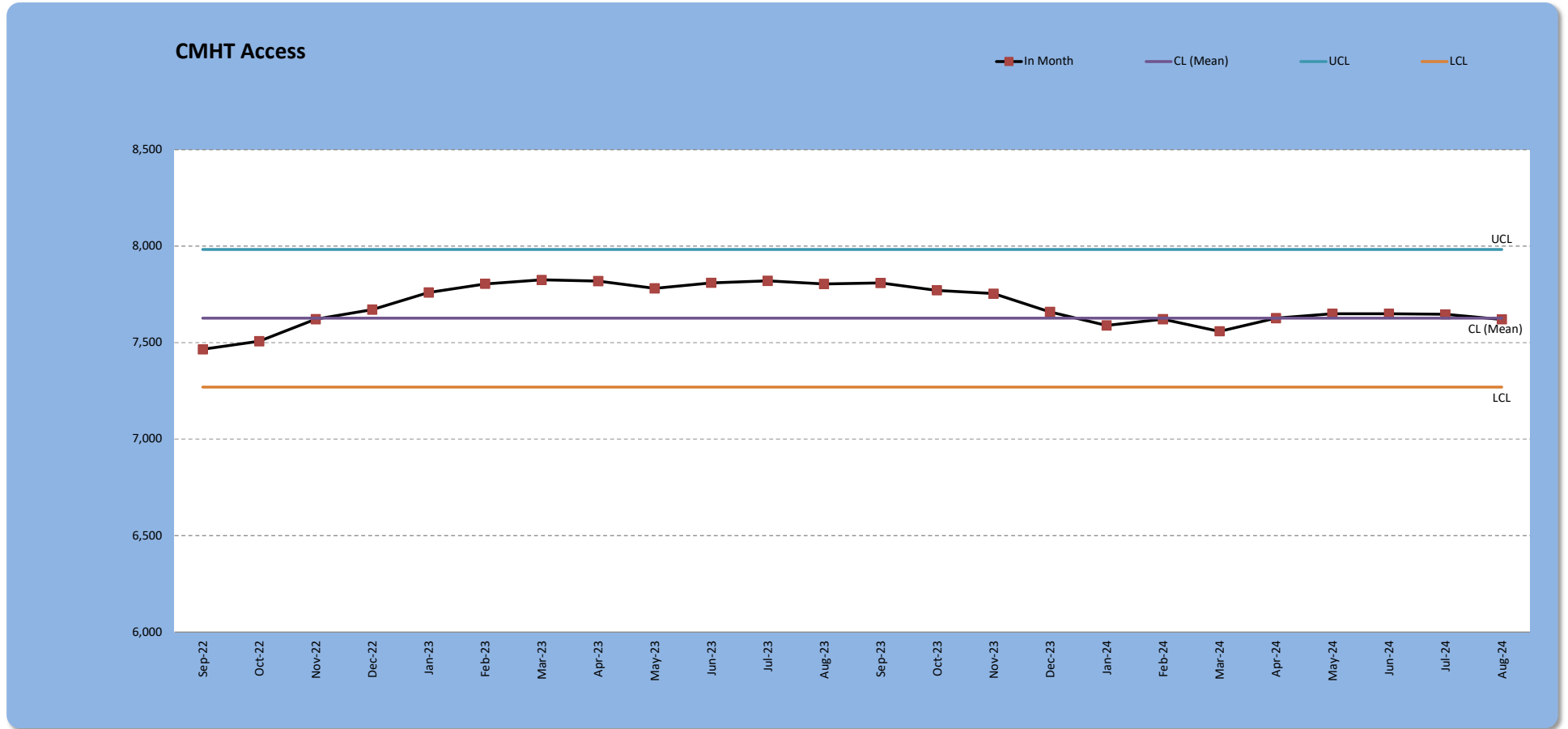
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	7620

For the period ending: **August 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

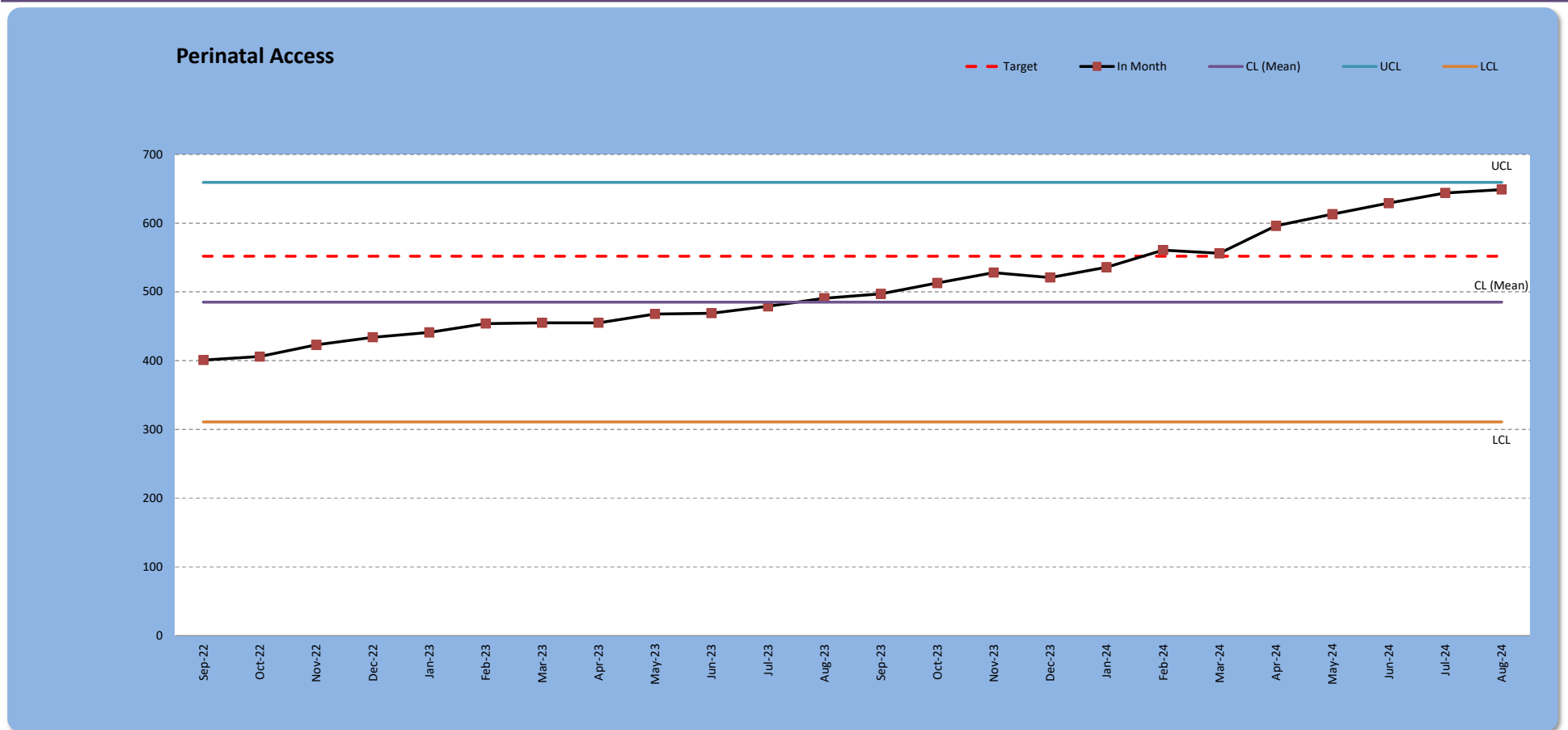
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	649

For the period ending: **August 2024**

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: **August 2024**

Target:	Amber:	Patients OoA within month:
0	0	20

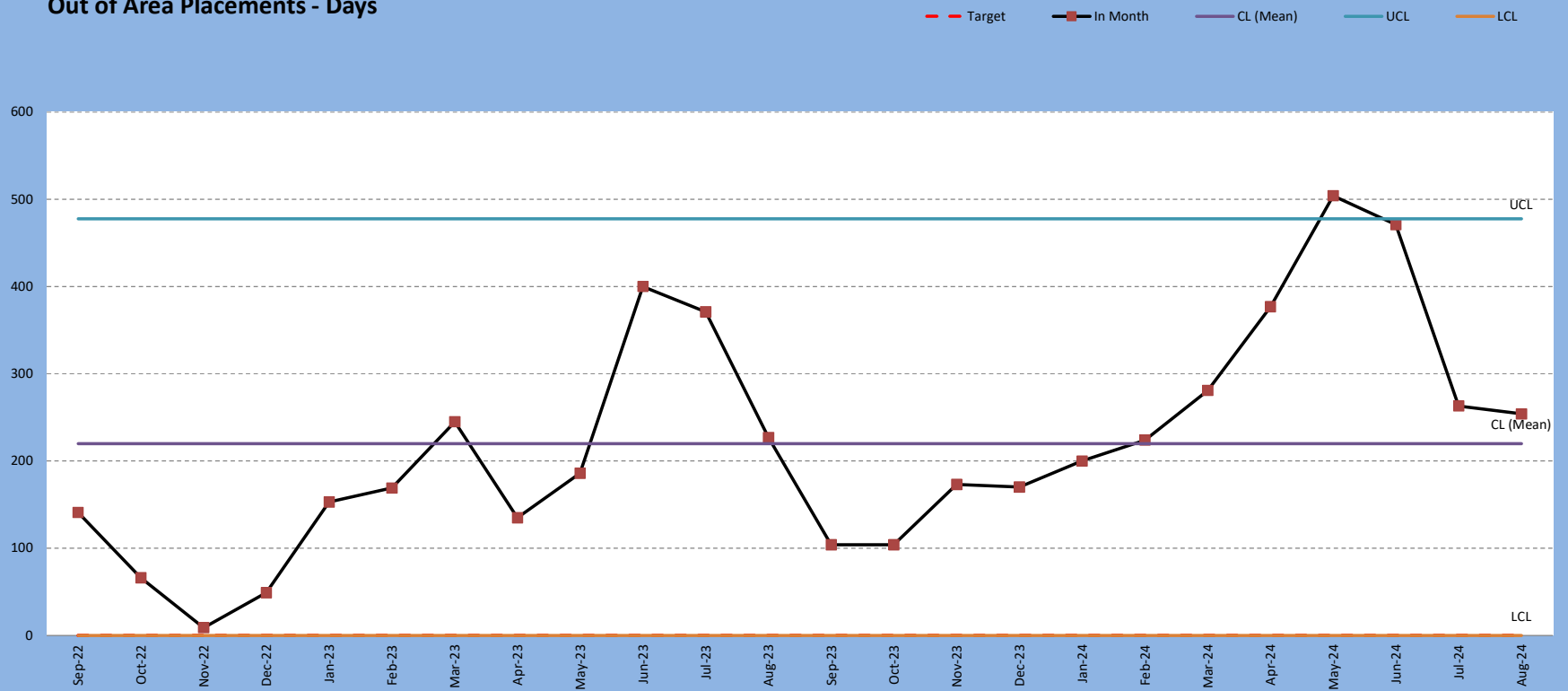
Split:	# days	# patients
Adult	25	5
OP	74	6
PICU	155	9

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: **August 2024**

Split for Current month:

Aug-24	
25	Adult
74	OP
155	PICU
254	Total

Indicator Title **Description/Rationale**

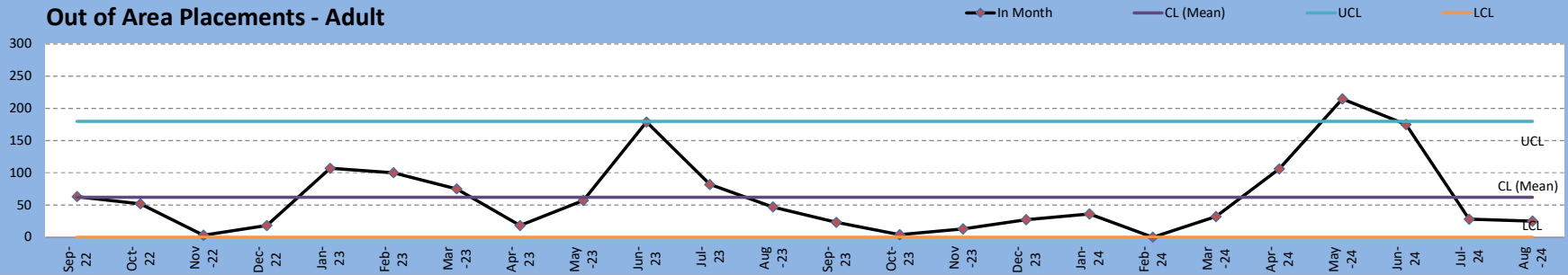
Out of Area Placements Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead
Lynn Parkinson

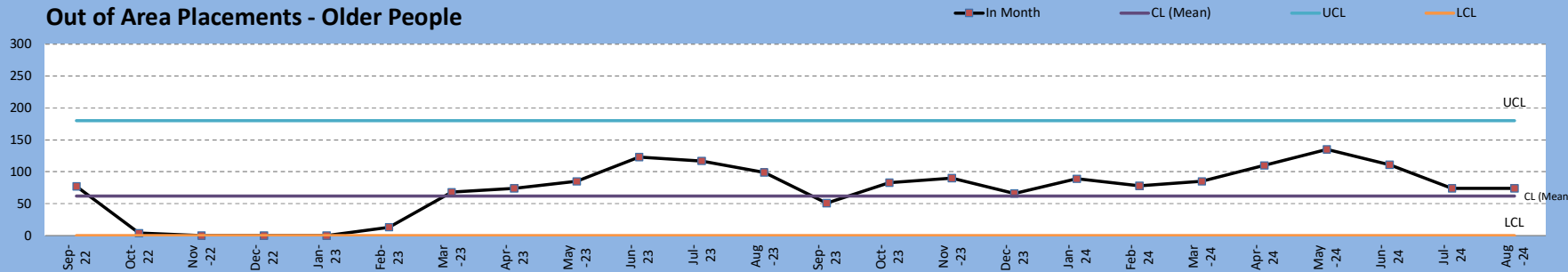
KPI Type

ST 4 split

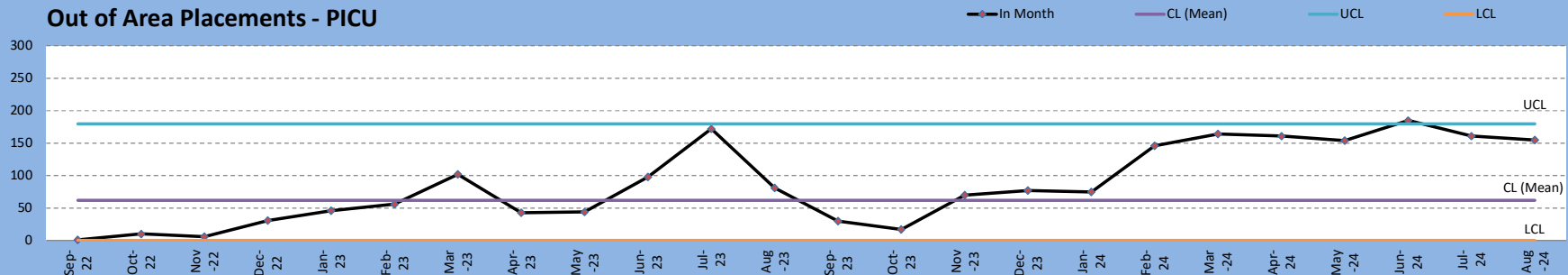
Out of Area Placements - Adult



Out of Area Placements - Older People



Out of Area Placements - PICU



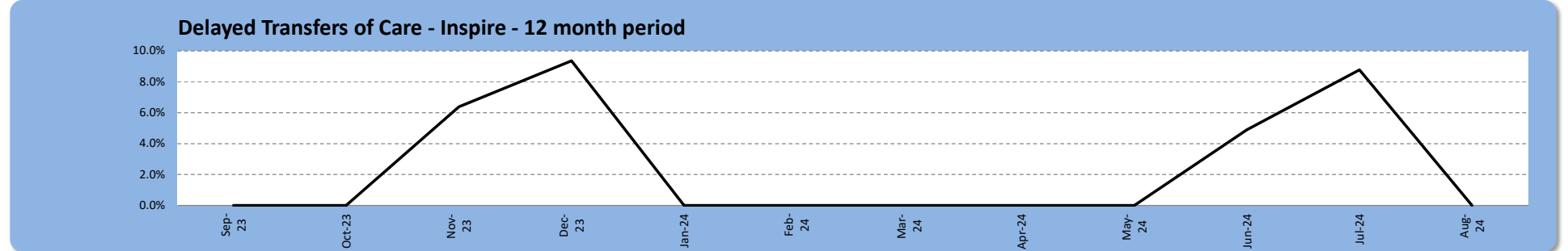
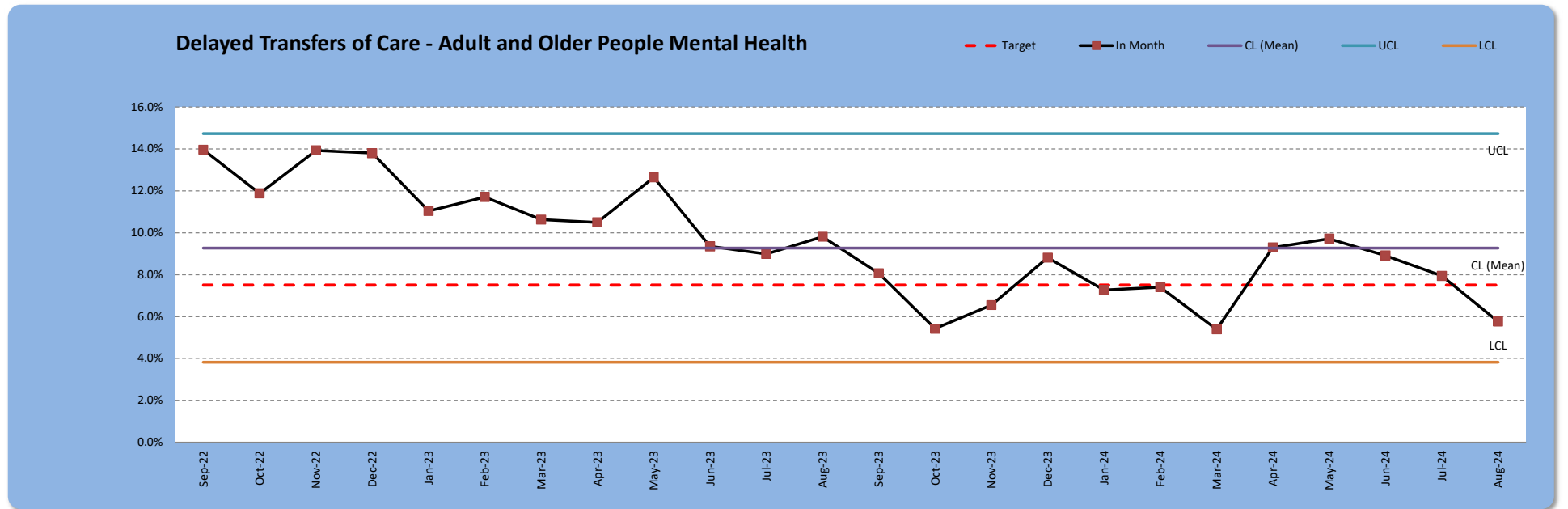
PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

Target:	Amber:	Current month stands at:
7.5%	7.0%	5.8%

For the period ending: **August 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

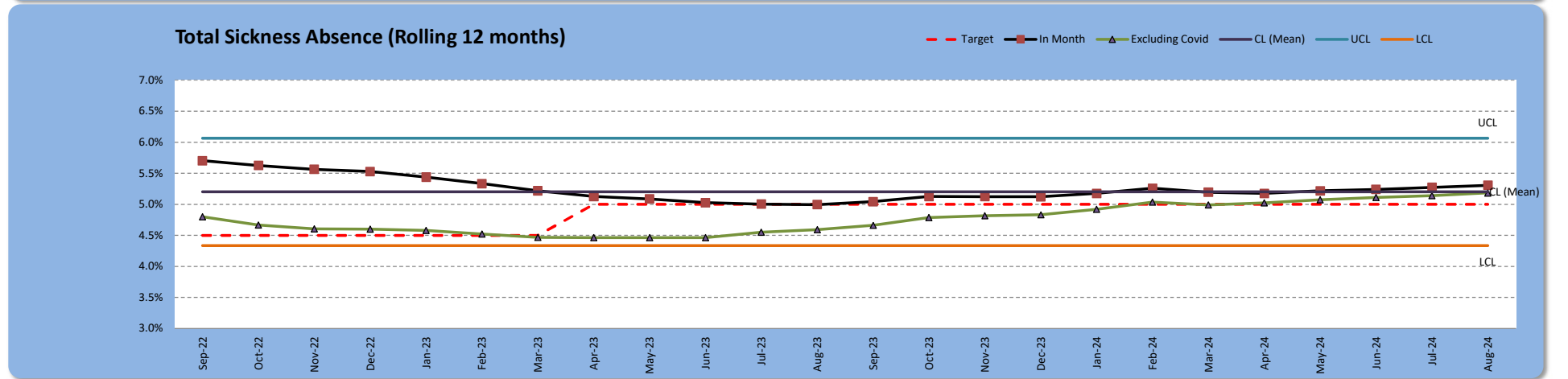
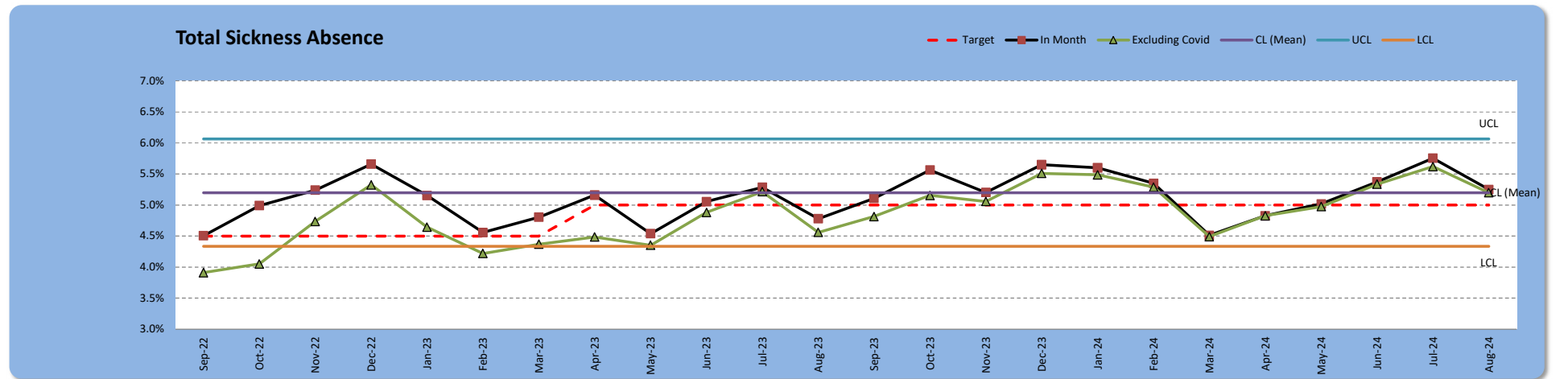
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

August 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

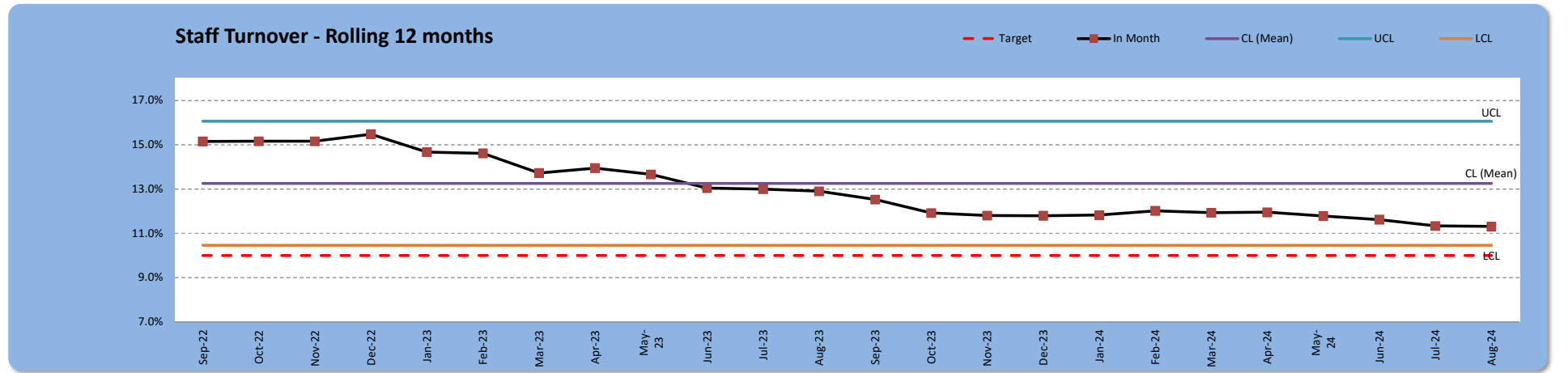
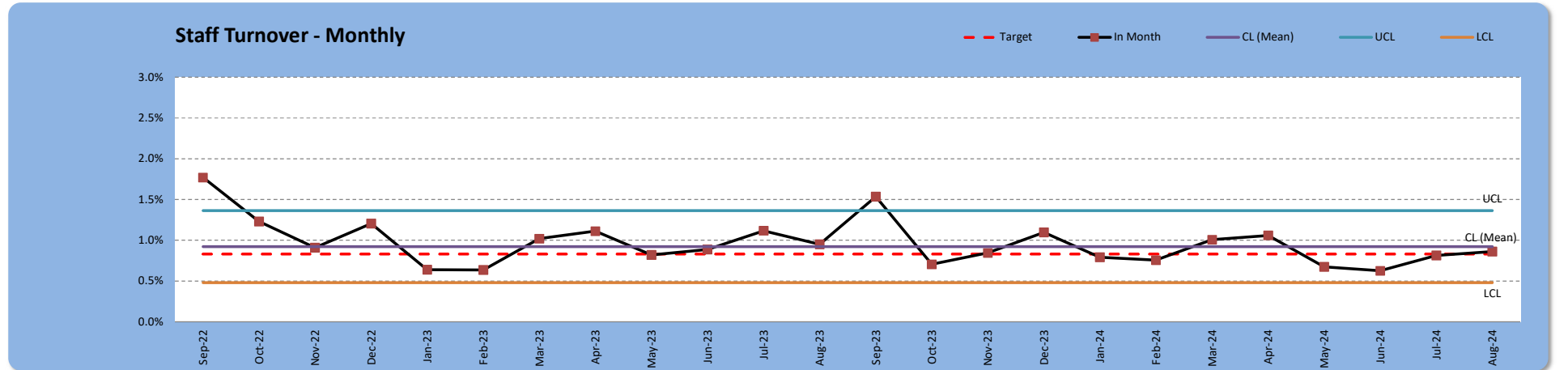
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **August 2024**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	0.9%	10%	9%	11%

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

Executive Lead
Karen Phillips

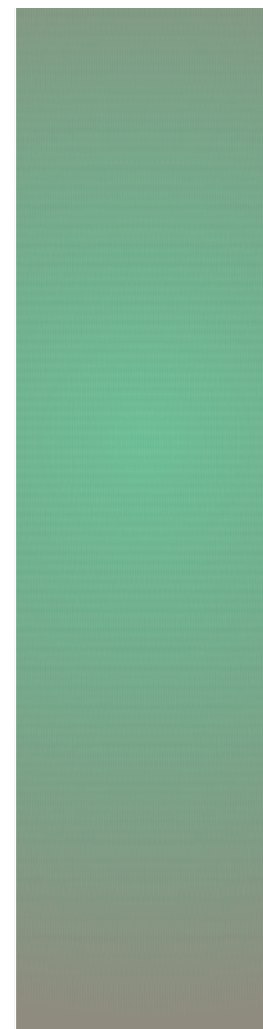


Humber Teaching NHS Foundation Trust

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: 16/09/2024



Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	Trust Winter Plan 2024/25														
Author/s:	Claire Jenkinson, Deputy Chief Operating Officer Lynn Parkinson. Chief Operating Officer														
Recommendation:	<table border="1" data-bbox="539 450 1524 566"> <tr> <td data-bbox="539 450 938 488">To approve</td> <td data-bbox="938 450 1031 488"></td> <td data-bbox="1031 450 1409 488">To discuss</td> <td data-bbox="1409 450 1524 488">✓</td> </tr> <tr> <td data-bbox="539 488 938 526">To note</td> <td data-bbox="938 488 1031 526"></td> <td data-bbox="1031 488 1409 526">To ratify</td> <td data-bbox="1409 488 1524 526"></td> </tr> <tr> <td data-bbox="539 526 938 566">For assurance</td> <td data-bbox="938 526 1031 566">✓</td> <td data-bbox="1031 526 1409 566"></td> <td data-bbox="1409 526 1524 566"></td> </tr> </table>			To approve		To discuss	✓	To note		To ratify		For assurance	✓		
To approve		To discuss	✓												
To note		To ratify													
For assurance	✓														
Purpose of Paper:	<p>The Trust Winter Plan for 2024/25 provides an overview of the winter planning process undertaken, the key issues that are likely to impact on our operational response and the plans developed to mitigate the service pressures and risks anticipated for this winter. Our plan has been predicated on Winter and H2 requirements set out by NHS England, principles set out in planning work undertaken within the Humber and North Yorkshire ICS, 2024/25 priorities and operational planning guidance and the Year 2 urgent and emergency care (UEC) recovery plan along with our learning from winter 2023/24.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • The Trust plan has been developed with Place and system partners to identify a range of actions to mitigate the impact of Winter 2024/25 • That the ICB objectives have been considered and addressed in the plan where they are appropriate • The plan has been predicated on operational capacity and demand modelling that has considered seasonal variation, infection and respiratory virus prevalence, staff availability, impact of adverse weather and ongoing industrial action. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • The plan details the range of work in place and underway to address the impact of winter 2024/25 on the operational delivery of services. • The plan will be updated as soon as the NHS England winter preparedness letter is received. 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • System pressures have remained high during 2024. • Overall demand on Trust services continues to be high in some areas and all services continue to see high complexity and acuity in most patient groups. • Winter pressures are likely to be compounded by ongoing GP collective action and increased early release of 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • EMT approved the plan on 10 September 2024. 														

prisoners in mental health services. <ul style="list-style-type: none"> • Maximising staff availability is critical to mitigating the adverse impact of winter pressures. • Consideration of the impact of rolling out the new EPR system through the winter period. • Cost of living pressures continue to have impact on our patients and our staff. 				
Governance:	Date	Date		
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	10 th September 2024
	Mental Health Legislation Committee		Operational Delivery Group	August 2024
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ <i>Tick those that apply</i>				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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
Winter Plan for 2024-25

1	Introduction	2
2	Overall Plan Objectives	5
3	Planning Principles	5
4	Risks	6
5	Managing demand, admission avoidance & optimising patient flow	7
6	Workforce	7
7	Working with Partners	8
8	Dealing with Surge	8
9	Dealing With Outbreaks	8
10	Emergency Preparedness, Resilience and Response	9
11	Summary of Directorate Action Plans	10
	• Adult Mental Health Division	10
	• Childrens and Learning Disability Division	12
	• Community and Primary Care Division	13
	• Forensic Division	16
	• Workforce and Organisation Development Directorate	17
	• Estates	19
	• Emergency Preparedness, Resilience and Response	20

1. Introduction

This year's winter plan has been developed with the expectation that services will continue to work with ongoing demand pressures during the winter months alongside seasonal infections, potential of ongoing industrial action and adverse weather. It has been produced to support the Trust's services response to Winter 2024-25 recognising that the period is likely again to be challenging with anticipated high demand, pressure on community and inpatient capacity, and gaps in local workforce. This plan takes into account expected winter pressures but also the continuing demand placed upon the Trust. It has been developed in the context of the wider system and therefore is a significant element of the NHS Humber and North Yorkshire System Winter Resilience Plan. It has taken into consideration lessons learned from the previous winter.

This plan sets out a summary of the key elements that have informed our planning and preparedness, that our approach to planning for the coming winter is robust, however that the complexities of planning for ongoing infections and winter seasonal pressures make this winter likely to be just as challenging as those recently. Planning for the coming winter starts early, recognising pressure on the NHS is likely to be substantial and across all areas of the NHS and social care, the need for collaborative working across all providers is paramount to ensure that the whole system is managing the flow of patients and ensuring safe service delivery.

A lack of capacity across the NHS has an impact on all areas of the system and it is essential that access to primary care, community health services, mental health and learning disability services for urgent patients is sufficient to ensure patients do not always need to present to emergency services.

Our plan is predicated on the principles set out in planning work undertaken within the Humber and North Yorkshire ICS, [2024/25 priorities and operational planning guidance](#) and the [Year 2 urgent and emergency care \(UEC\) recovery plan](#). Winter preparedness requirements are set out by NHS England and the key elements of this are summarised below:

The delivery priorities for this winter remain unchanged from those agreed in system plans. Demand is running above expected levels across the UEC pathway and ahead of winter there is a requirement to collectively ensure all systems are re-confirming that the demand and capacity plans are appropriate and are taking all possible steps to maintain and improve patient safety and experience as an overriding priority.

Supporting people to stay well

As a vital part of preventing illness and improving system resilience it is important to maximise the winter vaccination campaign, it is imperative that employers make every possible effort to maximise uptake in patient-facing staff – for their own health and wellbeing, for the resilience of services, and crucially for the safety of the patients they are caring for. This year for the first time, [the NHS is offering the RSV vaccine](#) to those aged 75 to 79 and pregnant women. This is a year-round offer but its promotion ahead of winter by health professionals is required particularly to those at highest risk.

To support vaccination efforts, NHS England will:

- ensure all relevant organisations receive information as quickly as possible for flu, COVID-19 and RSV
- maintain the National Booking Service, online and through the NHS 119 service for COVID and flu (in community pharmacy settings)
- continue to share communication materials to support local campaigns

ICBs are asked to work with:

- local partners to promote population uptake with a focus on underserved communities and pregnant women
- primary care providers to ensure good levels of access to vaccinations, ensuring that plans reflect the needs of all age groups, including services for children and young people and those who are immunocompromised
- primary care and other providers, including social care, to maximise uptake in eligible health and care staff

NHS trusts are asked to:

- ensure their eligible staff groups have easy access to relevant vaccinations from Thursday 3 October, and are actively encouraged to take them up, particularly by local clinical leaders
- record vaccination events in a timely and accurate way, as in previous campaigns
- monitor staff uptake rates and take action accordingly to improve access and confidence
- ensure staff likely to have contact with eligible members of the public are promoting vaccination uptake routinely

Maintaining patient safety and experience

This winter is likely to see UEC services come under significant strain, it is vital in this context to ensure basic standards are in place in all care settings and patients are treated with kindness, dignity and respect.

This means focusing on ensuring patients are cared for in the safest possible place for them, as quickly as possible, which requires a whole-system approach to managing winter demand and a shared understanding of risk across different health and care settings.

In addition, NHS England will continue to support patient safety and quality of care by:

- standing-up the winter operating function from 1 November
- providing capabilities 7 days a week, including situational reporting to respond to pressures in live time
- this will be supported by a senior national clinical on-call rota to support local escalations
- completing a Getting It Right First Time (GIRFT) data-led review of support needs of all acute sites across all systems, and deploying improvement resources as appropriate, to support implementation of key actions with a dedicated focus on ensuring patient safety.
- convening risk-focused meetings with systems to bring together all system partners to share and discuss key risks and work together to agree how these can be mitigated
- expanding the Operational Pressures Escalation Levels (OPEL) framework to mental health, community and 111, and providing a more comprehensive, system-level understanding of pressures

NHS England will continue to support operational excellence by:

- co-ordinating an exercise to re-confirm capacity plans for this winter, which will be regularly monitored
- running an exercise in September to test the preparedness of system co-ordination centres (SCCs) and clinical oversight for winter, including issuing a new specification to support systems to assess and develop the maturity of SCCs

NHS England will continue to support transformation and improvement by:

- continuing the UEC tiering programme to support those systems struggling most to help them to enact their plans
- reviewing updated maturity scores for UEC high-impact interventions with regions and ICBs, to identify further areas for improvement
- as part of NHS IMPACT, launching a clinical and operational productivity improvement programme in September: this will include materials and data for organisations to use, as well as a set of provider-led learning and improvement networks, to implement and embed a focused set of actions

ICBs are asked to:

- ensure the proactive identification and management of people with complex needs and long-term conditions so care is optimised ahead of winter:
- primary care and community services should be working with these patients to actively avoid hospital admissions
- provide alternatives to hospital attendance and admission: especially for people with complex needs, frail older people, children and young people and patients with mental health issues, who are better served with a community response outside of a hospital setting this should include ensuring all mental health response vehicles available for use are staffed and on the road ahead of winter
- work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow assure at board level that a robust winter plan is in place: the plan should include surge plans, and co-ordinate action across all system partners in real time, both in and out of hours it should also ensure long patient delays and patient safety issues are reported, including to board level, and actions are taken appropriately, including involving senior clinical decision makers
- make arrangements through SCCs to ensure senior clinical leadership is available to support risk mitigation across the system
- review the [10 high-impact interventions for UEC](#) published last year to ensure progress has been made: systems have been asked to repeat the self-assessment exercise undertaken last year, review the output, consider any further actions required, and report these back through regions

NHS trusts are asked to:

- review general and acute core and escalation bed capacity plans: with board assurance on delivery by the peak winter period
- review and test full capacity plans: this should be in advance of winter in line with our letter of 24 June 2024, this should include ensuring care outside of a normal cubical or ward environment is not normalised; it is only used in periods of elevated pressure; it is

always escalated to an appropriate member of the executive and at system level; and it is used for the minimum amount of time possible

- ensure the fundamental standards of care are in place in all settings at all times: particularly in periods of full capacity when patients might be in the wrong place for their care if caring for patients in temporary escalation spaces, do so in accordance with the principles for providing safe and good quality care in temporary escalation spaces
- ensure appropriate senior clinical decision-makers are able to make decisions in live time to manage flow: including taking risk-based decisions to ensure ED crowding is minimised and ambulances are released in a timely way
- ensure plans are in place to maximise patient flow throughout the hospital, 7 days per week: with appropriate front door streaming, senior decision-making, regular board and ward rounds throughout the day, and timely discharge, regardless of the pathway through which a patient is leaving hospital or a community bedded facility

The actions within this plan summarised in Section 11, detail by division and corporate directorates how the Trust will meet the winter preparedness requirements set out by NHS England and the Humber and North Yorkshire ICB. This plan will be monitored and overseen through the divisional performance framework and through the Trust Operational Delivery Group with ongoing oversight by the Executive Management Team and daily via the Operational Pressure Escalation (OPEL) reporting requirements.

2. Trust Winter Plan objectives:

- To manage anticipated operational pressures and provide safe, high-quality services for patients including effective management of infection, ensuring patients are seen in the right place and right time, whilst maintaining privacy and dignity.
- To achieve and maintain key areas of service quality and operational performance.
- To provide assurance that robust plans are in place.
- To maintain a healthy workforce by reducing risks of sickness and absence and increasing staff attendance at work
- Identify opportunities/actions to respond to system surge throughout the winter months.
- To work with system partners to escalate and respond to service and system pressures.
- To support the delivery of our transformation and service improvement plans and share best practice.
- To respond to national guidance

3. Planning Principles

For winter 2024/2025 a number of planning principles underpin the development of the plan:

- System resilience is 365 days of the year.
- The Trust will plan for emerging infections in the same way as seasonal influenza and as part of business-as-usual arrangements.
- Command and control arrangements are used to support system escalation.
- Staff support and wellbeing arrangements should be in place to provide a resilient workforce.
- Evaluation of system wide learning from the previous winter to inform future planning including Operational Pressures Escalation Levels Framework (OPEL).
- We escalate early in anticipation of demand surges, not in response to them. (Collaboration with ambulance services, primary care and public health to monitor illness,

patterns in the local community and weather changes that may affect specific patient cohorts)

- Early identification of winter schemes through winter learning.
- Consideration of impact of wider transformational schemes on system plans and winter preparedness.
- System wide clinical engagement and leadership in the ongoing development of plans and oversight
- Development of communication plans with system partners and the public to influence behaviour.
- Consideration of health inequalities is integral to all plans.
- Health systems financial pressures being considered in planning mitigating actions.
- Infection Prevention and Control is key and that the clinical workforce continue to identify and manage patients in line with Trust and National guidance.
- Encourage staff and patient take up of the Trust vaccination campaign to ensure that we protect patients and maintain a healthy workforce.
- Recognise the potential for surge and escalation over the winter period and our plans feed into the Integrated Care System.

4. Key Risks

The actions within this plan are designed to mitigate against the following identified risks expected to be experienced over 24/25:

- Risk of reduced staffing levels associated with sickness and infection related absence.
- Potential risk of reduced system capacity due to GP collective action in primary care
- Potential risk of reduced staffing levels due to ongoing industrial action
- Risk of increased demand for inpatient beds for both adults and children
- Risk of increased patient acuity within service areas
- Increased demand on mental health services due to early prisoner releases
- Risk of system pressures which impact on Mental Health services.
- The increase in demand for community and primary care services
- Risk of industrial action leading to service disruption
- Increase in demand for paediatric services.
- Increased risk of referrals into all planned services
- Increased demand on the local authority impacting on care package availability and patient flow.
- Risk of increased infection within inpatient groups
- Risk of severe weather disrupting service provision
- Impact of the roll out of the new electronic patient record (EPR) system during the winter period.

5. Managing demand, admission avoidance & optimising patient flow

Our winter planning assumptions again have needed to take into account the increased demand for beds. Our winter preparations and commitment to ensuring that the Trust can meet the continuing demand is to focus on ensuring all hospital admissions are appropriate and purposeful, length of stay is as short as possible, accelerating discharge of people clinically ready for discharge and optimising the out of hospital pathways with a “home first” approach. Key actions in the plan to achieve this are:

- Maximising the emergency department mental health streaming for facility
- Following clear escalation process between key providers and HTFT
- Delivering the NHS 111 mental health option 2 to support patients in crisis.
- Expanding the peripatetic health care assistant workforce further across children’s and learning disability services.
- Optimising the virtual ward capacity in North Yorkshire (and adhere to [NHS England » Virtual wards operational framework](#)).
- Embedding frailty pathways maximising holistic assessment and advance care planning
- Enhanced overnight community nursing service across all community areas to focus on palliative care and hospital avoidance in North Yorkshire
- Maximising Intermediate Care Team capacity across Scarborough and Ryedale
- Continue to support the Mental Health Response vehicle working in collaboration with YAS.
- Identifying additional step up and step-down support/beds for older adult mental health patients
- Increase AMHP (approved mental health professional) capacity.
- Maximise the inpatient vaccination programme in all areas.
- Maximising the children’s and young people’s community intensive eating disorder service to avoid acute hospital and CAMHS bed admissions.

6. Workforce

Critical to our winter plan is the availability of our staff in order to achieve safe staffing levels. The Trust is committed to maintaining a healthy workforce and recognises that recent years have been especially challenging and therefore we aim to:

- Continue to recruit both to our bank and substantive posts ahead of winter supported by rolling adverts and bespoke recruitment campaigns.
- Support hybrid working where possible.
- Continue to maximise opportunities for filling nurse and consultant vacancies, regularly reviewed via the Recruitment Task and Finish Group. This includes approaches to maximise newly qualified nurse recruitment, with arrangements in place to facilitate over-recruitment in some areas.
- Enhance advertising of hard to recruit roles in advance of winter, maximising our communications plan that includes recruitment campaigns, jobs fairs and staff benefits package.
- Continue the Staff Health and Wellbeing Programme for all employees and bank staff (MOT, physical and wellbeing checks) in addition to a series of health-related promotional campaigns and continuation and expansion of available staff health and wellbeing activities.

- Work with the flexible workforce team to ensure sufficient capacity to maintain a healthy workforce.
- Commence the Flu Vaccination programme in September 2024
- Aim to achieve >75% uptake of flu vaccinations amongst all staff.
- Increase on the number of existing trained peer vaccinators within the Trust.
- Ensure wellbeing and recovery remains one of the Trusts primary areas of focus.
- Develop further local peripatetic teams of health care assistants.

7. Working with partners

The Trust continues to work closely with its system partners across a wide range of forums and the work focuses on delivery of services and the anticipated winter pressures.

- The Trust has an agreed measure for determining standard OPEL level reporting with our ICS mental health partners.
- Work has been undertaken nationally to develop a standard OPEL framework for mental health Trusts, this is expected to be launched ready for winter 2024/25 and will be adopted by the ICS and the Trust.
- The Trust will attend and actively support all Strategic, Tactical and Operational System and Resilience calls when required.
- The Trust will work closely with ICS partners to agree system plans and strategies to address system pressures and surges, including mutual aid actions.
- Clear escalation process will be utilised to highlight and address service pressures.
- Work closely with local authorities to ensure the early identification of care/home packages.
- Work closely with primary care networks to improve access and support prevention.

8. Dealing with Surge

The Trust has a surge and escalation plan and this operates alongside the Trust OPEL triggers which will be deployed when surge occurs both internally and externally. Service level OPEL reporting is in use daily across the Trust and is a robust system of reporting internal and external escalating pressures.

These are further reinforced with identified actions specifically being put in place to address additional demand over the winter period. The Trust actively takes part in system calls and is responsive to pressures within the system and proactively supports other organisations with mutual aid as required.

The Trust utilises command structures on a dynamic basis to support perceived risks and pressures to the organisation and its services as set out in our EPRR policies and procedures.

9. Dealing with outbreaks

In the event of an outbreak occurring the Infection Prevention and Control Team will manage the episode in accordance with all relevant national guidance. The recommendations highlighted within [NHS England » Transmission based precautions \(TBPs\)](#) will be adopted ensuring the transmission of any communicable disease are minimised.

The Trust has access to a dedicated area on the Trust intranet which provides up to date guidance on all communicable diseases such as influenza, norovirus, covid and other infections. Information is easy to access by all teams across the services within the Trust.

10. Emergency Preparedness, Resilience and Response

Command and Control

The Trust has robust command and control arrangements in place which can be stood up both in and out of hours if required to respond to system surge, winter pressures or any incident response. Our on-call teams have all completed the Health Command Training identified as mandatory by NHS England, the Trust has robust on call arrangements in place.

Adverse Weather

The Trust has a plan for services and staff to support them in the event of adverse weather conditions. The aim of the plan is to provide a framework which enables the Trust to prepare, respond and recover from adverse weather. It is recognised that during periods of severe weather staff may face difficulties, not only attending their place of work but also in returning home. A number of considerations relating to staff are included in the plan:

- Communication alert system in place to cascade early notification of likelihood of adverse weather.
- Supporting with working from different bases
- Flexing starting/leaving times.
- Utilising Trust 4 x 4 vehicles to support clinical services.
- Mountain Rescue services support for our far-reaching rural services
- Providing accommodation for staff who are unable to get home.
- Continue to support staff working from home.

Business Continuity Plans

A key element of our winter planning is ensuring that all of our clinical and corporate services have business continuity plans that are robust and fit for purpose. These plans are in place for all our clinical and corporate areas. Through our EPRR arrangements these plans are reviewed and tested on a rolling programme to ensure that they are updated at least annually and are fit for purpose. These plans are predicated on minimising service disruption associated with winter pressures.

11. Summary of Operational Aims and Objectives for 2024/25

Adult Mental Health Division

Aim	Objective	Mitigating Actions
Admission Avoidance	Minimise patient volume in Emergency Department (ED)	<ul style="list-style-type: none"> • Review current pathways and processes for streaming Mental Health patients in ED • Work collaboratively to optimise ED streaming • Resolve access to security to maximise patient access to the Humber Suite • Employ additional temporary AMHP (approved mental health professional to ensure robust rota to cover Mental Health Act Assessments
	Reduce mental health presentation to Emergency Departments	<ul style="list-style-type: none"> • Provide Mental Health (MH) Practitioner to support MH Response Vehicle with Yorkshire Ambulance Service YAS) • Increase capacity within Crisis team and Intensive Support Team (IST) to meet demand and minimise escalation to ED • Liaise with Primary Care to support uptake of vaccinations of patients on Serious Mental Illness (SMI) Register
	Maximise opportunities within the Urgent Treatment Centre (UTC) for mental health presentations	<ul style="list-style-type: none"> • Work with UTC provider to agree pathways for mental health presentations
	Reduce demand on Crisis service, mental health inpatients and on Primary Care	<ul style="list-style-type: none"> • Increase resource at point of GP referral for triage and assessment to support interventional and treatment (Mental Health Assessment Team and Crisis Intervention Team for Older People (CITOP) * • Explore block booking of 4 age-appropriate community functional step up beds
Maintain key areas of service performance	Maintain Crisis Access	<ul style="list-style-type: none"> • Maintain staffing levels across Crisis Team and IST
	Reduce Out of Area Placements	<ul style="list-style-type: none"> • Continue with routine Multi Agency Discharge Events (MaDE) with escalation to Super MaDE as required

		<ul style="list-style-type: none"> • Progress proposal to provide 4 step up beds for Older people • Increase Acute Community Service capacity and expand Community Intensive Triage for Older People • Work with system partners to maximise Psychiatric Intensive Care Unit (PICU) capacity across the ICB • Expand access to MIND step down beds moving from 5 to 7 • Support more timely discharge with community support post discharge – First Point of Contact across Hull & ER Adult CMHT and Older CMHT (Community Mental Health Team)
	Maintain Safer staffing across all areas	<ul style="list-style-type: none"> • Expand capacity of current unregistered peripatetic team across inpatient and community teams
	Expand capacity to Memory Assessment Service	<ul style="list-style-type: none"> • Increase psychiatry time to support assessment and formulation of additional referrals received over winter period

Children and Learning Disabilities Division

Aim	Objective	Mitigating Actions
Admission Avoidance	Respond to Public Health Advice regarding outbreak trends	<ul style="list-style-type: none"> • 0-19 services to reach herd immunity targets in MMR vaccination roll out by Dec 24 • 0-19 presenting at homeless and traveler centres to maximise uptake
	Minimise CYP (children and young people) admissions for patients presenting with Eating Disorders	<ul style="list-style-type: none"> • Complete evaluation of the current service with the aim to maintain the Eating Disorder Intensive Treatment service
	Provide an alternative space for CYP in Crisis	<ul style="list-style-type: none"> • Maintain Safe Space and widen access criteria. • Explore alternatives to admission by repurposing Nova Ward
	Avoid unnecessary Learning Disability admissions	<ul style="list-style-type: none"> • Ensure continued In-reach to HUTH to avoid admission for patients with LD
Maintain key areas of service performance	Relaunch Early Intervention service	<ul style="list-style-type: none"> • Restructure and revise the provision of early intervention into schools
	Maximise use of technology to maintain service provision and provide service user support	<ul style="list-style-type: none"> • Promote maximise use of CHAT Health • Launch of Divisional Website to promote health literacy to support parents to correct service • Continued offer of virtual technology to support appointments
	Maintain safer staffing across service areas	<ul style="list-style-type: none"> • Introduction of a peripatetic team to support workforce gaps

Community Service (CS) and Primary Care (PC) Division

Aim	Objective	Actions
Admission Avoidance	(CS) Maximise available Virtual Ward (VW) bed capacity	<ul style="list-style-type: none"> • In partnership with NimbusCare, improve bed uptake through 'step up' pathway. • Utilise remote monitoring tools to continuously track vital signs and symptoms. • Establish rapid response protocols within the virtual ward for immediate escalation when patients show signs of worsening conditions. • Use real-time data integration and analytics to monitor patient trends, predict potential issues, and intervene early. • Virtual ward and Community Nursing Teams to work flexibly across services to meet demand. • Maintain step up pathway into intermediate care beds with partners.
	(PC) Sustain work with TotalTriage to ensure all patients are triaged and treated within 14 days, improving timely access to care, and reducing the risk of admission.	<ul style="list-style-type: none"> • Maintain appropriate staffing levels (particularly clinical triage) within the TotalTriage team to manage patient volume effectively. • Commencement of Pharmacy Technicians to increased OTD (on the day) capacity for medication reviews, freeing duty doctor for priority OTD cases. • Regularly review cases that exceed the 14-day threshold to identify causes and implement corrective actions. • Use data analytics to predict patient flow and triage demand, allowing for better resource allocation and planning. • Automate reminders for follow-up appointments or treatments to keep patients engaged in their care pathway.
	(CS) Whitby UTC, ensure there is continuous and	<ul style="list-style-type: none"> • Embed care navigation model at Whitby Hospital

	<p>appropriate access to urgent care, reducing the likelihood of patients defaulting to Scarborough General Hospital (SGH) ED outside of regular hours.</p>	<p>Reception in partnership with NimbusCare.</p> <ul style="list-style-type: none"> • Implement triage protocols to accurately assess and manage patients with urgent but non-life-threatening conditions. • Work with SGH to increase on-site diagnostic tools to enable comprehensive patient evaluation and treatment, outside of current contractual hours. • Embed live/ verbal advice and guidance pathway between SGH and UTC to reduced inappropriate onward referrals. • Establish integrated care pathways with local GPs and primary care services to streamline referrals and follow-up care from UTCs (including Pharmacy First, Eye CAS and NimubsCare EA).
	<p>(CS) Ensure the 2UCR (two-hour crisis response) team is highly responsive, with the capacity to deploy to patients' homes within 2 hours of referral.</p>	<ul style="list-style-type: none"> • Further work with YAS and GPs to maximise suitable referrals into the 2UCR. • Maintain and build on YAS diversionary pathway. • Provide additional Raizer Chairs to allow staff to simultaneously address multiple incidents, reducing wait times and ensuring that caregivers can quickly return to their other duties.
<p>Maintain key areas of service performance</p>	<p>(All) Patient Care Prioritisation</p>	<ul style="list-style-type: none"> • Continue RAG rating patients to prioritise care based on urgency, ensuring those with the greatest need receive timely attention. • Triage tool for UTC, TotalTriage for Primary Care, SPOC (single point of access)/ 2UCR triage via community services.
	<p>(CS) Nursing staffing levels to be maintained 24/7</p>	<ul style="list-style-type: none"> • Use of "every contact counts" within physical health services. • Remote monitoring of patients via the telephone nursing service. Flexible use of staffing capacity in business continuity situations.

		<ul style="list-style-type: none"> • Provide robust overnight community nursing across Scarborough, Ryedale, and Whitby, with a focus on palliative care and hospital admission avoidance.
	(PC) Maximise the level of OTD (on the day) Clinic Capacity	<ul style="list-style-type: none"> • Maintain Total Triage to ensure all incoming appointment requests are assessed by a trained nurse or GP to determine the urgency of the need. • Remain firm on a percentage of daily appointments specifically for urgent on-the-day needs and minimise conversation ahead for routine reviews. • Continue to embed practice ARRS (additional roles reimbursement scheme) allocation. • Utilisation of Enhanced Access Capacity as per PCN (primary care network) plans. • Regularly analyse appointment data to identify patterns in urgent care demand and adjust the allocation of urgent slots accordingly.
	(All) Proactive Pharmacy Collaboration	<ul style="list-style-type: none"> • Strengthen proactive communication and collaboration with community pharmacy colleagues, particularly in Addictions and through the Electronic Prescribing System (EPS), to enhance patient support. • Enhance use of digital tools and telepharmacy services to monitor patient medication use remotely through the Virtual Ward. • Provide patients and caregivers with clear guidance on how to access emergency medications and advice if issues arise outside of normal hours. • Advance planning for capacity, demand, and communication regarding the Flu Vaccination Programme.

Forensic Division

Aim	Objective	Actions
-----	-----------	---------

Admission Avoidance	Maintain efficient pathways	<ul style="list-style-type: none"> • Facilitate step down to units after discharge from hospital • Increase availability of primary care input • Provide education and advice about vaccination programme and offer vaccines • Maximise use of virtual appointments and telephone contacts
Maintain key areas of service performance	Maintain effective levels of workforce	<ul style="list-style-type: none"> • Maintain peripatetic team to support workforce to support areas of sickness and high acuity • Duty management cover providing senior support across wards to mitigate pressures and plan service provision • Introduction of winter workforce monitoring meeting • Ensure all staff review business continuity plans

Workforce / Wellbeing

Aim	Objective	Actions
Maintain key areas of service performance	Staff availability due to prevalence of winter viruses	<ul style="list-style-type: none"> • Vaccination programme for flu and covid to further improve on 2024/25 uptake • Ensure infection prevention guidelines adhered to • Maximise hybrid working to minimise exposure
	Minimise use of agency staff due to absence/vacancy	<ul style="list-style-type: none"> • Maintain robust sickness management inc return to work, monitoring • Increased recruitment to Trust Bank • Maintain safer staffing reviews • Maximise on mutual aid provided across organisation • Introduce Patient Acuity Tool to support decision making • Ongoing recruitment to medical vacancies • Weekly review of medical staffing recruitment/progress • Maximise medical and clinical skill mix opportunities • Continue to expand all levels of clinical personnel on the Bank • Maintain rolling advertisements for clinical roles • Review advertising and initiatives for hard to recruit to roles in advance of winter • Enhance support to FWT (flexible working team) to support bank fill rates • Completion of e-roster roll out by end 2024 • Continued investment in graduate nurse recruitment
	Ensure workforce resilience	<ul style="list-style-type: none"> • Workforce planning cycle completed • Continued access to occupational health/ counselling/physio • Health and Wellbeing offer enhanced and maintained • MOT Physical and Wellbeing checks available to all

		<p>personnel</p> <ul style="list-style-type: none">• Expanded staff health and wellbeing activities provided• Organisation Development team working closely with clinical areas to support areas of pressure.• Maintain clinical supervision high compliance.• Internal mentoring and external coaching available• Maintain Statutory & Mandatory training compliance.• Maintain Appraisal performance.
--	--	--

Estates and Hotel Services

Aim	Objective	Actions
Maintain key areas of service performance	Maintain access to all Trust sites	<ul style="list-style-type: none"> • Continue with gritting procedures guided by weather predictions, Ice Watch and requests from site staff • All engineering staff prepared for 'first job of the day' to ensure adhoc gritting or snow clearing is dealt with as a priority • Annual PPM of heating systems to ensure safe and suitable working environment for staff, visitors and patients • Ensure company vehicles are prepared for the winter conditions with de-icer and screen wash to enable effective use • Extreme weather to prompt 'tool box talks' regarding the appropriateness of travel arrangements • Continue to maintain generators at ERCH and Willerby Hill during times of power outage
	Manage demand and respond to internal surge	<ul style="list-style-type: none"> • Prioritise the feeding of patients and cleaning of all high risk areas utilising resources appropriately to achieve this • Ensure bedrooms are cleaned to enable efficient admission in times of high demand • Support the inhouse engineering team with a range of multi-disciplinary external contractors, available upon request • Maintain regular contact with inpatient facilities to identify any 'works' required in conjunction with electronic requesting method

Emergency Preparedness, Resilience and Response

Aim	Objective	Actions
Maintain key areas of service performance	Planning for severe weather	<ul style="list-style-type: none"> • EPRR team have 4 x 4 vehicle access • Stand up/down command and control arrangements if required • Facilitate accommodation for staff unable to get home • Supporting with working from different bases • EPRR Team maintain links with system partners • Ensure transport agreement for Scarborough & Ryedale areas are still effective • Utilise Adverse weather plan • Work with Trust communications team for key messaging • Ensure services implement their business continuity plans where required
	Support System work and communication	<ul style="list-style-type: none"> • Daily sitrep reporting in place across all areas • Mutual aid arrangements in place across ICB providers • Attendance at daily System calls to support patient flow • Agile working in place to minimise travel and maintain business continuity • Services to offer virtual appointments for clinics where possible • Services to minimise Face to Face meetings utilising Teams as a preferred communication method

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	Risk Register Update														
Author/s:	<p>Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals.</p> <p>Oliver Sims Corporate Risk and Incident Manager</p>														
Recommendation:	<table border="1" data-bbox="539 611 1524 728"> <tr> <td data-bbox="539 611 935 651">To approve</td> <td data-bbox="935 611 1031 651">X</td> <td data-bbox="1031 611 1410 651">To discuss</td> <td data-bbox="1410 611 1524 651"></td> </tr> <tr> <td data-bbox="539 651 935 692">To note</td> <td data-bbox="935 651 1031 692"></td> <td data-bbox="1031 651 1410 692">To ratify</td> <td data-bbox="1410 651 1524 692"></td> </tr> <tr> <td data-bbox="539 692 935 728">For assurance</td> <td data-bbox="935 692 1031 728"></td> <td data-bbox="1031 692 1410 728"></td> <td data-bbox="1410 692 1524 728"></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: <i>Please make any decisions required of Board clear in this section:</i>	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in May 2024.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <p>WF38 – As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.</p> <p>Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment plan in place for consultant vacancies which is monitored by the Executive Management Team and the Workforce and OD Committee. Workforce planning process overarching plan in place for 2023/24 financial year and additional investment in recruitment, marketing, and communications in place.</p> <p>FI1236 – Due to the lack of available of capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of safe and effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints.</p> <p>Mitigations are in place around annual capital allocation being ringfenced for inpatient Estates improvements with specific schemes underway for the inpatient setting in 2023/24. The Trust’s existing</p>	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Following receipt of the response summary from the audit recently conducted by Audit Yorkshire (<i>Is Risk Management and Board Assurance working for you? 2024</i>) and review undertaken by the Executive Management Team at a recent timeout in August, further work is planned to continue to the improvement of the Trust’s Board Assurance Framework for 2024/25, with a view to have additional elements built into the process by Quarter 3 2024/25 focussing on the following areas: <ol style="list-style-type: none"> 1) How can Risk management demonstrably help us by giving us a quick grasp of opportunities and making us use our resources more efficiently (better budgeting). 2) How we make Risk Management processes tie in well with those of our System partners. 3) Further consideration of risks held on more than one divisional risk register and how these are then consolidated. 4) How we pull through information identified from Trust’s self-assessment into the risk register. 														

estate in maintained through ongoing maintenance and capital investment. Further longer strategies to be developed and alternative funding options being explored.

OPS17 – Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.

Recovery plans remain in place to reduce waiting times and achieve 52-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week wating times, particularly in the children's autism service which previously had the highest number of patients waiting over 52 weeks.

WF47 – Regional workforce reduction schemes and any subsequent local requirement to deliver the same, is likely to impact on Trust ability to recruit into future roles therefore impacting quality of care and compliance.

The Trust maintains a continued presence across strategic workforce settings regionally and is represented in all ICB workforce groups. The Trust is maintaining defensible growth in operational plan and there is continued delivery of local actions / internal programmes of work to address priority transformation areas using data such as staff survey.

FII238 – As a result of difficulties within the ICS to meet challenging financial targets for 2024/25, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.

The Trust is involved in contractual discussions with commissioners and is taking all necessary actions to ensure appropriate funding is in place. The Trust maintains a budget reduction strategy up to 2026/27 financial year and there is a small amount of contingency / risk cover provided for in-plan. The Trust will continue to work with commissioners to highlight the requirement for funding through MHIS and Service Development Funds and will bid for national resources as and when available.

Matters of Concern or Key Risks:

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

Decisions Made:

- There are currently **5 risks** held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below:

	Risk Description	Current Rating	Movement from prev. quarter
	WF38 – As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.	16	↔
	FII236 – Due to the lack of available of capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of safe and effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints.	16	↔
	OPS17 – Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	↔
	WF47 – Regional workforce reduction schemes and any subsequent local requirement to deliver the same, is likely to impact on Trust ability to recruit into future roles therefore impacting quality of care and compliance.	16	↔
	FII238 - As a result of difficulties within the ICS to meet challenging financial targets for 2024/25, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	15	↔

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee	08/2024	Remuneration & Nominations Committee	
	Quality Committee	08/2024	Workforce & Organisational Development Committee	07/2024
	Finance & Investment Committee	07/2024	Executive Management Team	08/2024
	Mental Health Legislation Committee		Operational Delivery Group	08/2024
	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	√			

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

Risk Register Update

1. Trust-wide Risk Register

There are currently **5** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score	Movement from prev. quarter
WF38	As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.	20	16	8	↔
FII236	Due to the lack of available of capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of safe and effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints.	20	16	8	↔
OPS17	Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16	8	↔
WF47	Regional workforce reduction schemes and any subsequent local requirement to deliver the same, is likely to impact on Trust ability to recruit into future roles therefore impacting quality of care and compliance.	20	16	8	↔
FII238	As a result of difficulties within the ICS to meet challenging financial targets for 2024/25, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery. Initial and current ratings remain unchanged to reflect that the Trust is currently limited in terms of current internal controls for this particular risk. Contractual discussions with commissioners are ongoing and the Trust is taking all necessary action to ensure receipt of appropriate funding.	15	15	5	↔

2. Closed/ De-escalated Trust-wide Risks

There are **3** risks previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in May 2024.

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

Risk ID	Description of Risk	Risk Status / Update
MH88	Insufficient AMHP resource to deliver responsive service (increased demand on AMHP service has gone up by a significant level in 2023, along with significant increase in s136 work reflecting the national picture) which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may	Risk reviewed by Mental Health Division and Chief Operating Officer and reduced to reflect current level of mitigation in place. Further consideration was also given to reported incidents to determine if there had been any clinical impact directly linked to the risk which

Risk ID	Description of Risk	Risk Status / Update
	not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed. Sufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	supported the reduction in the current rating. The risk will continue to be managed via divisional governance arrangements and assurance will be provided to the Operational Delivery Group who will continue to monitor the risk.
LDC82	Due to local demands significantly exceeding what is commissioned in relation to ADHD intention, there is insufficient medical staffing to assess, and review needs of this service user group. This has resulted in a lengthy waiting list for young people diagnosed with ADHD being considered for intervention. While these young people are sent waiting list letters and can access ad hoc support via our duty system, regular reviews are not viable given existing staffing levels. This is likely to have impact on their functioning such as educational attainment based on diagnosis received.	Risk reviewed by Children and LD Division and has been reduced to reflect current mitigations in place. The risk will be monitored via divisional governance arrangements and reported to the Operational Delivery Group for further assurance until the risk is reduced further / closed.
LDC87	Due to size of the CTLD Speech and Language dysphagia waiting list; individuals not receiving the treatment they have been assessed as needing in a timely manner. Leading to the risk of increased distress in individuals and families, and an increased risk of poor physical health.	Risk reviewed by Children and LD Division and has been reduced to reflect current mitigations in place. The risk will be monitored via divisional governance arrangements and reported to the Operational Delivery Group for further assurance until the risk is reduced further / closed.

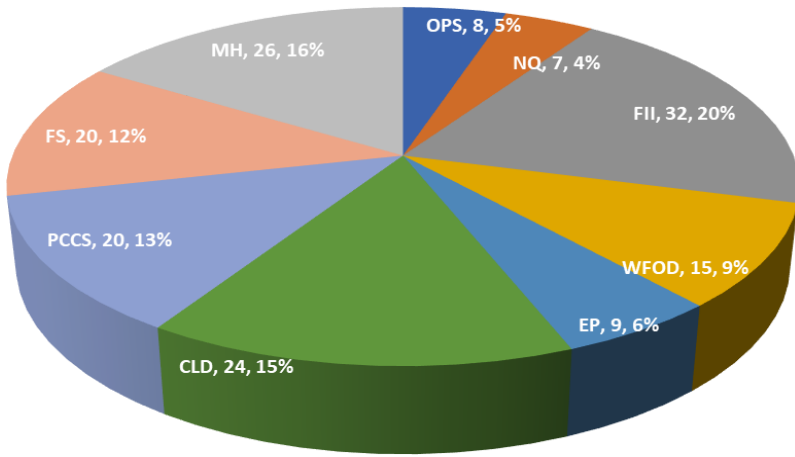
3. Wider Risk Register

There are currently **161** risks held across the Trust's risk registers. The current position represents an overall increase of **29** risks from the **132** reported to Trust Board in May 2024. The table below shows the current number of risks at each risk rating:

Table 3 - Total Risks by Current Risk level

Current Risk Level	Number of Risk – May 2024	Number of Risk – September 2024
20	0	0
16	7	4
15	1	1
12	33	44
10	3	5
9	33	31
8	22	32
6	27	35
5	2	1
4	5	8
3	0	0
2	0	0
Total Risks	132	161

Chart 1 – Total Risks by Division/ Directorate



Key:

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

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/Consequence Type		Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
			Almost Certain	Severe							Likely	Severe	16	Significant		27/08/2024	Kwame Fofie	Kwame Fofie	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High
1	WF38	As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust, and may also affect our ability to maintain an effective and engaged workforce.	Objectives	Almost Certain	20	Significant	<ol style="list-style-type: none"> Recruitment plan for Consultants in place (progress against which reported to EMT and Workforce and OD Committee). 'Humbleivable' recruitment branding set up. GMC sponsored International recruitment programme in place for Speciality Doctors (who may train to become Consultants). Workforce planning process and overarching plan delivered for 23/24 Trust Workforce planning process in place for the past 4 years. Additional investment in recruitment, marketing and communications targeted at Consultant recruitment Talent Acquisition specialist role in place until March 2024 working on consultant posts with some success to date Rolling adverts out for consultant posts Medical Workforce Plan approved All medical vacancies are covered with agency workers. Humber representatives to attend the ICB ANCIPs recruitment event in India in January 2024, with 5 vacant consultant posts identified to be filled by SAS Drs / Two substantive appointments January 2024 	<ol style="list-style-type: none"> Workforce and OD Committee (insight reports). Divisional Business Meetings. EMT Trust Board ODG DATIX reports 	<ol style="list-style-type: none"> Not all vacancies currently advertised Commencement of remaining international recruit. 	<ol style="list-style-type: none"> Consultant vacancy rate June 2024 – 32.15%. 	Likely	Severe	16	Significant	<ol style="list-style-type: none"> Onboarding of the recruited specialty doctors from India (31/03/2025) 	27/08/2024	Kwame Fofie	Kwame Fofie	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High
2	FI1236	Due to the lack of available of capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of safe and effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints.	Objectives	Almost Certain	20	Significant	<ol style="list-style-type: none"> The Trust is utilising annual capital allocation with ringfenced budget for inpatient Estates improvement. 2023-24 scheme for improvement of bathrooms in inpatient setting. Trust maintains existing states as far as is possible through ongoing maintenance and capital investment. 	<ol style="list-style-type: none"> Estate Strategy and Capital Delivery Group EMT Service Planning and Transformation Group Major Schemes Project Board 	<ol style="list-style-type: none"> Operational plans are annual, which do not allow for long term capital planning. Increase in backlog maintenance as Trust estate deteriorating over time due to age and not meeting performance requirements toward net zero targets. Inability to change suitability of existing buildings to accommodate improvements such as en-suite bathroom facilities. 	<ol style="list-style-type: none"> Trust was not successful in application for new hospitals scheme. RAAC issues nationally further affecting availability of centralised funding. Trust compliance with Health Technical Memoranda and Health Building Notes. 	Likely	Severe	16	Significant	<ol style="list-style-type: none"> Longer term strategies for services to be recognised (31/03/2025) Finance Director exploring alternative funding options (31/03/2025) 	27/08/2024	Rob Atkinson	Peter Beckwith	ODG / EMT	Trust Board	Unlikely	Severe	8	High
3	OPS17	Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	Objectives	Almost Certain	20	Significant	<ol style="list-style-type: none"> Work underway with Divisions to address three areas of challenge Local Targets and KPIs. Close contact being maintained with individual service users affected by ongoing issues. Waiting Times Procedure in place Waiting times review is key element of Divisional performance and accountability reviews. Review completed of all services with high levels of waiting times and service-level recovery plans developed. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements Planning round and discussions taking into acute waiting times position Paused Adult ADHD pathway approved by EMT – offering patient right of choice to access other providers. Devised process for skill mixing / pathway review to use existing funding to address patient that require treatment that stay in system Introduction of multiagency / multi-disciplinary event which will be undertaken operationally on weekly based considering patient flow including OOA patients and planning for discharge. For Clinical Ready for Discharge Patients MD Clinical Lead has introduced routine arrangements for complex case review which will feed 	<ol style="list-style-type: none"> Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. Quality impact on key identified areas monitored via Quality Committee. Weekly divisional meetings with Performance & Access Mgr around waiting list performance. Introduction of Monthly Performance & Productivity Group chaired by COO. Capacity and Demand planning has either taken place or is scheduled to take place in all long waiting areas and improvement trajectories developed or proposals developed for improvement. 	<ol style="list-style-type: none"> Opportunities to revise pathways to increase productivity or reduce demand into services. Confirmation on levels of funding available to support demand. 	<ol style="list-style-type: none"> Adult ADHD number of patient waiting >52 weeks - 237 June 2023 patients increased to 432 April 2024 Children's ASD number of patient waiting >52 weeks 589 in Q4 21/22 to 326 April 2024 Childrens ADHD number of patient waiting assessment >52 weeks 361 in Q4 22/23 to 198 April 2024 Operational planning guidance does not provide instructions in relation to neuro services. 	Likely	Severe	16	Significant	<ol style="list-style-type: none"> Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures (30/08/2024) Adult ADHD Options outcome to determine level of service delivery going forward. (30/08/2024) Confirmation on levels of funding available to support demand. - (30/08/2024) 	27/08/2024	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
4	WF47	Regional workforce reduction schemes and any subsequent local requirement to deliver the same, is likely to impact on Trust ability to recruit into future roles therefore impacting quality of care and compliance.	Objectives	Almost Certain	Severe	26	Significant	1.Maintaining continued presence in strategic workforce settings regionally to influence decision making from a Humber perspective 2.Internal communications outcome / network groups decisions to ensure dissemination of messages and internal alignment / understanding so there is consistent messaging in regional programmes of work such as the Breakthrough Programme. 3.Trust is represented across all ICB Workforce Groups. 4.Trust is maintaining defensible growth in operational plan within the Trust	1.Regional HR Director Meeting 2.Workforce Board 3.Yorkshire and Humber HR Directors 4.Humber maintaining representation and understanding of regional position and progress - 5.Current recruitment and vacancy rates are positive.	1.Impact of Operational planning guidance and potential workforce reduction schemes within acute providers, which may lead to potential reputational impact for all NHS providers in region. 2.Impact to workforce morale / potential for unease in Trust workforce limiting engagement due to regional decision making 3.Yorkshire and Humber HR Directors 4.Humber maintaining representation and understanding of regional position and progress	1.Limited progress since launch of Breakthrough programme. 2.Uncertainties around implications of Operational planning guidance across regional NHS workforce.	Likely	Severe	16	Significant	1.Continued delivery of local actions / internal programmes of work to address priority transformation areas using data such as staff survey (31/03/2025) 2.Continued attendance at breakthrough programme and presence / contribution to regional workforce groups (31/03/2025)	27/08/2024	Claire Jenkinson	Karen Phillips	Directorate Business Meeting	Workforce and OD Committee	Unlikely	Severe	6	High
5	FI1238	As a result of difficulties within the ICS to meet challenging financial targets for 2024/25, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	Objectives	Possible	Catastrophic	15	Significant	1. Contractual discussions with commissioners and Trust taking all necessary action to ensure receipt of appropriate funding. 2. Budget Reduction Strategy in place up to 2026-27 and small amount of contingency/risk cover provided for in plan.	1. Monthly reporting to EMT 2. Quarterly Reporting to Finance Committee monitoring of performance against plans. 3. Monthly reports and Quarterly Accounts Returns to NHS I with quarterly feedback. 4. ODG and Divisional ODG reports monitoring financial position and performance against plans. 5. Accountability Review monitoring of financial position and discussed with budget holders (regular confirm and challenge).	1. The overarching ICS financial position and the ability for Commissioners to invest up to MHIS and the lack of full deployment of Mental Health Service Development Funding 2. Short term nature of Financial Planning from an ICS perspective	ICS have stated that there is limited ability to increase any funding in terms of MHIS and SDF as there is a requirement to hold this centrally to offset wider system pressures	Possible	Catastrophic	15	Significant	1. Ongoing maintenance of relationships with Commissioners (31/03/2025) 2. Continue to work with Commissioners to highlight the requirement for funding through MHIS and Service Development Funds (31/03/2025) 3. Continue to bid for national resources as and when it becomes available (31/03/2025)	27/08/2024	Iain Omand	Peter Beckwith	Directorate Business Meeting / Executive Management Team	Board	Rare	Catastrophic	5	Moderate

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	Board Assurance Framework Q1 2024/25														
Author/s:	Executive Lead: Michele Moran, Chief Executive Oliver Sims Corporate Risk and Incident Manager														
Recommendation:	<table border="1" data-bbox="539 544 1516 660"> <tr> <td data-bbox="539 544 938 582">To approve</td> <td data-bbox="938 544 1034 582"></td> <td data-bbox="1034 544 1409 582">To discuss</td> <td data-bbox="1409 544 1516 582"></td> </tr> <tr> <td data-bbox="539 582 938 620">To note</td> <td data-bbox="938 582 1034 620">√</td> <td data-bbox="1034 582 1409 620">To ratify</td> <td data-bbox="1409 582 1516 620"></td> </tr> <tr> <td data-bbox="539 620 938 660">For assurance</td> <td data-bbox="938 620 1034 660"></td> <td data-bbox="1034 620 1409 660"></td> <td data-bbox="1409 620 1516 660"></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 report provides the Trust Board with the Q1 2024/25 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Progress against the identified risks to each of the Trust's strategic goals is reflected within the framework to allow for consideration to be given to assurances in place, which enables focused review and discussion of the challenges to the delivery of the organisational objectives. Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals. Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal. The overall rating is applied based on the overall assurance available to the Executive Lead at the time of review. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Following receipt of the response summary from the audit recently conducted by Audit Yorkshire (<i>Is Risk Management and Board Assurance working for you? 2024</i>) and review undertaken by the Executive Management Team at a recent timeout in August, further work is planned to continue to the improvement of the Trust's Board Assurance Framework for 2024/25, with a view to have additional elements built into the process by Quarter 3 2024/25 focussing on the following areas: <ol style="list-style-type: none"> How our organisation's Risk appetite helps us deliver our Operational Services. Stopping the BAF process feeling like a tick box exercise and the input to the process being proportionate to benefits it brings. Further consideration to how we are mitigating gaps on BAF through risk register and how this is demonstrated through the document. How we pull through information identified from Trust's self-assessment into the board assurance framework. 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> No matter of concerns to highlight or key risks further to those included in the Board Assurance Framework to escalate. 	<p>Decisions Made: Current assurance ratings for each section of the Board Assurance Framework:</p> <p>Strategic Goal – Innovating for Quality and Patient Safety</p>														

	<ul style="list-style-type: none"> - Overall rating 8 - High for Quarter 1 2023/24 <p>Strategic Goal – Enhancing prevention, wellbeing, and recovery.</p> <ul style="list-style-type: none"> - Overall rating 12 - High for Quarter 1 2023/24 <p>Strategic Goal – Fostering integration, partnerships, and alliances.</p> <ul style="list-style-type: none"> - Overall rating 8 - High for Quarter 1 2023/24 <p>Strategic Goal – Promoting people, communities, and social values.</p> <ul style="list-style-type: none"> - Overall rating 6 - Moderate for Quarter 1 2023/24 <p>Strategic Goal – Developing an effective and empowered workforce.</p> <ul style="list-style-type: none"> - Overall rating 8 - High for Quarter 1 2023/24 <p>Strategic Goal – Optimising an efficient and sustainable organisation.</p> <p>Overall rating 8 - High for Quarter 1 2023/24</p>																												
<p>Governance: Please indicate which committee or group this paper has previously been presented to:</p>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td>08/2024</td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>08/2024</td> <td>Workforce & Organisational Development Committee</td> <td>07/2024</td> </tr> <tr> <td>Finance & Investment Committee</td> <td>07/2024</td> <td>Executive Management Team</td> <td>08/2024</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Collaborative Committee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Audit Committee	08/2024	Remuneration & Nominations Committee		Quality Committee	08/2024	Workforce & Organisational Development Committee	07/2024	Finance & Investment Committee	07/2024	Executive Management Team	08/2024	Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Collaborative Committee				Other (please detail)	
	Date		Date																										
Audit Committee	08/2024	Remuneration & Nominations Committee																											
Quality Committee	08/2024	Workforce & Organisational Development Committee	07/2024																										
Finance & Investment Committee	07/2024	Executive Management Team	08/2024																										
Mental Health Legislation Committee		Operational Delivery Group																											
Charitable Funds Committee		Collaborative Committee																											
		Other (please detail)																											

Monitoring and assurance framework summary:

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



Humber Teaching
NHS Foundation Trust

Board Assurance Framework

Quarter 1 2024/2025

Humber Teaching NHS Foundation Trust Strategic Goals / Objectives

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

RISK APPETITE

Strategic Goal	Executive Lead	Risk Appetite (Agreed by Trust Board June 2024)	Threshold Risk Score
Innovating for quality and patient safety	Director of Nursing	SEEK	15
Enhancing prevention, wellbeing, and recovery	Chief Operating Officer	SEEK	15
Fostering integration, partnerships, and alliances	Chief Executive	MATURE	15+
Promoting people, communities, and social values	Chief Executive	SEEK	15
Developing an effective and empowered workforce	Director of Workforce and OD	MATURE	15+
Optimising an efficient and sustainable organisation	Director of Finance	SEEK	15

RISK APPETITE DEFINITIONS

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

BOARD ASSURANCE FRAMEWORK SUMMARY

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



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

Risk Score: 8

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

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

Positive Assurance

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

Negative Assurance / Gaps in Assurance

- Trust CQC rating for 'Safe.' Remains requires improvement (2019 assessment)
- Annual Medicine Administration compliance rate 67.64% (June 2024) improved from 17.74% in May 2023, but with target of 85% Trust compliance.
- Trust Waiting Time position

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



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

Risk Score: 12

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

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

Positive Assurance

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

Negative Assurance / Gaps in Assurance

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

Mitigating Actions to Address Gaps

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

Fostering integration, partnerships, and alliances



Lead Director:
Chief Executive

Lead Committee:
Audit Committee

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

Risk Score: 8

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

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

Positive Assurance

- The mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups was undertaken and taken to March ODG. This is to be repeated in 6 months' time
- For 24/25, the Trust's Specialist Collaborative funding from NHS England is £63.2 million which is an increase on last year (£61 million)
- There are no figures released yet for Q1 24/25 for Delayed Transfers of Care. In Q4 23/24, following refresh, the Trust reported a monthly average percentage of 0% per month for Inspire.
- Our Neurodiversity diagnostic team and The Owl Therapy Centre have been awarded the Optimising Clinical Pathways through Digital Award for their Hybrid Neurodiversity Assessments project.
- We are starting work with ICB and involving other partners (MIND etc) on reviewing all mental health services specifications.
- We are also starting system wide discussions to redesign the LD inpatient and community pathway with the ICB and 6 places.
- On-going work around the One Public Estate within Bridlington is continuing. A meeting is being organised with East Riding ICB to discuss the centralisation of primary care on to the medical centre footprint as part of this process.
- Following discussions with Hull City Council, the Trust were awarded £276K of funding for additional primary care addictions services. Services commenced in April 2024, delivered in partnership with ADS.
- The number of Charters within the quarter to date is 445. Of these PACE was involved in 64% and those who collaborated externally equated to 32%. There were 73 training places for Q1 24/25. These are rolling figures and are on track to meet the target for March 2026.

Interweave updates for Q1 24/25:

- Clinical safety testing has been completed for a direct link to TPP SystemOne non-GP data.
- Interweave are now development a centre of excellent for user centred design to support partners.
- NHS England have rescoped the National Record Locator requirements for 24/25.
- Booking and Referral Standard (BARs) any2any development work has been completed and is now in the test stage with NHS England.
- The Trust is currently working with the system to identify what the PLACE structures are going to look like in 2025/26 (be that s75 or other similar arrangements)
- The Trust is also working with the system and influencing the development of the provider collaborative, particularly the Community Collaborative and the Mental Health and Learning Disability Collaborative.

Negative Assurance / Gaps in Assurance

- The average monthly Q1 figures for Delayed Transfers of Care was 12.1% for Adult/Older Adult (excluding PICU). This is outside of the 7.5% threshold. In Q4 23/24, (following refresh), the Trust reported a monthly average percentage of 9% per month.
- The average monthly Out of Area figure for Q1 for Adult and Older People (excluding PICU) was 20 which is an increase of 13 compared to Q4 2023/24.

Mitigating Actions to Address Gaps

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

The Trust is represented at all strategic PLACE meetings, is a member of the relevant collaborative and influential within both these areas	March 2025	Michele Moran	
The Trust is leading the Mental Health and Learning Disability Collaborative work and is a member influences in the Community Collaborative	September 2024	Michele Moran	
Regular meetings are taking place within the Collaborative and the CEO Leadership tea	TBC	Michele Moran	
Work continues with Carnel Farrer regarding the future model and an external convener has been commissioned to work closely with the Trust	TBC	Michele Moran	

Promoting people, communities, and social values



Lead Director:
Chief Executive

Lead Committee:
Quality Committee

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

Risk Score: 6

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

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

Positive Assurance

Trust Health Inequalities (HI) Programme:

In April 2024, the HI Operational Group agreed a delivery plan for the coming year covering:

- Communications and Knowledge Transfer - Building on the successful launch of the HI intranet pages by delivering a programme of webinars and communications to increase staff awareness of HI
- Data analysis - Working with clinical/operational teams to develop action plans in response to data published in the annual report on HI in access to mental health services, use of the Mental Health Act and restrictive interventions. A clinical and operational workshop is scheduled for 26th June 2024.
- Supporting teams to address HI - Running reflective workshops to help teams identify potential inequalities of access, outcomes, and experience within their services.
- Integrating HI into Trust strategies/policies inc the new Access Policy and associated SOPs and EIAs.
- Ensuring that approaches to HI are embedded in clinical practice via the implementation of Person-Centred Planning and the Culture of Care standards for mental health inpatient services. Incorporating content on HI in revised service specs for CAMHS, Children’s Therapies and Mental Health services.
- System working to address the wider determinants of health including reviewing the impact of housing issues on service users, patients’, and Trust services.

Inclusion Groups Programme of the East Riding Health and Care Committee:

- Work continues the ERYC inclusion health needs assessment and Smile VCSE mapping exercise. A delivery plan for 2024-25 has been agreed which focuses on completing the needs assessment and developing a system wide Inclusion Champions scheme.
- 17 VCSE organisation representatives are part of the Humber Co-production Network (June 2024)
- The demographic profile of staff at the end of Q1 24/25 is as follows:

	% BAME	% disabled	% LGBTQ+	% female	% part-time	% aged 50+
Q1 24/25	7.34%	9.24%	4.65%	79.54%	33.51%	34.85%
Q4 23/24	7.19%	9.14%	4.50%	79.34%	33.43%	34.54%

- EDI data for governors is not yet collected as they are external to the organisation, however discussions are being held about the feasibility of doing this moving forward.
- The demographic profile of SCOPes has not changed by any significance since Q4 23/24.
- EMT reviewed the ToR for each staff network. Changes include a provision of an Executive Sponsor to support the group in escalating areas of concern. Additionally, network chairs have protected time to attend meetings. EMT now receive regular activities reports and will review their impact later in the year. Substantial budgets are allocated to each network to facilitate engagement and activities and are currently working on plans to support Hull PRIDE in July, and Black History Month in October.
- The Trust continues to host several forums for patients, service users, carers, staff, and partner organisations to attend. The Trust continues to attend ‘A Good Experience’ steering group of which provides assurance to oversee the Communications Charter project. York St John University have produced a project proposal to support the initiative.

Positive Assurance (continued)

- The Trust’s Five-Year Estate Strategy 2022-2025 continues and is shared with ICB members and informs the ICB Estate Strategy. Priorities include redesigning MH Inpatient Services. Estate Plans are refined on a locality basis. Current areas of focus are Hull, Beverley and Driffield. The Estate Strategy and CDG provides a forum at which progress is monitored and reviewed against service need. The Estate Strategy is influenced by the organisational Green Plan which focuses on carbon reduction and use of local suppliers where appropriate and within procurement guidelines. The Trust aids the ongoing delivery of healthcare to the region inc coordinating as a landlord organisation for partner Trusts and third sector organisations. This is evident in the ongoing Hull Place Pilot, following the One Public Estate projects.
- Since Jan 2024, the Trust has embraced new regulations of the Social Value Agenda. The PSR regulations require commissioning bodies to apply key criteria when assessing suppliers for their suitability to deliver health care. These criteria include an assessment as to whether what is proposed might improve economic, social, and environmental well-being in relevant the geographical area.
- The Trust now considers the extent to which suppliers have acted to increase social value within their own activities and how these can improve health outcomes. The Trust also procures a wide range of supplies, non-health care services and works. The introduction of the Procurement Act aims to streamline and improve procurement of these type of goods. When the Act comes into force in October 2024 the legal requirement for public sector buyers shifts from awarding contracts based on MEAT (Most Economically Advantageous Tender) to MAT (Most Advantageous Tender). This means considering the wider benefits for the community in which the contract will be delivered.
- The spend with local suppliers for 23/24 was £32.5million.
- A video was created that features students and staff promoting T Levels in Health, that we will be showcased across the Trust and at events. We introduced an “Induction into Health” week for students, which includes support, guidance, and careers advice for when attending work experience and help them to understand the variety of job roles within our Trust and how they can apply. There were 26 work experience placements for 2023/24 compared to 16 for 2022/23.
- At the end of Q1 24/25, there were 11 Peer Support Workers within the Trust compared to 10 in Q4 23/24. There were also 12 Expert by Experience staff and two Programme Facilitators. There was a total of 70 recorded shifts: 49 by B3 and 21 by programme facilitators.
- There were 23 Band 2 to 4 roles recruited to from May 23 to May 24. 65 Band 2 to 4 roles were exempted, significantly lower than previous years. Our ‘apprenticeship first’ approach is not yet embedded in all areas. The career development team are working with H&NY careers hub to attract people to careers in our services.

Negative Assurance / Gaps in Assurance

- The Trust had 97 volunteers compared to 119 at the end of Q4 23/24. Two moved onto a career and 15 are in recruitment.

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

Developing an effective and empowered workforce



Lead Director:
Associate Dir. of People
and OD

Lead Committee:
WFOD Committee

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

Risk Score: 8

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

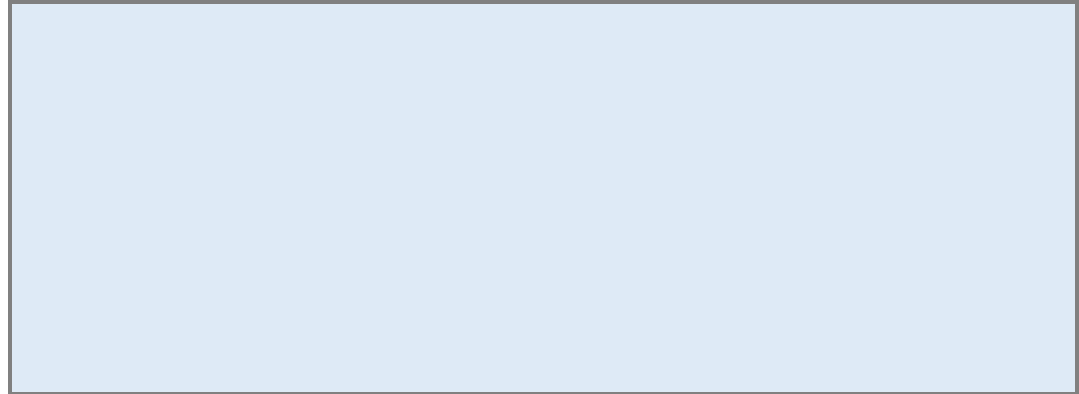
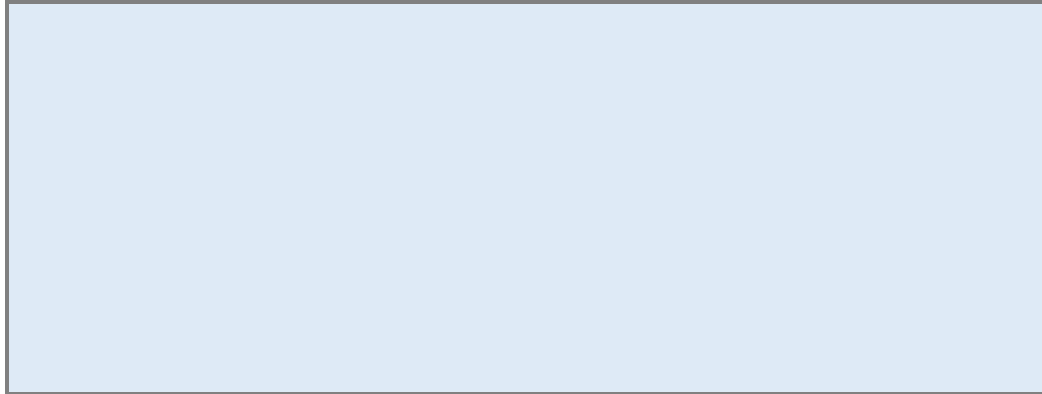
Risk Analysis	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15	15	15+

Positive Assurance

- 7.85% vacancy rate (June 2024)
 - A rolling 12 monthly turnover rate figure of 10.24% (June), which is below the turnover rate this time last year (12.27% June 2023).
 - Registered *Nursing* vacancy rate June 2024 – 8.11%.
 - Headcount of 3163.45 WTE (June 2024)
 - Appraisal completion rate at the end of the window 92.6% (30th June 2024)
 - In the 2023 NHS National Staff Survey;
 - The Trust positions better than the national average across all People Promise theme areas.
 - 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)
- We are compassionate and inclusive – 7.6 out of 10
 We are recognised and rewarded – 6.59 out of 10
 We each have a voice that counts – 7.1 out of 10
 We are safe and healthy – nationally unreported
 We are always learning – 6.22 out of 10
 We work flexibly – 7.05 out of 10
 We are a team – 7.18 out of 10 (equal to the average)
 Engagement 7.18 out of 10
 Morale 6.37 out of 10
- The Trust the most improved in the country for Trusts of its kind and second most improved in the NHS for the question ‘would recommend the organisation as a place to work.’
- Medical Workforce Plan approved.
 - Updated Trust workforce plan
 - Ongoing monitoring of hard to recruit roles in the recruitment and retention task and finish group.
 - Overall statutory / mandatory training compliance 94.70% (June 2024).
 - Trust People Strategy ratified which sets strategic direction for next four years which is underpinned by an accompanying delivery plan.
 - Workforce representation - ethnic diversity 7.73% (June 2024) which is better than the regional demographic in East riding, Humber and NY
 - Workforce representation - LGBTQ+ 4.67% (June 2024) which is better than the regional demographic in East Riding, Humber and NY
 - The breadth of the apprenticeship standards we offer has increased dramatically, the start of 2024 shows 32 different apprenticeship standards currently being undertaken across the Trust and this is continually expanding. On average we have 130 staff undertaking an apprenticeship at any one time from level 2 (GCSE) to level 7 (masters) apprenticeships.

Gaps in Assurance / Negative Assurance


Consultant vacancy rate June 2024 – 26.83%
 Pharmacist vacancy rate June 2024 of 13.77%
 The Workforce Scorecard (June 2024) reported a rolling sickness rate figure of 5.2%, and above national and regional benchmarks.
 Representation of BAME staff in Band 7 or above roles is low and is an area of focus for the Trust.
 Representation of disabled staff in Band 8c-VSM roles is low and is an area of focus for the Trust.
 Rising percentage of colleagues experiencing discrimination on grounds of sexual orientation, which places the Trust in the bottom 20% of the sector.
 Rising percentage of colleagues experiencing discrimination on grounds of age, which places the Trust in the bottom 20% of the sector.
 Rising percentage of ethnically diverse staff experiencing discrimination at work from manager / team leader or other colleagues which is 16.16% which is substantially higher than for white colleagues at 4.43% and 2% higher than the comparison figure at 13.90%.
 Rising percentage of ethnically diverse staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months which is 37.37%, and is substantially higher than for white colleagues at 20.74%, and higher than the comparison figure at 31.43%.
 Workforce representation - Disability 9.51% (June 2024) which is worse than the regional demographic in East Riding, Humber and NY.



Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Ongoing communications around leadership development programme uptake and encouragements of ethnically diverse colleagues and those with disabilities and long-term conditions at all levels.	March 2025	Karen Phillips	Trust has comprehensive improvement plan which is monitored via EMT and WFOD Committee on a regular basis. Trust is fully compliant with moving forward actions in regard to the national EDI improvement plan. Ring fenced places on internal leadership programmes for each staff network.
Ongoing sponsorship of ethnically diverse colleagues and those with disabilities and long-term conditions at all levels for involvement with Trust Humber High Potential Development scheme and other leadership development programmes.	March 2025	Karen Phillips	Ring fenced places on the Humber High Potential Development scheme for sponsorship by the staff networks, and access to the Trust Leadership (Band 4-7) and Strategic Leadership (Band 8a+) programmes with a Trust KPI for all those in leadership positions to access this.
Focus on succession planning to address underrepresentation particularly in band 7 and above roles	March 2025	Karen Phillips	New succession planning processes embedded into workforce planning for 2024, with actions in place to enhance for 2025, with explicit focus on addressing underrepresentation across all protected characteristics. Recruitment deep dives and divisional EDI insight reports developed with recommended actions to address specific areas of underrepresentation in each division/corporate function. EDI Lead enhanced visibility in Divisional meetings to support development of bespoke actions.
Onboarding of recruited Specialty Doctors appointed through the ANCIPS event in India in January 2024 and development of a sustainable Medical Workforce Plan to show improvement trajectories and feasible pipelines for recruitment/grow your own initiatives.	September 2024	Kwame Fofie	Onboarding to now be implemented for commencement in-post with the Trust for recruited medics following successful event. Currently awaiting visa applications and completed pre-employment checks. As at June 24 consultant vacancies reduced to 9.4WTE, with the Medical Workforce Plan showing an improving trajectory. This is monitored and overseen by the Executive Medical Director and progress and initiatives monitored in the Recruitment and Retention Task and Finish Group. Two Speciality Doctors have been moved into locum consultant roles to reduce agency consultant use.
Refocus of the Recruitment Task and Finish Group to also focus on the retention of staff in light of Trust turnover being outside of target levels. In addition, the scope of the group broadened to focus on hard to recruit roles outside of nursing and consultant positions, now including Pharmacists.	March 2025	Karen Phillips	Changes to recruitment task and finish group underway to focus on recruitment and retention of Trust staff with terms of reference for the group approved by EMT. The Group will focus on hard to recruit roles beyond Nursing and Consultants. Now a focus on Pharmacist recruitment as 'hard to recruit' threshold has now been met. RRP agreed at EMT for Pharmacists for the next two years as well as enhanced targeted recruitment campaigns, with Pharmacist vacancy rate reduced to 13.77%.
Sickness absence is monitored at Divisional Accountability reviews and six-monthly deep dives completed to assess absence trends and develop appropriate target actions to address areas of concern.	March 2025	Karen Phillips	Deep dive due in May 2024 now complete with an overview of data for the period 1 st April 23 – 31 st March 24. Divisional accountability reviews monitoring and exploring absence on a monthly basis. Reports continue to feed into EMT and Workforce & OD Committee. Actions undertaken to reflect on absence reasons and realise appropriate actions as a result – exploration into mental health related absence shared with WOD Committee, HWB group and EMT, as well as divisions to move forward actions. Substantive physio recruited into OH team to strengthen intervention/prevention of those reporting MSK issues as well as an OT recruited to support the wider wellness agenda. Focus remains on return-to-work interviews in accountability reviews as a preventative measure. Inpatient sickness absence rates and return to work interviews in scope for further exploration and focussed solutions.

<p>The Equality, Diversity and Inclusion agenda has been reviewed and expanded to include a number of actions to improve workplace experience of those in underrepresented groups with specific focus on age, sexual orientation and ethnically diverse staff, as highlighted as areas of focus within the National Staff Survey 2023.</p>	<p>March 2025</p>	<p>Karen Phillips</p>	<p>Respect campaign launched in November 2023 and now embedded into business-as-usual practises. Bullying and Harassment and Recruitment and Selection training in place to support managers addressing discrimination. No excuse for abuse task group assembled and moving forward actions to address patient to staff bullying, harassment and abuse. WRES, WDES, Pay Gap and EDI Annual reports completed for 2024 and reflect organisational priorities to address EDI areas of focus.</p> <p>People Promise Manager funded by NHSE in post and supporting EDI Lead to enhance compassionate policies to support those in underrepresented groups to feel supported and included, driving up a sense of belonging.</p> <p>Organisational interrogation of staff survey data at team level (where possible) to identify hotspot areas and provide bespoke actions.</p> <p>Disability representation addressed in divisional ODGs via the EDI workforce lead, with focus on inclusive recruitment and selection practices.</p>
--	-------------------	-----------------------	--

Optimising an efficient and sustainable organisation



Lead Director:
Dir. Finance

Lead Committee:
FI Committee

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

Risk Score: 8

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

Risk Analysis	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15+	15+	15

Positive Assurance

- The Trust has a breakeven financial plan that meets the ICS planning target set for it.
- Overall, the Trust has a high level of sustainability with a good cash position.
- The cash position at Month 3 stands at £31m.
- Lead Provider: Month 3 position breakeven, according to plan and annual forecast
- The Trust on plan with a deficit position of £1.283m at Month 3 and in line with ICS Target
- Our current PLACE scores are as follows:
 - Cleanliness – 98.27% (National average – 98.01%)
 - Food and Hydration – 91.09% (National average – 90.23%)
 - Privacy, Dignity and Wellbeing – 88.89% (National average – 87.5%)
 - Condition, Appearance and Maintenance – 89.56% (National average – 95.9%)
 - Dementia – 84.24% (National average – 82.5%)
 - Disability – 80.02% (National average – 84.3%)
- Trust is has moved the tenant for Power BI and now has 20 users up and running Trust Data Quality Maturity Index (DQMI) score at 99% above national average (95%).
- Annual Internal Stakeholder Survey - Q: Over the past 12 months, have you been involved in reading the “Humber Financial Times” e-newsletter to learn about finance matters? - 33% of respondents said that they had read the “Humber Financial Times” e-newsletter to learn about finance matters.
- Annual Internal Stakeholder Survey - Over the past 12 months, have you been involved in using finance or Patient Level Information and Costing Systems (PLICS) data to make decisions about changes to services? - 33% of respondents said that they had used finance or Patient Level Information and Costing Systems (PLICS) data to make decisions about changes to services. (Examples given: Use PLICS data daily/weekly in relation to capacity/demand productivity and part of the new MH Payment model expert reference group to roll out this further, capacity and demand work that influences planning discussions, productivity of services and a “Value

Negative Assurance / Gaps in Assurance

- The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.
- Details of staff understanding of Trust finance measures and controls.
- The Trust’s National Cost Collection Index (NCCI) is 121 for 2022/23. The national average is 100.
- The Trust’s organisational use of resources score is not currently available.
- The cost to eradicate high risk backlog maintenance is £716,850; and the cost to eradicate significant risk backlog maintenance is £6,349,655.
- Wider ICS Financial Position under pressure
- Level of unidentified efficiencies across the ICS (£55m).
- ICS Stretch Income target (£25m)

Maker” and used to be part of an expert reference group with NHSE at Portcullis house in a previous role around PBR etc)

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Deliver a balanced net system financial position for 2024/25.	March 2025	Pete Beckwith	System Pressure of £9.270m at Month 2
Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.	March 2025	Pete Beckwith	System pressure of £1.072m at Month 2

RISK SCORING MATRIX

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

RISK SCORING MATRIX

RISK TERMINOLOGY DEFINITIONS

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

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024		
Title of Report:	Charitable Funds Governance Arrangements		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve	✓	To discuss
	To note		To ratify
	For assurance		
	Trust Board are asked to approve the proposed governance arrangements regarding the Trust’s Charitable Funds from October 2024.		
Purpose of Paper:	This report is being presented to the Trust Board to provide the proposed governance arrangements for the Trust’s Charitable Funds.		
Key Issues within the report:			
Positive Assurances to Provide: <ul style="list-style-type: none"> Chairs have been identified for all Board Sub committees. Charitable Funds Committee and EMT have discussed new proposals for the governance of Trust Charitable Funds. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Proposal is to disband the charitable funds committee with meetings of Trustees arranged as and when required. 		
Matters of Concern or Key Risks: <ul style="list-style-type: none"> None to raise 	Decisions Made: <ul style="list-style-type: none"> EMT approved the proposal outlined in this report. 		

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

Monitoring and assurance framework summary:

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

1. Introduction

This report is being presented to the Trust Board for approval of a new proposal for the future governance arrangements for charitable funds in the Trust following the move in-house of the Trust’s charity fundraising work.

2. Board Sub-Committees 2024-25

Following the recent retirement and appointment of Non Executive Directors, the Chair reported to the Board (25.09.24) the Non Executive membership of the Board sub committees as summarised in the table below:

Committee	Membership
Mental Health Legislation	Stephanie Poole (Chair) Phillip Earnshaw Dean Royles
Workforce Committee	Dean Royles (Chair) Keith Nurcombe Phillip Earnshaw
Quality Committee	Phillip Earnshaw (Chair) Dean Royles Keith Nurcombe
Audit Committee	Stuart McKinnon-Evans (Chair) Stephanie Poole Keith Nurcombe
Finance Committee	Keith Nurcombe (Chair) Stuart McKinnon-Evans Dean Royles
Collaborative Committee	Stuart McKinnon-Evans (Chair) Stephanie Poole

3. Proposal re Trust Charitable Funds Governance Arrangements.

Following the Charitable Funds Committee Meeting held on the 13th August 2024, EMT have considered a proposal on the future governance arrangement for charitable funds in the Trust.

The proposal going forward for charitable funds is that the committee is disbanded with oversight and approval/assurance via the following mechanisms:

- Operational oversight on the day to day management of the charity continues to take place via the established officer led Charitable Funds Group, whom meet monthly.
- An assurance report is presented to Executive Management Team to provide assurance that the day to day management of the Charity is being managed effectively.

- Updates on the activities of the Charity will continue to be included in the Chief Executive Updates to the Trust Board.
- Where a decision is required from the Corporate Trustee of the Charity (i.e Approval of Annual Accounts) a separate meeting of the Trustee's will be arranged.
- All financial decisions in relation to the charity would be made in accordance with the Trust's Scheme of Delegation and Standing Financial Instructions.

4. Proposal

The Trust Board are asked to approve the proposed governance arrangements for the sub committee's of the board.

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024			
Title of Report:	Assurance Report from Charitable Funds Committee of 13 August 2024			
Author/s:	Stuart McKinnon-Evans			
Recommendation:	To approve		To receive & note	X
	For information		To ratify	
Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board as Corporate Trustee, from its 13 August 2024 meeting.			
Key Issues within the report:				
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Despite the good foundations being laid by the in-house function, the fundraising target of £100K for this year remains ambitious. Great progress has been made internally within the Trust; there needs to be more focus externally to support fundraising 		<ul style="list-style-type: none"> Implementation of the fundraising plan Understand in more detail the funding streams benchmark charities are securing Development of 5 Dream Schemes Renewal of the Charity’s Governing Document Clarification of how restricted funds can be unrestricted under Charity Commission guidance Closure of 2023/24 account 		
Positive Assurance to Provide:		Decisions Made:		
<ul style="list-style-type: none"> The Charity’s strategy, “plan on a page”, funding plan and supporting performance measures are in place. The internal and external websites have been relaunched, supported by a host of internal communications. Engagement by the Charity team with staff in divisions is working, with Dream Schemes emerging. The recent Chief Executive Challenge was the most successful ever, with the appeal making the top 1% of Just Giving pages. A thorough review of Fund Zone balances, reconciling to total resources held has now been completed. 		<ul style="list-style-type: none"> To endorse the work in progress in transition To endorse the ambition that to chase fundraising targets of £100K, £200K and £300k per annum over the next three years To develop a discrete plan for fundraising from trusts, foundations and wealthy individuals, as distinct from staff and small donors For the Board sitting as Corporate Trustee to review the role of the Committee in September. 		



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	X	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ <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	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The meeting received a suite of related reports, with the Committee noting that they could be combined into one to provide a single update on performance against plan.

Strategy/Plan: we signed off a “plan on a page” which sets out how the Charity supports the Trust’s strategy by pursuing these goals and aims:

Charity Goals			
Support the delivery of outstanding patient care	Enhance healthcare experiences and outcomes	Improve staff health, wellbeing and development	Improve the health and wellbeing of our communities
Charity Aims			
Be a trusted charity partner With connected and engaged supporters	Improve patient care & experience By developing and funding projects that have real impact	Support staff To deliver exceptional patient care	Develop partnerships To tackle health inequalities and create healthier communities

Each of the aims is supported by more detailed actions and associated KPIs. The Committee advised to distinguish more clearly between fundraising from trusts, foundations and wealthy individuals, as distinct from staff and small donors.

Fundraising Plan: A three year fundraising plan was approved, aiming for a total of £100K for the current year, rising by £100K each year, with an ambition for a steady state income of £300K for year 3 and beyond. This looks ambitious from the current starting point, but is consistent with the charity arms of selected benchmark Trusts, and compares to £77K last year. More analysis of those charities’ funding streams needs to be undertaken. The target for the current year is subdivided by category (£30k individual donations, £40K grants, £20K events, £10k investment income and legacies).

The **Finance Report** provided a detailed reconciliation of Fund Zone Balances to total resources held by the Charity of £332K, which assured the Committee as this task was long overdue. The closure of the 2022/23 accounts is underway. We are liaising with the Charity Commission to understand how historical restricted funds can be unrestricted where appropriate. The Governing Document needs refreshing. Income raised to year to date is £46K (cf target of £100K). Forecast operating expenditure for the year is £89K, but the Committee asked for a review to ensure all time spent by Trust staff is adequately reflected (which could be accounted for as an in-kind donation by the Trust). Clearly, the Charity needs to generate material net income and other benefits to be viable over the medium term.

An **operational update** was provided by way of the **Insight and Communications Reports**. Much has been achieved by the redesign and relaunch of the website, supported by a host of internal communications. A campaign is underway to encourage staff to round their monthly salary down and donate their spare pennies; the lottery will be relaunched soon. The 100K Your Way walking challenge and the CEO Challenge have been completed (the latter being the best yet, and with the appeal making the top 1% of Just Giving pages). The Humber Bridge Half Marathon in September will support the Charity. Engagement with divisions is effective, with Dream Schemes developing for: a waiting room at Walker Street Centre; Dementia Friendly Day Room at Malton Hospital’s Fitzwilliam ward; Firbo scanner at Bridlington; Whitby Hospital’s children’s area; and Humber Centre visitors room. The redesigned Wishes Process, supporting by easier workflow, has been well well-received, with 16 wishes processed since the re-launch on May 20. The criteria for releasing the Big Thank You have been revised. The completion report for the use of NHS Charities Together grant has been submitted.

Risk Register: The risk register was reviewed. The suite of fundraising and operational plans provided to this Committee all provide mitigation to the risks of: not achieving income targets; fund guardian or internal processes holding up wishes processes; and non-compliance with charity

regulation.

Future of the Committee: In the light of previous discussions, it was agreed that the Board sitting as Corporate Trustee in September should consider whether this Committee should be stood down, to be replaced by an ad-hoc meeting. It was noted that the Operational Group supporting the charity now established.

Finally, we thanked Francis Patton for his always valuable contribution to this Committee's work.

Title & Date of Meeting:		Trust Board Public Meeting – 25 September 2024			
Title of Report:		Quality Committee Board Assurance Report – August 2024			
Author/s:		Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:		To approve		To discuss	
		To note	x	To ratify	
		For assurance	x		
Purpose of Paper:		<p>The Quality Committee is one of the sub committees of the Trust Board.</p> <p>The paper provides a summary of discussions held at the additional Quality Committee held on 22nd August 2024, with a summary of key issues for the Board to note.</p>			
Key Issues within the report:					
<p>Positive Assurances to Provide:</p> <p>The Committee received positive assurances through the following reports</p> <ul style="list-style-type: none"> • The Quality Risk and BAF summary • Quality Insight Report • Quality Committee Risk Register summary and BAF • Annual Equality & Diversity Report (Patients) • Physical Health Strategy • Annual Safeguarding Report • Annual Infection Control Report • Positional statement on supporting transgender patients • Extended 111 Service (Mental Health) Assurance Report • Recovery Strategic Framework Update • Forensic Services – meaningful activity Assurance Report – Aug-24 • NHS Impact Development Plan 			<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • To review wording on the BAF to ensure it fully reflected the key priorities for the Board • To add oversight of the falls data in the Quality Insight Report • Physical Health Strategy – action plan to be developed then taken to Trust Board for final approval 		
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • No items raised at the meeting. 			<p>Decisions Made:</p> <p>The Quality Committee approved the following documents for submission to Trust Board</p> <ul style="list-style-type: none"> • The Annual Safeguarding Report 2024 • The Annual Infection Control Report 2024 		
<p>Governance:</p> <p><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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 30th May 2024 are as follows: -

The minutes of the meeting held on the 30th May 2024 were agreed as a true record and the action log approved, noting all items closed. The Quality Committee Assurance report was noted, and the work plan approved with the addition of the QIA for budget reduction schemes item.

Discussion items: -

Patient and Carer Experience (PACE) Annual Report 2024 (including Complaints and PALS and E&D)

The first half of this year's PACE film was shown to the meeting, noting the Annual Report paper, which has been through QPaS and approved at EMT. It was noted this is one of the Trusts statutory reports, required to report to Board. Information was given regarding new areas that will be included in next year's report and a discussion was held regarding areas of no or low complaints with positive assurance given to the meeting.

The Quality Committee approved the PACE Annual Report (including complaints) for submission to Trust Board for ratification.

Quality Insight Report

The key headlines from the report included references to the review of the NMC and concerns regarding the culture of racism, bullying and discrimination found, and an update on the special review of mental health services at Nottingham Health Care and work being undertaken by the Trust. The regular PSIRF update including Patient safety incident investigations and Patient Safety incident analysis numbers. The Annual Pressure Ulcer report summary was noted along with the patient safety dashboard. The report was noted with a good discussion held and positive assurance received.

Quality Committee Risk Register and BAF Summary

The Committee reviewed the risk register and BAF, noting the 15 quality related risks rated nine or above which had been reviewed by QPaS. It was highlighted that four risks have reduced and five risks closed or

de-escalated since the last meeting and four new risks identified. It was noted the BAF has been updated but will be a focus point at the next EMT session. It was agreed the wording of the BAF would be reviewed to ensure it fully reflected the key priorities for the Trust Board. The risk register and BAF were discussed, and assurances received.

Annual Equality & Diversity Report (Patients)

The report was presented, noting this had been also presented to the Workforce & OD Committee for the staff element and was being presented to Quality Committee for the patient element. Highlighted areas included re-accreditation of Veterans Aware, Establishing an armed forces covenant working group, strengthening the offer for staff and community with regards faith and work undertaken supporting translation and interpretation. The committee felt it was a really helpful report and great to see the joint working between divisions.

Physical Health Strategy

The new strategy was presented to the Committee noting approval through QPaS and EMT with the committee having a good discussion on how we can show we are making a difference. It was confirmed once the action plan has been completed the strategy will be presented to Trust Board for final approval.

Annual Safeguarding Report

The statutory annual report was presented on behalf of the Head of Safeguarding and reviews the past 12 months activity against the 3 year safeguarding plan and outlines how the Trust is meeting the statutory requirements.

The Quality Committee approved the annual report for approval and ratification at Trust Board.

Annual Infection Control Report

The statutory annual report was presented by the Designated Lead Nurse for Infection Prevention & Control and highlights the key achievements over the last 12 months activity against the objectives of the IPC plan.

The Quality Committee approved the annual report for approval and ratification at Trust Board.

Position Statement on supporting Transgender Patients

The paper shows the review against five domains and provided assurance in terms of the Trust operating in line with statutory duties and adopting a person led approach. It was agreed to update the report to be more explicit to evidence compliance with areas reviewed.

Extended 111 Service (Mental Health) Assurance Report

It was explained the report originated from an intention in the NHS long term plan for mental health services, which we were an early implementer site. This then changed to the soft launch of the NHS111 option. A discussion was held regarding demand and ongoing work and analysis on this service.

Recovery Strategic Framework Update

The report was presented showing a summary on progress of year three of the framework giving assurance of work completed, noting the co-production and connected work with patient and carer engagement.

Forensic Services – meaningful activity Assurance Report August 2024

It was noted this report came from a Board action and described the work undertaken to ensure the services offer meaningful therapeutic activity with plans of the vision for the future. It was noted there had been no episodes of cancelled leave due to staffing issues and was felt we were offering a high level of activity compared to similar providers.

NHS Impact Development Plan

It was explained the action plan had been developed from the NHS impact assessment conducted last year. Although this was no longer required to be submitted to NHS England, it had been agreed to continue with the action plan to keep a centralised overview of all actions as it was felt these may inform the CQC Well-led requirements in the future.

QPaS minutes summary

The summary report was noted with no queries raised.

Title & Date of Meeting:	Trust Public Board Meeting – 25 th September 2024														
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 01 st August 2024														
Author/s:	Michael Smith Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1" data-bbox="539 600 1525 721"> <tr> <td data-bbox="539 600 935 640">To approve</td> <td data-bbox="935 600 1031 640"></td> <td data-bbox="1031 600 1410 640">To discuss</td> <td data-bbox="1410 600 1525 640"></td> </tr> <tr> <td data-bbox="539 640 935 680">To note</td> <td data-bbox="935 640 1031 680">√</td> <td data-bbox="1031 640 1410 680">To ratify</td> <td data-bbox="1410 640 1525 680"></td> </tr> <tr> <td data-bbox="539 680 935 721">For assurance</td> <td data-bbox="935 680 1031 721"></td> <td data-bbox="1031 680 1410 721"></td> <td data-bbox="1410 680 1525 721"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board.</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 01st August 2024.</p>														
Key Issues within the report:															
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> • Committee noted Insight report, including update on change ideas implemented following the end of the pilot phase of Mental Health Act Reforms national QI programme; update on work of S136 Project; experts by experience views on proposal to rename instances of seclusion and segregation to ‘solitary confinement’; and new government plans for mental health law reform. • Committee noted MHL performance report Q1: <ul style="list-style-type: none"> ○ All activity within normal variation. ○ S3 detentions reducing. ○ CTO use continues to reduce. ○ No S4 for the quarter. ○ No under 18s admitted to adult ward. ○ S136 use at 40 on average. ○ AWOLs – nearly all due to failure to return from S17 leave – positive risk taking. ○ S13 and AMHPs having a preventative role to reduce numbers detained under Mental Health Act. • Committee assured regarding Reducing Restrictive Interventions (RRI) Q1 report: <ul style="list-style-type: none"> ○ Slight dip in use of restraint. ○ More confident with data quality. ○ DMI and CTR/disengagement training compliance under 85% target. ○ Working to further reduce number of missed seclusion reviews. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • S136 T&F group ongoing exploring options of reducing numbers of detentions as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Work also focussing on patient experience in terms of S136. Committee to be kept updated on progress. • Putting into practice the principles of the Mental Health Act reforms: a national QI programme - Humber will be participating in Phase 4 of the programme - Ullswater and Ouse Wards have been selected to take part in this phase. • Committee discussed Ethnicity of MHA Report Key highlights: <ul style="list-style-type: none"> ○ Principal Social Worker, is leading on issue from social work perspective - NHSE funded project around professional practice in relation to anti-racism. ○ PCREF work, related to the patient / carer experience, ongoing and looking to 														



<ul style="list-style-type: none"> ○ Co-production continues to go from strength to strength. ○ Prone restraint reduced in Q1 with none in June. Alternatives being explored. ○ Continue to roll out the use of safety pods across units. ○ Undertaking deep dive into restrictive interventions and minority groups. ● Committee noted Mental Health Legislation Committee Annual Report and Summary of Ligature Anchor Point Annual Report. ● Committee received Closed Culture Board Report for information as recommended at May Committee meeting. ● All mental health legislation related policies / procedures / guidance up to date, some currently under review. ● MHLSG (Mental Health Legislation Steering group) minutes noted. ● MHLSG subgroups and CQC MHA visits updates report noted. ● Dr Fofie, on behalf of the Committee, thanked Mr Smith for all his support and all of his insights into Mental health Act that had informed his role as Chair for a number of years. 	<p>benchmark in synchronisation with culture of care work.</p> <ul style="list-style-type: none"> ○ Mental Health Act quality improvement work with NHS England on PICU to be embedded and roll out learning to all other areas. ○ Review of all cases on small number of ethnic minority patients to identify any areas of learning; no issues identified to date. ○ Looking, in terms of enriching, into areas of deprivation where people not accessing help before admission, so looking at Trust practice to make sure there is equity of assessment and detention rate is equal.
---	---

<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> ● Delayed discharges for service users in secure beds – one delayed discharge reported in Q1. Ongoing discussions at fortnightly Multi Agency Discharge Event (MADE) meetings with local authorities to ensure everything is being done to identify appropriate placements. 	<p>Decisions Made:</p> <p>N/A</p>
--	--

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	01.08.24	Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

- Insight report: - The paper covers key Publications; Policy highlights and summaries of relevant reports and papers as follows:
 - Putting into practice the principles of the Mental Health Act reforms: a national QI programme - pilot phase has now ended. HTFT's PICU took part in the programme. Change ideas implemented: identified Diversity Champions for cultural competence and autism awareness; adopted use of equity huddle cards for daily huddles to prompt discussion around equality; included discussion around spirituality, religious and dietary needs on admission. Humber will be participating in Phase 4 of the programme - Ullswater and Ouse Wards have been selected to take part in this phase.
 - Baroness Hollins final report '*My Heart Breaks*' published 08.11.23 - Independent Care (Education) and Treatment Review 2019 to 2023. Action from February MHL committee meeting for RRI group to consider the recommendation that all instances of enforced social isolation, including seclusion and long term segregation of patients with learning disabilities and autism be renamed solitary confinement. Discussed at the Co-production group on Monday 23rd May - the general feeling was that focus should be given to how seclusion is delivered, rather than changing the term to solitary confinement. Discussed at the Humber Centre patient involvement day in June: generally the theme of the feedback was a preference for not having seclusion or long term segregation at all. Safewards initiative has had a positive impact on reducing restrictive interventions.
 - Clinically ready for discharge patients in secure beds – 1 patient currently on waiting list for alternative placement.
 - S136 Project Highlight Report. Aim – to reduce the numbers of people being detained under S136 and improve outcomes for those who present in mental health crisis. Have identified further work with those detained under S136 to try and understand their experience and plan to work with research team to look at service user experience of S136 detention. S136 Outcomes leaflet is being developed to provide a written discharge summary for patients to improve patient experience. This project has brought together all parties who work on Section 136 – increased partnership working in an attempt to improve patient outcomes.
 - Mental health law reform - what are the new government's plans? The King's Speech on 17.07.24 included mental health law reform as one of the new Labour government's legislative priorities: "My ministers will legislate to modernise the Mental Health Act so it is fit for the twenty first century". The next step will be for the government to publish its Mental Health Bill which is likely to be broadly similar to the draft version produced by the previous government, although it remains to be seen how it will look in detail. Implementation may be prolonged because the success of the proposals depends so much on having the necessary resources in place to support them.
- Committee noted MHL performance report Q1:
 - All activity within normal variation; admissions about 120 which is consistent with previous months.
 - Detention on admission shows at just about 40%.
 - S3 detentions reducing.
 - CTO use continues to reduce, although there were 5 in June.

- No S4 for the quarter.
 - No under 18s admitted to adult ward.
 - S136 use at 40 on average.
 - AWOLs – nearly all due to failure to return from S17 leave – positive risk taking.
 - S13 and AMHPs having a preventative role to reduce numbers detained under Mental Health Act, working not to be a reactive service but look for alternative support for an individual to try and avoid detention under the Mental Health Act. AMHPs network looking to continue this shift in cultural practice and speak to Baroness Merron, lead for MHA reforms, to suggest investing in AMHP services would be one of keys to preventative agenda. AMHP Lead to provide presentation 'Prevention, not detention' to a future Committee meeting.
- Received quarter 1 report on Reducing Restrictive Interventions key highlights:
 - Despite increased activity with very distressed and very agitated patients and an increase in violence and incidents there had been a slight dip in use of restraint.
 - Undertook data quality work after Q4 report which has slightly changed some of the charts from Q4 and more confident with data.
 - DMI and CTR/disengagement training compliance under 85% target.
 - Number of missed seclusion reviews for both nursing and medical monitoring continues and working to further reduce.
 - Co-production continues to go from strength to strength and continue to review all restrictive interventions.
 - Prone restraint reduced in Q1 with none in June. Alternatives being explored to see a move away from patients assuming prone for medication; as part of this year's QIP looking at different injection sites, such as the arm, which would not require a prone position. A number of Trusts are debating this and going forward the focus would be injection site preference as part of an individual's care plan.
 - Continue to pilot the use of safety pods within Avondale Unit and the 136 suites. RRI group has decided to roll out safety pods across units.
 - Undertaking deep dive into restrictive interventions and minority groups. Data on restrictive interventions within ethnic minority groups has been scrutinised and ongoing monitoring within RRI group and further exploration to be introduced within the new focus group set up to explore anti-racist practice.
- Committee noted Mental Health Legislation Committee Annual Report, which highlights the work of the Committee 2023 - 2024. Summary of Ligature Anchor Point Annual Report made available for noting as part of Committee Annual Report - presents a good picture.
- Committee discussed Ethnicity of MHA Report Key highlights:
 - Humber rates of detention are slightly higher for both male and female (95.56 per 100k and 99.95 per 100k respectively) than the national benchmark.
 - For deprivation, detentions in the most deprived areas has the highest rates of detention showing at 3½ times higher than for least deprived areas. Hull is one of the most deprived areas in the country with annual figures showing Hull to have 115.03 detentions per 100,000 population of over 16s, whilst East Riding is reported to have 67.67 per 100,000 population of over 16s, with East Riding lower in comparison to Hull.
 - For CTOs there was one black / black British person subject to CTO from a population of 0.9% of our region. CTOs in Trust area are lower than national rates.
 - AMHPs are aware of serious concerns around disparity in relation to ethnic minority

group being disproportionately detained, which is being addressed, and Trust is not regionally disproportionate to any other area. There is a gap that ties in with social deprivation aside from race issue.

- Summary outlines actions to be undertaken with review rather than completion dates to reflect as ongoing work.
 - Principal Social Worker, is leading on issue from social work perspective - NHSE funded project around professional practice in relation to anti-racism.
 - PCREF work, related to the patient / carer experience, ongoing and looking to benchmark in synchronisation with culture of care work. This will involve patient representatives from racially, culturally and ethnically diverse groups at very senior levels in Trust decision making and includes rolling out cultural awareness across every level of the Trust giving an appropriate experience for staff and patients.
 - Mental Health Act quality improvement work with NHS England on PICU to be embedded and roll out learning to all other areas.
 - Review of all cases on small number of ethnic minority patients to identify any areas of learning; no issues identified to date.
 - Looking, in terms of enriching, into areas of deprivation where people not accessing help before admission, so looking at Trust practice to make sure there is equity of assessment and detention rate is equal.
- Committee noted amends to Mental Health Legislation Committee Terms of Reference as agreed at May Committee.
 - Committee received Closed Culture Board Report for information as recommended at May Committee meeting.
 - All mental health legislation related policies/procedures/guidance up to date, some currently under review.
 - MHLSG (Mental Health Legislation Steering group) minutes – Committee noted the minutes. One meeting not quorate as one consultant not present; ToR amended as either consultant psychiatrist or approved clinician for quoracy.
 - MHLSG subgroups and CQC MHA visits updates report noted. CQC visit to Ouse this week; awaiting report. Mental Health Legislation Managers undertaking mock CQC visits to units; three completed. Reports and action plans produced following visits.
 - Dr Fofie, on behalf of the Committee, thanked Mr Smith for all his support and all of his insights into Mental health Act that had informed his role as Chair for a number of years.

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	Assurance Report from August 5, 2024, Audit Committee														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>X</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	X	To ratify		For assurance	X		
To approve		To discuss													
To note	X	To ratify													
For assurance	X														
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of August 5 2024														
Key Issues within the report:															
Positive Assurance to Provide: <ul style="list-style-type: none"> Procurement is well controlled Insurance arrangements were reviewed, with no new risks to insure. Premiums are in line with expectations. The counter-fraud programme remains active and hitherto effective. The internal audit programme for 2023/24 is now complete, with high/significant assurances being provide for the final 8 reports. The 2024/25 internal audit programme is underway, with a high assurance being scored for the first report. External audit final work in on track, expected to conclude well in advance of next Audit Committee. We probed the Mental Health Division’s risk register and risk management arrangements, concluding that risk management is suitably embedded at the right levels of management and leadership. The refresh of the Emergency Preparedness, Resilience and Response (EPRR) plans and arrangements, to ensure they comply with national standards, is being well managed. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> A review of the BAF evidence to ensure all strategic plan sub-objectives are covered, and to review the current risk assessment (which has system-wide threats as having “unlikely” probability, which may be inconsistent with prevailing issues at large) The Trust-wide register needs reviewing in the light of current initiatives to manage waiting lists, and the evolving ICB financial situation. A discussion at EMT of the salient quality/patient-safety risks on the Mental Health Divisional risk register. 													

<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • The Board Assurance Framework requires constant attention, to ensure the link between strategic and annual objects, risk and performance is consistently reflected in up-to-date assurance data across all activities in relation to Fostering Integration and Partnerships. • The salient risks on the Trust-level register are static, with additional emerging uncertainty from the ICB-level financial challenges. • The Mental Health Division risk register currently contains 14 risks currently rated at 12+. They relate to staffing resources and skills; patient safety; estates/equipment; process management; EPR implementation; waiting lists/demand/capacity. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • To note and welcome the suite of report received, and to endorse the sustained efforts across all teams to maintain the Trust's systems of internal control. • Warm thanks to our outgoing NEDS, Francis Patton and Mike Smith.
---	--

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	29.5.24

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The Committee, which was quorate, considered the following matters:

- **Procurement activity:** we discussed controls on non-purchase-order activity; the upcoming procurement legislation reforms (with less stress being placed on economy to more general “most advantageous”, which makes the setting of criteria more important); migration to the Atamis tendering and contract management system, and the related more transparent national platforms showing tenders and contracts; social value procurement, especially local suppliers; noted the work on telecoms (and discussed resilience in supply chains); and discussed the schedule of orders over £10K (which will continue to report here)
- **No changes to contracts** or agreements were reported.
- **Insurance:** we received the 6 monthly update. The Trust’s contribution to the national clinical negligence insurance scheme for 2024/25 is £1.071m, a slight decrease on last year’s £1.149m. The third-party liability insurance premium is up marginally at £86k; insurances covering property and vehicles were also discussed. No claims were reported in the last period.
- **Non-audit work:** None has been undertaken.
- **Board Assurance Framework:** We had a substantial discussion on the BAF. We concluded that the current risk assessment needs a review (it has system-wide threats having “unlikely” probability, which may be inconsistent with prevailing issues at large). Moreover, additional positive/negative assurances are needed so that all this year’s sub-objectives in the Trust’s strategic plan are covered. The current version of the strategic plan states, to the question, “how we will know we have achieved [the objective]?”: maximise role in collaboratives; alignment of plans with Place plans; system-wide solutions to long term problems including workforce; influence at national level; data used to inform better services, building on YH Care Record. All these need covering in the BAF.
- **Trustwide risk register:** the risks on the register are static and persistent. We concluded the register needs reviewing to reflect the consequences for performance of the continuing rising demand of neuro-divergent cases and current initiatives to contain that demand; and to reflect the current financial challenges facing the ICS, with their attendant additional uncertainty.
- **Mental Health division risk register:** The current divisional risk register has 14 risks rated 12+, covering a range of internal and external factors (staffing resources and skills; patient safety; estates/equipment; process management; EPR implementation; waiting lists/demand/capacity). Questions were asked about implementation timescales, and progress of actions in hand. The CEX proposed that EMT consider the quality/patient safety-related risks. The Committee took assurance from how clinical and operational risks are dealt with within the Division’s leadership and management fora.
- **Internal audit:** The 2023/24 programme is now complete: final reports with High Assurance (recommendation follow-up and review; Fit and Proper Persons; Major Projects) and Significant Assurance (NHS Green Agenda; Standard Operating Procedures; Board Assurance Framework; Safeguarding). The first 2024/25 report, on Data Security and Protection Toolkit, concluded High Assurance (very few trusts are achieving this standard). The remainder of the programme is on track. No changes to the Audit Plan are required.
- **Counter Fraud:** The inform/prevent programme continues, with regular newsletters, training (21 Masterclass attenders), and welcome letters to new 108 starters in the quarter. The Trust continues to be alerted to frauds being attempted elsewhere in the NHS. Across the Counter Fraud team’s client base, fraud referrals relating to staff predominate (81%), with cyber the next most common (c 10%). No new referrals were made relating to our Trust. A brief discussion about a managed practice phishing exercise ensued.
- **External audit:** we took a verbal update, that the work to complete the 2023/24 VFM/audit is in hand, with written confirmation of the outcome due in advance of the next Committee.
- **Emergency Preparedness, Resilience and Response (EPRR) Core Standards:** We took a

report on the implementation plan to ensure the Trust meets the requirements of the core standards set nationally for EPRR. Following discussion on training roll-out, the role of NEDs, and a reflection on whether recent civil unrest in the locality affects the planning, no areas of concern were noted, with progress on track for all elements.

The Committee and attenders expressed their huge gratitude to outgoing NEDs Francis Patton and Mike Smith for their wisdom, eye to detail, shrewd observations and judgement throughout their contributions to our work, and wished them well for the future.

No items were raised for escalation.

Agenda Item 31

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	Workforce & OD Committee Assurance Report														
Author/s:	Dean Royles – Non-Executive Director														
Recommendation:	<table border="1" data-bbox="475 555 1453 678"> <tr> <td data-bbox="475 555 874 600">To approve</td> <td data-bbox="874 555 970 600"></td> <td data-bbox="970 555 1353 600">To discuss</td> <td data-bbox="1353 555 1453 600"></td> </tr> <tr> <td data-bbox="475 600 874 645">To note</td> <td data-bbox="874 600 970 645">✓</td> <td data-bbox="970 600 1353 645">To ratify</td> <td data-bbox="1353 600 1453 645"></td> </tr> <tr> <td data-bbox="475 645 874 678">For assurance</td> <td data-bbox="874 645 970 678">✓</td> <td data-bbox="970 645 1353 678"></td> <td data-bbox="1353 645 1453 678"></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss													
To note	✓	To ratify													
For assurance	✓														
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 02 August 2024 and a summary of key points for the board to note.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Occupational Health SEQOHS achieved accreditation Positive assurance around vacancies at 7.87% and turnover at 10.24%. Compliance with statutory and mandatory training remains high The Committee welcomed the action about increasing in apprenticeships and looking to enhance research opportunities and a career framework for the AHP workforce. LCEAs were paid to eligible Consultant Psychiatrists via equal distribution in a fair and equitable way in their March 2024 Salary. Existing LCEA's (pre 2018) will continue to be paid as per schedule 30 contractual requirements 	<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. Organisation work is currently underway to analyse sickness absence trends and draft appropriate actions. 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> Attendance at the EDI steering group has reduced with work under way to address Sickness absence rates have plateaued with work commissioned by EMT to explore. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> The Committee endorsed the proposal to change the name of the Committee to People & OD Committee, and seeks Board ratification 														

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	02/08/2024
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Assurance Report 02 August 2024

Chairs Logs:

Staff Health & Wellbeing Group:

The Staff Health and Wellbeing group continues to be an active and engaged group with continued focus on staff health and wellbeing in the workplace with the group looking to develop that further through Schwartz rounds. Keeping a watching brief on the environment changes that the Trust has made and seek to extend that further looking at outdoor spaces for staff. There is a good sense that people are more forthcoming in sharing good practice that is shared via the communications routes.

Equality, Diversity and Inclusion Steering Group:

Positive assurance in terms of the programmes of work with currently ongoing with active engagement from operational areas.

Some concerns about attendance at the steering group but work is taking place to facilitate improved attendance at the steering group meetings.

Medical Education Committee:

The committee goes from strength to strength and continues to benchmark well in the national training. Positive assurance around GP training and an excellent visit from the Royal College President. Working solution around the pay expenses issue has been proposed and The MD is also keeping under review the on-call room issue.

People Insight Report – Reflections and Refresh:

Positive news about Occupational Health SEQOHS accreditation subject to the quality assurance was welcomed.

The Committee endorsed the proposal to change the name of the Committee to People & OD Committee.

Positive assurance around vacancies at 7.87% and turnover at 10.24%. Although this is positive assurance, it also highlighted work to be done in those areas about sickness absence and a further deep dive in terms of some of the inpatient areas that EMT have commissioned.

Noted organisational progress against metrics, trends in EDI, Learning & Development and the 95% compliance rates with some further work required in relation to nursing & midwifery and medical & Dental, and validating ESR to ensure an accurate picture in relation to consultant vacancies.

Risk Register and BAF:

Overall assurance rating for the strategic goal was applied based on the review of the positive assurance, areas of concern and gaps in assurance identified. The overall rating included on the Board Assurance Framework represent the overall assurance available to the Executive lead at the time of review.

Annual Report on Clinical Excellence Awards:

LCEAs were paid to eligible Consultant Psychiatrists via equal distribution in a fair and equitable way in their March 2024 Salary. Existing LCEA's (pre 2018) will continue to be paid as per schedule 30 contractual requirements

AHP Workforce Report update:

Increases have been in the AHP workforce and decreases in turnover, however we could be more creative and innovative particularly around work on OT's and Physio's in terms of turnover and explore within the context of the workforce plan to enhance the AHP workforce further. The committee welcomed the AHP workforce development opportunities.

The Committee welcomed the action about increasing in apprenticeships and looking to enhance research opportunities and a career framework for the AHP workforce.

Assurance given about enhancing and improving clinical supervision, and good links with universities and also with schools in terms of promoting AHP as a career opportunity.

Absence Deep Dive:

Positive assurance in terms of reduction in sickness absence and good discussion around things the Trust can do for workplace related mental health sickness, however there's a significant proportion of ill health that isn't work related which we could understand better.

Update in relation to the Resilience Hub and its potential closing at the end of July 2024 due to the cessation of national funding. Options appraisal around the work of support for staff at work in terms of Schwartz rounds and other ways that can support staff in the event of a trauma at work. Work is also commissioned through Occupational Health departments on EMDR.

Leavers Deep Dive:

Welcomed the decrease in turnover, good opportunity to explore some of the issues and the work that's going on. Still seeing work life balance as an issue in terms of people leaving and a programme of work being introduced. Good to see the work by the directorate that's going on and some potential future work around multi-generational workforce and what that means for careers and what a new normal distribution may look like in terms of leavers.

Thematic review into employee relations casework:

Good discussion about the implications for culture and our approach and understanding how we triage cases to make sure we're taking appropriate actions at the right time, and how to improve culture in this area and reduce impact upon people wherever possible.

Keep long term suspensions under review, recognising the impact that this has on all involved in these processes and the impact on sickness absence due to additional stress to all those involved. ODG are also keen to make a positive contribution within this area as well.

Agenda Item 32

Board Strategic Development Meeting

Agenda

30 October 2024, 10.00 am – 4.00 pm
Multi-use Room, Trust Headquarters

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 26 June 2024 Meeting and Action Log	CF	Note	✓	10.05
3.	Review of the Trust's Strategic Objectives: <ul style="list-style-type: none"> • Are we achieving these? • What are the outcomes? 	PB	Discuss	✓	10.10
4.	Freedom to Speak Up Annual Board Self-Assessment	AF	Discuss	✓	11.40
	Lunch with FTSU Ambassadors, PACE and Complaints Colleagues				12.30
5.	Development Session with Susan Young: <ul style="list-style-type: none"> • Clarifying the role and responsibilities of different members of the Board • Succession planning: what skills do we have on the Board to develop and deliver our Strategy and what do we need for the future? • What are the Board's future development needs? 	CF/SY	Discuss	✓	13.30
6.	Date, Time and Venue of Next Meeting <ul style="list-style-type: none"> • Christmas Lunch, 18 December 2024, venue tbc 				