NHS
Humber Teaching
NHS Foundation Trust

Council of Governors
Public Meeting – Thursday 20 July 2023

For a meeting to be held at 2.00pm in the Lecture Theatre, Willerby HU10 6ED

Quoracy for business to be transacted– 6 Public Governors, 1 Appointed Governor, 1 Staff Governor

		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 20 April 2023	CF	Approve	√
4.	Actions Log and Matters Arising	CF	Discuss	√
5.	Staff Story – Paul Booth (Estates & Facilities CAFM Manager)	IO	Note	√
	Board Report Backs			
6.	Changes to the Trust's Constitution Areas for Voting: 1) General changes (detailed at paragraph 2a) 2) Changes in response to the Health and Care Act 2022 (detailed at paragraph 3b) 3) Extension to Governors Term of Office (motion by Public Governor, Tim Durkin – paragraph 3c) 4) Non-Executive Director constituency class (paragraph 3d) 5) Reduction of the number of Hull Public Constituency Governors (from 4 to 3, paragraph 3e) 6) Reduction of the number of East Riding Public Constituency Governors (from 6 to 3, paragraph 3e) 7) Extension and renaming of Whitby Constituency to Whitby, Scarborough and Ryedale, paragraph 3e) 8) Expansion and renaming of Wider Yorkshire & Humber Constituency to Rest of England (paragraph 3e) 9) Removal of `Either Clinical or Non-Clinical' Staff	SJ	Approve	√

	Governor seat (paragraph 3f) 10) Reduction of Service User and Carer Minimum number of Members (paragraph 3g) 11) Removal of Voluntary Sector Governor seat (paragraph 3h) 12) Removal of duplicated paragraph regarding vacancies on the Council of Governors (paragraph 3i) 13) Change to the Quorum for Council of Governors meeting to one-third (paragraph 3j) 14) Addition of information regarding the holding of online meetings (paragraph 3k) 15) Removal of duplicated information regarding amendments to the constitution (paragraph 3l)			
7.	Chair's Report	CF	Discuss	√
8.	Chief Executive's Report	MM	Discuss	√
9.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√
	Governor Items			
10.	Annual Effectiveness Review for Appointments, Terms and Conditions Committee including Terms of Reference	SC	Approve	√
11.	Annual Effectiveness Review for Engaging with Members Group including Terms of Reference	DP	Approve	√
12.	Review of Council of Governors Workplan	CF	Note	√
13.	Annual Effectiveness Review of the Council of Governors including Terms of Reference	CF	Approve	√
14.	Council of Governor Governor Sub-Groups Feedback inc Membership Engagement Activities	DP/SC	Note	√
15.	Governors Questions – topical issues not already covered or discussion re any questions received in advance	All	Discuss	verbal
	Performance & Delivery			
16.	Performance Update	IO	Discuss	√
17.	Finance Report	IO	Discuss	√
	Corporate			
18.	Electronic Patient Record, BeDigital Update	IO	Note	√

	July 2023			
19.	Fit and Proper Persons Compliance Report	CF	Note	√
20.	Public Trust Board Minutes – 29 March 2023	CF	Note	√
21.	Any Other Business	CF	Note	verbal
22.	Review of the Meeting – Being Humber	CF	Note	verbal
23.	**Date, Time and Venue of Next Meeting** Thursday 19 October 2023, 2.00pm via Microsoft Teams			

Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Declarations of Interest
Author/s:	Caroline Flint Trust Chair
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.

Key Issues within the report:

Positive Assurances to Provide: • Governor declarations updated	**Key Actions Commissioned/Work Underway:** • N/A
Matters of Concern or Key Risks to Escalate: • No matters to escalate	**Decisions Made:** • N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board			

Monitoring and assurance framework summary:

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

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Patrick Hargreaves	• None
	Vacant	• None
	Brian Swallow	• Member of Hull and East Yorkshire Mind • Member of Campus Health Centre Patient Participation Group.
	Vacant	
Elected – East Riding Public	John Cunnington	• None
	Ruth Marsden	• None
	Anthony Douglas	• Wife is employed by Humber • Member of the Labour Party
	Sue Cooper	• Membership as a retired Nurse of the Royal College of Nursing
	Dominic Kelly	• Work for Haxby Group which provides NHS Service in Primary Care and General Practice
	John Morton	• None
Elected – Wider Yorkshire & Humber Public	Tim Durkin	• Member of Hull and East Yorkshire Mind • Member of (National) Mind • Associate Hospital Manager (AHM) for the Trust
Elected Whitby	Doff Pollard	• Cleveland Ironstone Mining Museum - reg charity • Trustee of Charity - Action with Communities in Rural England (ACRE) • Volunteer - Captain Cook Memorial Museum and Skinningrove Bonfire Committee, Whitby Disability Action Group • Member of Whitby Group Practice PPG • Volunteer with Humber Teaching NHS Foundation Trust
Service User and Carer	Anthony Houfe	• None
	Marilyn Foster	• Member of Patient and Carer Forum (Trust)

		• Quality and Improvement Strategy Member (Trust) • Market Weighton PPG • Fellow Improvement Academy
Elected - Staff	Vacant (clinical)	
	William Taylor (clinical)	• Member of Unite the Union • Wife is an employee of Humberside Police force
	Tom Nicklin (non clinical)	• None
	Sharon Nobbs (non clinical)	• None
	Joanne Gardner (non clinical)	• Currently works for the Trust. Works for East Riding Partnership (Addictions Service) on Baker Street in Hull
Appointed	Cllr Chambers (Hull City Council)	• Lay representative of the Royal College GPS and PPG Haxby Member
	Councillor David Tucker, East Riding of Yorkshire Council	• None
	Jacquie White Hull University	• Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity for the university. • Lead research and knowledge exchange activity, and write grants. Current activity is funded through Hull City Council and I have a grant (with the Trust) currently in Stage 2 application with the NIHR. • Trustee of the Warren Youth Project Hull • Member of the Labour Party • Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).
	Voluntary Sector	• Vacant
	Jonathan Henderson, Humberside	• None

	Fire & Rescue	
	Paul French, Humberside Police	• Humberside Police representative

Humber Teaching NHS Foundation Trust

Agenda Item 3

Minutes of the Council of Governors Public Meeting held on Thursday 20 April 2023 via Microsoft Teams

Present:

Rt Hon Caroline Flint, Chair
Michele Moran, Chief Executive
Jenny Bristow, Appointed Governor Humberside Police
Cllr Linda Chambers Appointed Governor, Hull City Council
John Cunnington, East Riding Public Governor
Sue Cooper, East Riding Public Governor
Tony Douglas, East Riding Public Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Marilyn Foster, Patient and Carer Governor
Joanne Gardner, Staff Governor
Patrick Hargreaves, Hull Public Governor
Jonathan Henderson, Appointed Governor, Humberside Fire & Rescue
Anthony Houfe, Service User and Carer Public Governor
Sharon Nobbs, Staff Governor
Doff Pollard, Whitby Public Governor/ Lead Governor
William Taylor, Staff Governor
Jacquie White, Appointed Governor, University of Hull

In Attendance:

Phillip Earnshaw, Non-Executive Director
Francis Patton, Non-Executive Director/SID
Mike Smith, Non-Executive Director
Dean Royles, Non-Executive Director
Lynn Parkinson, Chief Operating Officer
Peter Beckwith, Director of Finance
Stella Jackson, Head of Corporate Affairs
Sharon Tootell, Advanced Occupational Therapist (for item 23/23)
Ross Woodley, Manager, Mazars (for item 29/23)
Gavin Barker, Engagement Manager Mazars (for item 29/23)
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer
Alex Uney, Communications Officer

Apologies:

Cllr Julie Abraham Appointed Governor East Riding of Yorkshire Council
Dominic Kelly, East Riding Public Governor
Ruth Marsden, East Riding Public Governor
John Morton, East Riding Public Governor
Brian Swallow Hull Public Governor

Tom Nicklin, Staff Governor
Stuart McKinnon-Evans Non-Executive Director
Hanif Malik, Associate Non-Executive Director

The meeting was held virtually via Microsoft Teams and was also live streamed.

20/23	**Declarations of Interest** Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they should declare the interest and remove themselves from the meeting for that item.
21/23	**Minutes of the Meeting held on 19 January 2023** The minutes of the meeting held on 19 January were agreed as a correct record.
22/23	**Matters Arising and Actions Log** The action log was noted. A meeting was being arranged to seek assurance around Governor issues and this would be added to the action log. Doff Pollard asked if the Social Values report could be shared with Governors. The link to the report would be circulated **Action KC** Reference was made to the July meeting which would be in person.
23/23	**Staff Story** Sharon Tootell, Advanced Occupational Therapist, shared details of her varied work experiences and her current role in the Trust. Her enthusiasm for her work was recognised. A link to an Occupational Therapy video would be circulated to Governors. Doff Pollard was enthused by Sharon and about the support she had received from the Trust via the Proud programme. Lynn Parkinson was pleased to hear how Sharon had been supported and offered to discuss with her other potential opportunities within the Trust. The Chief Executive thanked Sharon for making a difference to patients and for the feedback on the Proud programme which the organisation had placed significant investment in. The Trust Chair thanked Sharon for attending and suggested that her story was shared for use in wider promotion through the Communications Team.
24/23	**Chair's Report** The Chair presented her report which was taken as read. She highlighted that since the report was written Tim Durkin and Stella Jackson had visited Townend Court PSYPHER team. The Chair also apologised for the number of e mails Governors were receiving regarding year end matters. John Cunnington encouraged Governors to provide feedback when requested as it was important.

	Resolved: The report was noted
25/23	**Chief Executive's Report** The Chief Executive presented her report which was taken as read. Areas highlighted included: • Operational pressures/industrial action –planning had been robust and there had been minimal impact on the organisation during the strikes. • An increase in Covid positive patients and staff. Infection Control guidance continued to be followed. • 300 trees allocated to the Trust for planting across sites. • Innovative work taking place regarding patient and service user/carer engagement • High profile visits including Sir Julian Hartley, NHS Providers Chief Executive and the Care Quality Commission (CQC) Director of Mental Health. • Shortlisted in the Student Nursing Awards • Leave Policy launched internally and would be shared wider after the election period. The Chair informed Governors that the Chief Executive had been named in the top 50 NHS Chief Executives. Lynn Parkinson provided an update on the system pressures. Winter planning for next winter had started and as previously mentioned there had been an increase in Covid cases. Mental health bed demand continued to be high which was the typical seasonal variation. **Resolved:** The report and verbal updates were noted.
26/23	**Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback** The assurance reports from the Sub Committees of the Board were provided for information and taken as read. The Non-Executive Directors provided brief updates based regarding the reports which had been presented at previous Board meetings. Highlights included: • Statutory and mandatory training at a high level, deep dives into areas with lower compliance. Sickness absence low for the fifth consecutive month. • De-escalation Management Intervention (DMI) training at 85%. No Section 4 Mental Health Act cases reported. • Autism Strategy and Controlled Drugs reports received. • Concern around finance for primary care and agency spend Doff Pollard asked about the risks identified around GP and consultant vacancies. It was reported These were on the risk register and some improvement had been seen. Tony Douglas asked about the reasons for Mental Health Act detentions in Hull. Mike Smith explained that these were being determined and the organisation was not an outlier. It was expected that the results would be available in the Autumn. In response to a question from Tony Douglas about single tender waivers, the Chief

	Executive reported that every waiver was scrutinised before it was signed off. The detail of the waivers was commercially sensitive but tended to relate to the commissioning arm of the organisation. Francis Patton added that the Audit Committee received a detailed report and scrutinised as appropriate. **Resolved:** The reports were noted
27/23	**Performance Update** The report was presented to the Council of Governors by Pete Beckwith and taken as read. The Trust continued to see positive performance in training and other key areas. Delayed transfers of care (DTOC) and out of area placements remained areas of concern. Jenny Bristow asked what was being done to improve the DTOC situation. Lynn Parkinson explained that it had been escalated at all appropriate levels including with the Integrated Care Board (ICB), the ICB Medical Director and at Place level. It had also been escalated at national level to Claire Murdoch. The Chief Executive recognised the importance of patients receiving care and treatment close to home and reported the organisation was doing everything it could to resolve the issues. It was agreed that further discussion at a development session would be helpful. **Resolved:** The report was noted Discussion on Delayed Transfers of Care agreed for a future Governor Development session **Action LP**
28/23	**Finance Update** The report presented provided a summary of financial performance for the Trust for the three-month period December 2022 to February 2023. The report was taken as read. Finances were on plan and the cash position remained stable. Tony Douglas asked about primary care and the associated overspend on locum doctors. Pete Beckwith responded that it was attributed to GP vacancies, however the Trust's primary care portfolio had changed, and some practices were no longer with the organisation. Tim Durkin asked about the surplus recorded against clinical income. Pete Beckwith explained that the Trusts financial plan approved in June had an income gap against Trust income and there was always an expectation the Trust would need to over perform on clinical income to achieve a breakeven position. A query was raised regarding the Community Services underspend. The detail was not available at the meeting and a post meeting note would be provided to Governors. **Resolved:** The report was noted. A post meeting note on the Community Services underspend to be circulated to Governors **Action PB**
29/23	**External Auditors to present findings on Annual Accounts** Gavin Barker and Ross Woodley from Mazars, the Trust's external auditors, attended to present the main findings of the audit of the 2021/22 Annual Accounts. An issue with the East Riding Local Government Pension fund meant the audit could not be completely concluded within the normal timescales. This was received in December 2022. The auditors report included Value for Money comments and no significant

	weaknesses were identified. Pete Beckwith thanked Mazars and the previous Engagement lead, Mark Dalton for the work on the audit. It was hoped there would be a solution to the Local Government Pension issues for this year's accounts, but nothing had been identified. This was an issue for other organisations as well as the Trust. **Resolved:** The reports were noted
30/23	**Governor Questions** The following questions were raised: • Allotments – John Cunnington contacted the Chair asking about the future of the Haven Allotments. A response had been sent confirming that the allotments continued to bloom and there was no impending closure. Email from the Chair to be circulated to Governors **Action CF** • Tim Durkin asked what assurance Non-Executive Directors could give that PSYPHER was able to see service users within the 14 day referral period. Lynn Parkinson reported that information regarding this matter was incorporated in the performance report. There had been some vacancies in the team as staff had moved within the organisation and recruitment was underway to fill these posts. Improvement was expected to be seen within the next few months. Tim agreed to speak to Lynn Parkinson outside the meeting regarding this matter. • Doff Pollard asked how assurance was provided that the Trust was getting value for money from the investment in Health Stars, Wishes and Smile. She also asked what assurance existed that volunteers were making a difference to the services delivered by the Trust. As Stuart McKinnon-Evans was not present at the meeting, the question would be shared with him, and a response sent to all Governors **Action SMcKE** • Sharon Nobbs asked if the Non-Executive Directors could provide assurance as to how the Trust's processes addressed the long-term health inequalities within mental illness and learning disability services The Chief Executive explained that a lot of work was taking place and believed a future Governor Development Day should focus on this area **Action KF** • Cllr Linda Chambers asked what work was taking place within early intervention for eating disorders as there was significant demand within the community for this service. Lynn Parkinson report that City Health Care Partnership was commissioned to provide the adult eating disorder service. The Trust did, however, care for some groups of people with eating disorders and mental health and learning disabilities issues. **Resolved:** The questions and responses were noted.
31/23	**Council of Governor Sub Group Feedback** A verbal update was provided by Sue Cooper regarding the Appointments, Terms and Conditions Committee which had met on 25 April. She explained that at the March

	meeting, the pay award for Chair and Non-Executive Directors was discussed. The remuneration for the Chair would further increase from April 2023 subject to a satisfactory appraisal. The Chair's appraisal was held earlier during the day, and her objectives had been achieved. A further meeting was planned for 25 April where the Terms of office for NEDs would be discussed and also the effectiveness review. Sue Cooper announced she would not be re-standing at the end of her current term of office and therefore a new Committee chair would be required from February 2024. Doff Pollard reported that a useful development session was held with Stella Jackson regarding the role of a Governor. The Engaging with Members group was considering Annual Members Meeting preparations and any ideas for this were welcomed. Marilyn Foster provided feedback on the work she and Brian Swallow were involved in with the Integrated Care Board (ICB) and the Kings Fund. The work was being undertaken through co-production and design and stakeholder mapping was being conducted. Six different areas had been selected to be part of this work. Information would be shared with the Governors. **Resolved:** The updates were noted. Information to be shared with Governors on the Kings Fund work **Action MF**
32/23	**Adult Inpatient Redesign Programme** Lynn Parkinson presented the report. The Board approved the progression of the adult inpatient redesign in September 2021 and advice had been received regarding the Pre Consultation Business Case (PCBC). No announcement on the National Hospitals programme had been received at this time. Stakeholder sessions had been held and a number of options were being taken forward. Two Governors, Tim Durkin and Will Taylor attended the stakeholder groups. **Resolved:** The report was noted
33/23	**Annual Declarations 22/23** This report provided evidence of how the Trust continued to meet the terms of its Licence, elements of the NHS Act and its Constitution. The report was taken as read. Tim Durkin queried whether the Internal Audit regarding the Annual Declarations was appropriate due to the date of this report. This would be reviewed. **Resolved:** The report was noted
34/23	**Public Trust Board November 2022 and January 2023 Minutes** The minutes of the public Board meetings for November and January were provided for information. **Resolved:** The minutes were noted.
35/23	**Any Other Business** No other business was raised
36/23	**Review of the Meeting – Being Humber** It was agreed the meeting had been delivered in the Being Humber style. The front

	sheets were helpful for reports
37/23	**Date and Time of Next Meeting** Thursday 20 July 2023, 2.00pm in the Lecture Theatre, Willerby HU10 6ED

Signed……. Date
Chair

Humber Teaching NHS Foundation Trust

Agenda Item 4

Action Log:
Actions Arising from Public Council of Governor Meetings

Summary of actions from April 2023 meeting and update report on earlier actions due for delivery in July 2023 *Rows greyed out indicate action closed and update provided here*						
Date of Meeting	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
20.4.23	22/23	Matters Arising and Action log	Link to Social Values report to be shared with Governors	Membership Officer	May 2023	E mailed to Governors 4.5.23
20.4.23	23/23	Staff Story	Video link to be shared with Governors	Membership Officer	May 2023	E mailed to Governors 4.5.23
20.4.23	27/23	Performance Update	Discussion on Delayed Transfers of Care agreed for a future Governor Development session	Chief Operating Officer	Date to be confirmed	
20.4.23	28/23	Finance Update	A post meeting note on the Community Services underspend to be circulated to Governors	Director of Finance	June 2023	E mailed to Governors 3.7.23
20.4.23	30/23(a)	Governor Questions	Allotments e mail to be circulated to all Governors	Trust Chair	April 2023	E mailed to Governors 27.4.23
20.4.23	30/23(b)	Governor Questions	Response to be sent to all Governors regarding the value for money from	Stuart McKinnon-Evans, Non-	April 2023	E mailed to Governors 12.6.23

			investment from Health Stars, Wishes and Smile	Executive Director		
20.4.23	30/23(c)	Governor Questions	Governor Development Session on health inequalities to be arranged	Medical Director	To be confirmed	
20.4.23	31/23	Council of Governors Sub Group Feedback	Information to be shared with Governors on the Kings Fund work	Marilyn Foster	24.4.23	E mailed to Governors 24.4.23
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
19.1.23	07/23	Chief Executive's report	Meeting to be arranged around seeking assurance for Governor issues	Chief Operating Officer	10.5.23	Meeting took place
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Trust Secretary						

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Agenda Item 5

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Staff Story Estates & Facilities Computer Aided Facilities Management (CAFM) Manager
Author/s:	Rob Atkinson, Deputy Director of Estates and Facilites
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	The purpose of the presentation is to share the development journey of a staff member from within the Estates and Facilities department of the organisation, charting their time from initial employment as an estates tradesperson to their current role as CAFM Manager.

Key Issues within the report:

Positive Assurances to Provide:

- Ongoing development of staff within an existing team and structure that has resulted in:
  - Development of an estates compliance dashboard that provides assurance in respect of the Planned Preventative Maintenance (PPM) regime to the organisation via the Trust's Health and Safety Group.
  - Development of KPI reports in respect of reactive maintenance to the Trust's Health and Safety Group.
  - Data analysis of resource allocation of Estates in-house works staff.
- Lead for data management and submission of ERIC, PAM and surplus land returns.

Key Actions Commissioned/Work Underway:

- Roll out of new water compliance management software across the Trust estate.
- Upgrades to the Planet FM operating system

Key Risks/Areas of Focus:
N/A

Decisions Made:

- N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board			

Caring, Learning
& Growing Together

Monitoring and assurance framework summary:

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

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

Humber Teaching NHS Foundation Trust

Agenda Item: 6

Title & Date of Meeting:	Council of Governors Public Meeting 20 July 2023
Title of Report:	Changes to the Trust's Constitution
Author/s:	Name: Stella Jackson Title: Head of Corporate Affairs
Recommendation:	

To approve	/	To discuss	
To note		To ratify	
For assurance			

Purpose of Paper:

The Trust's Constitution has been reviewed by Hill Dickinson to ensure it remains fit for purpose following the commencement of the Health and Care Act 2022. That review has also resulted in some formatting and cross-referencing errors being corrected.

At the same time, a review of the Governor constituencies has been undertaken due to challenges in filling governor seats in Hull, and in response to a request from a Governor Tim Durkin regarding the catchment area served by the Wider Yorkshire and Humber constituency.

Governor Tim Durkin has also submitted an amendment to the Constitution to extend the terms of office a governor can serve, and a response is also included in this paper.

The proposed amendments are highlighted in more detail in this paper and the Council of Governors is asked to approve the recommendations/note the matters highlighted within section 4 of this paper.

Each proposal and amendment will be taken individually at the meeting, discussed and voted upon.

Any proposed changes to the Constitution will need a majority of those voting at meetings of both the Council of Governors on the 20th July and the Board on the 26th July 2023

Key Issues within the report: The NHS Act provides that the total number of Public and Service User/Carer Governors should be more than the total number of Staff and Appointed Governors. This needs to be borne in mind when reviewing the proposals within the paper.

Positive Assurances to Provide: • The proposed changes ensure the Constitution remains fit for purpose in the	**Key Actions Commissioned/Work Underway:** • Legal advice has been provided regarding the proposed amendments.

future and addresses requirements brought about by the Health and Care Act 2022. • The proposal to reduce the number of governors on the Council of Governors should reduce the risk of not being able to fill governor seats in the future, whilst ensuring a regular refresh on this governing body. • The proposed amendments from the EMT and Chair have been made following receipt of legal advice.	
Key Risks/Areas of Focus: • It is getting increasingly difficult to recruit Governors to the Hull constituency and this has resource implications as elections for this constituency need to take place each year.	**Decisions Made:** • n/a

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Executive Management Team	15.5.2023
Trust Board			

Monitoring and assurance framework summary:

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

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

Proposed changes to the Constitution

1. Introduction:

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

2. Proposed Changes:

a) General changes

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

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

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

3. Material Changes:

b) <u>Pages 6-7, Paragraphs 4.5 – 4.13.3</u>

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

c) <u>Page 10, Paragraph 14.3</u>

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

Governor Tim Durkin, under Standing Order 5.1 for Council of Governor Meetings, has provided written notice of the following amendment to the Constitution to be moved at the Council of Governor Meeting on the 20th July 2023:

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

Governor Tim Durkin has pointed out the NHS Code of Governance provides that `it is best practice that governors do not serve more than three consecutive terms to ensure they retain the objectivity and independence required to fulfil their roles' and has proposed an amendment to the Constitution that the number of terms a governor is allowed to serve at the Trust is extended to 3. He believes governors should be allowed to serve the same number of terms

as a Non-Executive Director on the Board and the additional term would allow governors to develop their expertise and contribution over 9 years instead of 6.

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

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

d) Page 13, Paragraph 24.2

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

e) Page 22, Annex 1, The Public Constituency

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

1. The number of Governors representing Hull is reduced from 4 to 3 as there are vacancies in this constituency and it is proving increasingly difficult to attract people into these roles

2. The number of Governors representing East Riding of Yorkshire is reduced from 6 to 3 to equal the number of Governors in Hull, with the change to the Constitution regarding the East Riding constituency taking effect when the number of governors occupying seats in this constituency reduces to 3 or below.

3. As proposed by a Governor, it is recommended that the Whitby constituency area (which currently has approximately 55 members) is extended to include Scarborough and Ryedale and renamed `Whitby, Scarborough and Ryedale'.

4. Should the proposal be accepted to extend the Whitby constituency area to `Whitby, Scarborough and Ryedale', then this would result in the Wider Yorkshire and Humber constituency governor representing an area in which there are only a small number of services. Whilst removal of this constituency might be considered an option, this would have implications: i) there would be one fewer public governor which would require the number of governors in the Staff or Appointed constituencies to be reduced by one; and ii)

NEDs need to live in a constituency area so this would prevent the Trust from recruiting a NED from this constituency.

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

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

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

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

f) Page 23, Annex 2, Staff Constituency

It is proposed that:

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

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

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

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

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

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

- The voluntary sector is large and diverse making it difficult to determine which organisation to approach when a vacancy arises.

- A Voluntary collaborative has been established and could be contacted should we wish to engage the voluntary sector.
- Governors may be volunteers and therefore part of volunteering organisations themselves and could engage the sector as part of their engagement activities.

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

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

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

j) Page 78, Quorum

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

k) Page 79, Miscellaneous

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

l) Page 88, Amendment of the Constitution

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

4. Recommendations:

It is recommended that the Council of Governors:

- Approves the proposed changes to the constitution detailed in sections 2 and 3 of this report except for the amendment at **3) c** to extend the term of governors from 2 to 3.

- Notes that amendments to the Constitution requires more than half of the Council of Governors voting to approve the amendments.

- Notes that the changes to the constitution also require approval of the Board of Directors.

Humber Teaching
NHS Foundation Trust

Constitution

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

Humber Teaching NHS Foundation Trust Constitution

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1. Interpretation and Definitions

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

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

The 2006 Act is the National Health Service Act 2006.

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

The 2022 Act is the Health and Care Act 2022.

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

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

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

Constitution means this Constitution and all annexes to it.

Director means a member of the Board of Directors.

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

Member means a member of the Trust.

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

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

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

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

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

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

2. Name

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

3. Principal Purpose

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

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

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

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

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

3.3.2 the promotion and protection of public health.

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

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

4. Powers

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

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

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

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

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

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

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

4.6 The Trust may arrange for any of the functions exercisable by the Trust to be exercised by or jointly with any one or more of the following:
4.6.1 A relevant body;
4.6.2 A local authority within the meaning of section 2B of the 2006 Act;
4.6.3 A combined authority.

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

4.8 Where a function is exercisable by the Trust jointly with one or more of the other organisations mentioned at paragraph 4.6, those organisations and the Trust may:

4.8.1 Arrange for the function to be exercised by a joint committee of theirs;
4.8.2 Arrange for the Trust, one or more of those other organisations, or a joint committee of them, to establish and maintain a pooled fund

in accordance with section 65Z6 of the 2006 Act.

4.9 The Trust must exercise its functions effectively, efficiency and economically.

4.10 In making a decision about the exercise of its functions, the Trust must have regard to all likely effects of the decision in relation to:

4.10.1 The health and well-being of (including inequalities between) the people of England;

4.10.2 The quality of services provided to (including inequalities between benefits obtained by) individuals by or in pursuance of arrangements made by relevant bodies for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

4.10.3 Efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

4.11 In the exercise of its functions, the Trust must have regard to its duties under section 63B of the 2006 Act (complying with targets under section 1 of the Climate Change Act 2008 and section 5 of the Environment Act 2021, and to adapt any current or predicted impacts of climate change in the most recent report under section 56 of the Climate Change Act 2008).

4.12 For the purposes of this section, "relevant body" means NHSE, an integrated care board, an NHS trust, a NHS foundation trust (including the Trust) or such other body as

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may be prescribed under section 65Z5(2). "Relevant bodies" means two or more of these organisations as the context requires.

4.13 The arrangements under this paragraph 4 shall be in accordance with:

4.13.1 any applicable requirements imposed by the 2006 Act or regulations made under that Act;
4.13.2 any applicable statutory guidance that has been issued and
4.13.3 otherwise on such terms as the Trust sees fit.

5 Membership and Constituencies

The Trust shall have members, each of whom shall be a member of one of the following constituencies:

5.1 a Public Constituency
5.2 a Staff Constituency
5.3 a Service User and Carer Constituency

6 Application for Membership

An individual who is eligible to become a member of the Trust may do so on application to the Trust.

7 Public Constituency

7.1 An individual who lives in an area specified in Annex 1 as an area for a Public Constituency may become or continue as a member of the Trust.

7.2 Those individuals who live in an area specified for a public constituency are referred to collectively as a Public Constituency.

7.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.

8 Staff Constituency

8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a staff member of the Trust provided:

8.1.1 He/she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or

8.1.2 He/she has been continuously employed by the Trust under a contract of employment for at least 12 months.

8.2 Individuals who exercise functions for the purposes of the Trust otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.

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8.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.

8.4 The minimum number of members in the Staff Constituency is specified in Annex 2.

Automatic Membership by Default –Staff

8.5 An individual who is:

8.5.1 eligible to become a member of the Staff Constituency; and

8.5.2 invited by the Trust to become a member of the Staff Constituency

shall become a member of the Trust as a member of the Staff Constituency without an application being made, unless he/she informs the Trust that they do not wish to do so.

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9. Service User and Carer Constituency

9.1 An individual who has, within the period specified below, attended any of the Trust's services as either a patient or as the carer of a patient may become a member of the Trust.

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9.2 The period referred to above shall be the period of 3 years immediately preceding the date of an application by the patient or carer to become a member of the Trust.

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9.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Service User and Carer Constituency.

9.4 An individual providing care in pursuance of a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation, does not come within the category of those who qualify for membership of the Service User and Carer Constituency.

9.5 The minimum number of members in the Service User and Carer Constituency is specified in Annex 3.

10. Restriction on Membership

10.1 An individual who is a member of a constituency, or of any class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

10.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

10.3 An individual must be at least 14 years old to become a member of the Trust.

10.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 9 – Further Provisions.

11. Annual Members' Meeting

The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

12 Council of Governors – Composition

12.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed Governors.

12.2 The composition of the Council of Governors is specified in Annex 4.

12.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within that constituency, by their class within the constituency. The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

13. Council of Governors – Election of Governors

13.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.

13.2 The Model Election Rules as published from time to time by NHS Providers form part of this Constitution. The Model Election Rules are attached at Annex 5.

13.3 A subsequent variation of the Model Election Rules by NHS Providers shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 43 of the Constitution.

13.4 An election, if contested, shall be by secret ballot.

13.5

14. Council of Governors - Tenure

14.1 An elected Governor may hold office for a period of up to 3 years.

14.2 An elected Governor shall cease to hold office if he/she ceases to be a member of the constituency or class by which he/she was elected.

14.3 An elected Governor shall be eligible for re-election at the end of their term. However, no Governor may stand for re-election having served 2 terms or a maximum of 6 years.

14.4 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:

14.4.1 where the vacancy arises amongst the Appointed Governors, the Secretary shall request that the appointing organisation appoints a replacement to hold office for a three year term;

14.4.2 where the vacancy arises amongst the Elected Governors, the next highest polling candidate for that seat at the most recent election (who is willing to

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take office) will be invited to fill the seat for the remainder of the current term.

14.4 Appointed Governors may hold office for a period of up to 3 years.

14.4.1 Appointed Governors shall cease to hold office if the appointing organisation withdraws its sponsorship of him/her.

14.4.2 An Appointed Governor shall be eligible for re-appointment at the end of his/her term, but, subject to paragraph 14.4.3 below, shall serve no more than 2 consecutive terms of office or a maximum of 6 years.

14.4.3 Where an appointing organisation considers that an individual who would not otherwise be eligible for appointment as an Appointed Governor because of the restriction in paragraph 14.4.2 above remains the most appropriate person to represent the organisation, it may seek the approval of the Chair and the Chief Executive to appointing the individual to serve a further term or terms of office.

14.5 Any Governor shall cease to hold office if he/she is disqualified for any of the reasons set out in this Constitution.

15. Council of Governors – Disqualification and Removal

15.1 The following may not become or continue as a member of the Council of Governors:

15.1.1 a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

15.1.2 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;

15.1.3 A person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

15.1.4 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;

15.2 Governors must be at least 16 years of age at the closing date for nominations for their election or appointment.

15.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors and provision for the removal of Governors in certain circumstances are set out in Annex 6.

16. Council of Governors – General Duties

16.1 The general duties of the Council of Governors are –

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16.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and

16.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public at large.

16.2 The Trust must take steps to ensure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

17. Council of Governors – Meetings of Governors

17.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 25 below) or, in his/her absence the Deputy Chair (appointed in accordance with the provision of paragraph 26 below) or, in their absence, another non-executive director (as the Directors present shall choose), shall preside at meetings of the Council of Governors.

17.2

17.4 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting, or part of a meeting, for special reasons.

17.5 For the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.

18. Council of Governors – Standing Orders

The standing orders for the practice and procedure of the Council of Governors is attached at Annex 7.

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19. Council of Governors - Conflicts of Interest of Governors

If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as he/she becomes aware of it. The Standing Orders for the Council of Governors (Annex 7) shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

20. Council of Governors – Travel Expenses

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The Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Trust.

21. Council of Governors – Further Provisions

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Further provisions with respect to the Council of Governors are set out in Annex 6.

22. Board of Directors – Composition

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22.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

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22.2 The Board of Directors is to comprise:

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22.2.1 a Non-Executive Chair

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22.2.2 up to 6 other Non-Executive Directors;

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22.2.3 up to 6 Executive Directors

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22.3 One of the Executive Directors shall be the Chief Executive.

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22.4 The Chief Executive shall be the Accounting Officer.

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22.5 One of the Executive Directors shall be the Finance Director.

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The Executive Director of Finance shall also be the executive lead for the Trust's commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

22.6 One of the Executive Directors is to be a Registered Medical Practitioner

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22.7 One of the Executive Directors is to be a Registered Nurse

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22.8 The operation of 22.2 above shall be such that, at all times, at least half of the Board of Directors, excluding the Chair, shall be Non-Executive Directors

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22.9 The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be their Senior Independent Director, using the procedure set out in the Constitution.

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23. Board of Directors – General Duty

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The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

24. Board of Directors – Qualification for Appointment as a Non-Executive Director

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A person may be appointed as a Non-Executive Director only if –

24.1 he/she is a member of the Public Constituency, or

24.2 he/she is a member of the Service User and Carer Constituency

24.3 he/she is not disqualified by virtue of paragraph 28 below

24.4 he/she is not disqualified by virtue of the further provisions as set out in Annex 9

25. Board of Directors – Appointment and Removal of Chair and other Non-Executive Directors

25.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors.

25.2 Removal of the Chair or another Non-Executive Director shall require the approval of three quarters of the members of the Council of Governors.

26. Board of Directors – Appointment of Deputy Chair

The Council of Governors at a general meeting of the Council of Governors may appoint one of the Non-Executive Directors as a Deputy Chair.

27. Board of Directors - Appointment and Removal of the Chief Executive and other Executive Directors

27.1 Non-Executive Directors shall appoint or remove the Chief Executive.

27.2 The appointment of the Chief Executive shall require the approval of the Council of Governors as per the Council's Standing Orders, Annex 7.

27.3 The Chief Executive is to be appointed in accordance with paragraph 27.2 above.

27.4 A Committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

28. Board of Directors – Disqualification

The following may not become or continue as a member of the Board of Directors:

28.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

28.2 a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

28.3 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;

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28.4 a person who within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;

28.5 he/she is a medical practitioner that has been removed from the professional register by the General Medical Council;

28.6 he/she has conducted his or herself in a way that has caused, or is likely to cause, material prejudice to the best interests of the Trust or the proper conduct of the Board of Directors or otherwise in a manner inconsistent with continued membership of the Board of Directors.

29. Board of Directors – Meetings

29.1 Meetings of the Board of Directors shall be held in public and open to members of the public. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential or commercially sensitive nature of the business to be transacted, publicity of which would be prejudicial to the public interest (known as a 'Part II' meeting).

29.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors. Papers Board meetings held in public (known as 'Part I' meetings) will be published on the Trust's website.

30. Board of Directors – Standing Orders

The Standing Orders for the practice and procedure of the Board of Directors are attached at Annex 8.

31. Board of Directors - Conflicts of Interest of Directors

31.1 The duties that a Director of the Trust has by virtue of being a Director include in particular -

31.1.1 A duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

31.1.2 A duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

31.2 The duty referred to in sub-paragraph 31.1.1 is not infringed if –

31.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

31.2.2 The matter has been authorised in accordance with the Constitution.

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31.3 The duty referred to in sub-paragraph 31.1.2 is not infringed if acceptance of the benefit reasonably be regarded as likely to give rise to a conflict of interest. 31.4 In sub-paragraph 31.1.2, "third party" means a person other than –

31.4.1 The Trust, or

31.4.2 A person acting on its behalf.

31.5 If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors.

31.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.

31.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

31.8 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

31.9 A Director need not declare an interest –

31.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;

31.9.2 If, or to the extent that, the Directors are already aware of it;

31.9.3 If, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered –

31.9.3.1 By a meeting of the Board of Directors, or

31.9.3.2 By a Committee of the Directors appointed for the purpose under the Constitution.

32. Board of Directors – Remuneration and Terms of Office

32.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.

32.2 The Trust shall establish a Committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

33. Registers

The Trust shall have:

33.1 a register of members showing, in respect of each member, the constituency to which he/she belongs and, where there are classes within it, the class to which he/she belongs;

33.2 a register of members of the Council of Governors;

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33.3 a register of interests of Governors;

33.4 a register of Directors; and

33.5 a register of interests of the Directors.

34 Admission to and Removal from the Registers

34.1 The Trust Secretary shall add to the confidential register of members the name of any member who is accepted under the provisions of this Constitution

34.2 The Trust Secretary shall remove from the register the name of any member who ceases to be entitled to be a member under the provisions of this Constitution

35. Registers – Inspection and Copies

35.1 The Trust shall make the registers specified in paragraph 34 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

35.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.

35.3 So far as the registers are required to be made available:

35.3.1 they are to be available for inspection free of charge at all reasonable times; and

35.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

35.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

36. Documents Available for Public Inspection

36.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

36.1.1 a copy of the current Constitution,

36.1.2 a copy of the latest annual accounts and of any report of the auditor on them, and

36.1.3 a copy of the latest annual report.

36.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

36.2.1 a copy of any order made under section 65D (appointment of Trust special

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administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration) or 65LA (Trusts to be dissolved) of the 2006 Act.

36.2.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act.

36.2.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act.

36.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

36.2.5 a copy of any statement provided under section 65F(administrator's draft report) of the 2006 Act.

36.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHSE's decision), 65KB (Secretary of State's response to NHSE's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

36.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

36.2.8 a copy of any final report published under section 65I (administrator's final report).

36.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

36.2.10 a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.

36.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

36.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

37. Auditor

37.1 The Trust shall have an auditor.

37.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

37.3 The Auditor is to carry out his duties in accordance with Schedule 10 to the 2006 Act and in accordance with any directions given by NHSE, the statutory entity that remains the regulator of NHS foundation trusts.

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38. Audit Committee

The Trust shall establish a Committee of Non-Executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate.

39. Accounts

39.1 The Trust must keep proper accounts and proper records in relation to the accounts.

39.2 NHSE may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

39.3 The accounts are to be audited by the Trust's auditor.

39.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHSE)

may with the approval of the Secretary of State direct.

39.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

40. Annual Report and Forward Plans and Non NHS Work

40.1 The Trust shall prepare an Annual Report and send it to NHSE

40.2 The Trust shall give information as to its forward planning in respect of each financial year to NHSE (NHSE)

40.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.

40.4 In preparing the document, the Directors shall have regard to the views of the Council of Governors.

40.5 Each forward plan must include information about –

40.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

40.5.2 the income it expects to receive from doing so.

40.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 40.5.1 the Council of Governors must

40.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions, and

40.6.2 notify the Directors of the Trust of its determination.

0.7 The Trust, if it proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, may implement the

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proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

41. Presentation of the Annual Accounts and Reports to the Governors and Members

41.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

41.1.1 the annual accounts

41.1.2 any report of the auditor on them

41.1.3 the annual report.

41.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

41.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 43.2 with the Annual Members' Meeting.

42. Instruments

42.1 The Trust shall have a seal.

42.2 The seal shall not be affixed except under the authority of the Board of Directors.

43. Amendment of the Constitution

43.1 The Trust may make amendments to its Constitution only if:

43.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and

43.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.

43.2 Amendments made under paragraph 43 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

43.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust).

43.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and

43.3.1 The Trust must give the members an opportunity to vote on whether they approve the amendment.

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43.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

43.5 Amendments by the Trust of its Constitution are to be notified to NHSE. For the avoidance of doubt, NHSE's functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

46 44 Mergers etc. and Significant Transactions

44.1 The Trust may only apply for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act) with the approval of more than half of the members of the Council of Governors.

44.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

44.3 A "significant transaction" means a transaction that equates to:

The income attributable to the assets or the contract associated with the transaction is greater than 25% of the current Trust income (i.e for £200m turnover, this would equate to new income above £50m); or

The gross assets subject to the transaction are greater than 25% of the total gross assets of the Trust (i.e for £90m of gross assets, this would equate to new assets valued above £22.5m); or

The gross capital of the company or business being acquired/divested is greater than 25% of the total capital for the Trust (i.e: for £70m total capital, capital for the transaction would exceed £17.5m). Total Capital for a foundation trust relates to taxpayers' and others equity in the statement of financial position within the annual accounts.

ANNEX 1 – THE PUBLIC CONSTITUENCY

Name of Areas within the Constituency	Area	Minimum Number of Members	Number of Governors
East Riding of Yorkshire	The electoral wards of East Riding of Yorkshire	100	3
Hull	The electoral wards of Hull	100	3
Wider Yorkshire and Humber Area and the Wider Integrated Care System Footprint	The electoral wards of Yorkshire and Humber (excluding those electoral wards covered by the other areas of the Public	15	1

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	Constituency) and North East Lincolnshire and North Lincolnshire'		
Whitby	The electoral wards of Whitby and surrounding areas	15	1

ANNEX 2 – THE STAFF CONSTITUENCY

Name of Constituency	Class of Staff Membership	Minimum number of members	No of Governors
Staff	Clinical	200	2
	Non Clinical		2
	Total		4

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ANNEX 3 – THE SERVICE USER AND CARER CONSTITUENCY

Name of Constituency	**Description of individuals eligible to become members**	Minimum number of Members	No of Elected Governors
Service User and Carer	An individual who has attended any of the Trust's services as a patient or a carer in the 3 years preceding the date of their application to become a member of the trust.	15	2

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ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS

ELECTED GOVERNORS:

Public Constituency	NUMBER OF GOVERNORS
HULL	3
EAST RIDING OF YORKSHIRE	3
WIDER YORKSHIRE AND HUMBER AREA	1
WHITBY	1
Service User and Carer Constituency	2
Staff Constituency	4
Total Elected	14

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APPOINTED GOVERNORS:

SPONSOR	**NUMBER OF GOVERNORS**
UNIVERSITY	1
HUMBERSIDE POLICE	1
HULL LOCAL AUTHORITY	1
EAST RIDING OF YORKSHIRE LOCAL AUTHORITY	1
FIRE & RESCUE	1
Total Appointed	5

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ANNEX 5 - THE MODEL ELECTION RULES

MODEL ELECTION RULES 2014

PART 1: INTERPRETATION

1. Interpretation

PART 2: TIMETABLE FOR ELECTION

2. Timetable
3. Computation of time

PART 3: RETURNING OFFICER

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election
9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination forms
15. Publication of statement of nominated candidates
16. Inspection of statement of nominated candidates and nomination forms
17. Withdrawal of candidates
18. Method of election

PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot
20. The ballot paper
21. The declaration of identity (public and patient constituencies)

Action to be taken before the poll

22. List of eligible voters
23. Notice of poll
24. Issue of voting information by returning officer
25. Ballot paper envelope and covering envelope
26. E-voting systems

The poll

27. Eligibility to vote
28. Voting by persons who require assistance
29. Spoilt ballot papers and spoilt text message votes
30. Lost voting information
31. Issue of replacement voting information
32. ID declaration form for replacement ballot papers (public and patient constituencies)
33 Procedure for remote voting by internet
34. Procedure for remote voting by telephone
35. Procedure for remote voting by text message

Procedure for receipt of envelopes, internet votes, telephone vote and text message votes

36. Receipt of voting documents
37. Validity of votes
38. Declaration of identity but no ballot (public and patient constituency)
39. De-duplication of votes
40. Sealing of packets

PART 6: COUNTING THE VOTES

STV41. Interpretation of Part 6
42. Arrangements for counting of the votes
43. The count
STV44. Rejected ballot papers and rejected text voting records
FPP44. Rejected ballot papers and rejected text voting records
STV45. First stage
STV46. The quota
STV47 Transfer of votes
STV48. Supplementary provisions on transfer
STV49. Exclusion of candidates
STV50. Filling of last vacancies
STV51. Order of election of candidates
FPP51. Equality of votes

PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

FPP52. Declaration of result for contested elections
STV52. Declaration of result for contested elections
53. Declaration of result for uncontested elections

PART 8: DISPOSAL OF DOCUMENTS

54. Sealing up of documents relating to the poll
55. Delivery of documents
56. Forwarding of documents received after close of the poll
57. Retention and public inspection of documents
58. Application for inspection of certain documents relating to election

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

FPP59. Countermand or abandonment of poll on death of candidate
STV59. Countermand or abandonment of poll on death of candidate

PART 10: ELECTION EXPENSES AND PUBLICITY

Expenses

60. Election expenses
61. Expenses and payments by candidates
62. Expenses incurred by other persons

Publicity

63. Publicity about election by the corporation
64. Information about candidates for inclusion with voting information
65. Meaning of “for the purposes of an election”

PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

66. Application to question an election

PART 12: MISCELLANEOUS

67. Secrecy
68. Prohibition of disclosure of vote
69. Disqualification
70. Delay in postal service through industrial action or unforeseen event

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

"*2006 Act*" means the National Health Service Act 2006;

"*corporation*" means the public benefit corporation subject to this constitution;

"*council of governors*" means the council of governors of the corporation;

"*declaration of identity*" has the meaning set out in rule 21.1;

"*election*" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

"*e-voting*" means voting using either the internet, telephone or text message;

"*e-voting information*" has the meaning set out in rule 24.2;

"*ID declaration form*" has the meaning set out in Rule 21.1; "internet voting record" has the meaning set out in rule 26.4(d);

"*internet voting system*" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"*lead governor*" means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

"*list of eligible voters*" means the list referred to in rule 22.1, containing the information in rule 22.2;

"*method of polling*" means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

"*numerical voting code*" has the meaning set out in rule 64.2(b)

"*polling website*" has the meaning set out in rule 26.1;

"*postal voting information*" has the meaning set out in rule 24.1;

"*telephone short code"* means a short telephone number used for the purposes of submitting a vote by text message;

"*telephone voting facility*" has the meaning set out in rule 26.2;

"*telephone voting record*" has the meaning set out in rule 26.5 (d);

"*text message voting facility*" has the meaning set out in rule 26.3;

"*text voting record*" has the meaning set out in rule 26.6 (d);

"*the telephone voting system*" means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

"*the text message voting system*" means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

"*voter ID number*" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

"*voting information*" means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;

(b) Christmas day, Good Friday, or a bank holiday, or

(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

4. Returning Officer

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

6.1 The corporation is to pay the returning officer:

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,

(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

(a) the constituency, or class within a constituency, for which the election is being held,

(b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination forms may be obtained;

(e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer

(h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

(a) is to supply any member of the corporation with a nomination form, and

(b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 The nomination form must state the candidate's:

(a) full name,

(b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and

(c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

(a) any financial interest that the candidate has in the corporation, and

(b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

(a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,

(b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

(a) they wish to stand as a candidate,

(b) their declaration of interests as required under rule 11, is true and correct, and

(c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

(a) decides that the candidate is not eligible to stand,

(b) decides that the nomination form is invalid,

(c) receives satisfactory proof that the candidate has died, or

(d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

(a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,

(b) that the paper does not contain the candidate's particulars, as required by rule 10;

(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,

(d) that the paper does not include a declaration of eligibility as required by rule 12, or

(e) that the paper is not signed and dated by the candidate, if required by rule 13.

14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination forms

16.1 The corporation is to make the statement of the candidates and the nomination

forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

19. Poll to be taken by ballot

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.

19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.

19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:

(a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;

(b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;

(c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,

(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and

(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies)

21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:

(a) that the voter is the person:

(i) to whom the ballot paper was addressed, and/or

(ii) to whom the voter ID number contained within the e-voting information was allocated,

(b) that he or she has not marked or returned any other voting information in the election, and

(c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,

(g) the address for return of the ballot papers,

(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;

(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,

(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,

(k) the date and time of the close of the poll,

(l) the address and final dates for applications for replacement voting information, and

(m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

(a) a ballot paper and ballot paper envelope,

(b) the ID declaration form (if required),

(c) information about each candidate standing for election, pursuant to rule 61 of these rules, and

(d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

(a) instructions on how to vote and how to make a declaration of identity (if required),

(b) the voter's voter ID number,

(c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

(a) only be sent postal voting information; or

(b) only be sent e-voting information; or

(c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it, and

(b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

(a) the completed ID declaration form if required, and

(b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as “the telephone voting facility”).

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as “the text message voting facility”).

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

(a) require a voter to:

(i) enter his or her voter ID number; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected

from that constituency, or class within that constituency,

(iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(v) instructions on how to vote and how to make a declaration of identity,

(vi) the date and time of the close of the poll, and

(vii) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote,

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and

(f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

(a) require a voter to

(i) enter his or her voter ID number in order to be able to cast his or her vote; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) instructions on how to vote and how to make a declaration of identity,

(v) the date and time of the close of the poll, and

(vi) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

(a) require a voter to:

(i) provide his or her voter ID number; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(ii) the candidate or candidates for whom the voter has voted; and

(iii) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

The poll

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

29. Spoilt ballot papers and spoilt text message votes

29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.

29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:

(a) is satisfied as to the voter's identity; and

(b) has ensured that the completed ID declaration form, if required, has not been returned.

29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.

29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.

29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.

29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list ("the list of spoilt text message votes"):

(a) the name of the voter, and

(b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and

(c) the details of the replacement voter ID number issued to the voter.

30. Lost voting information

30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for

replacement voting information.

30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

(a) is satisfied as to the voter's identity,

(b) has no reason to doubt that the voter did not receive the original voting information,

(c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):

(a) the name of the voter

(b) the details of the unique identifier of the replacement ballot paper, if applicable, and

(c) the voter ID number of the voter.

31. Issue of replacement voting information

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):

(a) the name of the voter,

(b) the unique identifier of any replacement ballot paper issued under this rule;

(c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public and patient constituencies)

32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID

number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

36.1 Where the returning officer receives:

(a) a covering envelope, or

(b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

(a) the candidate for whom a voter has voted, or

(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) put the ID declaration form if required in a separate packet, and

(b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) mark the ballot paper “disqualified”,

(b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,

(c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and

(d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,

(b) record the voter ID number on the internet voting record, telephone voting

record or text voting record (as applicable) in the list of disqualified documents; and

(c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public and patient constituency)[1]

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

(a) mark the ID declaration form "disqualified",

(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and

(c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

(a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and

(b) mark as "disqualified" all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

(a) mark the ballot paper "disqualified",

(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,

(c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;

(d) place the document or documents in a separate packet; and

(e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;

[1] It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

(c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and

(d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

(a) the disqualified documents, together with the list of disqualified documents inside it,

(b) the ID declaration forms, if required,

(c) the list of spoilt ballot papers and the list of spoilt text message votes,

(d) the list of lost ballot documents,

(e) the list of eligible voters, and

(f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

"*ballot document*" means a ballot paper, internet voting record, telephone voting record or text voting record.

"*continuing candidate*" means any candidate not deemed to be elected, and not excluded,

"*count*" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"*deemed to be elected*" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"*mark*" means a figure, an identifiable written word, or a mark such as "X",

"*non-transferable vote*" means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

"*preference*" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

"*quota*" means the number calculated in accordance with rule STV46,

"*surplus*" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the

surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,
"*stage of the count*" means:

(a) the determination of the first preference vote of each candidate,
(b) the transfer of a surplus of a candidate deemed to be elected, or
(c) the exclusion of one or more candidates at any given time,

"*transferable vote*" means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"*transferred vote*" means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

"*transfer value*" means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

(a) the board of directors and the council of governors of the corporation have approved:

(i) the use of such software for the purpose of counting votes in the relevant election, and

(ii) a policy governing the use of such software, and

(b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

(a) count and record the number of:

(iii) ballot papers that have been returned; and

(iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and

(b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no

person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

(a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(b) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word "rejected" on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which votes are given for more candidates than the voter is entitled to vote,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

(a) elsewhere than in the proper place,

(b) otherwise than by means of a clear mark,

(c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

(a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and

(b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

(a) does not bear proper features that have been incorporated into the ballot paper,

(b) voting for more candidates than the voter is entitled to,

(c) writing or mark by which voter could be identified, and

(d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

(a) on which votes are given for more candidates than the voter is entitled to vote,

(b) on which anything is written or marked by which the voter can be identified except the voter ID number, or

(c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP448 A text voting record on which a vote is marked:

(a) otherwise than by means of a clear mark,

(b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

(a) endorse the word “rejected” on any text voting record which under this rule is not to be counted, and

(b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words “rejected in part” on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

(a) voting for more candidates than the voter is entitled to,

(b) writing or mark by which voter could be identified, and

(c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

STV45. First stage

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

STV46. The quota

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as "the quota").

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

STV47. Transfer of votes

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value ("the transfer value") which:

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and

(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

(a) according to the next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable

votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

(a) a transfer value calculated as set out in rule STV47.4(b), or

(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or

(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and

(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

(a) record the total value of the votes transferred to each candidate,

(b) add that value to the previous total of votes recorded for each candidate and record the new total,

(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and

(d) compare:

(i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV49. Exclusion of candidates

STV49.1 If:

(a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and

(b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

(a) ballot documents on which a next available preference is given, and

(b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub-parcels according to their transfer value.

STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).

STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.

STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

STV49.10 The returning officer shall after each stage of the count completed under this rule:

(a) record:

(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare:

(i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.

STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and

(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP51. Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

FPP52. Declaration of result for contested elections

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,

(b) give notice of the name of each candidate who he or she has declared elected:

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or

(ii) in any other case, to the Chair of the corporation; and

(c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

(a) the total number of votes given for each candidate (whether elected or not), and

(b) the number of rejected ballot papers under each of the headings in rule FPP44.5,

(c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

STV52. Declaration of result for contested elections

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,

(b) give notice of the name of each candidate who he or she has declared elected –

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or

(ii) in any other case, to the Chair of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

(a) the number of first preference votes for each candidate whether elected or not,

(b) any transfer of votes,

(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,

(d) the order in which the successful candidates were elected, and

(e) the number of rejected ballot papers under each of the headings in rule STV44.1,

(f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

(a) the counted ballot papers, internet voting records, telephone voting records and text voting records,

(b) the ballot papers and text voting records endorsed with “rejected in part”,

(c) the rejected ballot papers and text voting records, and

(d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

(a) the disqualified documents, with the list of disqualified documents inside it,

(b) the list of spoilt ballot papers and the list of spoilt text message votes,

(c) the list of lost ballot documents, and

(d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

(a) any voting documents are received by the returning officer after the close of the poll, or

(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or

(c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

(a) the inspection of, or the opening of any sealed packet containing –

(i) any rejected ballot papers, including ballot papers rejected in part,

(ii) any rejected text voting records, including text voting records rejected in part,

(iii) any disqualified documents, or the list of disqualified documents,

(iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or

(v) the list of eligible voters, or

(b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is

necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,

(b) time,

(c) place and mode of inspection,

(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

(a) in giving its consent, and

(b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and

(ii) that NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts) has declared that the vote was invalid.

FPP59. Countermand or abandonment of poll on death of candidate

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and

(b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

(a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,

(b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed

pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the Chair of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) publish a notice stating that the candidate has died, and

(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –

(i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and

(ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

(a) personal expenses,

(b) travelling expenses, and expenses incurred while living away from home, and

(c) expenses for stationery, postage, telephone, internet(or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or

(b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

(a) compile and distribute such information about the candidates, and

(b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including

information compiled by the corporation under rule 64, must be:

(a) objective, balanced and fair,

(b) equivalent in size and content for all candidates,

(c) compiled and distributed in consultation with all of the candidates standing for election, and

(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

(a) a statement submitted by the candidate of no more than 250 words,

(b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and

(c) a photograph of the candidate.

65. Meaning of "for the purposes of an election"

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

66. Application to question an election

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel (IEAP).

66.2 An application may only be made once the outcome of the election has been declared by the returning officer.

66.3 An application may only be made to Monitor by:

(a) a person who voted at the election or who claimed to have had the right to vote, or

(b) a candidate, or a person claiming to have had a right to be elected at the election.

66.4 The application must:

(a) describe the alleged breach of the rules or electoral irregularity, and

(b) be in such a form as the independent panel may require.

66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.

66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.

66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.

66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

(a) the returning officer,

(b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

(i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,

(ii) the unique identifier on any ballot paper,

(iii) the voter ID number allocated to any voter,

(iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

(a) a member of the corporation,

(b) an employee of the corporation,

(c) a director of the corporation, or

(d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or

(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

ANNEX 6 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

Eligibility to be a Member of the Council of Governors

1. Council of Governors – Further Provisions on disqualification and removal:

Further to the provisions set out in paragraph 15.1 the following may not become or continue as a Governor of the Council of Governors if they are;

1.1 a person who has been dismissed in the previous 5 years from any NHS body (except for redundancy or sickness);

1.2 a person whose tenure of office as a Chair, Non- Executive Director or Governor of an NHS body has previously been terminated on the grounds that his appointment is not in the interests of the NHS for non-attendance at meetings or for non-disclosure of a pecuniary interest;

1.3 a person who has previously been or is currently subject to a sex offender order or sexual harm prevention order and/or required to register under the Sex Offences Act 2003 or committed a sexual offence prior to the requirement to register under current legislation;

1.4 a person who is a vexatious complainant of the Trust;

1.5 a person who has had his name removed from any list prepared under the 2006 Act in accordance with section 91, 106, 123 and 272 of that Act or has otherwise been suspended or disqualified from any healthcare profession, and has not subsequently had his name included in such a list or had their suspension lifted or qualification re-instated;

1.6 a person who is currently a member of an independent scrutiny body whose role includes or will include independent scrutiny of Humber Teaching NHS Foundation Trust;

1.7 a person who is a spouse, partner, parent or child of a Director or the Chair of the Trust;

1.8 a person who is under 16 years of age;

1.9 a person who on the basis of disclosures obtained through an application to the Disclosure and Barring Scheme is not considered suitable by the Trust;

1.10 a person who has physically or verbally abused any NHS staff member and has been taken to Court, found guilty and convicted;

1.11 he/she is incapable of managing and administering his property and affairs because of mental disorder, illness or injury and will be suspended from their duties to undertake treatment. Duties will not resume until all the issues are resolved;

11.12 making false declaration for any purpose of this Constitution or the 2006 Act; and

11.13 he or she has conducted his or herself in a manner that has caused, or is likely to cause, material prejudice to the best interests of the Trust or the proper conduct of the Council of Governors or otherwise in a manner inconsistent with continued membership of the Council of Governors.

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11.14 If the conduct or behaviour of a Governor is called into question, discussion with the Governor will take place and relevant support will be provided for the Governor to resume normal duties but under close supervision of the Chair. However, if the behaviour and conduct does not improve and is unacceptable a decision may be made in conjunction with the Lead Governor and Senior Independent Director to suspend the Governor from duties and ultimately could lead to a recommendation to the full Council of Governors to withdraw the Governor from the Council under paragraph 11.13 of this Annex.

This action will only be taken if previous attempts to resolve the situation informally have failed;

11.15 Removal under paragraph 11.13 of this Annex shall be on the recommendation of the Trust Chair and should require the approval of at least two-thirds of the voting Governors present, the Governor concerned not being eligible to participate in such a vote and being absent from the room whilst it takes place. If a Governor's tenure of office is terminated, then he/she should be ineligible to stand for re-election as a Governor for a period of three years. A decision for termination should be effective notwithstanding any reference to dispute resolution.

2 Termination of Tenure

In addition to 14.2 and 15.1 and 15.3 the following apply;

2.1 A Governor may resign from that office at any time during the term of office by giving notice in writing to the Trust Secretary;

2.2 If a Governor fails to attend 3 consecutive meetings of the Council of Governors his/her tenure of office is to be terminated immediately unless the other Governors or Chair are satisfied that;

- the absence was due to reasonable cause; and
- he/she will be able to start attending meetings of the Trust again within such a period as they consider reasonable.

2.3 The Council of Governors may terminate the tenure of a Governor by a three quarter majority of those voting if it is satisfied that he/she;

- fails to adhere to the Trust's 'Governors Code of Conduct'; and/or
- persists in acting in a manner prejudicial to the best interests of the Trust.

2.4 An appointed Governor will cease to hold office if the appointing authority terminate their sponsorship of the individual.

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Where a vacancy occurs on the Council of Governors:¶
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3.1 Elected Governors will be replaced for the remainder of the current term of office by the candidate in the same class or constituency (in the case of a staff governor) with the next highest vote at the last election, providing they are willing. If the vacancy cannot be filled by this method and there is at least one year left to run in that term then a by-election will be held to elect a new Governor. Their term of office will be the maximum period until a main election consistent with not exceeding the three year limit on tenure¶
¶
3.2 Appointed Governors will be replaced by the sponsoring authority/organisation and a new term of office shall begin.¶

ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

Standing Orders for Council of Governors Meetings

1 Calling Meetings

1.1 The Council of Governors is to meet at least four times in each financial year.

1.2 One of these meetings will be an Annual Members' Meeting (AMM) which will be held prior to 31 October each year.

1.3 Ordinary meetings of the Council of Governors may be called at any time by the Chair.

1.4 One third or more of the Council of Governors may requisition a meeting in writing to the Chair specifying the business to be carried out. If the Chair refuses to organise a meeting, or within 14 days of the requisition being presented fails to organise a meeting, the Governors signing the requisition may forthwith call a meeting.

2. Notice of Meetings and Business to be Transacted

2.1 The Trust Secretary shall give at least 30 days' notice of the date and place of every meeting of the Council of Governors to each Governor. This notice should also specify the business proposed to be transacted.

2.2 General meetings may be called by the Chair if the subject matter does not allow for 30 days notice to be given.

2.3 In the case of a meeting called by Governors in default of the Chair calling the meeting the notice should be signed by those Governors.

3. Agenda and Supporting Papers

3.1 The Agenda will be sent out to Governors not less than 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than 3 clear days before the meeting.

3.2 Before each meeting of the Council of Governors, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Trust's website at least 3 days before the meeting.

4. Setting the Agenda

4.1 A Governor or Director desiring a matter to be included on the agenda will make his/her request in writing to the Chair at least 20 days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days may be included at the discretion of the Chair.

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5 Moving, Amending, Withdrawing and Rescinding Motions

5.1 A Governor desiring to move or amend a motion should send a written notice thereof at least 14 working days before the meeting to the Chair, who will include it in the agenda (where permissible under the appropriate regulations). This includes motions on the possible termination of tenure of Governors as described in Annex 6. This does not prevent a motion being moved during a meeting without notice on any business mentioned on the agenda.

5.2 A motion or amendment once moved and seconded can be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

5.3 Notice of a motion to amend or rescind any resolution which has been passed within the preceding 6 calendar months shall bear the signature of the Governor who gives it and also the signature of 10 other Governors. When such a motion has been disposed of by the Council of Governors it cannot be proposed again to the same effect within the next 6 calendar months unless the Chair considers it appropriate.

5.4 The proposer of a motion shall have the right of reply at the close of any discussion on the motion or any proposed amendment.

5.5 When a motion is under discussion it shall be open to a governor to move

- An amendment to the motion
- The adjournment of the discussion or the meeting
- That the meeting proceed to the next business(*)
- The appointment of an ad hoc committee to deal with the specific item of business
- That the motion now be put(*)
- That the public now be excluded

(*) denotes these motions may only be put by a Governor who has not previously taken part in the debate.

5.6 No amendment to a motion will be admitted if the Chair is of the opinion it negates the substance of the motion.

7 Declarations

7.1 An elected Governor cannot vote at a meeting of the Council of Governors, unless immediately prior to the commencement of each meeting, he has made a declaration in the form specified by the Trust Secretary, of the particulars of their qualification to vote as a member of the Foundation Trust, and that they are not prevented from being a member of the Council of Governors by the conditions set out in paragraph 14 in this Constitution.

An elected Governor shall be deemed to have confirmed the declaration upon attending subsequent meetings of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of the elected Governors.

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7.2 Each Governor is required to declare their interests in accordance with paragraph 19 of this Constitution and the Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or decision of a meeting of the Council of Governors the Governor in question should

- Withdraw from the meeting and play no part in the relevant discussion or decision
- Not vote on the issue

7.3 Any Governor who fails to disclose any interest required to be disclosed in accordance with paragraph 19 of this Constitution or the Trust policy will have his/her tenure automatically terminated if required to do so by two thirds of the Governors in accordance with paragraph 2.3 of Annex 6 of this Constitution.

8 Voting

8.1 Every question at the meeting shall be determined by a majority of the votes of the Governors present except those issues referred to in the Constitution where other than a simple majority is required.

8.2 In the case of an equality of votes the Chair of the meeting will have the casting vote.

8.3 All questions put to the vote shall be determined by a show of hands. A paper ballot may also be used if a majority of Governors present request it.

9 Minutes

9.1 Minutes of the meeting will be drawn up and submitted for approval at the next meeting where they will be signed by the Chair of that meeting. These will be circulated according to the Governors' wishes.

9.2 The names of the Chair of the meeting and the names of those present shall be recorded in the minutes.

9.3 Minutes of the meeting shall be available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of paragraph 16.2

10 Quorum

10.1 No business shall be transacted at a meeting unless at least one third of those Governors holding one of the Council of Governors' currently occupied governor seats are present

10.2 If such a quorum is not present the meeting can stand adjourned to such time and place as the Trust Secretary may determine.

10.3 The Council of Governors can make decisions despite any vacancy in its membership or any defect in the appointment or election of any Governor.

11 11. Miscellaneous

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11.1 The Council of Governors may invite the Chief Executive, or any other member of the Board of Directors, or a representative of the financial auditor or other advisors to attend a meeting of the Council of Governors.

11.2 Council of Governor meetings will be held online to facilitate attendance unless the Chair deems otherwise or where the Chair is requested in writing by at least one-third of those Governors holding Council of Governors currently occupied Governor seats to hold a face-to-face meeting.

11.3 The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint Committees to assist the Council of Governors in carrying out its functions. The Council of Governors may appoint Governors and invite Directors and other persons, to serve on such committees. The Council of Governors may, through the Trust Secretary, request that external assessors assist them or any Committee they appoint in carrying out its duties.

11.4 If a meeting is called by Governors in default of the Chair calling a meeting, and the Chair or nominated deputy do not attend, a Governor can, with the agreement of the other Governors present, take on the role of Chair.

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ANNEX 8 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

Meetings of the Board

1. Calling Meetings

1.1 Ordinary meetings of the Board of Directors shall be held at regular intervals at such times and places as the Board of Directors may determine.

1.2 The Chair of the Trust may call a meeting of the Board of Directors at any time.

1.3 One third or more members of the Board of Directors may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within 7 days of a requisition being presented, the Directors signing the requisition may forthwith call a meeting.

2 Notice of Meetings and the Business to be Transacted

2.1 Before each meeting of the Board of Directors a written notice specifying the business proposed to be transacted shall be delivered to every Director, or sent by post to the usual place of residence of each Director, so as to be available at least 5 clear days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf. Lack of service of the Notice on any Director shall not affect the validity of a meeting. Details of meetings and the public agenda will be published on the Trust's website.

2.2 In the case of a meeting called by Directors in default of the Chair calling the meeting, the notice shall be signed by those Directors.

2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 7.

2.4 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.

3 Agenda and Supporting Papers

The agenda will be sent to Board members 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than three clear days before the meeting, save in emergency, with the agreement of the Chair. An agenda shall be presumed to have been served two days after posting.

4. Petitions

Where a petition has been received, the Chair shall include the petition as an item for the agenda of the next meeting.

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Supporting papers shall accompany the agenda, save in an emergency. An

5.1 At any meeting of the Board of Directors, the Chair, if there is one present, shall preside. If the Chair is absent from the meeting, the Deputy Chair if present, shall preside.

5.2 If the Chair and Deputy Chair are absent, another Non-Executive Director as the Directors present shall choose shall preside.

6 Notice of Motion

6.1 Subject to the provision of Standing Orders 8 'Motions: Procedure at and during a meeting' and 9 'Motions to rescind a resolution', a member of the Board of Directors wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.

6.2 The notice shall be delivered at least 14 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

7 Emergency Motions

7.1 Subject to the agreement of the Chair, and subject also to the provision of Standing Order 8 'Motions: Procedure at and during a meeting', a member of the Board of Directors may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board of Directors at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision on whether to include the item shall be final.

8 Motions: Procedure at and During a Meeting

8.1 Who May Propose

A motion may be proposed by the Chair of the meeting or any Director present. It must also be seconded by another Director.

8.2 Contents of Motions

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the receipt of a report;
- consideration of any item of business before the Board of Directors;
- the accuracy of minutes;
- that the Board of Directors proceed to next business;
- that the Board of Directors adjourn;
- that the question be now put.

8.3 Amendments to Motions

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board of Directors.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

8.4 Rights of Reply to Motions

- Amendments

  The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

- Substantive/original motion

  The Director who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

8.5 Withdrawing a Motion

A motion, or an amendment to a motion, may be withdrawn.

8.6 Motions once under debate

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;
  the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a Director be not further heard;

In those cases where the motion is either that the meeting proceeds to the ‘next business’ or ‘that the question be now put’ in the interests of objectivity these should only be put forward by a member of the Board of Directors who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

9 Motion to Rescind a Resolution

9.1 Notice of motion to rescind any resolution (or the general substance of any resolution which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of 3 other Directors, and before considering any such motion of which notice shall have been given, the Board of Directors may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

9.2 When any such motion has been dealt with by the Board of Directors it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

10 Chair's Ruling

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

11 Voting

11.1 Save as provided in Standing Orders 13 - Suspension of Standing Orders and 14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Directors present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chair of the meeting) shall have a second, and casting vote.

11.1.1 Where more than one person is appointed joint to a post in the Trust this shall count as one vote as provided in Standing Order 2.6 Joint Directors.

11.2 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

11.3 If at least one third of the Directors present so request, the voting on any question may be recorded so as to show how each Director present voted or did not vote (except when conducted by paper ballot).

11.4 If a Director so requests, their vote shall be recorded by name.

11.5 In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.

11.6 A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise all rights including the voting rights of the Executive Director.

11.7 A manager attending the Board of Directors meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. A manager's status when attending a meeting shall be recorded in the minutes.

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12 Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

13 Suspension of Standing Orders

13.1 Except where this would contravene any statutory provision or the rules relating to the Quorum (Standing Order 16), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board of Directors are present (including at least one member who is an Executive Director and one member who is a Non-Executive Director) and that at least two-thirds of those Directors present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Board of Directors' minutes.

13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Directors of the Trust.

13.3 No formal business may be transacted while Standing Orders are suspended.

13.4 The Audit Committee shall review every decision to suspend Standing Orders.

14 Variation and Amendment of Standing Orders

These Standing Orders can only be amended in accordance with paragraph 3 of Annex 9.

15 Record of Attendance

The names of the Chair and Directors/managers present at the meeting shall be recorded.

16 Quorum

16.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and Board Members (including at least one Executive Director and one Non-Executive Director) is present.

16.2 An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.

16.3 If the Chair or another Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see Standing Order 17) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

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17 Declarations

17.1 Each Director is required to declare their interests in accordance with paragraph 31 of this Constitution and Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or a decision of a meeting of the Board of Directors the director in question should

- Withdraw from the meeting and play no part in the relevant discussion or decision, and:
- Not vote on the issue.

17.2 A report on any Non-Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 31 of this Constitution or the Trust policy will be considered by the Council of Governors in accordance with the process to remove a Non-Executive Director.

17.3 A report on any Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 31 of this Constitution or the Trust policy will be considered by a Committee consisting of the Chair, the Chief Executive and the Non-Executive Directors in accordance with the process to remove an Executive Director.

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18 Admission of Public and the Press

The Board of Directors meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend. Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

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ANNEX 9 – FURTHER PROVISIONS

1 Restrictions on Membership

1.1 An individual may not become or continue as a member of the Trust unless he/ she is aged 14 years or over when an application for membership is made and he/ she:

1.1.1 lives in an area specified in Annex 1 as an area for a Public Constituency; or

1.1.2 is eligible for membership of the Staff Constituency in accordance with paragraph 8.1 or paragraph 8.2 of the Constitution.

1.2 In addition:-

1.2.1 no member should act in a manner which could associate the Trust with any personal opinions expressed by the member;

1.2.2 other than staff members, no member may designate the Trust as his/her personal or professional postal address.

2. Dispute Resolution

2.1 Any dispute or complaint arising from the procedures set out in the Constitution as they relate to the functioning of the Board of Directors, the Council of Governors or any aspect of the membership or election arrangements will be referred in the first instance for resolution by the Trust Secretary, in consultation with the Chair, Chief Executive or the Council of Governors as appropriate.

2.2 If the dispute is between the Council of Governors and the Board of Directors the Chair or Deputy Chair (if the dispute involves the Chair) will endeavour to resolve the issue through discussion with the Governors and Directors to the satisfaction of both parties.

2.3 Failing resolution, under 2.2 the Board or the Council, as appropriate, will at its next formal meeting, approve the precise wording of a disputes statement setting out clearly the issues in dispute.

2.4 The Chair will ensure that the disputes statement is an agenda item and paper at the next formal meeting of the Council of Governors or Board as appropriate. That meeting will agree a response to the disputes statement.

2.5 The Chair (or Deputy Chair) will immediately as soon as practicable communicate the outcome to the other party and deliver the written response.

2.6 If the matter remains unresolved and following further discussions and/or use of the above process there appears to the Chair to be no prospect of resolution then he will advise the Council of Governors and the Board accordingly.

2.7 Where the dispute remains unresolved or only partially resolved the view of the Board of Directors will prevail.

2.8 Nothing in the above procedure will prevent the Council of Governors if it wishes, from informing NHSE the statutory entity that remains the regulator of NHS foundation trusts that, in the Council's opinion, the Board of Directors has not responded constructively to concerns of the Council that the Trust is not meeting the conditions of its Licence.

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The Trust may make amendments to this Constitution (including the Annexes) only if more than half of the voting members of the Council of Governors of the Trust voting approve the amendments and more than half of the members of the Board of Directors of the Trust voting approve the amendments and in accordance with paragraph 44 of this Constitution.¶
¶

4 Further Provisions on Disqualification of Non-Executive Directors

Further to the requirements set out in paragraph 24 the Board of Directors will determine, and identify in the annual report, each Non-Executive Director it considers to be independent. Anyone identified as not being independent will not be permitted to become or continue as a Non-Executive Director and consideration of independence or otherwise will include the following factors:

- If he/she has been an employee of the Trust within the last 5 years;
- If he/she has, or has had within the last 3 years, a material business relationship with the Trust either directly, or as a partner, shareholder, Director, or senior employee of a body that has such a relationship with the Trust;
- If he/she has received or receives additional remuneration from the Trust apart from a Director's fee, participates in the Trust's performance related pay scheme, or is a member of the Trust's pension scheme;
- If he/she has close family ties with any of the Trust's Directors or senior employees;
- If he/she holds cross Directorships or has significant links with other Directors through involvement in other companies or bodies;
- If he/she has served on the Trust's Board of Directors for more than 9 years from the date of their first appointment.

The Board must state its reasons if it determines that a Director is independent despite the existence of relationships or circumstances such as those listed above.

5 Indemnity

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Members of the Board of Directors and Council of Governors and members of those committees which have delegated powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel, who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Board of Directors' or Council of Governors functions, save where they have acted recklessly. Any costs arising where members have acted honestly and in good faith will be met by the Trust.

The Trust may make such arrangements, as it considers appropriate for the provision of indemnity insurance or similar arrangement for the benefit of the Trust, or Directors, or Governors and members of those committees which have delegate powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel to meet all or any liabilities, which are properly the liabilities of the Trust under the paragraph above.

Humber Teaching NHS Foundation Trust

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Chair's Report
Author/s:	Rt Hon Caroline Flint
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	To provide the Council of Governors with an update on work and activity undertaken

Key Issues within the report:

Positive Assurances to Provide: • New Governor • Visits update	**Key Actions Commissioned/Work Underway:** • Associate Non-Executive Director recruitment
Key Risks/Areas of Focus: • No matters to escalate	**Decisions Made:** • N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board			

Monitoring and assurance framework summary:

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

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

Trust Chair's Council of Governor's Report – 20 July 2023

Welcome to Paul French, Supt Operations for Hull as our Humberside Police Partner Governor and Cllr David Tucker who is joining us as East Riding LA Partner

Governor. Our thanks to Supt Jenny Bristow and Cllr Julie Abraham for their participation and contributions.

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

Below I have reported on some areas of interest for governors. In addition, governors have access to my Trust Board Reports.

A. Governors

1. Since the last Council of Governors' meeting there have been several meetings of the Appointments, Terms and Conditions Committee and an Extraordinary CoG to agree the recruitment of two new Associate Non-Executive Directors (ANED). The recruitment has campaign has started and I hope governors will encourage applications through their networks. Details are available on our website and have been sent to governors. The schedule for shortlisting and interviews will take place on 7 and 31 August. Along with the interview, candidates will attend two stakeholder panels one involving governors and PACE (Patient and Carer Experience) and the other Board members. Thanks to all those who have agreed to participate. There will be a possible Extraordinary CoG on 5 September to approve the successful candidates.

2. Apart from the CoG meetings all other meetings/events are optional for governors. The 2024 Calendar with dates will be issued to include:

4 Council of Governors' meetings	**2 in person alternate months**
3 Governor Development Days	**2 in person**
10 Humber Governor Briefings	**Online except Aug & Dec (1hr)**

3. At the last Governor Development Day on 15 June the focus was on the work of the Quality Committee and an informal lunch took place for governors to meet members of the EMT and some other senior staff. The next GDD on the 21 September will be online. As requested by governors we will be providing information on how Humber contracts, collecting feedback, the Integrated Care Board and the work of the Mental Health Legislation Committee.

4. NED Appraisals including the Chair's have been completed. Thanks to Chair of the ATC Sue Cooper who worked with myself and the Senior Independent Director (SID) Francis Patton.

B. Trust Chair

I attended the Audit Committee on 16 May and 20 June and the Quality Committee on 1 June.

Met with David Napier the new Head of Humber's Complaints Service.

The Equality, Diversity and Inclusion (EDI) annual event took place on 18 May which I attended in the afternoon. It was good to see PACE governor Marilyn Foster there too.

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

Attended the Governance Conference organised by NHS Providers on 11 July exploring the roles of boards and governance. The focus was on the role of trust boards in making the duty to co-operate a reality.

C. Knowledge Visits since the CoG on 20 April 2023

Chair

Estates, Hotel Services & Occupational Health	27 April
Townend Court HITOC	11 May

NEDs, EMT and Governors

Scarborough Malton CS	27 April	Pete, Tim & Doff
Millview Lodge	10 May	Stella & Tony
Inspire	17 May	Francis, Doff & Tony
PICU	24 May	Stuart, Lynn, Tony & Anthony
Avondale	6 June	Stuart & Anthony
Health Trainers in Bridlington	21 June	Francis & Joanne
Townend Court	5 July	Stuart, Tom & Brian
Humber Centre	12 July	Hilary, Marilyn & Brian
Whitby Hospital	18 July	Stella & Doff
Perinatal Services	19 July	Francis & Tim

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Chief Executive's Report
Author/s:	Name: Michele Moran Title: Chief Executive
Recommendation:	To approve: ; To discuss: ; To note: ✓ ; To ratify: ; For assurance:
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.

Key Issues within the report:

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

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board	✓		

Monitoring and assurance framework summary:

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

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

Chief Executive's Report

1 Around the Trust

1.1 Visits

It has been a pleasure to undertake numerous visits, during the recent months, the focus of which is to discuss with staff the organisation's top priority: Patients and Patient care. Our staff have challenges but undertake some remarkable work. Our developing flexible approach to work is being well received alongside the staff health and wellbeing support offered. Recruitment continues to be the main area of concern for staff.

1.2 HSJ Judge

I have been asked to be part of the HSJ Judging panel for this years HSJ awards, a great honour for the organisation to be recognised.

1.3 Choir

Helen Chamberlain Principal Children's Physiotherapist, Carol Clark Specialist Safeguarding Practitioner, Debbie Johnson Learning Disability Nurse, Jacki Scott School Nurse and Jo Trafford Administrator were part of the NHS Coronation NHS choir.

1.4 Clinical Change

Dr David Harvey accepted a new role as lead Psychologist in Gibraltar and left the Collaborative Planning and Quality team (CPaQT) in March. However following a national recruitment process Dr Clare Whitton has accepted the role of Clinical and Quality Director and will join the CPaQT in July.

1.5 Health Education England (HEE)

It was great to be part of the organisational panel during the NHS England Senior Leader's engagement assessment visit and it was wonderful to hear such fantastic feedback on our teaching, training, and learning environment, the HEE team said that the organisation was one of the best that they have seen, this is a real testament to the medical educational team and specifically Dr Soraya Mayet our Medical Education lead. Great progress and well deserved feedback.

1.6 HSJ Patient Safety Awards

Listed below are this year Organisational entries, good luck, all.

HSJ Patient Safety Awards			
Electronic Prescription Service	East Riding Partnership	Safety Improvement Through Tech	Dawn Fawcett
Electronic Prescription Service	East Riding Partnership	Quality Improvement of the Year	Dawn Fawcett
Electronic Prescription Service	East Riding Partnership	Improving Medicines Safety	Dawn Fawcett
Zero Waitlists for Older People	HICTOP	Best Use of Integrated Care	Chloe Harrison
Zero Waitlists for Older People	HICTOP	QI Initiative of the Year	Chloe Harrison
Zero Waitlists for Older People	HICTOP	Improving Care for Older People	Chloe Harrison
Plebotomy Clinic	Community LD Hull	Learning Disability Initiative	Emily Wallace/Laura Derving
Plebotomy Clinic	Community LD Hull	Community Care	Emily Wallace/Laura Derving
Follow My Lead	Hull PMLD	Patient Safety Education and Training	Stephanie Dines
Follow My Lead	Hull PMLD	Learning Disability Initiative	Stephanie Dines
STOMP Clinic	Learning Disability	Learning Disability Initiative	Kay Graham
Acute Community Service	Older Peoples Mental Health	Improving Care for Older People	Leanne Ross
Dementia Support	Memory Assessment Service	Improving Care for Older People	Ally Couch
Swale Ward	Forensic Mental Health Services	Patient Involvement in Safety	Katiemarie
Crisis Pantry	Forensic Mental Health Services	Staff Wellbeing	Helen Courtney
Staff Wellbeing	Workforce and OD	Staff Wellbeing	Karen Phillips
CENS	Complex Emotional Needs Servic	Mental Health Safety Initiative	Samantha McKenzie
CENS	Complex Emotional Needs Servic	Community Care	Samantha McKenzie

1.7 Provider Collaborative

Our provider collaborative has been asked to be part of this year's Humber, North Yorkshire Annual report for their work and which will focus in the report on secure services:

Service user story -Service User A

Service user A transitioned from CAMHS low secure to adult secure inpatient services, the patient had complex needs in relation to an eating disorder and Personality Disorder. Initially the service user required an Extra Package of Care (EPC) with a 5:1 core team which increased to 7:1 at times.

Collaborative working, a multi-agency planning team and strong engagement from all stakeholders including family, enabled the service user to be discharged home 23 months from transition to Adult Secure Inpatient Services. On discharge the service user has had access to eating disorder day care provision to enable NG feeding. During the 6 months since the in-patient discharge the service user has progressed to NG removal and oral diet and to date remains at home with day care support.

This is the young lady who when we went live in October 2021 was nursed in the annex of an independent provider – the CPaQT worked really closely with the provider, and transitioned the patient to day care. Pleased to say the patient now attends the Clinic for short periods each day for support and review and after years of only being fed by NG has commenced oral diet which is great news.

2 Around the System

2.1 Chief Constable

Lee Freeman our Chief Consultable will be leaving in the Autumn to join the His Majesty's Inspectorate of Constabulary and Fire and Rescue Services

2.2 Hull

Hull has been selected as one of the first two local authority areas to be focussed on a 'Levelling Up Partnership, which is to provide bespoke 'place-based' regeneration in 19 areas in England (albeit Hull and Sandwell are first) over 2023-24 and 2024-25; This work will:

- Develop a more informed appreciation of the socio-economic challenges and demand drivers, particularly in some of the most deprived wards;
- Enable Government to have a clearer understanding of the extent of the health inequality gap.
- Facilitate a fuller understanding by Government of economic strategy.

Hull's focus:

- City centre and community regeneration and housing delivery;
- The strategic significance of key industrial sectors in Hull's regional and national economies;
- Opportunities offered through 'net zero' and industrial decarbonisation;
- The scale and national significance of Hull's port complex and the wider Humber Estuary;
- The challenges presented by the skills gap and the importance of matching local supply with future demand;
- A key focus on delivering opportunities and raising aspiration and expectations;
- Creating an environment for small and medium sized enterprises to thrive and sustain.

2.2 ICB Objectives

These are provided for your information below

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Humber & North Yorkshire Health & Care Partnership – Objectives 2023/24

Objective	Actions	Monitoring progress
Managing Today	• Measurably improve the quality and safety of care provided to our population. • Deliver the Core20plus5 and wider health inequality and population health plans for 2023/24 • Implement the plans to deliver the ICP Health and Care Strategy, the Joint Forward plan, and the requirements of the ICB Operating plan for 2023/24 -prioritise Support to social Care , Public Health ,Children , Frailty ,Mental Health, UEC and flow , Elective Recovery and Cancer. • Deliver the Digital and Data plans for 2023/24 • Measurably improve recruitment and retention across the workforce. • Deliver financial and efficiency plans whilst making investment decisions which will enable the ICS to achieve its ambitions. • Deliver the 2023/24 requirements of the people plan (continuation/next steps of the 180-day plan) • Continue to strengthen place and sector collaboratives through greater delegation of resources and responsibility. • Continue to strengthen and develop the ICB leadership ensuring absolute parity between the ICB and the ICP. • Lead and manage effectively upwards (into NHSE and DHSC), outwards (Our 4+1 regional model) and across (our 28 partner organisations, the education and business sectors)	Quarterly review of progress by the ICP/ICB to March 2024

Objective	Actions	Monitoring progress

Managing tomorrow	• **People** (Talent, Leadership and Management)
	  ○ Establish processes for nurturing and growing potential across the ICS and consider succession planning, both in our own organisation and across our partnership.
	  ○ Working with our University Partners to develop this work and establish an ICS senior leaders development programme.
	
	• **Partnership**
	  ○ Continue to build on our existing work with multiple partners in pursuing our core long term aim of ensuring the population we serve meets the national average for life expectancy for men and women in England.
	  ○ Acting as an Anchor network to exploit the collective potential of the System, including partner organisations, wider public service, the Further Education sector, and local business to address health and wider inequalities in the most deprived communities in Humber and North Yorkshire
	  ○ Utilise this maturing network to build the profile of Humber and North Yorkshire as great place to live and work and advocate for inward investment and development at every opportunity.
	
	• **Innovation, Research and Improvement**
	  ○ Strengthen our Innovation, Research, Improvement System (IRIS) to support our commitment to be a transformational ICS. Be part of a powerful partnership and network that builds on the collective strengths and the unique opportunities that our Geography and population affords.
	  ○ Ensure a single 'front door' in/out of the ICS for Innovation, Research & Improvement and engage researchers and innovators in our 'grand challenges'.
	
	• **Digital**
	  ○ Embrace the extraordinary potential afforded by digital innovation ensuring that the ICS is at the leading-edge by maximising the impact of the national developments we are piloting (Front Runner, SCC collaboration).
		Quarterly review of progress by the ICP/ICB to March 2024

	○ Ensure that we make rapid progress in the use of data to provide high quality business intelligence and to support real time decision making. • **Engaging with the Public and communities** ○ Develop programmes of engagement that promote health ensuring that over time health really is everyone's business, particularly in those areas where health inequality is life limiting. ○ Establish leading edge approaches to understanding the views of the people we serve and seek to co-produce plans and actions that respond effectively to their needs	

Objective	Actions	Monitoring progress
Getting the basics right	• Create a high-performance culture in the ICB supported by a high-quality leadership cadre • Effectively communicate our vision and message to our staff, our partners, and the wider community • Practice excellent HR interventions - including brilliant communications, high expectations of individuals, opportunities for development, effective rigorous appraisal. • Ensure all ICB staff have clarity of purpose and are compliant with our hybrid working policy. • Establish office arrangements (including a Head Office space) which affirm our culture and leadership values. • Ensure that our governance arrangements are of the highest standard and are focused on safety of service users, oversight of risk, avoid unnecessary bureaucracy and enable clear decision making.	Quarterly review of progress by the ICP/ICB to March 2023

2.3 York and Scarborough

Alan Downey, Chair of York and Scarborough Teaching Hospitals NHS Foundation Trust, stepped down from the role in May.

Alan was appointed in February 2022, having held a number of non-executive roles, including Chair of South Tees Hospitals NHS Foundation Trust.

2.4 Group Chief Executive

Current Chief Executive of Hull University Teaching Hospitals, Chris Long has announced his retirement later this year and Peter Reading CEO of North Lincolnshire and Goole will be moving into another CEO role in the NHS.

Following a National Recruitment Jonathan Lofthouse has been appointed Joint Chief Executive for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust.

Jonathan is currently Site Chief Executive (Princess Royal University Hospital and South Sites) at King's College Hospital NHS Foundation Trust in London and has significant experience of not only working in but also developing a group leadership structure within that organisation. Prior to this he was Director of Improvement at Liverpool University Hospitals NHS Foundation Trust. Jonathan is due to start in post in August.

2.5 North Lincolnshire and Goole (NLAG)

NLaG has been formally removed from segment 4 of the NHS system oversight framework, the Recovery Support Programme, with immediate effect (special measures) They will however remain in segment 3, which means that they will still receive support at a regional level.

2.6 Yorkshire Ambulance Service (YAS)

YAS Chief Executive, Rod Barnes, left Yorkshire Ambulance Service NHS Trust (YAS) at the end of May 2023. Rob has been replaced by Dr Peter Reading as interim Chief Executive, from 1 June 2023. Rob will be coming to the Integrated Care Board (ICB) to work on the efficiency programme.

3 National News

3.1 Hewitt Report

The Key recommendations in the report include:

- Reducing the number of targets set at a national level.
- Developing "high accountability and responsibility partnerships" for more mature ICSs.
- More investment in prevention, including increasing the public health grant allocation.
- Reducing the use of short-term funding pots.
- Reviewing the entire NHS capital regime.

The report is still with NHSE for their comments.

3.2 NHS and Covid Incident

On 19 May 2022, we were notified as the steps that the NHS would need to take to transition from COVID-19 response to recovery. As part of that response, NHSE stepped down the national NHS level 4 to a level 3 incident.

It was announced at the NHS England Board that the NHS would be stepping down the COVID-19 incident with immediate effect.

4 Director Updates

4.1 Chief Operating Officer Update

4.1.1 Operational, Industrial Action and Covid Update – July 2023

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

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

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

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

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

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in May and June for core services but with ongoing

increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders continues and a new eating disorder community treatment service is being operationalised by the service to support this. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis. Occupancy and patient flow in our CAMHS inpatient service remains improved and delayed transfers of care have reduced.

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

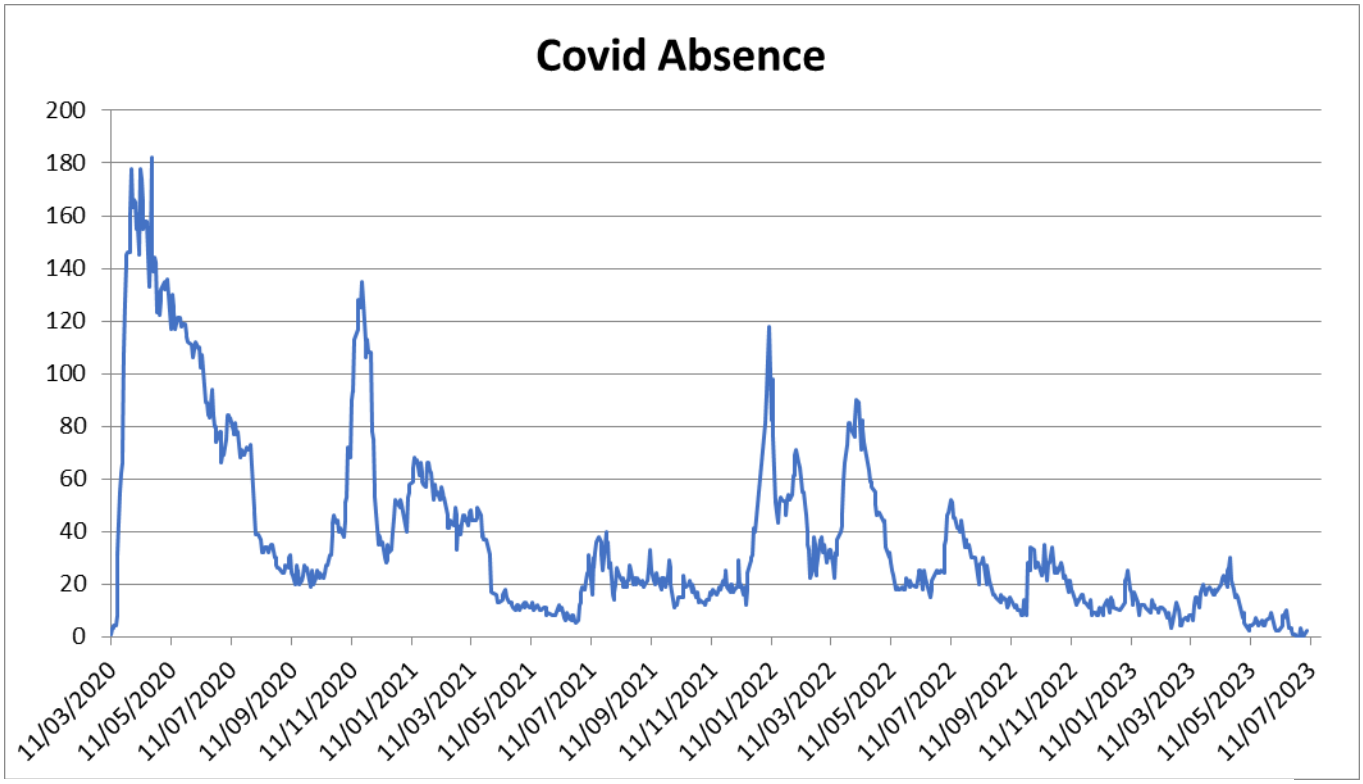
Delayed transfers of care (DTOC) from our mental health beds remain high during the last month (the position has improved from our community beds). Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation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

System pressures have seen some improvement in North Yorkshire and York and in the Humber areas more recently for both health and social care. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during the last two months, periods of de-escalation to OPEL 3 are occurring more frequently. Local authorities and the Ambulance services have also experienced some improvement in pressures. The combined impact of these ongoing pressures alongside ongoing industrial action has however seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress has been made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to. The new provision opened on 26th June and provides an enhanced environment to assess the needs of those presenting with mental health issues and is staffed by our expanded hospital mental health liaison team. Early data demonstrates that the service is successfully diverting patients away from the emergency department, it will now be monitored closely and will also collect information about the patients experience of the new facility.

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

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

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



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

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

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

4.1.2 Mental Health Inpatient Redesign Programme

The Pre-consultation Business Case (PCBC) continues to be progressed with a number of stakeholder consultations and engagement sessions having taken place in the last few

weeks. A good level of feedback on the shortlist of options has been received from those sessions and in the next few weeks the team will be bringing all of that together and formulating the final case for change and the approach to our consultation plan. The outcome of the consultation and the evaluation of the shortlist will be reported to the board at the July meeting.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Professional Nurse Advocate (PNA) Update

In March 2021 Ruth May Chief Nurse for England announced the role out of a new programme called "The Professional Nurse Advocate (PNA) in recognition that all sectors of the healthcare workforce were experiencing widespread stress, mental health problems and burnout. The aim of the PNA programme is to support nursing staff as they work towards recovery and as a result reducing sickness and supporting retention.

PNA training provides those on the programme with skills to facilitate restorative supervision with their colleagues and teams in nursing. Restorative supervision contains elements of psychological support including listening, supporting, and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations.

Since the launch of the role in March 2021 we have supported 18 staff to achieve the master's module and become qualified PNA's, with 5 of these qualifying this year and 1 awaiting results.

We set ourselves the ambition of ensuring all nurses working across the trust will have easy access to a trained PNA who can offer restorative clinical supervision (RCS) as required to help support the health and wellbeing of the individual or team. Each PNA works on a sessional basis offering 7.5 hours each month to respond to requests.

Our PNA's are now spread across the patch and nursing specialities which enables us to provide a comprehensive service across the organisation. Although the role is focused on nursing no member of staff would be denied support if it was requested and felt to be appropriate.

Uptake of support from staff across the organisation

PNA's across the trust offer both restorative supervision and career conversations. From May 2022 to March 2023 when we had 13 qualified PNA's they provided the following:

- Restorative supervision =160 individual sessions
- Career conversations = 111 conversations
- Group RCS session = 4

With a further 5 PNA's qualifying from March 2023 onwards we are confident of being able to increase capacity.

Where are the PNA's based?

4 = Nursing Directorate who are able to cover all area
7= within MH services including inpatient, community, and forensic services
1 = Learning disabilities (awaiting results)
2= School/nursing & Health visiting

5= Scarborough Ryedale, Malton & Whitby

There is a dedicated email account for staff to be able to book a restorative supervision session or seek further advice.

The PNA's have delivered an awareness session the occupational health team on the role and service available, supported newly qualified nurses as part of preceptorship, targeting nurses working on our MH inpatient units and are supporting health professions apprentices.

Three further applications for the programme have been submitted to the national team for allocation of a place on the next course later this year.

Future steps

- We have a number of roadshows/drop ins planned across the Trust to promote the role.
- Deliver a skills update on how to deliver restorative supervision to support staff who provide clinical supervision ensuring a focus on the quality of clinical supervision.
- Gather anonymous feedback from staff who have accessed the service to inform future development of the role.

4.2.2. Leadership Visibility

Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals, and her deputy between them have visited the following sites to meet with staff and patients:

The Humber Centre, Miranda House Teams including Avondale, Hull and East Riding 0-19 service, Market Weighton Practice, Inspire, Westlands, Granville Court, West Hull CMHT. The Director of Nursing (DON) and Deputy DON also presented at the Preceptorship Academy Session to newly registered staff across nursing and allied health professionals regarding how to recognise a closed culture with a focus on ensuring staff feel confident to speak up. This session will be repeated with future cohorts.

In May the DON was privileged to present the certificates to the newly qualified Professional Nurses Advocates and hear their plans for further roll out of the valuable service they offer.

All of the visits have been very positive. Of note, on the visit to West Hull CMHT by the DON staff reported how much they enjoyed working in the team and at the Trust. They said they felt well supported by their managers and were afforded a number of development opportunities. An Occupational Therapy Apprentice fed back how much she was enjoying her training recognising the benefits of learning in this way which she felt gave her far more 'hands on` experience when compared with some other forms of study. It was at West Hull CMHT that the DON saw first hand how the use of MS Teams to hold the morning daily clinical meeting was improving productivity and giving support to staff. Team leaders fed back that the daily meetings were better attended since the introduction of MS Teams rather than face to face possibly due to staff being able to access the meeting with ease i.e no travelling. The meeting the DON witnessed was slick, with good participation, and finished in good time allowing staff to get on with their clinical duties.

The DON and the Chief Operating Officer continue to meet with both the Matrons and Band 7 inpatient leads on a regular basis utilising MS teams. These are meetings without agendas for staff to raise any questions/concerns/ share learning and get some peer and executive support.

4.3 Director of Workforce & Organisational Development Updates

4.3.1 Appraisal Window

The 2023 appraisal window opened on 1st April and closed on 30th June.

4.4 Medical Director Updates

4.4.1 International Clinical Trials Day

Our Research Team celebrated International Clinical Trials Day in May with a series of research roadshows in various clinical bases across the patch, including in our GP practices, and packs sent out to all teams to help raise awareness and the profile of research. These have been well received, resulted in new research champions being identified and provided opportunities to gather information to inform our research strategy refresh.

4.4.2 Kings Fund Engagement Project

The Humber and North Yorkshire ICS is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The Kings Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". **Five organisations; Humber Teaching NHS Foundation Trust, Hull University Teaching Hospitals NHS Foundation Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, North Lincolnshire and Goole NHS Foundation Trust and Hull Place (Humber and North Yorkshire Integrated Care Board)** are leading on this work and will work in partnership with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience with a focus on communication. The five organisations have created a steering group and have identified two governors/patients from each provider Trust to work in partnership with members of the steering group to ensure the community voice influences the project. A wider ICS session will take place in the Summer of 2023 to share the premise of the project and begin to co-produce elements. Intelligence gathering will then commence.

4.4.3 Equality, Diversity and Inclusion (EDI) Annual Event (2023/24)

The Trust hosted an annual event on 18 May 2023 where patients, service users, carers, staff and partner organisations received a presentation from keynote speaker Jamal Choudhury (Operations Director, The Peel Project) who informed the group of the inspirational work taking place to provide support services to the local Hull community with emphasis on Black, Asian and Minority Ethnicities. The Trust's Staff Networks including; Rainbow Network, Race Equality Network and Disability Network provided updates on the work they have been progressing over the past twelve months. Also, the Trust's EDI leads for patients, service users and carers and workforce updated the group on the work which has taken place over the past year to support the EDI agenda and priorities for 2022/23. During the event, everyone participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the conversations in the workshop

activities, the following four priorities have been determined for the Trust to implement over the next twelve months for patients, service users and carers:

- To strengthen patient demographical data collection to tailor care that meets individual needs.
- To further enhance our faith offer to ensure inclusivity.
- 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.
- To introduce cultural celebration weeks to educate and support people to understand cultural differences.

4.5 Director of Finance Updates

4.5.1 Director of Finance

Since March the Director of Finance has visited Scarborough Community Services with Governors, met with the Whitby Artwork Task and Finish Group to finalise proposals for artwork at the redeveloped Hospital and also visited Alfred Bean to meet with the MH collaborative finance team.

4.5.2 Planning

The Trust has continued to work with colleagues across the ICS to finalise financial plans for 2023/24. Following discussions and updates to plans the ICS now has a final planned deficit for 2023/24 of £30m

4.5.3 Pay Award

The NHS Staff Council recommended the pay deal for implementation on 2 May 2023, and the government has subsequently confirmed that the deal will be implemented for all staff on the NHS Terms and Conditions of Service.

All eligible staff will receive the following payments, covering both the 2022/23 and 2023/24 pay years, as part of the deal:

2022/23	- Non consolidated award worth 2% - One-off NHS backlog bonus worth between £1,250 and £1,600
2023/24	- A consolidated award for 2023/24. The award is worth a 5 per cent increase in basic pay for all pay points, with the lowest paid staff seeing their pay brought up to the top of band 2 (a 10.4 per cent pay increase)

The non-consolidated one-off payment for 2022/23 was paid to eligible employees along with the 2023/2024 Pay award (which will include arears pay for April and May where applicable) in their June pay.

The Trust has made provision for the 2022/23 retrospective payment in its accounts (With associated income from NHSE) and guidance is awaited on funding flow to cover the additional cost of the 23/24 pay award above the current 2% provided for in the Trust Plan. Assurance has been given by NHSE that the pay award will be fully funded.

4.5.4 Annual Accounts

The Trust submitted its draft annual accounts to NHSE on the 27th of April and the External Audit of the Accounts commenced on the 28th April. All working papers have been submitted and progress on the audit is proceeding as planned.

4.5.5 Cyber Security Updates

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2023: 73
  - High Priority CareCERT notices Issued during 2023: 4

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

4.5.6 Electronic Patient Record

The EPR procurement is continuing as planned with moderation of bids now complete and approval of preferred bid currently going through the final stages of governance. Once preferred bidder has been approved the Ful Business Case will be prepared for presentation to EMT and Trust Board.

4.5.7 Primary Care Telephony

At the most recent Digital Delivery Group the business case to implement a new Primary Care Telephony system was approved, this should improve patient access. Works to progress with the procurement and installation continue.

4.5.8 Cyber Essentials - Interweave

Interweave (Shared Care Record Product) has achieved Cyber Essentials Plus accreditation which gives assurance on the defences to protect against potential cyber attacks.

4.5.9 Trust HQ

Project in development for the demolition of old Trust Headquarters which is currently planned for summer. On an interim basis this will be utilised as additional car parking capacity whilst the long term use of the site is finalised. Negotiations are in place with partners on use of this additional capacity with reciprocal arrangements in other places.

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4.5.10 Development Works

Works are progressing with the improvements at the Humber Centre following the works associated with the entrance alterations. This includes for the replacement of flooring, which is following onto the refurbishment of the washing facilities on Ouse and Derwent. Further patient engagement is planned for the reconfiguration of the bedrooms on Ouse and Derwent.

Roof remediation works have commenced at Miranda House, works will include the replacement of existing parapet guttering, and rainwater outlets, and remediation works to coping stones etc.

Formation of new bookable Training Room and offices now complete at East Riding Community Hospital, this has utilised the vacant area where the old café was situated. Vending machines are to be installed in the reception area of the main building and Urgent Treatment Centre.

4.5.11 Green Plan

Solar panel installation works are nearing completion on the installation of a 60kw solar system to Townend Court, works are expected to be completed and energised by end of the month.

Annual data submission for vehicle usage will be submitted by the end of May to Greener NHS.

Works complete to recommission the biomass boiler at East Riding Community Hospital, which was fully operational from June 2023.

4.6 Head of Corporate Affairs Update

4.6.1 Membership Data Cleanse

All members without an email address were written to in June to advise them that all future communications will be via email (unless they tell us otherwise) and to ask them to let us know if they still wish to be a member (in line with good practice). This course of action has been agreed by the Engaging with Members Group and is an action on the Membership Plan agreed by them.

5 Communications Update

Quarterly Communications Update

Service Support

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

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	• National Rebrand of Emotional Wellbeing Service • Community Grants scheme

Community & Primary Care	• Recruitment campaign – launched 26/6/23
Children's and Learning Disabilities	• Alarm Distress Baby Scale research – BBC One Show • Youth Recovery College Launch

NHS75
We have supported a range of initiatives to mark this special anniversary.

CEO Challenge - Tuesday 4 July
Michele's annual charity challenge will see her dancing through the decades from 9am to 5. From swing dancing in the 1940s, to the Macarena in the 90s and Taylor Swift hits in the 2020s, staff were invited to join her via MS Teams or in-person. An all-staff dance workout was held over lunchtime and Michele was joined by staff and local dance teachers as part of the event. Funds raised will benefit staff via the Health Stars.

Big Tea – 1st-9th July
We supported all teams to arrange local tea parties to celebrate the NHS where they worked. Each staff member received an allocation of £2 per head which managers accessed via supermarket vouchers to enable them to organise an event in a quick and simple way.

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

Team Updates
Three new roles have been recruited into the team this month.

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

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

Alongside these changes in corporate communications. A new service communications team is forming following investment from divisions to offer more dedicated support for their services. This will allow us to provide enhanced campaign support with a particular focus on service social media, websites and campaigns. The first role, in Children's and

Young People's will join us in August and will work in service but as a part of the Communications and Marketing team to ensure a joined-up approach, brand consistency and support for personal development.

Theme 1: Promoting people, communities, and social values

- **Brand Updates**

A new online Photo Library has been launched as part of the next phase of brand developments. It can be viewed at photos.humber.nhs.uk.

It includes over 700 approved photographs for staff to use in printed and online materials. Images are filterable by location, services, roles and more, as well as a text input box. This innovative new platform will free up communications team time as well as continue our journey of brand improvements by offering a supportive and easy to use brand toolkit for staff.

A further edition to the Brand Centre this month is the ReachDeck Editor which allows users to copy in any content to check reading age, legibility, grammar and spelling. The software then suggests changes to the content in order to make it more accessible.

Both launches will be promoted at our six weekly Brand Workshops which are regularly attended by 50+ staff.

- **Social media content**

Your Leave Plus
Following the parliamentary period of sensitivity we were able to publicly launch our new Leave Policy with a focus on using our social media channels in particular Linkedin. Results on this campaign far exceeded usual engagement figures, with over 100 engagements and 5,000 impressions.

International Nurses Day
On 12th April we celebrated, Our Nurses: Our Future, creating a video including advice from our nurses to their younger self at the start of their career' International Nurses Day Quotes 12 May 2023 - YouTube

NHS East Riding Talking Therapies
The Emotional Wellbeing Service is changing to NHS East Riding Talking Therapies. This is part of a national rebrand that will see all Improving Access to Psychological Therapies (IAPT) services using the same name. We reached in excess of 1000 people on our Facebook and Twitter channels seeking to find out more about this news.

Mental Health Awareness Week
With a theme of Anxiety for 2023 we we've worked with staff to deliver a weeks' worth of activity focusing on different anxieties with a focus on informing, educating and signposting. We reached 9,501 people on Facebook with important information and advice.

Clinical Risk Training

We had over 100 post engagements on our Facebook post highlighting for anyone wishing to help develop our ‘Clinical Risk Training’ This was of great encouragement for our Mental Health support services.

- **Media coverage**

There was a reduced number of stories over the the pre-election period of sensitivity imposed from 28 March which pauses all non-essential external communications/policy launches.

Coverage after this period included;

1. Alarm Distress Baby Call research (ISPHNS) BBC, One Show, Hull Daily Mail, Various national and nursing specialist publications
   Wellbeing walks across the East Riding, published by the Scarborough News, NHS England, Beverley FM and BBC Radio Humberside
2. Your Leave Plus offer, published by the BBC, Hull Daily Mail, That’s TV Humber, BBC Radio Humberside, Employee Benefits, and Bolly Inside
3. NHS to deploy street mental health teams, published by The Guardian

- **Awareness Days**

We have continued to support awareness days and create impactful campaigns in collaboration with our diverse services across the Trust.

Key dates of note this period were:

Awareness Days

- Eid al-Fitr
- World Immunisation Week
- Experience of Care Week
- World Hand Hygiene Day
- International Nurses Day
- Mental Health Awareness Week
- Mental Health Awareness Week
- Dementia Action Week
- International Clinical Trials Day
- Preceptorship Week
- Volunteers Week
- Carers’ Week
- Diabetes Awareness Week
- Infant Mental Health Awareness Week

We worked with nursing colleagues to coordinate celebrations for International Nurses Day including sending a new pin badge to all nursing staff across the trust, creating a video and sending out a special message of thanks by email. The activity had more that 2500 engagements.

Theme 2: Enhancing prevention, wellbeing and recovery

- **Website**

An updated version of the ReachDeck accessibility toolbar has been added to the Trust website. This allows visitors to access content in a way that meets their needs including upgraded text-to-speech, reading and translation support.

Electronic Patient Record Project
The new, single optimised EPR provider has now been chosen and this was communicated with all staff through the Leadership Forum and an internal email on 13 June.

Following the delivery of the initial communications plan for internal channels, we are now moving into the implementation phase of work, which will include hosting an internal programme launch event and many more activities as we progress with next generation EPR engagement and support.

To close this important chapter, we are sending a small thank you gift and message to our EPR evaluators and moderators, to show our appreciation for their time and effort.

Notice Boards
A proposal to standardise and enhance patient and staff notice boards across mental health in-patient units, community hospitals and GP practices has been developed. The plan will utilise and improve what is already in place to ensure consistency of communication to both internal and external audiences

It includes investment in digital screens for all inpatient units, improved processes for distribution and display of printed materials and maximising the use of the investment into smart screen technology.

The plan was supported by CERG in April and was approved for investment by the Capital Estates Committee in May for funding.

Theme 3: Developing an effective and empowered workforce

Staff Celebration Event
The Staff Celebration Evening will take place on 10 November at Lazaat Hotel in Cottingham, plans are progressing to make this the biggest and most inclusive event yet.

Nominations for the staff awards are now open. Award categories are:
- Outstanding Care
- Innovation – Clinical and non-clinical
- Humbelievable – clinical and non-clinical
- Being Humber
- Volunteer of the Year
- Wellbeing
- Patient and Carer Experience

A Patient Safety Award will also be given out, as well as a CEO/Chair Award.

Nominations close on 23 July 2023.

- **Humbelievable Recruitment Marketing Plan**

Our 2023/4 recruitment marketing plan will focus on nurse recruitment in particular at Band 6. We look forward to supporting our colleagues again this year with their recruitment and retention efforts, through innovative and creative communications campaigns, on both internal and external channels.

100K Your Way

428 people signed up to take part in the 100K Your Way challenge throughout May. In total the Trust walked over 57,000KM

We collected feedback from participants after the event, below are some comments:

"I enjoyed this event and signing up to this was a good way to keep me accountable, I'd started exercising more before seeing the challenge but signing up to this helped keep me on track and it helped me commit to building it into my routine, now it's a part of my daily routine which I enjoy and will hopefully be sustainable. "

"Absolutely loved taking part in the challenge and seeing everyone's progress. I really hope the trust do something similar soon!"

"I liked being able to see the different people/teams taking part from all over the Humber Trust. It was amazing to see how far people get and manage to achieve in a month just – WOW!"

The website that we used to register and keep a log of people's distances was a huge success and we are looking forward to using it for similar challenges going forward.

- **Humber Talks – The new internal comms brand**

Our new Humber Talks brand has been rolled out all internal comms channels including the Global, The Local (new divisional newsletters), EMT Headlines, Ask the Exec, Meet Michele and the monthly CEO Video message.

The new overall brand gives a cohesive, unified feel to all internal comms channels helping our staff to recognise the range of ways 'Humber Talks' with the aim of improving engagement with our internal communications.

- **The Local – divisional newsletters**

We have created and distributed the five divisional newsletters for the past three months, populated by the Communications Partners for each division. Newsletters have been well with an average of over 70% colleagues reading them. The Locals for Forensic and Children's and Learning Difficulties in particular have very strong open rates of 80% and 90% respectively.

Report It

Work is ongoing on the Report it - Bullying and Harassment campaign. Poster design concepts have been taken for comment from EDI and feedback is extremely positive. Key messages to launch the posters are being developed as is signposting to the new Report It page on the intranet.

Further discussion is being planned on the next stage of comms. More information will be shared once final decisions have been made on the best way to ensure the message is shared as widely as possible across the Trust.

Theme 4: Fostering integration, partnerships, and alliances

- **Staff Youth Forum**

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

Theme 5: Innovating for quality and patient safety

- **Awards**

We are pleased to continue to support teams across the Trust to enter a variety of awards this year following exceeding our target for nominations last year. Focus is on deadlines for the HSJ Awards, HPMA Awards and the Excellence in Healthcare Awards all of which again we have been able to support an uplift in nominations including six submissions for the HSJ Awards 2024.

Our Addictions Service was shortlisted for a HSJ Digital Awards.

- **Adult Inpatient Redesign Project**

Following the development and delivery of the evaluation phase of the projectthe final draft of the Pre-Consultation Business Case and findings has been submitted to the June Trust Board for review and comment.

Theme 6: Optimising an efficient and sustainable organisation

- **Update on annual website development plan**

Development plans for the website have been paused while clarity is sought from web providers SiteKit on if they will continue to offer their web management product going forward. An options appraisal will be developed to consider the best away forward to continue to deliver an accessible and informative website.

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	4 positive stories published No negative coverage
Visits to Brand Portal	Up 20% to 696 sessions	580	795
Facebook engagement rate	2%	2%	4.56% for HTN-FT 4.43% for Join Humber
Twitter engagement rate	2%	2%	1.8%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	3,349 followers as of 16th May 2023

Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Stakeholder newsletter open rate	20%	18%	27.9%

Theme 3: Developing an effective and empowered workforce			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Intranet bounce rate reduced	< 50%	57.44%	57.55%
Intranet visits maintain at current level	7,300 visits p/m	8265	7420
Global click through rate (CTR) increase	7%	12.80	10.57%
Staff engagement event programme	Engage 10% of staff in each event	First staff engagement event attracted 10%	422

	(2023/24) 20% (24/25)	of staff (360)	
	Post event satisfaction survey results in upper quartile (73%+)	Industry standards used for benchmark	n/a

Theme 5: Innovating for quality and patient safety		
KPI	**Measure of success**	**Progress to date**
Awards nominations	4 national/2 local shortlistings annually	Supported 15 nominations over period (deadlines still open)

Theme 6: Optimising an efficient and sustainable organisation			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Reduce homepage bounce rate	Below 50%	64.9%	67.19%
Increase average page visits per session	+ 2 per visitor	2	2.03
Increase average dwell time	+ one minute	1m28s	1m27s

6 Health Stars Update

1. **Fundraising Activity**

   Since the last meeting fundraising for Health Stars has continued across the Trust and within the community. We have seen an increase in donations to the units and staff engagement is improving. A new Fundraising plan has been created and will be presented as part of this meeting.

   The Health Stars lead and the wider Smile Team is determined to improve fundraising income and visibility of the charity. We are planning several large events this year including NHS Birthday Big Tea celebrations, Zumba on the Humber, HS Golf Day as well the comedy festival. We are fortunate to be able to partner with Smile as a benefactor of some of their events.

2. Update on Campaigns/Appeals

Whitby bricks – Engagement Day 22 May 2023

Clare Woodard has met with Jayne Gibson to discuss relaunching the Whitby Bricks Appeal and getting the first 250 bricks commissioned asap, by coming up with new and innovative ways to get people to sign up to dedicate a brick.

An engagement day took place at the hospital on 22nd May. Clare Woodard spent the day at the Whitby site and has worked with Jayne Gibson and the Whitby Project Steering group to arrange the event. Trust comms are supporting the re-launch by including details in the internal comms channels, Trust social media as well as external press coverage.

Actions on the day include:-

- Invite the people who have already reserved a brick to an event at the hospital to say thank you over a cup of tea and slice of cake.
- Engagement staff and patients through local messaging.
- Involve NHS Property Services on site.
- Raffle/tombola on the day.
- Involve the Building User Group and PACE groups.
- New posters, QR codes and leaflets distributed about the hospital and local community.
- Campaign on social media.
- Advertise the appeal on the TV screens in UTC/OP and sign people up who are attending the hospital.
- Look for local sponsorship such as Botham's, The Magpie or Whitby Brewery.
- Link in with local businesses including Coop.
- Create interest through internal comms via Global and external media though local press and Whitby what's on guide.
- Invite Humber STL, NEDS and senior reps to sign up.

It is hoped we can spark interest in this campaign and get the first set of bricks over the line in time for summer.

Fundraising for Children's services

Many of the outstanding wishes are for renovations/estate work within the Children's Services Division. Clare Woodard is to meet with Robert Atkinson Head of Estates to better understand which of the wishes will be picked up by the routine Trust Maintenance programme and which are for Charitable Funds. The meeting is scheduled for 9th May so a verbal update will be given to the committee.

In the meantime Clare has met with Justine Rooke and other key members of the Children's and Young People divisions to look at fundraising ideas to support the bigger wishes still in the system. These wishes include sensory equipment, toys, wall murals and improved facilities in waiting areas. The team is keen to support the charity and have come up with several potential events such as Zumber of the Humber and Bongo Bingo. A full team meeting is planned later the May to work up the fundraising ideas.

GP's Surgeries and Community Nursing

There have been several changes to the GP's surgeries recently and Health Stars is keen to ensure support is available for Humber patients. Having spoken recently to practice managers, it has been suggested that Clare Woodard meet with the chair of the PPG's connected to each surgery to look at what patients are actually asking for. From experience we have seen that often members of PPG's are also involved in other areas of community engagement and charitable groups and this is often a great way to fund raise with local groups such as Rotary Club, WI, Free Masons, Round Table etc.

Dementia Friendly Environments and Equipment

Having met recently with the Service Lead for Malton Hospital, it was noted that staff have expressed the need to make the Fitzwilliam ward more dementia friendly. This is a great project for a fundraising appeal and something that the local community and businesses can support.

3. Improved Comms and Process Management

Health Stars and Trust Comms team are meeting every two weeks to ensure communication is improved, is effective and alighted to Trust messaging and branding.

Sincere thanks go to Rachel, Anita and the Team for their support and guidance.

The Comms plans, which was devised last year, in conjunction with the Trust Communications Lead, has been updated and is imbedded as part of the Health Stars fundraising and operations plan.

We are aware that not everyone is clear about the Health Stars processes, the Circle of wishes and how to access charitable funds. We have met with fund guardians and shared the wish process with them and have arranged to meet staff during team meetings. A piece of work is taking place to improve visibility of HS across the Trust including refreshed branding, an updated website, improved social media presence and literature out to the units. This is all to help us improve engagement with staff, wish makers and fundraisers.

Now, when wishes are received the wish maker is contacted via phone or email and the wish process is discussed and expectations managed. We are keen to ensure that regular dialogs is taking place and that people are aware of where they are in the process. This has not always been a priority and wish makers are telling us they have been given little or no information following submission of a wish. We have made it a priority to contact all those who have submitted wishes which are still

outstanding and it is our goal to complete these as well as actioning the any new wishes at pace.

We appreciate everyone is busy but if we can gather as much information as possible from the wish maker at the earliest opportunity it makes fulfilling the wish much easier.

4. **New Health Stars Branding**

The Health Stars brand, although fairly well recognised internally throughout the Trust, does not have much significance externally or with potential fundraising partners.

We have worked closely with the Comms Team at Humber and the designer at Smile Foundation to come up with several refreshed logo ideas, all aligned to the NHS colour palette and the new Humber Teaching NHS FT brand. We have suggested some straplines to accompany the new logo which we feel will give our audience greater understanding of what we stand for.

5. Corporate Support

We have devised One Year One Charity, a corporate membership donation scheme, which enables businesses to play their part to help us support the wonderful work of local NHS services.

Whatever size of business, and whichever industry, corporate supporters can join like-minded businesses to support Health Stars and reap the rewards for both their business and the wider community.

Health Stars One Year One Charity members will help us to deliver our charitable services across the Humber region. Enabling us to do even more across our mental health units, providing enhanced support for our patients, families and the wider community.

Health Stars One Year One Charity Business Benefits: -

- Opportunities for collaborative working and networking with other businesses in the region.
- Share leadership knowledge and skills with charitable organisations, as well as other like-mind businesses.
- Volunteer opportunities for staff.
- Take part in challenge events.
- Provide personal and team development opportunities for your employees.
- Boost morale, motivation and employee loyalty through your charitable activity.
- Offer alternative team building opportunities.
- Let your efforts be seen and rewarded, be a business of choice.
- Use your community investment activity to support tendering and procurement opportunities.
- Enhance your reputation through being visible in the community.
- Increased advertising and publicity opportunities.

6. **NHS Development Grant update**

New Website

Once the new branding is agreed a new website will be commission. We are currently looking at what the website should look like and waiting for quotes from the web developer.

Circle Of Wishes Platform

A new web based Circle of Wishes platform is planned. We are working with Umber Creative to develop a wire frame for a new system which will improve the wishes processes and allow all parties to see where in the process the request is.

Staff Training

Through Smile we have arranged Grant Funding training for the new Health Stars Team and are utilising Smile's membership of Fundraising Everywhere to access fundraising and donor training for staff. Having a specific "ask" and by Improving the quality of grant applications will greatly increase our success rate of funding.

CRM System

A new CRM (customer Relationship Management) system will be created which allow us greater visibility of donors, fundraising trends, and will help up improve donor stewardship and communication. We have recently met with SalesForce to discuss options. A well manged CRM will allow up run successful and targeted fundraising campaigns, mailouts and regular newsletters.

Michele Moran
Chief Executive

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Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback
Author/s:	Dean Royles, Chair of Workforce and Organisational Development Committee Stuart McKinnon-Evans, Chair of Audit Committee, Collaborative Committee and Charitable Funds Committee Mike Smith, Chair of Mental Health Legislation Committee Phillip Earnshaw, Chair of Quality Committee Francis Patton, Chair of Finance & Investment Committee
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the Board since the last Council of Governors meeting

Key Issues within the report:

Positive Assurances to Provide: Details included in the reports from • Finance and Investment Committee • Workforce & Organisational Development Committee • Audit Committee • Collaborative Committee • Mental Health Legislation Committee • Charitable Funds Committee	**Key Actions Commissioned/Work Underway:** • N/A
Matters of Concern or Key Risks to Escalate: • No matters to escalate	**Decisions Made:** • N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	

Caring, Learning
& Growing Together

	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	
	Trust Board	Jan 23			

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
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	

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Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log
Author/s:	Francis Patton, Chair
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified. It is recommending that the Primary care strategy and a strategic review of future potential cost reduction asks are part of the December Board development session.

Key Issues within the report:

Positive Assurance to Provide:

- The Trust continues to deliver against plan and has a positive cash position.
- Continued delivery of the 22/23 BRS.
- Positive assurance around recruitment plans to tackle the agency overspend.
- That the 23/24 financial plan and BRS plan arising from it are agreed and ready to upload to the system.
- That the Effectiveness review for 2022/23 was undertaken and feedback showed a high level of assurance.

Key Actions Commissioned/Work Underway:

- Agency and Primary Care recovery plans/trajectories are being overseen by the Executive with improvement expected from the beginning of 2023/24.

Key Risks/Areas of Focus:

- Both the NHS & ICS deficit position at month 11 and possible implications arising from it.
- The high level of agency spend versus plan.
- The current deficit position of Primary Care.

Decisions Made:

- That the Trust should take a more prominent role within the ICS in terms of a consistent approach to monthly financial reporting.

Governance: *Please indicate which committee or group*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

The committee is providing assurance that the Trust financial performance remains on plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, risk 5 on the BAF and the 23/24 financial plan/budget. There was also positive assurance around ongoing business development opportunities.

Concerns were flagged around the NHS & ICS positions at month 11 and possible implications on the Trust, the delivery of both the Agency spend recovery plan and the Primary care recovery plan and finally the implications of the pay award as and when agreed.

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
x	Maximising an efficient and sustainable organisation
	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
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	

Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 12th of April were:

- In terms of the Insight report the key issues raised were: -
    - At month the 11 NHS England was reporting a £397m overspend compared to plan with systems overspent by £744m. Sixteen systems are forecast to overspend compared to

their plan for the year, with the combined overspend totalling £517m. Systems overspends have been offset by underspend centrally at NHSE, this is linked to the NHSE recruitment freeze and NHSE commitment to reduce central costs by between 30% and 40%.

- At Month 11 the Humber and North Yorkshire ICB recorded a deficit position of £5.3m (£6.6m adverse variance to plan) but continue to forecast a breakeven position.
- The Humber and North Yorkshire ICB submitted its financial plan (2nd submission) on the 30th of March 2023, key headlines from the plan submission include:
  - Current deficit plan of £118m.
  - Forecast balanced plan for capital allocation.
  - All resources (SDF, ERF, COVID, MHIS) deployed.
  - Principles agreed and applied for inter ICB providers.
- Guidance on the pay award was given but then superseded by the union not accepting the offer made.
- The capital delegated limits for trusts and foundation trusts have been changed as part of revised guidance on capital investment and property business case approvals. The guidance from NHS England delegated limits as follows.
  - for trusts and foundation trusts in financial distress at £25m (an increase from the previous £15m).
  - Foundation trusts not in financial distress have been set a delegated limit of £50m.
  - For self-financed digital capital schemes, the limits for trusts or foundation trusts in financial distress are £25m in capital cost or £30m in total whole-life costs. The limits are £30m in both cases for foundation trusts not in financial distress.

- The Trust remains on Track to deliver a break-even position for the financial year and recorded an overall financial position consistent with the Trust's planning target. The cash balance at the end of Month 11 was £33.510m and the Better Payment Practice Code figures show achievement of 92.1%. Expenditure in relation to the Yorkshire and Humber Care Record is expected to outturn with an underspend of £0.104m which would be carried forward in 2023/24. Two areas of concern are that Primary Care is showing an overspend of £1.388m against budget which is primarily caused by the use of Locum Doctors and the Year-to-Date Agency expenditure totalled 7.828m, this is £0.889m more than the previous year's equivalent Month 11 position. A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team, focussing on 2023/24 run rate and an Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team.

- At month 11 Children's and LD reported a £0.035m gross expenditure underspend; Community and Primary Care reported an overspend of 1.182m; Mental Health reported an underspend of £0.009m; Forensic services reported an overspend of £0.036m Corporate Services reported an underspend of £2.509m

- In terms of BRS for 2022/23 the Year to Date (YTD) actual savings are £1.648m. The Mental Health Division is currently forecasting an underachievement of £0.215m, continued progress to achieving the BRS targets is being made with Mental Health reviewing other potential of savings. The 2023/24 BRS will include any unmet target savings from 2022/23 and this has been factored into the 2023/24 BRS.

- The Committee received and noted both the draft BAF and risk register for those applicable to FIC. The Committee recommended that the issue of the pay award was added into the gaps in assurance. There was also a good discussion around the principal risks to the strategic

objectives and how these could be reworded to be more applicable which will be picked up at the Board Development session in April.

- The Committee received the latest update on financial plan/budget for 2023/24. The Trust can set a balanced plan for 2023/24 This means that the budget can be uploaded in a timely manner. The BRS plans for 2023/24 are developed and all schemes are RAG rated for deliverability. The Trust has a capital programme of £10.850m for 2023/24 including £2.3m of PDC funding and the cash position remains healthy.

- The committee received the Trust Strategy Monitoring Report Update but as yet it isn't sufficiently populated to review to the standard required. The report will be going to Board in May so will be circulated to committee members prior to that.

- The committee received reports from the Estates Strategy & Capital Delivery Group, the Digital Delivery Group, the BeDigital Programme Group and the Major Schemes Project Board. The only items arising to make Board aware of are that the Trust now has the monies to move to a single staff attack alarm system which will be implemented in 23/24 and that negotiations are ongoing for extra parking at Miranda house.

- The committee reviewed its Effectiveness review for 2022/23 and recommends it to Board.

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Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023
Title of Report:	Workforce and Organisational Development (OD) Committee Assurance Report
Author/s:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee
Recommendation:	

To approve		To discuss	
To note	√	To ratify	
For assurance	√		

Purpose of Paper:	The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting held on 17 May 2023 and a summary of key points for the board to note.

Key Issues within the report:

Positive Assurances to Provide:
Medical Education

- 1st in the Region for Workload
- Top 20% of all Trusts in the UK for overall satisfaction
- Top 10 in the UK for workload and rota design
- Top 10 in the North for Workload Rota Design and Local Teaching
- Top 5 in the region for feedback, study leave, teamwork and Education Supervision.
- Trust vacancies have dropped below 10%.

Key Actions Commissioned/Work Underway:

- Further promotion of the HHPDS and Mentoring schemes is required to encourage engagement from underrepresented groups.
- Three outstanding reports to support recruitment (Medical Workforce Strategy, the Operational Services student and apprenticeship capacity and a Nurse Graduate Apprenticeship Scheme) will be available for the next Workforce Committee.
- Assess progress made against gaps in assurance on the risk register.
- Updates to be provided in the Insight report, workforce plan and the People Strategy to reflective workforce modernisation initiatives

- Statutory and mandatory training remains above target	
Key Risks/Areas of Focus: • High turnover in primary care, there is an action plan in place and assurance meetings that are taking place within the division. • 41% of eligible teams are now on E Roster. With 10 months to go it is noted that progress will be under review by EMT to ensure the roll out progresses within the timescales.	**Decisions Made:** • .

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	√			
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	

Committee Assurance Report – Key Issues

Staff Health & Wellbeing:

- Staff Health and well-being group continues to be vibrant. It's positive to see the work that commenced during COVID becoming embedded in a similar way, the EDI working group is contuse to develop.
- Encouraging to see the progress in the Staff Survey regarding health and wellbeing and how that informs the work planned for the coming year.

Equality & Diversity:

- A good and lively group, with a good representation from those with protected characteristics and from the staff networks, but also from those with expertise and lived experience attending the group. Also, encouraging to see the group providing a positive contribution in terms of organisational activities. A thank you to Lynn Parkinson for supporting Operational representation.
- Recognition of the group's contribution to workforce policy development and some great progress from workforce in terms of improving data quality, also noting that progress is being made around patient data.
- Noted that further promotion of the HHPDS and Mentoring schemes is required to encourage engagement from underrepresented groups.

Medical Education

- We have positive assurance, and some can see some great work in relation to the programmes of work detailed in the reports particularly around the HE Survey and the GMC Trainees.
- 1st in the Region for Workload
- Top 20% of all Trusts in the UK for overall satisfaction
- Top 10 in the UK for workload and rota design
- Top 10 in the North for Workload Rota Design and Local Teaching
- Top 5 in the region for feedback, study leave, teamwork and Education Supervision.

March 2023 Workforce Insight Report

Turnover and Vacancies

- The committee explored the turnover and vacancy position as set out in the Insight report, noting that turnover remains above target but has reduced over three consecutive months. Nurse, GP and Consultant vacancies remain high, which is a factor in agency spend. Committee noted the overlap in this area with finance committee. Overall, Trust vacancies have dropped below 10%.
- Noted that there are three outstanding reports to support recruitment (Medical Workforce Strategy, the Operational Services student and apprenticeship capacity

and a Nurse Graduate Apprenticeship Scheme) but assurance provided that they will available for the next Workforce Committee. The committee noted the high turnover in primary care with assurance provided that there is an action plan in place and assurance meetings that are taking place within the division.

EDI and Sickness

- The committee acknowledged progress in reducing sickness absence rates, with a number of areas now below the Trust 5% target. Similarly, encouraging to see representation for protected characteristics increase and above regional demographics. The committee highlighted progress on the Rainbow badge accreditation, which has been well received by the LGBTQ+ community within the organisation.

LD & Stat Man Training

- Noted that the Trust has made excellent progress around the headline figure for statutory and mandatory training and the great work that has been taking place in respect of work experience, which is important for us an anchor organisation.

Planning and E-rostering

- Noted that 41% of eligible teams are now on E Roster as part of the roll out programme. With 10 months to go it is noted that progress will be under review by EMT to ensure the roll out progresses within the timescales.

Risk Register and BAF

- Risk Register and BAF presented to the committee. FP suggested it would be a valuable exercise to assess progress made against gaps in assurance as a reflective exercise as part of the yearend review.

Guardian of Safe Working Hours Quarterly Report

- The quarterly report was noted by the committee and assurance gained that the systems issues within the content of the report have now been resolved.

2022 NHS Staff Survey Results

- The committee noted the progress and the positive impact following the staff survey and noted that actions and progress are being reviewed and monitored at EMT

2023/24 Workforce Plan

- The Workforce Plan was noted and excellent debate and discussion around the content.
- Excellent analysis of 21/22 with it being noted that the plan stayed within financial constraints with only 12WTE growth outside of projected figure
- Noted by the committee that there was limited workforce modernisation planned for 2023/24 in the original draft however assured that updates will be provided in the Insight report and the People Strategy also reflective of workforce modernisation going forward

2023/24 Hard to Fill recruitment Plan

- Update provided on the ‘Hard to recruit’ plan and progress within the Task and Finish Group. Noted by the committee that there is a plan to meet band 5 nurse recruitment targets

Health & Wellbeing Initiatives

- Sam Hemingway attended the meeting to deliver a presentation on the progress of the Workforce Wellbeing Team since it was established in September 2023. The committee were pleased to see the engagement so far with health and wellbeing initiatives being delivered.

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Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting May 31 2023
Title of Report:	Assurance Report from 16 May 2023 Audit Committee
Author/s:	Stuart McKinnon-Evans, Chair of Committee & Non-Executive Director
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of May 2023

Key Issues within the report:

Positive Assurance to Provide:

- The composite reports to this Committee were positive, with no concerns or key risks requiring escalation, since all actions are being appropriately handled at management level
- Endorsed procurement waivers
- Standing Order, Scheme of Delegation and Standing Financial Instructions have been updated
- Special payments were minimal in 2022/23
- Gifts and hospitality report complete
- Good evidence of active risk management at Divisional level, and its cohesion with the corporate register
- 2022/23 accounts: a positive going concern assessment; the draft accounts have been submitted on time; and the external audit is progressing to plan
- Internal Audit Programme for 2022/23 was completed, with the three final audits again producing strong levels of assurance
- The Trust's internal control arrangements were described as "exemplary" by Audit Yorkshire
- Financial Sustainability Audited (prescribed by NHSE) proved a valuable learning exercise
- Counter Fraud action continues to keep staff updated, and the level of known fraud within expected low levels
- The internal Efficiency and Productivity Group is in place
- SIRO Plan is on track, supported by a very active work programme on Information

Key Actions Commissioned/Work Underway:

- To reiterate work already commissioned, further development of the contents of the Board Assurance Framework

Governance	
Key Risks/Areas of Focus: • The external audit opinion on 2022/23 will once again be delayed by local government pension scheme audit timescales (a repetition of last year, and not unique to Humber)	**Decisions Made:** • Signed off Effectiveness review • Endorsed the going concern assessment • Approved Internal Audit Plan for 2023/24 • Approved Counter Fraud Plan for 2023/24 • Welcomed the External Audit Strategy (approach to 2022/23 audit) • Approved the management letter of representation for the 2023/24 external audit

Governance:
Please indicate which committee or group this paper has previously been presented to:

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

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
	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	

Committee Assurance Report – Key Issues

The Committee, which was quorate, considered the following matters:

Effectiveness of the Audit Committee: The final report was signed off, with the 8 respondents "strongly agreeing" all statements, attesting to the continued effectiveness of the Committee, with only minimal follow up actions noted. The Terms of Reference were updated.

Single Tender Waivers Update: The single tender waiver controls continue to operate, with 34 previously reported waivers totalling £9.8m being monitored. A further 3 waivers with a combined value of £0.374m have been approved in the last quarter, all on grounds of providing continuity, which the Committee considered and endorsed. The clarity of the report was welcomed. 6 have now expired. The Committee also received information on competitively tendered contracts.

Standing Order, Scheme of Delegation and Standing Financial Instructions: we endorsed the changes proposed from the annual review, none of which fundamental. "Chairman" was replaced by "Chair", and, following discussion, reference to the size of the Board deleted.

Losses and Special Payments in 2022/23: the annual report recorded 4 payments totalling £4,588 for the year.

Gifts and Hospitality Report for 2022/23: four gifts were duly recorded under the Trust's policy.

Board Assurance Framework at Q4: The BAF was considered, recognising that the recent Strategic Board has discussed the form, composition and purpose of the BAF at length. The current assessments were endorsed, following discussion on the use and application of health needs analysis, and of the Trust's role in perinatal mental health.

Trust-wide risk register: The corporate risk register was considered, again noting the substantive discussion on risk management held at the April Strategic Board. A risk referring to the adverse impact of high levels of GP vacancies is expected to be downgraded at next review, following the implementation on new primary care arrangements in Hull. The wording of the risk on CAMHS was discussed, noting the distinction between three separate but related matters in it (capacity; out of area location; and delayed transfers). Further discussion related to how the risk on waiting times relates to waiting list management and reporting.

A deep-dive into the Primary Care and Community Services risk register: The two highest residual risks (rated 12) relate to administrative capacity; and the large diabetes management caseload. A detailed discussion covered: how risk management is embedded into the division's day-to-day, safety huddle, and management team discussions; how it is escalated to ODG and beyond; detailed discussion of the risk related to administrative capacity (which is expected to be downgraded in view of Primary Care arrangements now in place in Hull); and what other risks are on the minds of the division (capacity and demand in general; managing patient expectations; the efficacy of system-wide arrangements for service specification and commissioning). The Committee gained assurance that risk management in the Division is active, and connected to the corporate level.

Going concern assessment for 2022/23: The going concern assessment draws a positive conclusion, reflecting the Trust's track record, its financial planning, and the strong liquidity position.

Draft (pre-audit) Accounts for 2022/23: the Committee undertook a preliminary review of the accounts, subject to ongoing audit. The June Committee will review the final set, prior to being presented to the Board. The Finance Team were congratulated in submitting the draft together with all working papers on time, and this was echoed by Mazars

Progress of the Internal Audit Plan: The three final reports for the year have been completed: Treasury management; Medicines management; and Board Assurance Framework. All gained a

significant (ie “good”) assurance. The Trust continues to manage follow up actions well, with just 5 recommendations not having yet been put in place (cf 70 completed). All KPIs have been achieved in delivering the plan. Audit Yorkshire’s opinion is that the Trust’s grip on the control regime is “exemplary”.

Draft Internal Audit Plan for 2023/34: The Internal Audit Plan was presented for approval. More emphasis will be placed on patient safety, quality and operations, and less on finance and recommendations follow-up. Explanations were provided about the planning process, and the rationale for the proposed plan, and the reserve list, which were all approved.

Financial Sustainability Audit: A report was received on the outcomes of the audit of financial sustainability of trusts, which had been prescribed by NHS England. Although the report did not detail the outcome for Humber, it collated themes identified from all Audit Yorkshire’s clients and from The Internal Audit Network. Discussion covered: how valuable the learning from the audit was; a review of financial forecasting underway; and the good assurance the Trust can take from the findings. The role of the internal Efficiency and Productivity Group was explained and welcomed.

Counter Fraud: The Committee received the report on Counter Fraud activity for February to April 2023, which included details of alerts, fraud prevention notices, advice and guidance issued, referral benchmarking information, update on the National Fraud Initiative, investigations update, and a breakdown of the 60 days used in 2022/23. The report raised no issues of concern, although there is a question mark over how widely the helpful newsletters are having an impact – we heard of new channels being tried to increase awareness and visibility. The Counter Fraud plan for 2023/34 was approved.

External Audit: We considered and endorsed the audit strategy for 2022/23, which guides the work of the auditors as per regulations and standards as well as the specific risk assessment of the Trust’s financial standing. The Committee received a verbal update on the progress of Mazars’ work on the 2022/23 accounts, which is going to plan.

Management Letter of Representation: In support of the external audit, the Committee approved Letters of Representation from both the Committee Chair and the Director of Finance. They provide the auditors the grounds on which the Trust’s management and control functions hold that we exercise appropriate oversight and control, present a true and fair set of accounts, and have made all relevant disclosures.

Changes to Contracts: No changes to contracts were notified.

Information Governance and Cyber Plan for Data Security Protection Toolkit: this SIRO Action Plan was considered. The meaning of Red was clarified to mean ‘not yet started’ as opposed to ‘at risk/difficult’. The Trust’s Information Assurance Group’s report for Q4 2022/23 was comprehensive and detailed. It raised concerns about the continued rise in the number of Subject Access. The number of staff completing their Information Governance was just below target at the time of reporting, but has since been pushed up. The committee endorsed the work of the group

Finally the Committee undertook a brief self-assessment against **“Being Humber”**, concluding that indeed we had been.

Humber Teaching NHS Foundation Trust

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 31st May 2023
Title of Report:	Collaborative Committee Assurance Report
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee
Recommendation:	To approve: ; To discuss: ; To note: ✓ ; To ratify: ; For assurance: ;
Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Wednesday 19 April 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.

Key Issues within the report:

Positive Assurance to Provide:

- Inspire: Nasogastric tube feeding and occupancy levels have improved; Service Development Improvement Plan (SDIP) expected to cease by May 2023
- AED work stream have reviewed work plan priorities, and most are complete – new priorities to be identified for 2023
- Positive Q3 contract monitoring meeting with NHS England
- Recruitment of new Clinical and Quality Director
- Recruitment to new Clinical Lead for Adult Secure
- Schoen Clinic are providing 'community and outreach' support to Tees, Esk and Wear Valleys NHS FT (TEWV) this is commissioned directly by TEWV and is working well.
- 2 new Provider Collaboratives (for Forensic CAMHS, and Perinatal Services) are being launched

Key Actions Commissioned/Work Underway:

- Review of each area work priorities and refresh for 2023/24
- Revised work plan to be drafted due to change in number of annual meetings
- New service at Mill Lodge for CAMHS patients as alternative to hospital admission: we will monitor impact of new service on quality and financials
- Committee requested further analysis/explanation of reasons for out-of-area placements

Key Risks/Areas of Focus:	**Decisions Made:**
• CAMHS – 518 out of area bed days in February 2023 (this includes services not provided in HNY e.g., Low Secure and SEDU) • Adult Secure (AS) – Secure Community Forensic Team (SCFT) – in Humberside the team have reached capacity, and this may result in delays in discharging patients from AS	• Ratified Mill Lodge alternatives to hospital proposal • Ratified the Financial Operational Plan for 2023/24 • Ratified the Committee Annual Effectiveness Review • Agreed Committee meetings will be 4 times per year from September 2023 onward – consistent with other Trust Committees

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	19.4.2023
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
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	

Committee Assurance Report – Key Issues

The aim of this report is to provide assurance to the Humber Teaching NHS Foundation Trust Board (HTFT) about the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of planning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HNY region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

- Child and Adolescent Mental Health In-Patient services
- Adult Low and Medium Secure services
- Adult Eating Disorder In-Patient services.

The meeting on 19 April 2023 was quorate, and discussed the following matters:

Insight Report

Phase 2 of Provider Collaboratives

- Forensic CAMHS – Go Live 1 April 2023 – West Yorkshire are the Lead Provider Collaborative with HNY as a key partner.
- Perinatal – Go Live likely to be October 2023. NHS E meeting with Lead Provider Collaborative (W Yorkshire) to discuss the submitted Expression of Interest on 27 April; HNY PC will be represented at this meeting.

Quarter 3 Contract monitoring meeting with NHS E

- Formal notification that the NHS E contract with HNY PC has been extended for 2 years until 2026
- HNY PC praised on our work and our approach to Clinically Ready for Discharge (CRFD)
- Acknowledged new investment into Involvement network
- NHS E will be monitoring Lead Provider to Lead Provider contracts and the sign off of these contracts – Contracts Register already held at HNY PC which is shared with NHS E each month.
- Overall, a positive meeting with assurance from NHS E of the work of HNY PC

Risk and Gain Share finance meeting

- Positive meeting with all partners and agreement to continue to work in 2023/24 as we have in 2022 and that NAViGO continues to 'hold' underspend.
- The finance paper shared at the Collaborative Committee reflects the discussion at the Risk and Gain share meeting.

Work Stream Updates

1 CAMHS

- A revised paper for alternatives to hospital admissions / day places at Mill Lodge was presented, this paper had previously been received by the Collaborative Committee in 2022 and ratified, this paper has a revised staffing model and includes amendments to reflect current pressures within

CAMHS and how the new service can provide support to reduce admissions. The MHOST tool has been used to calculate the workforce need identified in the paper. No funding will be released until staff are recruited to this new development.

- Continued pressure on Specialised Eating Disorders (SEDU) 8 young people currently out of area in SEDU care; this is not a service provided in HNY area
- Total of 518 Out of Area bed days in February 2023 which is highest to date – this includes HNY young people in CAMHS Low secure and SEDU which are services we do not provide in HNY PC area
- Inspire SDIP likely to cease; date to be agreed, due to the considerable positive work of Inspire and improved occupancy levels on the unit. Monitoring thereafter would be part of routine contract monitoring.
- Inspire NG Feed and eating disorder treatment progressing well and positive feedback from service users and staff
- Agreed at the next meeting to include additional information on reason for why a young person is placed out of area

A paper was shared which provided greater detail on CAMHS activity for HNY since January 2020 – in summary:

Occupied Bed Days Per Annum	Out of Area	HNY	Total
January 2020 – December 2020	5,817	2,781	8,191
January 2021 – December 2021	3,582	2,826	6,408
January 2022 – December 2022	4,088	4,278	8,366

2 Adult Eating Disorder

- Occupancy at both Rharian Fields and Schoen Clinic is good overall – average length of stay at Rharian slightly higher in February but overall positive compared to previous years
- 1 patient in receipt of care out of area – due to clinical requirements
- Day Care at Schoen Clinic progressing well with positive feedback from service users and staff
- Schoen Clinic still to identify alternative premises
- Work Stream reviewed all Work Priorities at the March 2023 meeting and identified most priorities had been concluded or we close to completion, therefore at the next meeting new priorities will be identified for 2023 and we will build in a way to continue to monitor the progress of previous priorities.
- Schoen Clinic have been and are currently providing 'community and outreach' support to Tees, Esk and Wear Valleys NHS FT (TEWV) this is commissioned directly by TEWV
- As TEWV have been successful in recruiting additional community AED staffing – CPaQT will work with TEWV and HNY ICS to roll out the FREED Champion model across NYY

3 Adult Secure

- As of 31 March 2023, total of 138 people in adult secure which is a reduction from February 2023
- Overall Length of Stay continues to reduce
- As of 31 March, 17 people CRFD compared to 19 in February
- Bed modelling work for adult secure is in final draft – currently with partners for final comments
- Clinical Lead has been recruited to – formal communication to partners to follow
- Concern that SCFT in Humber has reached capacity and is creating pressure on patient flow.
- Communication received from Ministry of Justice on pressure in prison care at present – this has been seen to date by transfers of people from prison who require Psychiatric Intensive Care (commissioned by ICS) and then return to prison.
- Adult Secure workforce identified as Amber in the work stream report due to limited capacity of Consultant Psychiatry – Secure Community Forensic team at Locum cover at Clifton House.

Quality Improvement and Assurance

- Recruitment to Clinical and Quality Director progressing, and Dr Clare Whitton will join the team on 31 July 2023.
- A communication shared with all partners regarding the Junior Doctor strikes, no impact to specialised services in HNY
- All partner providers are Green for routine monitoring
- LD and Autism Safe and Wellbeing reviews undertaken in 2022 – National Requirement- decision by HNY ICS to undertake repeat of the reviews in 2023; dates are being agreed for HNY Specialsied provider collaborative patients
- Edenfield – except for Leeds and York Partnership NHS FT, all providers have responded and shared assurance. This information will be discussed at the Quality Assurance and Improvement meeting and then shared with the Collaborative Committee in June.

Risk Register

- Overall HNY Provider Collaborative risk register shared; risks of 12 and above, shared and discussed
- Each work stream has their own individual risk register which is reviewed at each work stream meeting.
- New risk added – CAMHS financial pressure 2022/23 and potential pressure in 2023/24 – added 12 April 2023 after PCOG hence initial risk rating and current rating are the same
- Inspire SDIP risk has reduced due to positive progress and no longer on the overall risk register

Finance

- NHS Providers – Block Contract for 2023/24.
- All 2023/24 modelling has been undertaken based on historical trends and activity and identified activity in 2023/24
- Bed day prices have been increased based on NHS E planning guidance
- Infrastructure budget updated to reflect NHS pay awards
- Highest risk area for 2023/24 is CAMHS

Annual Effectiveness Review

- Initially discussed at the February 2023 meeting and initial draft developed, discussed in detail at the meeting and all members agreed with the Annual Effectiveness Review
- Agreed to move meetings to 4 times per year from September 2023 onward

Workplan

The Collaborative Committee reviewed the annual work plan and agreed the workplan will be updated to reflect moving to 4 times per year meetings and shared at the June meeting for further discussion.

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Agenda Item 9

Title & Date of Meeting:	Trust Public Board Meeting – 31 May 2023
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 04th May 2023
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee
Recommendation:	

To approve		To discuss	
To note	√	To ratify	
For assurance			

Purpose of Paper:	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 04th May 2023.

Key Issues within the report:

Positive Assurance to Provide:

- Committee assured regarding Reducing Restrictive Interventions (RRI) report:
  - high percentage training compliance
  - good case studies about working with families and people with eating disorders
  - benchmarking e.g. prone restraint compares well with the restraint reduction network
  - Use of force dashboard in its final testing phase.
- Performance report highlighted no concerns and benchmarking work in progress:
  - figures for 136 are now inputted manually into the performance report to ensure accuracy in reporting.
  - work is ongoing to ensure correct completion of the s136 form and this is improving.
- Ethnicity and MHA report – no significant outliers including no over representation of minority ethnic groups for detention or use of CTO.
- Associate Hospital Managers – noted positive diversity intervention resulting from the task and finish group.
- Good assurance from CTO report - cross referenced our Trust processes with CQC recommendations from their focused visits report and no issues identified for the Trust.
- MAPPA – development of SPOC (single point of contact) in the divisions.
- All mental health legislation related policies / procedures / guidance up to date.

Key Actions Commissioned/Work Underway:

- Re-audit of capacity to consent to treatment is underway to cover September, October and November 2022 data to identify any trends and has allowed for new timeframe benchmark (3 working days) to embed.
- Detention benchmarking work in progress.
- Liberty Protection Safeguards (LPS) implementation date delayed until after the next general election. Trust is working within the current system and there are a number of pieces of work ongoing with regards to MCA 2005: reviewing training, policies, templates and support for staff.

Key Risks/Areas of Focus:	**Decisions Made:**
• N/A	• Approved Number of Terms of Reference (Mental Health Legislation Committee, Mental Health Legislation Steering group, Associate Hospital Managers Forum and Reducing Restrictive Interventions Group) - all agreed subject to minor amends. • CQC benchmarking progress report to be submitted to next Committee in relation to the Monitoring the Mental Health Act in 2021 / 2022 – Care Quality Commission findings – consider blanket restrictions and the understanding of the MHA. • Z48 (capacity to consent to treatment form) - position improving - further report request for next committee to include context / process, data by percentage and timescales (how far overdue).

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required
Legal	√			
Compliance	√			
Communication	√			

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

Committee Assurance Report – Key Issues

- Insight report: - The Committee was informed that the Liberty Protection Safeguards (LPS) implementation date has been delayed until after the next general election. If the new government makes the decision to implement the LPS the expected date is not likely to be before 2027 if at all. The Trust is therefore working within the current system and there are a number of pieces of work ongoing with regards to MCA 2005: reviewing training, policies, templates and support for staff.

- CQC benchmarking progress report to be submitted to next Committee in relation to the Monitoring the Mental Health Act in 2021 / 2022 – Care Quality Commission findings – consider blanket restrictions and the understanding of the MHA.

- Received report on Community Treatment Orders (CTO) - cross reference our Trust processes with CQC recommendations from their focused visits report – good assurance and no issues identified for the Trust.

- MAPPA presentation – development of SPOC (single point of contact) in the divisions, MAPPA section on intranet gives easy access to updates and archived material, MAPPA level 4 (terrorists) guidance now complete.

- Received report on completion of Z48 (capacity to consent to treatment form) - position improving, required timescale for completion reduced from 7 to 3 days, with improved monitoring and further analysis by registrar who is currently carrying out a re-audit. Further report request for next committee to include context/process, data by percentage and timescales (how far overdue).

- Approved Number of Terms of Reference (Mental Health Legislation Committee, Mental Health Legislation Steering group, Associate Hospital Managers Forum and Reducing Restrictive Interventions Group) - all agreed subject to minor amends.

- Received Associate Hospital Managers annual report – noted positive diversity intervention resulting from the task and finish group and the face to face hearings reinstated if patient chooses / requested.

- Performance report – no concerns and benchmarking work in progress. S136 - link made with right care right person in conjunction with Humberside police. This work is not in national spotlight, though s136 detentions remain high, noted police are now released within one hour.

- S136 report – the correct figures for 136 are now inputted manually into the performance report to ensure accuracy in reporting. Work is ongoing to ensure correct completion of the form and this is improving.

- Received quarter 4 report on Reducing Restrictive Interventions - high percentage training compliance, high acuity, good case studies about working with families and people with eating disorders, benchmarking e.g. prone restraint compares well with the restraint reduction network. Use of force dashboard in its final testing phase.

- Received annual Ethnicity and MHA report – no significant outliers including no over representation

of minority ethnic groups for detention or use of CTO, good discussion on national data quality, non-homogeneous groups and gender, discussion about use of language/terminology. Still more work required in terms of data equality.

- All mental health legislation related policies/procedures/guidance up to date.
- MHLSG (Mental Health Legislation Steering group) minutes noted.
- MHLSG subgroups and CQC MHA visits updates report noted.
- Meeting review confirmed that we were “being Humber”.

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Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting 31 May 2023
Title of Report:	Assurance Report from Charitable Funds Committee of 16 May 2023
Author/s:	Stuart McKinnon-Evans, Committee Chair
Recommendation:	

To approve		To discuss	
To note	X	To ratify	
For assurance			

Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its May 16 2023 meeting.

Key Issues within the report:

Positive Assurance to Provide:

- Signed SLA now in place between Trust and Smile with the new KPIs defined
- Securing of grants has boosted income in the last quarter, with a net surplus for the three months to April 2023 estimated at £42K
- 2 KPIs (expenditure budget; processing of wishes) are green
- 48 wished submitted to date in 2023, 7 granted, 34 in progress, 6 declined, 1 withdrawn
- 138 wishes submitted for 2022/23, of which 72 in progress
- Discussions held with some Fund Zone Guardian, including to ensure Wishes submitted in respect of those zones are being progressed
- Fundraising and supporting communications plan and monthly activity defined for 2023/24, with monthly targets and activities, covering: donations; legacies; fundraising through partners; appeals and events; grants; investment returns

Key Actions Commissioned/Work Underway:

- Reconciliation of Fund Zone balances to bank account
- Discussion with those Fund Zone Guardians who have not been recently contacted
- Update on CAMHS funds specifically for next meet; and generally to ensure each Committee meeting has a summary update of status of each Fund Zone
- Deployment of £30k NHS charities together grant to improvements in communications and other enablers
- Further consideration of how digital fundraising can feature more evidently in the activity plan
- Test out new branding with Trust leadership teams and EMT
- Relationship management with Newby Trust

Key Risks/Areas of Focus:	**Decisions Made:**
• The performance of the charity continues to be under close watch • 3 KPIs (fundraising; staff awareness of charity; fundraising for charity by staff) are red, though the staff related one are due to be measured by survey in June • Slow progress on a garden at Inspire has led to the threat of a £50K pledge from Newby Trust to be withdrawn – recovery action is in hand • Financial result for 2022/23 will show total income of £77K, with a net loss of £92k • Funds for Bridlington zone are typically restricted, which is making it more challenging to deploy them	• Endorsed the fundraising and action, subject to further consideration of role of digital fundraising • Agreed the annual effectiveness review and terms of reference

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	X	Collaborative Committee	
		Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
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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	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The Committee discussed forward-looking and retrospective information:

Finance report: Financial performance in the three months to April was boosted by securing grant funding, leading to a net surplus for that period of estimated £42K (taking into Smile monthly charge for April not reported in the papers). Fund balances were reported as £311k, but subject to outstanding reconciliation to bank account.

Insight report:
1) Fundraising activity was covered in detail in the subsequent discussion on Fundraising Strategy
2) Campaigns and Appeals: Whitby Day planned for May 22; Fundraising for Children's Service to progress existing wishes and raise further funds (meetings held); GP Surgeries and Community Nursing (meetings planned); Dementia-friendly environments and equipment (initial ideas);
3) Performance against KPIs: 3 red (Income generation; 80% of staff awareness of charity; 5% of staff participating (though these latter two are not yet measured), 2 green (budget; Wishes process)
4) Wishes – 48 submitted so to date, all under active management, with supporting documentation/tracking systems now in better shape
5) Fund Guardians – report back on meetings with the some of the Fund Zone Guardians. The Committee asked for dialogue with all Fund Zone Guardians, especially those with significant sums. Noted: in Bridlington, fund restrictions are making deployment challenging; asked for update on CAMHS funds.
6) Ongoing dialogue with Newby Trust who are threatening to withdraw a pledge of £50K as part of a £130K project for a CAMHS garden at Inspire which has not yet progressed. The reason for delay included Covid; no responses from suppliers/ unaffordable responses from supplier to complete the brief
7) Communications improvements to support the KPIs are awareness and fundraising; social media developments; One Year One Charity initiative for businesses; refreshed branding (we agree that the brand proposals should be reviewed at EMT and with leadership teams)
9) Deployment of £30k NHS Charities Together grant on website, training, wishes platform and CRM system: the Committee pressed for clarity on timescales, but emphasised that this action is the means to the end of improved performance on the 5 main KPIs

Health Stars Operational Plan and Fundraising Strategy: Setting out a detailed monthly activity plan with a communications plan. The Committee considered the main components of fundraising (voluntary donations; legacies; fundraising through partners; events and appeals; grants). A challenge was raised about whether the One Year One Charity campaign aimed at business was sufficiently ambitious at £365 (the Smile team argued it was realistic in the current business climate. Discussion about the role of digital fundraising and how it could feature more evidently in the plan. It was recognised that Smile and Trust teams need to work together to make the plan successful.

Health Stars Annual Report: this report provided a retrospective on the activity undertaken by the Charity in 2022/23 and covered the issues which have featured in the Committee's report over the year. Key data include:

Wishes: 138 wishes submitted, of which 35 granted, 72 still in progress, 19 declined, 12 withdrawn
Financials:

	£000
Total Income	77.2
Cost of Sales	108.1

Gross loss	(30.9)
Operating costs	61.6
Net Loss	(92.5)

Committee Effectiveness Review and Terms of Reference: The annual review was and the Terms of Reference updated with relevant date changes.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Appointments, Terms and Conditions Effectiveness Review 2022-2023
Author/s:	Sue Cooper Committee Chair
Recommendation:	

To approve		To discuss	
To note	/	To ratify	
For assurance			

Purpose of Paper:	To present the annual effectiveness review of the Appointments, Terms and Conditions Committee to the Council of Governors. No issues have been identified and the Council of Governors is asked to note the results of the review and approve the proposed amendments to the Committee terms of reference.

Key Issues within the report: None

Positive Assurances to Provide: • The committee has a workplan for the year ahead that will be used to ensure key items are scheduled as appropriate throughout the year.	**Key Actions Commissioned/Work Underway:** • N/A
Key Risks/Areas of Focus: • N/A	**Decisions Made:** • N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee	25.4.23	Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board			

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the	N/A	Comment

Caring, Learning
& Growing Together

		report?		
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	

Governor Appointments, Terms and Conditions Committee

Annual Review of Committee Effectiveness and Terms of Reference
1st April 2022 to 31st March 2023

The purpose of the Committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Trust Chair and Non-Executive Directors and appointment of the Chief Executive.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The Committee met three times between 1 April 2022 and 31 March 2023. During this period, it undertook the following key duties:

- Approved the extension of Mike Smith for 2 years and the Re-appointment of Dean Royles for a further three year term.
- Received updates on NED and Chair Appraisals
- Discussed succession planning for NEDs
- The Chair of the Committee provides a report to the Council of Governors after each meeting
- Approved the Chair's remuneration.

The Committee was chaired by Sue Cooper, Public Governor and was supported by the Trust Chair, Senior Independent Director and Director of Workforce & Organisational Development.

2. Delivery of functions delegated by Council of Governors

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
• Nominations and Appointments • Terms and Conditions including Remuneration	NED Appraisal process NED Recruitment NED Re-appointment Terms of Office Chair's remuneration	

3. Attendance

The Appointments, Terms and Conditions Committee met on 3 occasions during 2022/23: 23 June, 9 October and 9 March 2023

Member	No of meetings attended
Public Governors	
Sue Cooper	*3/3*
John Cunnington	*1/3*
Helena Spencer	*2/2*
Patrick Hargreaves	*2/2*
Doff Pollard	*1/1*
Marilyn Foster	*1/1*
No other public Governors attended any meetings	
Trust Chair Caroline Flint	3/3
Senior Independent Director – Francis Patton	3/3
Director of Workforce & Organisational Development - Steve McGowan	2/3

3.2 Chair (and Trust Board lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

Membership of the Committee is regularly reviewed and is predominantly made up of public governors. There were good contributions from members throughout the year.

3.3 Include any recommendation for change to membership & reasons why

There are no recommendations for change.

4. Quoracy

The Committee was quorate on all three occasions

5. Reporting / Groups or Committees

Not applicable.

6. Conduct of meetings

Governor Chair and Trust Board lead to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

The Committee has a work plan and this is reviewed annually.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

7. Review of Terms of Reference

Governor Chair and Trust Board lead to summarise any recommended changes to the Committee's terms of reference in light of the annual evaluation.

The Committee has reviewed its terms of reference and a small number of changes are proposed, including the reference to NHS E/I amending to NHS England, the reference to Chair within the quorum being amended to Trust Chair in order to make this more explicit and a small number of typo corrections.

A full copy of the terms of reference are attached for approval by the Council of Governors

8. Workplan for 2023/24

Has a workplan for the year ahead, 2023/24 been prepared?

Yes [✓] No [ ]

9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [x]

If any, please summarise in bullet point format below

Appendix 1

Attendance

Quorum	23 June	12 October	9 March
2 public governors	Sue Cooper John Cunnington Helena Spencer	Sue Cooper Helena Spencer Patrick Hargreaves	Sue Cooper Patrick Hargreaves Doff Pollard
Trust Chair ***Or*** ***SID***	Caroline Flint Francis Patton	Caroline Flint Francis Patton	Caroline Flint Francis Patton
Director WF&OD	Steve McGowan	Steve McGowan	Steve McGowan

Appendix 2

Terms of Reference

Appointments, Terms and Conditions Committee

Authority	The Council of Governors Appointments, Terms and Conditions Committee is constituted as a standing Committee of the Council of Governors. The Committee is authorised by the Council of Governors to carry out its duties and to make recommendations to the full Council of Governors for approval. The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function. The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.
Role / Purpose	The purpose of the committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Chair, Non-Executive Directors, Associate Non-Executive Directors and appointment of the Chief Executive.
Duties	The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to: **Nominations and Appointments:** • For each appointment of a Non-Executive Director, Associate Non-Executive Director and the Chair, prepare a description of the role and capabilities and expected time commitment required • Identify and nominate suitable candidates to fill vacant posts within the Committee's remit for appointment by the Council of Governors • Periodically review the balance of skills, knowledge, qualifications, experience and diversity of the Non-Executive Directors, Associate Non-Executive Directors and the Chair, having regard to the views of the Board of Directors and relevant guidance on Board composition • Ensure compliance with the requirements of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement. The

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Committee will receive an annual report on Chair, Non Executive Director and Associate Non-Executive Director Compliance

- Evaluate annually the performance of the Chair, Non-Executive Directors and Associate Non-Executive Directors
- Give consideration to succession planning for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future
- Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director, Associate Non-Executive Director or the Chair
- The committee will receive reports from the Chair and Director of Workforce & OD to support deliberations and to enable it to fulfil its duties

Terms and Conditions including Remuneration:

- In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances and the other terms and conditions of office of the Chair, other Non-Executive Directors and Associate Non-Executive Directors
- Take into account appropriate benchmarking and market testing ensuring that increases are not made where Trust or individual performance do not justify them
- In adhering to all relevant laws and regulations and NHS England guidance establish levels of remuneration which are sufficient to attract, retain and motivate Chairs, Non- Executive Directors and Associate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust
- Receive and evaluate reports about the performance of individual Non- Executive Directors, Associate Non-Executive Directors and the Chair, review and agree the process for the next year
- Recommend to the Council of Governors a remuneration and terms of service policy for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the views of the Trust Chair (except in respect of his/her own remuneration and terms of service), the Chief Executive and any external advisers
- Review annually the time commitment requirement for Non-Executive Directors, Associate Non-Executive Directors and the Chair
- Oversee other related arrangements for Non-Executive Directors, Associate Non-Executive Directors and the Chair
- The committee will receive reports from the Chair and Director of Workforce & Organisational Development to support the role of the committee and enable it to fulfil its duties

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Membership	The Committee will be chaired by a public Governor supported by the Trust Chair.
	
	• The membership of the Committee shall consist of
	  ○ 4 Public Governors,
	  ○ the Chair,
	  ○ the Senior Independent Director, and
	  ○ the Director of Workforce and Organisational Development
	
	• If the number of Governors who express an interest on serving on the Committee is higher than the number of places available, membership will be discussed with a recommendation made to the Council of Governors
	• Any member of the Committee who has not attended 3 meetings and has not sent their apologies and provided a reasonable explanation, may be asked to step down from the Committee
	• Only members of the Committee have the right to attend Committee meetings
	• Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

Quorum	The quorum necessary for the transaction of business shall be 2 Public Governors, and the Trust Chair or Senior Independent Director
Chair	The Committee will be chaired by a public governor supported by the Trust Chair. The Chair of the Committee will be appointed annually.
Frequency	The Committee shall meet as and when required to discharge its business and fulfil its cycle of business, but at least on two occasions in each financial year.
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 days before the meeting.
Minutes and Reporting	Formal minutes shall be taken of all Committee meetings and an update provided to the Council of Governors at a general Council of Governors meeting. The Committee shall receive and agree a description of work of the Committee, its policies and all Non-Executive Director, Associate Non-Executive Director and the Chair emoluments in order that these are accurately reported in the required format in the Trust's annual report.
Monitoring	The Committee shall review annually its collective performance and attendance

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	The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually
Agreed by Appts, T & C Committee	25.4.23
Approved by CoG	Tbc 20 July 2022
Review Date	May 2024

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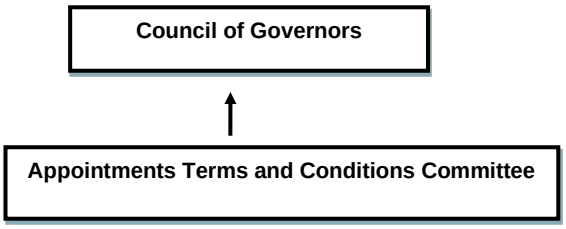
Appointments Terms and Conditions Committee Reporting Structure



NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Engaging with Members Group Effectiveness Review 2022-2023
Author/s:	Doff Pollard Committee Chair
Recommendation:	

To approve		To discuss	
To note	/	To ratify	
For assurance			

Purpose of Paper:	To present the annual effectiveness review of the Engaging with Members Group to the Council of Governors. No issues have been identified and the Council of Governors is asked to note the results of the review.

Key Issues within the report: None

Positive Assurances to Provide: • The committee has a workplan for the year ahead that will be used to ensure key items are scheduled as appropriate throughout the year.	**Key Actions Commissioned/Work Underway:** • N/A
Key Risks/Areas of Focus: • N/A	**Decisions Made:** • N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	18.5.23
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	
Trust Board			

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			

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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	

Humber Teaching NHS Foundation Trust

Engaging with Members Governor Group

Annual Review of Committee Effectiveness and Terms of Reference
1st April 2022 to 31st March 2023

The purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust's members and the public.

1. Summary

The group has provided a dedicated focus for engagement, membership and elections. The group continued to meet over Microsoft Teams and governors have continued to engage in a variety of ways to gain assurance and reassurance through groups they sit on, patient experience meetings they attend, volunteering and/or befriending and receiving feedback in these ways to continue to fulfil their roles.

The Committee is chaired by a governor.

2. Delivery of functions

Functions within ToR *(extracted from ToR)*	**Evidence to support delivery**	**Outstanding issues / action plan**
• Provide a forum for discussion on membership and membership engagement. • Monitor how representative the Trust's membership is in order to reflect the interests of the population served by the Trust • Improve the level of effectiveness of member engagement • Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public. • Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership, including the use of digital technology and applications. • Consider ways to develop an engaged Trust membership including representation from unrepresented groups.	Evidence within the action logs and/or minutes of the meetings. A summary list of achievements are also listed below.	n/a

During April 2022 to March 2023, the Group has:

- Agreed a membership plan which outlines key membership objectives and contains information regarding how these will be delivered
- Agreed revisions to the Terms of Reference for the Group
- Continued to utilise a work plan to capture items for future meetings
- Reviewed the website to ensure it provides information on how to access services and how to become a member of the Trust
- Attended member and public engagement training events and shared the learning
- Discussed and clarified membership engagement support available to Governors
- Contributed to election planning
- Agreed the content of a Governor business card

3. Attendance

During the 2022/23 year the group met on 5 occasions – 19 May 2022, 9 August 2022, 20 October 2022, 7 December 2022 and 12 January 2023. Attendance at the meetings by Governors is detailed in table 1 below and a more detailed breakdown of attendance by individuals is attached at Appendix 2.

Table 1: Meeting Attendance:

Members:	No of meetings attended
The membership of the Group consists of Governors from all public and staff constituencies: • Doff Pollard • Tim Durkin • Sue Cooper • Soraya Hutchinson • Sharon Nobbs • Tony Douglas • Anthony Houfe • Brian Swallow • Marilyn Foster • Cllr Abraham • Cllr Chambers • Jenny Bristow	 *5/5* *4/5* *2/5* *2/3* *3/5* *4/5* *3/4* *2/4* *1/3* *2/3* *1/3* *1/1*
• One Non-Executive Director or Chair of the Trust • Head of Corporate Affairs • Communications Representative • Head of Patient Experience • Membership Officer • Trust Chair	*2/5* *5/5* *4/5* *4/5* *4/5* *1/1*

3.2 Chair to provide a view on whether the membership composition is effective and the extent to which members have contributed.

The membership is open to all governors which allows involvement and support of all governors.

In addition, the Chair, a Non-Executive Director and other people working in communication or involvement roles at the Trust attend the meetings. Support is provided by the Head of Corporate Affairs and Membership Officer.

3.3 Include any recommendation for change to membership & reasons why

No recommendations for change.

4. Quoracy

Currently, the quorum necessary for the transaction of formal business is 5 members which must include a minimum of 3 Governors.

The group was quorate at all meetings

Quoracy of the group is important as it enables agreement to be reached. Consequently, it is proposed that this is changed to three Governors. The Chair, Non-Executive Director and other Trust colleagues working in corporate roles are not core members of the Group and should not, therefore, count toward the quorum.

5. Reporting / Groups or Committees

Not applicable.

6. Conduct of meetings

Governor Chair and Trust Board lead to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

A workplan for 2022/23 was agreed with the Chair of the Group and an outline workplan for the year 2022-2023 is attached as part of this effectiveness review.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes.

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes.

7. Review of Terms of Reference

The following changes are proposed (indicated in yellow on the attached ToR)

- The paragraph under `Duties' regarding the online newsletter to be amended to quote the `Humber Happenings' newsletter.
- Change to the quorum to three governors
- Membership section updated to make it clear that governors from all constituencies shall be entitled to attend the meetings and to remove the words ` but not be restricted to' from the end of the fist sentence.
- Separation of officers from governors in the membership section to reflect the fact that governors are members of the Group and officers are in attendance

The ToR are below at appendix 1 and, if agreed by the Group, will be presented for approval to the Council of Governors.

8. Workplan for 2023/24

Has a workplan for the year ahead, 2023/24 been prepared?

Yes [/] No [ ].

An outline workplan has been agreed – this remains a working document to reflect additional items the group may agree

9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [/]

If any, please summarise in bullet point format below

Humber Teaching NHS Foundation Trust

Appendix 1

Engaging with Members Governor Group

Terms of Reference

Authority	The Engaging with Members Governor Working Group is established as a subgroup of the Council of Governors. The Group will make recommendations to the Councils of Governors on issues within its remit.
Role / Purpose	The key purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust's members and the public. The Group will: • Provide a forum for discussion on membership and membership engagement. • Monitor how representative the Trust's membership is in order to reflect the interests of the population served by the Trust • Improve the level of effectiveness of member engagement • Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public. • Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership including the use of digital technology and applications • Consider ways to develop an engaged Trust membership including representation from unrepresented groups
Duties	• Propose actions to ensure the Council's fundamental aim in relation to engagement is met. • Develop the strategy for the Council of Governors to engage on behalf of the Trust with its members. • Ensure efficient mechanisms are identified and in place for Governors to gain member and public views and feed back to the Trust (for example: regular opportunities for members and the wider public to engage with Governors, link with service user and carer groups) • Ensure effective production of membership communications. • To review engagement methods and opportunities for public governors to engage with members • Receive and analyse reports from the Trust's membership database in order to identify any under-represented groups and agree a strategy to address any areas identified.

	• Ensure a process is in place for Governors to be involved in developing and agreeing content for inclusion in the online Humber Happenings newlsetter to effectively communicate the work of governors • To support the Council of Governors in their responsibilities to represent the constituency or the organisation elected or appointed to serve and contribute to the development of the membership of the Trust and represent the interests of members and the wider general public • To assist the Trust with the recruitment and engagement of members and the wider community. • To consider current materials available for new and potential members i.e. Trust Membership Form and Trust Membership Leaflet • To provide recommendations, feedback and reports where necessary on activities relating to communication and membership to the Chair of the Trust and to inform the Council of Governors of its activities • To provide a forum to prepare for the Annual Members Meeting and other key Governor events. • In line with the commitment "Every contact Counts" to ensure effective communications the Engaging with Members Group has been collaborating with the PACE Forum activities and Volunteering. All of us are communicating with Members and also the public and we have sought to ensure we understand what each area is doing, how it can support the work of the other areas and how we can collaborate on direct communications in particular. Thus avoiding duplication and confusion
Membership	Membership of the Engaging with Members Group shall consist of:- • Governors from all public constituencies • Staff Governors • Appointed Governors In Attendance: The following officers from the Trust will be invited to attend each meeting: • Head of Patient Experience (or deputy) • One Non-Executive Director or Chair of the Trust • Head of Corporate Affairs • Communications Representative • Membership Officer
Quorum	The quorum necessary for the meeting to agree actions and make recommendations shall be three members.

Chair	The Chair of the Committee shall be a Public Governor In the absence of the Group's Chair the remaining members shall elect a temporary chair for the meeting.
Frequency	A minimum of four meetings to be held per year Additional meetings will be held as deemed necessary by the Group.
Agenda and Papers	Agenda and papers to be distributed a week prior to the meeting.
Minutes and Reporting	Minutes / Action notes will be taken of the meeting and provided to group members within 14 days of the meeting. The group will report to the Council of Governors
Monitoring	The Engaging with Members Group will review its Terms of Reference and purpose and objectives on an annual basis as a minimum.
Agreed (by EWMG Group)	18 May 2023
Approved (by CoG)	
Review Date	March/April 2024

Appendix 2

Attendance summary 2022-2023

Quorum	19 May 2022	9 August 2022	20 October 2022	7 December 2022	12 January 2023
The quorum necessary for the meeting to agree actions and make recommendations shall be 5 members with at least;	Doff Pollard Tim Durkin Soraya Hutchinson Sharon Nobbs	Doff Pollard Tim Durkin Sue Cooper Soraya Hutchinson Sharon Nobbs Tony Douglas	Doff Pollard Tim Durkin Tony Douglas Sharon Nobbs Anthony Houfe Brian Swallow	Doff Pollard Sue Cooper Tony Douglas Anthony Houfe Brian Swallow Marilyn Foster Cllr Abraham	Doff Pollard Tony Douglas Anthony Houfe Cllr Abraham Jenny Bristow Tim Durkin

• 3 Public Governors • 1 Staff Governor • Head of Patient Experience Team • Membership Officer • A Non-Executive Director or Head of Corporate Affairs or a Communication Representative	*Other members:* Dean Royles Katie Colrein Helen Waites Michelle Hughes Mandy Dawley	*Other members:* Katie Colrein Michelle Hughes Helen Waites Dean Royles Mandy Dawley	*Other members:* Katie Colrein Stella Jackson	Cllr Chambers *Other members:* Mandy Dawley Stella Jackson Caroline Flint	*Other members:* Stella Jackson Katie Colrein Mandy Dawley Alex Uney James Collier Nick Orr Northcott

Humber Teaching NHS Foundation Trust

Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Council of Governors Workplan 2023/24
Author/s:	Caroline Flint Trust Chair
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	The workplan for the Council of Governors is attached

Key Issues within the report:

Positive Assurances to Provide: • Workplan is provided for noting	**Key Actions Commissioned/Work Underway:** • N/A
Key Risks/Areas of Focus: • None identified	**Decisions Made:** • N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Report to Council	✓
Trust Board			

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment

Caring, Learning & Growing Together

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	

Humber Teaching NHS Foundation Trust

Council of Governors Work Plan 2022/23 v8

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	14 July 2022	13 Oct 2022	19 Jan 2023	20 April 2023	20 July 2023	19 Oct 2023
Standing Items								
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓	✓
Actions List	Every Mtg	CF	✓	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓	✓
Patient /Staff Story presentation	Every Mtg	KF/SMcG	✓	✓	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs		✓	✓	✓	✓	✓
Quality and Clinical Governance								
Patient Led Assessment of Care Environment Report (PLACE)	Annually	LP		✓				
Corporate								
Public Trust Board Minutes	Every Mtg	CF	✓	✓	✓	✓	✓	✓
Review of Constitution	As req	SJ						
Review of Council of Governors Workplan	Every Mtg	CF	✓		✓	✓	✓	✓
Fit and Proper Persons Compliance Report	Annually	CF	✓				✓	
Update on the Operating Plan	Bi-monthly	PB		✓				✓
Annual Declarations Report	Annual	SJ				✓		
Performance & Delivery								
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓	✓
Governors								
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓	✓

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	14 July 2022	13 Oct 2022	19 Jan 2023	20 April 2023	20 July 2023	19 Oct 2023
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF	✓				✓	
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	SC	✓				✓	
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	DP				✓**def to July**	✓	
Council of Governors Statutory Duties								
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	SM						
Presentation of the Annual Report and Accounts and any report on them (to receive)	Annually	AMM	✓					
Approve the appointment of the Chief Executive (to approve – support)	As req							
Appointment of the external auditor (to ratify)	As req							
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req							
Approval of an application for the dissolution of the FT	As req							
Council of Governors Non-Statutory Duties								
Non-Executive Director and Governor Visits	As req							
Receive the Membership Plan	As req							
Agree with the Audit Committee the process for appointment /removal of the external auditor	As req							
Be consulted on the appointment of the Senior Independent Director	As req							
Agree the process for the appointment of the Chair of the Trust and the other NEDs (link to AT&C)	As req							

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	14 July 2022	13 Oct 2022	19 Jan 2023	20 April 2023	20 July 2023	19 Oct 2023
Added items								
Formal Presentation of Accounts	Annual	PB			✓			
Governor Support Proposals Action Plan	As req	CF		✓	✓			
The role of Governors in the new system arrangements and ICB Strategy – September Governor Development Meeting	As req	SJ						
Annual Report if available	Annual	SJ				✓**Not available**		
Governor Involvement with PACE Forums	Corporate	MD						✓
Annual Accounts 2021/22 – Audit findings and conclusions	Corporate	RW				✓		
Update on EPR	Corporate	PB					✓	
Contracting Session to be provided at September Governor Development Meeting	Corporate	PB						
Removed Items								
Annual Effectiveness Review for Finance Quality, Audit and Strategy Group including Terms of Reference for approval meeting no longer takes place	Annually		✓					

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Agenda Item 13

<table>
<tr><td>Title & Date of Meeting:</td><td>Council of Governors Public Meeting – 20 July 2022</td></tr>
<tr><td>Title of Report:</td><td>Council of Governors (CoG) Effectiveness Review</td></tr>
<tr><td>Author/s:</td><td>Caroline Flint
Chair</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td>/</td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:</td><td>To present the effectiveness review for 2022/2023 (attached at Appendix 1) and updated Terms of Reference for approval (subject to any decisions made on the Constitution around quoracy)

To provide the Council of Governors with an update on meetings held.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td>Positive Assurances to Provide:

The NHS Code of Governance provides that the Council of Governors, led by the Chair should periodically assess their collective performance. This report presents the effectiveness review for 2022/23.</td><td>Key Actions Commissioned/Work Underway:
• A Review of the Trust Constitution had been undertaken with proposals to be presented at the July 2023 Council of Governors meeting and The CoG Effectiveness Review Questionnaire is being looked at to make it more relevant and engaging for governors to use.</td></tr>
<tr><td>Key Points/Areas of Focus:

N/A</td><td>Decisions Made:
• N/A</td></tr>
<tr><td>Governance:</td><td>
<table>
<tr><th></th><th>Date</th><th></th><th>Date</th></tr>
<tr><td>Appointments, Terms & Conditions Committee</td><td></td><td>Engaging with Members Group</td><td></td></tr>
<tr><td>Finance, Audit, Strategy and Quality Governor Group</td><td></td><td>Other (please detail)
Quarterly report to Council</td><td></td></tr>
<tr><td>Trust Board</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
</table>

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	

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Council of Governors

Annual Review of Effectiveness and Terms of Reference
1st April 2022 to 31st March 2023

The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and Health and Care Act 2022. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution.

1. Executive Summary

Chair to provide a brief written overview of the Council of Governors' work during the year and whether he/she believes that the Committee has operated effectively and added value

The Council of Governors (CoG) has a forward-looking annual work plan which outlines mandatory and regular reports required for the meetings. The CoG meetings start with a patient, staff or volunteer story.

The minutes of CoG meetings clearly demonstrate debate and decision making.

The work of the CoG is supplemented with the work of various governor groups and governor development sessions. The development sessions provide dedicated time and focus to discuss more fully key areas of interest/work and to dedicate time to learning and development. An opportunity is also given at those meetings to influence strategies and forward plans. In addition, governors are given the opportunity to attend briefings with the Chair and Chief Executive.

2. Delivery of functions delegated by Board

Functions within ToR	**Evidence to support delivery** Sample taken from the minutes	**Any outstanding issues / action plans?**
Statutory duties of the CoG	• Governor sub group - Appointments T&C • Appointing Auditors • Receipt of the Annual Report and Accounts	
Contribution to Strategy & Plans	• Operating Plan • Performance reports • Finance reports	
Representing Members and the Public	• AMM • Governor elections • Governor sub group – Engaging with Members	

3. Attendance

The Council of Governors met on 4 occasions during 2022/23. Meetings were held virtually on 14 April, 14 July, 13 October, and 19 January 2023 and the Annual Members' Meeting (AMM) was held in October 2022.

To support attendance online the Chair made changes to the agenda to ensure breaks, hard copy papers and IT support to be provided on request and reassured Governors that it was okay not to be visible on screen but engage via audio only. Governors' views have been sought on whether meetings should be in person or online and a small majority supported online. Considering this and the relationship building meeting in person helps with, the Chair has made arrangements for two out of four Council of Governors' meetings to be in person in 23/24 and 24/25 subject to infection control and other issues which may necessitate an online meeting.

The Council of Governors Terms of Reference state 5 meetings will be held a year and one of these will be an Annual Members' Meeting.

Members:	No of meetings attended
The composition of the membership is set out in Annex 7 of the constitution:	
Trust Chair	
Caroline Flint	4/4
Minimum 6 public governors	
• John Cunnington	2/4
• Soraya Hutchinson (resigned 4.1.23)	0/3
• Doff Pollard - Lead Governor	4/4
• Sue Cooper	3/4
• Helena Spencer (term of office ended on 31.1.23)	2/4
• Tim Durkin	3/4
• Patrick Hargreaves	3/4
• Tony Douglas	4/4
• Ruth Marsden	0/4
Minimum 1 staff governor	
• Craig Enderby	3/4
• Tom Nicklin	3/4
• Sharon Nobbs	1/4
• Joanne Gardner	0/4
• Will Taylor	3/4
Minimum 1 appointed governor	
• Jenny Bristow	3/4
	3/4

• Jacquie White • Andy Barber (resigned Oct 22) • Cllr Chambers • Cllr Abrahams • Steve Duffield (until 31.1.2023) • Jonathan Henderson (from 1.9.2022) *Appendix 1 contains a breakdown of attendance*	0/4 2/3 2/3 1/1 2/2

3.2 Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

There have been good contributions from those who attended throughout the year.

In addition, the CEO has attended each meeting and there has been good representation from Non-Executive Directors and Executives.

Both at the Council of Governors' meetings and at Development Sessions Non-Executive Directors (NEDs) have been given dedicated time for them to provide assurance and present their work as Chairs of Board Committees. This has proved positive for NEDs and governors alike.

3.3 Include any recommendations for change to membership & reasons why

No recommendations for change.

4. Quoracy

The Constitution states that no business shall be transacted at a meeting unless at least one third of the voting Governors are present and that of those Governors present, Public Governors must be in the majority, at least 6 must be Public Governors, 1 must be a Staff Governor and 1 must be an appointed Governor.

The CoG was quorate on all occasions, apart from the meeting held on 14 April which was not quorate.

5. Reporting / Groups or Committees

Which groups report to the Council of Governors? *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Appointments, Terms and Conditions Committee
- Engaging with Members Governor Group

Has the CoG approved the Terms of Reference for each of these groups?

Yes [x] No[ ]

- Appointments Terms and Conditions Committee - approved in July 2022. Next review due at the July 2023 meeting

- Engaging with Members Governor Group – approved in April 2022. Next review due at the July 2023 meeting.

The CoG Effectiveness Review is a separate item on the agenda.

Are ToR annual reviews for each reporting group on your Council of Governor's workplan to approve? Yes [/] No [ ]

Has the Council of Governors received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [/] No [ ]

Has the Council of Governors requested/received an annual assurance report or effectiveness review from each of the reporting groups for 2022/23 Yes [x /] No [ ] *on CoG workplan*

- The July CoG is to receive an annual effectiveness review from the Engaging with Members Governor Group and the Appointments, Terms and Conditions Committee.

- For each CoG meeting there is a Governor Group update report where chairs of the groups are asked to provide an update for any meeting that has taken place since the last CoG. This can be a short paragraph or a fuller report.

6. Conduct of meetings

Chair to consider the following questions:

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

  An outline CoG workplan has been developed with standing items and is maintained by the Trust Secretary – items are added throughout the year as requested by the CoG

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

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7. Review of Terms of Reference

Chair to summarise any recommended changes to the Council of Governors terms of reference in light of the annual evaluation.

A small number of changes are proposed to the Terms of Reference to bring these in line with Health and Social Care Act 2022 requirements (pertaining to governors). These are highlighted through track changes and the Terms of Reference are attached at Appendix 2.

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8. Workplan for 2022/23

Has a CoG workplan for the year ahead, 2022/23 been prepared?

Yes [x] No [ ] *If no, when will it be presented to your committee?* _____

9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [/]

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Appendix 1

Summary of attendance at COG 2022-2023

DATES	14 April 2022	14 July 2022	13 October 2022	19 January 2023
Trust Chair	Caroline Flint	Caroline Flint	Caroline Flint	Caroline Flint
Minimum 6 public governors	Tim Durkin Doff Pollard Sue Cooper Tony Douglas John Cunnington	Helena Spencer Doff Pollard Sue Cooper Tony Douglas Marilyn Foster Brian Swallow	Helena Spencer Tim Durkin Doff Pollard Sue Cooper Tony Douglas Marilyn Foster Patrick Hargreaves Anthony Houfe Brian Swallow	Tim Durkin Doff Pollard Tony Douglas Patrick Hargreaves Anthony Houfe Brian Swallow John Cunnington
Minimum 1 staff governor	Craig Enderby Tom Nicklin Sharon Nobbs	Tom Nicklin Will Taylor	Will Taylor Craig Enderby	Will Taylor Craig Enderby Tom Nicklin
Minimum 1 appointed governor	Jacquie White Jenny Bristow	Jenny Bristow Steve Duffield	Cllr Julie Abrahams Jenny Bristow Jacquie White Cllr Linda Chambers Jonathan Henderson	Cllr Julie Abrahams Jacquie White Cllr Linda Chambers Jonathan Henderson
CEO	Michele Moran	Michele Moran	Michele Moran	Michele Moran
No of NEDs	5	5	6	5
No of Execs	3	1	3	2

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Appendix 2

Terms of Reference

Council of Governors

Authority	The full meeting of the Council of Governors and its Appointment, Terms and Conditions Committee are the bodies in which Governors have official standing. All other forums are advisory.
Role / Purpose	The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution
Duties	**The Statutory Duties of the Council of Governors** • To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors • To represent the interests of Trust members and the interests of the public • Approve the procedures for the appointment and where necessary for the removal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee. • Approve the appointment or removal of the Chair of the Board of Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee. • Approve the appointment or removal of a Non-Executive Director on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve the procedures for the appraisal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve changes to the remuneration, allowances and other terms of office for the Chair and other Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve or where appropriate decline to approve the appointment of a proposed candidate as Chief Executive recommended by the Non-Executive Directors. • Approve the criteria for appointing, re-appointing or removing the auditor. • Approve or where appropriate, decline to approve, the appointment or re-appointment and the terms of engagement of the auditor on the recommendation of the Audit Committee. • Jointly approve with the Board of Directors amendments to the Constitution • Approve the appointment and, if appropriate, the removal of the lead governor.

	• Approve the removal from office of a Governor in accordance with procedure set out in the Constitution • Approve jointly with the Board of Directors the procedure for the resolution of disputes and concerns between the Board of Directors and the Council of Governors. • To approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust. • To approve any proposed application for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act) • Receive and comment on the Annual Report and Accounts (including Quality Account). • To notify the independent regulator, NHS England, via the lead Governor, if the Council of Governors is concerned that the Trust is at risk of breaching its licence if these concerns cannot be resolved at the local level. • To receive a report on compliance with the Fit and Proper Person Requirement for Non-Executive Directors **Contribution to Strategy and Plans** • Contribute to members and other stakeholders understanding of the work of the Trust in line with engagement and communication strategies • Seek the views of stakeholders including members and the public at large and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate • Give a view to the Board of Directors of the Trust's annual business planning arrangements for each financial year for the purpose of the preparation of the annual plan • Contribute to and influence the Strategic Plan **Representing Members and the Public** • To represent the constituency/public at large or the organisation elected or appointed to serve regarding the Trust, its vision, performance and material strategic proposals made by the Trust Board • Contribute to members and other stakeholders' understanding of the work of the Trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint governors. • Act as ambassadors in order to raise the profile of the Trust's work with the public and other stakeholders • Promote membership of the Trust and contribute to opportunities to recruit members in accordance with the Membership Plan. • Attend a minimum of 2 events per year that facilitate contact between members, the public and Governors to promote Governor accountability. • Report to members each year on the performance of the Council of Governors

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Deleted: (the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts)

Deleted: <#>¶

Deleted: Strategy

Membership	The composition of the membership of the Council of Governors is set out in the Constitution. The Chair of the Board of Directors is the Chair of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the Chair the Senior Independent Director will take the Chair's role.
Quorum	The quorum for Council of Governors meetings is set out in the Constitution. No business shall be transacted at a meeting unless at least one third of the voting Governors are present and that of those governors present, public governors must be in the majority, at least • 6 must be public Governors • 1 must be a Staff Governor • 1 must be an appointed Governor
Chair	Chair of the Trust
Frequency	The Council of Governors will meet at least 5 times a year (including the Annual Members Meeting)
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive not less than 5 working days before the meeting
Minutes and Reporting	Minutes of the meetings will be circulated to all members of the Council of Governors as soon as reasonably practical. The target date for issue is 20 working days from the date of the meeting.
Monitoring	A review of attendance and effectiveness will be undertaken annually.
Approval Date	14 April 2022
Review Date	20 July 2023

Commented [JS(TNFT1]: Jenny – please would you update these two boxes

Agenda Item 14

<table>
<tr><td>Title & Date of Meeting:</td><td>Council of Governors Public Meeting – 20 July 2023</td></tr>
<tr><td>Title of Report:</td><td>Council of Governor Sub-Groups Feedback Appointments, Terms and Conditions Committee and Engaging with Members Group</td></tr>
<tr><td>Author/s:</td><td>Sue Cooper, Chair Appointments, Terms and Conditions Committee
Doff Pollard, Chair of Engaging with Members Governor Group</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:</td><td>To provide the Council of Governors with an update from the meetings held. Verbal updates will be given for the Appointment, Terms and Conditions Committee meeting on 13 June and the Engaging with Members 18 May meeting.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td colspan="2">
<table>
<tr><td>Positive Assurances to Provide:
• Provided in the verbal updates</td><td>Key Actions Commissioned/Work Underway:
• N/A</td></tr>
<tr><td>• Key Risks/Areas of Focus
No matters to escalate</td><td>Decisions Made:
• N/A</td></tr>
</table>
</td></tr>
<tr><td>Governance:</td><td>
<table>
<tr><th></th><th>Date</th><th></th><th>Date</th></tr>
<tr><td>Appointments, Terms & Conditions Committee</td><td></td><td>Engaging with Members Group</td><td></td></tr>
<tr><td>Finance, Audit, Strategy and Quality Governor Group</td><td></td><td>Other (please detail) Quarterly report to Council</td><td>✓</td></tr>
<tr><td>Trust Board</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
</table>

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	

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Agenda Item 16

Title & Date of Meeting:	Council of Governors Public Meeting– 20 July 2023
Title of Report:	Trust Performance Report – April 2023
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:	This purpose of this report is to inform the Council of Governors of the current levels of performance as at the end of April 2023. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.

Key Issues within the report:

Positive Assurances to Provide:

- Mandatory Training – compliance overall remains high, performance exceeded the upper control limit in March at 93.7%.

Key Actions Commissioned/Work Underway:

- Full breakdown of waiting times action plans is attached at appendix B.
- System escalation mechanisms are in place to address delayed transfer of care, this overseen by the Chief Operating Officer..

Key Risks/Areas of Focus:

- **Safer Staffing Dashboard** - 12 units continue to flag as red for sickness which is an improvement on the previous 3 months but does impact on fill rates, full commentary is included in the body of the safer staffing dashboard.

- **Waiting Times** – Referral to Treatment stood at 85% (Completed Pathway) and 65.3% (Incomplete Pathway) at tee md pf April, a detailed appendix with full commentary on waiting times is attached.

- **CPA 7 Day Follow up** - Whilst the standard for 72 hour follow up was met. The 7 day standard for follow up on discharge from a mental health bed was at 93% against the

Decisions Made:

- None (report is to note)

95% requirement. This standard is reviewed daily by operational managers and each breach is reviewed. Follow up is planned prior to discharge and where attempts are made but are unsuccessful in making contact with the patient, clinical staff to continue to make contact until it is made.

- **Delayed Transfers of Care (no criteria to reside)** - Delayed Transfers of Care (or patients who have No Criteria to Reside NCTR) remain high and the issue continues to lie with patients predominantly waiting for specialised hospital placements with other NHS providers or local authority provided residential placements

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board	3.5.23		

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
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	

Financial Year
2023-24

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TRUST PERFORMANCE REPORT

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

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

Chief Executive: Michele Moran

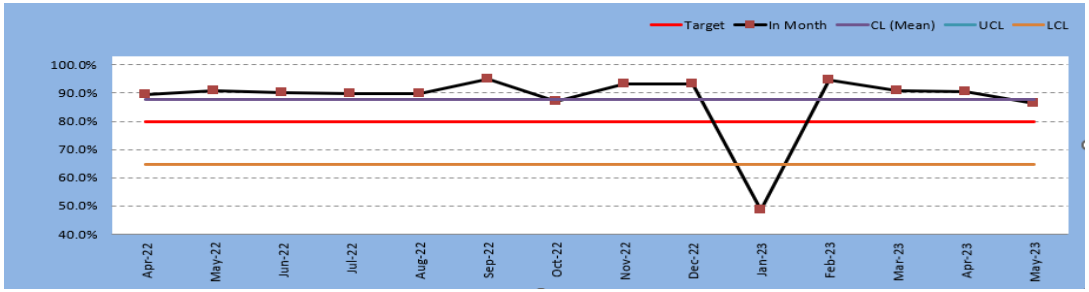
Prepared by: Business Intelligence Team

Reporting Month:
May-23

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	May 2023

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set. The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:
Example SPC Chart	S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable.



Strategic Goal 1	Innovating Quality and Patient Safety	**Strategic Goal 4**	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery	**Strategic Goal 5**	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances	**Strategic Goal 6**	Promoting people, communities and social values

Key Indicators The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts

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

For the period ending:	May 2023

Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD/CYP Neuro	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021

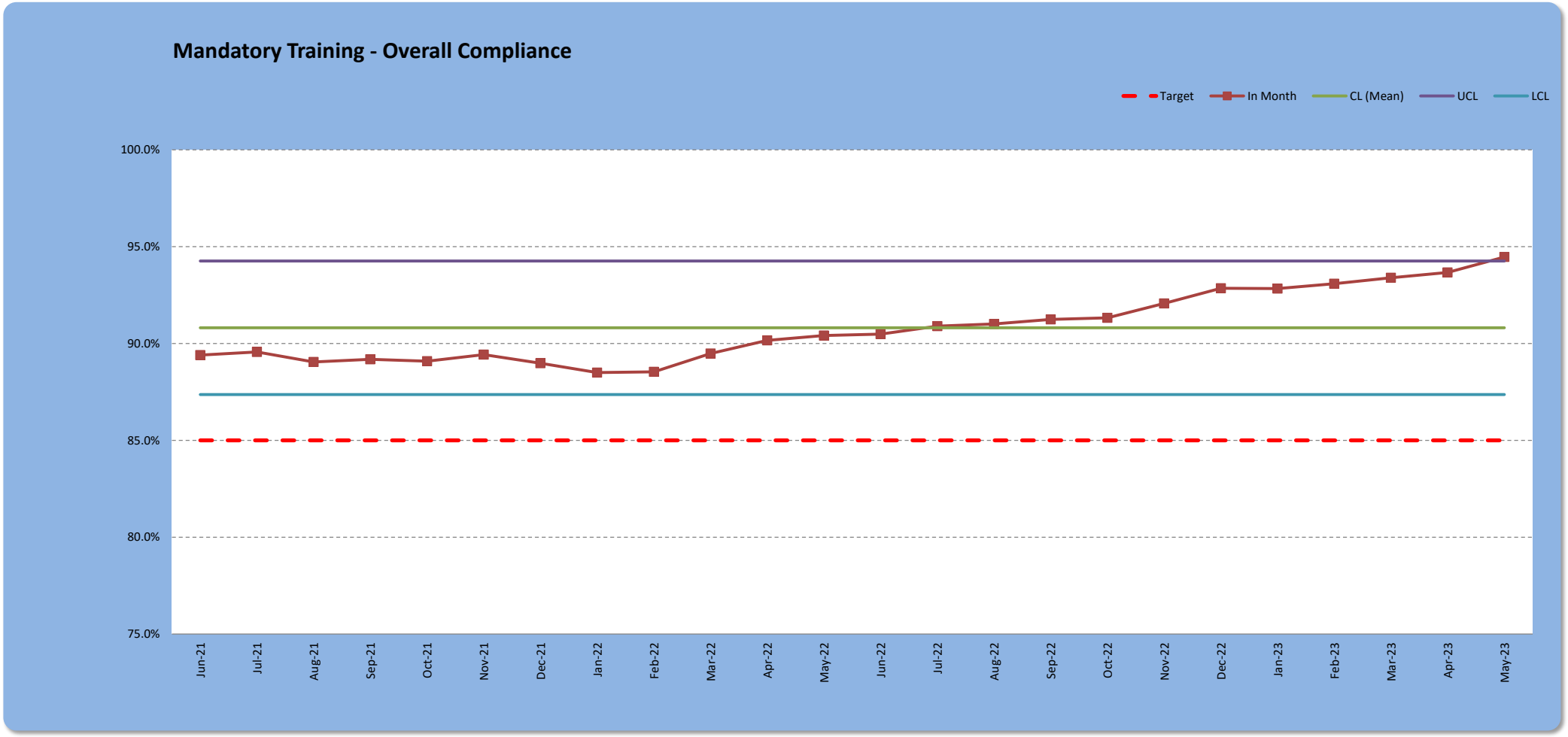
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
85%	80%	94.5%

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



Please refer to the accompanying front sheet/report for any relevant commentary

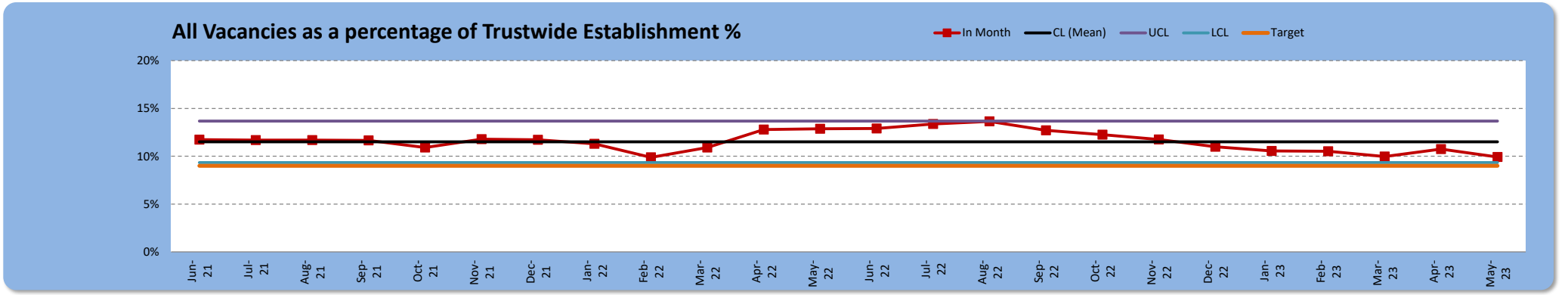
PI RETURN FORM 2023-24

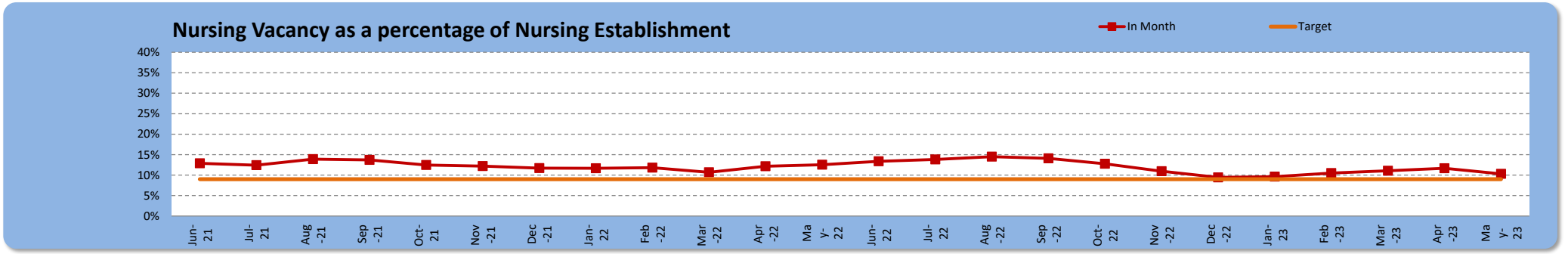
Target:	Amber:	Current month stands at:
N/A	N/A	9.9%

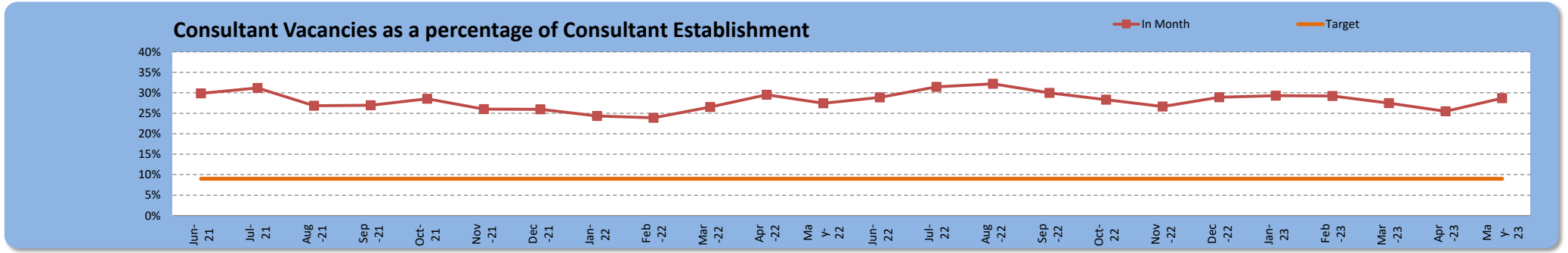
Goal 1 : Innovating Quality and Patient Safety

For the period ending: May 2023

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







Please refer to the accompanying front sheet/report for any relevant commentary

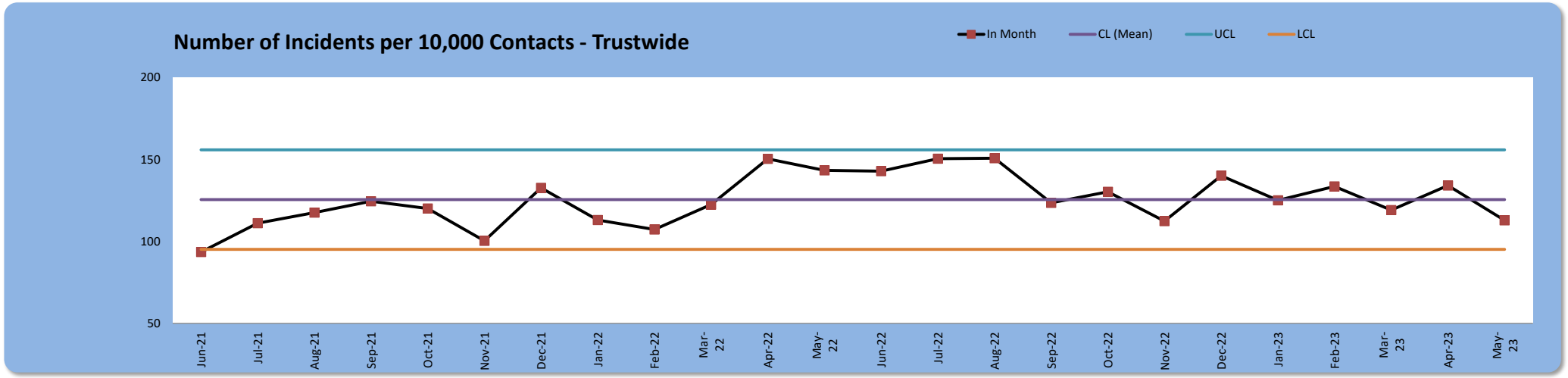
PI RETURN FORM 2023-24

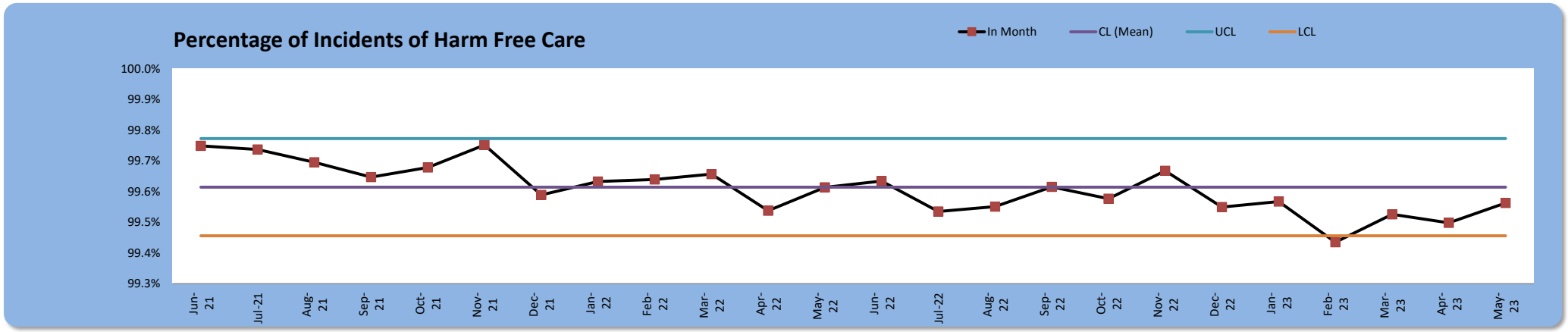
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	113

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





Please refer to the accompanying front sheet/report for any relevant commentary

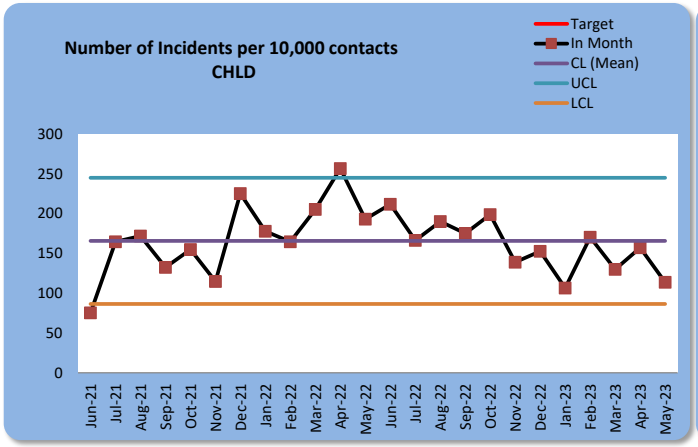
PI RETURN FORM 2023-24

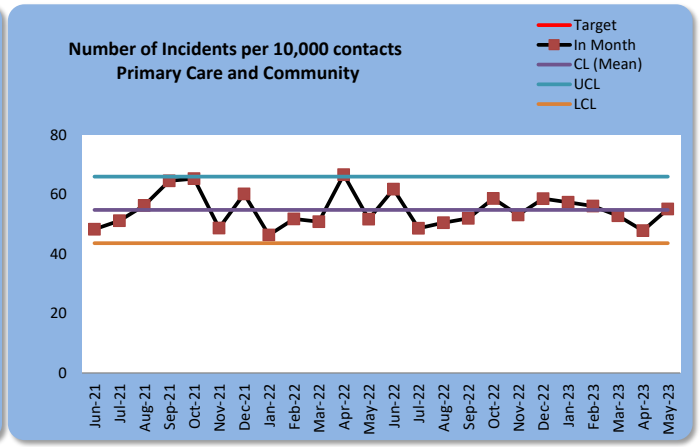
Goal 1 : Innovating Quality and Patient Safety

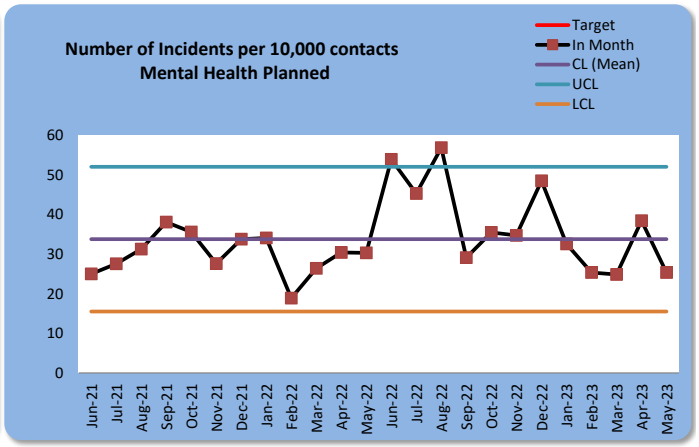
For the period ending: **May 2023**

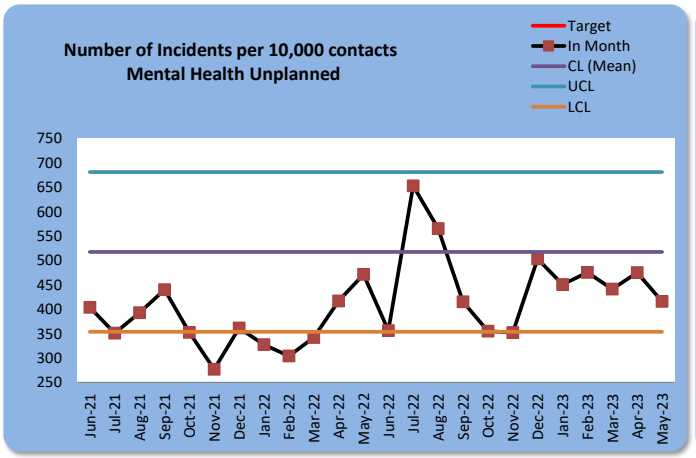
Target:	Amber:	Trustwide current month stands at:
0	0	113

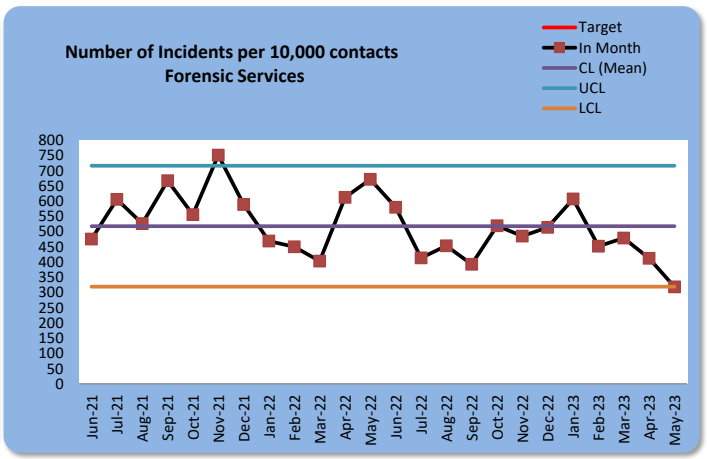
Indicator Title	Description/Rationale		KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Executive Lead Hilary Gledhill	IA_TW











Current Month per Division

Children and Learning Disability	114
Primary Care and Community	55
Mental Health Planned	25
Mental Health Unplanned	416
Forensic Services	318

Incident Analysis

	Apr-23	May-23
Never Events	0	0
% of Harm Free Care	99.5%	99.6%
% of Incidents reported in Severe Harm or Death	0.8%	0.7%

Please refer to the accompanying front sheet/report for any relevant commentary

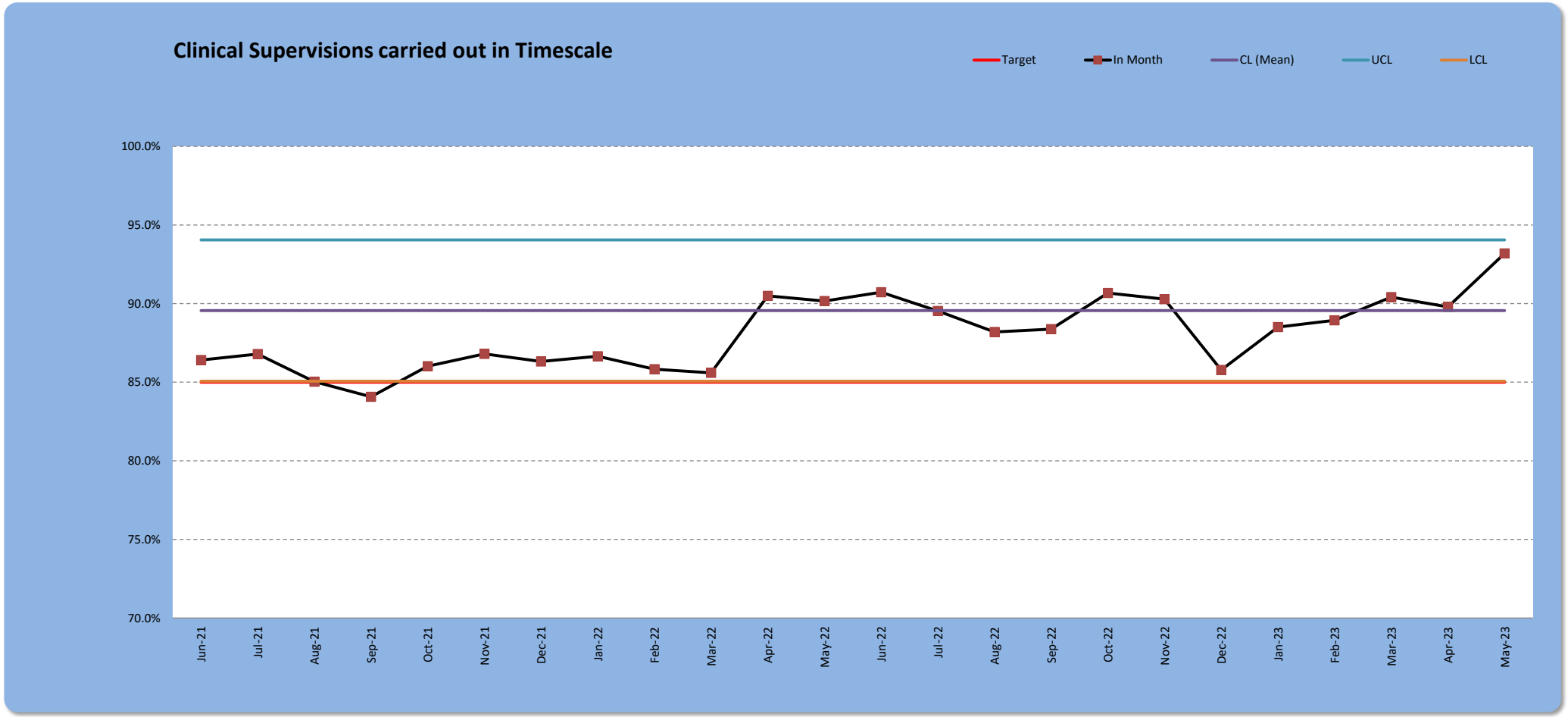
PI RETURN FORM 2023-24

Target:	Amber:	Current month stands at:
85%	80%	93.2%

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2023**

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



Please refer to the accompanying front sheet/report for any relevant commentary

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators

Contract Period: 2023-24

Reporting Month: Apr-23

NHS Humber Teaching NHS Foundation Trust

Shown one month in arrears

Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators												
										Day		Night		QUALITY INDICATORS (Year to Date)											Indicator Totals	
Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Mar-23	Apr-23
Adult MH	Avondale	Adult MH Assessment	30.8	77%	12.3	23.0%	↑	2.1%	↑	82%	85%	97%	100%	0	2	0	0	100.0%	91.5%	92.9%	85.7%	2.2%	2.0	0	0
	New Bridges	Adult MH Treatment (M)	41.6	100%	7.41	14.0%	↑	1.3%	↑	75%	88%	95%	103%	0	6	0	0	97.8%	98.4%	94.1%	96.0%	5.2%	-0.4	2	1
	Westlands	Adult MH Treatment (F)	35.4	88%	10.57	23.3%	↑	20.3%	↓	81%	93%	94%	125%	0	2	0	0	76.9%	93.3%	92.9%	90.5%	16.3%	3.0	2	1
	Mill View Court	Adult MH Treatment	28.1	100%	8.75	18.4%	↓	15.2%	↑	91%	91%	95%	142%	2	5	1	0	71.0%	94.5%	92.3%	88.2%	4.4%	2.0	1	2
	STARS	Adult MH Rehabilitation	39.0	100%	25.66	30.4%	↑	1.6%	↑	73%	199%	100%	100%	0	1	0	0	94.6%	91.3%	84.6%	81.5%	13.8%	0.1	3	3
	PICU	Adult MH Acute Intensive	31.5	68%	26.10	35.1%	↑	22.1%	↑	79%	139%	98%	162%	0	19	0	0	96.4%	85.3%	71.4%	86.7%	9.3%	4.4	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	36.9	66%	16.66	16.3%	↑	8.6%	↑	87%	107%	109%	109%	0	6	0	0	100.0%	95.4%	100.0%	85.2%	5.3%	0.0	1	1
	Mill View Lodge	Older People Treatment	21.8	97%	14.39	39.2%	↑	9.3%	↓	67%	100%	100%	153%	0	0	0	0	100.0%	95.8%	92.9%	80.0%	9.1%	3.0	1	3
	Maister Court	Older People Treatment	17.9	107%	15.83	25.6%	↓	5.2%	↑	123%	85%	100%	101%	0	0	0	0	100.0%	92.9%	100.0%	90.9%	7.1%	-0.2	2	2
	Pine View	Forensic Low Secure	30.7	81%	9.49	16.0%	↑	0.0%	→	94%	92%	73%	108%	0	0	0	0	100.0%	96.1%	100.0%	89.5%	3.6%	1.6	0	1
	Derwent	Forensic Medium Secure	23.7	72%	14.28	23.1%	↑	0.0%	→	82%	50%	100%	99%	0	0	0	0	100.0%	93.8%	87.5%	75.0%	7.5%	2.0	2	2
	Ouse	Forensic Medium Secure	23.6	86%	7.76	9.0%	↑	0.0%	→	82%	100%	100%	100%	0	0	0	0	87.5%	98.8%	100.0%	94.1%	4.8%	2.8	1	0
	Swale	Personality Disorder Medium Secure	28.6	80%	11.00	29.9%	↑	0.0%	→	82%	103%	97%	92%	0	1	0	1	96.2%	94.3%	72.7%	100.0%	12.2%	1.2	2	1
	Ullswater	Learning Disability Medium Secure	25.8	50%	19.64	31.8%	↑	0.0%	→	66%	131%	97%	130%	0	0	0	0	96.0%	95.5%	100.0%	80.0%	15.5%	3.0	2	2
Child & LD	Townend Court	Learning Disability	35.3	86%	29.76	36.7%	↓	0.0%	↑	87%	87%	57%	142%	0	20	1	0	76.5%	97.0%	100.0%	81.8%	20.7%	3.4	3	2
	Inspire	CAMHS	8.3	66%	24.47	10.7%	↑	3.6%	↓	86%	115%	91%	126%	0	9	0	0	84.4%	87.3%	83.3%	100.0%	0.0%	0.0	0	0
	Granville Court	Learning Disability Nursing Care	46.5	87%	16.98	22.7%	↑	25.9%	↓	101%	95%	105%	104%	0	0	0	0	88.1%	96.6%	91.7%	83.3%	13.6%	0.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	47.9	85%	9.47	1.1%	↑	0.0%	↑	107%	83%	107%	102%	0	0	0	0	91.1%	87.7%	90.9%	84.6%	8.8%	-0.6	2	1
	Malton Hospital	Physical Health Community Hospital	33.3	89%	7.39	13.0%	↑	0.0%	→	98%	86%	120%	80%	0	0	0	0	100.0%	89.2%	83.3%	83.3%	7.6%	-2.6	1	1

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

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

Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Apr

The number of teams flagging as red for sickness has remained static for April with 12 above the upper threshold and 6 teams experiencing sickness rates above 10% however 5 teams are now below the lower threshold of 4.5% which is an improvement.

Malton's CHPPD has increased to 7.39, slightly under their target of 8.0 for CHPPD influenced by their continued high OBD which has risen to 91% in April. Equally Newbridge's are slightly under target at 7.41, a decrease on March's figure also impacted by high OBD which was 100% for April. All other units have met their CHPPD target threshold.

Safer staffing reviews have been completed throughout April and May and recommendations for CHPPD made accordingly based on the latest round of dependency data.

RN Fill rates for STaRS, MVL and Ullswater are below the lower threshold. Following the safer staffing reviews the demand templates have been reviewed and amendments have been recommended for both MVL and STaRS to more accurately reflect their staffing models which should correct the discrepancies. Ullswater have below lower target threshold for RNs on days, influenced by high levels of sickness however this has been backfilled with unregistered staff. Equally shortfalls in night RNs on Pine View and TEC have been backfilled.

All units completed returns for April. TEC's supervision has significantly improved in April to 76.5%. Mill View Court have dipped this month to 71% however they were in a strong position in March at 100%. Overall supervision compliance is high despite the current impact of sickness with 15 units achieving compliance above 85% up from 14 in March.

Mandatory training including ILS and BLS once again reflects a good level of compliance with the majority of teams achieving over 85% with no red flags.

Registered Nurse Vacancy Rates (Rolling 12 months)

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
13.80%	14.90%	15.27%	15.00%	14.70%	14.30%	14.50%	11.10%	10.08%	11.10%	11.50%	13.40%

Slips/Trips and Falls (Rolling 3 months)

	Feb-23	Mar-23	Apr-23
Maister Lodge	10	11	4
Millview Lodge	0	1	2
Malton IPU	4	2	4
Whitby IPU	1	2	0

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

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

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

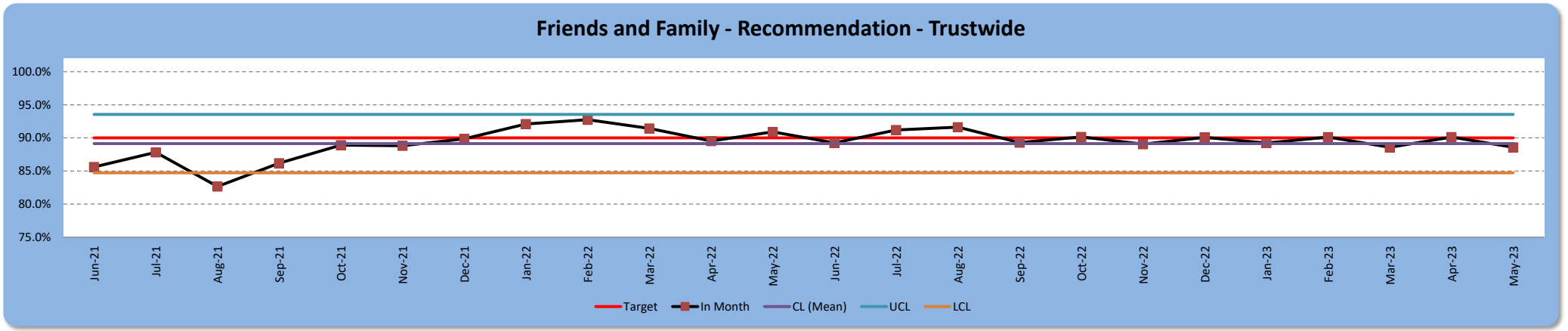
PI RETURN FORM 2023-24

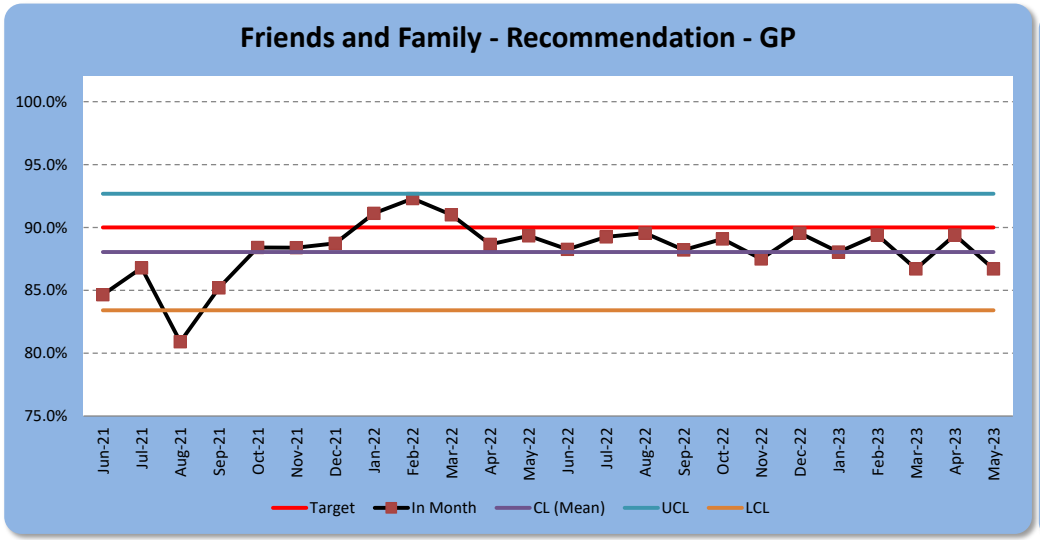
Goal 1 : Innovating Quality and Patient Safety

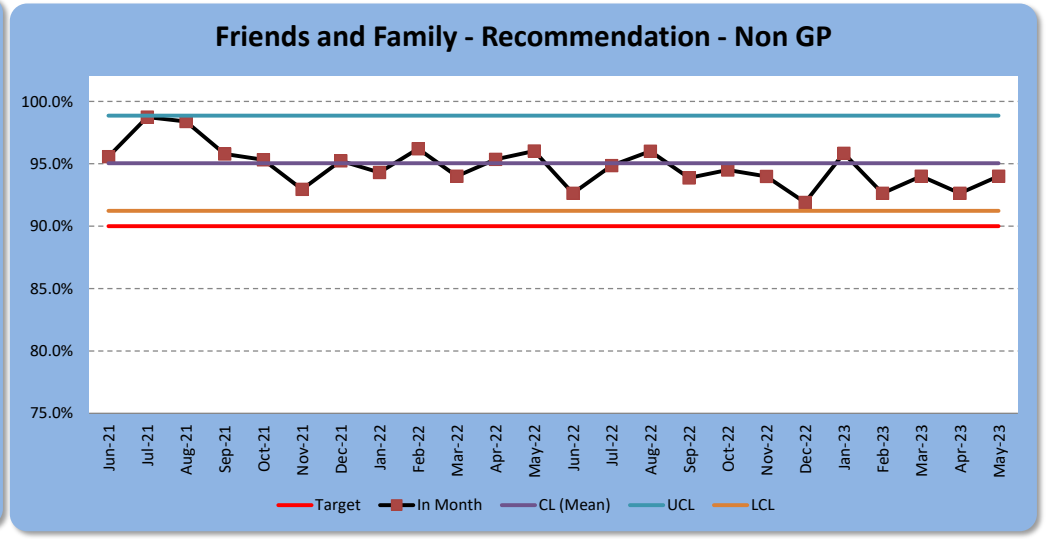
Target:	Amber:	Current month stands at:
90%	80%	88.6%

For the period ending: **May 2023**

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







Please refer to the accompanying front sheet/report for any relevant commentary

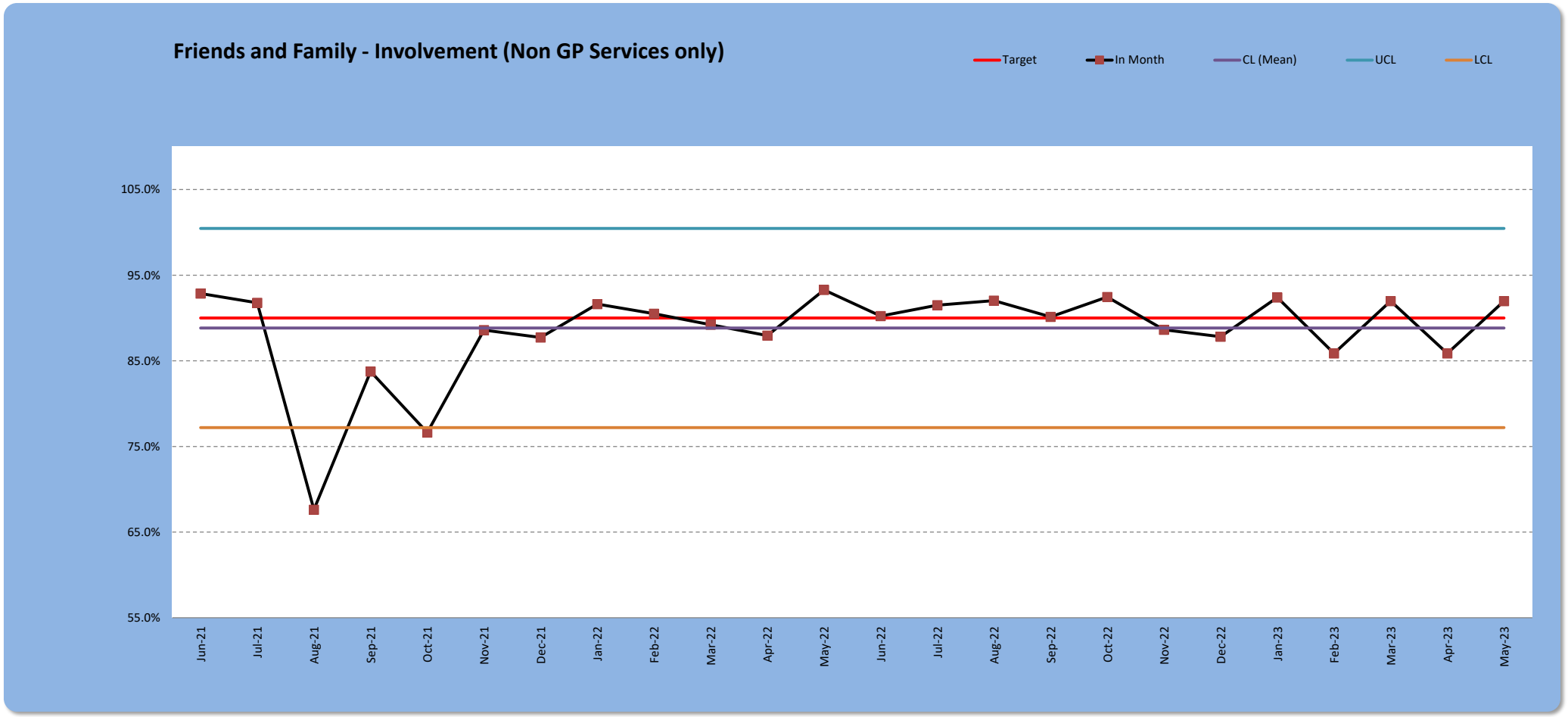
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

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

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



Please refer to the accompanying front sheet/report for any relevant commentary

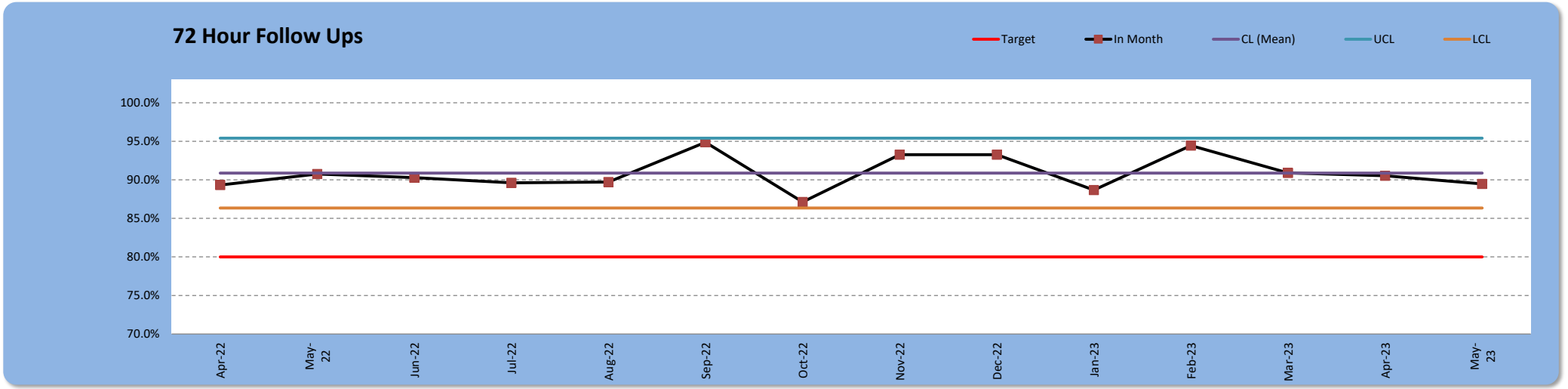
PI RETURN FORM 2023-24

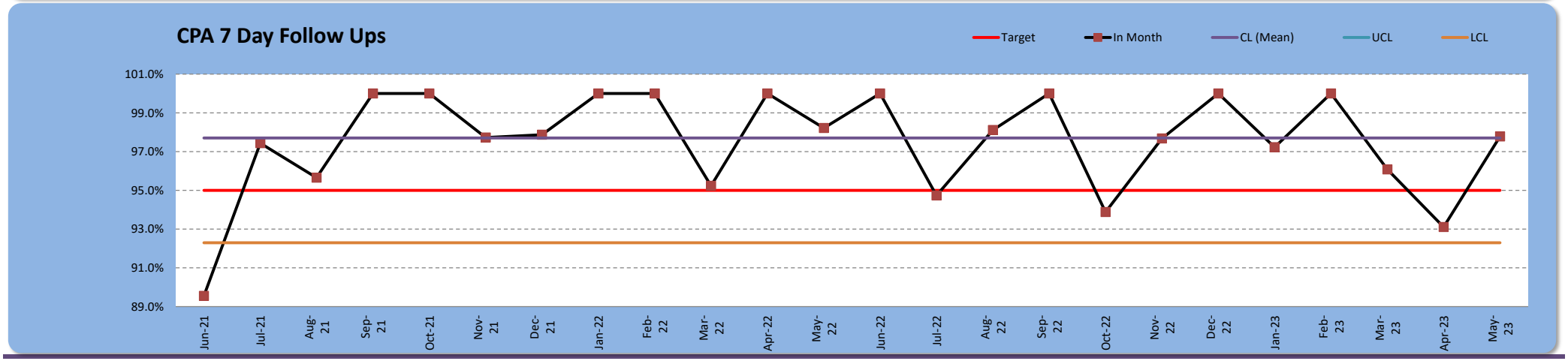
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	89.5%

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





Please refer to the accompanying front sheet/report for any relevant commentary

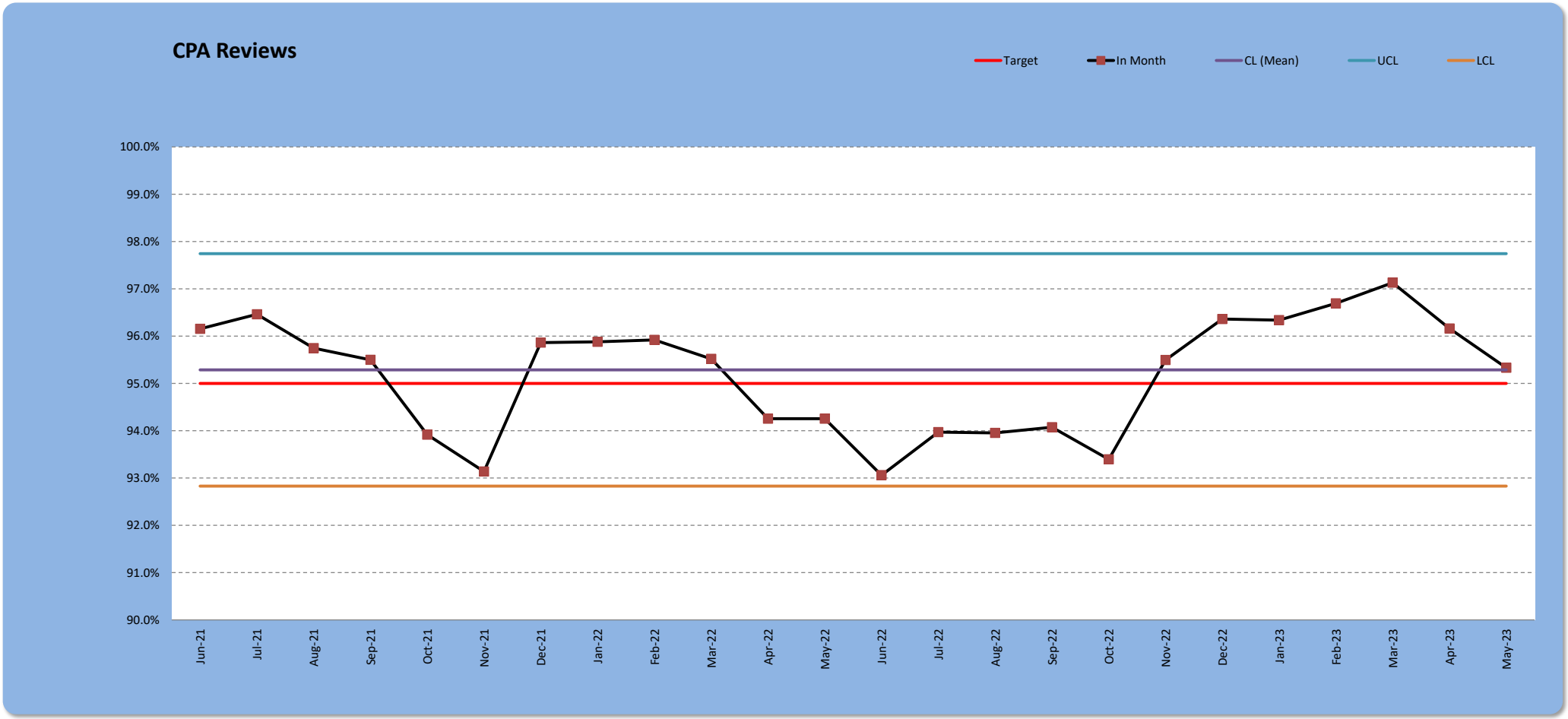
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
95%	85%	95.3%

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



Please refer to the accompanying front sheet/report for any relevant commentary

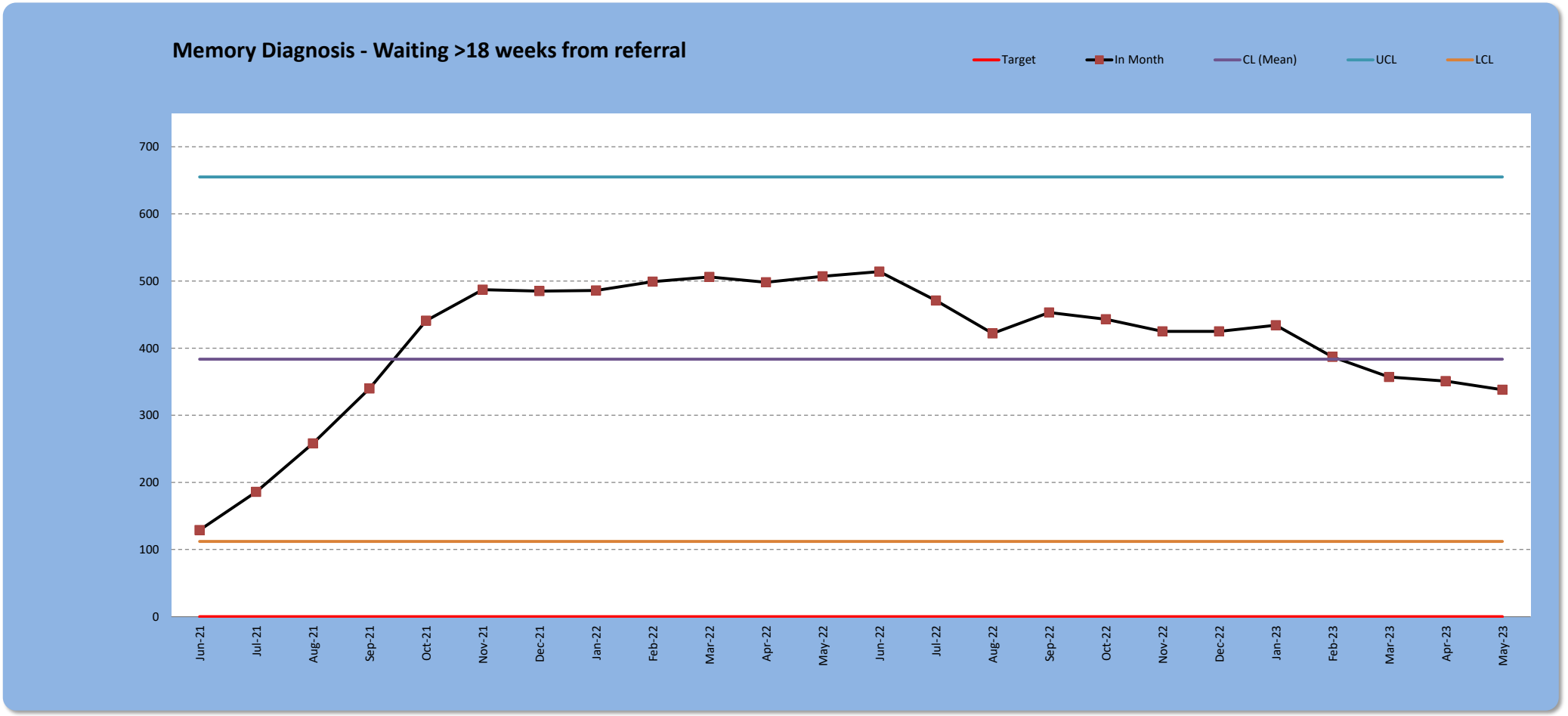
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	338

Indicator Title	Description/Rationale		KPI Type
Memory Service - Assessment/Diagnosis Waiting List	Referral to Assessment/Diagnosis Waiting Times (Incomplete Pathways) : The number of patients referred to the Memory Service are awaiting greater than 18 weeks for assessment and/or feedback of diagnosis.	Executive Lead Lynn Parkinson	MemAssWL



Please refer to the accompanying front sheet/report for any relevant commentary

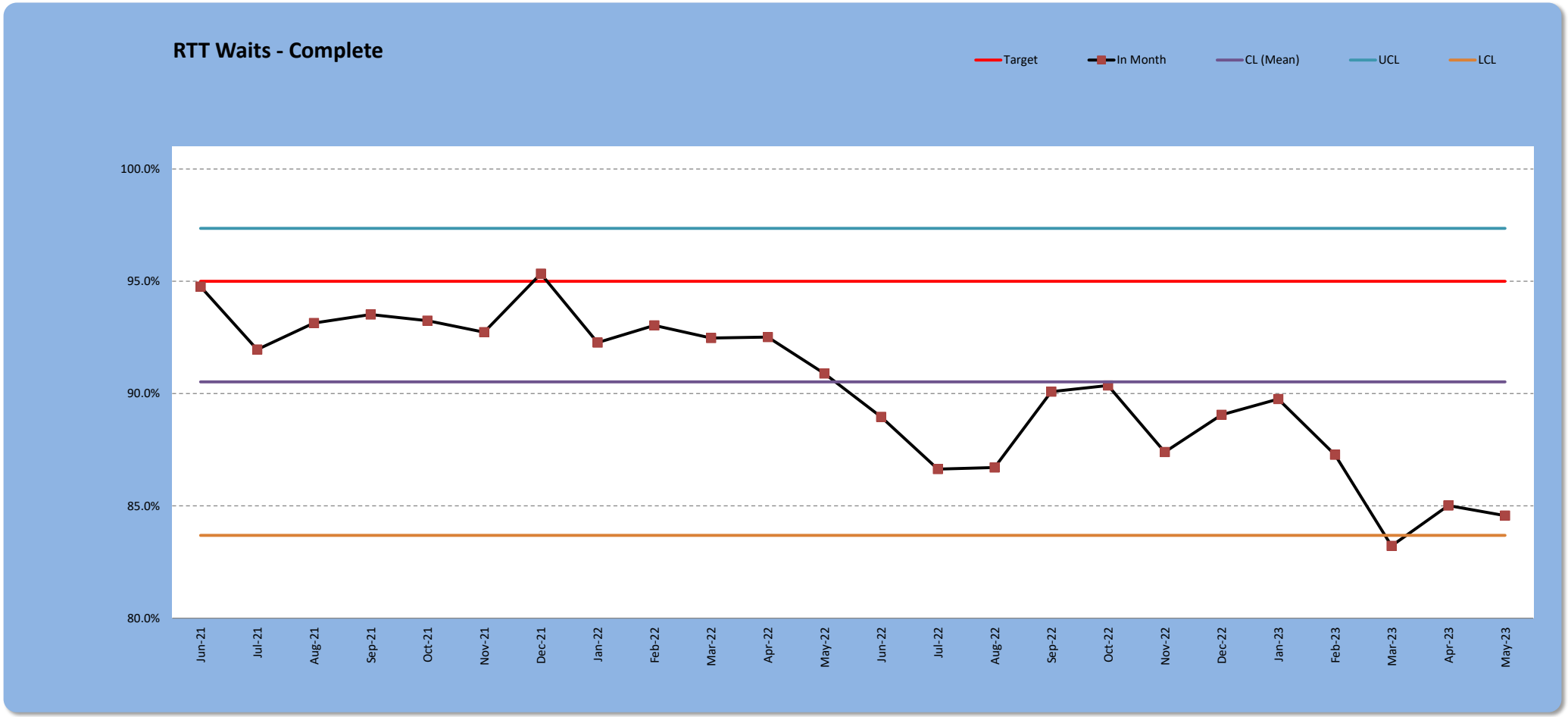
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
95%	85%	84.6%

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



Please refer to the accompanying front sheet/report for any relevant commentary

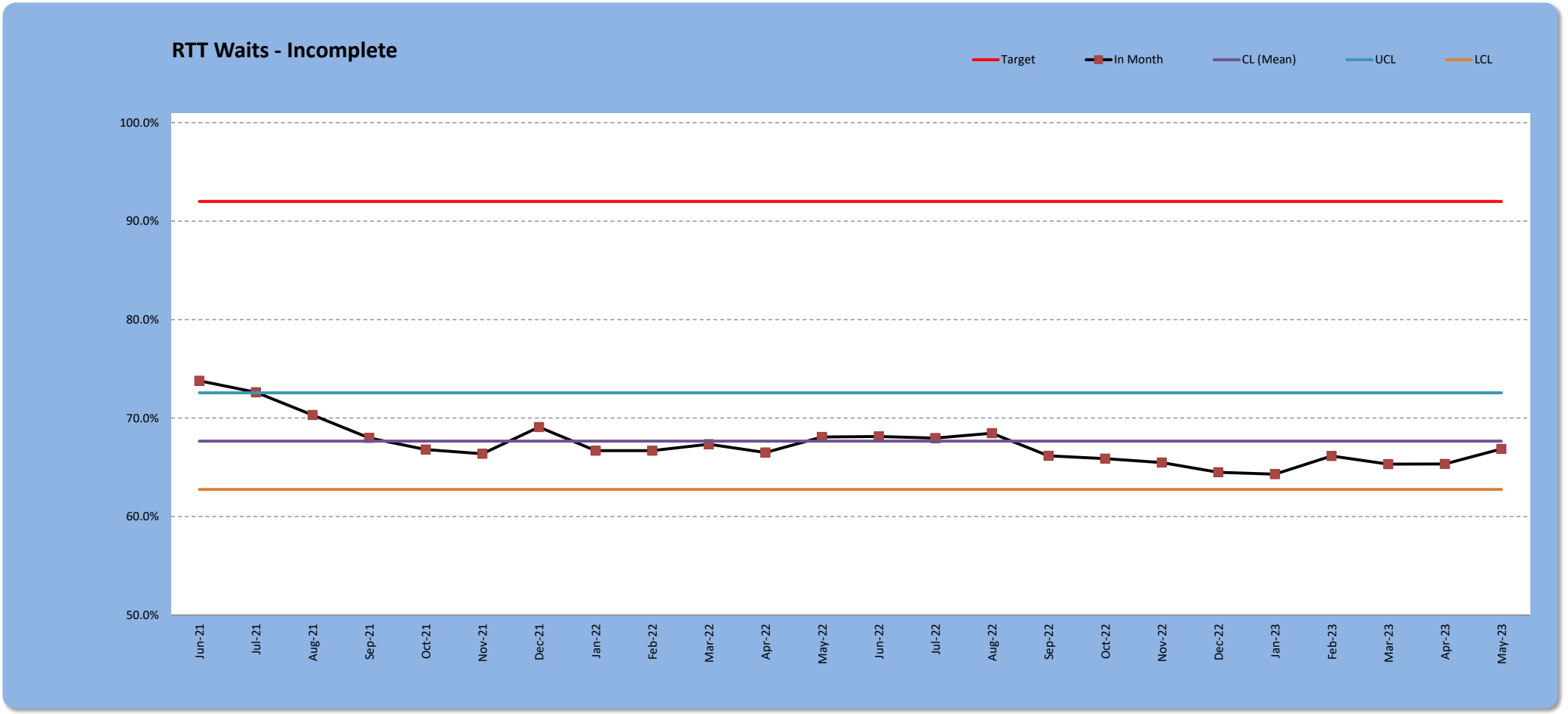
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
92%	85%	66.9%

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



Please refer to the accompanying front sheet/report for any relevant commentary

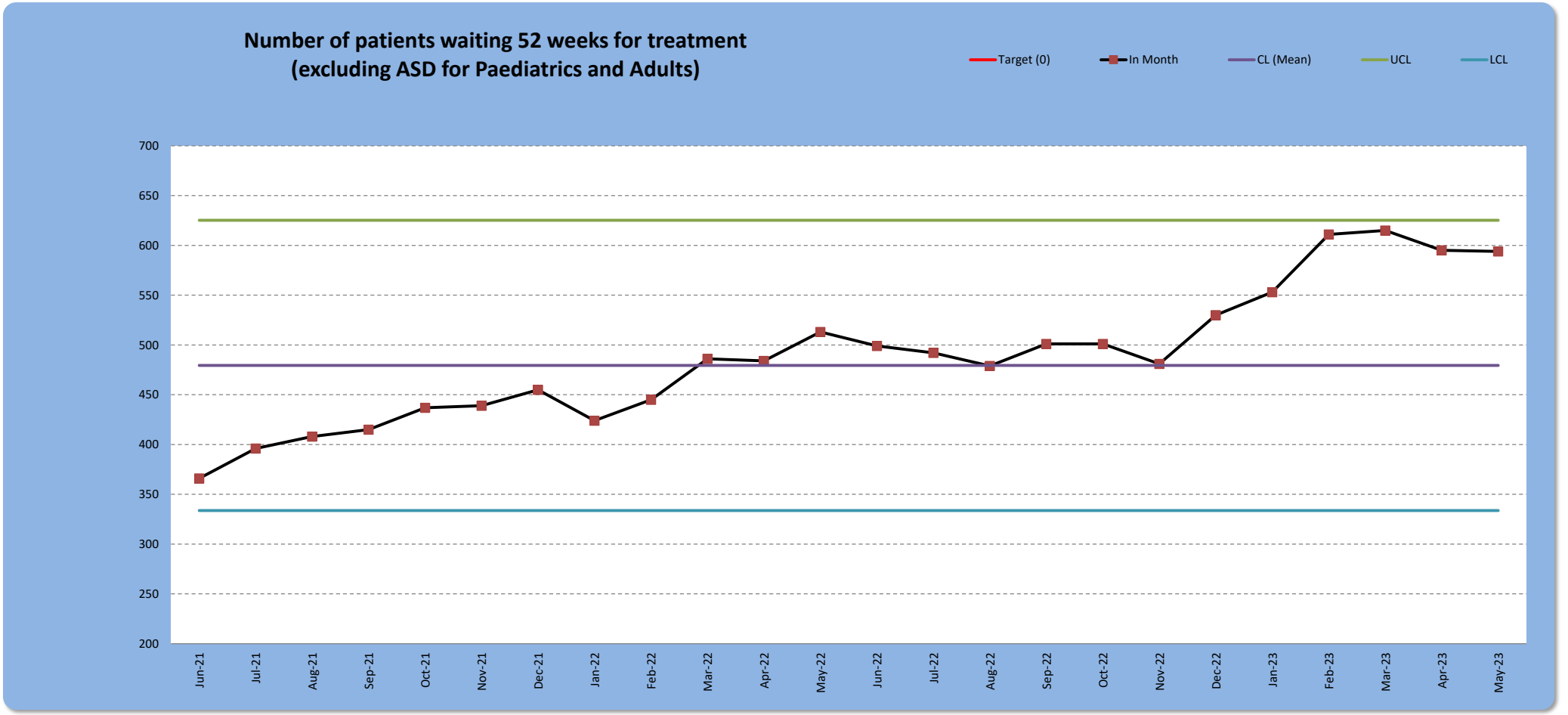
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
0	0	594

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



Please refer to the accompanying front sheet/report for any relevant commentary

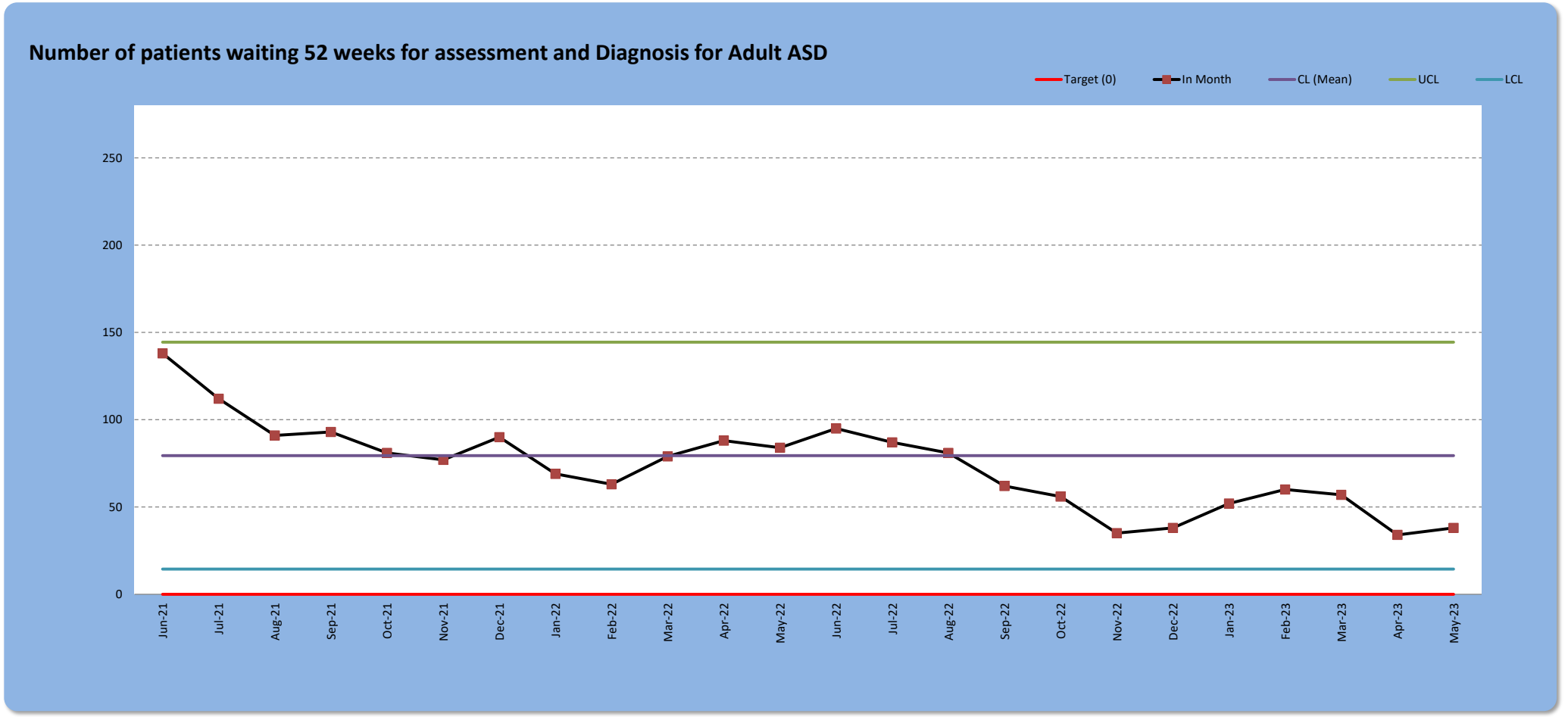
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	38

For the period ending: **May 2023**

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



Please refer to the accompanying front sheet/report for any relevant commentary

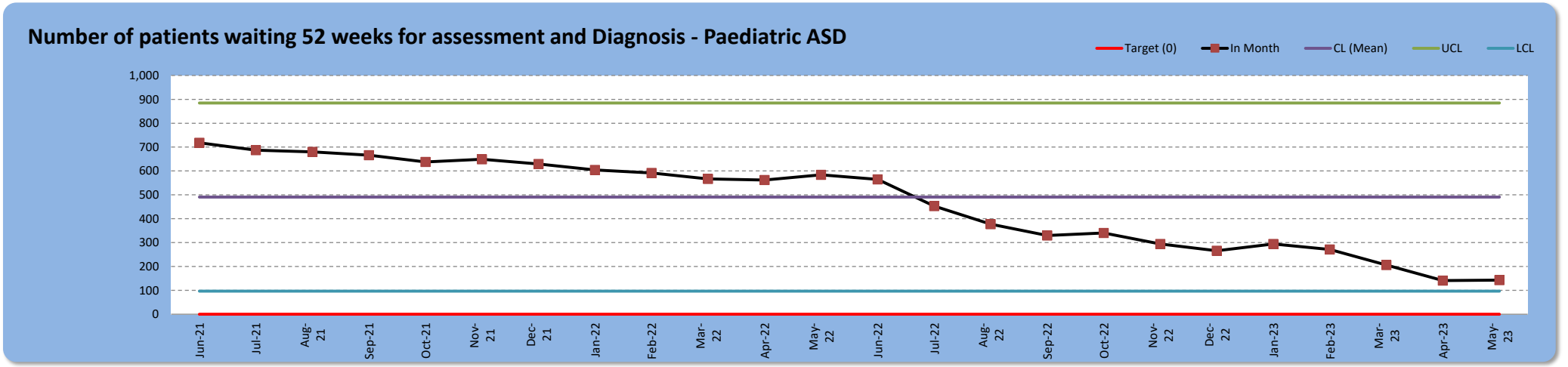
PI RETURN FORM 2023-24

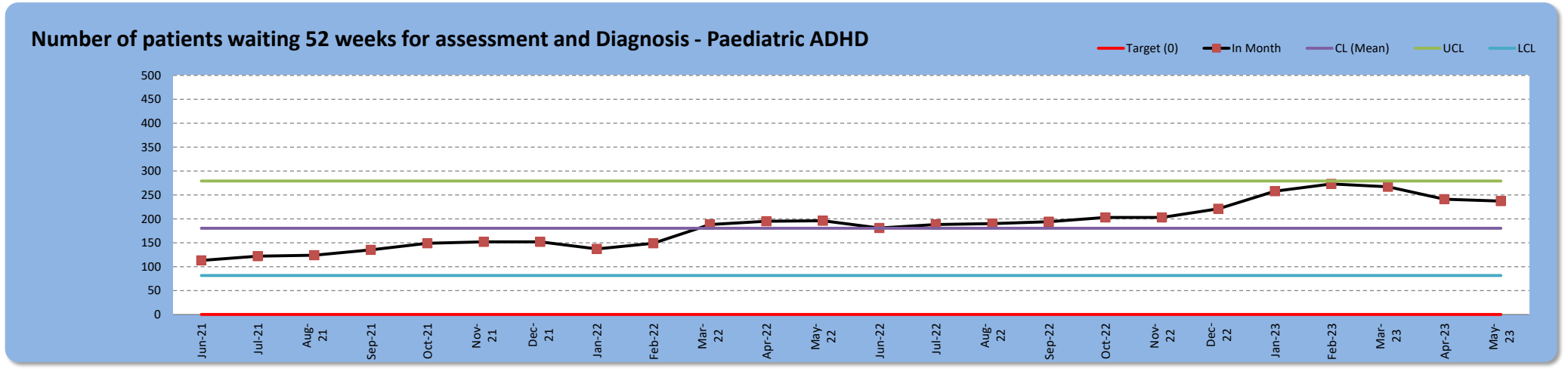
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	143

For the period ending: **May 2023**

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





Please refer to the accompanying front sheet/report for any relevant commentary

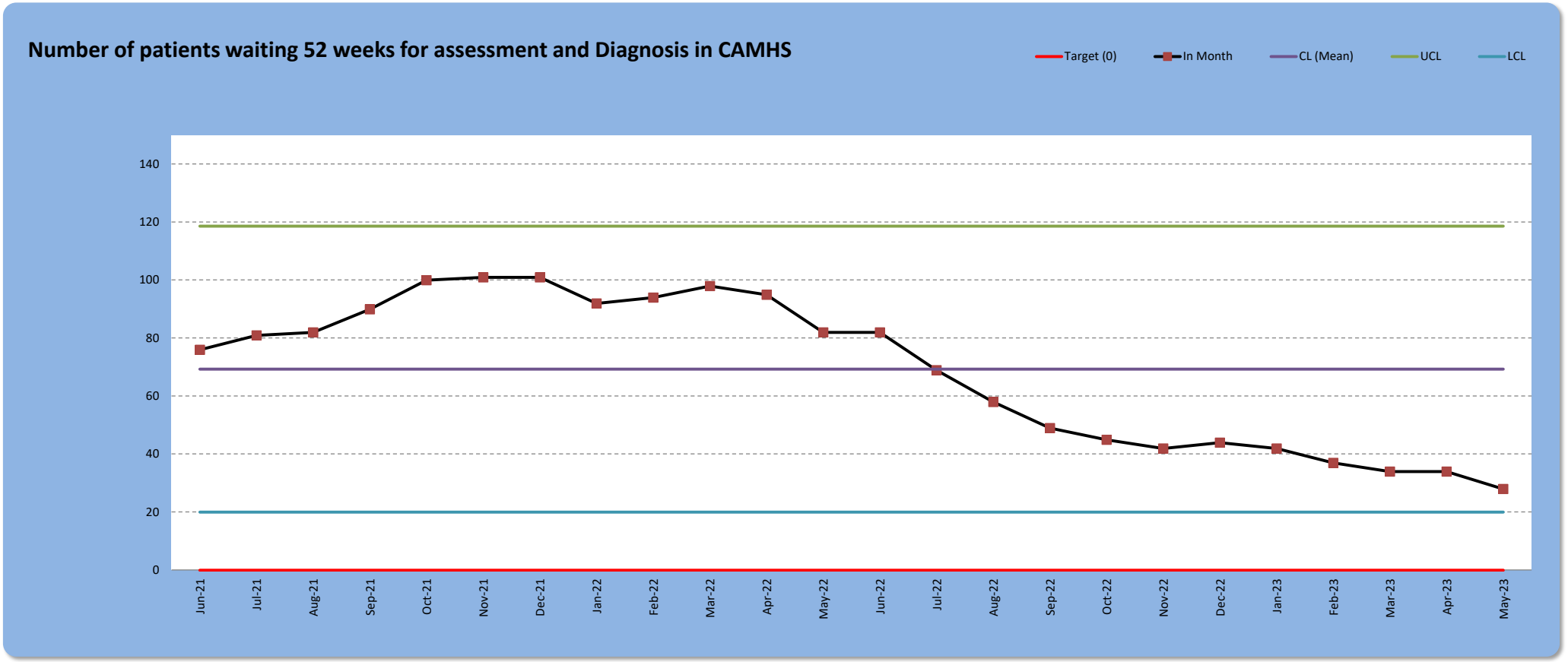
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	28

For the period ending: **May 2023**

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



Please refer to the accompanying front sheet/report for any relevant commentary

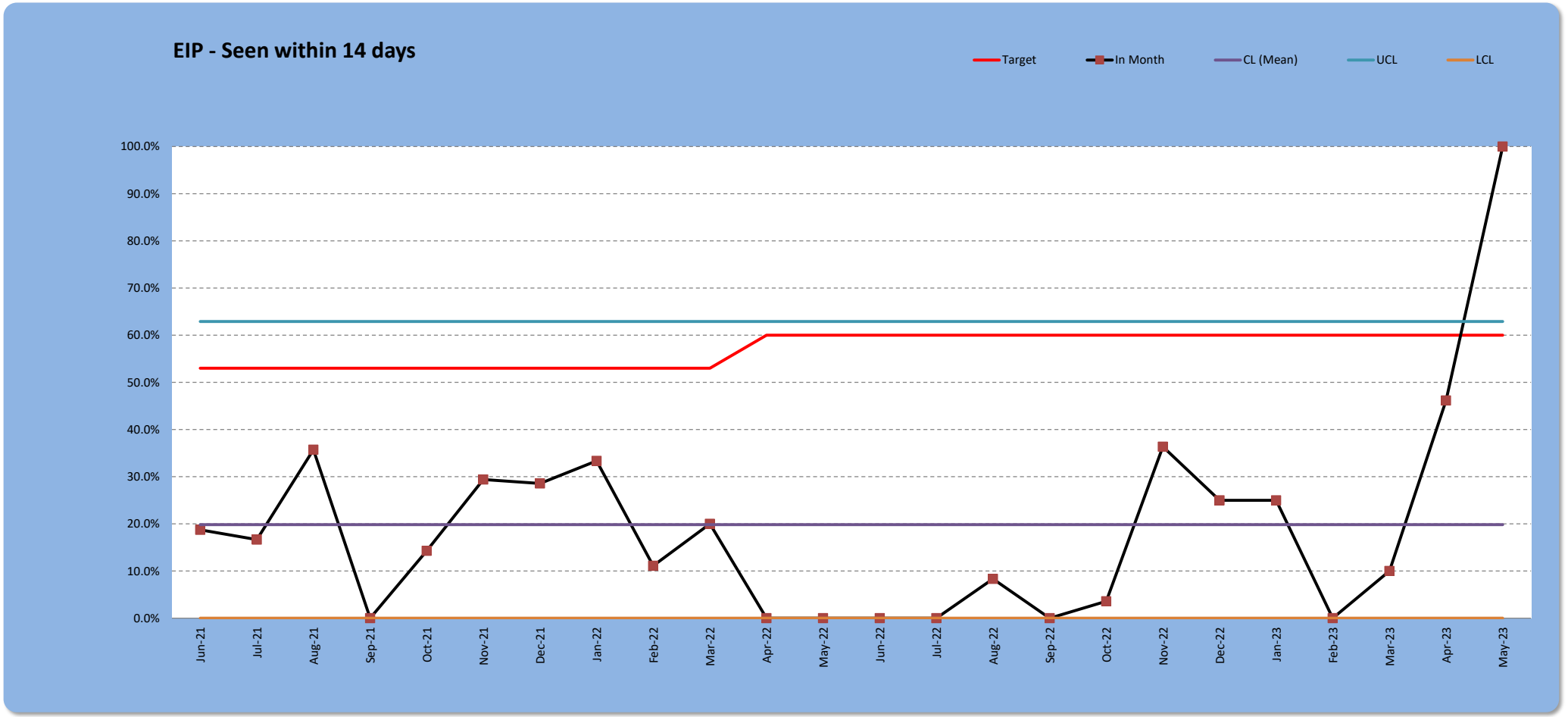
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
60%	55%	100.0%

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



Please refer to the accompanying front sheet/report for any relevant commentary

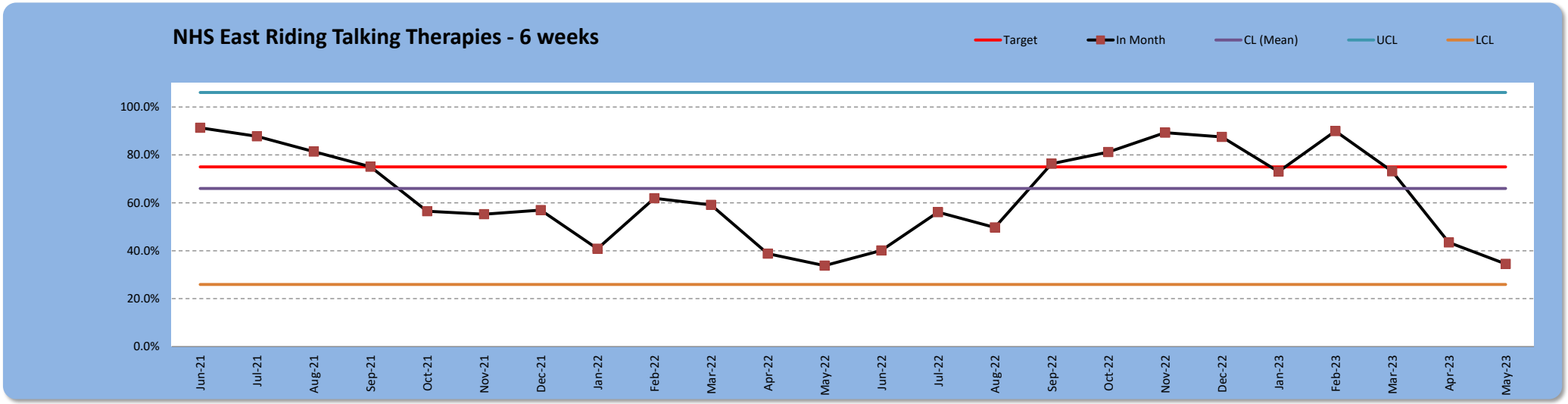
PI RETURN FORM 2023-24

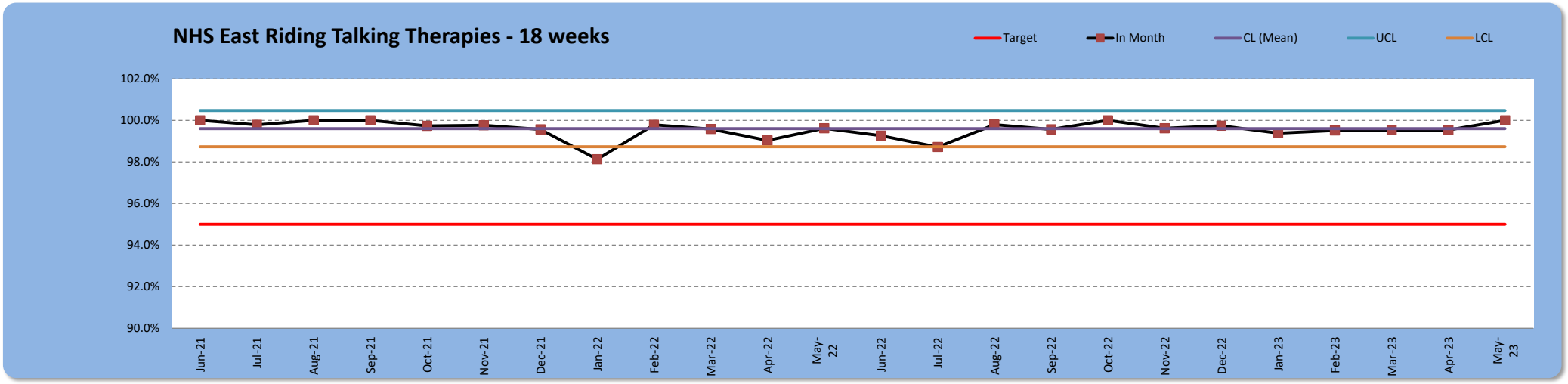
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
75%	70%	34.5%	95%	85%	100.0%

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





Please refer to the accompanying front sheet/report for any relevant commentary

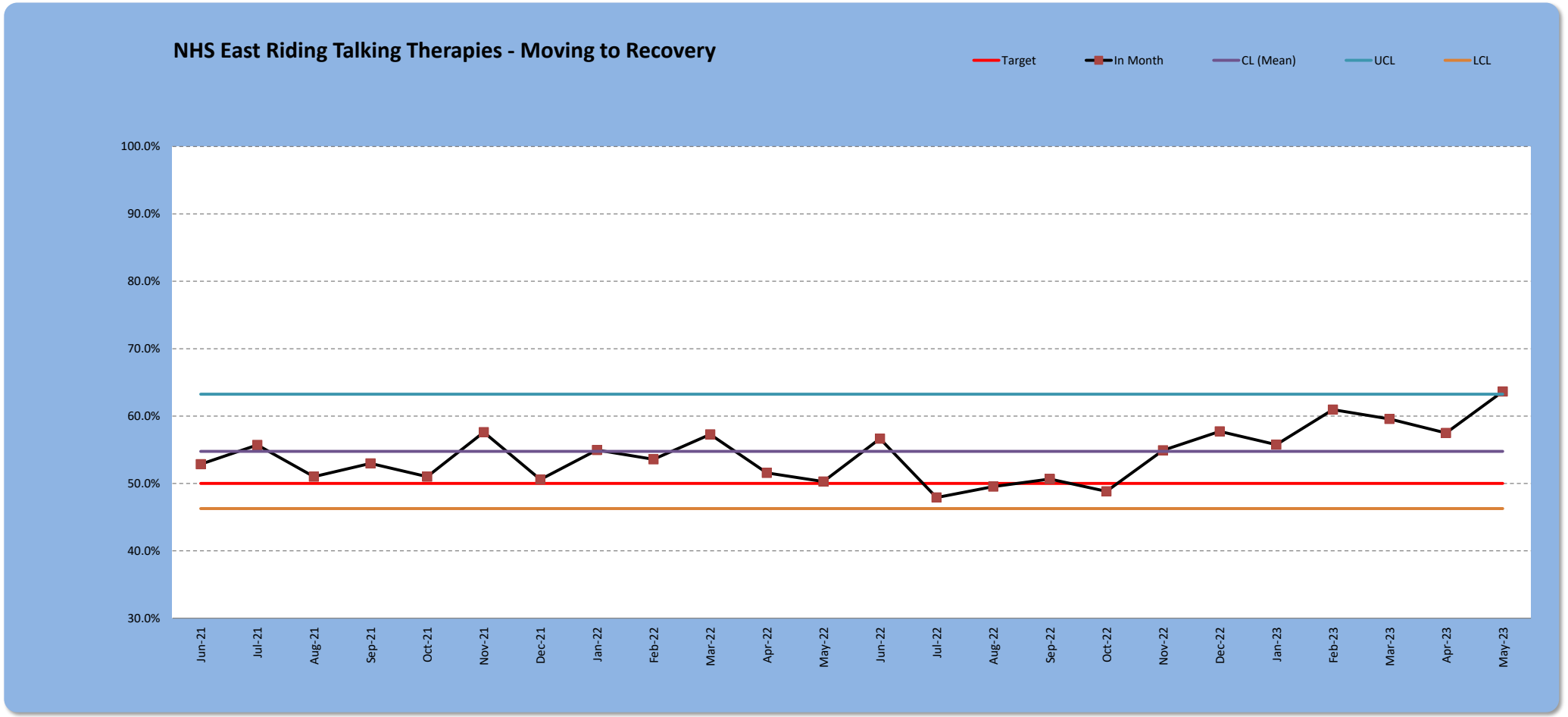
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
50%	45%	63.6%

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



Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

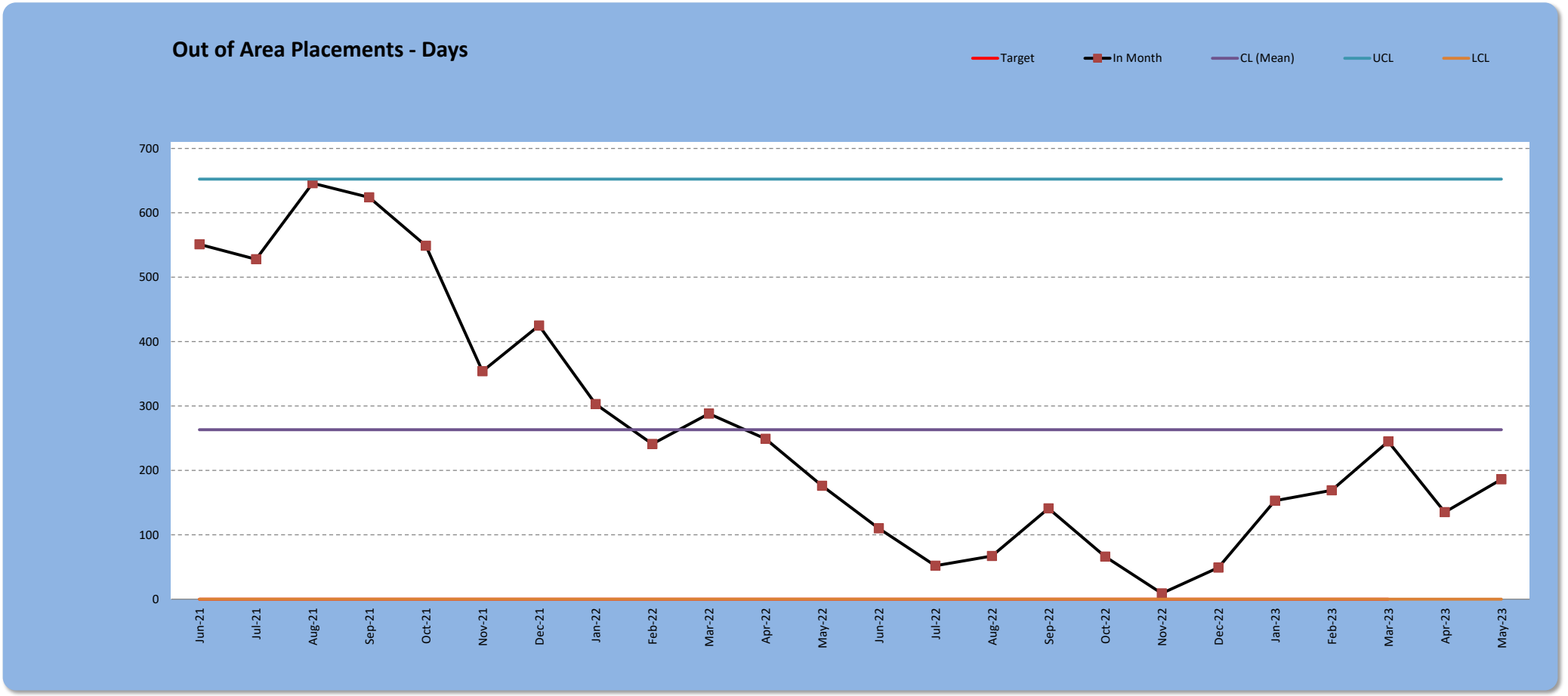
For the period ending: **May 2023**

Target:	Amber:	Patients OoA within month:
0	0	2

Split:

	# days	# patients
Adult	0	0
OP	24	1
PICU	28	1

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



Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

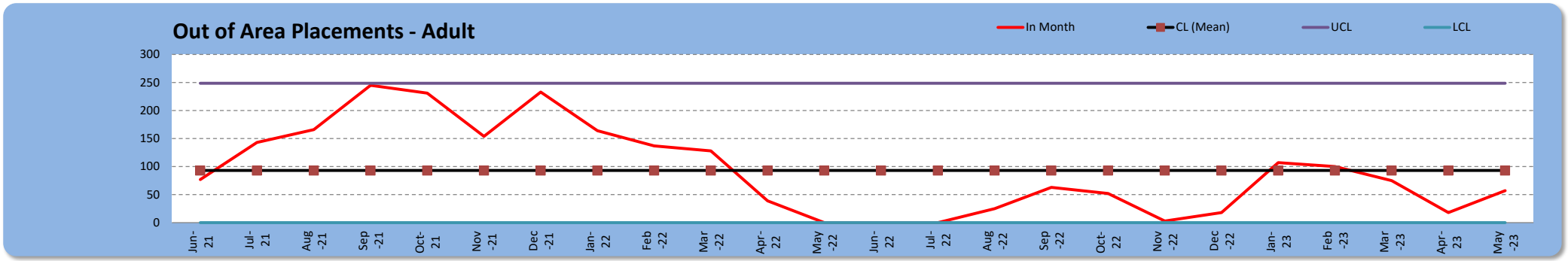
Goal 3 : Fostering Integration, Partnership and Alliances

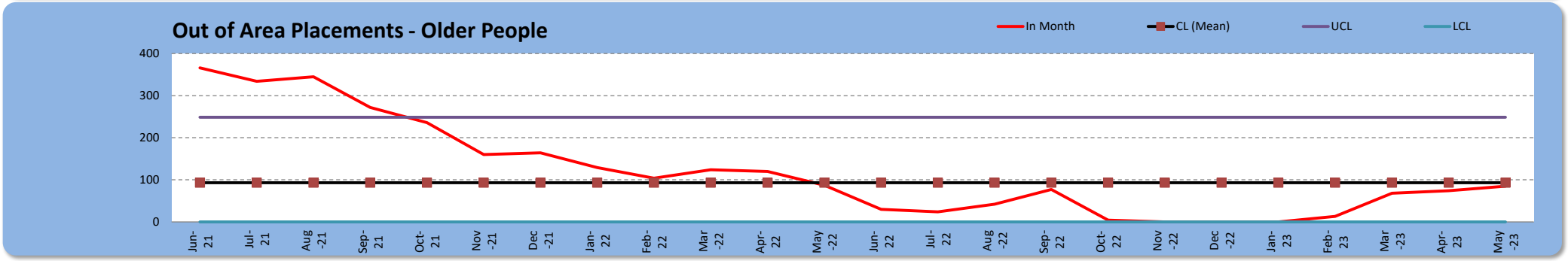
For the period ending: **May 2023**

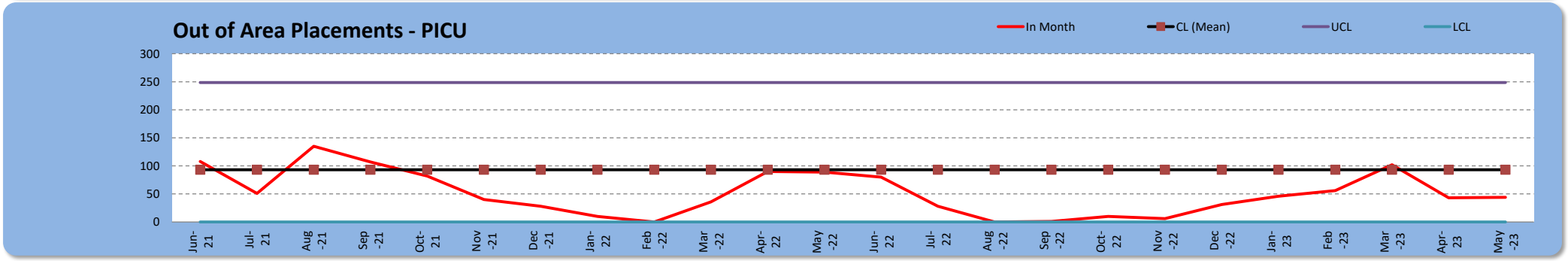
Split for Current month:

May-23	
57	Adult
85	OP
44	PICU
186	Total

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







Please refer to the accompanying front sheet/report for any relevant commentary

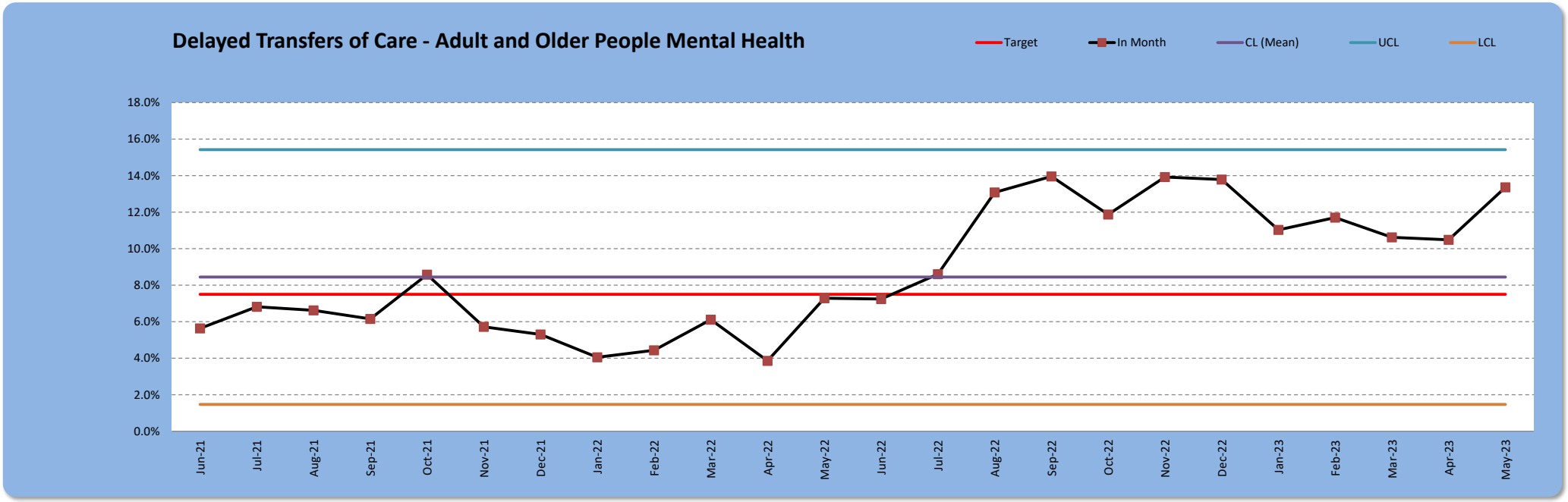
PI RETURN FORM 2023-24

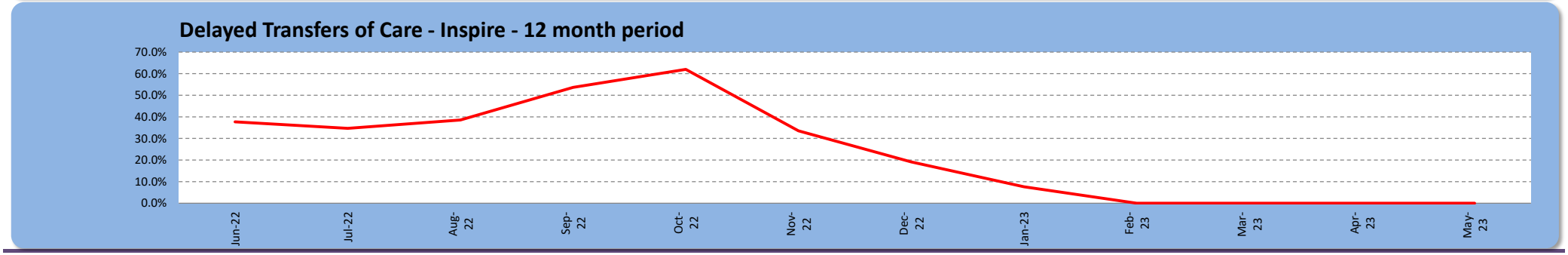
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	13.4%

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





Please refer to the accompanying front sheet/report for any relevant commentary

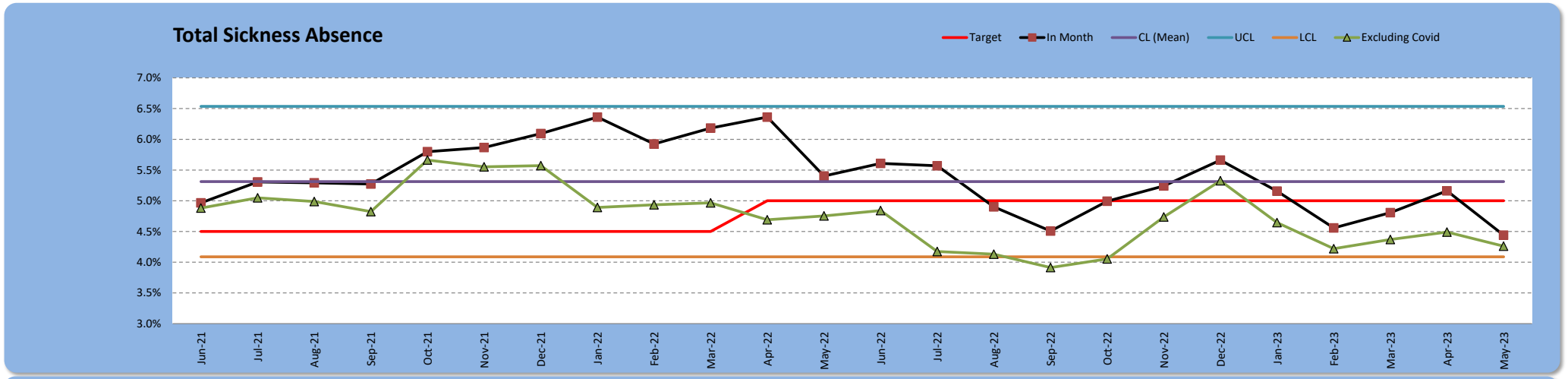
PI RETURN FORM 2023-24

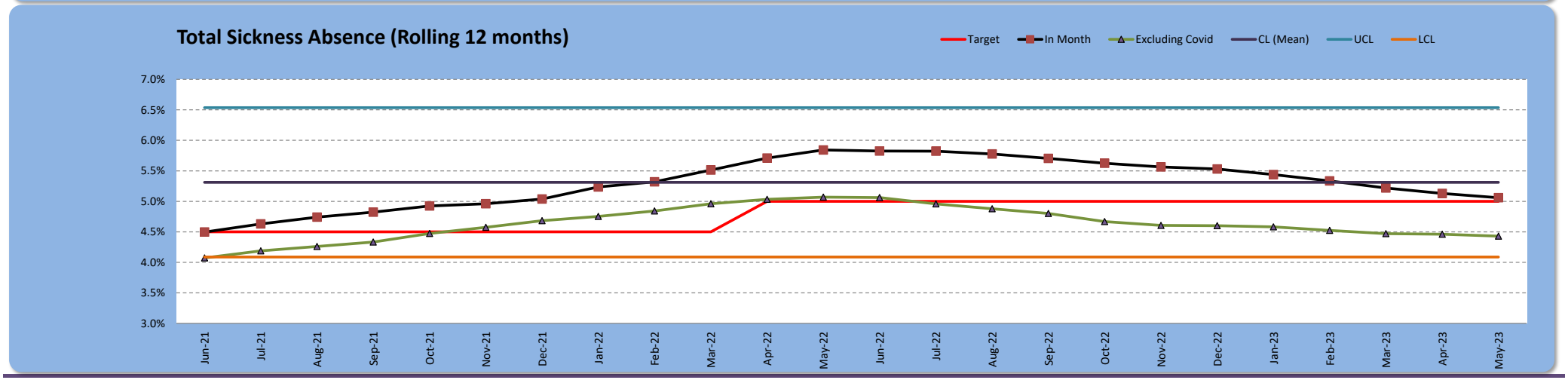
Goal 4 : Developing an Effective and Empowered Workforce

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

For the period ending: **May 2023**

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





Please refer to the accompanying front sheet/report for any relevant commentary

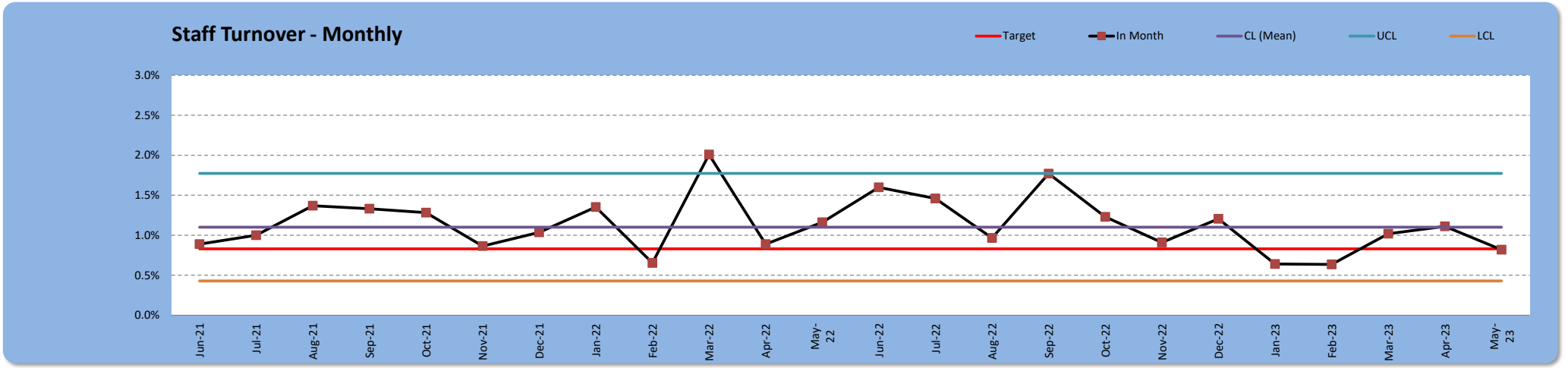
PI RETURN FORM 2023-24

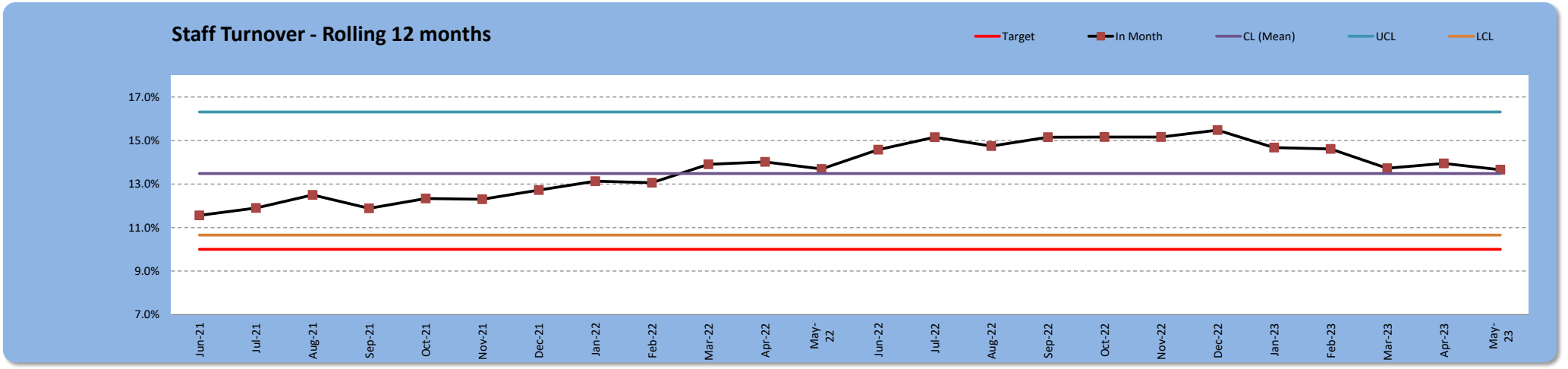
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2023**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	0.8%	10%	9%	14%

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





Please refer to the accompanying front sheet/report for any relevant commentary

NHS
Humber Teaching
NHS Foundation Trust

Executive Team:

Chief Executive:	Michele Moran
Chair:	Caroline Flint
Chief Operating Officer:	Lynn Parkinson
Director of Finance:	Peter Beckwith
Director of Workforce and Organisational Development:	Steve McGowan
Medical Director:	Kwame Fofie
Director of Nursing:	Hilary Gledhill

Caring, Learning
& Growing Together

Issue Date: 27/06/2023

Humber Teaching NHS Foundation Trust

Waiting Time Recovery Quarter 4 Update

1. Introduction

The purpose of this report is to provide an update of the Trust's performance against waiting times, identifying areas of pressure and an update on progress of the recovery plans in place.

The areas of focus are aligned with the Trust Performance Report:

- 52 week waits
- 18 week incomplete
- IAPT (Improving Access to Psychological Therapies)
- EIP (Early Intervention Psychosis)
- Neurodiversity:
    - Children's Autism Spectrum Disorder (ASD)
    - Children's Attention Deficit Hyperactivity Disorder (ADHD)
    - Adult's ASD
    - ADHD
- Core CAMHS
- MAS (Memory Assessment Services)

Performance and Recovery Plans are monitored and reviewed regularly via the Operational Delivery Group (ODG), Patient Care Performance and Accountability Reviews and reported to the Executive Management Team.

2. Approach

The focus remains on bringing all services in line with nationally mandated and locally agreed standards as well as to continue to work with services and the ICB where this is unachievable due to demand outweighing funded capacity.

Due to the number of patients currently waiting longer than 18wks, the monitoring approach remains robust as described in Appendix 1.

3. Service Areas/Performance Indicators

52 Week Waits

Current Position

March has shown a continued worsening position of patients that have waited over 52weeks (615 from 607). The position has improved in April

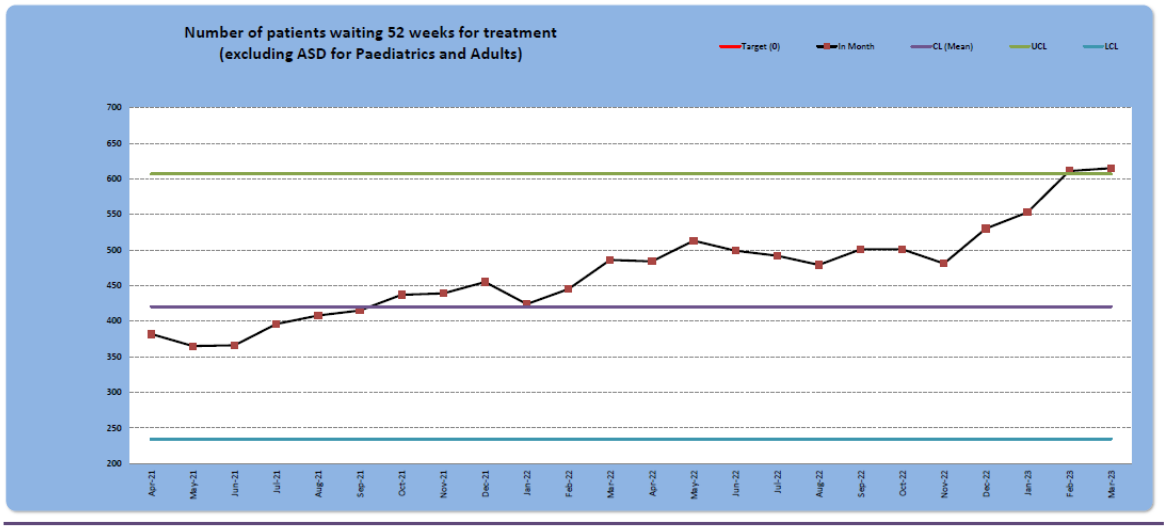
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2023**

Target:	Amber:	Current month stands at:
0	0	615

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

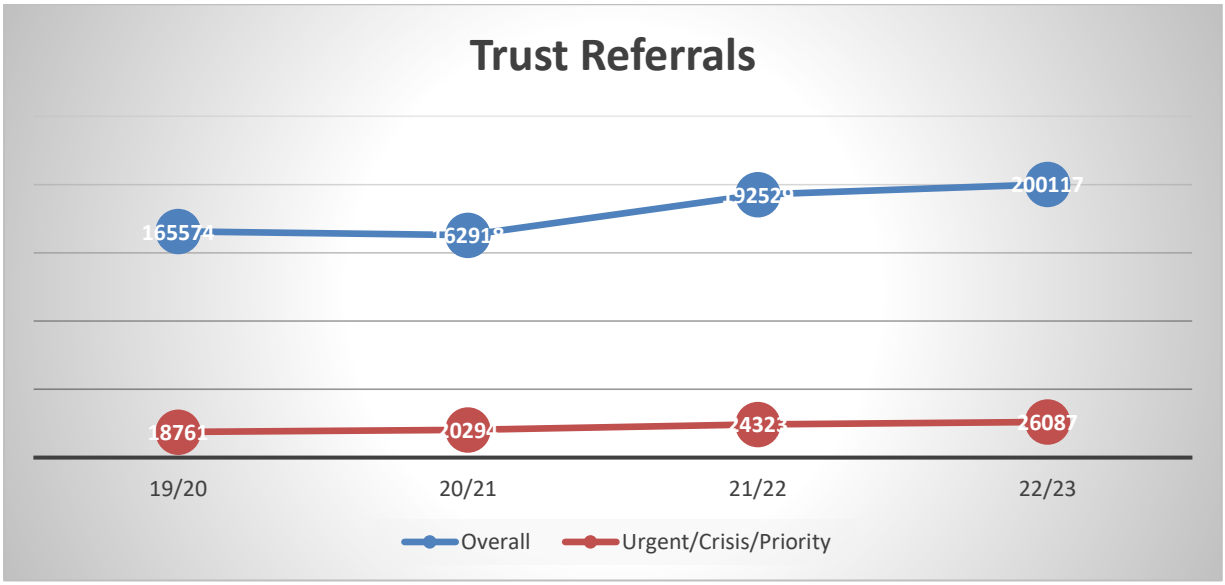


On review of Trust referral rates position corresponds with the increases in referrals seen from March 2022 and is impacted by the following areas:

	No. of patients waiting over 52weeks		
Service Area	**Q3**	**Q4**	
Children's ASD	264	219	↓
Adult ASD	36	59	↑
Children's ADHD	220	277	↑
Adult ADHD	161	177	↑
Memory Service	30	17	↓
Core CAMHS	44	34	↓
Children's LD	15	24	↑

Challenges

Services continue to report and experience post-pandemic increase in referrals, complexity and acuity of need which is reflected in the chart below. Progression of more routine assessments and treatments are adversely affected by this due to resource being directed to prioritise these urgent and complex cases. This initially impacts adversely on the recovery of the 18ww position.



Plan

Demand and Capacity modelling and analysis work is further being rolled out in a number of priority areas which have been determined based on the over 52ww waiting list position and areas that are experiencing significant growth in their over 18ww waiting list positions, namely:

- Chronic Fatigue
- Paediatric Speech and Language
- Dietetics
- Community Physiotherapy

A new Performance and Productivity group has been established which reports to the Operational Delivery Group and is responsible for overseeing this work ensuring that performance and service planning is undertaken with consideration of the following:

- Capacity and Demand modelling via agreed methodology and timescales
- Recovery planning via agreed methodology and timescales
- Achievable levels of performance/activity
- Financial planning
- Transformation and efficiency schemes
- Benchmarking

3.1 RTT Complete and Incomplete (18ww standards)

The Complete standard relates to the number of patients who have commenced treatment within the reporting period within 18wks

The Incomplete standard relates to waiting times for patients waiting to start treatment at the end of each month, who are within 18wks

Current Position

Due to the focus on recovery of waiting times, the expectation would be to see a deteriorating position of the Complete standard as waiting list recovery initiatives gain momentum.

The incomplete position continues to show a deteriorating position in Q4. This was expected in areas where demand continued to exceed capacity causing more routine referrals to wait longer (the position in April has slightly improved)

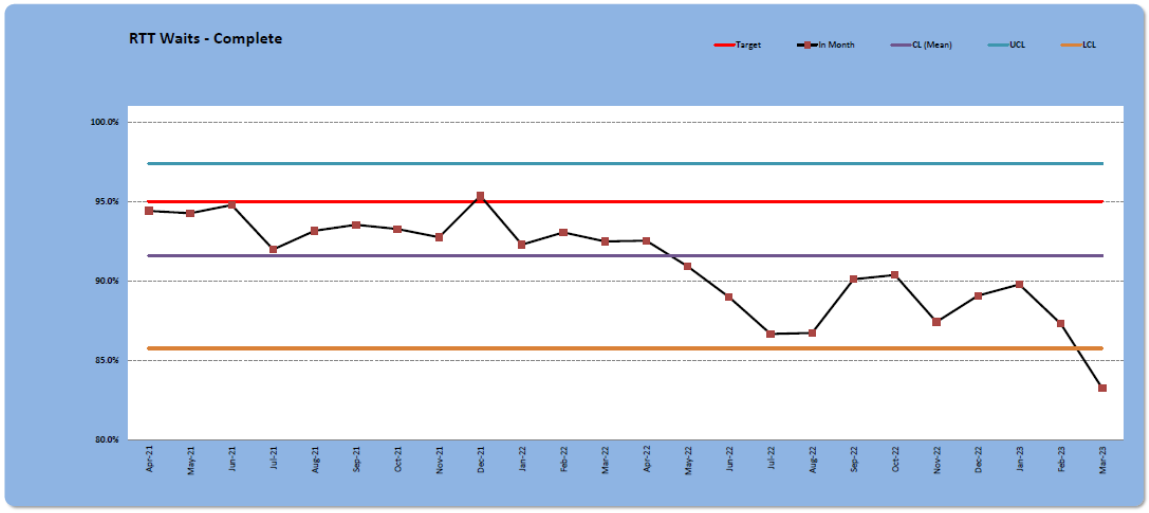
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2023

Target:	Amber:	Current month stands at:
95%	85%	83.2%

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



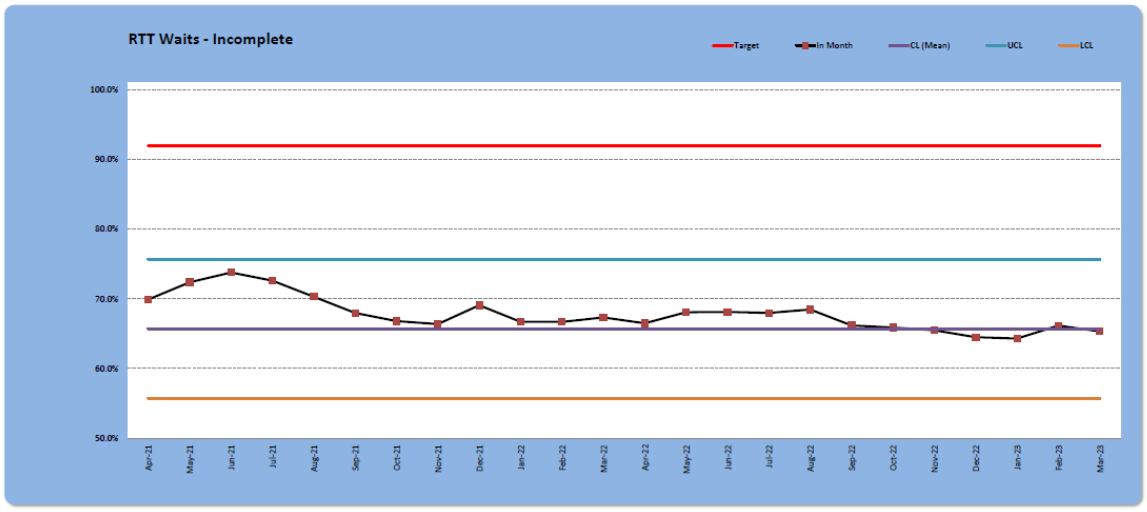
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2023

Target:	Amber:	Current month stands at:
92%	85%	65.3%

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



Challenges

The 18ww position will continue to be challenged due to:

- Growing referral rates/higher rate of “tip overs” than clock stops over 18weeks
- Focus on recovery of longest waiting patients
- Increase in urgent referrals, complexity and acuity

Plan

To recover the incomplete position, performance monitoring meetings will continue to focus the service areas on:

- Managing the longest waiting patients
- Implement and monitoring of recovery plans
- Continue with validation work to maintain an accurate waiting list position
- Undertaking capacity and demand modelling to anticipate future service/investment requirements whilst simultaneously identifying opportunities to improve efficiency and productivity

Improving Access to Psychological Therapies (IAPT)

Current Position

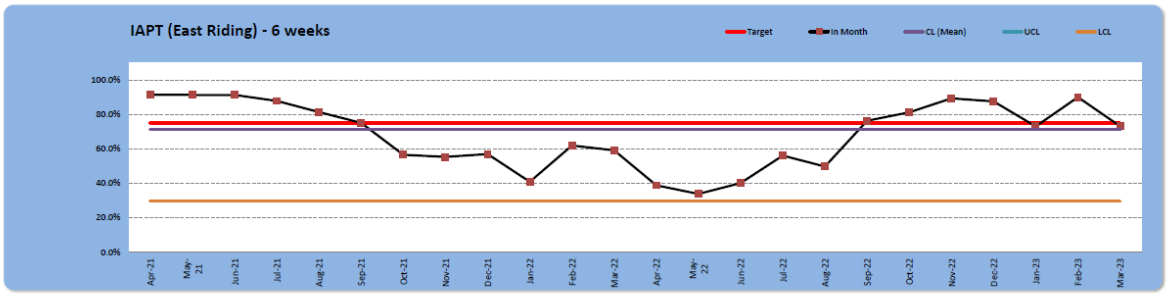
PI RETURN FORM 2022-23

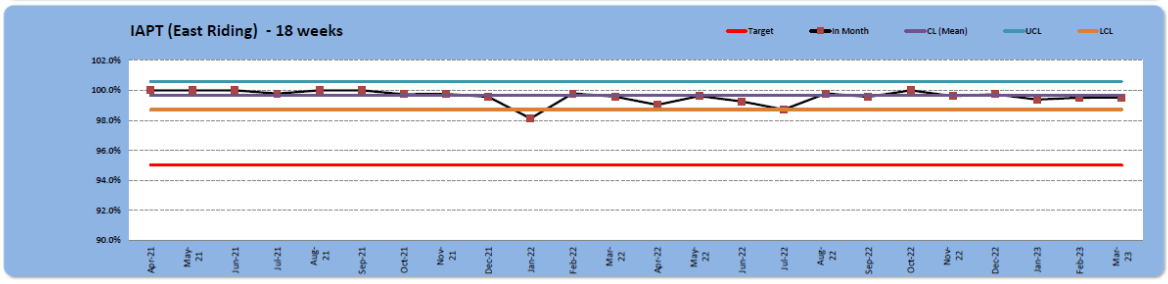
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2023**

Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
75%	70%	73.2%	95%	85%	99.5%

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





18week Standard – consistent achievement of KPI since February 2022.

6week Standard – 73.2% was achieved in March from a 75% target. This was due to a higher proportion of annual leave being taken before the new financial year and long-term sickness. The position in April was adversely impacted by bank holidays and staff absence experienced the sub-contracted providers, this is expected to improve in May, although the number of bank holidays during this month will have an ongoing impact on appointments delivered.

Challenges

The service has continued to perform in line with waiting time KPIs despite challenges with recruitment. Sickness levels have however continued to improve month on month and the service has been successful in recruiting to some of the vacancies during this reporting period.

Plan

The service continues to focus on recruitment and retention. Use of temporary staff will continue during the recruitment and training periods. Temporary staffing spend will be reduced as newly recruited/qualified staff members increase their capacity.

Increase in capacity with contracted providers has now been agreed within the financial envelope for 2023/2024 and capacity and demand work will continue to be undertaken to support with continued active management of waiting lists. Recruitment has gone well recently with new staff coming into post during the next two months, staff are returning from maternity leave, trainee CBT therapists have now qualified and will be working towards picking up full contacts and there has been some recent improvement in long term sickness. Therefore the position expected to be recovered on Q1 2023/24.

Early Intervention Psychosis (EIP) – 14day standard

Current Position

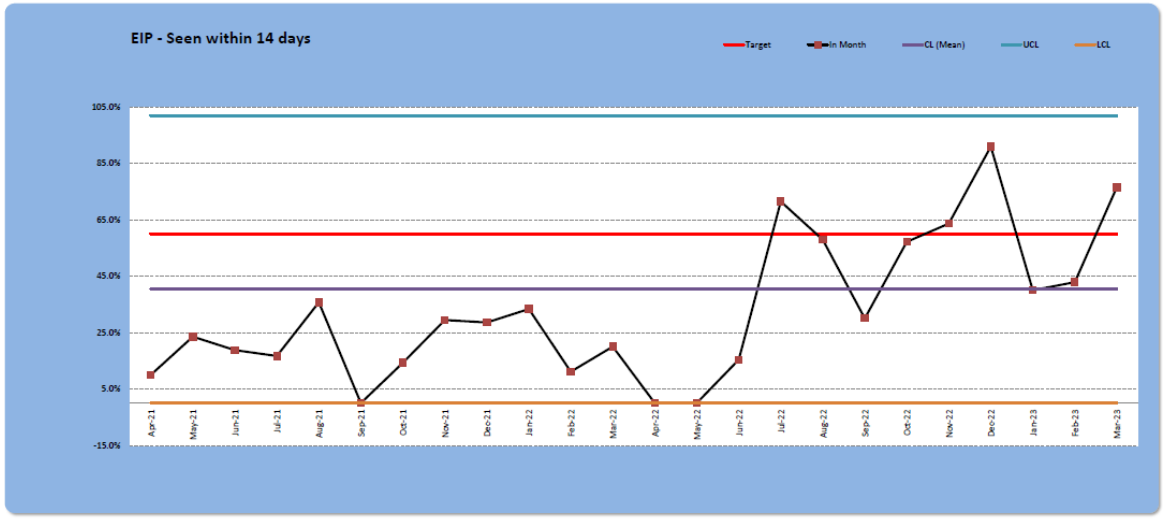
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2023

Target:	Amber:	Current month stands at:
60%	55%	76.5%

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



The chart above demonstrates an ongoing improvement in achieving this standard due to recruitment to vacancies.

Challenges

Although the service is now fully recruited, retention of staff remains an area of continued focus and monitoring.

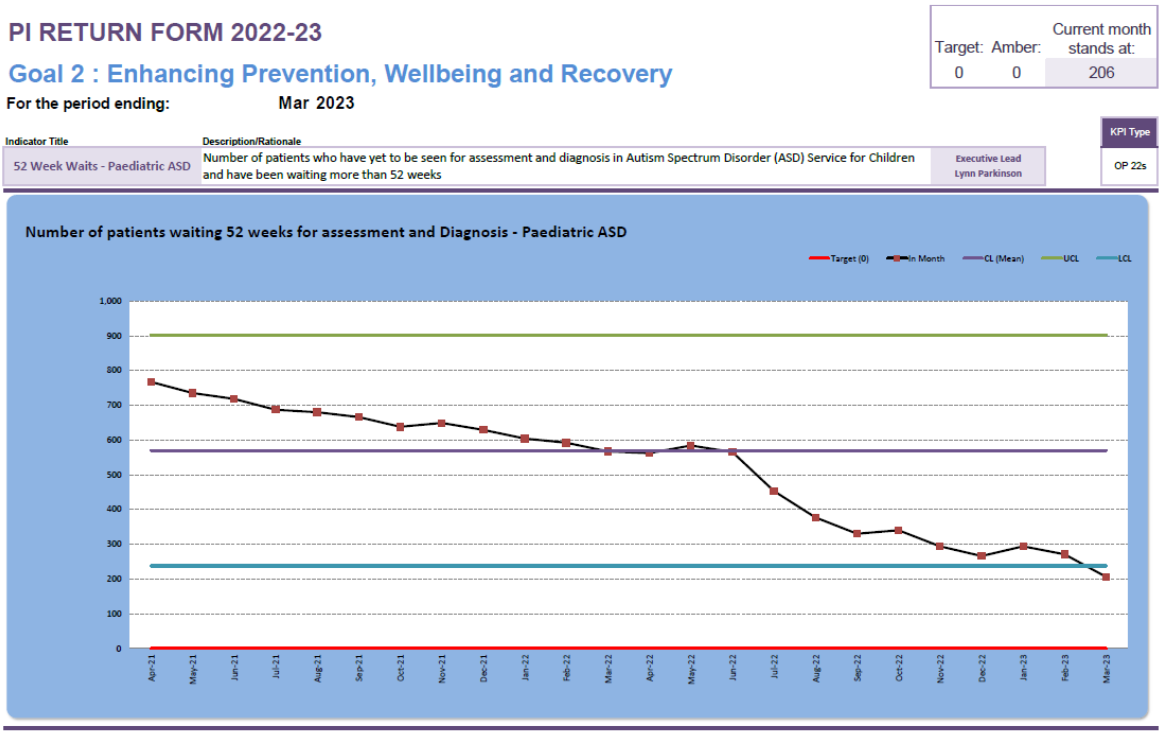
Although the service is currently achieving the performance standard, it is expected that the position will deteriorate without investment if referrals increase further.

Plan

The service is meeting with the ICB, NHS England and the NHS EIP Intensive Support Team on a regular basis to discuss the development of a 3-year investment plan to support sustained recovery. Benchmarking data has indicated that current investment is significantly lower than the national average. The service continues to monitor key service indicators to support with improvement in productivity and access times.

Children's Autism Spectrum Disorder (ASD)

Current Position



The recovery of the over 52ww position for children's ASD has continued to make good progress. Demand levels remain under continuous monitoring to ensure an accurate trajectory is reflected.

The Trust has supported further non-recurrent funding to continue with the recovery of the waiting list. Discussions continue with ICB colleagues regarding sustainable options following this period.

Challenges

Whilst additional funding has been awarded to support continuation of recovery for a 6month period, the ability to scale up to the levels of capacity required remains a challenge.

Dialogue with ICB colleagues remains a high priority to ensure a sustainable plan is in place following the 6month period. Options being discussed relate predominantly to:

- Funding arrangements
- Service provision
- Referral/demand controls

Internal plans to increase core capacity via improving efficiency continue to run concurrently.

Plan

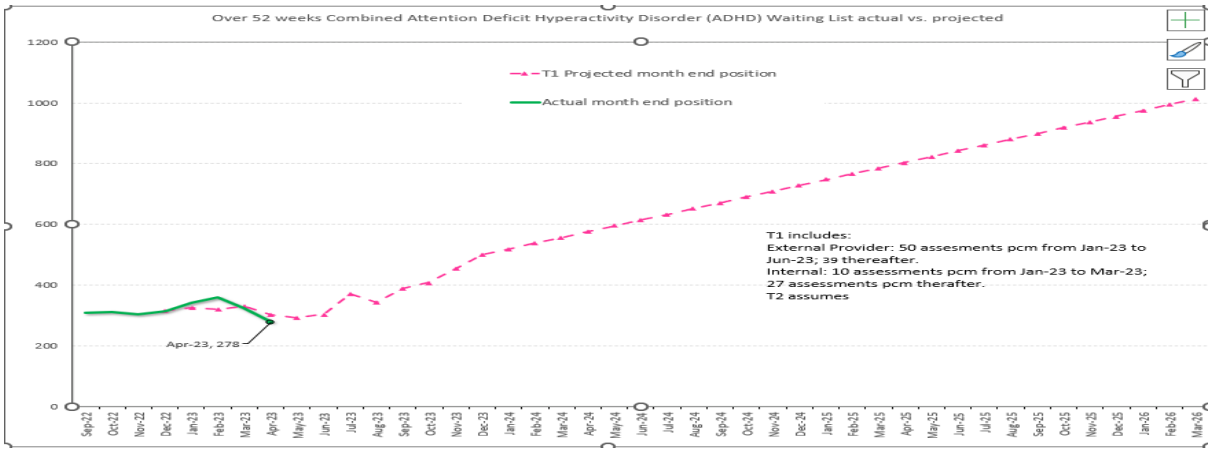
Conversations continue with ICB colleagues regarding the future sustainability of the service within current funded levels. The Neurodiversity Recovery Board remains in place to monitor progress against plans.

Children's Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

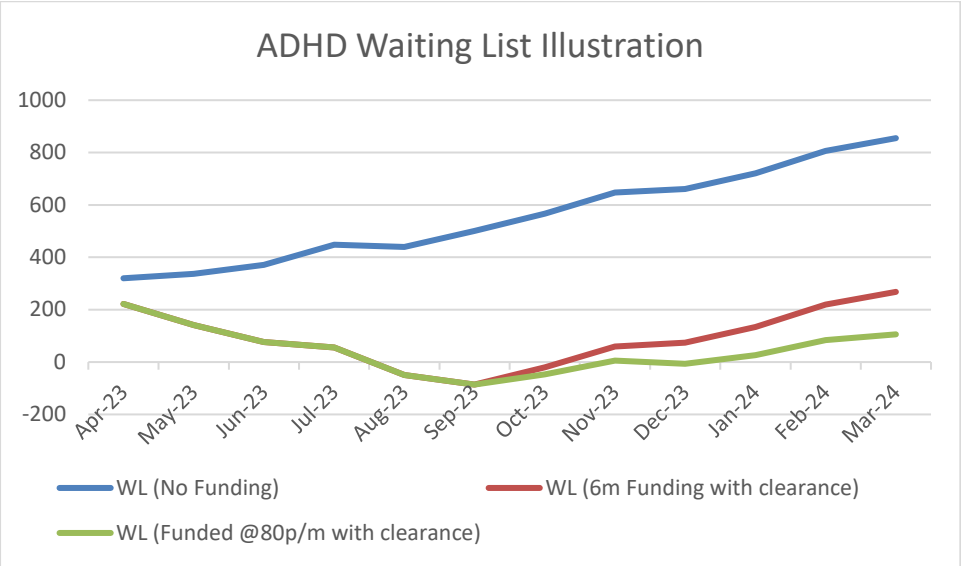
The recovery of the assessment waiting list for patients waiting over 52weeks is making good progress with the position being in line with plan at the end of March 2023. Despite this progress, the performance position for patients waiting over 52weeks continues to deteriorate due to increased demand levels and insufficient capacity to commence ADHD treatment once diagnosed.

The below chart demonstrated the assessment recovery progress against current trajectory.



HTFT non-recurrent funding has been approved to continue with the recovery of the assessment waiting list. The funding will address the non-recurrent backlog as of January 2023 and recurrent levels of demand for a 6-month period. Discussions continue with ICB colleagues regarding sustainable options following this period.

The below chart illustrates the impact to the over 52ww waiting list based on a) no additional funding (blue) b) funding levels received for backlog and 6 month of recurrent funding (red) c) if current demand levels continue to be funded (green line).



The chart demonstrates that the waiting list will continue to recover for a 6-month period. However, in the absence of further investment to manage current demand levels, the position will deteriorate once additional funding has been exhausted.

Challenges

Whilst additional funding has been awarded to support continuation of recovery of the assessment waiting list for a 6month period, the ability to scale up to the levels required remains a challenge.

Dialogue with ICB colleagues remain a high priority to ensure a sustainable plan is in place following the 6month period. Options being discussed relate predominantly to:

- Funding arrangements
- Service provision
- Referral/demand controls

Internal plans to increase core capacity via improving efficiency continue to be monitored.

Plan

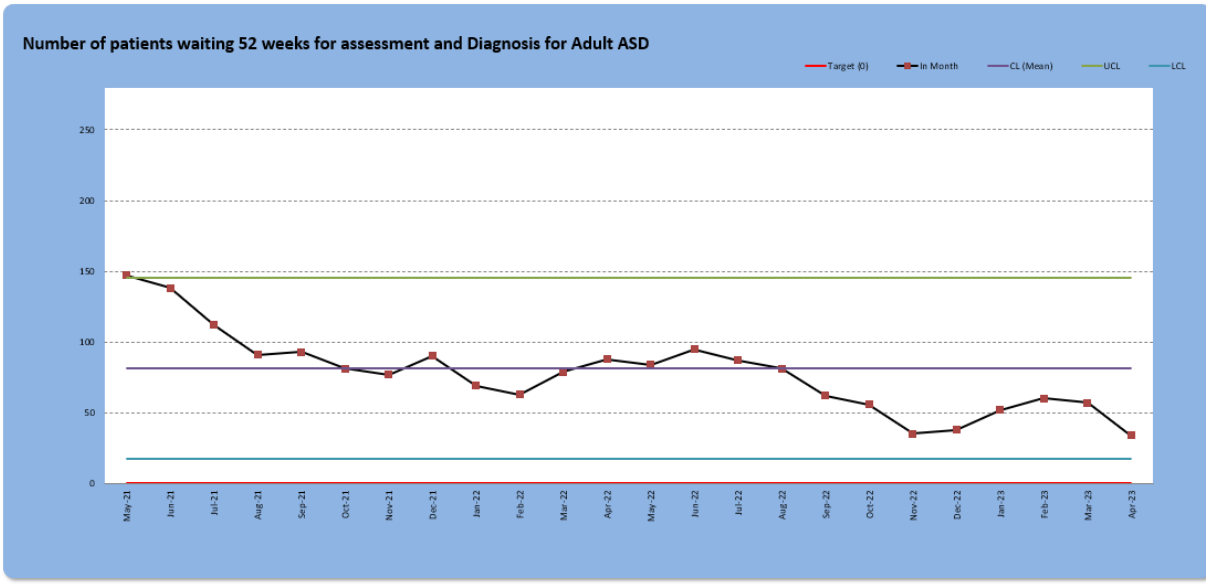
Conversations continue with ICB colleagues regarding the future sustainability of the service within current funded levels. The service continues to mobilise contracts to support delivery of funded levels of activity across this financial year.

Adult ASD

Current Position

The end of the quarter position for Adult ASD demonstrated a slight improvement of patients waiting over 52weeks for their assessment. This was expected due to a noted increase in the number of patients that would “tip” into this wait time.

Significant progress has been made during April as a result of increased throughput and monitoring of the activity supplied by the independent provider. The internal team continue to deliver beyond expected levels.



Challenges

Discussion continues with place ICB colleagues to agree a funding solution to address the increased demand and referrals.

Plan

Focus will remain on monitoring and delivery of the recovery plan whilst the funding arrangements are being explored.

Adult Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

There were 177 patients that had waited longer than 52weeks for treatment at the end of March, which is a continued deteriorating position, this is due to the overall marked increase in referrals.

The below table demonstrates the year-on-year referral position into the adult ADHD service.

	19/20	**20/21**	**21/22**	**22/23**
Annual Referrals	95	121	236	386
Monthly Average Referrals	8	10	20	32
YoY % Increase		25%	100%	60%

Challenges

Commissioned levels of assessment and intervention are significantly below current demand and this is rapidly increasing locally and nationally.

Plan

Whilst discussions and planning have been in progress with ICB colleagues to propose a future sustainable adult ADHD service, a detailed Options Appraisal has been developed and will be presented to the ODG in June.

Core CAMHS

Current Position

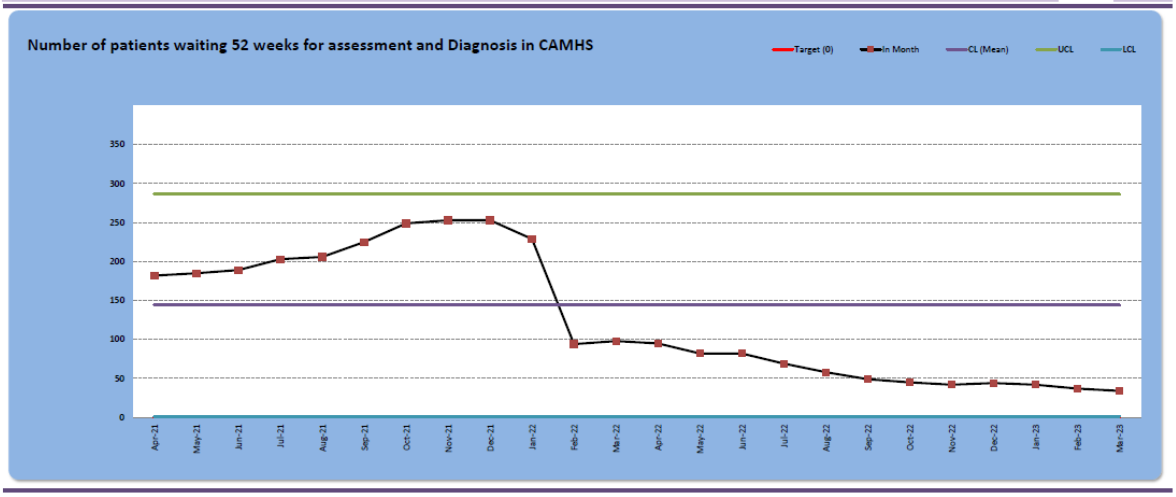
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2023**

Target:	Amber:	Current month stands at:
0	0	34

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



The overall position for the quarter saw a slight reduction in patients waiting over 52wks for assessment and commencement of treatment.

The service is currently focusing on recovery of their most challenging areas from a waiting time perspective:

- Cognitive Behavioural Therapy (CBT)
- Creative Therapies

Challenges

The Hull service presents the main waiting list challenge, predominantly for CBT and Creative Therapy.

Whilst there was an overall rise in referrals between 2020/21 and 2021/22 of 25%, this has stabilised in the last year. The service is still reporting an increase in acuity and complexity of need which will been examined when undertaking the capacity and demand analysis.

Safe management of urgent referrals remains a priority within this service whilst the longest waits are regularly contacted to ensure any changes in condition can be assessed and re-prioritised where appropriate.

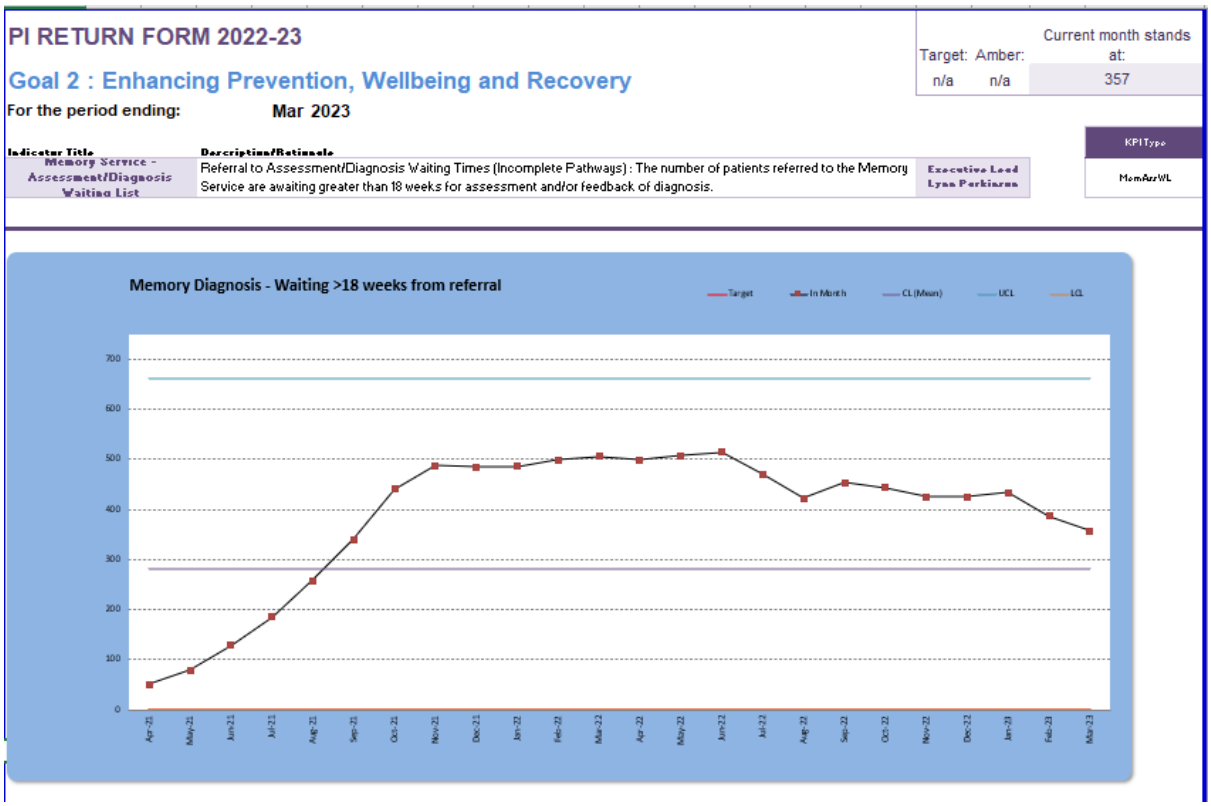
Plan

The service was successful in obtaining recovery funding to focus on the above areas which was made available towards the end of March 2023. Plans to increase capacity in these areas have been mobilised throughout April and May 2023.

Clinical validation of the waiting list has identified opportunities to streamline and reinforce process to support with efficiencies.

Memory Assessment Services (MAS)

Current Position



The service has made good progress with recovering the number of patients waiting over 52weeks for start of their treatment despite seeing an increase in referrals. The ability to recruit to a Specialty Doctor post until August 2023 has primarily enabled this. Efforts continue to recruit to posts on a longer-term basis to support with ongoing delivery and recovery ambitions.

The below table demonstrates the year-on-year referral position for MAS.

	19/20	**20/21**	**21/22**	**22/23**
Annual Referrals	1791	1551	2118	2333
Monthly Average Referrals	150	129	177	194
YoY % Increase		-14%	37%	10%

30% increase from 19/20 levels

Challenges

The main challenges continue to be:

- Psychiatry capacity resulting in use of locums
- Access to Diagnostic imaging and reporting delays
- Achieving dementia diagnosis rates
- Increase in referral
- Sustaining recovery progress due to temporary workforce and long-term recruitment issues

Plan

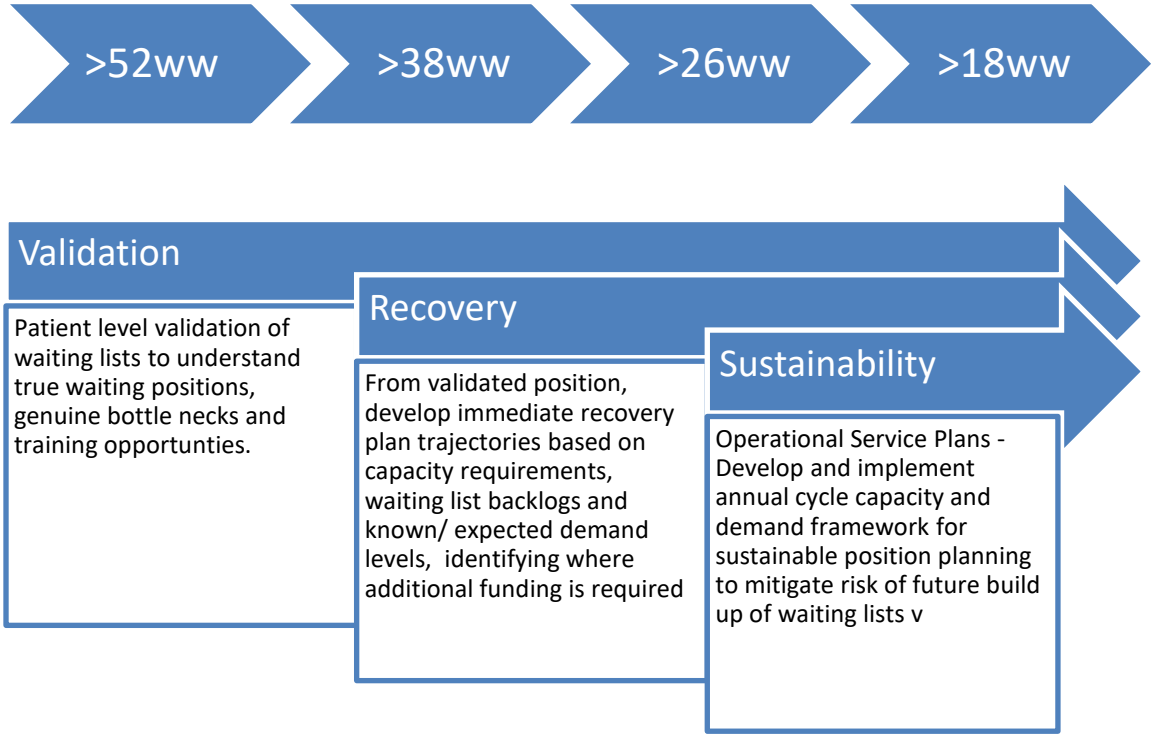
The service is actively transitioning to a new delivery model which maximises skill mix opportunities. Detailed capacity and demand modelling work has been undertaken and a proposal will be taken to ODG in June outlining

- The full recovery need and associated costs
- The recurrent need and associated costs

4. Conclusion

The Board is asked to note the progress being made as outlined in the areas of operational performance which have been highlighted as part of the recovery planning.

Appendix 1 – Monitoring Approach



Humber Teaching NHS Foundation Trust

Agenda Item 17

Title & Date of Meeting:	Council of Governors Public Meeting – 20th July 2023
Title of Report:	Finance Report April/May 2023
Author/s:	Name: Iain Omand Title: Director of Finance
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td></td><td></td><td></td></tr></table> The Council of Governors are asked to note the Finance report and comment accordingly.
Purpose of Paper:	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 2 month period April 2023 to May 2023. This is to allow the Governors to be informed of the Trust's Financial Position and to enable any areas of clarification to be sought.

Key Issues within the report:

Positive Assurances to Provide: • The Trust recorded an overall breakeven position for Month 2 consistent with the Trust's planning target • Cash balance at the end of Month 2 was £24.166m.	**Key Actions Commissioned/Work Underway:** • None
Key Risks/Areas of Focus: • None	**Decisions Made:** • The Council of Governors are asked to note the Finance report and comment accordingly.

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board			

Caring, Learning & Growing Together

Monitoring and assurance framework summary:

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

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

Council of Governors
Finance Update Report (May 2023)

1. Introduction

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 2 month period April to May 2023.

2. Performance 2023/24

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

Table 1 shows for the period ended to 31 May 2023 the Trust recorded a breakeven position, details of which are summarised in table 1 below.

This position is consistent with the Trusts planning target.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.006m year to date, this takes the ledger position to a deficit of £0.006m.

Table 1: Reported I&E Position 2022/23

Income and Expenditure	Apr-23 "£000	May-23 "£000
Income	14,722	30,116
Less Expenditure	13,866	28,462
EBITDA	856	1,654
Finance Items	- 853	- 1,654
Operational Position	3	-
Exclude Donated Asset Depreciation	3	6
Ledger Position	-	- 6

A more detailed summary of the income and expenditure position as at the end of May 2023 is shown at appendix A. Key variances are explained in the following paragraphs:

3.1 Children's and Learning Disability (£0.089m Overspend)

There are pressures from the use of Agency staff in CAMHS with the Inpatient Unit showing an overspend. An Enhanced Package of Care has been requested from the Provider Collaborative to cover part of this cost. These pressures are being offset by vacancy savings on the Hull IPHN contract.

The LD pressure relates to the cost of additional medical sessions above budget that have been incurred.

3.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.048m.

The Community Services underspend relates to vacant posts within the North Yorkshire One Community Service offset by increased charges for Estates as part of the Malton Ward.

Primary Care is showing an overspend of £0.074m, and is mainly due to Locum Cover used for sickness absence at Humber Primary Care.

3.3 Mental Health (£0.148m)

The Division is showing an overspend of £0.148m. There are pressures within the Unplanned service division which relates to the acuity of patients within Adult and the Older Adult Units which requires increased safer staffing numbers and the patient discharge issues.

3.4 Forensic Services

The underspend of £0.078m is due to a staffing underspend.

3.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing an underspend of £0.418m.

3.6 Forecast

Based on the Month 2 position which is early in the process the Trust is on target to deliver a break even position for the financial year.

4. Cash

As at the end of May 2023 the Trusts Cash Balance was £24.166m.

Table 3: Cash Balance

Cash Balances	£000s
Cash with GBS	23,934
Nat West Commercial Account	198
Petty cash	34
Total	**24,166**

6. Recommendations

The Council of Governors is asked to note the Finance report and comment accordingly

Appendix 1
Income and Expenditure Position Month 11

	23/24 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**163,677**	**13,644**	**13,979**	**334**	**27,279**	**27,551**	**272**
Clinical Income	**14,412**	**1,323**	**1,415**	**92**	**2,421**	**2,565**	**143**
Total Income	**178,089**	**14,968**	**15,394**	**426**	**29,701**	**30,116**	**415**
Expenditure							
Clinical Services							
Children's & Learning Disability	36,969	3,185	3,067	118	6,259	6,348	(89)
Community & Primary Care	28,716	2,392	2,434	(42)	4,798	4,846	(48)
Mental Health	54,504	4,652	4,639	13	9,156	9,304	(148)
Forensic Services	12,840	1,070	992	78	2,143	2,065	78
	133,029	**11,298**	**11,131**	**167**	**22,356**	**22,564**	**(208)**
Corporate Services	**37,469**	**3,135**	**2,508**	**626**	**6,316**	**5,898**	**418**
Total Expenditure	**170,497**	**14,433**	**13,639**	**794**	**28,672**	**28,462**	**210**
EBITDA	**7,592**	**535**	**1,755**	**1,220**	**1,029**	**1,654**	**625**
Depreciation	5,880	490	506	(16)	980	1,012	(32)
Interest	(300)	(50)	(74)	24	(100)	(149)	49
IFRS 16	1,970	164	174	(10)	328	400	(72)
PDC Dividends Payable	2,341	195	195	-	390	390	-
Operating Total	**(2,300)**	**(265)**	**954**	**1,219**	**(569)**	**0**	**570**
BRS	(2,000)	(265)	956	(1,221)	(570)	-	(570)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Operating Total	**(300)**	**0**	**(2)**	**(2)**	**0**	**0**	**0**
Excluded from Control Total							
Impairment	-	-	-	-	-	-	-
Local Government Pension Scheme	-	-	-	-	-	-	-
Grant Income	-	-	-	-	-	-	-
Donated Depreciation	82	7	3	4	14	6	7
	(382)	**(7)**	**(5)**	**2**	**(13)**	**(6)**	**8**
Excluded							
Commissioning	-	(4)	1,369	(1,373)	(12)	(0)	(12)
Ledger Position	**(382)**	**(2)**	**(1,374)**	**(1,371)**	**(2)**	**(6)**	**(4)**
EBITDA %	**4.3%**	**3.6%**	**11.4%**		**3.5%**	**5.5%**	
Surplus %	**-1.3%**	**-1.8%**	**6.2%**		**-1.9%**	**0.0%**	

Humber Teaching NHS Foundation Trust

Agenda Item 18

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Electronic Patient Record, BeDigital update July 2023
Author/s:	Lee Rickles, CIO
Recommendation:	

To approve		To discuss	
To note	X	To ratify	
For assurance			

Purpose of Paper:	The purpose of this paper is to update the Council of Governors on the Electronic Patient Record Programme.

Key Issues within the report:

Positive Assurances to Provide:

- No legal challenges have been made by the unsuccessful EPR vendors.
- DDG and IGG has taken place in Jun 2023

Key Actions Commissioned/Work Underway:

- We have completed the standstill stage of the EPR procurement.
- Business change for the current ways of working in taking place with operational teams
- Internal communications for new EPR have started with launch event on 6 July 2023
  EPR contract being drafted

Key Risks/Areas of Focus:

- BeDigital is progressing as planned with no item to escalate to EMT.

Decisions Made:

- TTP SystmOne are the preferred supplier for our future EPR.
- We will go live with all services moving from Lorenzo on the same day
- Approval of CYP enhanced website

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
Trust Board			

Monitoring and assurance framework summary:

Links to Strategic Goals *(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	

Update July 2023

1 Introduction and Purpose

The purpose of this paper is to update Executive Management Team on the BeDigital Programme.

2 ICS Context

The four acute Trusts have completed their soft market engagement for shared EPR. Harrogate and York have completed their Outline Business Cases and HUTH/NLG are due to complete their Outline Business Cases in July. They expect to start the joint procurement in August 2023.

The Trust continue to be a part of the ICS 'WAVE' EPR programme providing programme support and joint working.

3 Governance

The proposed membership of the BeDigital group and have provided the opportunity to review the chairs of the other digital groups. This is being present to EMT for approval and then the meeting schedule will be amended to reflect the revised membership.

4 EPR Funding

The Investment Agreement has been signed off by the Trust and NHS England SRO.

NHS England have released the 22/23 capital and revenue funding so the Trust can carry out preparation of infrastructure to support the future EPR. The 23/24 funding will be able to be drawn down from quarter 2 22/23.

	22/23 CAP	23/24 CAP	24/25CAP	22/23 REV	23/24 Rev	24/25 REV
Core allocation	£1,244,689	£1,267,708	£1,387,604	£174,842	£490,824	£518,059
Additional for data platform	£465,000					

5 Electronic Patient Record (EPR)

5.1 What is an EPR

An electronic patient record (EPR) is a system of managing clinical information, to make it easily available for use by doctors, nurses, allied healthcare professionals and patients. The information in an EPR can include:

- Patient demographics, such as name, age, address, and contact information
- Health history, including past illnesses, surgeries, and medications
- Current medications and allergies
- Test results, such as blood tests, scans, and X-rays
- Notes from doctor's visits
- Patient-reported outcomes, such as pain levels and quality of life

EPRs have many benefits over paper-based records, including:

- Increased accuracy and completeness of patient records
- Improved communication between healthcare professionals
- Faster access to patient information
- Reduced risk of medication errors
- Improved patient safety
- Increased patient satisfaction

Here are some of the benefits of an EPR;

- It will provide a single, unified view of a patient's health record, regardless of where they receive care.
- It will make it easier for healthcare professionals to share information, which will lead to better care.
- It will reduce the risk of medication errors.
- It will improve patient safety.
- It will increase patient satisfaction.

There are also some challenges associated with EPRs such as:

- The cost of implementation and maintenance.
- The need to ensure that the system is secure and compliant with data protection regulations.
- The need to train healthcare professionals on how to use the system.

Overall, an EPR has the potential to improve the quality of care in the NHS. However, it is important to address the challenges associated with the system in order to ensure that it is successful.

In addition to the benefits listed above, EPRs can also help to improve the efficiency of healthcare delivery. For example, EPRs can be used to automate tasks such as scheduling appointments and ordering tests. This can free up healthcare professionals' time so that they can focus on providing care to patients.

EPRs are also a valuable tool for research. By analysing data from EPRs, researchers can gain insights into the effectiveness of different treatments and interventions. This information can be used to improve the quality of care for all patients.

Overall, EPRs are a powerful tool that can be used to improve the quality, efficiency, and safety of healthcare. The NHS is committed to implementing EPRs, and the system has the potential to transform healthcare in the UK.

5.2 Implementing our new EPR

Our new EPR is based upon a set of requirements developed with our operational and corporate services. This is summaries below;

FUNCTIONAL REQUIREMENTS AND PRINCIPLES

- Patient Administration
- Clinical Functionality
- Departmental Functionality
- Electronic Prescribing and Medicines Administration (EPMA)
- Order Communications & Results Reporting
- Integration and interoperability
- Reporting and Business Intelligence

NON-FUNCTIONAL REQUIREMENTS

- Information Governance
- Data Migration & Data Quality
- Contract & SLA Management
- Application Support and Development

Progress to date

We came out of standstill at midnight on the 12th June 2023 will no challenge to the preferred EPR decision. We are now working up the contract with TPP SystmOne and have started our organisational communications. A kick off meeting took place on the 6th July with TPP SystmOne and the Trust, this will also be stream on the internet and available to all staff.

Our new EPR will ensure staff have access to patient data irrespective of location and system and will enable digital care that delivers better patient journeys, improves patient outcomes, and increases patient and staff satisfaction, in alignment with HTFT's strategic goals.

Foster an **innovative approach** to improve quality and safety

Deliver an **accessible and easy to use EPR** for patients and staff

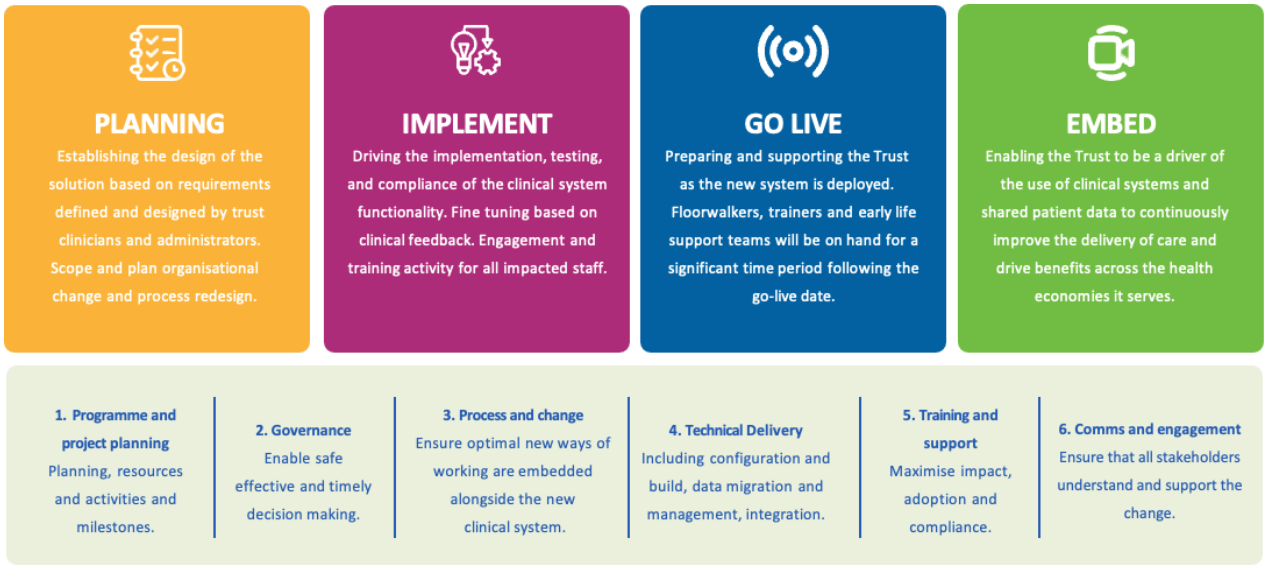
Improve data quality and use of data to support prevention, wellbeing and recovery

Empower our workforce to make the right decisions based on up-to-date and relevant information

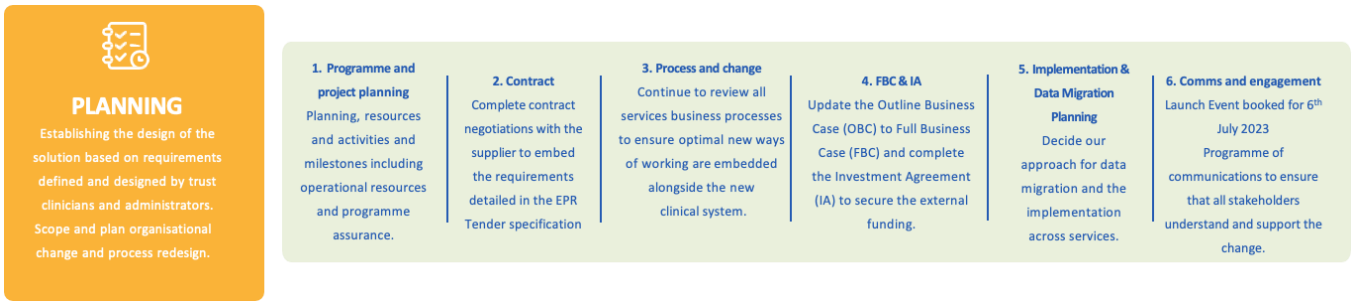
Improve interoperability across HTFT and other organisations

Drive efficiencies where paper-based or hybrid processes exist, saving time and money for HTFT

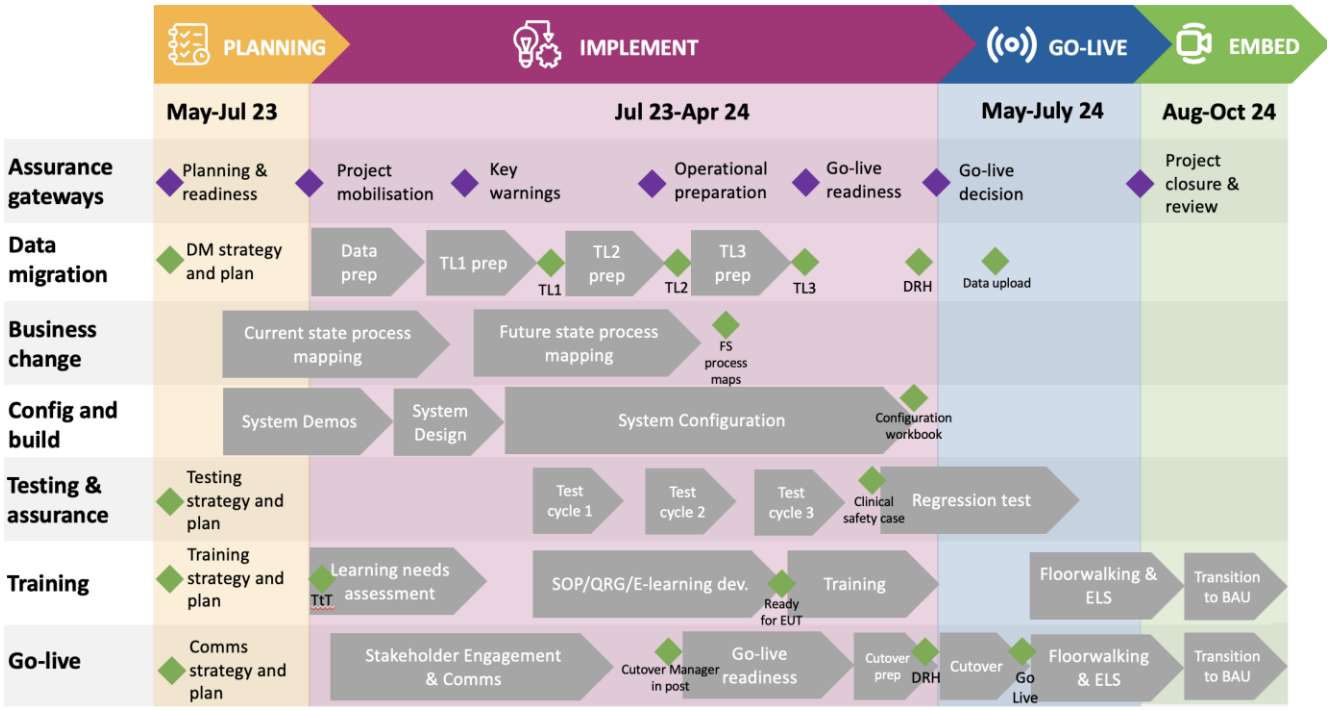
We will implement our new EPR through four phases



Our first phase – May to July 2023



Existing users of SystmOne in will benefits from the development of their existing system. The plan for moving staff in Mental Health and Learning Disabilities from our existing Lorenzo and on to SystmOne is shown below.



The DDG has met one since the last updated to EMT and has approved the following digital developments.

- We have spent the capital allocation as planned.
- The development of an enhanced CYP website has been approved
- Good progress in all divisions, the group is working well together and continues to provide a collaborative and collective approach.

7 Conclusion

BeDigital is progressing as planned with no item to escalate to EMT.

Lee Rickles
CIO, 11 July 2023

Humber Teaching NHS Foundation Trust

Agenda Item 19

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Fit and Proper Persons Regulation (FPRR) and Trust Compliance 22/23
Author/s:	Caroline Flint Trust Chair
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.

Key Issues within the report:

Positive Assurances to Provide: • Note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.	**Key Actions Commissioned/Work Underway:** • N/A
Key Risks/Areas of Focus: • No matters to escalate	**Decisions Made:** • N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Report to Council	✓
Trust Board			

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*
√ *Tick those that apply*

Caring, Learning & Growing Together

	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	

Fit and Proper Persons Regulation (FPRR) and Trust Compliance 2022/23

Introduction

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings. These regulations were introduced in November 2014 and the fundamental standards came into force in April 2015.

The regulations (Section 1, Paragraph 5, or 'Regulation 5' as CQC refers to them in its guidance) place a duty on trusts to ensure that their directors, as defined above, are compliant with the FPPR. The regulations stipulate that trusts must not appoint or have in place an executive or a non-executive director unless they meet the standards set out in this chapter. While it is the trust's duty to ensure that they have fit and proper directors in post, CQC has the power to take enforcement action against the trust if it considers that the trust has not complied with the requirements of the FPPR. This may come about if concerns are raised to CQC about an individual or during the annual well-led review of the appropriate procedures

According to the regulations trusts must not appoint a person to an executive or non-executive director level post unless, as stated in Paragraph 5 (3), they meet the following criteria:

- are of good character
- have the necessary qualifications, competence, skills and experience
- are able to perform the work that they are employed for after reasonable adjustments are made
- have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity
- can supply information as set out in Schedule 3 of the Regulations

In January 2018, the Care Quality Commission (CQC) published updated guidance in relation to the Fit and Proper Person Regulation. The guidance places ultimate responsibility on the Chair to discharge the requirements placed on the Trust. The Chair must assure themselves that new applicants and post holders meet the fitness checks and do not meet any of the unfit criteria. The Chair will be notified by the CQC of any non compliance with FPPR and holds responsibility for making any decisions regarding action that needs to be taken. In response to the review guidance from NHS Providers was published for providers with suggestions and the Trust's process reviewed.

Trust Position
The Trust has a robust system, managed by the Trust Secretary, to ensure the FPPR declarations are made and any identified issues are escalated. A report was also provided to the Board in May 2023 as part of the declarations of interest report.

For new appointments, this is an essential component of the recruitment process managed by workforce and organisational development as part of employment checks and declarations.

Reports which outline how the Trust would meet the requirements of the Fit and Proper Persons standard have been provided to the Board/Council of Governors previously. A process to meet current guidance was developed in relation to the checks that the Trust must carry out. Future reviews will be undertaken subject to the issue of any revised NHS guidance.

Compliance
Annual declarations were requested and provided by all Board members for 2022/23 and there was an annual declaration of ongoing compliance. A review of the disqualified directors and the insolvency service register was undertaken. There is a documented process for the fit and proper person's requirement that includes clear procedures and checks for new applicants.

The current process has worked well as part of the appointments process of several executive and Non-Executive Director appointments and there have been no issues with any aspect of the fit and proper persons regulation. The Removed Charity Trustees Register check could not be undertaken as the register was not available on the website for legal reasons. Additional information relating to registration expiry date for relevant professions is also collated.

Recommendation
The Council of Governors is asked to note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.

Humber Teaching NHS Foundation Trust

Agenda Item 20

Title & Date of Meeting:	Council of Governors Public Meeting – 20 July 2023
Title of Report:	Public Trust Board Minutes – 29 March 2023
Author/s:	Caroline Flint Trust Chair
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	The minutes from the public Board meeting on 29 March 2023 are presented for information.

Key Issues within the report:

Positive Assurances to Provide: • Contained in the minutes	**Key Actions Commissioned/Work Underway:** • N/A
Key Risks/Areas of Focus: • No matters to escalate	**Decisions Made:** • N/A

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Report to Council	✓
Trust Board			

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery

Caring, Learning & Growing Together

✓	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	

Humber Teaching NHS Foundation Trust

Item 3

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 29 March 2023 via Microsoft Teams

Present:

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

In Attendance:

Mrs Stella Jackson, Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary (Minutes)
Ms Lynsey Fenwick, Market Research Consultant IQVIA (for item 31/23)
Mrs Mandy Dawley, Assistant Director of Patient and Carer Experience and Engagement (for item 31/23)
Ms Sarah Clinch, Senior Partnerships and Strategy Manager (for item 38/23)
Ms Elaine Potts, Senior Business Development Consultant, IQVIA (for item 39/23)
Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 43/23 & 44/23)
Ms Hilary Brearley, Real World Group (observing)

Apologies: None

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

28/23	**Declarations of Interest** The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove

	themselves from the meeting for that item. 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.
29/23	**Minutes of the Meeting held 25 January 2023** The minutes of the meeting held on 25 January were agreed as a correct record.
30/23	**Matters Arising and Actions Log** The action log and work plans were noted.
31/23	**Community Mental Health Presentation Survey** Lynsey Fenwick gave a presentation regarding the Trust's staff survey results for 2022. The Trust results were: • Six (20%) questions scored in the highest 20% of trusts • Four (13%) questions scored in the lowest 20% of trusts • 20 (67%) questions scored in the intermediate 60% of trusts • 21% response rate In 2022 the survey was conducted via paper and in 2023, participants would be invited to complete either a paper or online survey. The Trust Chair requested that a summary showing comparison to other NHS providers be produced and shared with the Board. Mr Smith noted the positive elements in the results although medicines management was an area of low score, despite the work that the Pharmacy team had been implementing in inpatient units. Francis Patton asked if the organisation could make contact with other trusts who had scored higher in areas to determine what they had done differently. Lynsey Fenwick confirmed this would occur. Mandy Dawley explained the results were from 2021 and significant work had taken place since then in response to the results. Hanif Malik asked about the holistic services and whether other organisations were succeeding in this area. Lynsey Fenwick explained that scores varied, and it could be an area the Trust could explore further with other providers. Some results were disappointing, and Lynn Parkinson summarised the work that had been undertaken to address these areas. An improvement plan had been produced and this had been considered by the Executive Management Team (EMT). The Trust was leading the way in changes nationally for the Care Programme Approach (CPA) which Lynsey Fenwick would be interested to hear about. The Trust Chair asked how improvements that were being made would be tested. Hilary Gledhill explained that some elements had been monitored by the Quality Committee via action plans and outcome measures. There was patient involvement in all of the elements. The key aim was to improve the survey response rate which would give a better picture from service users and carers.

	The Trust Chair suggested that medicines management should be an area of focus for the Quality Committee with a further update to the Board in six months on the work that was being undertaken. Stuart McKinnon-Evans queried the robustness of the sample for the survey. He was informed by Lynsey Fenwick that changes would be made for this year's survey to widen the categories of people who could take part to make it more representative of the population. There would still be those people who chose not to respond and the organisation could undertake pulse surveys to give a real time sense of what was going on in a particular area. The Chief Executive agreed with the comments made and believed medication and the response rate to the survey were key areas of focus **Resolved**: The presentation was noted. Summary of comparison with other NHS providers to be prepared for the Board **Action KF** Update to the Board in September 2023 on the work undertaken **Action KF**
32/23	**Chair's Report** The Chair presented her report which was taken as read. No questions were raised. **Resolved:** The update was noted.
33/23	**Chief Executive's Report** The Chief Executive introduced her report and reiterated key points regarding: • Visitors Policy and Leave Policy presented for ratification by the Board. A larger scale launch of the leave policy had been delayed due to local elections • Industrial action • Kings Fund Engagement project and the patient and carer experience offer • Visit by the Care Quality Commission (CQC) Director of Mental Health, Chris Dzikiti • Communications update and 100 days of Being Humber • Student Nursing Times Awards An update on operational pressures was given by Lynn Parkinson and she outlined the expected seasonal variation, review of winter plans and the robust plans in place to manage the industrial action. It was noted that Covid infection rates were increasing with the Trust having seven positive patients recently. An impact was also being seen with Covid related sickness absence. Steve McGowan drew the Board's attention to the accreditation for Tommy's – Pregnancy and Parenting at Work Champion. The Leave policy was innovative and was co-produced with staff side colleagues and Birmingham Children's Hospital. The NHS pay offer had been made and confirmation awaited on the outcome. Pete Beckwith confirmed that if accepted the non-consolidated 22/23 payment (£6.5 million) was to be included in this year's accounts and funding given to the Integrated Care Board to cover it. The Trust had accounted for a 2% pay award in 23/24 and if the 5% offer was accepted it was unclear where the additional funding would come from at this time. The Finance and Investment Committee (FIC) had considered the position

	when it met, and Francis Patton explained that concerns were raised around the level of inflation which was set at 2.9% and due to rise to 10.4%. Francis Patton noted the reasons for buying and selling of leave detail which was interesting to see in relation to work life balance. The Kings Fund Engagement project was of interest to Hanif Malik who asked if there were any representatives from the not-for-profit sector involved. Details of those involved would be shared outside of the meeting. **Resolved:** The report and updates were noted. The Board ratified the Visiting policy and the Leave policy Details of those involved in the Kings Fund Engagement project to be shared **Action KF**
34/23	**Publications and Highlights Report** The report provided an update on recent publications and policy. Stuart McKinnon-Evans noted the National Audit Office (NAO) report on progress made on improving mental health services. Francis Patton noted the Repairing and Transforming the NHS Estates report did not include new hospital investment. A session on Health Inequalities was planned for a future Strategic Board Development meeting **Resolved:** The report was noted.
35/23	**Performance Report** Pete Beckwith presented the report relating to the current levels of performance as at the end of February 2023. He reported a similar position to the previous report with positive compliance with mandatory training across the Trust. Delayed Transfers of Care (DTOC) and Out of Area Placements (OOA) were still reported as areas of concern. Additional narrative on waiting times was included within the report. Lynn Parkinson clarified that the upturn in over 52 week waits related to ADHD in children's services and a slight increase in adults which were commissioned on a case-by-case basis. Demand was exceeding capacity for staffing and financial resources and discussions were taking place with commissioners. The Executive Management Team (EMT) supported a proposal for additional funding for ADHD/ASD while negotiations with commissioners were ongoing. Updated trajectories for all scenarios would be included in the May report. Francis Patton noted the positive downward trend on vacancies and the fluctuation with the referral to treatment (RTT) position. Lynn Parkinson had reported for some time that this was an expected variation for 18 week waits due to the impact of 52 week waits. The situation was monitored closely and there was focus on improving the position. Concerns around OOA placements had been escalated within the wider system and partners to expedite discharges. The overall position had not changed, but some long-term patients had been transferred within this period. The position continued to be monitored and escalated to Place and Local Authority partners. Phillip Earnshaw asked whether referrals were appropriate or triaged which could help with system

	pressures. Lynn Parkinson explained that focus was on the patient flow with an increase in referrals in some areas. Contact Point had been successful in triaging Child and Adolescent Mental Health Services (CAMHS) referrals. The demand for neurodiversity services was impacting on the number of referrals. **Resolved:** The report and verbal updates were noted
36/23	**Finance Report** The finance report as at the end of February was presented to the Board by Pete Beckwith. The Trust remained confident to meet a break-even position by the year end. Cash was in a strong position as was compliance with the Better Payment Practice Code. Agency spend and Primary Care remained areas of pressure although recovery trajectories were expected to be seen in 23/24. Mike Smith referred to the cash position and believed that more detail was required on the disposable amount available. This would be discussed at the next Finance and Investment Committee (FIC) meeting to determine how that section of the report could be improved. **Resolved:** The Board noted the Finance report
37/23	**Estates Strategy** Pete Beckwith introduced the strategy that had been developed in conjunction with Trust colleagues and aligned to the Trust Strategy and the Green plan. If approved an estates plan would be developed for 2023/24 and aligned to the Capital Programme and Operational Service plans. Francis Patton confirmed that comments raised at the Finance and Investment Committee (FIC) meetings had been taken on board. He pointed out that some narrative was missing for Goal six which would be reviewed. Mike Smith queried whether future plans for the Trust estate should be included. The Chief Executive acknowledged the difficulty in producing an estates strategy and thanked the team for their work on this and in general. The Chair asked what the position was on carbon emission reductions. Pete Beckwith explained there was an estimated baseline, and more detail would be included in the updated Green plan to be considered by the Board. **Resolved:** The Board approved the Estates Strategy.
38/23	**Trust Strategy Monitoring Framework** The proposed metrics for monitoring delivery of the new Trust Strategy were presented for approval. The framework had been considered by the Board Sub-Committees. Hilary Gledhill recognised that some of the data sets included the information source and suggested that this be standard for each one. In relation to measuring metrics, the framework would be iterative for some time as it evolved and developed, and some amendments may be required for areas that could not be measured appropriately. **Resolved:** The Trust Strategic Monitoring framework was approved.

39/23	**2022 Staff Survey Results** Elaine Potts from IQVIA gave a presentation regarding the staff survey results. The survey was conducted using a mixed method of paper and online. The presentation also outlined the key areas of focus for 2023. Key highlights included: • 6 of the 7 People Promise theme scores increased (the other stayed the same) • Staff morale increased and staff engagement stayed the same • 74 of 104 questions were more positive than in 2021 Stuart McKinnon-Evans asked if the response regarding care of patients as a top priority was isolated to a particular staff group. He was informed that the data was broken down by Directorate and department so the detail could be shared. The Trust Chair acknowledged that this issue had been raised in last year's survey. Dean Royles commented that the Trust was on a journey and improvement would be seen over time. The staff survey workplans had been reviewed by the Workforce and Organisational Development Committee and he suggested that it was an area the Quality Committee might want to look at from a quality perspective. The Trust Chair highlighted that the organisation was the third most improved Trust in the country which she believed was a fantastic achievement. Hanif Malik recognised that the overall trajectory for the results was positive. He suggested that a deep dive into disparity across Directorates for key areas to determine whether any more focus was needed. He also asked about discrimination and whether there were any patterns coming out from the protected characteristics. Elain Potts explained that the data was broken down by the protected characteristics so further focus in this area could be done. Steve McGowan confirmed that a report had been provided to the Workforce and Organisational Development Committee which he was happy to share. The reports on Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) considered by the Board would provide further assurance in this area. The Chief Executive agreed the Trust was on a journey and performance had improved from some years ago. She believed the key areas of focus were being a good place to work and patients being at the centre of everything. She was disappointed with the score for the latter and suggested that internal messages should be reviewed and asked the Workforce and Organisational Development Committee to look at these. The Chief Executive also suggested further discussion on the survey results take place at a future Strategic Board Development session followed by an update to the Board. **Resolved:** The report was noted. Quality Committee to review staff survey workplans **Action HG** Protected Characteristics report to be shared with the Board **Action SMcG** Workforce and Organisational Development Committee to review the internal messages sent to staff to try to improve the score around the patient question **Action SMcG** Survey to be discussed at a future Strategic Board Development session followed by an update to the Board **Action SMcG**

40/23	**Humber and North Yorkshire (HNY) Integrated Care Board Collaborative Programme Update** The report was taken as read. It provided an update on the work of the HNY Mental Health, Learning Disabilities and Autism Collaborative programme and planning for 2023/24. **Resolved:** The report was noted.
41/23	**Edenfield "Closed Cultures" Progress Report** Hilary Gledhill presented the progress report which was taken as read. The report detailed the work that had been undertaken across the Divisions and corporate services. Ongoing work included triangulation of data sets to identify key quality indicators including turn over, sickness and supervision. Mike Smith believed it was an excellent report and showed the golden thread running through other reports. He commended the cultures work that had been taken forward by executive colleagues. **Resolved:** The report was noted.
42/23	**Appointment of Associate Hospital Managers** The report provided details of recruitment for Associate Hospital Managers and was taken as read. Mike Smith confirmed that he had been involved in the process and recommended the appointments to the Board. **Resolved:** The Board approved the appointment of Billy Cobby, Charlotte Jago and Lauren Ostler
43/23	**Board Assurance Framework (BAF)** The Chief Executive reported that the BAF would be considered in detail at the April Strategic Board Development session Oliver Sims presented the report that covered the Q4 2022/23 period. A draft of the annual BAF audit had been received which gave significant assurance. The Trust Chair noted that Improvement work was still required on the narrative for the strategic objectives and principal risks. It was confirmed this work was taking place to address the comments already received. **Resolved:** The BAF was noted.
44/23	**Risk Register** The report was taken as read and provided an update on the four Trust-wide risks scoring 15+. The Child and Adolescent Mental Health Services (CAMHS) inpatient risk around demand had been reviewed and was expected to reduce (subject to approval). New risks had been identified and were going through the appropriate process Stuart McKinnon-Evans explained that discussions had taken place at the last Audit Committee in relation to static scoring risks or those that had not moved much due to external factors out of the organisation's control. This had been taken on board and would form part of the review. **Resolved:** The report was noted.

45/23	**Trust Board Sub Committee Chairs and Non-Executive Directors Champion Roles** The report presented by the Trust Chair was taken as read. No questions were raised. **Resolved:** The report was noted.
46/23	**Workforce and Organisational Development Committee Assurance Report and 12 October 2022 Minutes** Dean Royles presented the latest assurance report highlighting: • Five consecutive months reduction in sickness absence • Nurse vacancies at the lowest level for some time • Committee reviewed statutory and mandatory training. Most areas were performing well, but some areas were below compliance and improvement trajectories were in place. • Leavers – following Covid it was anticipated that some staff would leave. The highest reason was retirement followed by work life balance. A deep dive would be conducted into staff who have left in the first two years of their job. • Minutes from the October meeting were provided for information. **Resolved**: The report and minutes were noted.
47/23	**Audit Committee Assurance Report** The report was presented by Stuart McKinnon-Evans. Items discussed included the risk register static score.. Audit plans were progressing well. **Resolved:** The report was noted.
48/23	**Collaborative Committee Assurance Report** Stuart McKinnon-Evans presented the report as Chair of the Committee. He drew the Board's attention to: • 142 adults in low and medium secure, prospectively 139 by end of February 2023, lowest since Go Live in October 2021 • 19 Clinically Ready for Discharge in Adult Secure, costing estimated £2.6m from May 2022 to January 2023 • Improvement plan in place for Inspire and being monitored. **Resolved:** The report was noted
49/23	**Mental Health Legislation Committee Assurance Report** The assurance report was presented by the Committee Chair, Mike Smith who highlighted that Prone restraint was near the upper control limit but being managed. Future reports to the Committee would include more detail around timings and trends in real time. Hull identified as a negative outlier for detentions in national statistics publication in October 22. This would be reviewed in the coming months. **Resolved:** The report was noted
50/23	**Quality Committee Assurance Report and 24 November 2022 Minutes** The report was taken as read. Phillip Earnshaw highlighted the following key areas

	from the report: • Impact of junior doctors' industrial action • Approval the Safeguarding plan 2023 – 2026 • Approval the Annual Controlled Drugs report • Review of terms of reference taking place • Autism strategy update received **Resolved:** The report was noted.
51/23	**Charitable Funds Committee Assurance Report and 13 December 2022 Minutes*** The report was presented to the Board as Corporate Trustee and was taken as read. The Committee Chair, Stuart McKinnon-Evans noted there was new leadership in the team. A grant of £30k had been secured to support future work. **Resolved:** The Board noted the report.
52/23	**April Board Strategic Development Agenda** The agenda was presented for information and identified the areas to be discussed at the meeting. It was noted that a slight change had been made to move the provider Licence item to the May public Board to allow more time for the Board Assurance Framework (BAF) item. **Resolved:** The update was noted
54/23	**Items to Escalate including to the High-Level Risk Register and for Communication** No items were raised.
55/23	**Any Other Urgent Business** No other business was raised.
56/23	**Review of the Meeting – Being Humber** Board members reviewed the meeting and found it to be effective with reports of a good quality. The meeting was well chaired and timings appropriate for items with assurance received on items from Executive colleagues.
57/23	**Exclusion of Members of the Public from the Part II Meeting** It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.
58/23	**Date and Time of Next Meeting** Wednesday 31 May 2023, 9.30am via Microsoft Teams

Signed …… Date …….
Chair