![NHS Humber Teaching NHS Foundation Trust]

Trust Board Meeting 27 March 2024
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 27 March 2024, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 31 January 2024	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	An Inclusion Story: Supporting Staff with Disabilities	KP	Note	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report	MM	Note/Ratify	√
8.	Publications and Highlights Report	MM	Note	√
	Building a Shared Purpose and Vision			
9.	24/25 Annual Operational Plan Final Draft	PB	Discuss	√
10.	Leadership Competency Framework for Board Members	KP	Note	√
	Investing in People and Culture			
11.	National Staff Survey Results 2023	KP	Note	√
12.	Associate Hospital Managers Reappointment Reviews	KF	Approve	√
13.	Patient Led Assessment of Care Environment (PLACE)	PB	Note	√
	Developing Leadership Behaviours			
14.	Humber and North Yorkshire Integrated Care Board Collaborative Programme Update - Alison Flack, Programme Director attending	MM	Note	√

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	Embedding Improvement into Management Systems and Processes			
15.	Finance Report	PB	Note	√
16.	Performance Report	PB	Note	√
	Patient Safety			
17.	"Closed Cultures" Progress Report	HG	Assurance	√
	Assurance Committee Reports			
18.	Trust Board Sub Committee Chairs and Non-Executive Director (NED) Champion Roles 2024-25	CF	Note	√
19.	Quality Committee Committee Assurance Report	PE	Assurance	√
20.	Mental Health Legislation Committee Assurance Report	MS	Note	√
21.	Audit Committee Assurance Report	SMcKE	Note	√
22.	Charitable Funds Assurance Report*	SMcKE	Note	√
23.	Collaborative Committee Report	SMcKE	Note	√
24.	April Board Strategic Development Agenda	CF	Note	√
25.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Note	verbal
26.	Any Other Urgent Business	CF	Note	verbal
27.	Review of Meeting – Being Humber	CF	Note	verbal
28.	**Exclusion of Members of the Public from the Part II Meeting**			
29.	**Date, Time and Venue of Next Meeting** Wednesday 29 May 2024, 9.30am via Microsoft Teams			

*Presented to Board as Corporate Trustee

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Title & Date of Meeting:	Trust Board Public Meeting – 29 March 2024
Title of Report:	Declarations of Interest
Author/s:	Caroline Flint Chair
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations:

Name	Declaration Change
Caroline Flint	Updated declaration- Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department of Energy Security and Net Zero now under the Fuel Poverty role.
Priyanka Perera	No longer associated with the following, but awaiting removal from Companies House register. • Director Child Dynamix Trading Ltd • Trustee Child Dynamix
Mike Smith	Removal of Associate Hospital Manager John Munroe Group, Leek
Phillip Earnshaw	Addition of Owner of Phillip Earnshaw Ltd
David Smith	Addition of: • Trustee at Hospice UK • Trustee at St Leonards Hospice, York
Michele Moran	Removal of:

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		• SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives

Key Issues within the report:

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

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly Board report	✓ 29.3.24

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

Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• Chair of Yorkshire & Humber Clinical Research Network • IMAS partner • Humber and North Yorkshire ICB Board Member • Non-Executive Director DHU Healthcare (a Social Enterprise organisation)
Mr Peter Beckwith, Director of Finance (Voting Member)	• Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	• No interests declared
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	• Director of Bluewaters Healthcare Limited • Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust • Executive lead for The Trust Research Department – which receives grant and funding to the department
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	• Husband works for HMRC
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law is a Senior Consultant and Professor for Ophthalmology in the West Midlands • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department of Energy Security and Net Zero now under the Fuel Poverty role.
Mr Mike Smith, Non-Executive Director (Voting Member)	• Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	• Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Trustee Director, the Baxi Partnership Limited • Trustee Director, the Baxendale Employment Ownership Trustees Limited • Trustee Director the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	• Director Dean Royles Ltd • Trustee Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG • Chair of NHS Professionals Strategic Advisory Board • Non-Executive Director Sheffield Teaching Hospitals

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 31 January 2024 via Microsoft Teams

Present:	Rt Hon Caroline Flint, Chair
	Mrs Michele Moran, Chief Executive
	Dr Phillip Earnshaw, Non-Executive Director
	Mr Stuart McKinnon-Evans, Non-Executive Director
	Mr Francis Patton, Non-Executive Director
	Ms Priyanka Perera Associate Non-Executive Director
	Mr Dean Royles, Non-Executive Director
	Mr David Smith, Associate Non-Executive Director
	Mr Mike Smith, Non-Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr Kwame Fofie, Medical Director
	Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
	Mrs Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer
In Attendance:	Mrs Stella Jackson, Head of Corporate Affairs
	Mrs Karen Phillips, Deputy Director of Workforce & Organisational Development
	Sue Smith, Practice Manager, Market Weighton Practice, Ruby, Service User and Volunteer and Mrs Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production, (for item 04/24)
	Ms Sarah Clinch, Senior Partnerships and Strategy Manager (for item 08/24)
	Ms Kate Baxendale, Deputy Director of Nursing, Allied Health Professionals and Social Work Professionals (for item 10/24)
	Mr Oliver Sims, Corporate Risk and Incident Manager (for items 13/24 & 14/24)
	Ms Sadie Milner, Patient Safety and Practice Development Lead (for item 15/24)
	Ms Cathryn Hart, Assistant Directors of Research and Development (for item 16/24)
	Mrs Jenny Jones, Trust Secretary (Minutes)
Apologies:	Mr Steve McGowan, Director of Workforce and Organisational Development

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

01/24	**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.
02/24	**Minutes of the Meeting held 30 November 2023**
	The minutes of the meeting held on 30 November were agreed as a correct record.
03/24	**Matters Arising and Actions Log**
	The action log and work plan were noted.
04/24	**Patient Story – Experts by Experience**
	Sue Smith, Practice Manager at Market Weighton provided information on the practice and the services offered. Ruby who was a patient and a volunteer at the practice shared her experiences from both perspectives.
	As a patient, Ruby (who was also a member of the Practice's Patient Participation Group [PPG]) had seen many changes within the practice particularly since Covid. However staff had always been helpful and accommodating. She noted that contacting the practice was sometimes a challenge, but that staff did everything they could to help patients. A new online system had been implemented to improve contact that she helped patients to use. Ruby was well supported by staff and enjoyed volunteering as she found it rewarding. The Trust Chair was pleased to hear that the PPG involved people like Ruby in the development of new processes.
	Lynn Parkinson asked if there were any other issues that Ruby was aware of through her contact with patients. One issue related to minor injuries as patients could not be seen at the Practice and instead had to go to A&E. Ruby tried to signpost them to either Beverley or Goole if they needed this treatment so they didn't spend unnecessary time in the practice. Lynn explained there had been changes around urgent care and urgent treatment centres over the last few years and would take this issue away to consider.
	Stuart McKinnon-Evans asked Ruby what she would say to someone wanting to volunteer at the practice. Ruby would encourage them to join the team as she believed it was a wonderful thing to do. It was sometimes difficult as a volunteer to explain the changes and how they were beneficial, but the Market Weighton population was growing and changes were made to help people.
	The Chief Executive thanked Ruby for her honest and open views of the practice, commenting that primary care often was not given favourable reviews in the media. A discussion would occur with the practice to determine whether improvements could be made to the advice given to patients regarding alternative care and treatment options.
	The Trust Chair thanked Ruby for attending and for her volunteering work at the practice.

05/24	**Chair's Report**
	The Chair presented her report which was taken as read. The following areas were highlighted:
	Sue Cooper, John Cunnington, Doff Pollard and Tom Nicklin had been thanked for their contribution to the Council of Governors. A new Governors induction was planned for 1 February.
	The Trust Chair announced that over the Christmas period, Sam Muzaffar, a previous Governor had passed away. Contact had been made with his family to express the Trust's condolences.
	Recent Consultant interviews had been held with positive outcomes.
	Resolved: The report was noted.
06/24	**Chief Executive's Report**
	The report was taken as read and the following key points highlighted:
	• Visibility – updates were provided in the report from Directors
	• Right Care Right Person – update on the work with Humberside Police was included in the report
	• The Modern Slavery Statement was presented for approval
	• 28 Days of Wellness campaign update contained in the report
	• Details of recent awards were provided
	• Annual leave reporting would be moving to the Electronic Service Record (ESR) from 1 April as part of the productivity and efficiency work being undertaken.
	• Updates on cyber, communications and the charity were included in the report.
	• Appended to the report was a review of highlights from 2023. The work undertaken was acknowledged and showed the additional work that staff undertook whilst dealing with extreme pressures. Board members appreciated the update which could be used when undertaken visits in the Trust.
	Hilary Gledhill raised the homicides in Nottingham in June 2023 and recent media interest in the case. The Trust extended its deepest sympathies to the families and friends of Ian, Barnaby and Grace. An independent review of mental health services in Nottingham had been ordered. The Trust would undertake a review of its services and consider any learning identified from the report. Priyanka Perera asked if there was a specific team who supported families in cases such as this. Hilary explained that support was given by the Patient Safety Team where there was a nominated lead. Herself and her deputy also supported the team. The team ensured that the right people at the right level were involved with the families.
	Hilary then explained how the Trust communicated with families as part of the investigations process. . In homicide cases the Police process for contact was followed.
	Kwame Fofie informed the Board that the Royal College of Psychiatrist President, Dr Lade Smith, was visiting the Trust on 12 March.
	The preparations for the Annual Research Conference taking place on 22 May were

underway. Online places were still available for the event.

Lynn Parkinson reported that since the last Board meeting two periods of industrial action by junior doctors had taken place. The Trust arrangements were robust and little disruption was reported.

Pressures remained high in the acute hospitals. The Trust was at an overall Operating Level OPEL 2 with our community services in North Yorkshire at OPEL 3. Community beds were being used to support York and Scarborough hospital and this arrangement was working well.

An update on the Emergency Department (ED) Streaming service was included in the report. This service helped to move mental health service users to a designated environment where they felt safe. Patient feedback on the service had been positive. Mike Smith asked if the Humber Suite at the ED streaming service was classed as a place of safety under section 136 of the Mental Health Act. It was confirmed this was not a place of safety which remained at Miranda House.   David Smith asked if this was a new team or staffed from existing resources. Lynn explained it was an extension of the Mental Health Liaison service and was a mix of new and existing staff. A briefing would be shared with Board members regarding the service.

Karen Phillips reported that the Trust was in the top 20 organisations for the recruitment to hire time.   The Trust was second in the country for the percentage of staff accessing learning which was a good achievement.

Pete Beckwith confirmed that no Reinforced Aerated Autoclaved Concrete (RAAC) had been identified at any of the Trust's estate.

Francis Patton asked about the impact on the Trust with the pressures the acute trust was under. Lynn explained daily discussions on pressures took place and everything possible was being done to assist the acute trusts. The Mental Health Liaison team was on site a Hull Royal Infirmary and the ED streaming key performance indicator (KPI) was to see patients within an hour which was being met. This had taken some pressure away since the service opened in June 2023.

In relation to the inspection by the Care Quality Commission (CQC) at Market Weighton, Hilary reported that the last inspection was some time ago. The recent inspection looked at feedback from the GP survey from last year which had a low response rate. Decisions were based on these responses which resulted in a rating of requires improvement. Other domains were not assessed, and the practice rating remained at good overall.

The position of the international nurse recruitment was raised. It was understood that the 50,000 nurses referred to in the report were those on the NMC register.

Phillip Earnshaw referred to NHS Talking Therapies and the drop out of people after referral. He asked whether patients were able to self-refer. It was confirmed that the Trust provided a self-referral service in East Riding..

Stuart McKinnon-Evans asked where any national or internal efficiencies with Digital would be picked up. Pete said this would be picked up as part of the service planning and feed into the Digital and Data groups. The BeDigital Board would consider as part of the transformation programme.

	The Board approved the Modern slavery statement and ratified the following policies: • Volunteer Recruitment Policy • Learning and Staff Development policy • Procurement Policy **Resolved**: The Board noted the report. The Modern Slavery statement and policies identified in the report were ratified. Briefing on the ED Streaming service to be shared with the Board **Action LP**	
07/24	**Publications and Highlights Report** The report provided an update on recent publications and policy. **Resolved:** The report was noted.	
08/24	**Social Values Report 2022-23** The social values report showed the positive impact that the organisation had had on the economy, community life, the health of our local population and the environment. The report was developed by a working group from across corporate and clinical divisions. Mike Smith suggested that going forward there could be a link to the People Strategy around upskilling and examples of staff career paths eg from starting at a Health Care Assistant to a Clinical Manager. Sarah Clinch commented this had not been looked at in relation to this work, but it could be picked up separately within the Workforce team. Stuart McKinnon-Evans enjoyed reading the report. He suggested some areas for future reports around sustainability, consumption of physical goods, waste and other areas the organisation consumed in delivery of services. Explanation of where some metrics come from would be helpful and measures of added economic value. The supply chain was an example given and how it added value. Sarah confirmed there was a record of methodology kept which could be included in future versions. David Smith believed the report to be excellent and asked how it was going to be disseminated as it was important to share the report and celebrate success. The Chief Executive explained that once approved, a full communications plan would be produced to include a launch. An update on the plan would be shared with the Board. **Resolved:** The Board approved the Social Values report. Communication plan to be shared with the Board **Action MM**	
09/24	**People Strategy** The People Strategy aligned to the Trust Strategy and the regional and national People agenda. The strategy had been co-produced and discussed at a number of organisation wide and targeted bespoke sessions. The Strategy was the golden thread that ran through all areas and would contribute to the retention agenda. The Trust Chair particularly liked the measuring success section. Francis Patton agreed, asking how this would link into and influence the Integrated Care System (ICS) and link back to the organisation to show what difference had been made. Karen Phillips report that internally, there was a communication plan and a video (in production) that would feed into the Trust through the HR Business partners and the	

	Operational Delivery Group (ODG). It would be shared through links in the Human Resources Director Group (HRD) and Integrated Care Board (ICB) networks. The People Strategy delivery plan sat behind this with timescales to meet the demand and objectives set. Stuart McKinnon-Evans acknowledged that retention was the golden thread but pointed out that innovation and attracting people to work at the Trust were also key. Attracting people would be an outcome measure shown through the reduction of vacancies across the various hard to recruit roles. Nursing had seen improvement with a reduction of 10% in vacancies. Actions in the plan would support and underpin the programme. Stuart commented that new ONS statistics had been published for 2022 for LGBTQ+ staff population and would share this with Karen. Mike Smith liked the design of the strategy. He commented that the culture displayed by the Trust Chair, Chief Executive and others in the organisation was evident. Dean Royles acknowledged the work that had been undertaken to get to this stage with staff engagement and making this into an approach people could aim for. The ICB was working on its Long Term workforce plan. When this was finalised, the Trust would consider this against its plan. David Smith said this was another good report. He asked how this would be evaluated against any previous strategy. Karen explained that monitoring would be through the Workforce and Organisational Development (OD) Committee. Any previous actions had transferred into this strategy eg vacancies and turnover. Priyanka asked if information would be broken down for specific groups rather than sending the full report to the groups. Details would be broken down to allow certain bits to be raised at forums such as Ask the Exec and other key groups. **Resolved:** <u>The work of the Workforce team on the strategy was noted. The Board ratified the Strategy</u>
10/24	**Sexual Safety Charter Action Plan** Kate Baxendale presented the sexual safety action plan, produced from the self-assessment undertaken against the 10 Commitments in the NHS Sexual Safety Charter. The action plan was based on a self assessment of the 10 pledges. It provided significant assurance although identified further work to do around the strategic arrangements. The work aligned with the Respect campaign and behavioural standards framework. Updates would be reported through the Executive Management Team (EMT) and relevant committees. Kate made reference to a recent media publication by The Independent and Sky News around exploitation of some people in mental health services. The report was published following a Freedom of Information request in 2021. Kate outlined the arrangements in place for the safety of patients. Reporting arrangements were in place and a daily review of incidents was overseen by the Clinical Risk Management Group. The Trust Chair felt the review was an opportunity to refresh processes and was

	pleased to see the action plan. Priyanka Perera mentioned two audits that had been undertaken and asked if the Trust had been involved in these. Kate explained that an internal audit had been undertaken recently and a national audit was undertaken a few years ago. There was a more recent document published and a recommendation had been included in the action plan to reflect this. In relation to the Sexual Safety Group, there was full representation for all areas. The Terms of Reference had been reviewed and would be going to the Quality and Patient Safety group (QPAS) for approval. **Resolved:** The sexual safety charter action plan was approved.
11/24	**Finance Report** The report showed the financial position for the Trust as at 31 December 2023 (Month 9). Detail of the system finances was included in the report. A £30 million deficit in the system was reported at month 9 which was an adverse variance to plan of £18 million. £6 million of the deficit was reported to be due to industrial action. There was significant risk for the Integrated Care Board (ICB) to deliver the planned deficit for this year. Any changes at system level would impact on next year. Business guidance would be introduced and an there was expectation within this that any deficits would be repaid in future years. The Trust delivered a breakeven position at month 9. Work on the run rate was underway. The cash position remained strong and there was good performance against the Better Payment Practice Code. Mike Smith noted the overspend in mental health due to the filling of vacancies. Some double running of costs was identified and it was envisaged there would be a reduction on nurses and agency spend in the last quarter of the year. Phil Earnshaw noted the reduction in the cash position and asked if this was a concern. Pete Beckwith explained the difference was due to the timing of the payroll and invoice payments and support made to the Capital programme. The position was still strong. Stuart McKinnon-Evans confirmed there had been a robust discussion at the last Finance and Investment Committee (FIC) around finance and assurance provided. The Trust Chair noted that an Extraordinary Chair and Chief Executive's meeting for the ICB had been arranged to discuss finance. **Resolved:** The Board noted the Finance report
12/24	**Performance Report** Pete Beckwith presented the report that showed the current levels of performance as at the end of December 2023 which was taken as read. • Mandatory Training – compliance overall remained high in December at 94.7% • Vacancies were at lower control limit at 7.8% • Clinical Supervision remained above target at 90%. • Waiting times remained an area of focus and continued to be reviewed. Planning

	guidance was awaited and any settlement would have an impact on future discussions.
	An increase in children's and young people activity was noted. Stuart McKinnon-Evans asked how the increased workload was reflected in internal planning. Pete explained the activity was delivered by mental health services in separate teams with some expansion planned in the next phase of work. Lynn Parkinson added that overall the rise in children's activity was still being seen with complex presentation. There had been a focus on capacity and demand planning work in conjunction with NHS England. The report from that work made some recommendation that would come through the Trust's governance processes.
	Phil Earnshaw was pleased to note that vacancies and turn over in staff had reduced. He asked if there was an issue regarding waiting times for the memory assessment and diagnosis service. Lynn explained that detailed capacity and demand analysis had been completed and a report presented to the Executive Management Team (EMT) which showed that resources were being used efficiently and that increased demand for the service caused the waiting list. Discussions with ICB colleagues around commissioning intentions were underway alongside with consideration of potential innovations in the service. Phil suggested some education or team work with primary care could help with the demand. There were variations in primary care responses to memory assessment pathways with collaboration work taking place to ensure there was a consistent approach. There was also close working with the voluntary sector organisations for physical and mental activity as it was commissioned by the Local Authority.
	Resolved: The report and discussions were noted,
13/24	**Risk Register** The report provided an update on the Trustwide risk register and was taken as read. Francis Patton queried whether an annual review of the actions against the risks would be undertaken. This would be undertaken in quarter 4/Quarter 1. It was noted that three of the top four risks related to workforce capacity. Dates were missing for risk LDC82 on the register. Assurance was given that dates had been identified and it had been missed off this version of the register. **Resolved:** The report was noted.
14/24	**Board Assurance Framework (BAF) Report** The Quarter 3 2023/24 Board Assurance Framework (BAF) was presented by Oliver Sims and showed the position against the Trust's six strategic goals. Hilary Gledhill reported that significant assurance had been awarded in an internal audit for quality and patient safety. The Executive Management Team would be reviewing the ICB BAF and risk register at its next meeting. **Resolved:** The report was noted.
15/24	**Safer Staffing 6 Monthly Report** This report presented the outcomes of the review of safer staffing requirements across in-patient units using the National Quality Board (NQB) guidance and NHS

Improvement 'Developing Workforce Safeguards'. Assurance was provided that the levels of staffing were safe and supported the Director of Nursing and the Medical Director in providing a confirmation statement to this effect.

Sufficient numbers of staff had completed the MHOST training across all the Divisions which would be cascaded through the organisation. An internal audit awarded significant assurance with seven minor recommendations made; all of which had been completed within the timescales identified.

No recommended changes to Care Hours Per Patient Day (CHPPD) were made. However recommendations were made for a full review of the budgeted establishment at Malton and a review of the budgeted establishment and staffing model at the Humber Centre.

It was noted that Millview Lodge had a number of red ratings although Millview Court showed improvement. Sadie Milner reported that the most recent dashboard showed that progress had been made for Millview Lodge with no red ratings.

Francis Patton commented on the orange and red indicators which did not seem to correspond with the narrative. Sadie explained that the RAG ratings were based on agreed organisation thresholds. The Board saw this report monthly, and this report was a six month summary of those reports.

Resolved: The report was ratified.

16/24	**Six Monthly Research and Development Report**

Six Monthly Research and Development Report
Cathryn Hart presented the update on the work of the Research team which was taken as read. The Board's attention was drawn to:

- 44 National Institute for Health Research (NIHR) Portfolio studies were active in the Trust across a wide range of areas and including all Divisions plus 12 'non-portfolio' studies
- The annual research recruitment target for 2023-24 had been exceeded
- Many of the research team were also nominated in the Trust Awards in November 2023 and Ruby Watson, Public Research Champion, shortlisted for 'volunteer of the year'.
- There had been a change of host from Sheffield to Leeds in October 2024
- Refreshed Research Strategy would be going to the Quality Committee
- Potential future risk to future funding if the calculation formula/criteria changed by the new host.
- Research Conference would be taking place 22 May 2024. Online places were available.

In terms of the funding formula, the Chief Executive was not expecting this to change.

Dean Royles welcomed the positive report. He felt that since the organisation changed its name to include "Teaching" this had been reflected in the research work undertaken and other areas.

Resolved: The report was noted.

17/24	**Rapid Review into data on Mental Health Inpatient Settings: Action Plan Progress Update**
	The report outlined the actions taken to meet the recommendations of the August 2023 publication.
	Mike Smith noted the comment that the system "was not measuring what matters" and asked for more detail on this. The Trust Chair understood this was a national report where the organisation was asked to look at its own actions to see if there was any relevance. Kwame Fofie confirmed this comment. This was a national reflection of the data collected.
	The Chief Executive suggested using a Strategic Development meeting to allow more time to discuss the report.
	Resolved: The report was noted. Further discussion to take place at a future Strategic Development meeting **Action SJ**
18/24	**Hull Community Plan 2024-2034**
	The Chief Executive presented Hull's Community Plan. The plan would shape the city for the next decade and was approved with cross-party support at the November 2023 full council meeting.
	Resolved: The Plan was noted.
19/24	**Finance and Investment Committee Assurance Report**
	Francis Patton presented the report which was taken as read. It was an excellent meeting with good discussions and reports. The main focus was on finances and assurance was received on the work of the BeDigital programme.
	Concern was raised around the NHS and Integrated Care Board (ICB) financial position. Internally the focus was on primary care and agency spend where plans were in place to monitor the position.
	Other documents were reviewed including:
	• The staffing bridge analysis with a focus on productivity. • Control of expenditure from analysis of orders over £10k.
	Resolved: The report was noted.
20/24	**Charitable Funds Annual Accounts**
	The Charitable Funds accounts were presented to the Board as Corporate Trustee.
	The accounts showed £78k income had been received which was slightly up on the previous year, expenditure for the year had reduced and £308k remained in the account. The accounts had been reviewed by an independent examiner.
	Mike Smith pointed out that the title should refer to "Trustee" not "Trustees".
	Resolved: The annual accounts for the Charitable Funds were approved.
21/24	**Quality Committee Assurance Report**
	The assurance report from the December meeting was presented by Phil Earnshaw.

| | It was a positive meeting with the updated Terms of Reference for Quality and Patient Safety Group (QPAS) being approved.

A request was made for future reports to add more focus in the reports about what actions meant for patients. The Executive Management Team (EMT) was asked to look at optimising training for protected characteristics. Training for staff without professional qualifications was also highlighted.

Resolved: The report was noted. |
|---|---|
| 22/24 | **Board Strategic Development Agenda**
The draft agenda for the February meeting was presented for information. The Trust Chair reported that the number of items for meetings had been reduced (through grouping items together) to allow sufficient time for discussion.

Resolved: The agenda was noted. |
| 23/24 | **Items to Escalate including to the High-Level Risk Register and for Communication**
No items were raised. |
| 24/24 | **Any Other Urgent Business**
No other business was raised. |
| 25/24 | **Review of the Meeting – Being Humber**
The meeting was held in the Being Humber style. The meeting overran slightly, which allowed for discussions to take place.   It was an interesting and engaging meeting with good reports and input. |
| 26/24 | **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. |
| 27/24 | **Date and Time of Next Meeting**
Wednesday 27 March 2024, 9.30am via Microsoft Teams |

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

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from January 2024 Board meeting and update report on earlier actions due for delivery in March 2024
Rows greyed out indicate action closed and update provided here

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
31.1.24	06/24	Chief Executive's Report	Briefing on the ED Streaming service to be shared with the Board	Chief Operating Officer	1.2.24	Briefing emailed 1.2.24
31.1.24	08/24	Social Values Report 2022-23	Communication plan to be shared with the Board	Chief Executive	27.3.24	Contained in Chief Executive's report
31.1.24	17/24	Rapid Review into data on Mental Health Inpatient Settings: Action Plan Progress Update	Further discussion to take place at a future Strategic Development meeting	Head of Corporate Affairs	April 2024	Scheduled for the April Strategic Board Development meeting.

Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be	Chief Operating Officer	April 2023 revised to 29 May 2024	Patient/Staff story to be provided on Speech and Language

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			invited to a future meeting			
29.11.23	173/23	Performance Report	Deep dive of triage processes to be discussed at the Quality Committee	Chief Operating Officer	March 2024	This item is being progressed by the Clinical Director and has been added to the Quality Committee agenda for the March meeting.

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

Board Public Workplan April 2023/March 2024 *(v7f)*

Chair of Board: ___Caroline Flint_____
Executive Lead: _____Michele Moran_____

Board Dates:- Reports:	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Quarterly Items								
Finance & Investment Committee Assurance Report	Assur Comm	FP	x	x		x	x	
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Workforce & Organisational Development Committee	Assur Comm	DR	x	x		x		
Quality Committee Assurance Report	Assur Comm	PE	x		x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	MS	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE	x	x	x	x		x
Board Assurance Framework (dates amended Nov 23)	Corporate	MM		x	x	x	x	
Risk Register (dates amended Nov 23)	Corporate	HG		x		x	x	
Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Update	Corporate	MM		x		x		x
6 Monthly items								
Trust Strategy Delivery Report	Strategy	PB		x		x		
Freedom to Speak Up Report	Corporate	MM	x			x		
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research & Development Report	Corporate	KF		x			x	
Annual Agenda Items								
Suicide and Self-harm Strategic Plan (next due 2025)	Strategy	KF			x			
Recovery (Enabling) Strategy Update (due 2026)	Strategy	LP		x				
Patient and Carer Experience Forward Plan (2023 to 2028 (due 2023)	Strategy	KF			x			
Presentation of Annual Community Survey moved to July 2024 from March 2024 due to changes in timescales for survey	Corporate	KF						X moved to July
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			

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

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

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 27th March 2024
Title of Report:	Staff Story - An Inclusion Story: Supporting Staff with Disabilities
Author/s:	Eve Rose – Trust Chaplain John Duncan – EDI Partner

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

Purpose of Paper:	This paper provides a summary of the Eve Rose's Staff Story that charts how inclusive management has helped her to overcome her disability, which is complex and multifaceted, and has given her the confidence to excel in her role both practically and physically. She will discuss: - How inclusive management has improved Eve's work environment. - Provide an example of joined up work between departments that led to improvements in how Eve accesses training. - In what way this has led to better self-esteem in meeting her training needs.

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
- Workforce Disability Equality Standard (WDES) data puts the Trust 29th out of 212 NHS Trusts (Top 14%) - EDI recruitment deep dive report demonstrates that disabled candidates and those with a long-term condition are not disadvantaged in the recruitment process. 2023 National Staff Survey demonstrates an improving trend for questions around the Workforce Disability Equality Standard (WDES)	- Recruitment and Selection Training has been part of the core training offer for a number of years and is now delivered by our internal leadership and management trainer. - Respect campaign launched to drive up inclusivity and tackle bullying and harassment toward those with protected characteristics. 2024 WDES analysis and reporting 2023 WDES action plan implementation - Access to Work Implementation - New Occupational Health leadership addressing disability related case work and improving responsiveness and timescales
Key Risks/Areas of Focus:	**Decisions Made:**
- Our staff survey suggests staff with a disability or long-term condition have a worse experience working at the Trust than their non-disabled peers	N/A

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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Trust Board	27/03/24

Monitoring and assurance framework summary

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*
√ *Tick those that apply*

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

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

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	Chair's Report			
Author/s:	Rt Hon Caroline Flint Trust Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last Board meeting.			

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
• Update from the last Board Strategic Development meeting. • New Governor Induction and development event for governors and Board members. • Observed Collaborative Committee • Participated in HNY ICB strategic meetings with Chairs and CEOS regarding system working and finance • Visits to Humber services	Outlined in the report

Key Risks/Areas of Focus:	Decisions Made:
• No matters to escalate	• N/A

Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	

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

Trust Chair's Board Report – 27 March 2024

Thanks to all our staff who took part in the National Staff Survey 2023 and the efforts made by teams to encourage participation. Some really good signs of improvement and hot off the press **the HSJ have officially announced Humber is the top performing trust for recommended as a place to work with an improvement of 18.2% since 2019. Applause all round.**

For International Women's Day 2024 (IWD2024) the theme was "Inspiring Conversation" and I was glad to take part in a session with Gemma Cartman on Humber's coaching and mentoring opportunities. The conversation opened up revealing that we often second guess our abilities even when by any measure we succeed. I'm guilty of that too. **But in the words of Michelle Obama. "Am I good enough? Yes, I am," and so are you.**

At the time of writing this report I am looking forward to meeting our **Humber Adult Autism Diagnostic Service (HAAD)** virtually as part of **Neurodiversity Celebration Week.** From 2017 to 2019 as an MP I sat on the Intelligence Security Committee which scrutinises our UK Intelligence Services. I was impressed by the longstanding work of GCHQ – the UK's Intelligence, Security and Cyber Agency, on recruiting and retaining neurodiverse staff. For over 20 years they have had a specialised neurodiversity support service and have always attracted a high number of neurodiverse staff back to Bletchley Park's codebreakers and beyond. Their strapline is "Daring to think differently and be different" and more info is on their website.

1.Trust Board Strategic Development Meeting, 28 February 2024
These meetings include a small number of key items on the agenda which enable Board members to have a detailed discussion regarding matters of strategic importance. Time is also allocated, as appropriate for the Board to work on its own development. In addition, at each meeting over a sandwich lunch we meet and hear from a group of staff.

The Board focussed its attention on the following areas at the February meeting:

- **Social Media Checks for People Undertaking Board Level Roles -** social media checks proportionate to each Trust are being advised by NHS England (NHSE) to be undertaken as part of the Fit and Proper Person Test Framework requirements. However, there is a lack of guidance and Board members believed feedback should be given NHSE that an objective test should be developed potentially utilising the General Medical Council (GMC) guidance on social media for doctors. Meantime it was agreed the Executive Management Team (EMT) would consider the matter.

- **Provider Collaborative Update -** three models are being considered for future working arrangements (joint venture; joint committee; and provider lead provider) and a discussion regarding the preferred option would take place at the end of

April 2024. The Board agreed that it was important that any new model led to improved outcomes for patients and service users and that we would adopt a position prior to any discussions with management consultants.

- **Hill Dickinson Sector Updates** - Esther Venning from Hill Dickinson gave a presentation on developments regarding the Provider Selection Regime and Provider Collaboration models. The Board felt the presentation would be beneficial for the HNY Integrated Care Board and to consider whether we are utilising all our powers in the current regime. Board members **agreed** the Trust Board position regarding provider collaboratives should be: *What benefits would a move to a corporate joint venture provide over and above the alliance joint venture?*

  In discussion on primary care Ruth Griffiths from Hill Dickinson informed the Board that a significant number of Primary Care Networks (PCNs) were incorporating. The Board considered it might prove beneficial to receive an update during a future Primary Care discussion regarding the way in which primary care was evolving.

- **Planning and Productivity Update** – it was agreed that only those trusts that had created the deficit at system level should be required to pay it back and noted that Community Interest Companies (CICs) were participating in discussions at system level regarding productivity plans but were not required to contribute to the system deficit. Board members were concerned that nationally the proposal is to reduce the workforce when the Long-Term Workforce Plan required growth. Whilst the Trust had grown its workforce, there were good reasons for doing so and it had still delivered a breakeven position. This was evidence that the Trust was effectively managing its resources. It was considered appropriate to determine whether the workforce reduction risk should be reflected in the risk register.

- **EDI Objectives Update** - John Duncan jointed the meeting for this item and gave a presentation regarding potential collective Board and individual Board member EDI objectives. We **agreed** EMT should consider the proposals at a future Executive Management Team (EMT) meeting (including the potential for Committee Chairs to consider whether appropriate EDI data is being considered during Committee meetings).

- **2023 Staff Survey Results** - Karen Phillips gave a presentation regarding the 2023 Staff Survey results (which were embargoed until 7 March 2024). Board welcomed the improvement in the Trust's score whilst recognising the importance of sustaining focus on patient care and safety as the Trust's number one priority. It was highlighted that aside from the National Staff Survey there are a number of Trust mechanisms staff have to give feedback or raise concerns.

- **Review of Trust's Strategic Goals** – we considered whether adequate assurance regarding delivery of the goals was provided through the BAF and

concluded that the Strategic Goals were still considered to be the right ones and the `sources of assurance' and `gaps in controls' sections of the BAF were continually updated. For further assurance a recent internal audit had provided `significant assurance' regarding the Trust's risk management processes. We agreed it was important that the content of Committee reports highlighted, where possible, how they contributed to patient care/safety and that feedback was provided by the Committee to the paper author should this not be the case.

2. Chair's Activities Round Up

I attended the Collaborative Committee in March and was impressed by the quality of papers and discussion by participants led by NED Chair Stuart McKinnon-Evans. It is good to see, as reflected in Assurance Reports to Board, how much this committee has matured in the last couple of years.

At the end of January, I joined Senior Leaders to meet our Unplanned Care Newly Qualified Nurses who work within our adult inpatient units or crisis teams. The purpose was to enable them to put faces to names, hear about our professional journeys and ask questions (and a few from us too). Clinical Director Paul Johnson shared his journey from working in newsagents retail, something I enjoyed listening to very much reminding me of visiting my grandparents' newsagents and reading all the comics.

Arising from discussions between Provider Chairs and Humber, North Yorkshire (HNY) Integrated Care Board (ICB) Chair Sue Symington the first Discover and Develop Event for Chairs and NEDs took place. I was pleased to arrange for Professor Graham Martin from the Institute of Things, University of Cambridge to present on what Boards can do to better sense the signals if something isn't working in patients' interests. We also had a quick learn presentation about the Provider Collaboratives on Acute Provision and on Mental Health, Learning Disabilities and Autism from Michele Moran. The event also had a helpful session on data literacy and utilising data to tackle health inequalities. Everyone felt it a worthwhile event for NEDs development and relationship building across our system area and contributing to more integrated services and collaborative working. Two more are planned for 2024.

HNY Extraordinary Meeting of NHS System Chairs and Chief Executives (CEO's) met to discuss deficit reduction and achieving balanced accounts across HNY took place in February and March. The CEOs and other operational staff meet regularly through other fora so this is a helpful opportunity for Trust Chairs with our CEO's to meet with our ICB counterparts and senior ICB staff to understand better the ICB's plans and contribute.

3. Visits (in person and virtual)

My thanks to staff and patients who I have met on my recent visits.

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- Memory Clinic - Coltman St Hull.
- West End Child and Adolescent Mental Health Services (CAMHS) and Neuro Diversity Teams.
- Catch up with David Napier who leads our Complaints Team.

External meetings included:

- Humber and North Yorkshire (HNY) Provider Chairs - Feb and Mar
- HNY Extraordinary Meeting of NHS System Chairs and CEO's - Feb and Mar.
- HNY ICS Discover and Develop Event for Chairs and NEDs
- Yorkshire and Humber Chairs' Meeting
- NHS Confederation Mental Health Chairs Network
- NHS Providers Chair/CEO Network

NEDS/Governors Visits

Maister Court – Pete Beckwith, Kimberley Harmer (Governor)

4. Governors

New Governors - the New Governors' Induction took place on 1 February 2024 in person and was a good opportunity to meet each other and Board members

Governor Development Day (140324) was for all Governors and the Board to get to know each other better and our respective roles to support our work in the year ahead. A mixture of quizzes including NHS abbreviations (not all the Executive Directors got those right), who does what in various Trust scenarios, in pairs interviewing each other about our lives and a fun fact to report back created lots of good energy. Fun facts included someone who was giving a teaspoon of brandy each day as a baby; having a grandad who went to school with the Kray twins and owning a caravan called Wendy. Thanks to Susan Young who designed and facilitated the event and the Board Support Unit, especially Katie Colrein, for organisation and admin.

Governor Briefings 2024 are open to all Governors and take place online 10 times a year with half the time for an informal catch up with me and the other half to brief on a specific service or topical issue relevant to governors. In February CEO Michele Moran reported back on the impact of recent industrial action and explained about our innovative service establishing a Mental Health Team with protected space in Hull Royal Infirmary's Emergency Department.

Trust Chair Caroline Flint 150324

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Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	To provide the Board with an update on local, regional and national issues. Areas of note include: Ratification of policies for: • Emergency Preparedness Resilience and Response Arrangements Policy • Risk Management Policy Board members are asked to note the Fit and Proper Person Test update			

Key Issues within the report:

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

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly report to Board	27.3.24

Monitoring and assurance framework summary:

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

Chief Executive's Report

1.1 Policies for Approval

Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Emergency Preparedness Resilience and Response Arrangements Policy	11/3/2024	Chief Operating Officer	The policy that was submitted to NHS England (as part of the cores standards in 2023) required some amendments. These amendments have been incorporated into the latest version of this policy.
Risk Management Policy	11/3/2024	Director of Nursing, Allied Health and Social Care Professionals	This policy contains minor amendments/redactions to reflect changes to processes.

1.2 Around the Trust

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

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

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

1.2.2 Easter
We will be to launching this year our own Easter Bunny (a volunteer!) who will surprise staff at six of our Trust locations and spread the word about the Easter gift we are giving all staff this year. A £5 voucher.

These locations have been carefully chosen to spell out Easter. Whilst at the location our bunny will take a photo with staff with the letter their name represents, tell them about the Trust gift and distribute some small chocolate eggs.

These images will then be shared in the global today to highlight the gift that all staff will receive the following day.

E - East House (Bridlington)
A- Avondale (Hull)
S - St Andrews Place (Hull)
T - Trust HQ (Willerby)
E- East Riding Community Hospital (Beverley)
R- Rosedale (Hull)

We will give managers advance notice to ensure we have staff there on the day.
More Easter updates are included in the communications update of the report.

1.2.3 Trust's Veteran's Forum
In February the Trust hosted our routine Veterans forum which was face-to-face at Trust Headquarters. This forum was one of several to be hosted by the Trust during the month, however this one stood out to be an exceptional meeting for several reasons. In the room were a number of partner organisations (either Veterans or staff who support the Armed Forces community), including Hull City Council, East Riding of Yorkshire Council, Northeast Lincolnshire Council, York St John's University, Healthwatch East Riding, Cat Zero, Hull FC and Hull University Teaching Hospitals NHS Trust.

The meeting became a catalyst for networking and relationship building whereby a few partner organisations reached out following the meeting to be connected to colleagues they had been introduced to at the meeting. The Partnerships and Strategy Team delivered an excellent presentation on Health Inequalities and a partner organisation reached out to be connected to that team too. Several people in the room asked to join our Trust's newly formed Armed Forces Covenant Working Group which has been created to oversee delivery of the Trust's Veterans Aware principles.

Overall, the meeting was very well received, the room was vibrant and full of energy, everyone had the opportunity to contribute to the meeting and left the room with a smile. A very successful forum! Thanks to Mandy and the team.

1.2.4 Awards
Humber continues to receive award this time the NHS Communicate Awards which is a virtual event to recognise the achievements of communicators across the NHS and celebrate innovation in the sector, teams and individuals who have delivered highly effective communications, to support delivery at a local, regional and national level.

On the final shortlist we were shortlisted for two awards. The ceremony took place on the 7th March at 7pm.

Shortlisted were;

Great Young Communicator – Loren Hakeney
This award celebrates outstanding performance within the organisation and celebrates individuals aged 30 and below with growing talent and potential in NHS communications and engagement. The entry should include how the individual has performed and contributed, testimonies from colleagues and/or stakeholders and examples of specific campaigns and programmes of work they have supported or led on.

Health & Wellbeing Award – 100k Your Way/28 Days of Wellbeing
This award highlights the contribution that communications makes to the successful implementation and delivery of health and wellbeing initiatives and programmes for staff in their organisations

I am very pleased to inform the board that the team were <u>Highly Commended</u> in the Health and Wellbeing Category – which is always the most contested. Well done to the team.

1.2.5 HSJ Digital Awards
I am delighted to announce that we have been shortlisted for two [Health Service Journal (HSJ) Digital Awards.](#)

These nominations come as welcome recognition of the hard work achieved by Humber Teaching NHS Foundation Trust's Neurodiversity Team, who are in our children and young people's division, and Interweave team, who are involved in the integration of shared care records across Yorkshire and the Humber and beyond.

The first award shortlist is in the Optimising Clinical Pathways through Digital category, for our Hybrid Neurodiversity Assessments project.

This project acknowledged the high numbers of neurodevelopmental referrals for young people across NHS organisations, and how new ways of working were developed to deal with this at a local level.

Working in partnership with parents, the independent sector, and the Owl Therapy Centre, the team developed a unique digital diagnostic pathway which enabled paediatric autism assessments to be completed within our local communities.

1.2.6 Royal College Visit
We are delighted to be welcoming Dr Lade Smith, CBE, President of the Royal College of Psychiatrists (RCPsych), to the Trust on the afternoon of the Tuesday 11 June 2024.

1.2.7 Tigers Trust
The Tigers Trust is a charity who work with people across Hull (and beyond) to make a difference to their lives, they run courses, events and work across schools and other organisations in Hull. Their mission is to make a difference to people's lives by involving them in sports. We support their work and it was good to see the amazing outcomes and achievement that they have and will continue make to people's lives.

The Executive Team are currently exploring the possibility of helping then with their 'boot bank' – providing football boots to families.

2 Around the Integrated Care System

2.1 East Riding Local Authority News
Beverley Crompton has announced her retirement at the end of May 2024.

2.2 Hull York Medical School
Each year the Hull York Medical School Teaching Excellence Awards are held to recognise the significant contribution made by our clinical tutors across our NHS partner organisations to our medical education. Led by students, with the support of the schools Marketing and Communications Team, this is an important event in their calendar. The school has however reflected on how they can ensure as many members as possible can

get involved or experience the awards, whilst considering the resources that they have available to deliver them. The school therefore has taken the decision to deliver our Awards as a social media takeover, rather than an in-person event as originally planned.

2.3 Integrated Care Board (ICB)
Relevant updates from the ICB are contained later in the report.

3 Director Updates

3.1 Chief Operating Officer Update

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

3.1.2 Operational, Winter Planning, Industrial Action and Covid Update
This update provides an overview of the operational, winter planning, industrial action and covid position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage these concurrent pressures.

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. A further period of industrial took place by the BMA in relation to junior doctors, between 24th and 27th February 2024. 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. Silver command will continue to meet regularly during any action and report to gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant adverse impact on our services.

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

Our **winter plan for 2023/24** remains in place until the end of March and through our EPRR team we continually review the plan to ensure it is providing an effective response which we then feed into the wider system work. A full review of the Trusts and the systems winter plan for 2023/24 will be undertaken in Q1 2024/25 which will then lead to the

commencement of planning for winter 2024/25, this plan will be presented to the board in September 2024.

Operational service pressures have been stable in the Trust in February and early March. The highest pressures were seen in our community services in Scarborough and Ryedale due to continued high demand and the ongoing pressures seen by the acute hospital. Pressures have also been experienced in Primary care due to the increased demand associated with the impact of winter illnesses. The Trusts overall operational pressures in the last two months has remained reduced to (OPEL) 2 (moderate pressure). Localised pressures have also been experienced in our learning disability inpatient service at Townend Court due to staff absence, plans are in place to mitigate this and this is a short-term challenge.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in February and March 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 has plateaued and a new eating disorder community treatment service has been 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 beds continues to improve, whilst delayed transfers of care have risen in recent months this has not impeded admissions to the unit when this has been required.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our overall daily bed occupancy has been between 76.2 – 84.1%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans developed to expand the use of the Older Peoples Acute Community Service (intensive community support) and to consider the use of step up/step down community-based beds. A change to the configuration of the older people's beds at Maister Court and Millview Lodge has increased the availability of male beds. Out of area placements for our Psychiatric Intensive Care Unit (PICU) has risen during February and March, demand for these beds has been high and the unit has been 100% occupied. Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons.

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

System pressures have been overall slightly reduced in the Humber areas more recently for both health and social care., pressures have remained high in York and North Yorkshire. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for short periods during the last two months, periods of de-escalation to OPEL 3 (and occasionally OPEL 2) are occurring more frequently. Local authorities and the Ambulance services have also experienced some improvement for periods in pressures,

however pressures. The combined impact of these ongoing pressures has however seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity which has been adversely impacted by the recent industrial action.

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 rolling advert and recruitment process is in place.

The Trust has continued to see low numbers of cases of **Covid-19** positive inpatients, however there was a small number of cases during February and early March.

When combined with non-covid related sickness the overall staff absence position is currently at 6.53% and is slightly reduced from the position reported in January.

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

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions 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.

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

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

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

The Trust has developed a system of Single Points of Contact or SPOCs in all the Divisions, supported by the Associate Director of Psychology so that MAPPA issues can be well coordinated and communicated. As well as single points of contact for each division we also have MAPPA "champions" embedded in clinical teams in order to support clinicians and practitioners at the point of service delivery. The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

There has recently been a full update to the national MAPPA guidance. The new guidance is now embedded in our Trust protocol, work has been undertaken to communicate this to our staff. A full review of our Trust protocol is scheduled to take place later in the year. A national consultation is currently underway about the Duty To Cooperate chapter of the national guidance, when this is finalised any relevant changes will be reflected in the Trusts protocol. The referral flowchart to screen for MAPPA eligibility is also being updated and final changes are being made to ensure that it is suitable for all our divisions. Staff can access all the relevant and current guidance via our intranet site:

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

Kate Munson, OBE, Head of Hull & East Riding Probation Delivery Unit, Yorkshire and the Humber Region, will be leaving her post at the start of April. Her successor is Sally Adegbembo who joins from another probation unit in the Yorkshire region. Kate Yorke, our Associate Director of Psychology and our MAPPA lead leaves the Trust in April and Helen Courtney, Clinical Lead for our Forensic Division will replace her as our Trust lead. Kate Yorke has been instrumental in progressing this work in the Trust and supporting highly effective partnership working relationships.

Training continues to be provided to probation partners regarding access routes to our mental health services. It also includes an explanation of protective and risk factors for mental health, including some information on how we assess and formulate care needs. MAPPA awareness training provided by probation for our staff also continues and the programme is currently being reviewed and updated.

Health and wellbeing support has again been provided to probation staff by our psychology team. The feedback has been excellent including:

"Good reminder that others are facing the same pressures and it's not just me."

"I will definitely be taking many tips away with me".

"I found the whole session really useful, it was beneficial to have time to think about stress and burnout, to recognise some of the signs and to think about positive changes I can make. I also like the idea of carrying out small experiments (with some of the advice given) and seeing how I feel".

The agencies involved in MAPPA are also present at the Police and Crime Commissioners Criminal Justice Board for Humberside (HCJB). This Board continues with a useful focus on multi agency research and development including a new website for victims of crime. The website has useful resources and includes a quick exit button so that a person browsing it can come off it quickly and not have it show in their search history if a perpetrator is in the vicinity, such as in cases of domestic violence:

https://affectedbycrime.com/

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility
Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals, and her deputy between them have visited:

- Pine view- this was a support visit following an assault on members of staff by a patient.
- Forensic Single Point of Access where the morning was spent talking to staff and a consultation was observed. The team were very respectful of each other and valued the high levels of expertise individuals had. They also adopted a coaching and supportive role to newer staff as part of succession planning. There was evidence of reflection, peer discussion and checking out understanding and decision making. Clearly very focused on risk and assessing this, ensuring people are signposted or referred appropriately by professionals contacting the service.

Attended a session for newly qualified staff working within Mental Health Unplanned Care which gave an opportunity for them to meet with the senior leaders.

The Deputy Director of Nursing also led the preceptorship academy session on closed cultures and met 30 new starters.

The Chief Operating Officer and the Director of Nursing continue to undertake visits to in patient units, unannounced and out of hours. In the last couple of months they have visited Westlands, Mill View Court and Millview Lodge and all services based in Miranda House.

3.2.2 Government Review into Mental Health Services
In June 2023 the Secretary of State for Health and Social Care announced that 4 investigations would be undertaken by Healthcare Services Safety Investigations Body (HSSIB) into mental health care, which are:

Learning from inpatient mental health deaths, and near misses, to improve patient safety, focusing on:
- Examining the mechanisms that capture data on deaths (and near misses) across the -MH provider landscape, including up to 30 days post discharge.
- Examining local, regional, and national oversight and accountability frameworks for deaths in MH inpatient services.
- Understanding how providers ensure timely and effective investigations.

The provision of safe care during transition from children and young person (CYP) to adult, inpatient mental health services, focusing on:
- Determining and understanding age related considerations for CYP and adult inpatient MH services.
- Considering how approaches to the transition between CYP and adult inpatient MH services are evaluated to support the recovery of people that use them.

The impact of out of area placements on the safety of mental health patients, focusing on:
- Identifying factors which contribute to the use of out of area placements.

- Evaluating how the needs of local MH inpatient service users are identified by ICBs/Trusts and how this enables appropriate local provision.
- Considering how local providers maintain oversight of their patients that are out of area, including how they support patients to return to appropriate services within their local area.

Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships, environments, focusing on:
- Examining the factors which impact on providers' ability to safely staff their mental health inpatient wards.
- Examining the conditions on mental health inpatient wards in which staff work, and the impact conditions have on the delivery of safe and therapeutic care.

The terms of reference for these investigations have been published (visit the HSSIB website).

3.2.3. Review in Nottinghamshire Healthcare Foundation Trust
The Government have launched a review by the Care Quality Commission into Nottinghamshire Healthcare Foundation Trust, where Valdo Calocane was treated for paranoid schizophrenia before he killed Barnaby Webber, Grace O'Malley-Kumar and Ian Coates. Learning from this review will be particularly relevant to Forensic Services and Community Mental Health Services.

Areas of emerging learning from the HSSIB investigations and the review into Nottinghamshire Healthcare Trust will be monitored and a review of local arrangements in line with these areas of learning will be undertaken and reported to the Quality Committee.

3.2.4. Patient Safety Investigation Response Framework (PSIRF)
Humber Teaching NHS Foundation Trust has now been implementing PSIRF for five months. An evaluation session is planned for the end of March 2024 to review the progress made and consider next steps. During this period of implementation, the following has been achieved:

- Patient Safety Incident Investigations have been undertaken in line with the approved Policy.
- The terms of reference for the Closing the Loop Group which oversees the completion of any patient safety improvement actions have been refreshed to further strengthen the scrutiny of learning, how this is embedded in practice and how learning is disseminated.
- The quarterly report that focuses on patient safety investigations has been amended to include learning outcomes and emerging themes from reviews.

As part of the ongoing work around embedding PSIRF methodologies the following is being undertaken:
- A review of Patient Safety Incident Analysis using SWARM methodology to be completed and reported to QPAS in May 2024
- Development of the use of After-action Reviews and further strengthening use of MDT reviews, with proposals for implementation to QPAS in May 2024
- Process for undertaking mortality reviews to be evaluated.

- Development of a policy to describe how we learn from patient safety incidents to be developed.

Progress reports in regard to PSIRF implementation are reported EMT and to the Quality Committee in the Insight Report.

3.2.5. Patient Safety Governance Internal Audit Report January 2024
The purpose of the audit was to provide assurance regarding the learning from patient safety incidents. The audit considered whether controls are in place to:
- Sign off action plans from Patient Safety Incidents.

- Ensure that learning identified is embedded in practice (as appropriate)

- Identify themes, trends and improvement programmes required.

- Share learning across the organisation

The outcome of the audit was **significant assurance** based on the work undertaken and no recommendations were made.

3.2.6. CQC Inspection of Primary Care

Humber Primary Care
In January 2024 the CQC undertook an announced targeted assessment of the responsive key question in Humber Primary Care. As the other domains were not assessed, the overall rating of good remains in place.

The targeted assessment rated the practice as requires improvement in respect of responsive. The CQC recognised the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients.
It was also recognised that the practice has been through a large transition and change within the local area following the merger of 5 GP practices, to leave 2 remaining.

The two areas of improvement identified were in respect of the following key lines of enquiry:
- Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment, or advice.
- Patients were able to make appointments in a way which met their needs.

This was reflected in patient dissatisfaction about contacting the practice by phone and although the practice had recently changed their appointment system to an online based platform known as Total Triage, the impact was not yet reflected in the GP patient survey data.

The CQC found a breach of regulations. **The provider must**:
- Ensure that care and treatment is provided in a safe way to patients.

In addition, the CQC identified 2 **should do** recommendations:
- Continue to review and improve patient satisfaction with access by phone and appointment availability.
- Continue to review the amount of patients attending accident and emergency.

The division have produced a plan with outcome metrics to address the must and should do actions. This will be overseen by the Quality & Patient Safety Group (QPAS) and the Quality Committee.

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

3.3.1 Leadership Visibility
Since January 2024 the Deputy Director of Workforce and OD has visited and observed clinical training and leadership development programmes to engage with staff and better understand experience and quality of training.

A visit was also carried out at Townend Court in March 2024, as part of the unannounced visit programme, with an opportunity to meet staff and leaders.

3.3.2 National Staff Survey Position Statement
A full report will be presented to board providing full details, but summary headlines of the National Staff Survey 2023 are as follows;

1. The Trust positions better that the national average across all People Promise theme areas
2. The Trust positions better than the national average in all People Promise sub themes.
3. The Trust positions better the average for our benchmark group (51 MH and community Trusts) in all but one People Promise theme area, where we are equal to the average (we are a team)
4. The Trust positions better the average for our benchmark group (51 MH and community Trusts) in all People Promise sub themes except two (Compassionate leadership & Line management) and equal to the average in one (motivation)
5. The Trust response rate was better than the national (48%) and Benchmark Group (52%) response rates

3.3.3 PROUD Alumni Proposals
In February, our Organisational Development team submitted proposals to EMT for introducing a structured Continuous Professional Development (CPD) programme that builds on the existing PROUD offer for our People Leaders. The CPD opportunities will be available to all leaders upon completing a PROUD development programme, with the introduction of a *PROUD Alumni* to recognise the achievements. PROUD Alumni will receive a graduation pack and will be invited to CPD opportunities over the proceeding 12 months, commencing with the inaugural PROUD Alumni Leadership Conference.

3.3.4 PROUD Leadership Conference
To launch the Trust's offer of Continuous Professional Development for our leaders, we are pleased to announce the first PROUD Alumni Leadership Conference in June 2024. The event aims to inspire our leaders, build on learning and provide an opportunity for networking. We can't wait to share further details soon, including our guest speakers and the plans for the day.

3.3.5 Recruitment Statistics
The Trust continues to maintain positive performance against national recruitment KPIs, reporting time to hire at 59.1 days, against a national KPI of 65 days.

3.3.6 Healthcare Support Worker Recruitment Event
Following the successful promotion of a Healthcare Support Worker event in January 2024, the Trust saw a significant amount of interest in roles at the Trust.

As a result, over 50 individuals completed a full application, with 15 interviewed to date and 40 more booked in for interviews on dates throughout March.

Since we launched the centralised approach to Healthcare Support Worker recruitment, we have seen 70 new colleagues join us, with 7 more pending a start date.

3.3.7 Launch of the New Trust People Strategy
Following Board ratification of the People Strategy in January 2024, the official launch commenced on Monday 18th March 2024, with release of the supporting people strategy video.

[Our new People Strategy, available here is a commitment to this Humbelievable team. More information can be found on our new People Strategy intranet page here.](#)

3.4 Medical Director Updates

3.4.1 Leadership Viability
Priyanka Perera, Associate Non-Executive Director and I went to visit the Westlands Unit unannounced on the 6 March 2024. The staff showed true commitment to patient care. They were keen to show us the refurbished staff room where they can take a few minutes break to recharge if needed.

During a visit to Mill View, the clinical leaders and the consultant explained that the daily multi disciplinary meetings were making an excellent difference to patients care. I also had an opportunity to say goodbye to one of our long serving and hardworking receptionists who is retiring.

3.4.2 Quality Improvement
QI for Corporate – in February, the Trust held its second QI for Corporate Event that where we heard from Peter Beckwith, Executive Director for Finance, about continuous improvement within the Finance Directorate, Health Inequalities from a Corporate perspective and the Workforce and Organisational Development's Self-Assessment Process.

3.4.3 Training
During 2023/24, 511 training places have been provided of which 244 places formed part of the Quality Service Improvement and Re-Design programmes and 86 places were delivered to our Junior Doctor Induction programme. Training has formed part of the continuous improvement offer since 2019/20 and has now provided 1542 training places.

3.4.4 Charters
On 14th March, we have 406 improvement ideas registered of which 251 are complete and 98 are live activities. Of the completed and open activities, 65% of the charters from our Operational Teams have been delivered with the support of our Patients and Carers.

3.4.5 IMPACT Development Plan
Following a consultation with Trust Staff, the draft IMPACT (Improving Patient Care

Together) Development plan is underway and contains over 160 tasks that will support the Trust's Improvement Journey.

3.4.6 Scale Spread and Embed Pilot
The joint Scale Spread and Embed pilot with our Primary Care practices, Patients and Carers, Patient and Carer Experience, Business Intelligence and Continuous Quality Improvement is complete with the new dashboard being launched to the rest of the Trust in April. The dashboard will provide a number of benefits including the speed of transitions between each reporting page, Interactive visualisations to suit specific reporting requirements, Reduction in the length of time to quantify the feedback received and the use of thematic and sentiment analysis of FFT feedback will enable a streamlined and structured process to determine Quality Improvement (QI) initiatives. A series of communications and drop-in session are planned to as part of the launch.

3.4.7 Medical Education
Events Calendar 2024/25 in final stages of planning:

- Junior Doctor Led Event including guest speakers and 'speed-dating' (CONFIRMED for 17th April 2024)

- Spotlight on the President of Royal College of Psychiatrists (RCPsych) (CONFIRMED for 11th June 2024)

- Resilience Hub Interactive Workshop (TBC for 10th July 2024)

- Insomnia CBT Course (CONFIRMED for 25th September 2024)

- IMG (International Medical Graduate) Enhanced Induction Mini-Conference (TBC for October 2024)

- Medical Education Conference (CONFIRMED for 6th November 2024)

- ADOS (Autism Diagnostic Observation Schedule) Training (TBC for 19th & 20th March 2025)

    Additional sessions being planned include:
    - Physical health update for psychiatrists

    - Hull & East Riding Coroner or Area Coroner

    - Neurodiversity for Educators

- Attending HYMS Teaching Excellence Awards 23rd April 2024

- Departmental workplan agreed and due to be ratified by the Medical Education Committee on 5th June 2024.

- Medical Education Planning & Strategy meeting held on 6th March 2024.

- All Medical Educator objectives agreed for 2024/25 and included in the workplan.

- Identifying suitable SAS doctors as potential Clinical and Educational Supervisors under the new RCPsych guidance – this expands our pool and offers more placement capacity in Core Training.

- No further expansion at Foundation or Core Training level anticipated for August 2024.

- Career discussions with ST5 and ST6 Trainees being held by the Executive Medical Director, Higher Training Tutor, and Head od Medical Education & Medical Directorate Business. This will be an annual process and will be instrumental in retaining trainees post CCT as substantive consultants.

3.4.8 Research and Development
Dr Wendy Mitchell, Trust Research Champion, whose journey battling young onset dementia has been an inspiration to so many, sadly passed away on 22 Feb 2024. Wendy was an incredible supporter of research in our Trust and our research team would like to say a huge thank you for everything she did. Our Trust paid tribute to Wendy here - [Wendy Mitchell: Author and Dementia campaigner (humber.nhs.uk)](humber.nhs.uk)

Maggie Bean, Primary Care Matron, is the first clinician in our Trust to complete the National Institute for Health and Social Care (NIHR) Associate Principal Investigator (PI) scheme. This is a six month in-work training opportunity, providing practical experience for healthcare professionals with limited research experience to receive mentorship to work on and deliver a national study. Having completed this, Maggie now receives formal recognition through the certification of Associate PI status, endorsed by the NIHR and the Royal Colleges.

3.5 Director of Finance Updates

3.5.1 Leadership Visibility
Since February the Director of Finance has visited Maister Lodge with governors and Pine View to observe the current capital works taking place at the unit.

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 2024: 29 (*Incl 12 in February*)
  - High Priority CareCERT notices Issued during 2024: 4 (*Incl 4 in February*)

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

All servers have been upgraded to the latest operating system

Multifactor Authentication
The deployment of Multi Factor Authentication (MFA) to all NHSmail email accounts is continuing with over 70% of Trusts devices now enrolled.

MFA requires a second authentication method when you access Email, Teams and other NHSmail services. The authentication method will either use text messages or authenticator software on mobile phones.

3.5.2 Digital Updates

Electronic Patient Record (EPR)
Proof of Concept for Robotic Process Automation to support approach to Data Migration from SystmOne to Lorenzo has commenced. A Data Migration partner with expertise in this area has been identified.

Six high level SystmOne mental health community and inpatient demonstrations using MS Team have taken place. The future state process mapping stage is now being planned, which will focus on the detail, the expectation is also to standardise the process where possible.

Contracts are being completed for the voice recognition and patient portal software so we can start to roll out to existing SysmOne service early 24/25. The current dictation recorders will also be replaced by the new software in early 24/25,

Interweave
The number of patients records accessed per month using the Yorkshire & Humber Care Record have increased in February to 6,000+ (*from 3,000 in January*), usage continues to grow as the product is rolled out across the region.

3.5.3 Estates and Hotel Services Updates

Hotel Services
- Order placed for the new electronic menu ordering system. This will assist with the Trust's compliance with the new healthcare food and drink standards.

Estates
- Improvements to Building Management Systems associated with water temperature monitoring is being rolled out across inpatient units. This will reduce disruption at site level as part of the water monitoring process and provide improved data quality for the continued safe management of water systems.
- Addressable emergency lighting being rolled out all in-patient units, to further improve efficiency and reduce disruption at site level.
- Remaining electric vans due to be delivered in April 2024.

Development
- Trust HQ Demolition: Asbestos removal complete, soft strip internal demolition underway, comms and photo opportunity on 26 March (before main building demolition starts).

- Townend Court environment improvements: Decoration works, ceiling replacements and flooring are now complete at Townend Court (Willow & Lilac Wards, and common areas). Remaining area of work is to redecorate nurse station on Lilac, which needs to be undertaken during evening hours.
- Pineview Refurbishment Works: Refurbishment works commenced late February, with works programmed for completion late April 24
- Humber Centre: Derwent patients relocated to Darley ward to enable work to commence on ward improvements. Works to Derwent due to complete in May 2024, then progressing onto Ouse.
- Granville Court: Comms website live to inform staff and family members of plans and timescales for the redevelopment. Staff, resident and family engagement session in the process of being planned to discuss the plans.
- First phase of Salix works complete to improve the thermal properties of the building fabric at Alfred Bean and Hornsea Hospital.
- Accessibility Audits completed across the Trust estate, with accessibility guides in review prior to publication.

Property
- Leases being progressed for; Rydale House in Malton, to relocate community teams from Malton Hospital, and County Hall H Block to enable vacation of Hawthorn Court.
- East Riding Local Authority progressing with roof repairs at Coltman Avenue. HTFT to take on repairing responsibilities for the site going forward to ensure that it remains maintained.

3.6 Head of Corporate Affairs Updates

3.6.1 Fit and Proper Person Test
At the February Strategic Board Development meeting, Board members asked that representations be made to NHS England (via the Company Secretaries network) for a consistent approach to be developed regarding the social media requirement of the Fit and Proper Person Test Framework. The Company Secretary will be contacting the Chair of the network to propose that the GMC guidance produced for doctors regarding social media be utilised.

In the meantime, in order to meet Framework requirements, a light-touch check of director social media accounts will be undertaken in-house and directors will be asked to complete a form outlining the different social media platforms used by them.

An external company will be commissioned to undertake all other remaining checks required under the Framework. These are detailed below and further information will be sent to you about these:

Charity Commission Barred Trusties List check	This is an online check performed by the external company and requires no action from you.
Companies House Barred Directors List check	This is an online check performed by the external company and requires no action from you.
Financial Background check	A third-party provider will undertake these credit and insolvency checks.

Employment tribunal judgement check	This is an online check performed by the external company and requires no action from you.
Self-Attestation	You will be required to read, sign and return the self-attestation form.

4 Communications Update

- **Service Support**

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

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

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	- National Rebrand of Emotional Wellbeing Service (rollout) - CLEAR project (CAMHS) - PRW Rebrand - Person Centred Care Planning
Community & Primary Care	Virtual Ward
Children's and Learning Disabilities	- Divisional website development - Safer sleep - Granville Court Build Programme - Unintentional injuries team - IPHNS awards - I-Thrive conference
Forensic	- Estates work - Comms attendance at Forensic Accountability Review

- **Team Relaunch**

Following changes to roles and growth, we have relaunched the service with staff to support them to find out more about the support and services they offer.

A new intranet page, monthly new starter email and invitation to a quarterly 'Catch up with Comms' session ensures that as many teams as possible are aware of the support we offer.

- **Mental Health Support Teams (MHST) Marketing & Communications Update**

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

- Led co-production sessions with primary school children to create a brand and content https://brand.humber.nhs.uk/partner-brands-mental-health-support-teams/
- Launched two social media platforms @myMHST reaching 4,200 users with an engagement rate of 17.63%.
- Managed Children's Mental Health Week engaging six Hull and East Riding schools in a competition, reaching 3,674 online users in a social media campaign with an engagement rate of 4.3%
- Second stakeholder newsletters delivered a month on month increase in subscribers with an open rate of +60%

Granville Court Build Development

We are working with estates and the service to provide communication for staff and families on the redevelopment works. Our intranet page for staff has had 289 visits since launch and families are also accessing information on our website, ensuring that there is a single source of up-to-date information for both audiences.

- **General Practice Website Developments**

Throughout this reporting period, practice management have engaged and surveyed patients on changes to the homepage. The collation of feedback on patient preferences and the rationale behind their choices has commenced and we hope to conclude this piece of work in March.

In January, the Market Weighton Practice website underwent review by the Town Action Group. Following this written review, the Digital Communications Officer addressed the raised concerns by outlining actional points and providing rationale for those that could not be addressed.

Theme 1: Promoting people, communities, and social values

- **Brand Updates**

The brand platform continues to perform well and above target of growing visits by 20%. We continue to hold 6-weekly brand workshops welcoming 30+ staff per session. The 'catch up with Comms' sessions are also driving visits to the brand centre and attendance at brand workshops as staff are interested to find out more.

A recent update includes a new 'Partner Brands' section, which includes assets for brands closely associated to the Trust, initially the Mental Health Support Teams and Interweave.

New recruitment purposes have been uploaded for staff to access if they are attending recruitment events including new promotional material to encourage sign up to our new jobs bulletin email.

- **Annual Reports**

We are collating a number of reporting including the Annual Report, Social Values Report and Quality Accounts.

We have moved the production timeline for the 23/24 Social Values report to be in line with the annual report to be launched at a new summer market place event this year. The 2022/23 Social Values report was launched in January. It was promoted on our website,

stakeholder newsletter, via stakeholder internal communications and partner external newsletters. The report has been viewed online over 200 times since launch.

Social Media

- **Recruitment Advertising**

The New Year, New Job campaign has concluded. Both paid and organic media content has supported the New Year, New Job campaign. Advertising on facebook and linked in combined with Google Search adverts earned over a million views during the campaign driving a 66% increase in website traffic compared to the same period last year.

The new Humber Jobs email bulletin is being advertised to subscribers across our channels and has attracted 322 subscribers in two months through organic posts alone. This month we will start a shortpaid advertising campaign to attract a larger audience to sign up.

- **Staff Stories**

We continue to use all of the Trust's channels to tell the story of our Humbelievable staff wherever possible. These continue to be the best performing non-paid content. Recent posts surrounding our Week of the Nurse have featured our nurses and how they came into the profession, and what is special about working here. These posts attracted 167 engagements and were seen 17,000 times,

- **Media Coverage**

Alarm Baby Distress Scale
On Monday 18th March, Health Visitors from the Trust will be meeting with representatives from the Royal Foundation to discuss the Alarm Baby Distress Scale (ADBB). Our Health Visitors were part of an initial trial and received training in how to use the ADBB to highlight relational withdrawal in infants at around their 6-8 week checks. The visit will attract media interest from both Sky News and the Telegraph, with their Royal Correspondents both in attendance on Monday. The timeliness of this visit is to coincide with the publication of the outcomes of the Evaluation Report on using this training in Health Visitors appointments. The report is due to be published on Thursday 21st March and early indications are that the report will recommend further expansion of the pilot.

Jan-Feb	Feb-March
• 13 positive stories published • 7 covered in press • 0 negative	• 15 positive stories were • 11 covered in press • 0 negative
Top Three 1. Hugely successful recruitment event – post HCA event 2. New mobile unit for fishermen in Hull and Grimsby	**Top Three** 1. Safer Sleep (picked up 5 by different outlets) 2. YOURHealth Social Prescribing 3. Staff Survey

3. New Year New Job – Like Becoming Part of a Family	

- **Awareness Days**

January	February	March
28 Jan Data Privacy Day	February LGBT History Month
February Time to Talk Month
5 – 11 Children's Mental Health Week
5 – 11 Apprenticeship Week
10 Lunar New Year
21 Mental Health Nurses Day
26 Feb – 3 Mar: National Eating Disorders Week	1 Zero Discrimination Day
1 Overseas NHS Workers Day
8 International Women's Day
10 Ramadan
11 – 17 Safer Sleep Week

- 150+ staff attended Apprenticeship Week events
- 113 staff attended online events as part of National Eating Disorders Week
- 111 staff attended International Women's Day celebrations.

Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter (Humber Happenings)**

Using social media to amplify the reach and encourage subscribers to the Humber Happenings stakeholder newsletter continues to be successful with over 2000 subscribers now signed up. This period we have focused on further developing the quality and impact of the editions and through A/B testing have increased open rates by 26%.

- **Electronic Patient Record Project**

We successfully launched the 'EPR is Coming' campaign at the end of February and its messages continue to go out periodically to our staff teams. This campaign focuses on raising awareness for the programme and ensuring our clinical colleagues know what to expect as we progress.

The campaign will also educate both Lorenzo and SystmOne users on the benefits of a new EPR. Bi-weekly, 'Ask About EPR' drop-in sessions are being held, as well as engaging demos around the new SystmOne. These sessions allow staff to feel a part of the programme, ask questions and receive the latest updates.

Theme 3: Developing an effective and empowered workforce

- **Humbelievable**

Our annual New Year, New Job campaign has now concluded achieving 35,000 sessions on the Join Humber website. A full graphic summary is attached in Appendix 1.

Learnings from the New Year, New Job campaign indicate significant campaign opportunities within the months of September and March for smaller campaigns of a similar style. The 2024/25 Humbelievable plan is in development with emphasis on all work feeding into larger campaigns as opposed to isolated and more sporadic activity.

The jobs email bulletin has now surpassed 300 subscribers. Staff attending recruitment events now have a way to collect emails and establish an ongoing relationship with potential job seekers.

We have worked with Estates to include recruitment messaging on updated vehicle decals to utilise our vehicles as roaming advertisements.

- **Media Training**

This month we delivered our first session of in-house media training to develop our bank of spokespeople. The sessions included a mix of information delivery, open group discussions and mock interviews filmed and watched back. The next session will be held in May.

- **28 Days of Wellbeing**

Our second annual new year staff health and wellbeing campaign ran throughout January and February. We again saw 10% of staff sign up, however we were able to increase the engagement of participants throughout the campaign period.

80 referrals were received for Health and Wellbeing MOT, almost double received in an average month. Over 250 staff took part in guided physical exercise as part of the campaign activities. A campaign summary can be seen in Appendix 2.

- **Staff Survey 2023 Results**

We continue to work closely with the HR and Workforce Team to celebrate and communication staff survey results, with a focus on year round communications.

- **People Strategy**

We worked in partnership with the HR and Workforce team to create a short film to launch the People Strategy. The video is led by our people for our people and shares why Humber is already a great place to work and grow your career as well as our aspirations for the future.

- **Intranet Staff Engagement Project**

We are working with internal communications specialists to review our intranet. This six-month project was supported by the Digital Delivering Group to to shape the future development of the resource, ensuring the intranet continues to improve and develop to support our staff.

- **Share the Love – promoting the method and importance of staff sharing the compliments colleagues receive from patients and service users**

We created a valentines themed campaign in partnership with the PACE to promote recording compliments and congratulations from one another and from patients and service users.

Theme 5: Innovating for quality and patient safety

- **NHS Communicate Awards – Highly Commended**

We were delighted to be highly commended in the Health & Wellbeing campaign category for last year's 28 Days of Wellbeing and 100K Your Way programmes. The awards celebrates the best of NHS Communications across the country.

- **HSJ Digital Awards – Two shortlisted**

We are celebrating nominations for;

- Optimising Clinical Pathways through Digital, Hybrid Neurodiversity Assessments

- Digital Clinical Safety Award, Yorkshire & Humber Shared Care Record

Theme 6: Optimising an efficient and sustainable organisation

- **Interweave**

We continue to support the Interweave and wider Yorkshire and Humber Care Record team with activity including two events, the Shared Care Record Summit, taking place in Birmingham, in April and the Interweave Connections event in June.

- **InPhase**

We are delivering a communications plan to support the step down of the use of MyAssurance systems and the introduction of InPhase Oversight. The latest milestone in this programme is delivering the first training messages and sessions to all staff, pointing them in the direction of helpful 'how to' videos and further support.

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	9 positive stories covered by media
			0 negative stories covered by media
Visits to Brand Portal	Up 20% to 696 sessions	415	464
Facebook engagement rate	2%	2.69%	5.7%%
Twitter engagement	2%	4%	2.7%%

rate			
LinkedIn follower growth	+ 4.3%	Target 2872 followers	150 new followers – 4,601 total

Theme 2: Enhancing prevention, wellbeing and recovery

KPI	Measure of success by 2025	Benchmark	This month
Stakeholder newsletter open rate	20%	35.71%	23%
Increase subscribers	Increase by 30% p/a	88	134 - 50% Increase

Theme 3: Developing an effective and empowered workforce

KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced	< 50%	57.36%	57.48%
Intranet sessions maintain at current level	77,101 sessions p/m	77,101	96,474
Global click through rate (CTR) increase	7%	11.4%	9.8%
Staff engagement event programme	Engage 10% of staff in each event (2023/24) 20% (24/25)	First staff engagement event attracted 10% of staff (360)	
	Post event satisfaction survey results in upper quartile (73%+)	Industry standards used for benchmark	

Theme 5: Innovating for quality and patient safety

KPI	Measure of	Progress to date

	success	
Awards nominations	4 national/2 local shortlists annually	Awaiting entries.

Theme 6: Optimising an efficient and sustainable organisation			
KPI	Measure of success by 2025	Benchmark	This month
Reduce homepage bounce rate	Below 50%	66.45%	66.5%
Increase average page visits/views per session	+ 2 per visitor	1.94	1.67
Increase average session duration	+ one minute	1m 32s	1m 47s

5 Health Stars Update

Grant Applications

Applications have been submitted primarily for two of our big-ticket wishes, namely, 3 cardio walls to be utilised site wide and the Neurodiverse Waiting Area for CAMHS at Walker Street.

Fundraising/project target for each was £30,000.

For the Cardio walls, we are almost at the point to enable us to purchase 2, having received £17,820 in grants and for CAMHS Neurodiverse Waiting Area we have £17,000 (£2,000 was from a grant application and the remainder from previous fundraising activities). This is a great result with a 50% success rate (and 2 applications are still pending a decision).

Another big-ticket wish, with the same fundraising target of £30,000, is for a Dementia Friendly Day room on the Fitzwilliam Ward at Malton Hospital. We have a fantastic relationship with the Malton, Norton & District Hospital League of Friends. They supported us recently with funding a treadmill for the MSK Gym at the hospital worth in the region of £4,000. They have also pledged their support for the Dementia Friendly Day Room with purchasing a RITA machine (a state-of-the-art digital therapy system which allows patients to use apps, games, and other leisure activities as part of their hospital recovery).

We have had a good response to our request to introduce Health Stars and discuss the Malton Hospital project from local Rotary and Lions clubs.

We continue to reach out to potential funders.

Events
Health Stars bingo night was a great success, raising just under £600.

We continue to have fantastic support from local supermarket community champions, providing prizes for our raffles.

The planning for the Golf Day in September is progressing with two teams already signed up.

Circle of Wishes
There are currently 39 live wishes.

2 from 2022 (both are in the final approval stages)

27 from 2023 (4 are in the final approval stages, the remainder are either working through the approval process, awaiting additional information, or require fundraising / funding)

9 from 2024 (8 are in the early stages awaiting further information and 1 is working through the approval process).

The Circle of Wishes was closed to new wishes on 7th March until the handover of Health Stars to the Trust is complete. Although wishes are still being progressed, no further wishes will be purchased until after the handover.

Michele Moran
Chief Executive

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024				
Title of Report:	Publications and Policy Highlights				
Author/s:	Name: Michele Moran Title: Chief Executive				

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

Purpose of Paper:	To inform and update the Trust Board on recent key publications and policy since the January Board (detailed below): • A Picture of Health, Delivering the Next Generation of the NHS • NHS England's Leadership Competency for Board Members • Mental Health 360 • Martha's Rule • Community and Primary Care • Parliamentary Health Ombudsman Report Regarding the Early Release of Mental Health Patients • 2024/25 Contracts

Key Issues within the report:

Positive Assurances to Provide: • n/a	**Key Actions Commissioned/Work Underway:** • n/a
Matters of Concern or Key Risks: • n/a	**Decisions Made:** • n/a

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board	27.3.24

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	

Publications and Policy Highlights

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

1. **A Picture of Health, Delivering the Next Generation of the NHS**

NHS Providers has published this document which highlights the importance of the government and the NHS working together to deliver the next generation NHS and create a picture of health. The document contains five shared commitments which aim to realise this vision. Further information is available via this link: Microsoft Word - NHS Providers - A picture of health - delivering the next generation NHS-J1.docx

Lead: Chief Executive

The five shared commitments are:

1. **Reaffirm the commitment to the core values of the NHS to improve health and care for all and reduce inequalities.**

2. **Build a new Infrastructure programme for the NHS**

3. **Nurture a thriving health and care workforce**

4. **Champion a culture of openness, improvement and innovation**

5. **Provide care in the right place at the right time**

The five commitments reflect both our Strategy and enabling strategies and will be monitored as part of those processes.

2. NHS England's Leadership Competency for Board Members

On 28 February, NHS England (NHSE) launched its leadership competency framework (LCF) for board members. This was accompanied by a revised chair appraisal framework.

Part of a planned suite of management and leadership development training, tools and resources for NHS organisations, the LCF will form the cornerstone of NHSE's future support and development offer to board members and aspirant directors. NHS Providers has produced a briefing setting out what trust and foundation trust (FT) board members should know about the leadership competency framework (LCF) and chair appraisal framework, how they are intended to be used, and NHS Providers' view of them. The briefing can be accessed here: board-lcf-nextdaybriefing.pdf (nhsproviders.org)

Lead: Deputy Director of Workforce and OD

The Leadership Competency Framework requirements have been considered by the Trust and there is a separate paper on the agenda regarding this item.

3. Mental Health 360

Mental health 360 aims to provide a '360-degree' review of mental health care in England. It focuses on nine core areas, bringing together data available at the time of publication with expert insights designed to help the reader understand what is happening in relation to mental health and

the wider context. The report is available here: [Mental Health 360 | Review Of Mental Health Care | The King's Fund (kingsfund.org.uk)](#)

Lead: Medical Director

This is an important contribution from the King's Fund. The report gives insight into mental health data in nine important core areas. These data confirm what most mental health experts have been discussing for several years - increased demand especially in children's mental health services. The publication indicates that even though funding in mental health has increased this has not kept pace with demand. These findings have been shared with executive colleagues and with clinical networks and professional groups.

4. Martha's Rule

Martha Mills died in 2021 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

In response to this and other cases related to the management of deterioration, the Secretary of State for Health and Social Care and NHS England committed to implement 'Martha's Rule'; to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

The first phase of the introduction of Martha's Rule will be implemented in the NHS from April 2024. Once fully implemented, patients, families, carers and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition. Further information is available here: [NHS England » Martha's Rule](#)

Lead: Medical Director

The Executive Management Team have discussed the recommendations of Martha's rule. We have decided to undertake feedback sessions with our clinical networks and professional groups on the implications of this rule in our trust.

NHS England is the process of selecting 100 pilot sites site for the first phase of the implementation of Martha's rule. We look forward to the outcome and lessons from the pilot sites.

5. Community and Primary Care

The Kings Fund has published a report outlining the importance of primary and community services being put at the heart of the health and care system. The report states that `the health and care system in England must shift its focus away from hospital care to primary and community services if it is to be effective and sustainable. The full report can be accessed here: [making_care_closer_home_reality_report_2024.pdf (kingsfund.org.uk)](#)

Lead: Chief Operating Officer

This report has been considered by our Community and Primary Care Division through their operational and clinical governance mechanisms and the findings are being taken into account as part of our service and operational planning processes.

6. Parliamentary Health Ombudsman Report Regarding the Early Release of Mental Health Patients

In a **new report** that examines issues in transferring people with poor mental health out of inpatient and emergency care, the Ombudsman has called on the Government to take urgent action, including strengthening and bringing forward reforms to the Mental Health Act.

The report comes after the Parliamentary and Health Service Ombudsman (PHSO) analysed over 100 cases involving people with a mental health condition and failures in their care.

It highlights six cases involving failures in the planning, communication, or care of a person with a mental health condition being transferred from inpatient services or emergency departments back into the community.

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Lead: Chief Operating Officer

It is recognised that points of transition and discharge from services can increase risks for some service users, effective coordination of care is essential in achieving this safely and the Trust already has a clinical focus in this area. The findings of this report are being considered within our clinical governance processes.

7. 2024/25 Contracts

NHS England has published arrangements for the GP contract 2024/25. The new contract aims to: cut bureaucracy for practices; help practices with cash flow and increase financial flexibilities; give Primary Care Networks (PCNs) more staffing flexibility; support practices and PCNs to improve outcomes; and improve patient experience of access. Further information is available here: NHS England » Arrangements for the GP contract in 2024/25

NHS England has also published the standard contract for 2024/25 which is available here: NHS England » NHS Standard Contract 2023/24 and final NHS Standard Contract 2024/25: Comparison documents

Lead: Director of Finance:

Guidance has been reviewed by the contracting team with reports taken to Operational Delivery Group – no major risks have been identified and contracts with commissioners will be updated as part of the 2024/25 planning round.

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	24/25 Annual Operational Plan Final Draft			
Author/s:	Partnerships and Strategy Team			
Recommendation:	To approve		To discuss	✓
	To note		To ratify	
	For assurance			
Purpose of Paper:	The Annual Operational Plan outlines the Trust's operational priorities, challenges and drivers for the 24/25. It triangulates the divisional planning, workforce planning and financial planning. Its is underpinned with a clinical/quality focus that ensures that all transformation detailed within it is evidence based.			

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
• The plan was developed in collaboration with operational and clinical colleagues from within each division. • The process to deliver the plan was developed at pace due to time constraints and constructive feedback has been offered by all divisions as to the process and how this may be improved when we undertake 25/26 planning.	• This is a final draft and any recommendations from the Board will be incorporated into the final document prior to EMT sign-off. • Any planning documentation received from the Department of Health will be incorporated into the document before EMT sign off.

Key Risks/Areas of Focus:	Decisions Made:
•	• The initial paper and outline format of the Annual Operational was approved at EMT on 11/12/23.

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	22/02/24
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Caring, Learning & Growing Together

Monitoring and assurance framework summary:

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

Annual Operational Plan

2024/25

Executive Summary

Our Annual Operational Plan sets out an ambitious programme of transformation and service development priorities for 2024/25.

A passion for improving clinical quality is the overarching driver of our plans for the coming year. This encompasses patient safety, clinical effectiveness and patient experience, and ensures that improving care is at the heart of everything we do. We are committed to ensuring that our services are relationship centred and trauma informed so that the people we support are empowered to collaborate in their care and recovery. Addressing health inequalities is also vital to ensuring that all members of our communities have equitable access to support and have positive experiences and outcomes from our care.

Our approach to transformation is based on patient and carer engagement and co-production with the voice of lived experience, supported by a robust Quality Improvement methodology and underpinned by high quality research. We can't achieve our aims in isolation and will continue to grow and develop as a system partner and system leader within the Humber and North Yorkshire Integrated Care System

Lastly, we recognise that delivering sustainable transformation requires excellent workforce and organisational development processes, effective digital systems, high quality physical infrastructure, robust financial management and a focus on productivity.

Welcome to our Annual Operational Plan for 2024/25.

Caring, Learning & Growing Together

Michele Moran
Chief Executive

Caroline Flint
Chair

Introduction

Our Annual Operational Plan describes Humber Teaching NHS Foundation Trust's key priorities for 2024/25 and shows how they translate our Trust Strategy's strategic goals into direct actions which benefit our staff, patients, service users, carers, families and communities.

This Plan aligns Divisional Service Plans, workforce plans and financial plans into a single document, which sets out our ambitions for the coming year in line with national and local guidance on workforce, estates and NHS Net Zero, productivity and efficiency and ensuring that we maintain financial balance.

Coproduction with clinical and operational staff across all our divisions has ensured that clinical quality is at the heart of this document and underpins our focus for 2024/25. It sets out how we will deliver excellent services to our population through collaboration, innovation and compassion, in line with our organisational values of Caring, Learning and Growing.

Our Trust

We are a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Our wide range of health and social care services are delivered to a population of 765,000 people, of all ages, across an area of over 4,700 square kilometres.

We employ approximately 3,600 staff working across 79 sites and covering several geographical areas, including: Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale, and parts of North and North-East Lincolnshire.

We have approximately 8,000 Trust members who we encourage to get involved, have their say, and elect Governors. By becoming a member, you can make a difference to how local healthcare services are provided.

As a teaching Trust, we work closely with our major academic partners, Hull York Medical School and The University of Hull, nurturing a workforce of tomorrow's doctors, nurses and health professionals. The research that we do helps to improve the health and wellbeing of the people we serve, our services and helps improve the care and treatment of people worldwide.

The views of members are represented by our Council of Governors. We have 22 Governors made up of Public, Service User and Carer, Nominated, and Staff Governors. More than half of the Council of Governors is elected by local people. Nominated governors include representatives of local partnership organisations.

Over 120 dedicated volunteers work across our services, giving their time and skills freely to support us and our patients and service users. They work alongside our staff to provide practical support to our patients, their families, and carers, and make a huge difference to our patients' experience.

Caring, Learning
& Growing Together

Key Drivers for Outstanding Care
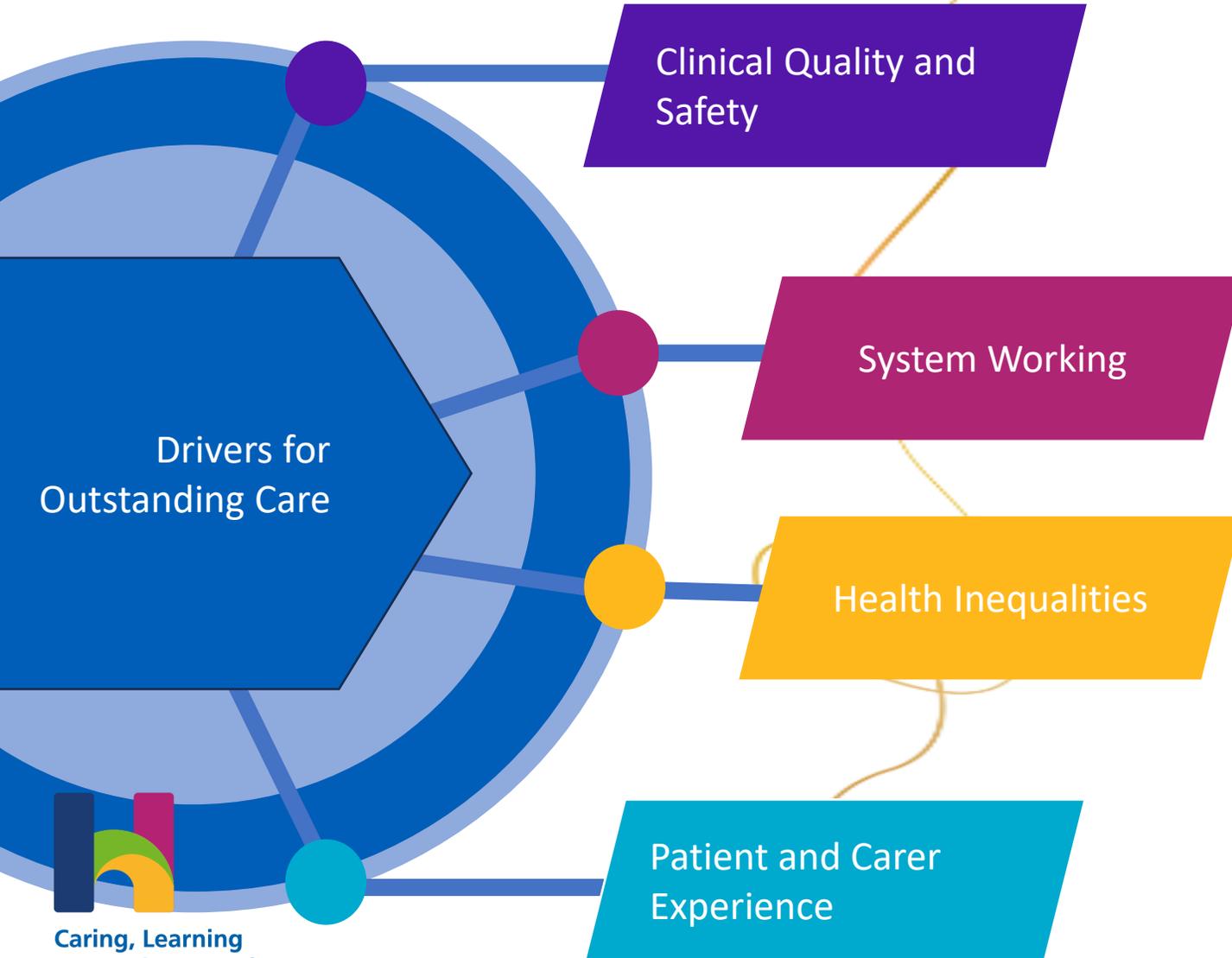
NHS
Humber Teaching
NHS Foundation Trust

Drivers for Outstanding Care

- Clinical Quality and Safety
- System Working
- Health Inequalities
- Patient and Carer Experience

Enablers for Outstanding Care

- Workforce
- BeDigital
- Estates and The Green Plan
- Finance
- Performance and Access

Caring, Learning & Growing Together
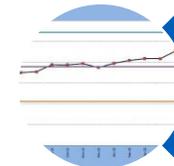
Clinical Quality and Safety

Quality Improvement
Plan on a Page 2021-2026

Trust values	Our purpose	Our key priorities	Our Future
Caring	Quality Improvement will support our patient and carers vision for a holistic person-centred approach, which will offer seamless, consistent services and ensure involvement in all decisions around care.	• Embed a culture of QI. • Empower Staff, Patients, Service Users and Carers to identify ideas for improvement and to make the change happen. • Collaboration with external organisations to benefit our patients. • Develop Staff, Patients, Service Users and Carers knowledge of QI tools and methodology. • Celebrate and Share Success Stories.	Quality Improvement is everyone's responsibility
Learning			Continuous improvement cycles to improve quality, safety and experience of care
Growing			Becoming a High Reliability Organisation
			A Quality Improvement Centre of Excellence

Quality Improvement
The Trust has been on an improvement journey for the last 5 years and has strengthened its Model for Improvement methodology. This allows us to deliver improvements led by staff, service users and carers, supporting changes in practice to ensure we provide effective evidenced based care. This improvement methodology sits alongside our approach to clinical audit and processes for reviewing compliance against existing national and regional best practice such as NICE guidance, local priorities and patient and carer feedback.

Research
The health and wellbeing of the people we serve and the services we provide can be significantly improved through supporting, enabling and participating in the development of the health research evidence base. Research is central to ensuring services are effective and that new treatments and ways of delivering care continue to be identified that enable recovery and prevention, reduce disease burden, improve quality and increase productivity.

Recovery focused approach
Our Recovery Framework aims to change the conversation about Recovery throughout the organisation. Creating powerful and meaningful conversation requires an organisational wide approach to shape and guide how we connect with people effectively, and support people to connect to one another.

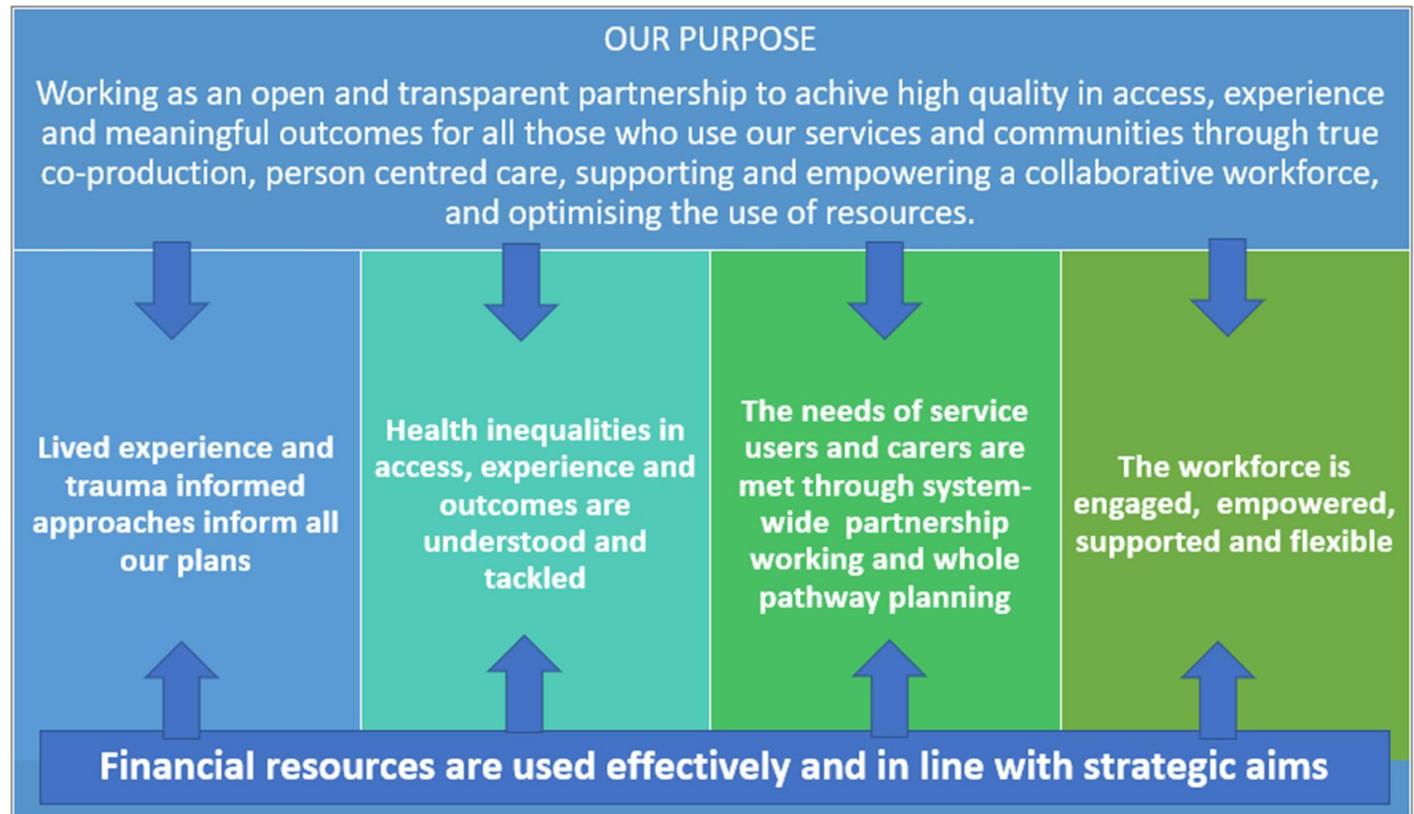Caring, Learning & Growing Together

What matters to me?
Our Recovery Approach for 2021-2026
Strategic Framework

System Leadership – HNY Specialised Provider Collaborative

HTFT is the Lead Provider within the HNY Specialised Provider Collaborative, which is responsible and accountable for planning and quality assurance across the Humber and North Yorkshire area for adult secure services, inpatient children and young people's mental health services and specialist adult eating disorders.

The HNY Specialised Provider Collaborative has agreed a set of overall objectives, as shown to the right. Within this, each work stream has their own specific objectives which inform their annual priorities and work plan.

OUR PURPOSE
Working as an open and transparent partnership to achive high quality in access, experience and meaningful outcomes for all those who use our services and communities through true co-production, person centred care, supporting and empowering a collaborative workforce, and optimising the use of resources.

Lived experience and trauma informed approaches inform all our plans

Health inequalities in access, experience and outcomes are understood and tackled

The needs of service users and carers are met through system-wide partnership working and whole pathway planning

The workforce is engaged, empowered, supported and flexible

Financial resources are used effectively and in line with strategic aims

Caring, Learning & Growing Together

System Leadership - Mental Health Collaborative Programme

NHS Humber Teaching NHS Foundation Trust

The Humber, & North Yorkshire Health and Care Partnership is a collaboration of health and care organisations who believe we are stronger when working together. We are striving to improve the overall health and wellbeing of our population as well as the quality and effectiveness of the services we provide. In everything we do, we seek to enable our local people to: start well, live well and age well and break down the barriers that stop people from living happy and healthy lives

The aims and ambitions of our Partnership will primarily be delivered through the work in our six places and three sub systems as shown here.

We have identified a number of areas where we will work together with colleagues from within and beyond the Partnership to develop these more detailed plans further. These areas include:

- Cancer
- Mental Health
- Primary Care
- Quality and Safety
- Digital Technology
- People

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Place and Sub-System Collaboration

East Riding	Hull	North Lincs	North East Lincs	Scarborough	York

At Scale Collaboration

Strategic Developments	System Resources	Clinical Priorities
1. Humber Acute Services Review	1. Workforce	1. Cancer
2. Scarborough Acute Services Review	2. Digital	2. Mental Health
3. Commissioning Review	3. Estates and Capital Investment	3. Urgent and Emergency Care
4. ICS Accelerator Programme	4. Finance	4. Elective Care
	5. Population Health Management and Analytics	5. Primary Care
	6. Quality Improvement	6. Maternity
		7. Diagnostics

Health Inequalities

The Trust is committed to understanding and supporting our service users who may experience Health Inequalities. We are working hard to ensure that groups who may experience health inequalities are identified across all services and are supported to receive the care they deserve.

In 2024/25, the health inequalities programme will continue to progress our four workstreams, underpinned by a co-production-based approach and informed by the voice of lived experience.

Understanding health inequalities in our services and communities

Working with our system partners to make sure the wider building blocks of health are in place for our communities

Co-production and lived experience

Raising awareness of heath inequalities across our Trust and giving our staff the information they need

Empowering and supporting our staff to improve access, outcomes and experience for people at risk of health inequalities

Caring, Learning & Growing Together

Health Inequalities
Making change together

Health Inequalities Projects 2024/25

Forensics

- Addressing inequalities in access to physical health care through the implementation of dental and dietetics services.

- Using engagement activity to inform work around meaningful activity and the development of our educational and vocational offer, including initiatives to address health inequalities associated with digital and financial exclusion.

Children's and Learning Disability

- Addressing inequalities in access for those with Profound and Multiple Learning Disabilities (PMLD) across Hull and East Riding.

- Embedding a systems thinking approach and further developing services for people with a Learning Disability including ensuring patients, family and carers voices are central to developments.

Community and Primary Care

- Significant collaborative work with the East Riding of Yorkshire Council within our Integrated Addictions and Inclusion Health Services. Two key areas include embedding integrated employment workers into our Service Hubs to help Service Users into education or employment as part of their recovery and establishing a new domestic violence service called Revolution.

- Addressing inequalities of access by reviewing our Specialist Services offer within North Yorkshire to ensure equitable provision and service access across our region as part of our One Community transformation programme.

- Working with the ICB and partner organisations including the VCSE to develop a health and wellbeing hub within Whitby Hospital.

Patient and Carer Experience

Our Patient and Carer Experience 5 year forward plan sets three ambitious outcomes to ensure that the voices of our communities inform all the activities contained within this Annual Operational Plan.

Our Services

Our services cover a wide-range geographic area comprising Hull, the East Riding of Yorkshire, Scarborough and Ryedale, Pocklington and Whitby.

Our Trust is grouped into four Divisions:
- Community and Primary Care
- Children's and Learning Disability
- Forensic Services
- Mental Health

We support our service users in a wide variety of settings including patients own homes, GP practices, health centres, outpatient clinics, hospitals, local authority premises and our inpatient units.

Caring, Learning & Growing Together

Divisional Drivers, Opportunities and Priorities

Strategic Alignment Key

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

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Children's and Learning Disability Division

Our Trust currently provides the following Children's and Learning Disability Services:

CAMHS Inpatient Services

Inspire GAU is a 9 ensuite bedroom service offering a safe and therapeutic environment for young people aged 13-17 suffering from any form of mental illness who need additional help and support in hospital while aiming to reduce the requirement for out of area admissions across Hull, East Riding and North and North-east Lincolnshire.

Community CAMHS Services

The community team consists of doctors, nurses, psychologists and therapists who provide a service for children and young people (up to 18 years old) who are experiencing mental health difficulties.

Adult Learning Disability and Autism Inpatient and Community Services

The service works with adults (18+ years) with a learning disability and health needs who require specialist support.
There are various community services, an assessment and treatment unit (Townend Court) and a specialist nursing home for individual with profound and multiple learning disabilities that require 24-hour nursing care (Granville Court).

Children's Neurodevelopmental Services:

- The Front Door Team
- Autism (ASD) & Attention Deficit Hyperactivity Disorder (ADHD) assessment
- Children's Community Team for Learning Disabilities (CTLD)
- Children's Sensory Service
- Children's SEND Sleep Support Service

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Children's and Learning Disability Division

Paediatric Therapies and East Riding Paediatric Dietetics Service

The Integrated Paediatric Therapy Service includes Speech and Language Therapy, Physiotherapy and Occupational Therapy for children, young people and their families who live, or go to school, in Hull or the East Riding of Yorkshire. It is a community-based service for children and young people from birth to 19 years. We also provide the East Riding Paediatric Dietetics Service

Integrated Specialist Public Health Nursing Service (East Riding) and Integrated Public Health Nursing Service (Hull)

The Integrated Specialist Public Health Nursing Service (ISPHNS) 0-19 (25 - SEND) for East Riding and the Integrated Public Health Nursing Service (IPHNS) 0-19 (25 – SEND) delivers the Healthy Child Programme 'Pregnancy and the first five years of life' and 'From 5-19 years old'. They also provide Public Health Nursing Services for children and young people aged minus 9 months to 19 (25 - SEND) years of age and their families. An integral part of the East Riding ISPHN Service is the Family Nurse Partnership (FNP) Team which is a voluntary home visiting programme for first time mums and families.

Looked After Children's Services

The Looked After Children's Health Team ensure that all children receive a medical assessment within 20 working days of becoming looked after and that children aged under five years have a health assessment every six months and those aged five years -18 years have an annual health assessment.

Humber and North Yorkshire Keyworker Service

The Humber and North Yorkshire Keyworker Service supports autistic people and people with a learning disability or both up to the age of 25, with the most complex needs and are inpatients in, or at risk of being admitted to, a mental health inpatient unit.

Family Ambassadors

Provide information to families and carers to help them to understand what happens when their child, aged **up to 18** is admitted to an inpatient mental health unit.

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Children's and Learning Disability Drivers - Challenges

Clinical/Quality

- Partner agencies are experiencing increasing resource issues and waiting lists.
- There is a changing demographic with increasing number of young people not in education, employment or training.
- There are difficulties maintaining clinical safety across neurodevelopmental services whilst managing demand increase.
- There is inconsistency in Physical Health pathways. There are challenges in transitions from children to adult services.

System Working

- Neurodiversity services across the local system are unable to meet the local demand.
- The ICB financial position places restrictions on investment in services and reduces the ability to respond to demand and patient need.
- Limited social care resources affect 0-19 safeguarding and discharge from CAMHS.

Workforce

- Responding to the skill mix requirement is a challenge for meeting the demands of the neurodiverse population.
- Staff retention is linked to health and wellbeing.
- The current in-patient service model does not meet the demands of the system.
- Recruitment of some staff groups is challenging.

Health Inequalities

- Partner agencies are experiencing increasing resource issues.
- Certain populations are being poorly served by schools and social care.
- Addressing inequalities in access for those with Profound and Multiple Learning Disabilities (PMLD) across Hull and East Riding

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Children's and Learning Disability Drivers - Challenges

Estates

- Environmental issues have been identified at Granville Court.
- There is a lack of agreement across the ICB system regarding the configuration of inpatient provision with all stakeholders.
- Difficulty accessing appropriate clinical space for teams such as Children's Physio and OT.

Finance

- Block contracting arrangements pose a challenge.
- No increase in Children's Therapy budgets.
- The agency budget is a challenge to the division.
- Divisional spending is on an upward trend.

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Children's and Learning Disability Drivers - Opportunities

Clinical/Quality

- Working with THRIVE Boards coordinating resources and intelligence.
- Healthy Child Programme (2023) based on progressive universalism model.
- Participating in NHSE Culture of Care Standards/Quality Transformation Programme: Trauma-Informed, Autism-Informed, Equality Focused.
- Utilising Clinical Framework of Trauma Informed Care & AMBIT. Implement autism informed care NHSE guidance for acute and inpatient CAMHS services, autism national strategy, Oliver McGowan training.
- Develop overarching vision for CAMHS, early intervention neurodiversity and in-patient services.
- Opportunities to develop research and development proposals
- Improve autism awareness training for all CAMHS staff. Improve pathway for transition from child to adults for individuals with a learning disability.

System Working

- Develop collaborative working within the ICB. Review and implementation of all service specifications and SOPs.
- Development of cross system processes to support the health needs of people with learning disabilities.
- Redesign of in-patient and complex care pathways.
- Service transformation within Townend Court to better meet the needs of service users and the local system.

Workforce

- Review the skill mix against national benchmarking to meet the needs of people with neurodiversity.
- Implementation of CLEAR new models of care.
- Develop internal mobility across services to be more responsive.
- QI – Focus on culture, trauma informed care, autism informed care, equality focus.

Engagement

- Evidencing the outcomes for Young People and families through improved Outcome Measures.
- Embed a "Nothing about us without us" culture to ensure empowerment of service users and co-production.
- Improved Divisional website.

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Children's and Learning Disability Drivers - Opportunities

Health Inequalities

- Ensure a better understanding of alcohol and substance misuse and effective signposting when these are identified.
- Service development to reduce mental health challenges in breast feeding mums and improve attachment.
- Review of plans to support babies with foetal alcohol syndrome.

Estates

- Granville Court estates project underway to support improved experience for individuals living there.
- Redevelop Townend Court to better support the needs of individuals with learning disabilities and the wider system to reduce out of area placements.
- Redesign Nova estate to reduce admissions to CAHMS in-patient units.

Finance

- Pockets of money from TCP.
- Transformation of services to support efficient care delivery.
- Reduced reliance on agency.

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Children's and Learning Disability Transformation

Transformation Projects

Project	Driver	Impact	Strategy Alignment	Completion Date
Divisional: Agreed overarching clinical framework for CAMHS, Neurodiversity, Looked After Children, Inpatient, Acute & Early Intervention service	Reducing health inequalities, local priorities, reduce the risk of closed cultures	Senior leads for the Division to work together to develop an overarching trauma informed framework which will include trauma informed measures.		May 24
Divisional: Website Redesign	Improving access to information and services	Improved website design will support improved health literacy amongst parents and give a wider source of information. The new website will also support service users and their carers to navigate services more efficiently		Sept 24
Divisional: Strategic alignment of Humber Children's Services	Reduce the risk of closed cultures,	Cultural change		Sept 24
Divisional: Retaining & supporting our workforce how we can keep staff well-being as a priority.	Staff recruitment and retention,	Improved staff retention, improved workforce satisfaction, reduced sickness across the Division, improved compliance with statutory and mandatory training and supervision compliance.		Ongoing
ISPHNS: 1001 Days – Family Nurse Practitioners and Intensive Support Pathways to support families with increased vulnerabilities.	Reducing health inequalities, Healthy child programme,	This project reduces the risk of children facing disruptive issues later in life.		Ongoing

Children's and Learning Disability Transformation

Transformation Projects

Project	Driver	Impact	Strategy Alignment	Completion Date
ISPHNS: Reduce attendance at Emergency Departments for 0–5-year-olds.	Reducing health inequalities, local priorities,	This project will implement a new pathway to support improved referral from HUTH ED into the 0-19s service. This will be supported through training for all ED staff. A focus on health literacy to concentrate on safer sleeping to reduce sudden infant death syndrome and advice to make more informed decisions when a baby is ill.		2024/25
LD: Townend Court Redesign	Local system requirements, NHS Objectives 23/24,	Redesign of the environment at Townend Court to create two therapeutic placements to support long term therapeutic enablement. This project will also see a transformation of the workforce to better support individuals in their own home and reduce the reliance on out of area placements.		2024/25
LD: Neurodiversity Transformation	Local priorities, reducing health inequalities, NICE	To support the local system to safely manage the demand for ADHD and ASD assessment and ongoing management. Reduce the reliance upon medication and offer alternatives for service users.		Sept 24
CAHMS: Improving Autism awareness training across CAHMS	Reducing health inequalities	Once training has been delivered the workforce will be better informed and will be able to better support individuals within the CAHMS service who have autism.		2024/25
CAMHS – Nova Building Redesign	Clinical/Quality, Local system requirements, Local priorities	Potential redesign of the Nova PICU building – options being considered with capacity and demand bed modelling – looking at PICU, alternatives to admission, Assessment suite including 136 suite and diversion from acute hospitals, high dependency area and day services as possible options		2024/25

Community Services and Primary Care - Summary

The Division is responsible for three key services across a large and varied geography. The three services are:

- Integrated Community Services within the Scarborough, Whitby and Ryedale part of North Yorkshire as well as for Pocklington in the East Riding of Yorkshire.
- Integrated Addiction and Inclusion Health Services within the East Riding of Yorkshire and Primary Care Addiction Services within the City of Hull.
- Primary Care Services through three large GP practices within the East Riding of Yorkshire at Bridlington, Cottingham and Market Weighton.

Our Community Services team provide core services including community nursing, physiotherapy and occupational therapy as well as specialist community nursing and therapy services such as Speech and Language Therapy, Continence, Dietetics, Respiratory Services and Heart Failure Services. The team is also responsible for Whitby Community Hospital, including the provision of an Urgent Treatment Centre, as well as Inpatient Services at both the Whitby and Malton Community Hospitals. The Service helps maintain patients in their own home through the provision of Intermediate Care, Urgent Crisis Response and Virtual Ward (Hospital at Home) services.

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Community Services & Primary Care Drivers - Challenges

Clinical/Quality

- Pressure in secondary care services is seeing increased volume and acuity of patients requiring support from our Community Services.
- Managing the patient safety agenda, responding to national priorities (including inquiries), learning the lessons and then embedding this learning whilst continuing to respond to and manage local operational pressures is an on-going challenge.
- There are significant pressures to continue to reduce community waiting lists, with a reduction target of 10% in 2024/25.
- Smaller teams and increased demand impacts on the workforce flexibility needed to help address this challenge.

System Working

- Primary Care is in a state of transition.
- National pressures and local trends are moving services to a different model of provision; this is expected to impact on practices and PCN development in 2024/25.

Workforce

- Significant workforce turnover – though moving in the right direction the Division is currently well above the Trust's 10% target.
- Recruitment into hard to fill posts will continue to be challenging as there is limited opportunities to be flexible within national pay scales or incentivise recruitment.

Digital

- There are challenges working with the current configuration of the Service's digital provision, including interoperability with partner organisation systems and not maximising the potential of the functionality.

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Community Services & Primary Care Drivers - Challenges

Health Inequalities

- On-going challenges associated with the size of the Division's geography, encompassing rural and coastal communities with significant areas of deprivation.
- Within Community Services these challenges have been compounded by the legacy impacts of commissioning from three different organisations that previously had different service expectations, building inequity into service provision.

Finance

- The 1.5% recurrent BRS target for 2024/25 will be extremely challenging.
- Additionally, investment into new services in the Division continues to be funded on a non-recurrent basis.
- This adds an additional pressure in terms of recruitment of a permanent workforce.

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Community Services & Primary Care Drivers - Opportunities

Clinical/Quality

- Ongoing workforce planning and embedding safer staffing tools to ensure that the resource is flexible and can meet demand with the right skill mix.
- Working with system partners to agree admission criteria and service responsibilities to help manage and improve patient flow into our Inpatient Units and Community Services and to ensure patients are being seen in the most appropriate settings to get the best outcomes.
- Expansion of the Community Pharmacy Scheme enabling more minor illnesses to be seen in the community rather than requiring a GP.
- Opportunities to develop research and development proposals

System Working

- Significant scope for increased integration of Community Services with primary cand secondary care services, including medical support, linked to the continuing development of the Virtual Ward.
- Increased Integration of services with Adult Social Care could include the embedding of domiciliary care roles within Community Services teams.
- Our Integrated Addictions and Inclusion Health Services will be working with East Riding of Yorkshire Council to embed integrated employment workers into our Service Hubs to help Service Users into education or employment.

Workforce

- Opportunities to undertake joint recruitment with secondary care services to establish a health system and population approach to recruitment rather than a purely organisational focus.

Digital

- Adoption and utilisation of digital functionality driven by the newly appointed Clinical Digital Lead for the Division; supporting agile working and robust and safe record keeping.
- Utilising digital technology to support the Virtual Ward in supporting and monitoring patients will improve care.

Health Inequalities

- Continued focus on addressing access inequalities within North Yorkshire to ensure equitable provision and service through the One Community transformation programme.

Community Services & Primary Care Drivers - Opportunities

Estates

- Consolidation of the primary care estate within Bridlington to improve patient experience and practice efficiency and aligning with other public sector organisations to develop a One Public Estate solution for the town.

Finance

- Optimisation of income opportunities within Primary Care linked to improved workforce recruitment and retention.
- Closer working with other practices and utilisation of ARRS staffing through Primary Care Networks to maximise QOF and IIF potential.

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Community and Primary Care Services

Transformation Projects

Project	Driver	Impact	Strategy Alignment	Planned Completion Date
Primary Care Improvement Programme – Telephony Replacement	Poor patient experience of the existing telephony solution.	The implementation of an improved telephony solution, with call-back and dynamic/virtual queuing facilities will greatly improve patient experience, reduce complaints and negative feedback as well as increase utilisation of clinical appointments.		September 2024
Consolidation of the Humber Primary Care Practice on to one location	Inefficient practice through having to operate the same service model across two sites.	Improved service efficiency and productivity for the practice. Will enable greater flexibility with workforce planning and significantly benefit morale.		March 2025
Patient initiated follow up	To provide patients greater control of their own care.	Ensures care is provided when patients need it most providing them with control over how and when they access services. This will lead to improved patient experience and satisfaction. It will also help to reduce unnecessary demand for follow-up services and associated DNAs.		December 2024
Virtual Ward (Phase 2)	The Virtual Ward aims to support patients in their own homes to help prevent secondary care admission and/or support earlier discharge.	Phase 2 shifts the focus on to increasing digital technology support, maximising the workforce through the available budget and continuing to increase the bed trajectory. This will greatly improve patient experience through being managed in their own homes/care homes.		March 2025
Direct Referrals into Secondary Care (Phase 2)	Improved access to secondary care services and closer and more integrated working.	Phase 2 consists of: Dietetics, SLT, Stroke, Cardiac Rehabilitation, Pulmonary Rehabilitation and MSK. Direct referrals will provide our Services' patients with more streamlined and efficient access to secondary care services; improving their experience and outcomes.		December 2024

Forensics Division

Our Trust currently provide the following Forensic Services:

Single Point of Access (SPA)

- The Humber and North Yorkshire SPA is based at the Humber Centre and overseen by Forensic Community Service.
- The SPA manages all referrals into inpatient and community forensic services for the population of Humberside, North and North East Lincolnshire, and York and North Yorkshire.

Forensic Inpatient Services

- Our Forensic Inpatient Service for adult males includes medium secure and low secure services.
- Each service provides a range of physical, procedural and relational security measures to ensure effective care and treatment whilst providing for the safety of patients, the workforce and the general public.

Community Forensics

- There are a number of forensic community teams within the division.
- These are the Specialist Community Forensic Team, Forensic Child and Adolescent Service, Child and Adolescent Harmful Sexual Behaviour Service and the Learning Disability Forensic Outreach and Liaison Service.
- There are also teams providing specialist input to the community and prison: Specialist Forensic Assessment and Prison specialist in-reach.

Prison Mental Health Services

- We deliver specialist mental health services into HMP Hull, HMP Humber, HMP Full Sutton and the new HMP Millsike prisons in partnership with TEVW and Rethink Mental Health.

Forensics Drivers - Challenges

Patient and carer engagement

- Patient and carer engagement work has identified that patients do not feel that they have sufficient access to meaningful activity. Additionally, the forensic population needs more support for digital access to address inequalities associated with lack of access to online services.

Changes to CQC inspection regimes

- CQC inspections at other secure services providers have resulted in significant drops in ratings.

Estates

- There are significant challenges with the quality of the physical environment across the estate but on Ouse and Derwent in particular. Some compliance (emergency lighting) and comfort (heating and cooling) issues have been identified.

Workforce

- Despite improvements over recent years, the division's sickness and vacancy rates are higher that the Trust average. Recruitment and retention is a particular issue for the wider MDT.
- The division has progressed some excellent work on analysing and transforming the workplace culture. However, due to the nature of the service and the high risk of closed cultures developing within secure services, workplace culture will remain an area of focus over the coming year.

Finance

- The position will be more challenging that last year due to increase in the BRS divisional target to 2% and the challenged ICB and provider collab financial position. Financial pressure on medics and the use of agency will need to be tightly controlled.

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Forensics Drivers - Opportunities

Community Forensics

- This is a strategically important service with impact across HNY which has delivered significant successes in bringing down LoS. The Community Pathway Development Group has been tasked with proposing and developing a Humber and North Yorkshire clinical model that aligns to the NHSE draft outcome measures and that delivers equity across the patch, bringing together under one clinical model all current MH FOLS and SCFT community provision.
- Opportunities to develop research and development proposals

Inpatient Pathways

- The division has identified an opportunity to enhance neurodiversity pathways within the inpatient service improve access to specialist neurodiversity assessment and adaptation

System working

- Our contribution to the HNY provider collaborative through providing leadership and direction is a key strength. Divisional staff lead two of the Pathway Development Groups and the General Manager leads the H&NY Operational Group. The division has a high level of engagement with stakeholders from across the system

Health and justice

- The division has recently won contracts to deliver mental health services into four prisons in partnership with TEWV and Rethink.
- Future opportunities to expand the division' health and justice portfolio have been identified.

Digital

- Ensuring that the new EPR project delivers the data to evidence the work that is occurring across the division and to allow us to utilise the data to better understand our forensic services.

Health inequalities

- Over the coming year, the division will be implementing dental and dietetics services to improve access to physical health care for the forensics inpatient population.
- This will help to address inequalities of access and outcomes in dental care, weight management and diabetes.

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Forensics Transformation

Transformation Projects

Project	Driver	Impact	Strategy Alignment	Completion Date
Community Forensics alignment and transformation	Strategic priority across HNY provider collab, national and regional spec development	Complete alignment of SCFT/LDFOLS. Continue to support subcontracted teams delivery across Humberside. Raise awareness of community developments and successes across HNY.		Mar 2025
Neurodiversity assessment and adaptation	Gaps in neurodiversity pathways within the inpatient service	Improve access to specialist neurodiversity assessment and adaptation		Mar 2025
Meaningful activity / Educational and vocational offer	Patient feedback on meaningful activity, supporting digital and financial inclusion	Using engagement activity to inform work around meaningful activity and the development of our educational and vocational offer, including initiatives to address health inequalities associated with digital and financial exclusion		Mar 2025
Preparing for CQC inspection	Changes to CQC inspection regime	Identifying themes and issues from other providers' inspection reports to inform assessment of our position. Training on preparation for inspection to support our aspiration to be Outstanding.		Ongoing
HMP Full Sutton and HMP Milsike implementation	New service	Ensuring smooth implementation of services at HMP Full Sutton and HMP Milsike as well as building leadership capacity to manage prison services Prepare for future health and justice tenders		Full Sutton May 2024, Milsike May 2025

Forensics Transformation

Transformation Projects

Project	Driver	Impact	Strategy Alignment	Completion Date
Health and Justice opportunities	Maximizing future opportunities to expand health and justice portfolio	Early engagement with corporate and clinical teams and senior leaders to build buy in to future opportunities in prisons and liaison and diversion which are sometimes perceived as high risk		Tenders expected late 2024
Inpatient estate enhancements	Compliance issues and quality of physical estate	Ensuring that the existing estate is as high quality as possible at the Humber Centre and Pine View (Phase 3) while the business case for the wider development of Ouse and Derwent wards is progressed (Phase 4).		Phase 3 July 2024, Phase 4 Sep 2024
Physical health care enhancements	Addressing inequalities in access to physical health care	Implementation of dental and dietetics services to improve physical health care		June 2024
Workplace culture	High risk of closed cultures developing within secure services	Building on closed cultures work, developing and sustaining our workforce through our training and CPD offer, using the Staff Survey results to understand how our staff feel about working in our division		Mar 2025
MDT and AHP review	Recruitment and retention within the wider MDT, Workforce innovation and new ways of working	Reviewing the MDT structure and format to optimise existing resource. Review of Allied Health Professions & psychology clinical models and recruitment. Introduce innovative clinical roles/developmental opportunities and creative approaches to vacancies.		Mar 2025

Mental Health Division

Our Trust currently provides the following Adult Mental Health Services:

Mental Health Liaison Service – a dedicated team who offer a service to patients presenting at Hull Royal Infirmary or Castle Hill Hospital and MIU posing any risks to themselves, presenting with symptoms of an acute mental illness or emotional distress.

Chronic Fatigue Syndrome Service (CFS) – provide assessment, treatment, education and information for adults over 18 years old.

Community Mental Health Services – recovery-based community mental health services for people living in the East Riding of Yorkshire who have enduring mental health problems.

Mentalisation Based Treatment (MBT) Service – provides MBT to individuals in Hull and the East Riding.

NHS East Riding Talking Therapies – the service offers a number of different therapies to help support with emotional wellbeing.

Family Therapy and Family Interventions – research informed, strengths based psychological therapies.

Huntingtons Disease Team – contributes to a comprehensive assessment and treatment service for individuals who are having counselling prior to genetic testing, or to individuals who have a diagnosis of Huntington's Disease.

Liaison Psychiatry – for all patients with physical and mental health or psychological problems who are being treated by Hull and East Yorkshire Hospitals.

Mental Health Crisis Team – provides crisis interventions through telephone support, assessments and intensive community-based treatment via the Home Treatment Team.

Perinatal Mental Health Team – open to women who are registered with a GP practice in the Hull, East Riding, North Lincolnshire and North East Lincolnshire areas who are in the perinatal period (during pregnancy and up to 12 months post- delivery).

PSYPHER (Psychosis Service for People in Hull and East Riding) – an early intervention in Psychosis Service. The team work with people aged between 14 and 65, who are experiencing their first episode of psychosis or might be at risk of developing psychosis.

Mental Health Division

Specialist Psychotherapy Service – provides psychoanalytic-based psychotherapy, including assessment, brief and longer term therapy, to individuals, couples and groups. They also provide consultation, including advice, supervision, formulation and management plans to other service providers

STaRS – to maximise people's recovery from mental health through intensive evidence based interventions in people's homes, placements and local communities. They work to support and restore people to their optimal physical, cognitive, psychological and social functioning.

Traumatic Stress Service – specialist one-to-one assessment, formulation, understanding of difficulties and therapeutic intervention for people who have experienced psychological trauma. The service also provides consultation and training to professionals.

Veterans Mental Health and Wellbeing Service – Op COURAGE helps veterans, service leavers, reservists, and their families with mental health support in the Humber and North Yorkshire.

The Homeless Mental Health Team:

- *The Homeless Team* – supports people who are street homeless or rough sleeping, living within a hostel, or on the edge of homelessness. The service aims to offer mental health support to individuals who have difficulties accessing mainstream mental health services.
- *The Housing Support Team* – the service aims to prevent people losing their tenancy as a result of mental health difficulties. The aim of Housing Support is to offer a mental health assessment to link people in with the appropriate agency for ongoing support.

Complex Emotional Needs Service (CENS) – a psychology led, multidisciplinary team, with Clinical Psychologists, Advanced Practitioners (from various registered professions), an Assistant Psychologist, and a Support Time & Recovery Worker. There are also DBT Therapists, DBT Skills Trainers, Training Facilitators (Experts by Experience and Experts by Profession) who work within the wider functions of CENS.

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Mental Health Division

Dementia Services and Hull Memory Clinic

We offer an early memory assessment and treatment service through the Hull Memory Clinic. This is a specialist service for people of all ages, aiming to meet the needs of people who are concerned they may have a memory problem.

A multi-disciplinary team, qualified in diagnosing and treating memory problems, comprehensively assess and diagnose the nature of a person's memory difficulties. Following a diagnosis, a range of treatment interventions can be offered and can include medication if necessary. All of this is provided with additional input from a range of support workers and robust links with other agencies.

Prevention Recovery & Wellbeing

YOURhealth Service - enables clients to manage their own health through physical, mental and social prescribing programmes.

NHS East Riding Talking Therapies Service - offers NICE recommended treatment for people who are experiencing common mental health problems, such as anxiety, and depression.

Wellbeing Recovery Employment Service - uses a person led approach to support participants to recognise their strengths and move towards sustainable employment through personal goal setting, skill and confidence building and meaningful activity.

Individual Placement Support/ Positive Assets - supports service users of Community Mental Health Teams to gain and maintain paid employment as part of their recovery journey.

Recovery & Wellbeing College - provides free educational courses and workshops to improve mental health recovery and wellbeing.

Voluntary Services recruit and support our volunteer help force that enhance and support Trust services, improving patient experience and reducing health inequalities.

Caring, Learning
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Mentall Health Division

Our Trust currently provide the following Older People's Mental Health Services:

Liaison Psychiatry for Older People – the liaison psychiatry service for older people.

Older People's Community Mental Health Team Hull & East Riding – provides mental health assessment and interventions (or treatments) for people who have functional mental health needs (such as depression and anxiety) or organic needs (such as Dementia).

Older People's Intensive Home Treatment Teams – an alternative treatment option to inpatient admission when someone has an increased mental health need. If the person needs inpatient admission, we work closely with the ward team and colleagues from other statutory and voluntary agencies to help them to go home as soon as possible.

Hull Integrated Care Team for Older People – providing mental health assessment and interventions through an episode of care; treatment can include medicines management, evidence-based therapies, behaviour management advice and support for carers, such as education about diagnosis and prognosis.

Dialectical Behaviour Therapy – aims to support individuals to reduce the frequency of life-threatening behaviour, in particular self-harm and suicidal behaviour, and to develop a life that the individual feels motivated to remain alive for, whatever that looks like for them. We often work with individuals who experience emotional dysregulation, when emotions feel extremely strong, are prompted very easily and quickly, and can lead to various difficulties for the person in their life.

**Caring, Learning
& Growing Together**

Mental Health Division

Our Trust currently provides the following Mental Health Inpatient Services:

Maister Lodge – a 16-bedded inpatient unit for older people that provides a comprehensive, needs-led service to Hull or East Riding residents who are experiencing predominantly organic mental health problems.

Mill View Court – an acute treatment unit for working age adults who are experiencing mental health difficulties. This is a is a fifteen-bedded mixed sex unit, with a team that consists of a diverse range of professionals.

Mill View Lodge – a nine-bedded acute inpatient unit for men and women over the age of 65 and are presenting with a functional mental illness. As with Mill View Court, this inpatient unit is located on the Castle Hill site.

New Bridges - a safe, therapeutic environment for males suffering from any form of mental illness who need to be in hospital. The team at New Bridges offer a range of therapeutic interventions.

Avondale Assessment Unit – a 14-bedded unit providing male and female accommodation. This Unit works in collaboration with the Mental Health Response Service and treatment units across the unplanned care pathway.

Psychiatric Intensive Care Unit (PICU) – a 14-bedded unit offering intensive care to service users who are compulsorily detained and require treatment in low secure conditions .

Westlands – provides accommodation for 16 women aged from 18 to 65. The team includes nursing, medical and psychology staff who carry out a range of mental health assessments.

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Mental Health Drivers - Challenges

Clinical/Quality

- Many services in the Division are working to service specifications which are outdated and do not reflect current service provision.
- The ageing population is impacting upon the older adults' services.
- Despite a successful service transformation within ED liaison, there are still some challenges within the urgent care and emergency pathway.
- There are also challenges in the delivery of Hull Local Authority contracts

System Working

- There are commissioning gaps and inconsistencies, particularly around transition from children to adult services.
- To deliver Trauma Informed care to our services users, we need Trauma Informed systems to support this.

Workforce

- Workforce turnover is a significant challenge for the Mental Health Division, as is the use of agency to support services.
- The Division needs to support managers to improve managing absence to ensure staff are supported to return to work in a timely manner.
- Staff burnout in the current climate and associated pressures

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Mental Health Drivers - Challenges

Health Inequalities

- The Division still has challenges around recording and reporting protected characteristics to support the reduction of health inequalities.
- As a Division, we need to ensure that service development is underpinned by coproduction, ensuring that service users, carers and communities are involved in developing these plans.

Estates

- The Mental Health inpatient estate is ageing and although the Trust are committed to improving the accommodation, this leads to a significant amount of potentially disruptive refurbishment.

Finance

- The financial position will be more challenging in 24/25 due to the increase in BRS to £733K.
- There is often tension between the ICB priorities and the Trust priorities such as use of OOA and MAS waiting lists
- There are also challenges around delivering the Long-Term Plan and Mental Health Implementation Plan.

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Mental Health Division Drivers - Opportunities

Clinical/Quality
- The Division are currently developing new service specifications in partnership with the ICB in line with current service provision.
- Significant resource is being utilised to improve person centred care planning across the Division and InPhase is being implemented to improve the clinical audit and reporting systems.
- Opportunities to develop research and development proposals
- Focus on SOPs across the Division will reduce variation in care.

System Working
- Significant work has been undertaken to develop relationships with VCSE partners and the Division will continue with this work.
- Significant work is being undertaken to review AHP system working and the opportunities this may bring.
- The Division also has the opportunity to work with the wider system to address challenges such as increased ADHD and Autism demand.

Workforce
- There are opportunities to develop PSW/Experts by Experience roles.
- Look to open the transfer window up to all roles to help improve staff retention.
- Work will continue to establish an open culture, conducive to productive working.

Health Inequalities
- Continue to embed co-production fully across the Division.
- Utilise the implementation of the new EPR to enable improved collection and reporting of protected characteristics.

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Mental Health Division Drivers - Opportunities

Estates

- The Division is committed to ensuring a consistent approach to system infrastructure across Hull and East Riding in terms of services.
- The Division will provide teams with a better awareness of what services are provided from which estate to ensure that services can be contacted in a more efficient way.
- There is an opportunity to rebrand the PRW shops in line with the development of our services.

Finance
- Utilisation and optimisation of technology to support teams to continue to deliver quality services within current financial constraints.

Mental Health Transformation

NHS
Humber Teaching
NHS Foundation Trust

Transformation Projects

Project	Driver	Impact	Strategy Alignment	Completion Date
Development of Standard Operating Procedures	Inconsistent processes, patient safety, need to reduce variations in patient care	Consistent processes will reduce the variations across care		TBC
Service Specification Reviews	Out of date Service Specifications – not fit for purpose and don't reflect current service provision Joint working with Place	Reshaped Service Specifications in line with current service provision		March 2028
Adult Redesign Project	Patient safety, workforce turnover, ability to grow our own workforce, estates and infrastructure	Better care, improved staff retention, improved staff wellbeing, reduced length of stay		TBC
Person Centred Care Planning	Patient safety, clinical, quality improvement	Better care		TBC
CMHT Transformation	Inconsistent processes, patient safety, quality improvement	Better care, consistency between CMHT teams		TBC

Mental Health Transformation

Transformation Projects

Project	Driver	Impact	Strategy Alignment	Completion Date
Management and Supervision Tool (MaST)	Quality improvement, patient safety	Improved caseload management, better care		TBC
Out Of Area & Delayed Transfer of Care	Financial pressures, care closer to home	Reduced out of area, reduced length of stay, better quality of care		March 2025
Expansion of Advice & Guidance		Improved service offer		TBC

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NHS Emergency Preparedness, Resilience and Response

The Trust's EPRR Team support the whole organisation in terms of its preparedness to deal with disruptions that may impact on service delivery and patient care. All Trust teams are required to have up to date Business Continuity Plans which are tested annually to ensure they are robust and fit for purpose should they be required to mitigate short term disruptions.

The EPRR team also work to ensure that the organisation has up to date plans, policies and procedures in place, alongside trained and rehearsed commanders and response staff to ensure we are prepared to deal with incidents and emergencies which could require the Trust to stand up its command-and-control arrangements and work as part of a collaborative system wide or regional response.

Each year the Team works through the EPRR core standards assurance submission to NHSE and the results of this assessment form the annual EPRR work programme. The recommendations focus on the following domains:

Annual Core Standards Domains	
Governance	Response
Duty to risk assess	Warning and Informing
Duty to maintain plans	Co-operation
Command and control	Business Continuity
Training and exercising	Hazmat/CBRN

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EPRR Priorities 2024/25

Duty to maintain plans

- Incident Response Plan (formerly Major Incident plan) update to include new Incident Control Centre (ICC) location in the Learning Centre
- Develop a Trust Evacuation and Shelter plan
- Update the Trust Pandemic plan to incorporate lessons learned from Covid-19

Training and exercising

- Establish and roll out new training portfolio management system delivered via the CPDMe digital platform
- EPRR awareness eLearning to be rolled out to all staff as a mandatory annual requirement
- Roll out ICC training for response staff

Response

- Equip ICCs at both Willerby Hill and Whitby Hospital with incident response equipment

Business Continuity

- Review of the Business Continuity policy to be undertaken to include strategic Business Impact Analysis and process for identifying lessons and continuous improvement

Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT)

- All high priority sites to receive refreshed CBRN incident response equipment and training for designated frontline staff

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Key Enablers for Outstanding Care

Drivers for Outstanding Care

- Clinical Quality and Safety
- System Working
- Health Inequalities
- Patient and Carer Experience

Enablers for Outstanding Care

- Workforce
- BeDigital
- Estates and The Green Plan
- Finance
- Performance and Access

NHS Humber Teaching NHS Foundation Trust

Caring, Learning & Growing Together

BEING HUMBER

NHS Humber Teaching NHS Foundation Trust

BEING HUMBER IS...

"It can be as simple as wearing the right clothes to work and always making sure I am doing the best job I can do."

"We all have a voice and it's important that we feel heard."

FRIENDLY AND WELCOMING
- Build effective working relationships
- Put others at ease
- Be inclusive

BEING RESPECTFUL
- Treat others as they wish to be treated
- Use appropriate language
- Cultural awareness

OPEN AND HONEST
- Take responsibility
- Be honest when things go wrong
- Keep promises

BEING PROFESSIONAL
- Take pride in your job
- Welcome feedback
- Maintain and review your knowledge & skills
- Protect confidentiality and privacy

PUTTING PATIENTS FIRST
- Care is provided at the right time, by the right people in the right way
- Involve patients in decisions
- Care with compassion and empathy

VALUING EVERYONE
- Celebrate success
- Acknowledge and encourage new ideas
- Provide constructive feedback

COMMUNICATE EFFECTIVELY
- Encourage everyone to have a voice
- Show empathy and understanding
- Listen actively

"I don't always get it right but what's important is that I acknowledge that, say sorry and invite feedback."

"In our team we are confident to challenge one another in a positive way. This helps us improve and develop."

BEING HUMBER IS NOT...

BEING UNFRIENDLY
- Ignoring others
- Isolate or exclude

DISRESPECTFUL OR UNKIND
- Bullying
- Harassment
- Discriminating

BEING DISHONEST
- Blaming others
- Letting people down
- Misrepresenting yourself

BEING UNPROFESSIONAL
- Criticising others
- Resistant to change
- Not maintaining professional boundaries

PATIENTS ARE NOT PRIORITISED
- Apathy
- Poor communication
- Not including patients in decisions

UNAPPRECIATIVE OR INDIFFERENT
- Patronising or indifferent
- Lack of praise or thanks
- Discouraging ideas

INEFFECTIVE COMMUNICATION
- Keeping others out of the loop
- Not using plain English
- Interrupting or being dismissive

Caring, Learning & Growing Together

As an organisation, we are committed to Caring, Learning and Growing and are passionate about supporting our colleagues to be healthy, engaged and empowered to make a difference

Our "Being Humber" framework sets out behaviours expected of all colleagues which are not explicitly described in our Job Description.

Workforce Strategy

NHS Humber Teaching NHS Foundation Trust

Priority

Goal 1
Attracting Humbelievable People
Building our reputation locally as a great place to work

Goal 2
Culture, Wellbeing and Inclusivity
Looking after our People and belonging in the NHS

Goal 3
Harnessing the Talent of our People
Fostering potential by creating opportunities for our people to develop and thrive

Goal 4
Innovation and New Ways of Working
Embracing new ways of working through innovation and digital solutions

Action

- Filling vacancies to reduce agency spend
- Focused recruitment campaign to attract people to Children's services
- Bespoke recruitment solutions for hard to fill vacancies
- Increase student placements to attract future talent
- Work with system partners to create a collaborative bank

- Access OD support to improve culture and ensure employee behaviours and attitudes align to the Trust values and behaviours
- Using the principles of 'Being Humber' to shape a culture of openness and transparency
- Create a "one team" management team that is consistent and compassionate in building a culture of civility and respect and create an environment that eliminates bullying, discrimination, and harassment
- Reduce absence by providing access to wellbeing support to meet individual needs and proactively manage absence

- Develop leaders within services, PROUD programmes, mentoring, Humber High Potential
- Succession planning
- Increase and utilise the Nursing Associate Role
- Ambition to grow our own through career pathways and progression routes

- Integrate services to improve pathways
- Continue to develop internal mobility across the services
- Focused Estates work to improve our hybrid model

Caring, Learning & Growing Together

Divisional Priorities and Plans 2024/25

Priority	Action	Strategic Alignment
Attracting Humbelievable People	• Filling vacancies to reduce agency spend. • Bespoke recruitment solutions for hard to fill vacancies. • Work with system partners to create a collaborative bank.	• Innovating for quality and patient safety • Fostering integration, partnerships and alliances • Developing an effective and empowered workforce • Optimising an efficient and sustainable organisation
Culture, Wellbeing and Inclusivity	• Access OD support to improve culture and ensure employee behaviours and attitudes align to the Trust values and behaviours. • Using the principles of 'Being Humber' to shape a culture of openness and transparency. • Reduce absence by providing access to wellbeing support to meet individual needs and proactively manage absence.	• Developing an effective and empowered workforce • Optimising an efficient and sustainable organisation
Harnessing the Talent of our People	• Develop leaders within services, PROUD programmes, mentoring, Humber High Potential. • Succession planning. • Increase and utilise the Nursing Associate Role. • Ambition to 'grow our own' through career pathways and progression routes.	• Developing an effective and empowered workforce • Optimising an efficient and sustainable organisation
Innovation and New Ways of Working	• Continue to develop internal mobility across the services – One Community model. • Focus on expanding advanced and associate roles to offer modernised careers.	• Innovating for quality and patient safety • Developing an effective and empowered workforce • Optimising an efficient and sustainable organisation

Caring, Learning & Growing Together

Workforce Planning for 2024/25

Supporting all Divisions with their ongoing work to develop partnerships at a local, regional and national level.

Forensics:
- Mobilisation of the HMP Millsike and HMP Full Sutton Services.
- Restructure of the Security Services workforce.
- Alignment of the Learning Disability Forensic Outreach and Liaison Service and the Specialist Community Forensic Teams.

Children's and Learning Disability:
- Service transformation proposal for Townend Court.
- Developing internal mobility across C&LD services.
- Supporting estates transformation within the Division.

Community and Primary Care:
- Mobilisation of the East Riding of Yorkshire Integrated Addictions and Inclusion Health Service.
- Embedding Additional Roles Reimbursement Scheme staffing within our Primary Care Practices.

Mental Health:
- Introduction of a Non-Medical Prescriber role in every team.
- Additional Approved Mental Health Practitioner roles for the Division.
- Rotation of the Occupational Therapist roles.
- Cultural Review of the Crisis Service.

The Trust's BeDigital Team are supporting a number of wide-ranging digital projects across all Divisions which will improve patient outcomes and improve quality and productivity. These include systems to improve the physical monitoring of our patients, referral portals to support our patients to access services more easily, digital meal ordering to allow our patients to order their meals more easily and software to allow our services to better collate the evidence the outstanding work they undertake to ensure that services deliver quality care.

The significant focus this year will be on the delivery of the next generation Electronic Patient Record (EPR). This programme will deliver a single clinical system (SystmOne) to enable our services to:

- Offer the best possible patient journey.
- Improve our patents' outcomes.
- Improve patient and colleague satisfaction.
- Provide the ability to share information with authorised partner organisations such as GPs and other Trusts.

The Trust's ambition is to take the EPR experience score from -13.6 to 0.

The information captured by clinicians when they are providing care to our patients will allow us to ensure that we are delivering quality care in an efficient and productive way.

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EPR Implementation Plan
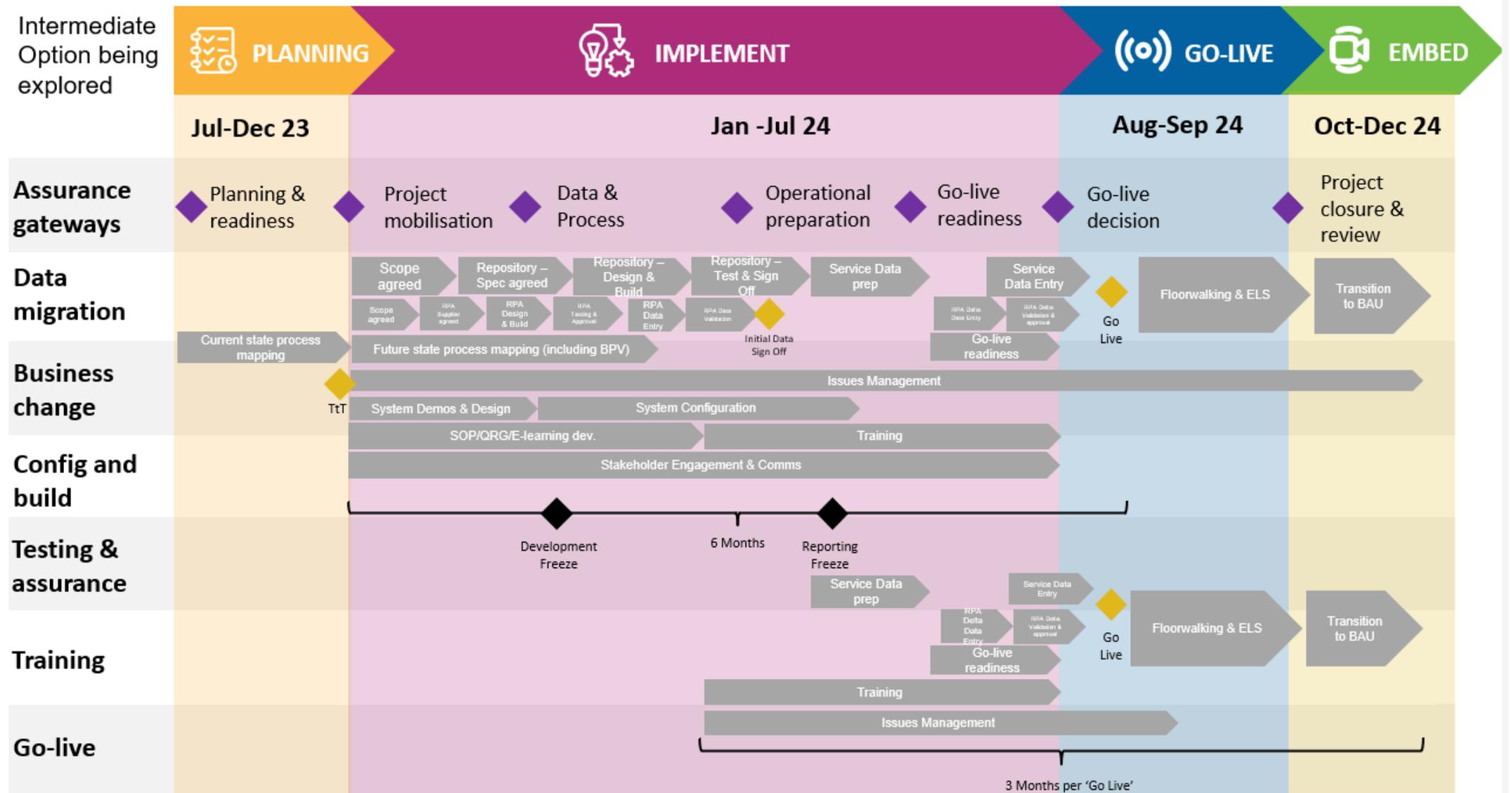
Estates Strategy

Our Estates Strategy is aligned to our strategic goals and underpins delivery of our Annual Operational Plan.

Trust Strategic Goals

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

Estates Strategic Goals

1 Support the delivery of high quality, safe, responsive and accessible care by ensuring that our estate provides a safe, clinically optimised environment for care delivery.

2 Provide welcoming, trauma informed spaces where staff and patients feel safe and which actively promote recovery.

3 Collaborate with partners at Place level and across the Humber and North Yorkshire Health and Care Partnership to maximise the efficient and effective use of our estate, including co-location of services.

4 Work alongside economic development and health and care system partners to ensure that our estate investments benefit local communities.

3 Provide modern, comfortable and welcoming environments which staff are happy to work in.

6 Balance optimising the efficiency of our estate with changing operational requirements.

7 Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

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Estates Priorities 2024/25

Forensics

- Humber Centre enhancement works to Derwent and Ouse Ward and sanitaryware replacements to Swale
- and Ullswater.
- Pine View estate enhancement works continues including reception / entrance
- Investment in replacement staff attack alarm system

Children's and Learning Disability

- Reviews of Childrens Services estate utilisation in Beverley (Hawthorne Court, Beverley Health Centre)
- Reviewing permanent accommodation options for services currently located at Westend.
- Environmental improvements to Townend Court to continue, works include decoration improvements,
- and ceiling replacements and acoustic treatment.

Community and Primary

- Consolidation of Primary Care service within Bridlington onto a single site.
- Review of existing Community Services accommodation within Scarborough and Ryedale.

Mental Health

- Enhancement works to Seclusion Provision and shared washroom provision across division, improved ventilation within Newbridges & Westlands.
- Additional Older Peoples Mental Health Bed at MVL.
- Reviewing utilisation of unplanned mental health estate, to understand capacity and demand - options for vacation of Coltman Street Day hospital, Hull CMHT accommodation, maximising PRW shop utilisation. Driffield estates master planning exercise.
- One-Public estate solution for Health Services in the Bridlington Locality.

Green Plan

To reduce the Trusts carbon footprint in line with our Green Plan and NHS net zero targets we will:

- Install roof solar panels where possible across the whole Estate
- Changing all lighting to LED's, on a rolling program
- Promoting the use of public transport and healthy travel options (walking and cycling)
- Exploring large solar farm potential
- Worked with suppliers to lower carbon emissions from their products/services
- Encouraging 'Green Champions' across the Estate.
- At the Westlands site we are refurbishing a waste land site into a patient/staff/community garden.
- In Scarborough, staff are creating a real green culture by involving all staff with recycling, gardening, etc
- Hotel services will be working to reduce the food waste produced at our sites

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Finance

NHS Humber Teaching NHS Foundation Trust

The national and local NHS funding pressures are widely understood, and the Trust will support Divisions to deliver services within the constraints of these financial pressures.

The current Trust Forecast is to break-even but will be using £1m of non-recurrent balance sheet flexibility to achieve.

Identified Risks to this are:
- The current ICB forecast position is £48m deficit against a break-even plan.
- The 24-25 Financial Planning based on 0.8% uplift however the Trust has been asked to assume pay award of 2%.
- The Trust has shared with commissioners circa £13 million of investment required to meet the trajectories within the Long-Term Plan and to tackle increased activity within existing services
- The Trust has set an efficiency factor (BRS) of 1.5%
- Inflationary pressures on non-pay including sub-contracted activity.

The Trust's workforce demonstrated a 233.2 WTE growth in 22/23. The significant growth areas were the acquisition of the Hull ISPHNS (95 WTE) and the older people's mental health STARS service (26 WTE).

Pay Bridge Outturn (19/20 - 23/24)

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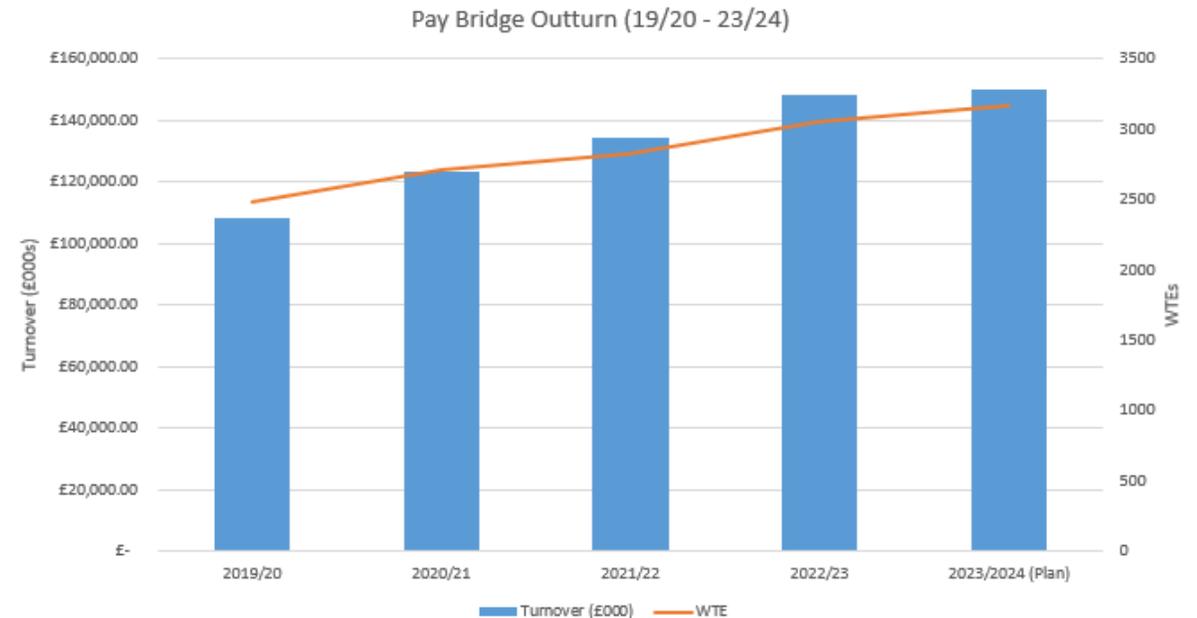
24/25 Commissioning Intentions

Community Services and Primary Care Division

Commissioning Intentions	£'000	Priority Rank
North Yorkshire Place		
SDF Ageing Well - UCR	500	1
Virtual Ward	794	1
North Yorkshire Discharge Funding	333	1
Diabetes	75	4
Pulmonary Rehab	38	8
Paediatric Continence	90	6
Fast Track Intermediate Care Whitby	200	5
Whitby Hospital NHSPS increased charges	300	10
Whitby UTC	100	13
Malton Ward increased costs charged by York LLP	76	12
Specialist Services Whitby	200	14
Physio OT Demand	400	
Total North Yorkshire Place	3,106	
York Place		
Pocklington Discharge Funding	93	7
Dietetics	65	9
Malton Ward increased costs charged by York LLP	113	11
Specialist Services Pocklington	200	14
Total York Place	471	
Total Commissioning Intentions	3,577	

24/25 Commissioning Intentions

Children's and Learning Disabilities Division

Childrens and LD Commissioning Intentions	2024/25 £000	2025/26 £000	Weighting
Speech and Language Therapy	958		1
ADHD Assessments	593		2
ASD Assessments	2,398		3
ADHD Pharmalogical Interventions	1,543	310	4
Childrens Learning Disabilities	273		6
Humber Adult Autism Diagnosis	636		7
Total Childrens and LD Commissioning Intentions	6,401		
SDF Funded Service	2024/25 £000		
Community and Crisis *	710		
MHST *	1,390		
* The SDF Funded Services above are recurrently funded within systems			

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24/25 Commissioning Intentions

Mental Health Division

Adult Mental Health Commissioning Intentions	£000	Weighting
Memory Assessment	825	1
7 Mental Health Practitioners	355	2
EIP	600	2
Mental Health Practitioner Supervision	23	2
Individual Placement Support Growth	453	4
SLT/ Dietician 0.4 B7	23	4
Mind Step Down Beds	23	6
Rough Sleepers	509	7
Adult ADHD	425	7
Mental Health ARRS roles	38	7
Perinatal Service to 23-24 trajectory	1,011	10
Older Age Bed Modelling Transformation	1,000	11
Total Adult MH Commissioning Intentions	5,285	
SDF Funded Services	£000	
Adult and Older People's Crisis *	475	
CMHT Transformation *	4,336	
* The services above are recurrently funded within Systems		

NHS Humber Teaching NHS Foundation Trust

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Performance and Access

We will focus on ensuring efficiency and productivity across the Trust with a view to maximising the output of the services we deliver. This work builds upon the data collected by clinicians via the Electronic Patient Record, information held by the Trust and comparisons against other similar Trusts.

The Trust has been working hard to develop a suite of tools and measures to better understand and more importantly improve both productivity and efficiency across all services. This includes understanding staffing costs, workforce changes and current capacity, analysing demand and outcomes as well as efficiency through monitoring budget reduction strategies and reference costs.
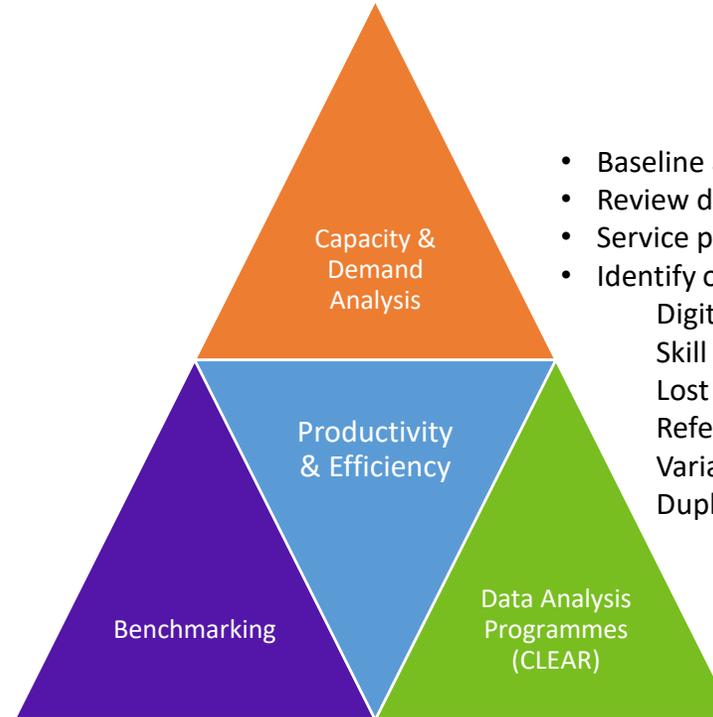
- Baseline analysis
- Review delivery methods and processes
- Service provision decisions
- Identify opportunities at service level to improve productivity:
  - Digital enablers
  - Skill mix opportunities
  - Lost opportunity e.g. DNA/Cancellations
  - Referral management process
  - Variance in practice
  - Duplication of effort

Title & Date of Meeting:	Trust Board Public Meeting Wednesday 27th March 2024		
Title of Report:	Leadership Competency Framework for Board Members		
Author/s:	Karen Phillips - Deputy Director Workforce and OD		

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

Purpose of Paper:	This paper provides a summary of the general principles and actions for Board members, arising from the recently published Leadership Competency Framework (LCF), which is aligned to the Fit and Proper Persons Test (FPPT).

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• Actions are on track pertaining to the Fit and Proper Person Test, following revised guidance published in September 2024.	• Role descriptions for upcoming NED recruitment will be updated with framework domains. • Preparations are underway to deliver the Chair appraisal in accordance with the framework for 2024. • Principles will be followed for wider board member appraisals for 2024 with an addendum created to support conversations, with full implementation in 2025.
Key Risks/Areas of Focus:	**Decisions Made:**
• Full implementation of the LCF not possible for 2024 appraisals, due to delay in the release of supporting documentation, which is expected in Autum 2024.	• For Board members to note the content of the paper and meet individual responsibilities outlined.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	25/03/24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Trust Board	27/03/24

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

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

Leadership Competency Framework for Board Members

1.0 Background and Context

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

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

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

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

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

2.0 General Principles of the Leadership Competency Framework

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

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

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

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

3.0 Actions arising from the framework

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

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

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

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

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

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

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

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

It is worth noting that a revised Chair appraisal framework (with supporting documentation) has been published for use in 2023/24 Chair appraisals and includes the competencies outlined in the LCF.

A new Board Member Appraisal Framework is yet to be published but is expected in Autumn 2024.

3.1 Locally agreed approach to implementation

Following an assessment of the framework the following local actions have been agreed, which sees the Trust implement the LCF in a staged approach;

- The upcoming NED recruitment process will see the framework embedded into role descriptors as outlined in section 3.0 above as will any future recruitment into Board level roles.

  .

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

- Wider board level appraisals (NED, Executive and CEO) for 2024, will utilise the locally agreed appraisal form, with an addendum created to support the documentation, outlining the LCF principles.

- The appraisal programme for 2025 will see the full implementation of the LCF, utilising the full suite of supporting documentation expected to be published in Autumn 2024.

Recommendations

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

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	National Staff Survey Results 2023			
Author/s:	Karen Phillips – Deputy Director of Workforce & OD			
Recommendation:	To approve		To discuss	✓
	To note	✓	To ratify	
	For assurance			
Purpose	To provide the Board with an overview of the National Staff Survey Results following the national publication on Thursday 7ᵗʰ March 2024 .			

Key Issues within the report:

Positive Assurances to Provide:

1. The Trust positions better that the national average across all People Promise theme areas
2. The Trust positions better than the national average in all People Promise sub themes.
3. The Trust positions better the average for our benchmark group (51 MH and community Trusts) in all but one People Promise theme area, where we are equal to the average (we are a team)
4. The Trust positions better the average for our benchmark group (51 MH and community Trusts) in all People Promise sub themes except two (Compassionate leadership & Line management) and equal to the average in one (motivation)
5. is the most improved provider of its kind in the country for

Key Actions Commissioned/Work Underway:

Equality, Diversity and Inclusion
- Respect Campaign with 'Report It' posters to target bullying, harassment and discrimination towards staff by managers and other colleagues. Posters target racism, homophobia, disability discrimination and sexual harassment.
- Task and Finish Group established to develop a coherent, clinically led process for addressing abuse from patients towards staff based upon their protected characteristics.
- Roll out of the Access to Work Programme led by Estates and Occ Health addressing reasonable adjustments and access to buildings for staff with a disability/long term condition.
- Move forward action plan from LGBT Foundation towards our Rainbow Badge Accreditation to address areas of risk around sexual orientation, gender expression and identity.

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the question asking staff it they would recommend their organisation as a place to work.
6. Improvement in the number of staff who agree/strongly agree that they 'would recommend their organisation as a place to work" which has risen from 49% in 2019 to 67% in 2023, making the Trust the most improved in the country for Trusts of its kind and second most improved in the NHS over that time period.
 	
The Trust reports above sector and national scores for five key questions;
 	
    o I feel that my role makes a difference to patients / service users.
    o Care of patients / service users is my organisation's top priority.
    o My organisation acts on concerns raised by patients / service users.
    o I would recommend my organisation as a place to work.
    o If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
	• Implementation of Equality in Action - Breaking barriers for women's advancement - a gender equality initiative.
	• Implementation of the Act Against Racism Charter– Royal College of Psychiatrists
	• Implementation of the NHS England EDI Improvement Plan
	• Implementation of the Equality Delivery System 22 (EDS22)
	• Signed the Sexual Safety Charter with a full programme of activity planned following a recent gap analysis
	
	Wider Actions
	
	• The Trust has been recognised as an exemplar Trust and has received funding for a 12 month fixed term role that will focus on improving retention with focus on the People Promise theme areas in the NSS.

Key Risks/Areas of Focus: 1. Note that a last minute complication at a national level with the results for the People Promise theme 'We are Safe and Healthy' means this theme is currently unreported. 2. **Specific Areas of focus from the survey**	**Decisions Made:** • N/A

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o People Promise 7 – Sub score 2 – Line Management o People Promise 1 - Sub score 2 – Compassionate Leadership 16c06 Experienced discrimination on grounds of age. Bottom 20% of sector, Org 29.1%, Sector 20.5%. 16c04 Experienced discrimination on grounds of sexual orientation. Bottom 20% of sector, Org 8.5%, Sector 5.8%. The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it. Below the sector score and reduced against 2022 figure o **WRES Areas of Focus** Ind5: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? Ind8: q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues? o **WDES Areas of Focus** Ind5: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? Ind8: q16b - In the last 12 months have you personally experienced discrimination at	

			Date		Date
Governance:	Audit Committee			Remuneration & Nominations Committee	
	Quality Committee			Workforce & Organisational Development Committee	
	Finance & Investment Committee			Executive Management Team	25/03/24
	Mental Health Legislation Committee			Operational Delivery Group	
	Charitable Funds Committee			Collaborative Committee	
				Other (please detail) Board	27/03/24

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			
Quality Impact	✓			
Risk	✓			
Legal	✓			To be advised of any future implications as and when required by the author
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			

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Report Exempt from Public Disclosure?			No	

NATIONAL STAFF SURVEY 2023

1.0 Introduction

The following report provides an overview of the Trust position following the publication of the national results following the closure of the National Staff Survey in November 2023.

The results of the 2023 NHS Staff Survey show that working at our Trust is already matching the aspirational experience for all NHS employers to reach by 2025 and is the most improved provider of its kind in the country for the question asking staff it they would recommend their organisation as a place to work.

The NHS Staff Survey is an important tool for assessing the quality of care and the work environment within NHS trusts. It provides valuable feedback to help NHS organisations identify areas in which improvements could be made.

This year 56% of staff completed the survey, a record for the Trust and above the national average.

Results measure progress on seven NHS People Promises plus the themes of staff engagement and morale, to track national progress against the ambition to make the NHS the best workplace it can be. We were pleased to hear from our team that we are performing above the NHS average for all people promise themes and subthemes.

The Trust's results are benchmarked against other Mental Health & Learning Disability and Mental Health, Learning Disability and Community Trusts, providing focus for both areas for improvement and celebration.

The latest report also includes five years of results which demonstrate the positive work that has been done to ensure continuous improvements are made to staff and patient experiences. This includes an improvement in the number of staff who agree/strongly agree that they 'would recommend their organisation as a place to work" which have risen from 49% in 2019 to 67% in 2023, making the Trust the most improved in the country for Trusts of its kind and second most improved in the NHS over that time period.

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2.0 Response Rates

The Trust achieved a response rate of 55.62% overall which represented 1,847 responses from a sample of 3,321. The overall response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts (51 Trusts) is 52%,
with the national response rate at 48%.

The above represents a 11.72% increase in response rate in comparison to the 2022 survey.

	2021	2022	2023
Overall Response Rate	44.10%	43.90%	55.62%
Chief Executive	94%	94%	90.00%
Chief Operating Officer	51%	36.60%	40.19%
Children's and LD	39%	40.80%	52.32%
Commissioning		83.30%	92.31%
Community and Primary Care	39%	35%	60.45%
Community Care			63.09%
Primary Care			57.08%
Finance	60%	49.80%	66.98%
Forensic	36%	30.80%	62.30%
Medical	68%	63%	73.53%
Mental Health Planned	44%	50.40%	50.51%
Mental Health Unplanned	35%	35.80%	41.18%
Nursing and Quality	82%	86.40%	81.25%

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Workforce and OD	89%	80.90%	90.41%
Sustainable Transformation		53.30%	68.75%

RESPONSE RATE COMPARISON
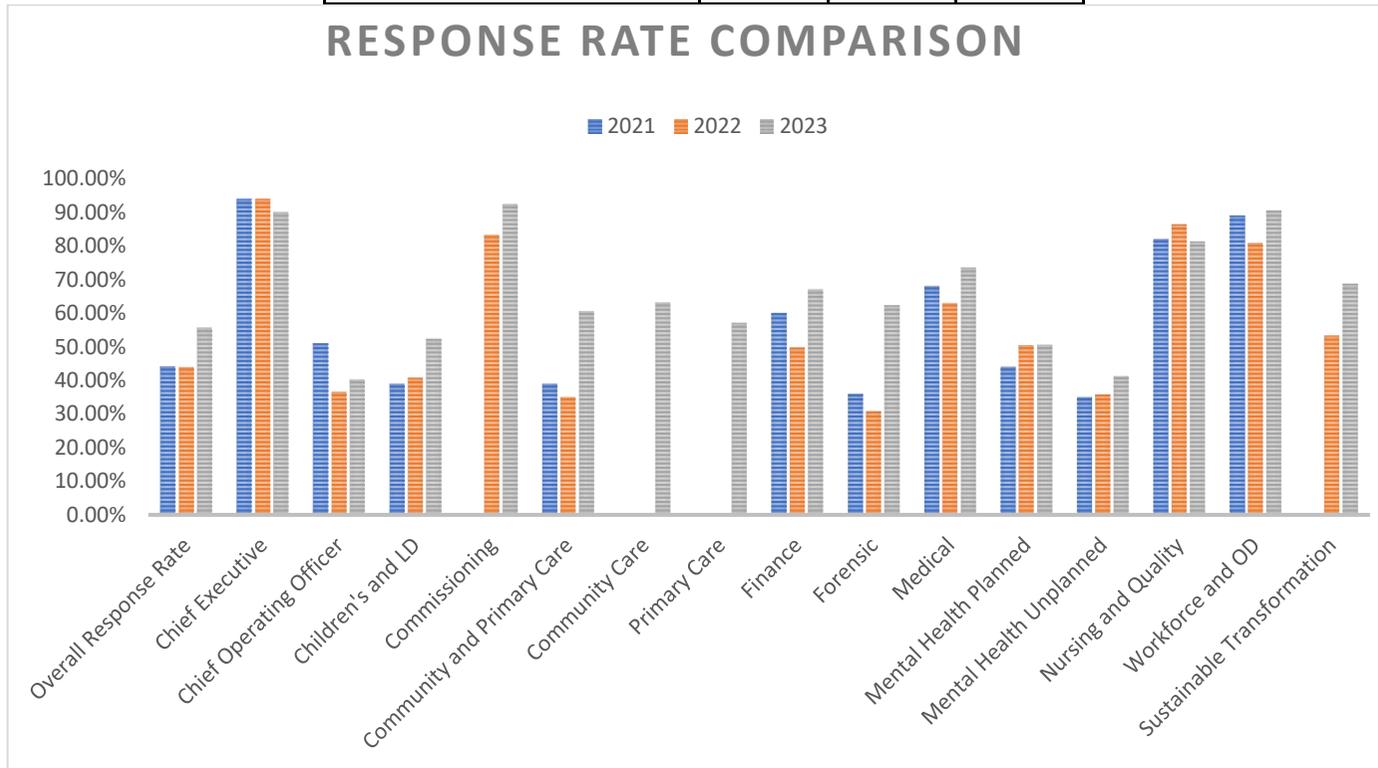
A breakdown of responses by Occupational Group, can be found below.

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Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Corporate	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Operations	Students
166	388	538	154	0	97	0	30	469	0	5

3.0 People Promise Theme Summary

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	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.68	6.59	7.10	-	6.22	7.05	7.18	7.18	6.37
Best result	7.93	6.90	7.34	-	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	-	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	-	5.17	6.23	6.90	6.46	5.21
Responses	1841	1846	1823	-	1795	1837	1843	1845	1846

A full summary of Trust results by People Promise theme is detailed in table below, but in summary;

3. The Trust positions better that the national average across all People Promise theme areas
4. The Trust positions better than the national average in all People Promise sub themes.
5. The Trust positions better the average for our benchmark group (51 MH and community Trusts) in all but one People Promise theme area, where we are equal to the average (we are a team)

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6. The Trust positions better the average for our benchmark group (51 MH and community Trusts) in all People Promise sub themes except two (Compassionate leadership & Line management) and equal to the average in one (motivation)
7. Note that a last minute complication at a national level with the results for the People Promise theme 'We are Safe and Health' means this theme is currently unreported.

	National	Humber	Benchmark Group Average	Comments
We are Compassionate and Inclusive	7.3	7.68	7.58	
Compassionate Culture	7.09	7.36	7.24	
Compassionate Leadership	7.06	7.49	7.54	Better than national average, worse than BMG
Diversity and Equality	8.11	8.56	8.33	
Inclusion	6.92	7.29	7.23	
We are Recognised and rewarded	6	6.59	6.41	
We each have a voice that counts	6.72	7.1	7.01	
Autonomy and Control	6.97	7.27	7.22	
Raising concerns	6.46	6.92	6.8	
We care safe and Healthy	Issue with data unreported			
Negative Experiences	Issue with data unreported			
Health & Safety Climate	Issue with data unreported			
Burnout	5.04	5.4	5.31	
We are always learning	5.64	6.22	5.93	
Development	6.49	6.83	6.74	
Appraisals	4.77	5.6	5.13	

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We work flexibly	6.28	7.05	6.84	
Support for Work life balance	6.32	6.98	6.83	
Flexible Working	6.25	7.12	6.87	
We are a team	6.89	7.18	7.18	Better than national average, equal to BMG
Team working	6.7	7.01	6.97	
Line management	6.89	7.36	7.4	Better than national average, worse than BMG
Staff engagement	6.89	7.18	7.11	
Motivation	7.02	7.22	7.22	Better than national average, equal to BMG
Involvement	6.85	7.19	7.18	
Advocacy	6.81	7.13	6.95	
Morale	5.95	6.37	6.17	
Thinking about leaving	6.06	6.61	6.27	
Work pressure	5.34	5.68	5.55	
Stressors	6.43	6.82	6.75	

We are compassionate and inclusive

2023
7.7

2022
7.6

average
7.6

We are recognised and rewarded

2023
6.6

2022
6.4

average
6.4

We each have a voice that counts

2023
7.1

2022
7.1

average
7.0

We are safe and healthy

Due to a national reporting issue results for this theme will be available at a later date

We are always learning

2023
6.2

2022
6.0

average
5.9

We work flexibly

2023
7.0

2022
6.9

average
6.8

We are a team

2023
7.2

2022
7.1

average
7.2

staff engagment

2023
7.2

2022
7.1

average
7.1

morale

2023
6.4

2022
6.1

average
6.2

The percentage of colleagues who completed the survey

2023 56%   2022 43%

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People Promise Themes

Legend: Humber Teaching NHS FT | Benchmark Average | National Average

Categories: We are compassionate and inclusive | We are recognised and rewarded | We each have a voice that counts | We are safe and healthy | We are always learning | We work flexibly | We are a team | Staff Engagement | Morale

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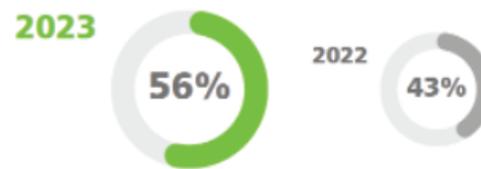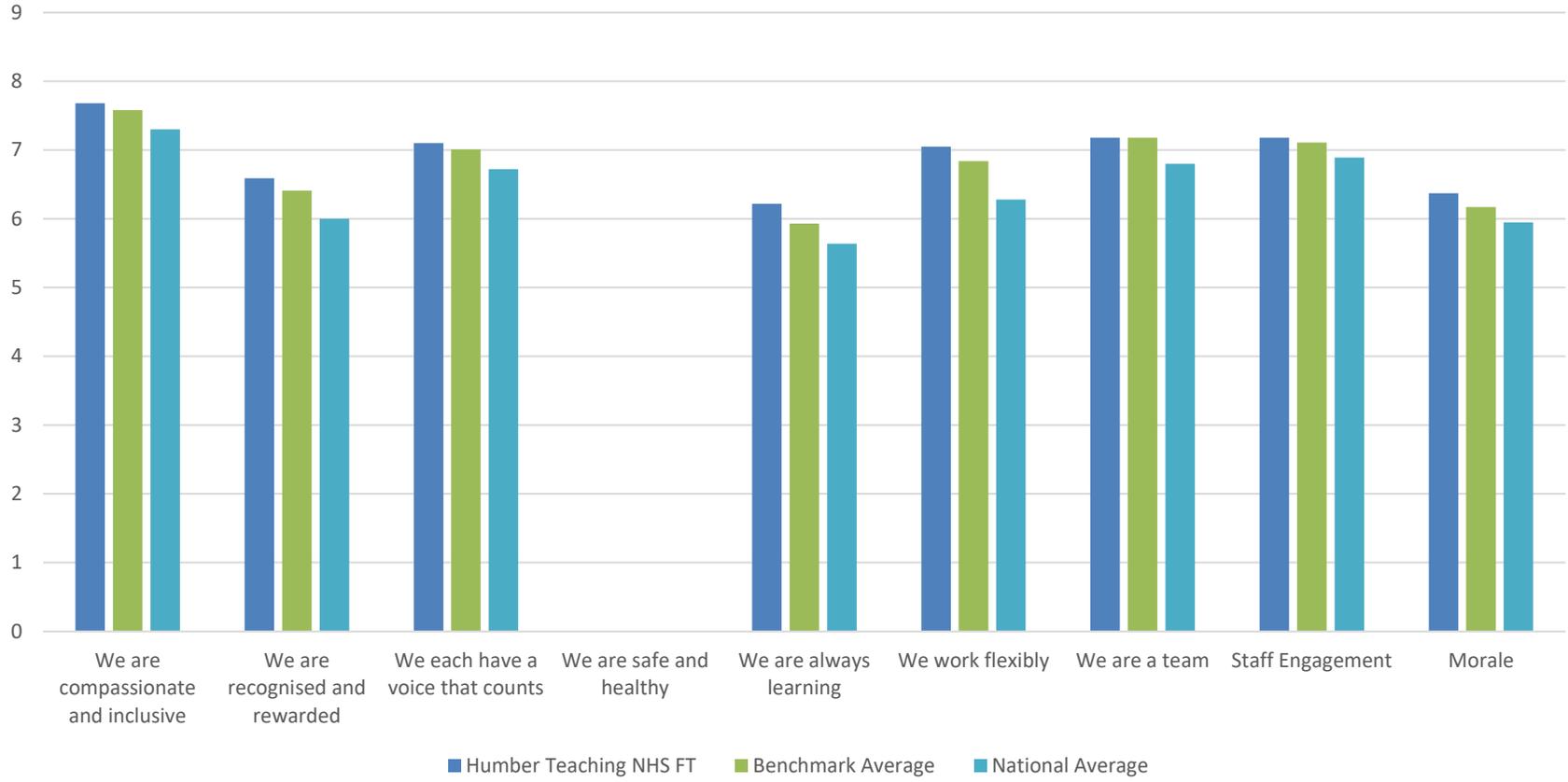
4.0 People Promise by Question

The below summaries the Trust position question by question, compared to the national and benchmark group averages. Green represents the Trust as above average, amber equal to, and red positions the Trust worse than the average.

PEOPLE PROMISE 1   COMPASSIONATE AND INCLUSIVE

(Trust Score: 7.68. Benchmark Group Score 7.58. NHS Score: 7.3)

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Promise Element 1: We are compassionate and Inclusive

Legend: Humber Teaching NHS FT, Benchmark Average, National Average
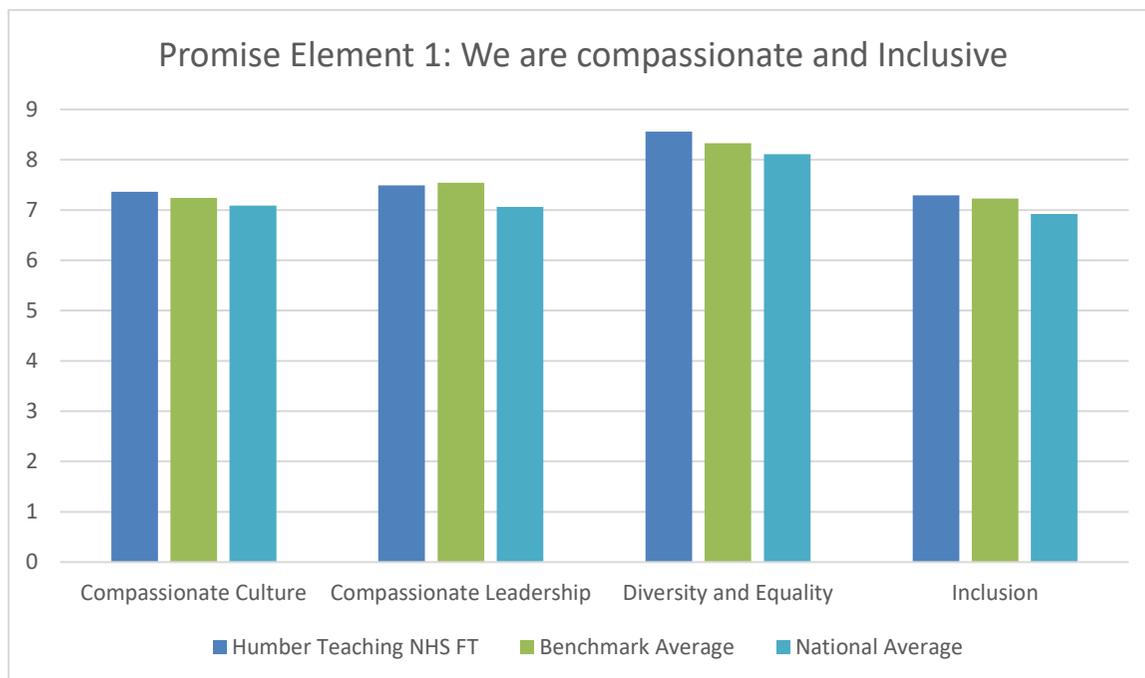
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score
Role makes a difference	88.02% (86.81% in 2022)	87.64% (86.81% in 2022)	88.25% (87.35% in 2022)

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Care of patients is organisations top priority	79.49% (78.37% in 2022)	75.14% (74.09% in 2022)	80.14% (75.58% in 2022)
Acts on concerns raised by patients/ service users	75.76% (74.06% in 2022)	70.55% (69.11% in 2022)	77.50% (73.44% in 2022)
Recommend as a place to work	65.59% (62.74% in 2022)	61.12% (57.42% in 2022)	66.98% (62.83% in 2022)
Happy with the standard of care	65.18% (63.78% in 2022)	64.97% (62.95% in 2022)	69.64% (65.25% in 2022)
Manager works together with them to come to an understanding of problems	77.09% (76.13% in 2022)	69.72% (68.01% in 2022)	76.44% (74.56% in 2022)
Manager interested in listening to them when they describe challenges	79.15% (78.23% in 2022)	71.02% (69.55% in 2022)	79.15% (76.34% in 2022)
Manager cares about their concerns	77.92% (77.18% in 2022)	71.02% (69.55% in 2022)	77.45% (76.10% in 2022)
Manager takes effective action	74.90% (73.25% in 2022)	67.84% (65.74% in 2022)	74.13% (71.47% in 2022)
Organisation acts fairly with regard to career progression or promotion regardless of background	59.69% (59.83% in 2022)	56.40% (55.98% in 2022)	63.83% (58.62% in 2022)

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Personally, experiencing discrimination at work from patients	7.22% (6.76% in 2022)	8.48% (8.29% in 2022)	4.91% (4.04% in 2022)
Personally experienced discrimination at work from manager or colleagues	7.25% (7.01% in 2022)	9.07% (9% in 2022)	5.21% (5.34% in 2022)
Respect individual difference	75.12% (74.65% in 2022)	70.63% (69.54% in 2022)	76.44% (72.32% in 2022)
Felt valued by their team	75.51% (75.41% in 2022)	70.43% (69.44% in 2022)	75.30% (75.41% in 2022)
Felt strongly personal attachment to their team	66.73% (67.28%)	64.05% (63.82% in 2022)	65.53% (66.69% in 2022)
People they work with are kind to one another	77.62% (78.47% in 2022)	71.24% (71.11% in 2022)	79.45% (80.31% in 2022)
People they work with are polite and treat each other with respect	78.60% (79.73% in 2022)	72.34% (72.40% in 2022)	80.95% (82.51% in 2022)

PEOPLE PROMISE 2   RECOGNISED AND REWARDED

(Trust Score 6.59. Benchmark Group Score 6.41. NHS Score 6)
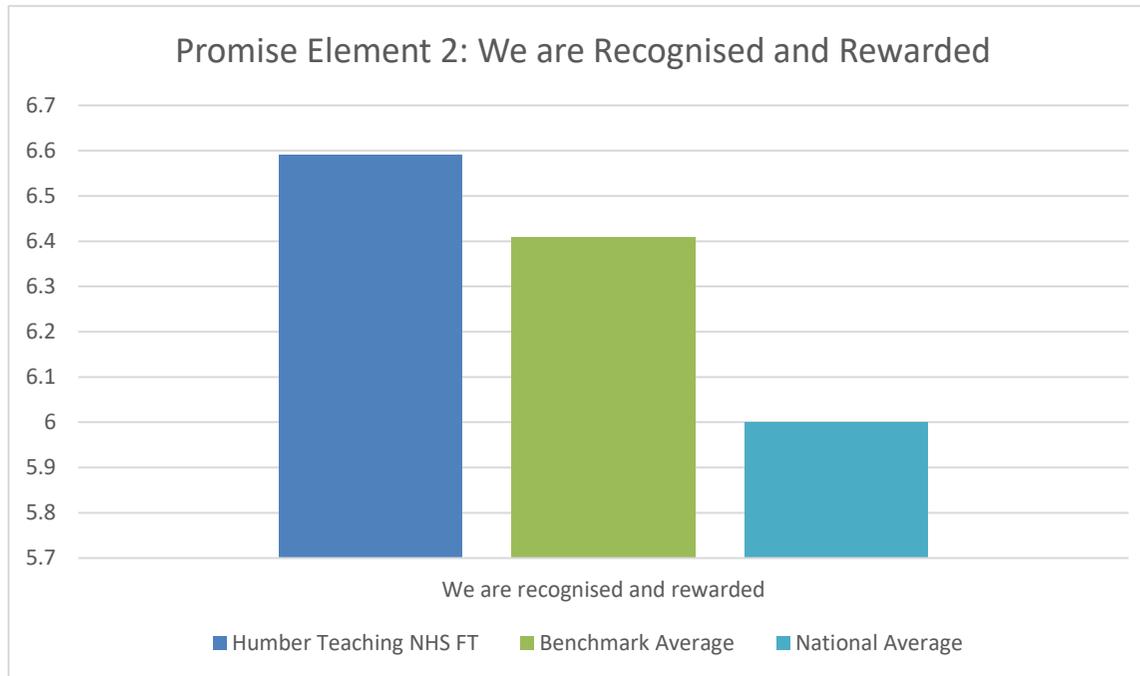
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score
Recognition I get for good work	62.87% (61.78% in 2022)	54.72% (52.46% in 2022)	64.05% (62.35% in 2022)

Organisation values their work	51.52% (50.30% in 2022)	44.92% (42.16% in 2022)	53.83% (50.75% in 2022)
Satisfied with the level of pay	36% (29.82% in 2022)	31.23% (25.61% in 2022)	45.16% (38.82% in 2022)
People they work with shows appreciation to one another	75.15% (75.83% in 2022)	68.27% (68.03% in 2022)	76.29% (77.57% in 2022)
Immediate manager values their work	79.73% (79.01% in 2022)	72.69% (71.52% in 2022)	79.63% (77.49% in 2022)

PEOPLE PROMISE 3   WE EACH HAVE A VOICE THAT COUNTS

(Trust Score 7.10. Benchmark Group Score 7.01. NHS Score 6.72)

Promise element 3: We each have a voice that counts
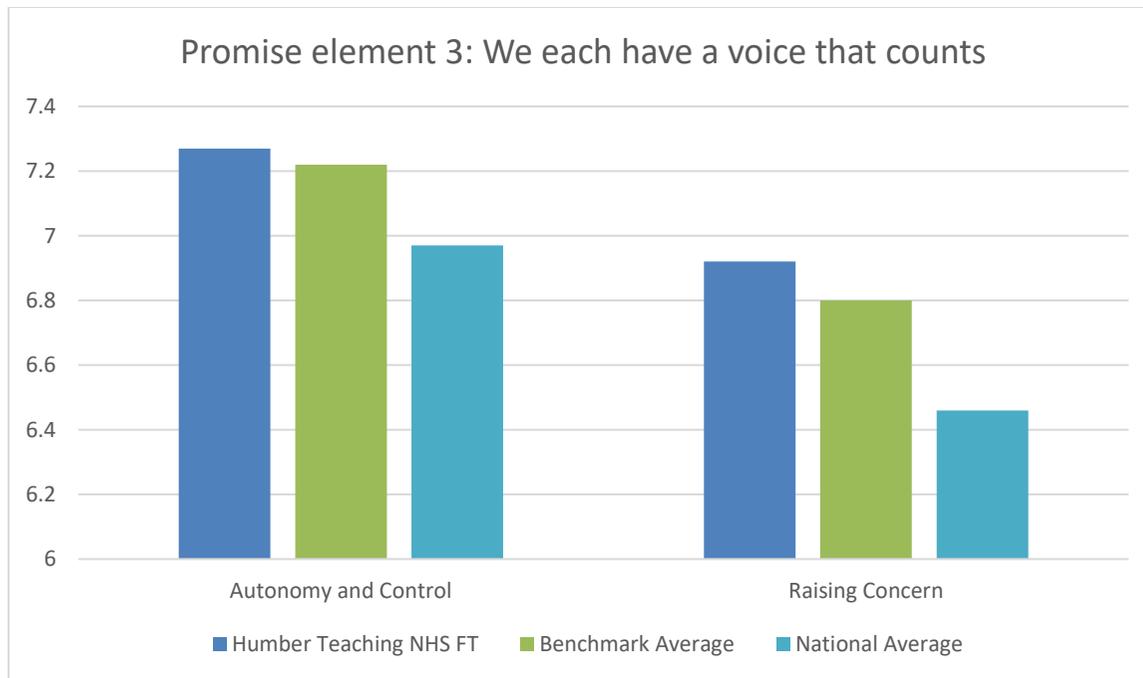
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score
Staff always know what their responsibilities are	84.49% (83.54% in 2022)	86.05% (85.53% in 2022)	85.10% (83.02% in 2022)
Feel trusted to do their job	90.79% (91.17% in 2022)	90.13% (90.30% in 2022)	90.79% (91.17% in 2022)
Frequent opportunities for them to show initiative in their role	78.14% (77.17% in 2022)	73.86% (72.89% in 2022)	78.14% (78.16% in 2022)
Staff feel able to make suggestions to improve the work of their team	77.80% (77.25% in 2022)	71.59% (70.95% in 2022)	77.83% (77.90% in 2022)
Staff involved in deciding on changes in their area	55.80% (55.66% in 2022)	51.24% (50.21% in 2022)	57.52% (56.87% in 2022)
Staff feel able to make improvements happen	61.37% (60.52% in 2022)	55.87% (54.41% in 2022)	61.07% (60.74% in 2022)
Have a choice in how to do their work	64% (64.10% in 2022)	54.48% (53.77% in 2022)	67.05% (67.72% in 2022)
Would feel secure raising concerns about unsafe clinical practice	76.82% (76.65% in 2022)	71.28% (71.89% in 2022)	77.46% (77.76% in 2022)

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Were confident that their organisation would address their concern	61.79% (61.53% in 2022)	56.81% (56.73% in 2022)	64.48% (64.15% in 2022)
Feel safe to speak up about anything that concerns them	68.14% (67.11% in 2022)	62.31% (61.52% in 2022)	70.26% (68.19% in 2022)
Were confident that their organisation would address their concern	56.06% (55% in 2022)	50.07% (48.69% in 2022)	59.57% (57.10% in 2022)

PEOPLE PROMISE 4   WE ARE SAFE AND HEALTHY

(Trust Score XX. Benchmark Group Score XX. NHS Score XX)

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Promise element 4: We are safe and healthy
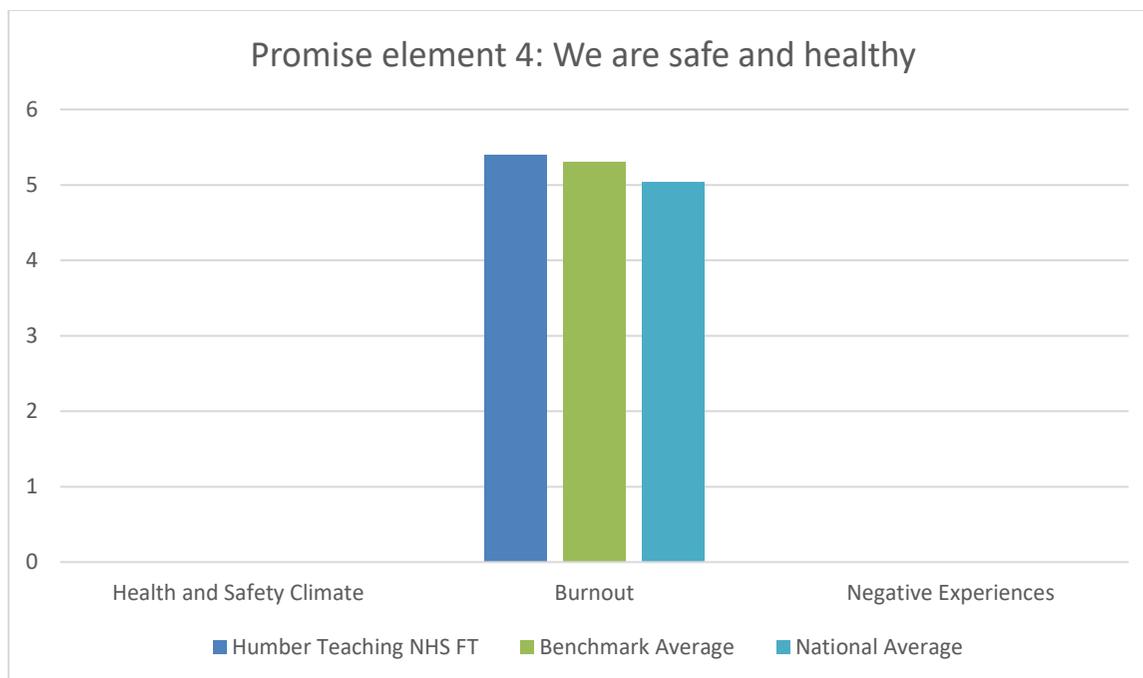
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score
Able to meet all the conflicting demands on their time at work	48.48% (45.18% in 2022)	46.71% (42.99% in 2022)	49.83% (44.12% in 2022)
Have adequate materials and supplies	64.33% (63.29% in 2022)	58.49% (55.64% in 2022)	66.35% (64.88% in 2022)
Enough staff to do the job properly	35.28% (30.55% in 2022)	32.40% (26.39% in 2022)	35.91% (31.38% in 2022)

Never/ rarely have unrealistic time pressures	29.73% (27.20% in 2022)	26.25% (23.44% in 2022)	32.01% (27.52% in 2022)
Organisation takes positive action on health and wellbeing	65.07% (63.79% in 2022)	57.89% (56.58% in 2022)	71.16% (64.41% in 2022)
Last time staff experienced physical violence at work, did them or a colleague report it	Results unavailable		
Last time staff experienced harassment, bullying or abuse at work, did them or a colleague report it	61.59% (59.97% in 2022)	51.86% (49.81% in 2022)	58.57% (63.59% in 2022)
Find work emotionally exhausting	33.53% (35.81% in 2022)	34.18% (37.41% in 2022)	32.23% (34.03% in 2022)
Feel burnt out by their work	25.13% (28.05% in 2022)	30.38% (33.97% in 2022)	23.05% (26.32% in 2022)
Work frustrates them	30.10% (33.12% in 2022)	36.18% (39.86% in 2022)	30.06% (32.89% in 2022)
Feel exhausted at the thought of another day/shift	21.97% (23.98% in 2022)	27.73% (30.83% in 2022)	20.85% (23.12% in 2022)
Feel worn out at the end of the day/shift	37.17% (39.91% in 2022)	42.73% (46.29% in 2022)	37.61% (38.35% in 2022)

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Feel every working hour is tiring for them	14.38% (16.02% in 2022)	19.01% (21.37% in 2022)	13.95% (14.58% in 2022)
Do not have enough energy for friends and family time	26.69% (27.79% in 2022)	29.75% (31.78% in 2022)	25.30% (27.70% in 2022)
Experienced musculoskeletal problems in last 12 months as a result of work activities	23.35% (24.60% in 2022)	28.69% (30.11% in 2022)	20.82% (22.56% in 2022)
Felt unwell as a result of work related stress	39.54% (41.82% in 2022)	41.71% (44.76% in 2022)	39.85% (40.16% in 2022)
Gone into work in the last 3 months despite not feeling well enough	53.24% (54.73% in 2022)	54.83% (56.62% in 2022)	52.29% (54.59% in 2022)
In the last 12 months how many times have you personally experienced physical violence at work from…?	Results not available		
- service users			
- Manager			
- Other colleagues			
In the last 12 months how, many times have you personally experienced harassment, bullying or abuse at work from…?			
- Service users	24.35% (26.07% in 2022)	25.78% (27.67% in 2022)	22.21% (23.83% in 2022)

- Manager	8.13% (8.49% in 2022)	10.17% (11.10% in 2022)	7% (8.11% in 2022)
- Other colleagues	13.79% (14.14% in 2022)	18.09% (18.72% in 2022)	12.47% (13.75% in 2022)
Have been the target of unwanted behaviour (at least once) of a sexual nature in the workplace from… (**New Question for 2023)			
- Service users/ patients/ relatives/ other members of the public	9.33%	8.67%	9.45%
- Staff/ colleagues	3.01%	3.84%	2.17%
I can eat nutritious and affordable food while I am working. (**New Question for 2023)	57.33%	53.75%	57.86%

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PEOPLE PROMISE 5   WE ARE ALWAYS LEARNING

(Trust Score 6.22. Benchmark Group Score 5.93. NHS Score 5.64)

Promise Element 5: We are always learning
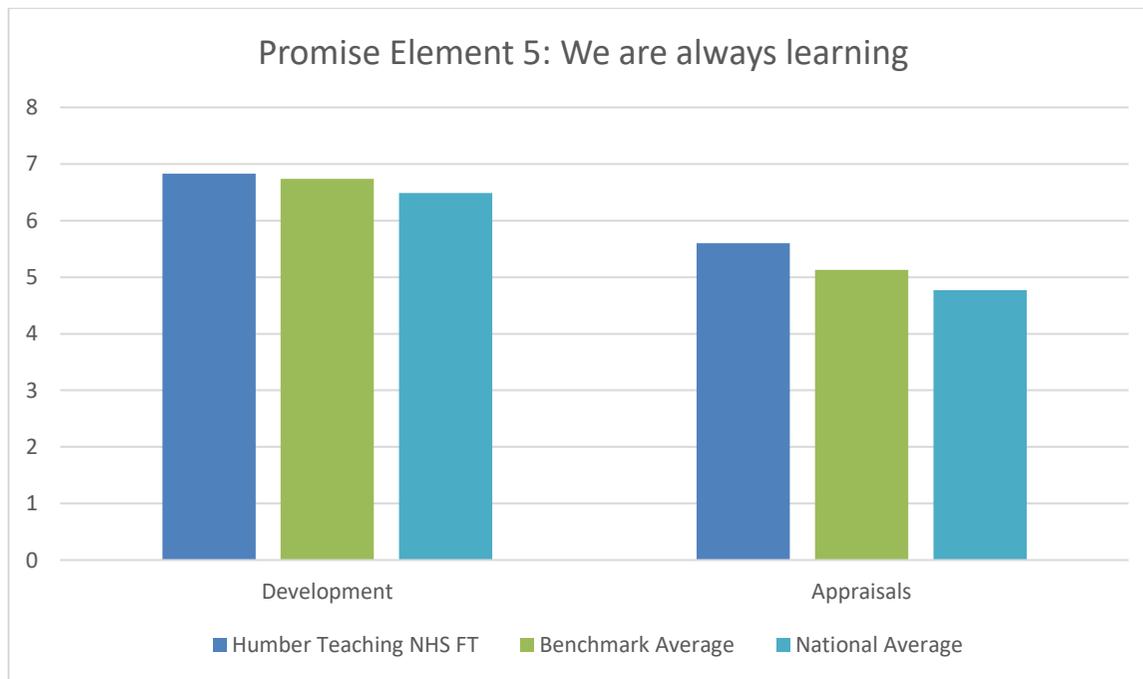
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score
Feel they are offered challenging work	74.81% (75.97% in 2022)	70.03% (70.50% in 2022)	77.14% (77.91% in 2022)
Can access opportunities to develop their career	56.52% (56.53% in 2022)	55.98% (54.51% in 2022)	59.72% (54.87% in 2022)
Opportunities to improve their knowledge and skills	75.88% (74.34% in 2022)	70.83% (68.78% in 2022)	76.93% (74.78% in 2022)
Feel supported to develop their potential	63.30% (61.16% in 2022)	57.41% (54.67% in 2022)	64.62% (61.98% in 2022)
Can access the right learning and development opportunities	64.81% (62.74% in 2022)	60.37% (57.31% in 2022)	66.45% (63.53% in 2022)
Had an appraisal in the last 12 months	86.45% (84.08% in 2022)	83.51% (81.25% in 2022)	94.34% **(BEST RESULT in BMG)** (94.19% in 2022)
Appraisal helped improve how to do the job	24.95% (22.45% in 2022)	25.49% (21.92% in 2022)	26.67% (22.45% in 2022)
Appraisal helped agree clear objectives	36.67% (34.93% in 2022)	35.45% (32.07% in 2022)	40.68% (33.24% in 2022)
Appraisal left them feeling valued by the Trust	36.48% (34.94% in 2022)	33.62% (31.08% in 2022)	36.36% (34.40% in 2022)

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PEOPLE PROMISE 6   WE WORK FLEXIBLY

(Trust Score 7.05. Benchmark Group Score 6.84. NHS Score 6.28)

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Promise Element 6: We work flexibly
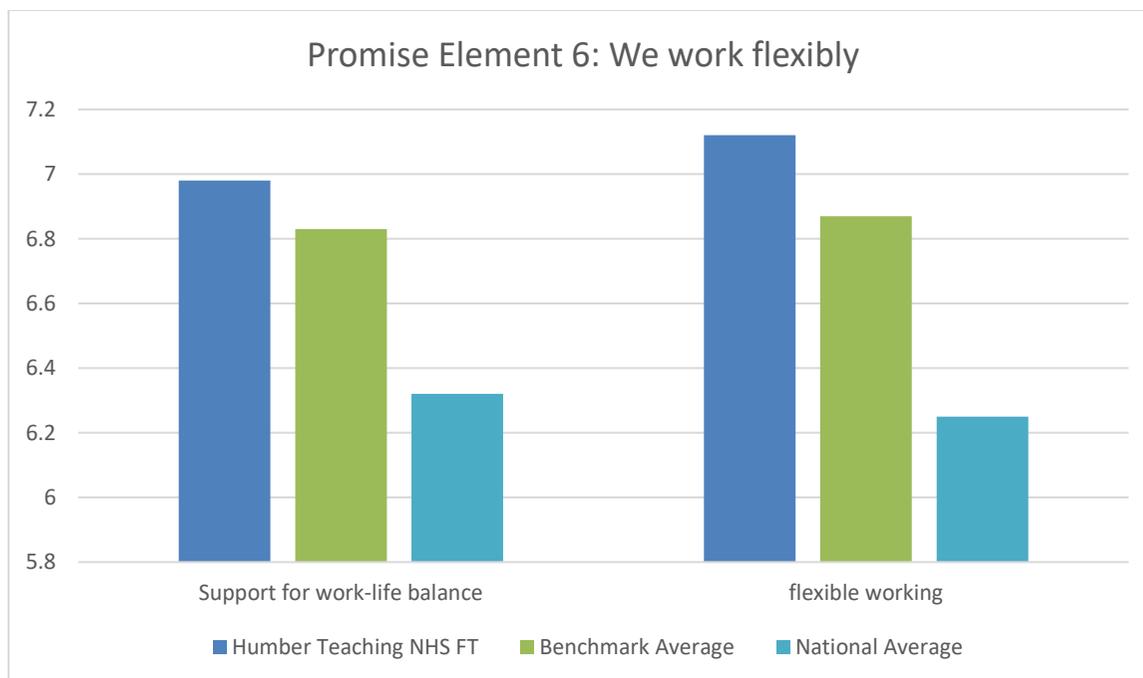
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score
Organisation committed to helping me balance my work and home life	59.25% (57.70% in 2022)	49.61% (45.83% in 2022)	64.44% (57.96% in 2022)
Achieves a good balance between work and home life	61.76% (59.81% in 2022)	55.86% (52.56% in 2022)	65.25% (60.31% in 2022)
Can approach manager to talk about flexible working	79.18% (78.13% in 2022)	70.67% (68.62% in 2022)	79.52% (77.80% in 2022)

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Satisfied with the opportunities for flexible working patterns	<mark>67.73%</mark> (66.49% in 2022)	<mark>57.39%</mark> (54.51% in 2022)	70.94% (70.09% in 2022)
Acts on concerns raised by patients/ service users	<mark>75.76%</mark> (74.06% in 2022)	<mark>70.55%</mark> (69.11% in 2022)	77.50% (73.44% in 2022)

PEOPLE PROMISE 7   WE ARE A TEAM

(Trust Score 7.18. Benchmark Group Score 7.18. NHS Score 6.89)

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& Growing Together

Promise Element 7: We are a team
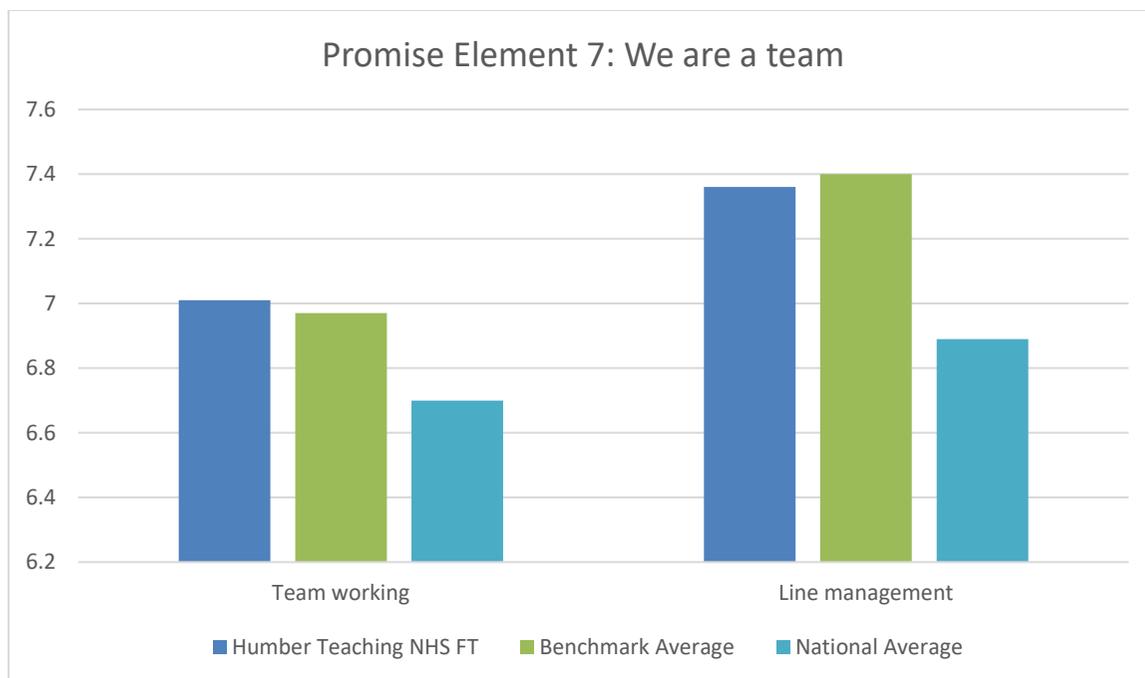
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score
Have a set of shared objectives	77.13% (75.57% in 2022)	73.56% (72.44% in 2022)	77.15% (77.89% in 2022)
Often meet to discuss team effectiveness	71.47% (68.94% in 2022)	62.17% (59.02% in 2022)	71.27% (68.68% in 2022)

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Get the respect they deserve from colleagues	76.93% (77.38% in 2022)	71.95% (71.14% in 2022)	77.65% (77.43% in 2022)
Team members understand each other's roles	71.92% (70.61% in 2022)	71.54% (70.67% in 2022)	72.56% (70.61% in 2022)
Enjoy working with colleagues	84.63% (85.21% in 2022)	81.58% (81.58% in 2022)	85.41% (86.09% in 2022)
Team has enough freedom in how it works	65.04% (62.81% in 2022)	59.94% (57.53% in 2022)	65.04% (61.13% in 2022)
Team disagreements are dealt with constructively	62.20% (61.94% in 2022)	57.11% (56.01% in 2022)	64.58% (65.27% in 2022)
Teams work together to achieve their objectives	54.78% (52.33% in 2022)	54.18% (51.39% in 2022)	57.70% (52.33% in 2022)
Immediate Manager encourages them at work	80.12% (78.60% in 2022)	72.81% (71.10% in 2022)	79.09% (77.13% in 2022)
Manager gives clear feedback	73.61% (71.54% in 2022)	65.74% (63.53% in 2022)	74.45% (71.32% in 2022)
Manager asks for their opinion before making decisions	67.68% (66.59% in 2022)	59.88% (58.22% in 2022)	66.30% (62.84% in 2022)
Manager takes an interest in their health and wellbeing	79.16% (78.09% in 2022)	71% (69.13% in 2022)	79.24% (76.15% in 2022)

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STAFF ENGAGEMENT

(Trust Score 7.18. Benchmark Group Score 7.11. NHS Score 6.89)

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& Growing Together

Theme: Staff Engagement

Legend: ■ Humber Teaching NHS FT ■ Benchmark Average ■ National Average

Categories: Motivation, Involvement, Advocacy
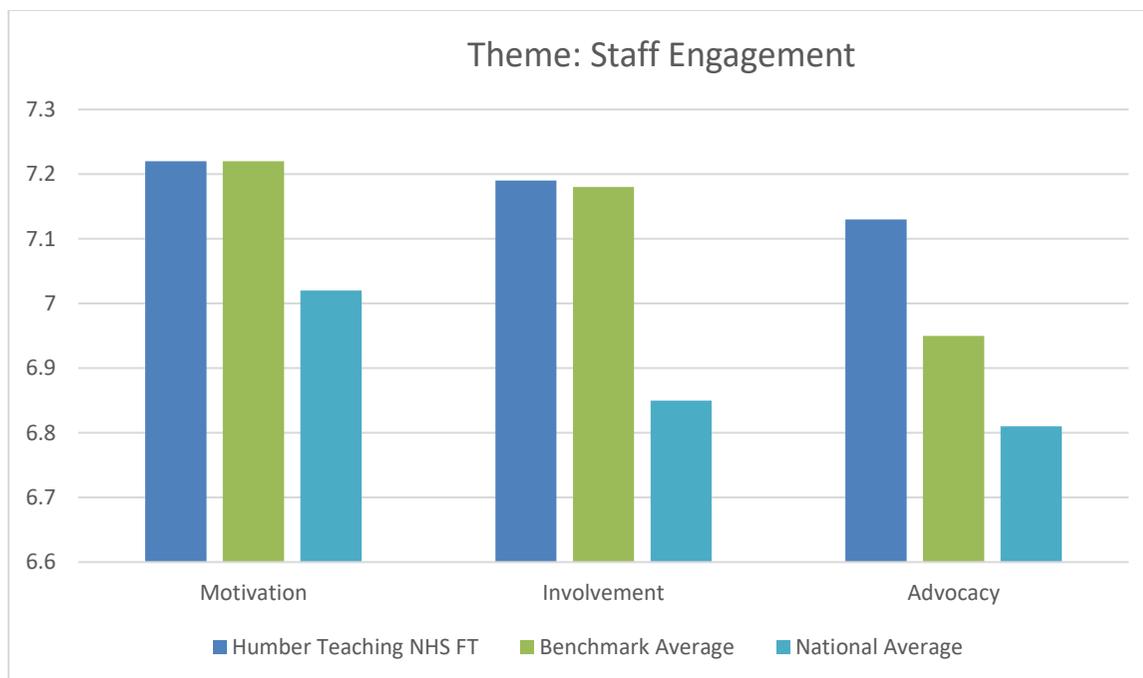
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score
Look forward to going to work	59.31% (57.68% in 2022)	55.17% (52.58% in 2022)	58.78% (58.31% in 2022)
Enthusiastic about their job	72.78% (71.02% in 2022)	69.02% (66.90% in 2022)	73.76% (72.90% in 2022)

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Time passes quickly	75.23% (75.81% in 2022)	71.94% (72.15% in 2022)	75.30% (75.56% in 2022)
Frequent opportunities for them to show initiative	78.14% (77.17% in 2022)	73.86% (72.89% in 2022)	78.14% (78.16% in 2022)
Able to make suggestions	77.80% (77.25% in 2022)	71.59% (70.95% in 2022)	77.83% (77.90% in 2022)
Able to make improvements happen	61.37% (60.52% in 2022)	55.87% (54.41% in 2022)	61.07% (60.74% in 2022)
Care of patients is my organisations top priority	79.49% (78.37% in 2022)	75.14% (74.09% in 2022)	80.14% (75.58% in 2022)
Recommend as a place to work	65.59% (62.74% in 2022)	61.12% (57.42% in 2022)	66.98% (62.83% in 2022)
If friend or relative needed treatment, would you be happy with the standard of care provided by the Trust	65.18% (63.78% in 2022)	64.97% (61.78% in 2022)	69.64% (65.25% in 2022)

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MORALE

(Trust Score 6.37. Benchmark Group Score 6.17. NHS Score 5.95)
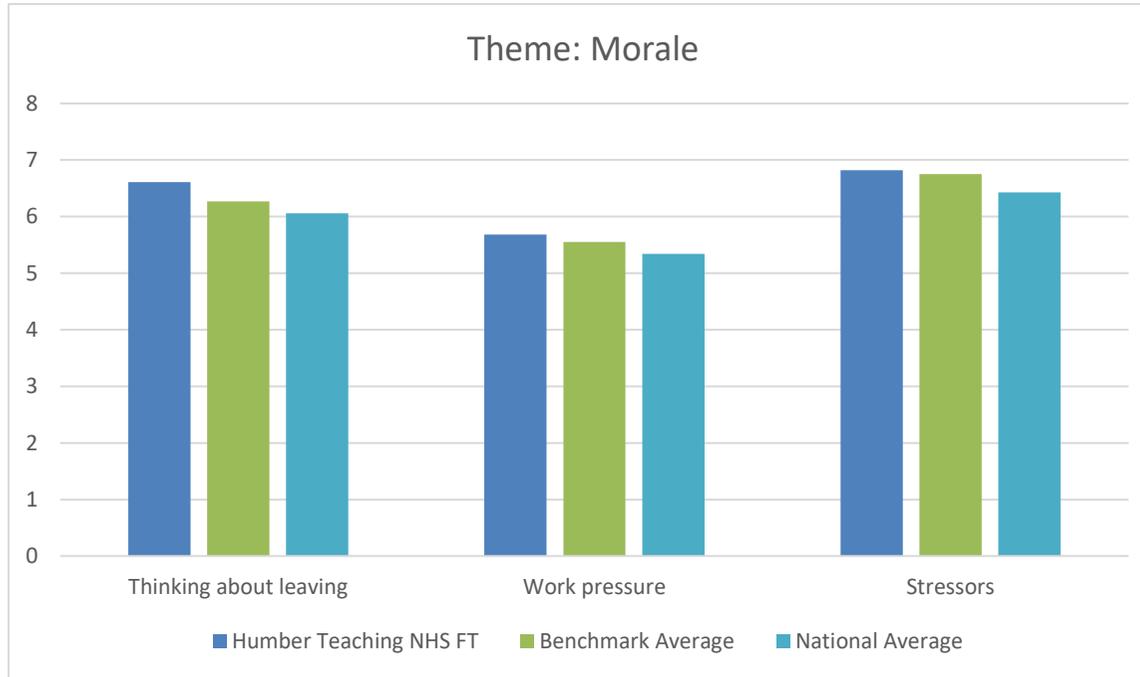
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score

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Often think about leaving this organisation	26.83% (29.06% in 2022)	29.12% (32.26% in 2022)	24.33% (28.69% in 2022)
Probably look for a new job at a new organisation in the next 12 months	20.83% (21.76% in 2022)	21.44% (23.73% in 2022)	16.34% (20.44% in 2022)
Will leave this organisation as soon as they can find another job	13.81% (14.40% in 2022)	15.71% (17.37% in 2022)	11.01% (14.03% in 2022)
Able to meet all conflicting demands on their time at work	48.48% (45.18% in 2022)	46.71% (42.99% in 2022)	49.83% (44.12% in 2022)
Have adequate materials and supplies to do their work	64.33% (63.29% in 2022)	58.49% (55.64% in 2022)	66.35% (64.88% in 2022)
Enough staff at their organisation for them to do their job	35.28% (30.55% in 2022)	32.40% (26.39% in 2022)	35.91% (31.38% in 2022)
Always know what their responsibilities are	84.49% (83.54% in 2022)	86.05% (85.53% in 2022)	85.10% (83.02% in 2022)
Are involved in deciding on changes introduced	55.80% (55.66% in 2022)	51.24% (50.21% in 2022)	57.52% (56.87% in 2022)
Never or rarely have unrealistic time pressures	29.73% (27.20% in 2022)	26.25% (23.44% in 2022)	32.01% (27.52% in 2022)
Have choice in deciding how to do their work	64% (64.10% in 2022)	54.48% (53.77% in 2022)	67.05% (67.72% in 2022)

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Relationships at work are never or rarely strained	56.46% (54.89% in 2022)	48.18% (45.94% in 2022)	58.34% (57.14% in 2022)
Receive the respect they deserve from their colleagues	76.93% (77.38% in 2022)	71.95% (71.14% in 2022)	77.65% (77.43% in 2022)
Immediate managers encourage them at work	80.12% (78.60% in 2022)	72.81% (71.10% in 2022)	79.09% (77.13% in 2022)

5.0 Focus on five core questions

The below places a lens on key questions asked in the National Staff Survey, with the Trust position better than the national and benchmark group average for each. Equally, the Trust has improved on each question compared to 2022 scores.

Care of patients is my organisations top priority	79.49% (78.37% in 2022)	75.14% (74.09% in 2022)	80.14% (75.58% in 2022)
Recommend as a place to work	65.59% (62.74% in 2022)	61.12% (57.42% in 2022)	66.98% (62.83% in 2022)
If friend or relative needed treatment, would you be happy with the standard of care provided by the Trust	65.18% (63.78% in 2022)	64.97% (61.78% in 2022)	69.64% (65.25% in 2022)
Role makes a difference to service users	88.02% (86.81% in 2022)	87.64% (86.81% in 2022)	88.25% (87.35% in 2022)

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Acts on concerns raised by patients/ service users	<mark>75.76%</mark> (74.06% in 2022)	<mark>70.55%</mark> (69.11% in 2022)	77.50% (73.44% in 2022)

6.0 Analysis of Trusts performance in the NSS 2023 Staff Survey – WRES/WDES outcome, Trust score, Benchmark and National

Workforce Race Equality Standard (WRES)

Question	Trust Score	Benchmark Group	National Score	RAG
Ind5: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	37.37%	31.43%	28.58%	■
Ind6: q14b&c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers or other colleagues?	20.62%	20.98%	25.52%	■

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Ind7: q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	50.00%	50.50%	48.85%	🟧
Ind8: q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	16.16%	13.90%	15.48%	🟥

Workforce Disability Equality Standard (WDES)

Question	Trust Score	Benchmark Group	National Score	RAG
Ind4a: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	27.52%	28.92%	30.55%	🟩
Ind4b: q14b - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	12.43%	11.87%	14.86%	🟧
Ind4c: q14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	17.90%	18.93%	24.20%	🟩
Ind4d: q14d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	56.38%	59.93%	52.57%	🟧
Ind5: q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	61.67%	56.66%	52.16%	🟩
Ind6: q11e - Have you felt pressure from your manager to come to work?	20.63%	19.35%	26.63%	🟧
Ind7: q4b - The extent to which my organisation values my work.	46.62%	45.36%	36.85%	🟩
Ind8: q31b - Has your employer made reasonable adjustment(s) to enable you to carry out your work?	83.84%	79.32%	74.48%	🟩
Ind9: Staff engagement theme	6.95	6.82	6.50	🟩

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7.0 Areas of Focus

1. People Promise 7 – Sub score 2 – Line Management

2. People Promise 1 - Sub score 2 – Compassionate Leadership

- 16c06 Experienced discrimination on grounds of age. Bottom 20% of sector, Org 29.1%, Sector 20.5%.

- 16c04 Experienced discrimination on grounds of sexual orientation. Bottom 20% of sector, Org 8.5%, Sector 5.8%.

- The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it. Below the sector score and reduced against 2022 figure

3. WRES / WDES Areas of Focus

3.1 WRES

- Ind5: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?
- Ind8: q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

3.2 WDES

- Ind5: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?
- Ind8: q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

8.0 Next Steps

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- An Internal comms plan has been developed for dissemination of results, locally and externally.

- Individual reports have been developed for each division with HR Business Partners supporting the delivery of local action plans

- IQVIA will present the full results to EMT on 13th May and Public Board on 29th May 2024.

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Title & Date of Meeting:	Trust Public Board Meeting – 27 March 2024		
Title of Report:	Associate Hospital Managers Reappointment Reviews		
Author/s:	Name: Michelle Nolan Title: Mental Health Act Clinical Manager		
Recommendation:	To approve	✓	To discuss	
	To note		To ratify	
	For assurance			
Purpose of Paper:	To ask the Public Board to approve the reappointment of 2 Associate Hospital Managers (AHMs).		

Key Issues within the report:

Positive Assurances to Provide:
Under s 23(6) of the MHA 1983 the Trust delegates its power of discharge to individuals authorised by the Board for that purpose. The following people have contracts ending on 07 March 2024:
- Mike Hood
- Lyn Hood

The re-appointees have been observed and fully appraised. Both are recommended for reappointment for three years, expiring on 07 March 2027 **subject to the position of Hospital Manager not changing.**

Key Actions Commissioned/Work Underway:
Current AHMs are continually encouraged to take on the role of panel Chair and all newly recruited AHMs will be expected to take on the role when competent.

Key Risks/Areas of Focus:
These 2 AHMs' contracts run out on 07 March and they will not be able to sit on panels until after public Board approval on 27th March.
This may have an impact on being able to book a panel as both these AHMs act as chair but Mike Hood in particular chairs a lot of panels for us. We are very limited in terms of available panel chairs and there is a risk hearings may be delayed.

Decisions Made:
-

		Date		Date

Governance:	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)	27.3.24

Monitoring and assurance framework summary:

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

Title & Date of Meeting:	Trust Board Public Meeting– 27th March 2024				
Title of Report:	2023 PLACE Results				
Author/s:	Peter Beckwith, Director of Finance Jayne Morgan, Patient Environment Manager				
Recommendation:	To approve		To discuss		
	To note	√	To ratify		
	For assurance				
Purpose of Paper:	The purpose of this report is to provide the Trust Board with the results from the 2023 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken.				

Key Issues within the report:

Positive Assurances to Provide: • PLACE assessments were completed for all inpatient facilities. • The process was fully supported by the Trusts volunteers who took an active part in the assessments. • Patients had the opportunity to be involved in the assessments.	**Key Actions Commissioned/Work Underway:** • £200k of resource set aside in 2024/25 capital plan to address PLACE priorities. • £350k of resource set aside in 2024/25 capital plan for statutory compliance (of which circa £100k is to address findings from recent accessibility audits). • Capital Resource identified in plan for 2024/25.
Key Risks/Areas of Focus: • Organisational Score for Condition, Appearance and Maintenance has fallen, impacted by the scores allocated to Granville Court.	**Decisions Made:** • The Trust Board are asked to note the report and actions been taken.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	11.03.24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances

	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
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	

1 Introduction and Purpose

The purpose of this report is to provide Executive Management Team with the results from the 2023 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken.

2 Background

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

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

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

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

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

The PLACE collection was subject to review between 2018 – 2019, which significantly revised the question set and guidance documentation. Annual review continues before each programme to ensure this collection remains relevant and delivers its aims.

After a pause of 2 years due to the pandemic, PLACE relaunched in 2022, this is the second year of the revised collection framework and therefore comparison between years is now facilitated.

3 Process

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

Sites are given advanced notice of PLACE assessments, once assessments have been completed the results are entered onto the NHS Digital Portal.

4   National Results

At a national level 1,106 assessments were undertaken in 2022 compared to 1,046 in 2022

37 assessments were excluded due to insufficient number of patient assessors, national findings are therefore based on 1,069 assessments (which translates into 236 organisational scores).

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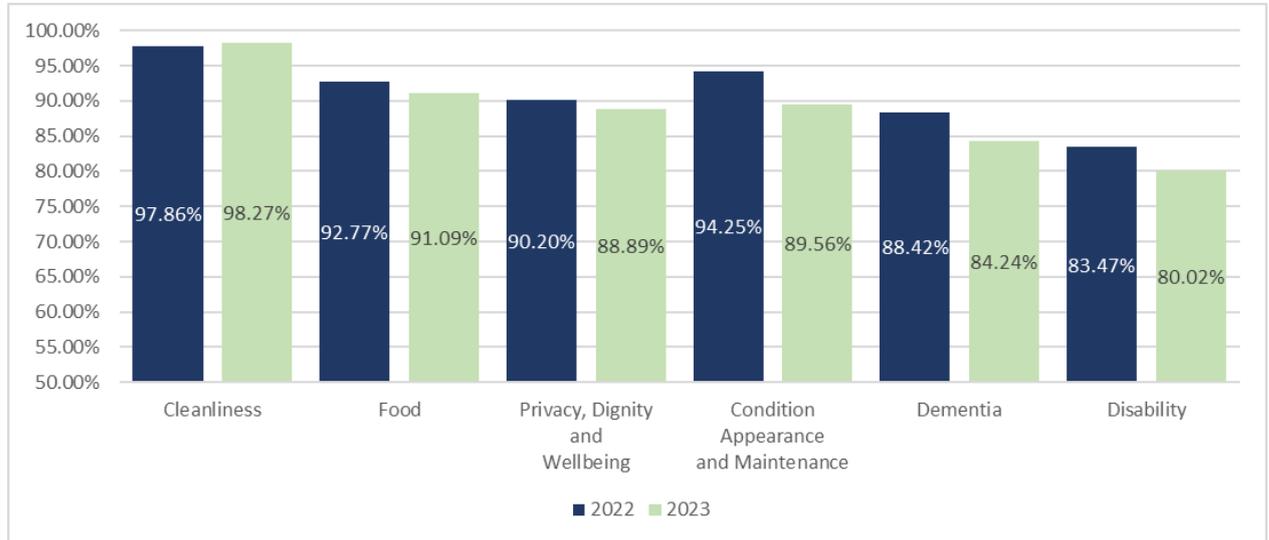
5   Organisational Scores

Organisational scores for the Trust are summarised in table below, this also provides a comparison with the National Average and sector averages for Mental Health and Community Trusts (*RAG Rating is against the national average*),

Domain	Trust Score	National Score	MH Trust Score	Community Trust Score	Rag Rating
Cleanliness	98.27%	98.10%	98.24%	99.41%	🟢
Food	91.09%	90.90%	91.67%	91.80%	🟢
Organisation Food	85.69%	90.00%	90.17%	91.32%	🟠
Ward Food	96.45%	91.00%	93.00%	92.18%	🟢
Privacy, Dignity and Wellbeing	88.89%	87.50%	93.63%	90.71%	🟢
Condition Appearance and Maintenance	89.56%	95.90%	95.57%	97.09%	🟠
Dementia	84.24%	82.50%	89.30%	87.76%	🟢
Disability	80.02%	84.30%	88.66%	87.79%	🟠

Scores for each unit are summarised at appendix A, at aggregate level the Trust scores have performed comparatively well against the national average, however the following are worthy of note:

5.1   Food

The Trust has exceeded the national Score for Food however for 'Organisation Food' the Trust score below the national average, due to the size, physical space and environment of our units the Trust are unlikely to achieve full compliance with organisation food scores in areas of menu choice or immediate needs of special dietary requirements.

Ward Food (which reflects the quality of food served) is higher than the national average.

5.2   Condition, Appearance and Maintenance

The Trust is slightly below the national average for this domain, this is influenced by the scores recorded at Granville Court.

Following the publication of the national results a site visit was undertaken by the Head of Estates and Patient Environment Manager to provide assurance that the site is safe for the residents, in terms of the condition of the building.   Whilst both the assessment and the follow up are both subjective in nature, it is believed the original scoring of Granville was heavily influenced by the known planned redevelopment.

At the follow up visit It was noted at the visit that there are areas of decoration and flooring that are in need of work.   Owing to the complex needs of the residents at Granville Court, and the limited capacity of the site to temporarily relocate residents into other areas of the facility, it was previously agreed with the unit that these works would be addressed as part of the major redevelopment programme, on the basis that the works are planned to commence autumn 2024.

Should there be any delays to the planned works at Granville, it may be deemed necessary to undertake works during the intervening period, if this occurs a plan of action will be developed and agreed with the unit.

6   Next Steps

Following completion of assessments and review of exception reports actions plans are in the process of being developed for each site.

Action plans will be prioritised against the resource set aside in the 2024/25 capital programme, specifically £200k for PLACE and £350k for statutory compliance.

Plans are in place to develop and issue a PLACE "thermometer" for display which details the scores for each domain.

The action log will be presented to and monitored by the Health & Safety Group.

7   Recommendation

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

	Cleanliness		Food		Organisational Food		Ward Food		Privacy Dignity and Wellbeing		Condition Appearance		Dementia		Disability	
	2002	2023	2002	2023	2002	2023	2002	2023	2002	2023	2002	2023	2002	2023	2002	2023
Trust Score	97.86%	98.27%	92.77%	91.09%	88.52%	85.69%	97.12%	96.45%	90.20%	88.89%	94.25%	89.56%	88.42%	84.24%	83.47%	80.02%
National Score	98.05%	98.10%	91.27%	90.90%	91.15%	90.00%	91.94%	91.00%	87.94%	87.50%	95.99%	95.90%	83.21%	82.50%	84.32%	84.30%
CAMHS:																
Inspire	99.30%	97.83%	91.50%	91.97%	87.50%	85.82%	97.10%	100.00%	93.30%	87.80%	97.30%	100.00%	n/a	N/A	80.40%	83.33%
Mental Health																
Maister Lodge	100.00%	100.00%	94.00%	93.20%	89.60%	85.82%	100.00%	100.00%	93.50%	91.53%	98.50%	97.89%	88.40%	90.91%	87.50%	86.25%
Newbridges	97.90%	97.66%	90.50%	89.92%	85.40%	84.75%	97.20%	97.06%	83.30%	89.74%	88.60%	100.00%	n/a	N/A	81.30%	82.14%
Westlands	98.60%	97.62%	92.20%	86.08%	87.50%	83.69%	98.60%	88.64%	87.10%	86.49%	100.00%	96.25%	n/a	N/A	84.80%	66.00%
Mill View	96.80%	97.46%	93.30%	87.26%	88.00%	82.12%	96.40%	93.59%	95.60%	94.64%	97.80%	97.86%	87.50%	79.17%	88.70%	80.81%
Miranda House	97.90%	99.73%	95.00%	94.77%	87.50%	86.59%	100.00%	100.00%	90.40%	92.06%	90.80%	93.96%	n/a	N/A	83.30%	84.44%
Secure:																
Humber Centre	98.40%	98.68%	91.70%	92.75%	88.70%	85.82%	95.70%	100.00%	96.70%	93.48%	93.00%	95.33%	n/a	N/A	81.10%	86.90%
Pine View	98.60%	99.23%	94.00%	90.98%	89.60%	83.69%	100.00%	100.00%	92.50%	93.88%	97.80%	93.57%	n/a	N/A	90.00%	79.63%
LD:																
Granville Court	96.60%	97.06%	n/a	N/A	n/a	N/A	n/a	N/A	95.50%	64.20%	91.00%	**9.62%**	n/a	N/A	66.70%	40.91%
Townend Court	98.90%	99.64%	95.80%	94.49%	89.60%	87.94%	100.00%	98.65%	87.00%	92.86%	96.30%	97.92%	91.70%	N/A	92.20%	87.14%
Community:																
Whitby	99.80%	99.79%	88.80%	86.47%	91.50%	86.17%	85.70%	86.84%	91.50%	91.38%	98.30%	100.00%	87.50%	80.43%	86.50%	83.15%
Malton	92.40%	93.33%	n/a	89.71%	n/a	89.89%	n/a	89.47%	67.90%	75.86%	86.40%	78.57%	n/a	86.76%	78.10%	82.95%

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme – Programme Update March 2024			
Author/s:	Michele Moran, Chief Executive, ICB MH Provider Lead Alison Flack, Programme Director			
Recommendation:	To approve		To discuss	
	To note	√	To ratify	
	For assurance			
Purpose of Paper:	To update members of the Trust Board on the progress of the mental health, learning disabilities and autism collaborative programme Information to note.			
Key Issues within the report:				

Positive Assurances to Provide:
N/A

Key Actions Commissioned/Work Underway:

- **Children and Young People's Trauma informed Care Conference, 5th March 2024 –** A conference was held at the KCOM stadium in Hull which brought together colleagues to share progress of the trauma informed care programme.

- **2024/25 Planning** – Initial guidance for 2024/25 suggests that broad areas of focus related to the established long term plan ambitions will remain the same. However, with reference to how these priorities will be monitored, there are some changes to be aware of. Some changes to metrics indicate a shift in thinking, such as replacement of the talking therapies access metric with metrics to monitor levels of "reliable improvement" and "reliable recovery. There has also been a change to monitoring out of area placements (OAPs), this will now be measured on number of active inappropriate OAPs, rather than bed days for OAPs.

- **Inpatient Quality and Transformation Programme** - The draft 3-year plan is in development and will be submitted to NHS England by the end of March 2024. Initial focus has been on establishing agreed data on out of area placements and bed stock across providers, an out of area dashboard has been developed and

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<table>
<tr><td></td><td colspan="2">regular data is now starting to flow. Through this work it has been identified that mental health rehabilitation needs particular focus.

- **Autism/ADHD assessment pathways** – Following a significantly increased level of demand for autism and ADHD assessments, we have established the Autism/ADHD assessment pathways steering group to scope demand and approaches across the Integrated Care Board (ICB) 6 places. Options are being explored around alternative models of provision. There has also been development of some shorter-term proposals to deal with current back logs in assessments.

- **Collaborative strategic review** – Outputs form the Carnal Farrar strategic review have been shared and have identified some key themes for collaborative development (outlined within the paper).

- **Mental Health, Learning Disabilities and Autism Performance –** detailed performance positions are outlined within the paper. Key areas of variance to target are:
  - Dementia diagnosis (59% against a target of 61.4%)
  - Talking therapies access (at 84.3% of target)
  - Out of area bed days (1,135 against a target of 305, which equates to 830 bed days over plan)</td></tr>
</table>

Key Risks/Areas of Focus:
- Increase ADHD autism assessment demand
- Work to develop inpatient quality transformation programme and reduce out of area placements

Decisions Made:
N/A

Governance:

		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	27.3.24

Monitoring and assurance framework summary:

Links to Strategic Goals	*(please indicate which strategic goal/s this paper relates to)*
√ *Tick those that apply*	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances

	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
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 and North Yorkshire Health and Care Partnership
Mental Health, Learning Disabilities and Autism Collaborative Programme

Humber Teaching NHS Foundation Trust Board Update – March 2024

Headlines

- **Children and Young People's Trauma informed Care Conference, 5th March 2024 –** A conference was held attended by over 250 people at the KCOM stadium in Hull which brought together colleagues to share progress of the trauma informed care programme. This included leading national speakers and workshops outlining the work of the test and learn sites such as the JEFF project in North East Lincolnshire and colleagues from the education sector were able to outline some of the work and challenges relating to schools. Attendees also heard about how organisational/system trauma can affect the way we work and the support we provide to children and young people.

- **2024/25 Planning** – NHS England expects to publish the 2024/25 priorities and operational planning guidance as soon as possible following the 2024 Spring Budget on 6 March. To support ongoing planning, NHSE have shared interim draft planning assumptions for 2024/25 with integrated care boards (ICBs).

  Initial guidance for 2024/25 suggests that broad areas of focus related to the established long term plan ambitions will remain the same. However, with reference to how these priorities will be monitored, there are some changes to be aware of.

  Some changes to metrics indicate a shift in thinking, such as replacement of the talking therapies access metric with metrics to monitor levels of "reliable improvement" and "reliable recovery. There has also been a change to monitoring out of area placements (OAPs), this will now be measured on number of active inappropriate OAPs, rather than bed days for OAPs. A summary of the changes to metrics can be seen as follows:

Summary of activity planning metrics in 2024/25

Ref	Measure Name	Frequency	Basis	Org level	Change vs. 2022/23
NEW - E.A.5	Active inappropriate adult acute mental health out of areas placements (OAP's)	Monthly	end of period position	MH provider & ICB	Replaces EH12 OAP bed days and data source change to MHSDS
NEW - E.A.4b	NHS Talking Therapies - Reliable improvement rate for those completing a course of treatment. Metric denominator "total courses of completed treatment" is included in the ambitions as well as the improvement rate	Monthly	in period activity	ICB	Replaces access metric
NEW - E.A.4a	NHS Talking Therapies - Reliable recovery rate for those completing a course of treatment and meeting caseness	Monthly	in period activity	ICB	
E.A.S.1	Estimated diagnosis rate for people with dementia	Monthly	end of period position	ICB	No change
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services	Monthly	12-month rolling	ICB	ICB activity assignment method updated to GP practice
NEW - E.H.31	Overall Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	12-month rolling	ICB	Replaces EH27 overall adult CMH access (transformed and non-transformed)
E.H.9	Access to Children And Young People's Mental Health Services (0-17)	Monthly	12-month rolling	ICB	ICB activity assignment method updated to GP practice
NEW (E.H.13)	Rate of people with severe mental illness receiving a full annual physical health check	Quarterly	12-month rolling	ICB	Ambition reframed as percentage and data source change to GPES

In addition to these priorities, it has also been confirmed that expansion of NHS Talking Therapies and Individual Placement Support (IPS) are considered a priority with funding being made available through the spring budget.

- **Inpatient Quality and Transformation Programme -** The draft 3-year plan is in development and will be submitted to NHS England by the end of March 2024. Initial focus has been on establishing agreed data on out of area placements and bed stock across providers, a out of area dashboard has been developed and regular data is now starting to flow. Through this work it has been identified that mental health rehabilitation needs particular focus in terms of length of stay, appropriateness of initial placements level and quality of provision in Humber and North Yorkshire.

- **Autism/ADHD assessment pathways** – Following a significantly increased level of demand for autism and ADHD assessments, we have established the Autism/ADHD assessment pathways steering group to scope demand and approaches across the Integrated Care Board (ICB) 6 places. Options are being explored around alternative models of provision. There has also been development of some shorter-term proposals to deal with current back logs in assessments.

- **Collaborative strategic review** – Outputs form the Carnal Farrar strategic review have been shared and have identified some key themes for collaborative development:
    - Develop and implement a core offer for mental health services that enables addressing health inequalities at Place.
    - Improve the model of care for older people, focusing on providing more anticipatory care, particularly in view of population growth.
    - Create a consistent offer across providers focusing on children and young people's pathways.
    - Reduce the number of delayed transfers of care and inappropriate out-of-area placements.
    - Recruit and retain staff by creating a flexible workforce that benefits from an innovative joint training and development offer.
    - Create employment opportunities that support social mobility for young people and working age adults, particularly those living in deprived communities.
    - Leverage data quality improvements and digital maturity to understand healthcare utilisation better and transform services.

The collaborative Executive Strategic Leadership Group are holding a focussed discussion on future strategy in March 2024.

Mental Health, Learning Disabilities and Autism Performance

A summary of the key performance metrics can be found below:

- **Dementia diagnosis** – ICB actual is 59.0% against a target of 61.4%, which equates to 2.4% below target. There has been a positive increase in DDR in recent months. Hull, North East Lincolnshire, and North Lincolnshire all exceeding local targets. Funding has been secured to complete a Focussed programme of work to cleanse GP registers and develop a toolkit to improve coding. We know that issues with coding are contributing to the current performance being reported in some of our local places. Efforts will focus primarily in York, North Yorkshire and North Lincolnshire initially

- **Community Mental Health access** – ICB position is 18,712 against a target of 19,140 (which equates to 97.8% of target). There has been a steady decrease in access figures throughout 23/24, with a sharp decrease in November and December 2023; latest months are reflective of access figures in 22/23. North East Lincolnshire and East Riding are exceeding local targets. CMH programme lead to explore possible reasons for recent drop in access with providers

- **Perinatal Mental Health access** – ICB position of 994 against a target of 1102 (which equates to 90.2% of target being met). Hull, East Riding, and North East Lincolnshire are all exceeding local targets. ICB has exceeded target throughout 23/24; although Perinatal Access continues to show an upward trend, due to the increased target for this reporting month (from 824 to 1,102) the ICB target has not been met.

- **Out of area placement bed days (inappropriate only)** – ICB actual is 1,135 against a target of 305 (which equates to 830 bed days over plan). The Inpatient Quality Transformation programme is now in development, with a plan being prepared for March 2024. OOA placements is a key workstream within this plan.

- **Children and Young People's Mental Health access** – The ICB is currently reporting an actual position of 20,720, however local intelligence advises a position of 21,043 against a target of 21,171 (which equates to 99.4% of target). North East Lincolnshire are exceeding local target. Continuing upward trend throughout 2023/24.

- **NHS Talking Therapies** –ICB actual is 2,380 against a target 2,824 (which equates to 84.3% of target). North Yorkshire are exceeding local target. This is largely due to reduced referrals following the CMHT transformation. NHSE have recognised this impact and information on 24/25 planning metrics confirms a shift away from access targets for NHS Talking Therapies and a focus on recovery and outcomes, which is an area where HNY have historically performed well.

- **Learning Disability Health Checks** – On track to be met - The usual observed trend is for the majority of LD patients to receive health checks during Quarter 3 and 4 of the financial year, as patients are often called in for Health checks alongside receiving winter vaccinations. A lot of patients' health checks will not yet be due until Jan-March 2024.

- **Inpatients with a learning disability and/or autism – Adults -** ICB actual is 7 against a target of 3 (4 over target). Hull, East Riding and North East Lincolnshire are all meeting target.

- **Inpatients with a learning disability and/or autism – Children** - ICB actual is 58 against a target of 39 (which equates to 19 patients above target.) This actual is the lowest monthly figure recorded in recent years.

<u>Recommendation/Action</u>
The Board is asked to note the information presented in the paper.

Title & Date of Meeting:	Trust Board Public Meeting– 27 March 2024			
Title of Report:	Finance Report Month 11 (February 2024)			
Author/s:	Name: Iain Omand/Peter Beckwith Title: Deputy Director of Finance/Director of Finance			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
	The Board are asked to note the Finance report for February 2024 and comment accordingly.			
Purpose of Paper:	This report is being presented to The Board to provide the financial position for the Trust as at the 29 February 2024 (Month 11). The report provides assurance regarding financial performance, key financial targets, and objectives			

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• The Trust achieved a break even position at the end of Month 11 and are forecasting a break even position at the end of the financial year. • The cash balance at the end of Month 11 was £25.158m. • The Better Payment Practice Code figures show achievement of 93.1%.	• Work continues to monitor performance against Primary Care and Agency.
Key Risks/Areas of Focus:	**Decisions Made:**
• Year-to-Date Agency expenditure is above profiled plan for the year.	• The Board are asked to note the Finance report for February 2024.

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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	27.3.24

Monitoring and assurance framework summary:

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

FINANCE REPORT – February 2024

1.   Introduction

This report presents the financial position for the Trust as at the 29 February 2024 (Month 11).   The report provides assurance regarding financial performance, key financial targets, and objectives.

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

2.   System Context

For 2023/24 the ICS has a system-wide financial plan that is a deficit of £30m, with a continued expectation that the system continues to seek ways in which the system can be brought back into financial balance.

As part of the H2 Financial Reset exercise the system undertook planning for the remainder of the financial year, following the national guidance which included distribution of additional funding and modelling the benefit of adjustments to the Elective Recovery Targets.

The H2 planning round concluded in no changes to the £30m deficit ICS plan, however significant risk remain in the ability to meet this target.

At the end of Month 10 the ICS reported a year to date deficit of £62.9m (£52.1m Month 9), this represented a £28.1m adverse variance to plan, the position across the ICS is set out in the table below:

Table: ICS Financial Position Month 10

Table 1:	Summary ICS Surplus / (Deficit) - 2023/24 (M10)					
			Surplus / (Deficit)		**Surplus / (Deficit)**	
Organisation	**2023/24 Plan**	**YTD Budget**	**YTD Actual**	**YTD Variance**	**FOT**	**FOT Variance**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
East Riding Of Yorkshire Place	(5,546)	(4,622)	(6,079)	(1,457)	(8,090)	(2,544)
Hull Place	3,154	2,629	(2,247)	(4,876)	(5,631)	(8,785)
Hull University Teaching Hospitals NHS Trust	(7,231)	(5,210)	(6,706)	(1,496)	(8,726)	1,495
Humber Teaching NHS FT	0	0	0	0	(0)	0
Hull and East Riding	**(9,623)**	**(7,203)**	**(15,032)**	**(7,829)**	**(22,447)**	**(9,834)**
North East Lincolnshire Place	(4,056)	(3,380)	(7,077)	(3,697)	(8,587)	(4,531)
North Lincolnshire Place	(7,876)	(6,563)	(6,149)	414	(7,534)	342
Northern Lincolnshire and Goole NHS FT	(13,355)	(18,782)	(17,756)	1,026	(14,150)	795
North and North East Lincolnshire	**(25,287)**	**(28,725)**	**(30,982)**	**(2,258)**	**(30,271)**	**(3,395)**
North Yorkshire Place	(682)	(568)	(1,713)	(1,145)	(1,861)	(1,179)
York Place	(3,080)	(2,567)	(5,203)	(2,636)	(9,216)	(6,136)
York and Scarborough Teaching Hospitals NHS FT	(15,414)	(15,809)	(32,140)	(16,331)	(17,333)	1,919
Harrogate and District NHS FT	6,000	5,012	(6,369)	(11,381)	4,369	1,631
North Yorkshire and York	**(13,176)**	**(13,932)**	**(45,425)**	**(31,493)**	**(24,041)**	**(3,765)**
ICB Central	18,086	15,071	28,512	13,440	40,919	22,833
TOTAL ICS SURPLUS/(DEFICIT)	**(30,000)**	**(34,789)**	**(62,927)**	**(28,139)**	**(35,840)**	**5,840**
ICB Total	(0)	0	43	43	0	0
ICS Provider Total	(30,000)	(34,789)	(62,970)	(28,182)	(35,840)	5,840
TOTAL ICS SURPLUS/(DEFICIT)	**(30,000)**	**(34,789)**	**(62,927)**	**(28,139)**	**(35,840)**	**5,840**

The ICS are continuing to forecast the planned £30m deficit plus £5.8m of Industrial Action costs incurred in December 2023 and January 2024. Following a full review of risks and mitigations at the end of January 2024 the system has residual risk of £4.2m that will require management and mitigation to deliver this forecast.

3.   Position as at 29 February 2024

Under the ICB planning process the Trust is required to achieve a break even position for the year

Table 1 shows for the period ended to 29 February 2024 that the Trust recorded a break-even position, details of which are summarised in the table on the following page.

Additional funding of £0.780m has been secured through the ICB H2 Planning Round and 11/12s of this amount has been allocated into Trust Income.

There are three items which don't count against the Trust's financial control targets, which are the Impairment relating to the Yorkshire and Humber Care Record £2.382m, Grant Income of £0.931m for the Salix capital scheme and Donated asset Depreciation of £0.038m, which takes the ledger position to a deficit of £1.488m

The Trust had released £0.640m of Balance Sheet flexibility in Month 3 to enable the break-even position. No further release of Balance Sheet Flexibility was undertaken at Month 11.

Table 1 also shows the Forecast for the year end which highlights an Operating Total surplus of £0.375m which with some expenditure adjustments will allow for a break even position.

	23/24 Net Annual Budget £000s	Year to Date			Full Year Forecast		
		Budget £000s	Actual £000s	Variance £000s	Plan (£000)	Actual (£000)	Variance £000s
Income							
Block Income	**165,447**	**151,663**	**151,944**	**281**	**165,447**	**165,988**	**(541)**
YHCR	4,053	3,715	3,715	0	4,053	3,775	278
Total Income	**169,500**	**155,378**	**155,659**	**281**	**169,500**	**169,763**	**(263)**
Clinical Services							
Children's & Learning Disability	38,864	35,461	34,999	462	38,864	38,432	432
Community & Primary Care	20,502	18,729	18,466	262	20,502	20,515	(12)
Mental Health	54,798	50,332	51,898	(1,566)	54,798	56,164	(1,366)
Forensic Services	13,520	12,506	12,141	366	13,520	13,206	314
	127,684	117,028	117,504	(476)	127,684	128,316	(632)
Corporate Services							
	34,788	32,087	29,284	2,802	34,788	33,535	1,253
Total Expenditure	**162,472**	**149,115**	**146,789**	**2,326**	**162,472**	**161,851**	**621**
EBITDA	**7,028**	**6,263**	**8,871**	**2,608**	**7,028**	**7,912**	**884**
Depreciation	4,393	4,027	4,286	(259)	4,393	4,681	(288)
YHCR Amortisation	1,488	1,364	754	610	1,488	823	665
Interest	(889)	(827)	(1,296)	468	(889)	(1,446)	557
IFRS 16	1,695	1,553	1,258	295	1,695	1,360	335
PDC Dividends Payable	2,341	2,146	1,908	238	2,341	2,119	222
PSF Funding	-	-	-	-	-	-	-
ICS Contribution	-	-	-	-	-	-	-
Error Suspense	-	-	-	-	-	-	-
Operating Total	**(2,000)**	**(2,000)**	**1,960**	**3,960**	**(2,000)**	**375**	**2,375**
BRS	(2,000)	(2,000)	1,960	(3,960)	(2,000)	375	(2,375)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Operating Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Excluded from Control Total							
Impairment	-	-	2,382	(2,382)	-	-	-
Local Government Pension Scheme	300	-	-	-	300	300	-
Grant Income	(1,264)	(924)	(931)	7	(1,264)	(1,092)	(172)
Donated Depreciation	82	75	38	37	82	31	51
	882	849	(1,489)	(2,338)	882	762	(120)
Excluded							
Commissioning	-	(0)	(0)	0	-	(0)	0
Ledger Position	**882**	**849**	**(1,488)**	**(2,337)**	**882**	**762**	**(120)**
EBITDA %	**4.1%**	**4.0%**	**5.7%**		**4.1%**	**4.7%**	
Surplus %	**-1.2%**	**-1.3%**	**1.3%**		**-1.2%**	**0.2%**	

Income

Trust Income is showing an overachievement against budget of £0.281m. which relates to additional income from Discharge Funding.

Divisional Expenditure

The overall operational divisional net expenditure is showing an overspend of £0.476m.

Children's and Learning Disability

Children's and LD is reporting a £0.462m underspend. The underspend is on Children's services pay due to vacancy savings, particularly amongst paediatric therapies and 0-19 services. These savings are partially offset by volume pressures from externally provided neuro assessments and the cost pressure of using agency medics.

Community and Primary Care

Community and Primary Care is reporting an underspend of £0.262m. This is made up of a £0.156m overspend on Primary Care offset by an underspend on Community.

Primary Care have produced a recovery trajectory which has oversight at Executive Management Team.

Mental Health

The division is showing an overspend of £1.566m. There are pressures within the Unplanned service division within Inpatient Units due to the acuity of patients and delayed transfers of care which require increased safer staffing numbers and within the Adult Mental Health Crisis Team due to the increasing demand on the service and the need to cover vacancies with Agency or additional subcontracted support. Within the Planned service there are pressures regarding Medical Staffing and the use of Agency Medics.

Forensic

Forensic Division is showing an underspend of £0.366m and is primarily a result of savings within Community.

Corporate Services

Corporate Services (including Finance Technical Items) is showing an underspend of £2.802m, the main factor being items held centrally to offset pressures.

Forecast

The Month 11 position is breakeven and the Forecast for the year shows the Trust are expecting to deliver a breakeven position.

3. Cash

As at the end of Month 11 the Trust held £25.158m cash, the Nat West Commercial account did not go physically overdrawn the £8k is due to timing differences, this account is in the process of being closed.

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	25,133
Nat West Commercial Account	(8)
Petty cash	34
Total	**25,158**

4. Agency

Actual agency expenditure year to date at Month 11 is £7.219m, which is £0.609m below the same period in the previous year.

Table 3: Agency Spend by Staff Group

Staff Type	April to Sept 23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Total
	£000	£000	£000	£000	£000	£000	£000
Consultant	2,209	405	462	402	414	485	4,377
Nursing	1,060	223	237	186	176	141	2,024
AHPs/Clinical Support	522	36	2	53	27	19	659
Administration & Clerical	127	(0)	8	13	8	4	159
Grand Total	3,918	663	710	654	625	649	7,219

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

Off framework Agency Expenditure was £1.038m year to date at the end of Month 11.

Agency reports are regularly received by EMT, ODG and also form part of accountability reviews.

5. **Better Payment Practice Code (BPPC)**

The BPPC figures are shown at Table 4. The current position is 92.9% for non-NHS and 93.8% for NHS. Work is ongoing to ensure the position continues to be acceptable.

Table 4: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	33,545	102,861
Total bills paid within target	31,277	95,516
Percentage of bills paid within target	**93.2%**	**92.9%**
NHS		
Total bills paid	1,258	30,392
Total bills paid within target	1,113	28,512
Percentage of bills paid within target	**88.5%**	**93.8%**
TOTAL		
Total bills paid	34,803	133,253
Total bills paid within target	32,390	124,028
Percentage of bills paid within target	**93.1%**	**93.1%**

6. **Recommendations**

The Board are asked to note the Finance report for February 2024 and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting– 27th March 2024
Title of Report:	Trust Performance Report – February 2024
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead

Recommendation:

To approve		To discuss	
To note	☑	To ratify	
For assurance			

Purpose of Paper:	This purpose of this report is to inform on the current levels of performance as at the end of February 2024. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format.

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• Mandatory Training – compliance overall remains high in February at 94.6% • Vacancies are at lower control limit at 7.1% • Clinical Supervision remains above target at 91.4%. • Talking Therapies performance has been maintained and continues to improve.	• Service specification work to include indicative activity plans is progressing and will for part of the 2024/25 contract negotiations and planning round. • Proposals have been developed with Place to address Older Adult bed requirements, this utilises VCSE and discussions are ongoing. • A project has commenced to review PICU capacity across the ICB to address this area of pressure. • EIP service have reviewed a range of efficiency initiatives that will adapt for the changing levels of referral level and the impact on performance when volumes are at a lower level.
Matters of Concern or Key Risks:	**Decisions Made:**
• Sickness is flagging in the safer staffing dashboard – commentary is on the dashboard. • Waiting Times trajectories continue to be an area of focus • Our of Area Placements for PICU and Older organic adult placements have continued,	• None (report is to note)

Caring, Learning
& Growing Together

- this is a know area of pressure.
- High volumes of caseload are impacting the ability to meet the 2 week EIP standard.

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)	27.3.24

Monitoring and assurance framework summary:

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

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:
Feb-24

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	**February 2024**

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set. The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:
Example SPC Chart	S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable.

Strategic Goal 1	Innovating Quality and Patient Safety	**Strategic Goal 4**	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery	**Strategic Goal 5**	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances	**Strategic Goal 6**	Promoting people, communities and social values
Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts		

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	**February 2024**	

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	**February 2024**

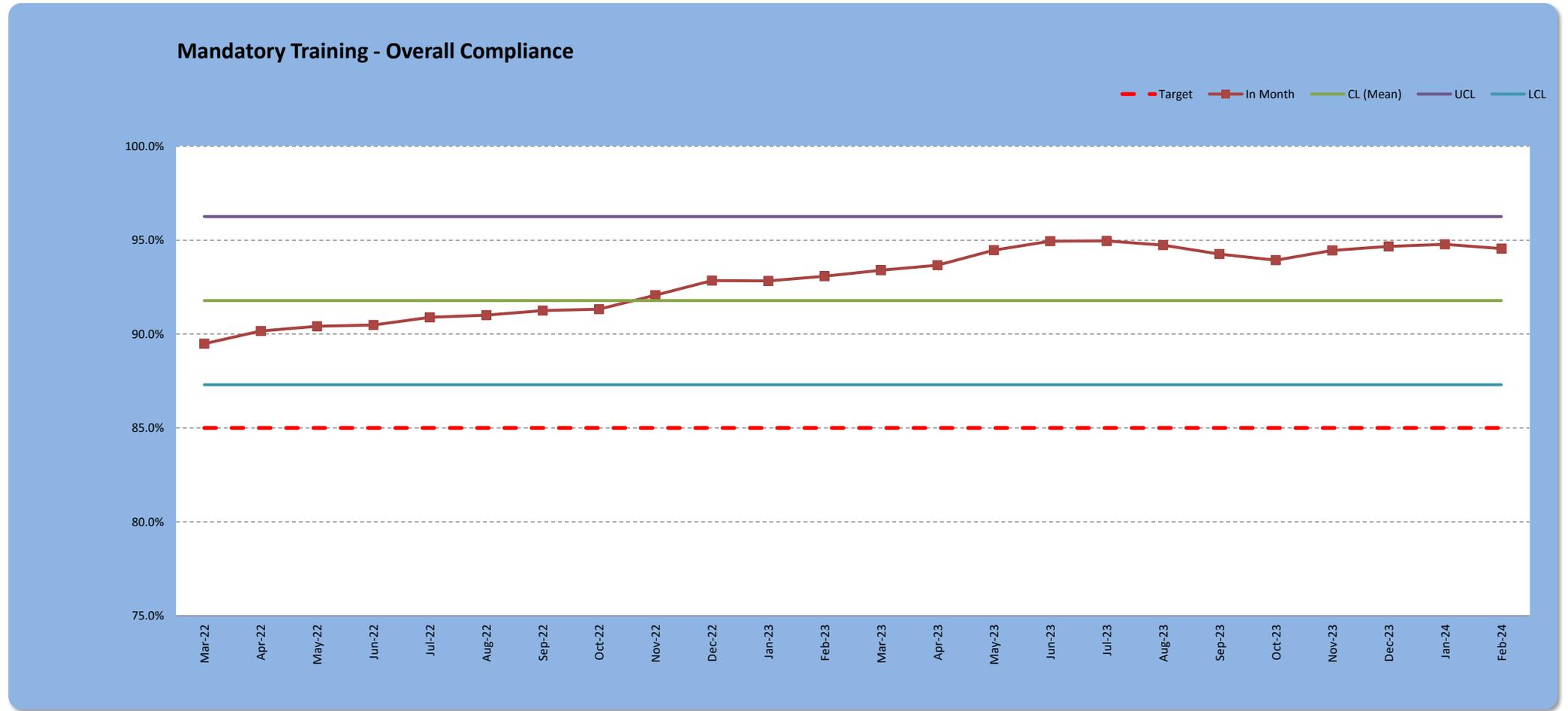|		
Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. *Includes ADHD but excludes ASD and LD (National guidance)*
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021

PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2024**

Target:	Amber:	Current month stands at:
85%	80%	94.6%

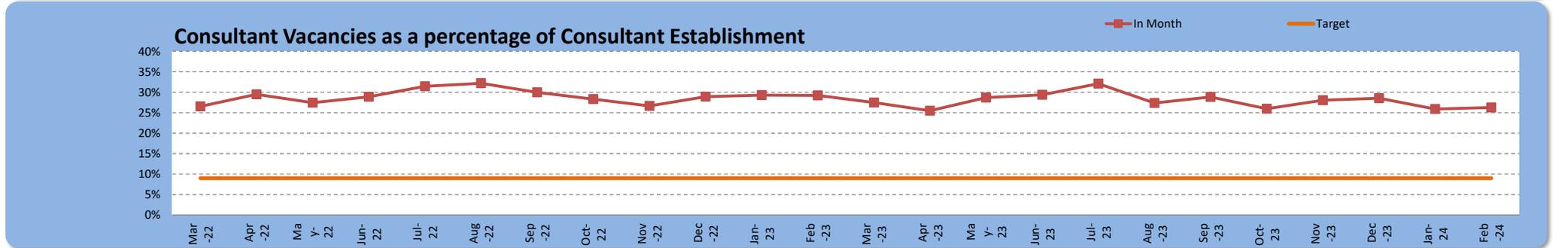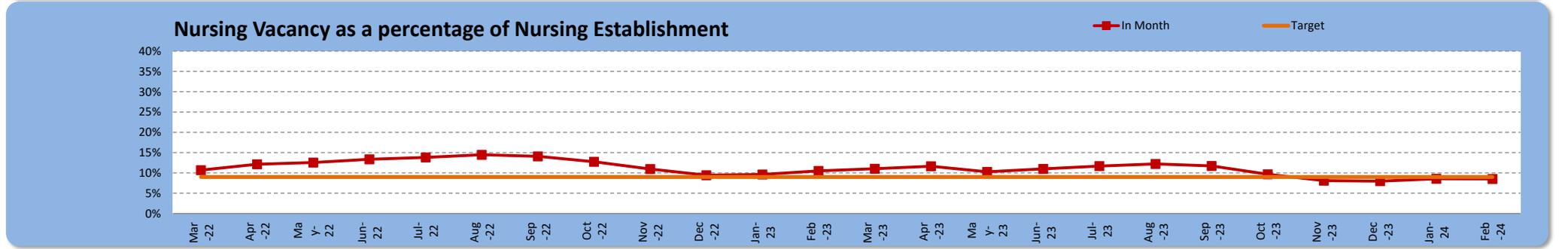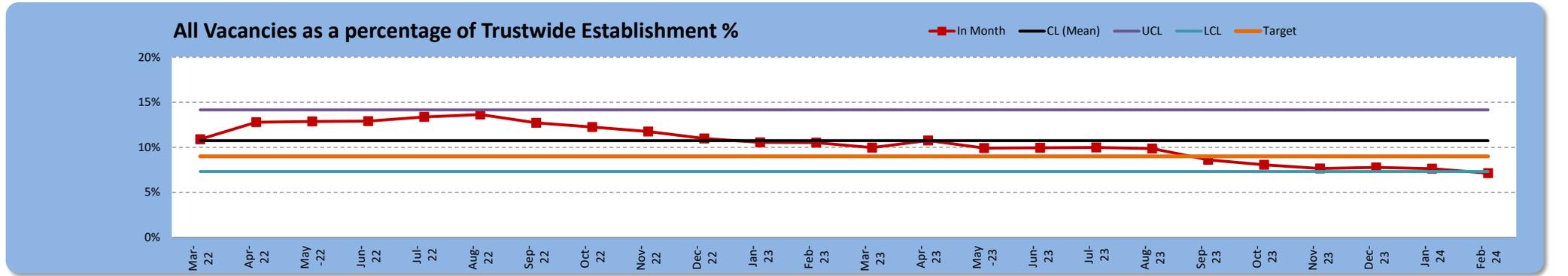| Indicator Title	Description/Rationale		KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	**Executive Lead** **Steve McGowan**	WL 5

Mandatory Training - Overall Compliance

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: February 2024

	Target:	Amber:	Current month stands at:
	N/A	N/A	7.1%

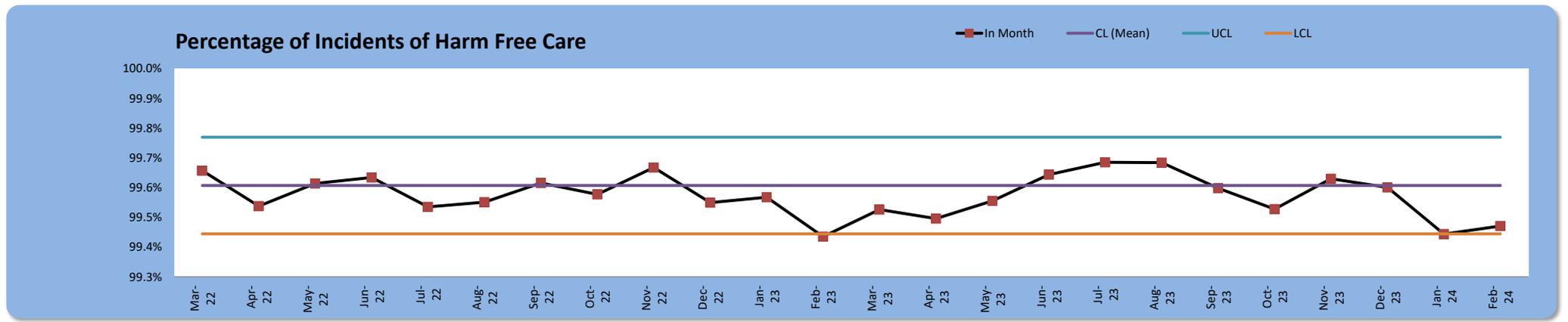| Indicator Title	Description/Rationale	Executive Lead	KPI Type
Vacancies (WTE)	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.	Steve McGowan	WL 2 VAC

All Vacancies as a percentage of Trustwide Establishment %

Legend: In Month, CL (Mean), UCL, LCL, Target

Nursing Vacancy as a percentage of Nursing Establishment

Legend: In Month, Target

Consultant Vacancies as a percentage of Consultant Establishment

Legend: In Month, Target

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: **February 2024**

	Target:	Amber:	Trustwide current month stands at:
	0	0	164

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

Number of Incidents per 10,000 Contacts - Trustwide

Legend: ■ In Month — CL (Mean) — UCL — LCL

Percentage of Incidents of Harm Free Care

Legend: ■ In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: February 2024

	Target:	Amber:	Trustwide current month stands at:
	0	0	164

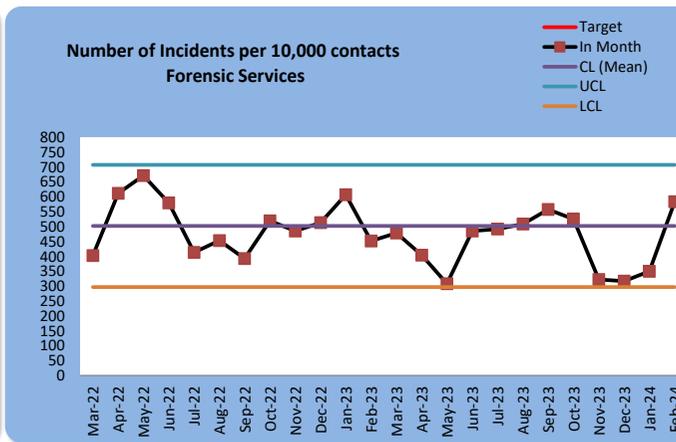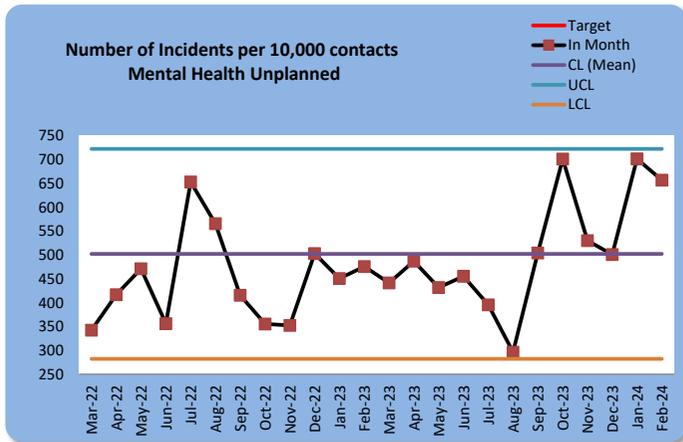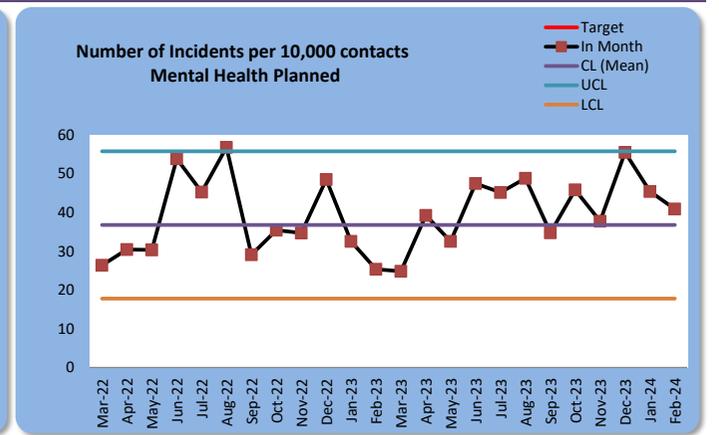| Indicator Title	Description/Rationale		KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Executive Lead **Hilary Gledhill**	IA_TW

Number of Incidents per 10,000 contacts CHLD

Number of Incidents per 10,000 contacts Primary Care and Community

Number of Incidents per 10,000 contacts Mental Health Planned

Number of Incidents per 10,000 contacts Mental Health Unplanned

Number of Incidents per 10,000 contacts Forensic Services

Current Month per Division

Children and Learning Disability	206
Primary Care and Community	52
Mental Health Planned	41
Mental Health Unplanned	657
Forensic Services	584

Incident Analysis

	Jan-24	Feb-24
Never Events	0	0
% of Harm Free Care	99.4%	99.5%
% of Incidents reported in Severe Harm or Death	0.9%	0.7%

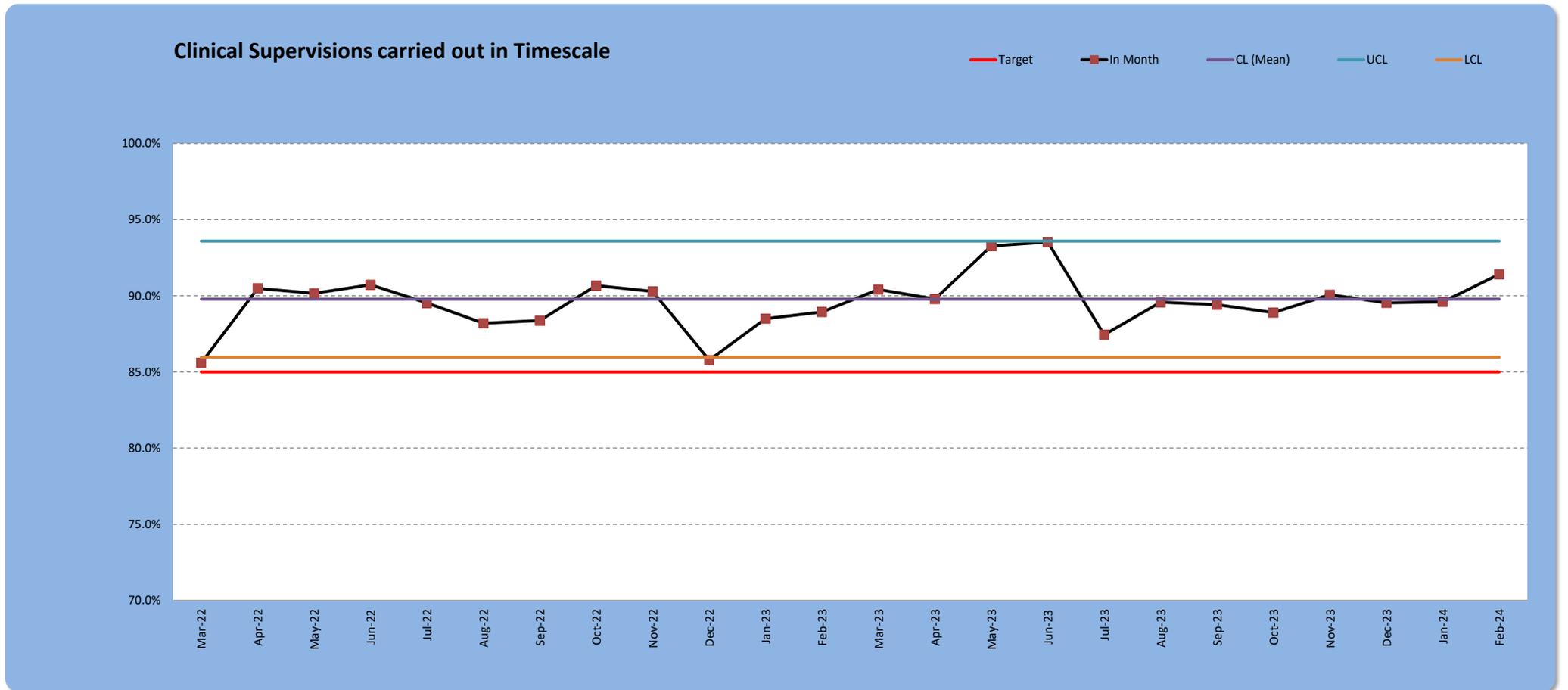**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2024**

	Target:	Amber:	Current month stands at:
	85%	80%	91.4%

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

Clinical Supervisions carried out in Timescale

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Shown one month in arrears

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

NHS Humber Teaching NHS Foundation Trust

Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day Registered	Day Un Registered	Night Registered	Night Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Dec-23	Jan-24
Adult MH	Avondale	Adult MH Assessment	28.8	79%	11.3	16.8% ↑		4.8% ⬇		92%	121%	97%	100%	0	24	4	0	77.4%	93.1%	100.0%	76.5%	8.2%	3.0	2	1
	New Bridges	Adult MH Treatment (M)	40.6	98%	7.5	11.2% ↑		0.0% ↑		73%	90%	86%	110%	2	47	2	0	86.4%	96.2%	76.2%	95.5%	13.9%	-1.6	2	3
	Westlands	Adult MH Treatment (F)	38.1	90%	9.8	28.1% ↑		7.1% ↑		87%	80%	94%	120%	3	69	3	3	90.3%	87.8%	50.0%	86.4%	6.8%	1.6	3	2
	Mill View Court	Adult MH Treatment	29.6	94%	9.2	17.6% ⬇		14.1% ⬇		104%	115%	87%	158%	3	42	1	1	87.9%	93.0%	87.5%	81.3%	5.2%	1.0	1	1
	STARS	Adult MH Rehabilitation	40.4	88%	30.8	18.8% ↑		0.6% ↑		73%	195%	100%	100%	1	5	0	0	66.7%	95.7%	76.9%	82.6%	9.3%	0.5	2	3
	PICU	Adult MH Acute Intensive	30.2	82%	19.2	33.2% ⬇		8.5% ⬇		98%	86%	102%	111%	1	138	1	0	86.2%	94.9%	85.7%	100.0%	5.2%	4.7	0	1
OP MH	Maister Lodge	Older People Dementia Treatment	34.4	66%	18.4	16.0% ⬇		0.0% ↑		95%	106%	100%	129%	0	54	2	0	100.0%	92.8%	100.0%	91.7%	11.5%	-0.8	0	1
	Mill View Lodge	Older People Treatment	30.8	94%	18.4	17.7% ⬇		5.0% ↑		89%	86%	100%	150%	1	33	0	0	94.1%	95.3%	85.7%	90.0%	3.6%	4.0	0	1
Child & LD	Maister Court	Older People Treatment	15.5	108%	15.5	31.1% ⬇		1.0% ↑		85%	92%	100%	106%	1	11	0	0	92.9%	95.4%	57.1%	100.0%	3.1%	0.8	3	2
	Pine View	Forensic Low Secure	30.1	81%	9.2	23.9% ↑		0.0% →		90%	88%	71%	110%	0	3	1	15	100.0%	98.5%	100.0%	88.9%	9.3%	1.2	2	2
	Derwent	Forensic Medium Secure	22.9	80%	19.0	40.4% ⬇		0.0% →		96%	91%	100%	125%	2	15	1	0	95.7%	95.1%	88.9%	92.9%	1.5%	1.0	0	0
	Ouse	Forensic Medium Secure	23.3	71%	9.7	10.6% ↑		0.0% →		100%	89%	94%	102%	1	5	0	2	100.0%	93.4%	80.0%	80.0%	12.2%	0.6	2	1
	Swale	Personality Disorder Medium Secure	24.5	73%	11.0	34.1% ⬇		0.0% →		57%	106%	87%	100%	5	4	2	7	90.5%	95.9%	75.0%	93.8%	11.8%	4.0	1	2
	Ullswater	Learning Disability Medium Secure	29.2	67%	18.0	27.4% ↑		0.0% →		103%	139%	97%	166%	15	20	0	9	96.6%	92.0%	63.6%	95.0%	4.9%	-0.1	2	1
	Townend Court	Learning Disability	37.6	82%	32.5	30.4% ↑		0.0% →		82%	87%	103%	101%	7	387	3	0	81.5%	93.6%	81.8%	77.3%	14.9%	3.0	2	1
	Inspire	CAMHS	10.0	75%	27.0	19.0% ↑		5.3% ⬇		91%	107%	96%	108%	1	23	2	0	86.5%	79.2%	66.7%	75.0%	12.2%	0.0	1	1
	Granville Court	Learning Disability Nursing Care	55.3	80%	18.0	30.7% ↑		0.7% ↑		101%	102%	100%	106%	2	5	0	0	95.2%	92.6%	100.0%	97.6%	9.4%	0.2	1	1
CH	Whitby Hospital	Physical Health Community Hospital	44.8	92%	8.0	3.1% ⬇		0.0% →		89%	79%	100%	98%	1	1	0	0	83.8%	94.3%	100.0%	81.8%	9.6%	0.4	3	2
	Malton Hospital	Physical Health Community Hospital	29.9	94%	6.4	19.2% ⬇		0.3% ↑		100%	65%	127%	67%	0	0	2	0	100.0%	94.7%	87.5%	85.7%	8.3%	-1.6	4	4

Page 10

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

NHS Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Jan

Sickness rates remain high with 15 units flagging red, which is up slightly from 14 the previous month.

There are no units with 5 red flags.

All units have achieved their CHPPD target with the exception of Malton and Newbridges which is slightly below target. Both units have high OBDs.

Mandatory training (all) is above 85% for all units with the exception of Inspire. Compliance with ILS/BLS has been consistently strong, however a small number of units have dropped below the target threshold for ILS. This position has improved with ILS compliance for Westlands and Maister Court above 70%, Inspire 79% and Ullswater 90% on 1st March.

Clinical supervision remains in a strong position with the majority of units above 85%. Ouse and Ullswater dropped below the target for December however are now above the target threshold. STaRs supervision compliance has dropped below target however their 6-month position remains strong.

The RN fill rates for Swale, Newbridges and STaRs are below the target threshold and this has been escalated to the matrons, clinical divisional leads and the e-roster team.

Registered Nurse Vacancy Rates (Rolling 12 months)

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
11.10%	11.50%	13.40%	13.60%	14.10%	14.21%	13.85%	13.67%	13.50%	12.10%	11.04%	11.25%

Slips/Trips and Falls (Rolling 3 months)

	Nov-23	Dec-23	Jan-24
Maister Lodge	5	8	1
Millview Lodge	5	6	3
Malton IPU	0	6	4
Whitby IPU	1	3	2

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

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton)
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=5.9	>=6.9	Malton
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Towend Court

PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

	Target:	Amber:	Current month stands at:
	90%	80%	91.0%

For the period ending: February 2024

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

Friends and Family - Recommendation - Trustwide

Friends and Family - Recommendation - GP

Friends and Family - Recommendation - Non GP

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2024

Target:	Amber:	Current month stands at:
90%	80%	95.0%

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 %

Friends and Family - Involvement (Non GP Services only)

Legend: Target — In Month — CL (Mean) — UCL — LCL

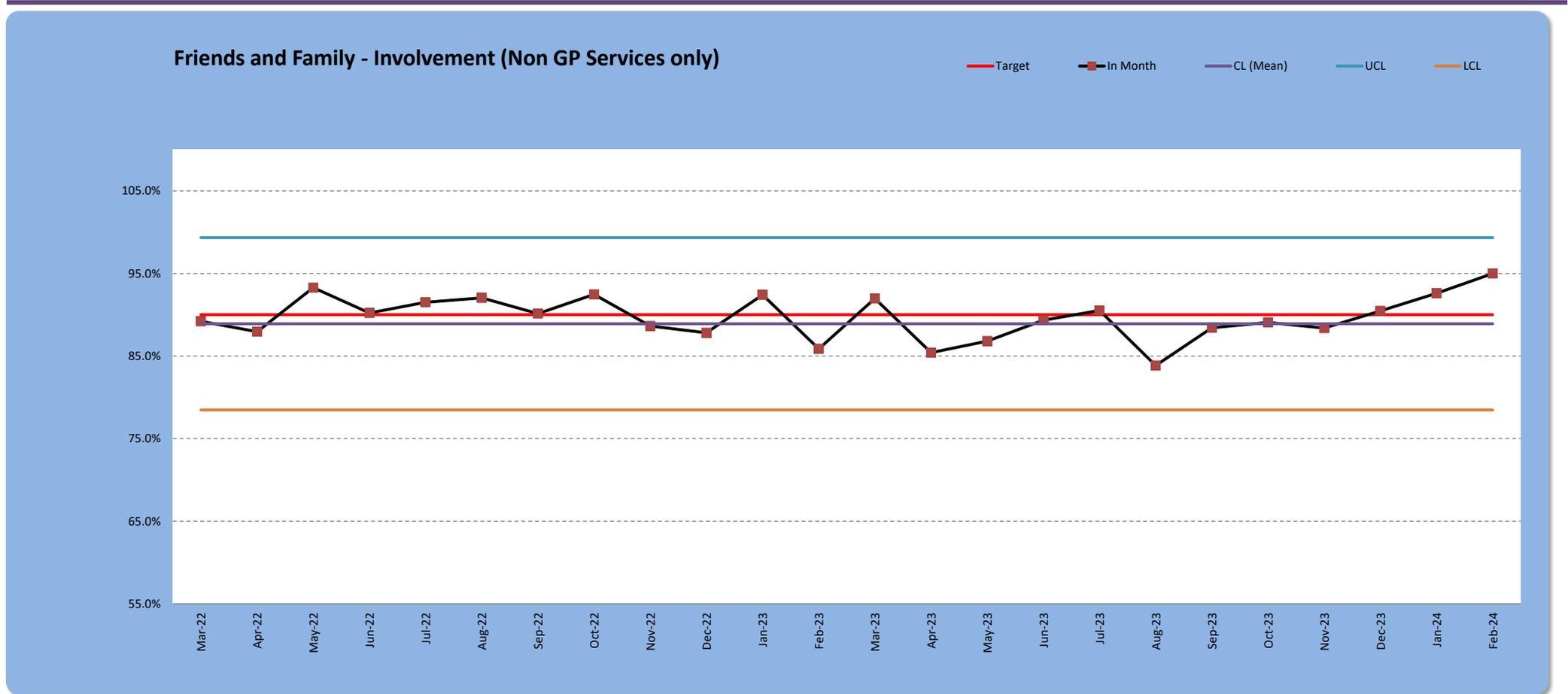**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2024**

	Target:	Amber:	Current month for 72 hour stands at:
	80%	60%	93.8%

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

72 Hour Follow Ups

Legend: Target — In Month — CL (Mean) — UCL — LCL

CPA 7 Day Follow Ups

Legend: Target — In Month — CL (Mean) — UCL — LCL

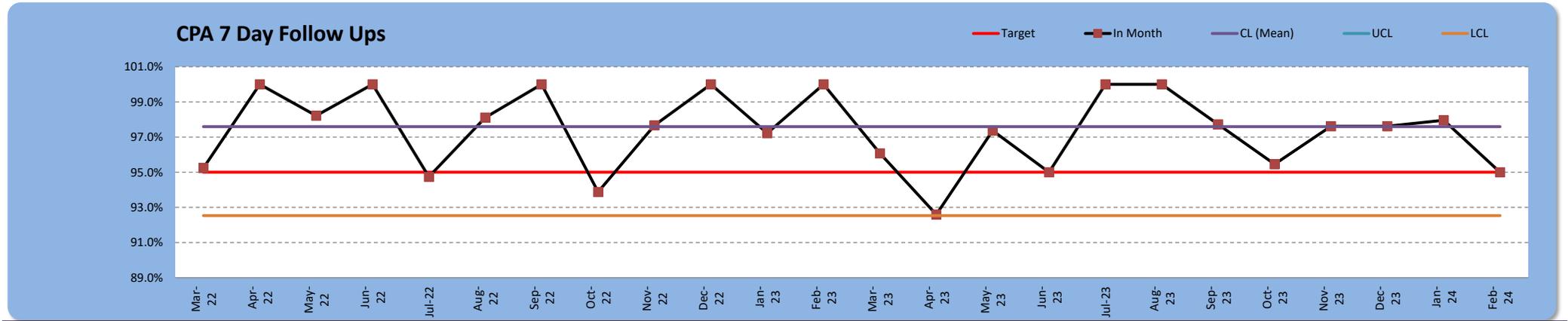**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2024**

	Target:	Amber:	Current month stands at:
	95%	85%	95.7%

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

CPA Reviews

Legend: Target | In Month | CL (Mean) | UCL | LCL

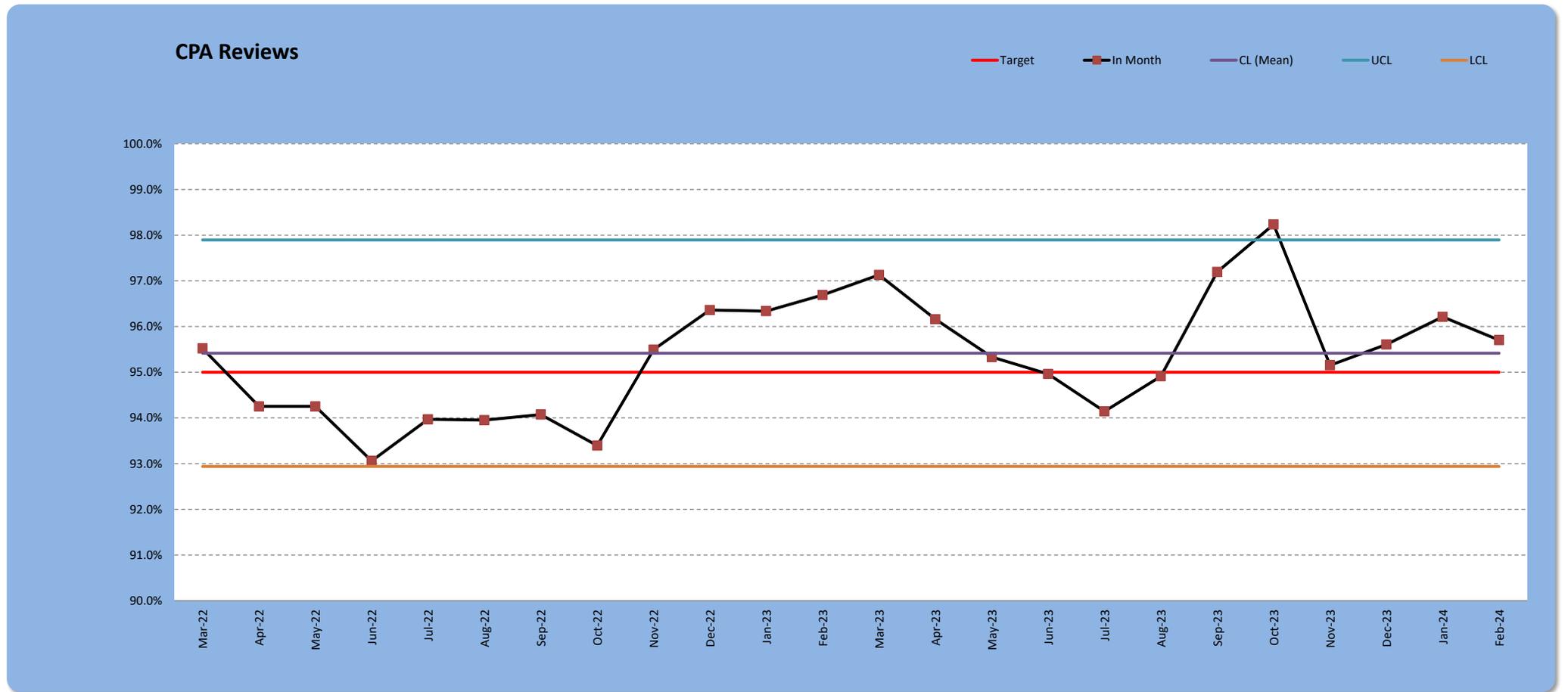**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2024**

Target:	Amber:	Current month stands at:
n/a	n/a	502

Indicator Title	Description/Rationale		KPI Type
Memory Service - Assessment/Diagnosis Waiting List	Referral to Assessment/Diagnosis Waiting Times (Incomplete Pathways) : The number of patients referred to the Memory Service are awaiting greater than 18 weeks for assessment and/or feedback of diagnosis.	**Executive Lead Lynn Parkinson**	MemAssWL
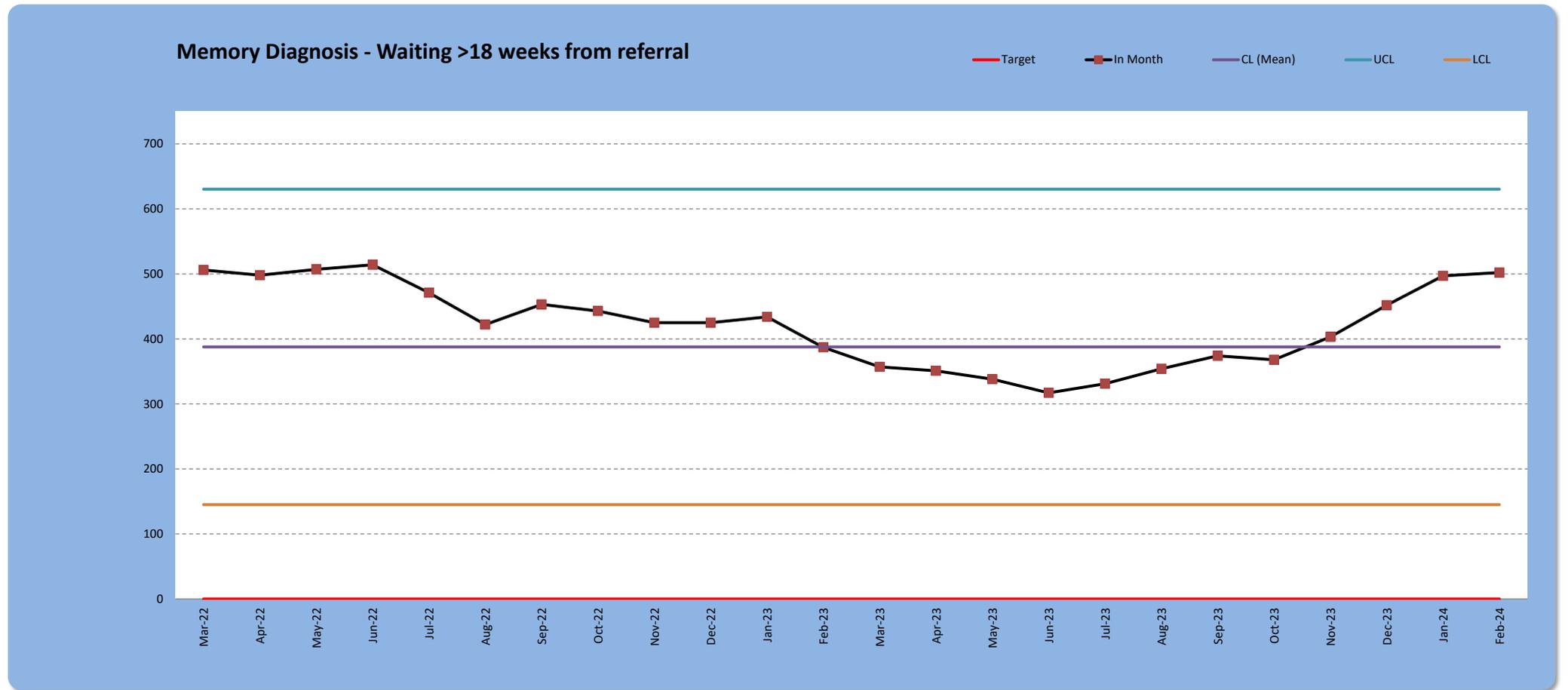
Memory Diagnosis - Waiting >18 weeks from referral

Legend: ─── Target ■ In Month ─── CL (Mean) ─── UCL ─── LCL

Please refer to the accompanying front sheet/report for any relevant commentary
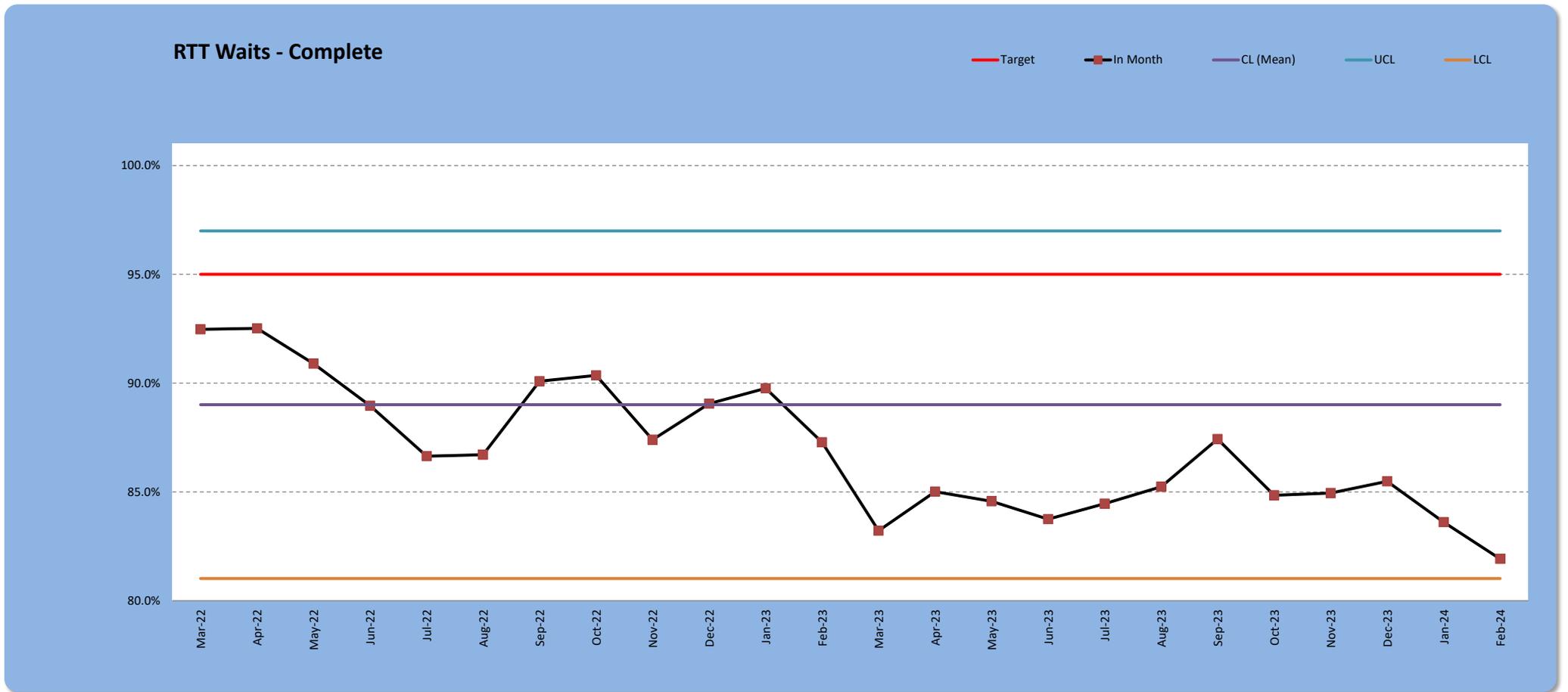
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2024**

	Target:	Amber:	Current month stands at:
	95%	85%	81.9%

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

RTT Waits - Complete

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: **February 2024**

	Target:	Amber:	Current month stands at:
	92%	85%	63.2%

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

RTT Waits - Incomplete

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2024

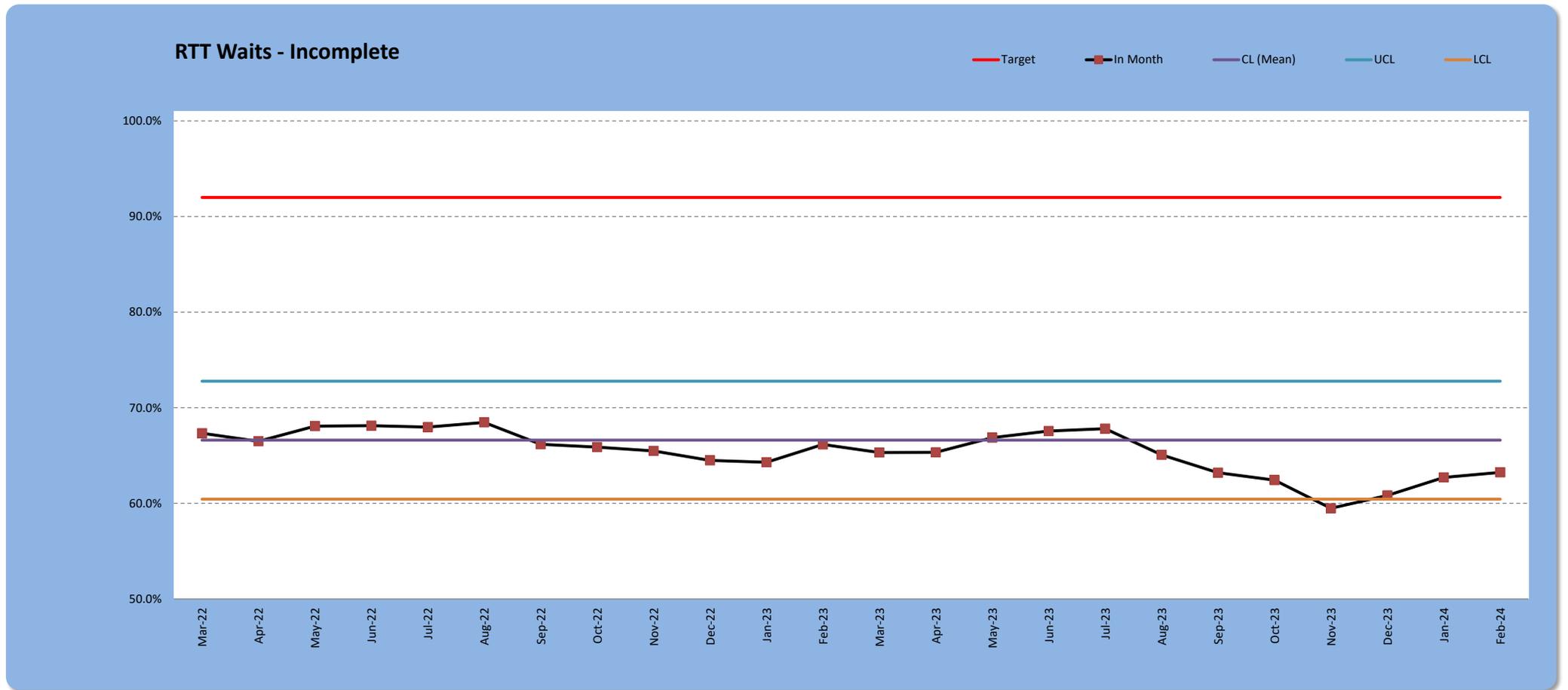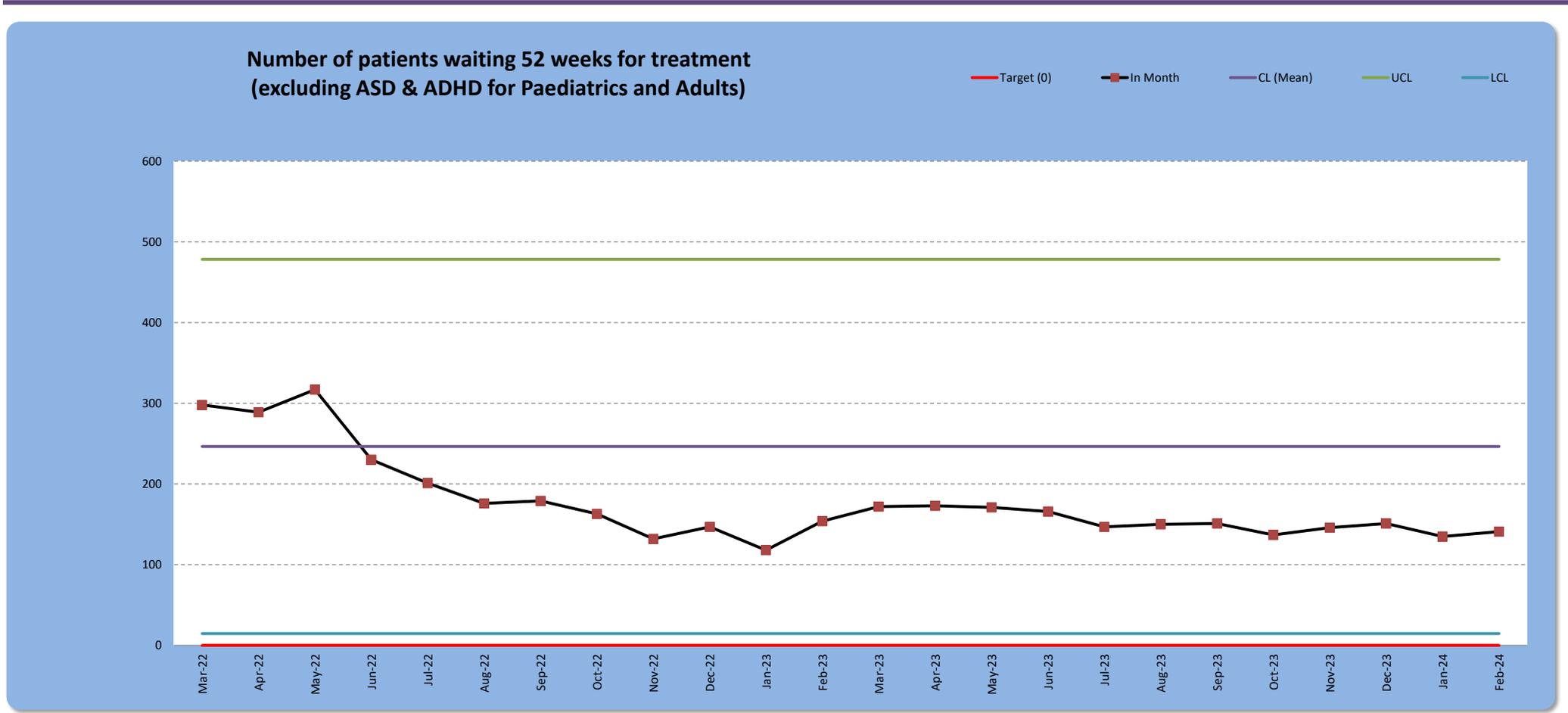| Target:	Amber:	Current month stands at:
0	0	141

Indicator Title	Description/Rationale		KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. *(Excludes ASD & ADHD Services for both Adult and Paediatrics)*	**Executive Lead** **Lynn Parkinson**	OP 22x

Number of patients waiting 52 weeks for treatment (excluding ASD & ADHD for Paediatrics and Adults)

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2024**

	Target:	Amber:	Current month stands at:
	0	0	386

Indicator Title	Description/Rationale		KPI Type
52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks	**Executive Lead Lynn Parkinson**	OP 22u

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

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

Number of patients waiting 52 weeks for assessment and Diagnosis - Adult ADHD

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

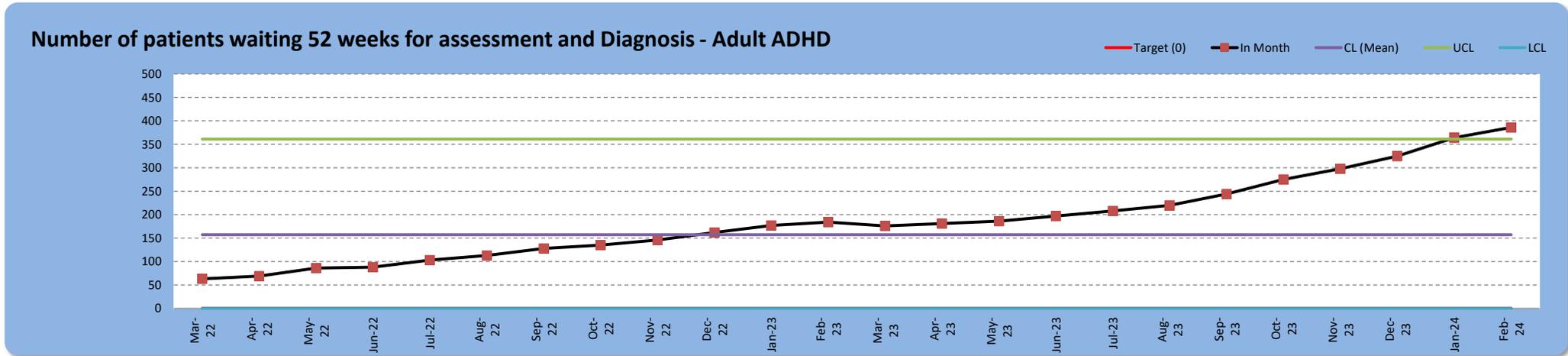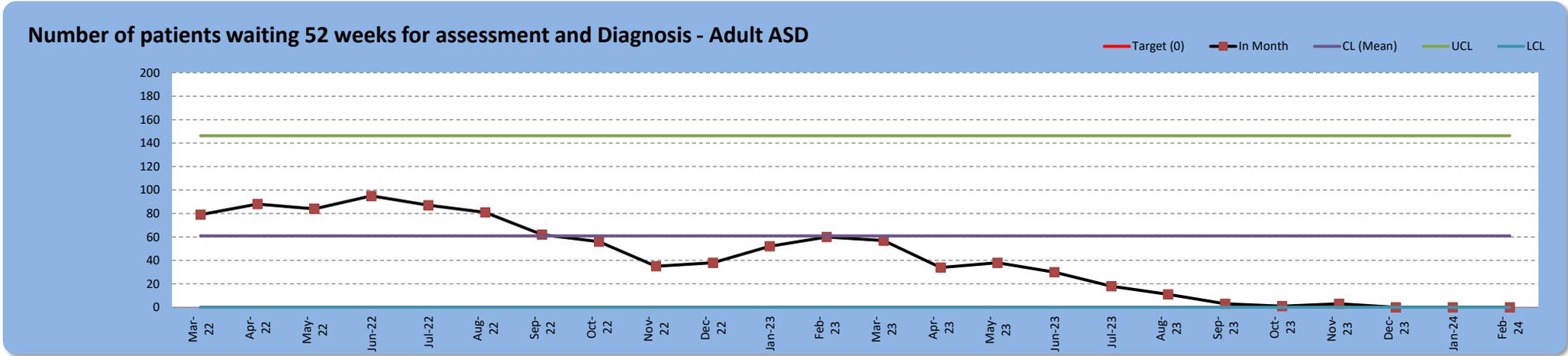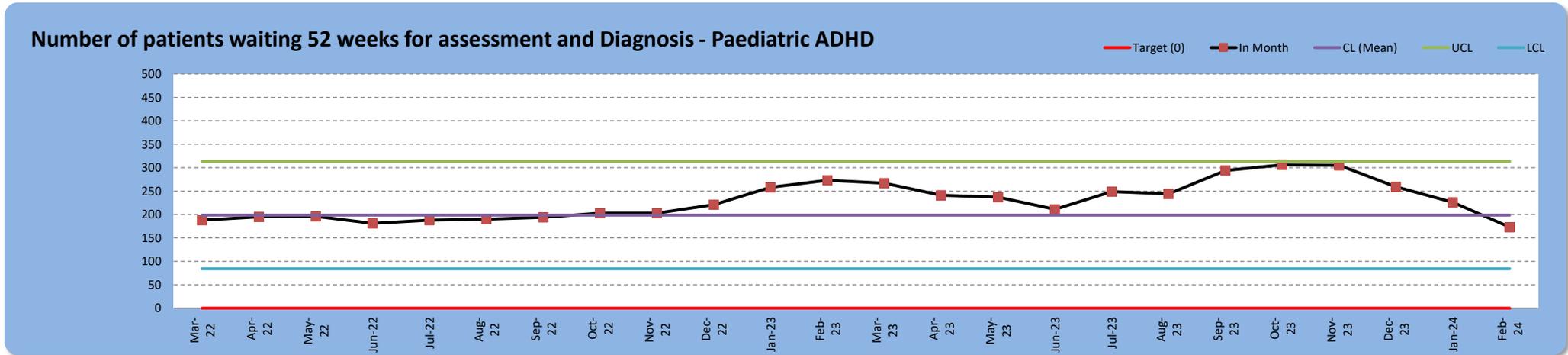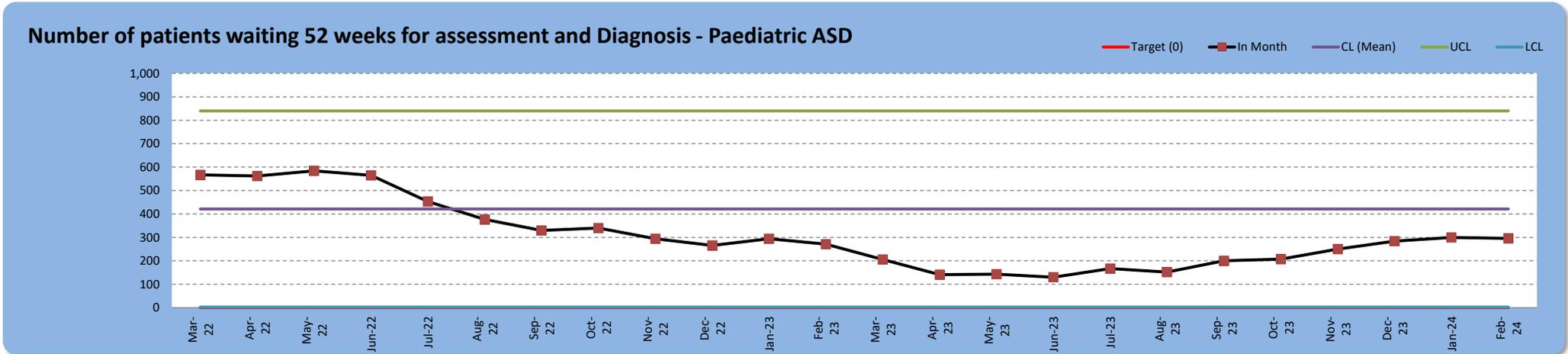**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2024

Target:	Amber:	Current month stands at:
0	0	469

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

Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ASD

Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ADHD

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2024**

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

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

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

Target (0)   In Month   CL (Mean)   UCL   LCL

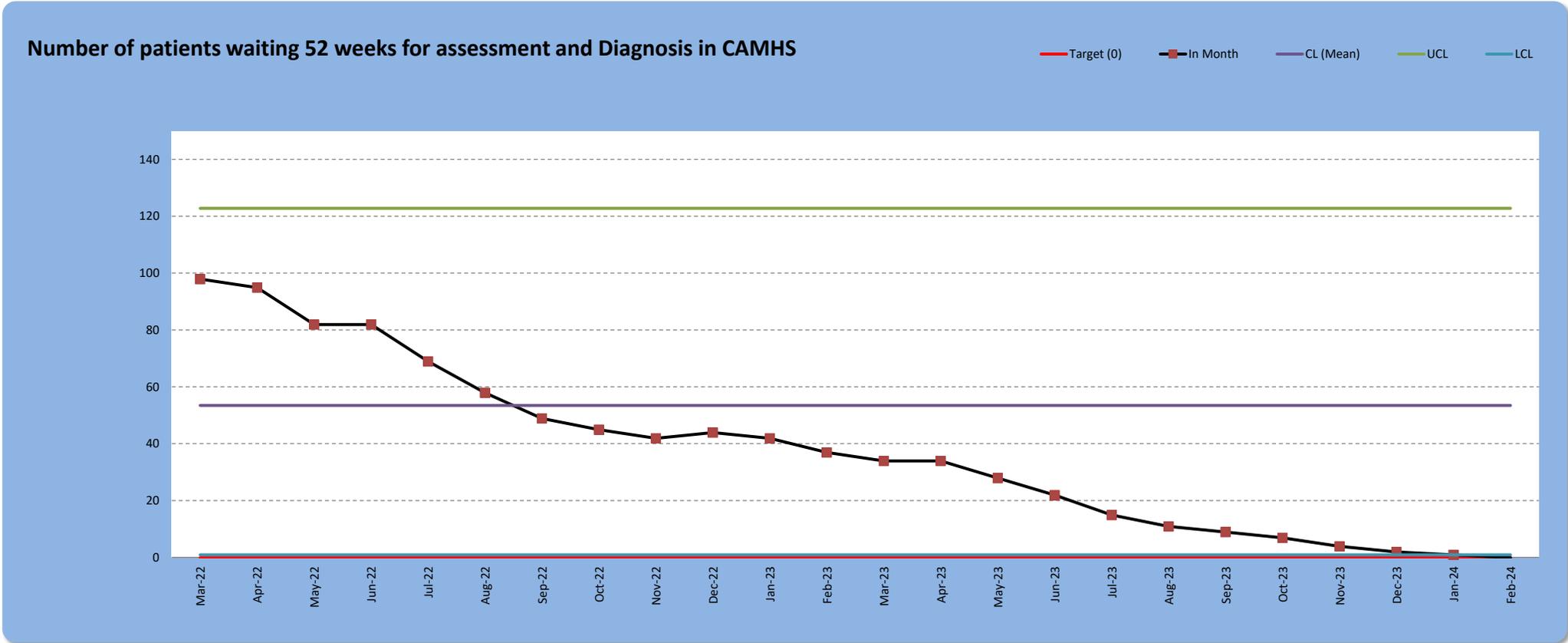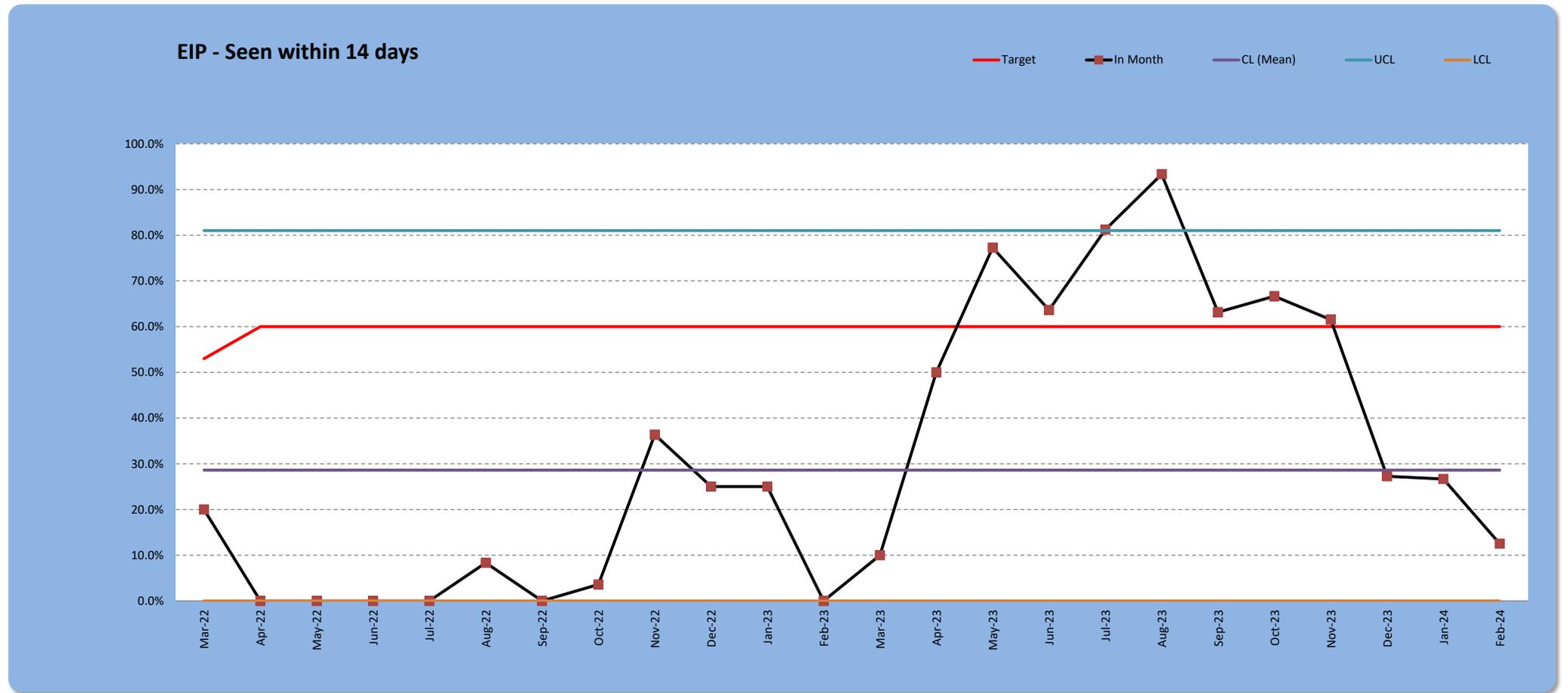**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2024

	Target:	Amber:	Current month stands at:
	60%	55%	12.5%

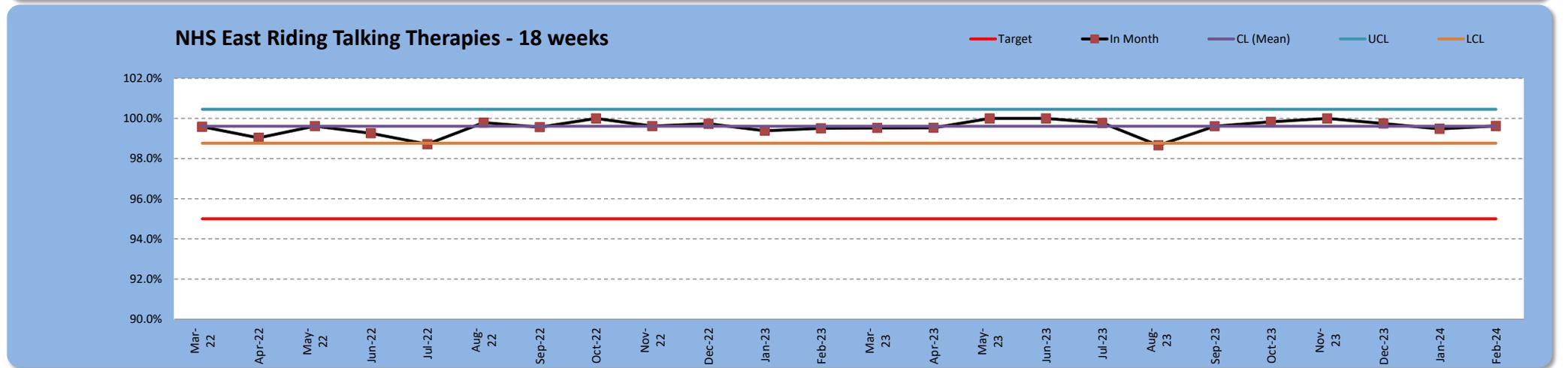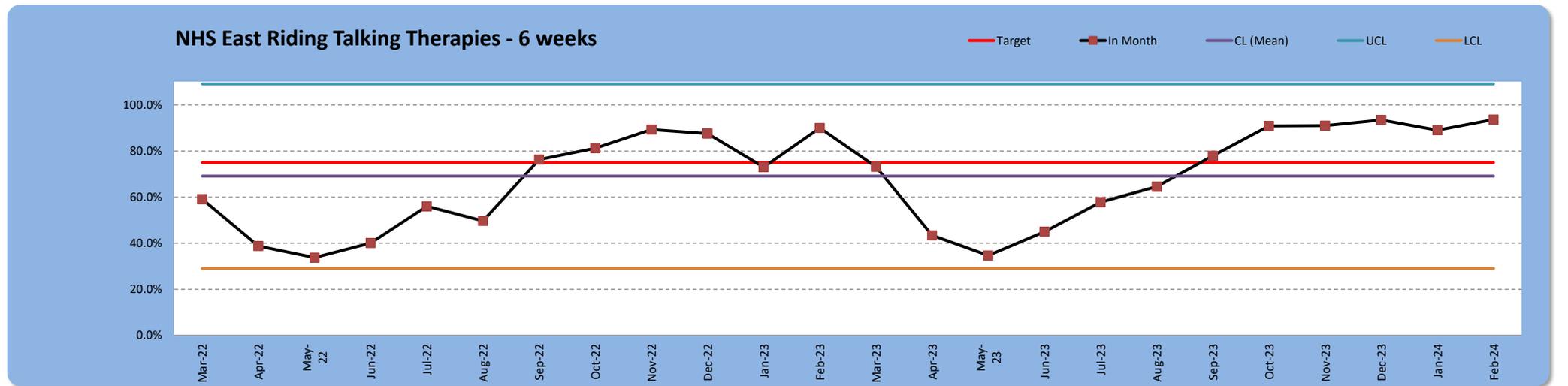| Indicator Title	Description/Rationale		KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	**Executive Lead** **Lynn Parkinson**	OP 9

EIP - Seen within 14 days

Legend: Target — In Month — CL (Mean) — UCL — LCL

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: **February 2024**

	Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
	75%	70%	93.6%	95%	85%	99.6%

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

NHS East Riding Talking Therapies - 6 weeks

Legend: Target — In Month — CL (Mean) — UCL — LCL

NHS East Riding Talking Therapies - 18 weeks

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2024

Target:	Amber:	Current month stands at:
50%	45%	64.1%

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

NHS East Riding Talking Therapies - Moving to Recovery

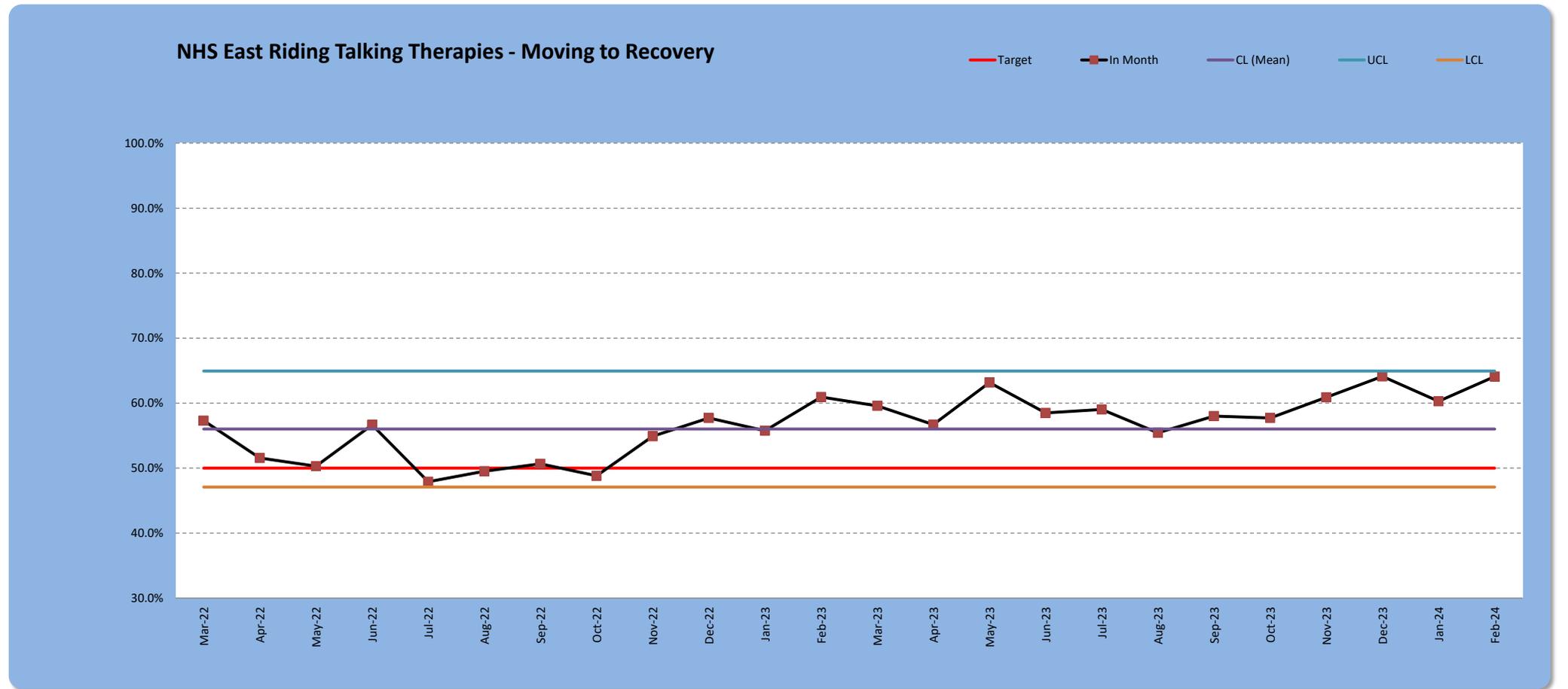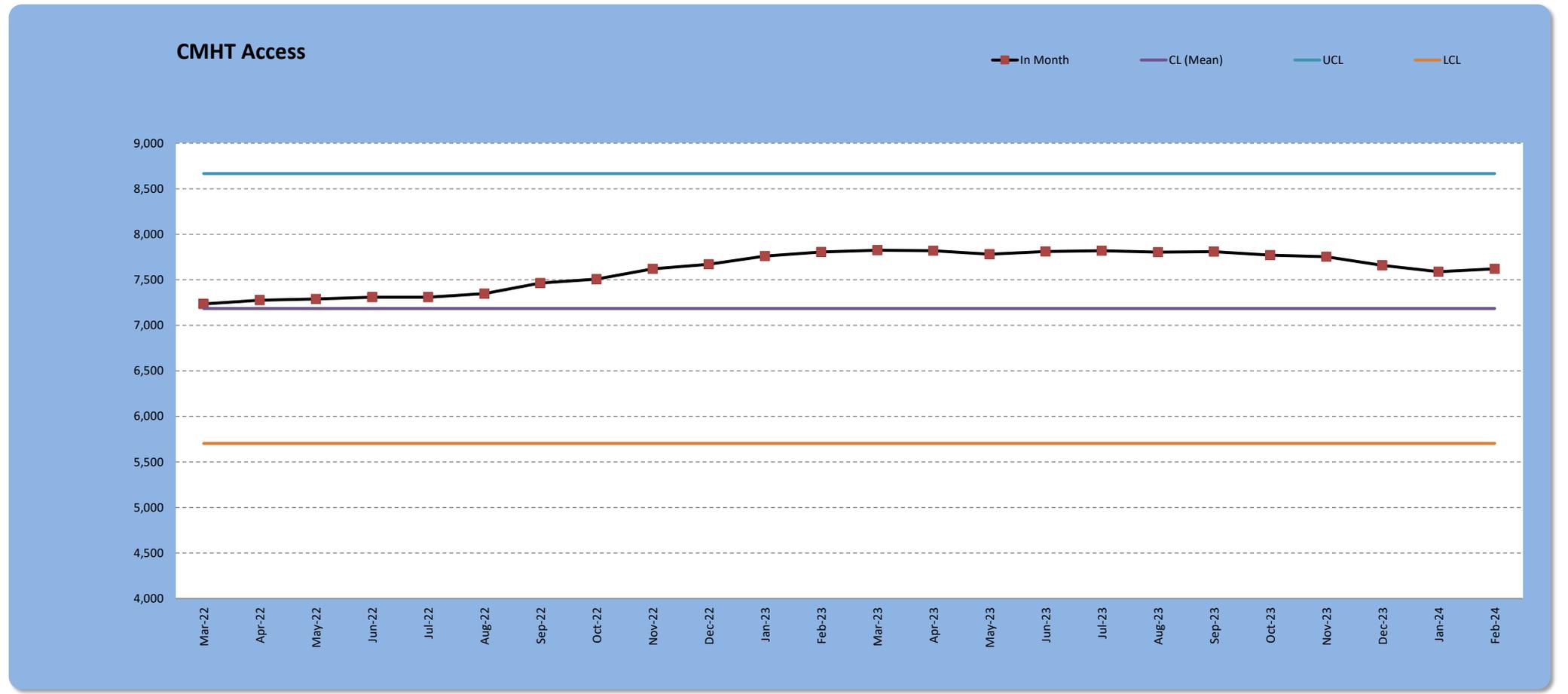**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2024

Target:	Amber:	Current month stands at:
TBC	TBC	7620

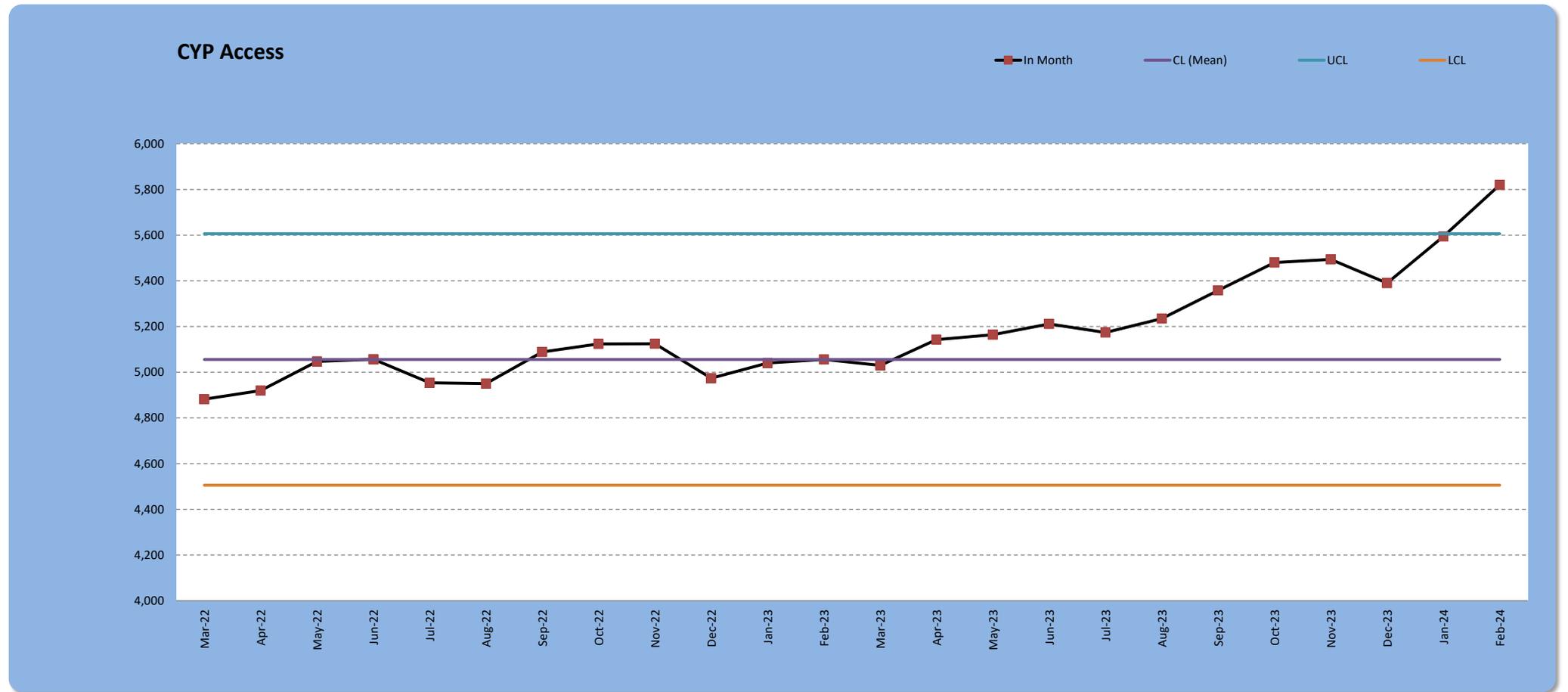| Indicator Title	Description/Rationale		KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	Executive Lead Lynn Parkinson	MHS108.1

CMHT Access — In Month, CL (Mean), UCL, LCL chart from Mar-22 to Feb-24

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: **February 2024**

Target:	Amber:	Current month stands at:
TBC	TBC	5820

Indicator Title	Description/Rationale		KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. *Includes ADHD but excludes ASD and LD (National Guidance)*	**Executive Lead** **Lynn Parkinson**	MHS95.2

CYP Access

Legend: ■ In Month, ── CL (Mean), ── UCL, ── LCL

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: **February 2024**

Target:	Amber:	Current month stands at:
TBC	TBC	561

Indicator Title	Description/Rationale		KPI Type
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months *(Hull and East Riding only)*	**Executive Lead** **Lynn Parkinson**	MHS91
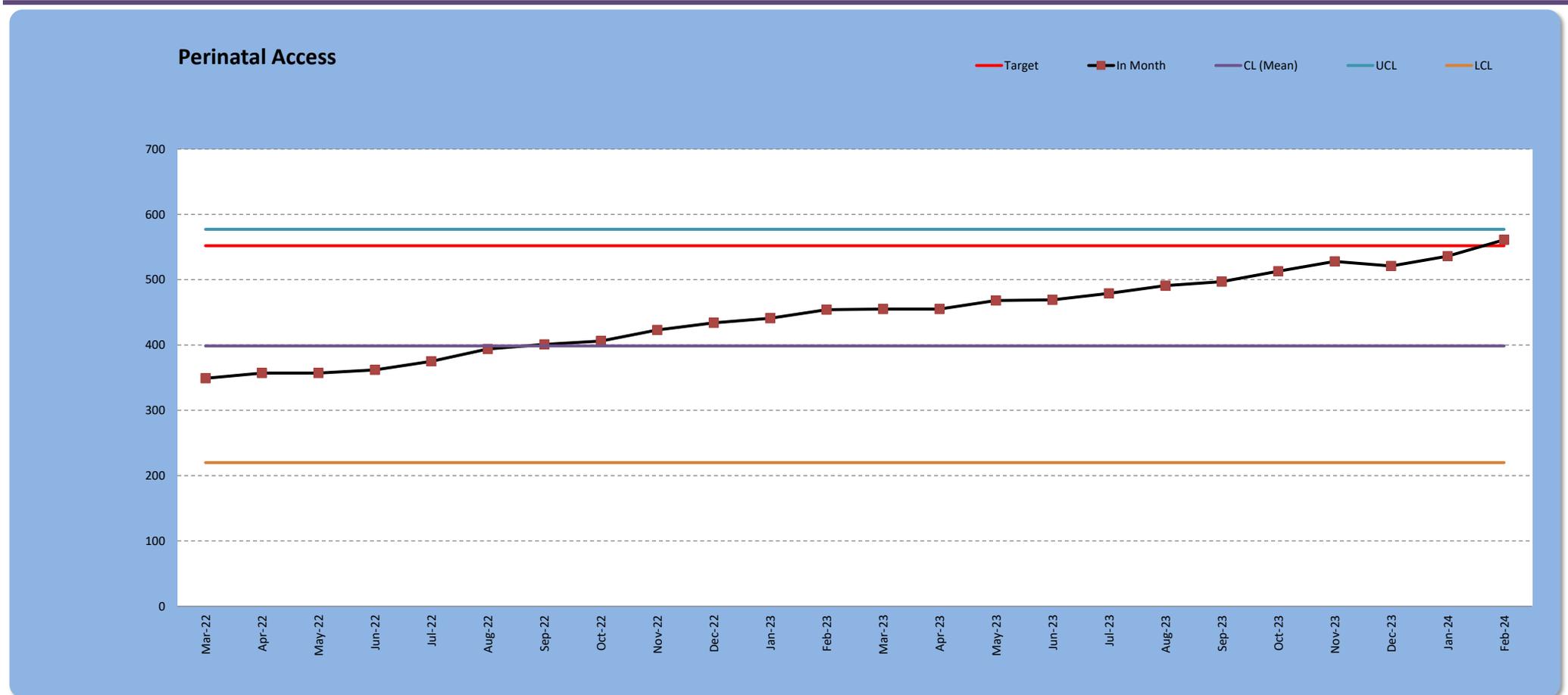
Perinatal Access

Legend: Target — In Month — CL (Mean) — UCL — LCL

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: **February 2024**

	Target:	Amber:	Patients OoA within month:
	0	0	11

Split:	# days	# patients
Adult	0	0
OP	78	4
PICU	146	7

KPI Type

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

Out of Area Placements - Days

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **February 2024**

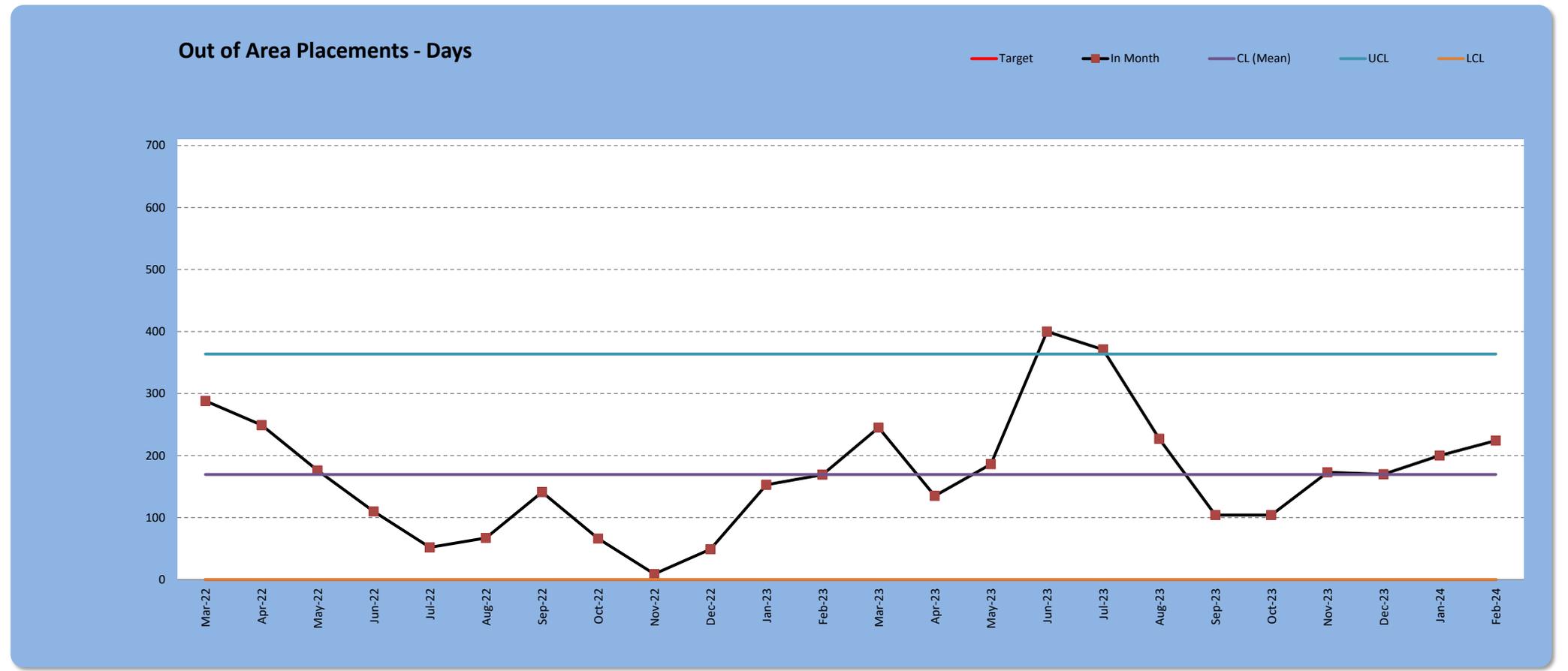| Indicator Title	Description/Rationale		KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service	**Executive Lead** **Lynn Parkinson**	ST 4 split

Out of Area Placements - Adult

Legend: In Month, CL (Mean), UCL, LCL
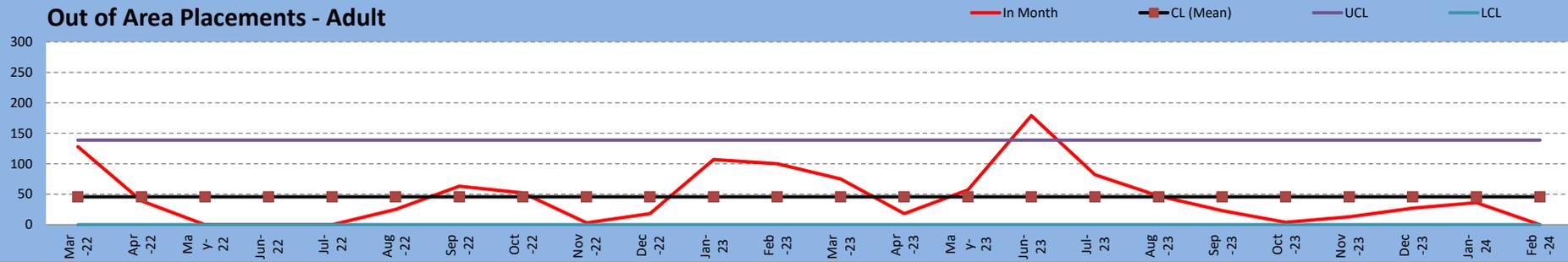
Out of Area Placements - Older People
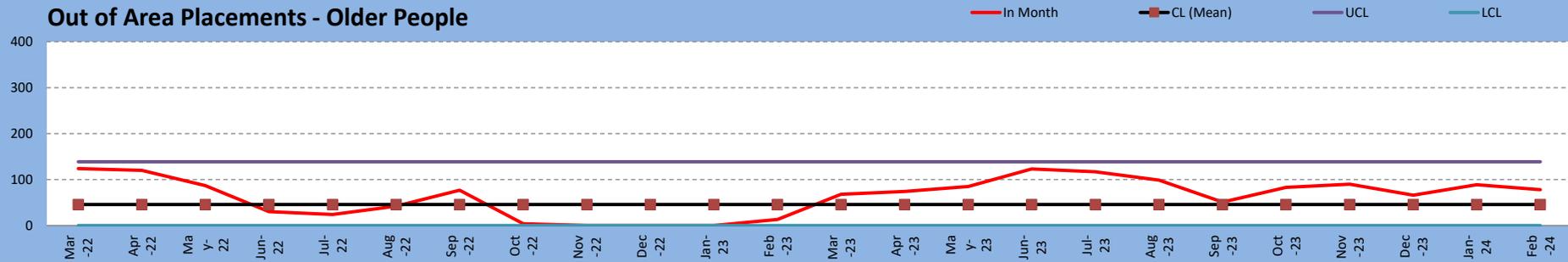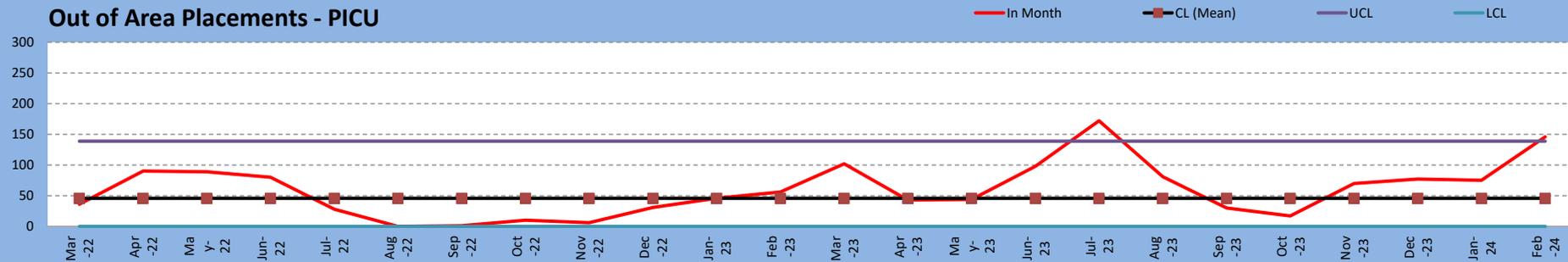
Legend: In Month, CL (Mean), UCL, LCL

Out of Area Placements - PICU

Legend: In Month, CL (Mean), UCL, LCL

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: February 2024

	Target:	Amber:	Current month stands at:
	7.5%	7.0%	7.7%

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

Delayed Transfers of Care - Adult and Older People Mental Health

Legend: Target — In Month — CL (Mean) — UCL — LCL

Delayed Transfers of Care - Inspire - 12 month period

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **February 2024**

	Target:	Amber:	Current month stands at:
	5.0%	5.2%	5.3%

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**	

Total Sickness Absence

Legend: Target — In Month — CL (Mean) — UCL — LCL — Excluding Covid

Total Sickness Absence (Rolling 12 months)

Legend: Target — In Month — Excluding Covid — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary
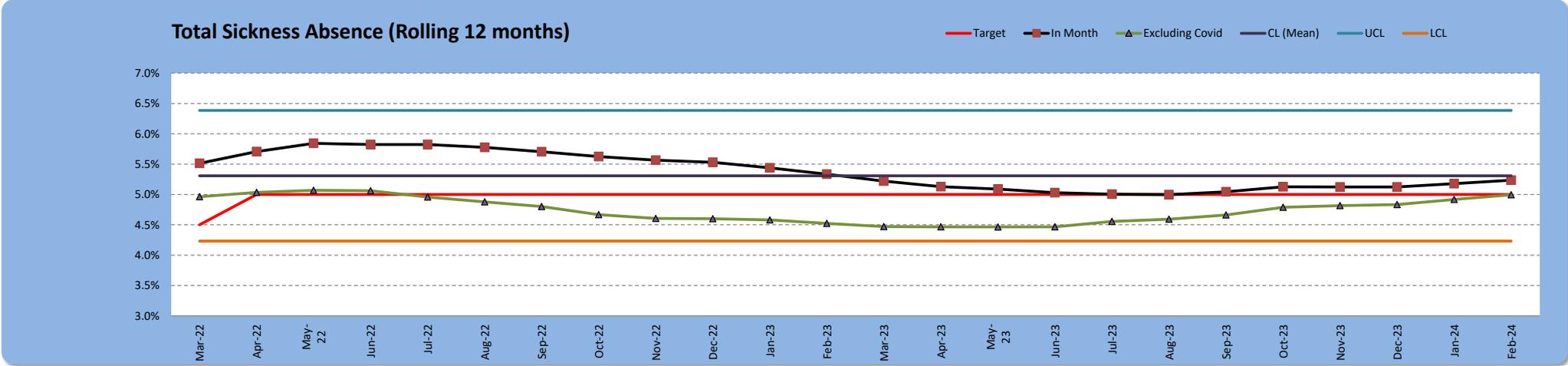
PI RETURN FORM 2023-24

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **February 2024**

	Target:	Amber:	Current month stands at:		Target:	Amber:	Rolling figure stands at:
	0.8%	0.7%	0.8%		10%	9%	12%

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

Staff Turnover - Monthly

Staff Turnover - Rolling 12 months

Caring, Learning
& Growing Together

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	'Closed Cultures` progress report for March Board.			
Author/s:	Kate Baxendale, Deputy Director of Nursing, Allied Health Professionals and Social Work Paul Johnson, Clinical Director Kayleigh Brown Clinical Lead Mental Health Services Kerry Brown, Community Services Clinical Lead Sam McKenzie, Clinical lead, Secure Services Deborah Cahill, Clinical Lead Learning Disability Services Karen Phillips, Deputy Director of Workforce & OD Michelle Nolan, MHA Manager			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	This report provides the Board with an update regarding further work being undertaken by Humber Teaching NHS Foundation Trust regarding the early identification of closed cultures following the Panorama expose of Edenfield, a NHS medium secure unit in the North West in 2022. The information builds on the progress update given to the Board in March 2024 and considers the recommendations made in the review into Greater Manchester Mental Health Foundation Trust, from the report published in January 2024.			

Key Issues within the report:

Positive Assurances to Provide:
- Visibility of leaders and senior leaders in clinical areas
- Embedded arrangements in respect of co production and listening and actioning patient and carer feedback and experience.
- Compassionate leadership demonstrated through Humber Behavioural standards.
- Strong clinical leadership and a focus on quality improvement
- Arrangements and support in place for staff to raise concerns and feedback.
- Safewards embedded and a continued focus on safe staffing, staff health and wellbeing.

Key Actions Commissioned/Work Underway:
- Continued Reducing Restrictive Interventions work.
- Work to develop and deliver a programme of development specifically aimed at Health Care Support Workers.
- Organisational development work as described in each Divisions update.

• Scrutiny and oversight of restrictive interventions. • Support and preceptorship for newly qualified staff. • Peer Review process		

Key Risks/Areas of Focus:	**Decisions Made:**
• No new risks, continued oversight, and work to mitigate against closed cultures	• None

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)	EMT March 2023

Monitoring and assurance framework summary:

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

Closed Cultures Progress Report

1. Introduction and Background

In September 2022, Panorama broadcasted a programme which exposed the abuse, humiliation and bullying of patients at the Edenfield Centre in Prestwich. In response to this NHS England commissioned an independent review to understand what took place, how and why.

The final report from the investigation was published January 2024. The report raised several concerns in respect of:

- The lack of patient voice and that of their families/ carers, with a disregard for their experiences and failure to take concerns raised seriously, openly and with curiosity.
- A lack of genuine commitment to co production from senior leaders
- Lack of compassionate leadership and the cultivation of fear, incivility and distrust by senior leaders and board members to staff
- Focus on operational performance at the behest of clinical quality, including under valuing the role and contribution of clinical leadership.
- Lack of psychological safety, where people did not feel confident about telling the truth or were not confident in using the arrangements in the organisation, due to feeling unsafe and unsupported.
- Discrimination in the workplace
- Shortness of staffing and the impact on the culture, for example wards left without registered nurses, nurses covering three wards or individuals being asked to undertake duties outside of their scope and skill set. Over reliance on temporary staff and the inability to get help when an incident occurred, compounded by high vacancy rates and sickness rates.
- Insufficient support and supervision, including certain groups of people being promoted quickly who soon became out of their depth.
- Medical staff found it difficult to make their voice heard, concerns were dismissed, clinical decisions were overridden by managers.
- Poor investment in the multi-disciplinary team such as Occupational Therapists, administrative staff, psychologists, pharmacists
- Higher than expected use of restrictive practices and the seclusion environments were of poor standard.
- Insufficient checks and balances by the Trust Board through, lack of patient voice, poor quality of reports, reports being made palatable, lack of professional curiosity and probing and insufficient focus on quality.

The review in Greater Manchester Mental Health NHS Foundation Trust also makes eleven recommendations as follows:

Recommendation 1: The Trust must ensure that patient, family and carer voices are heard at every level of the organisation. The Trust must respond quickly when people experience difficulties with the services they receive and make lived experience voices central to the design, delivery and governance of its services. They have developed a strategy in this area, which now needs to be implemented and evaluated to understand its impact.

Recommendation 2: A strong clinical voice must be developed and then heard and championed from Board to floor, and in wider system meetings.

Recommendation 3: The Board must develop and lead a culture that places quality of care as its utmost priority, which is underpinned by compassionate leadership from Board to floor. This culture must ensure that no staff experience discrimination.

Recommendation 4: The Trust must work with its current and future workforce levels to recognise, adapt to and manage the safety challenges that a staffing shortfall may pose, including ensuring the stability of

nursing staff. The Trust must develop a representative, competent and culturally sensitive workforce which is supported to provide services that meet the needs of its communities.

Recommendation 5: The Trust needs to have a better understanding of the quality of its estate and the impact of this on the delivery of high-quality care, including providing a safe environment. It must ensure that essential maintenance is identified and carried out in a timely manner and that the cleanliness of units is maintained.

Recommendation 6: The Trust must ensure that its governance structure (and the culture that this is applied within) supports timely escalation and that the right information can be used at the right level, by the right staff. There must be much greater focus on the validation and triangulation of information to ensure that quality issues can be resolved quickly, and learning can take place

Recommendation 7: The Trust must ensure that Edenfield provides compassionate, high-quality care and that all staff, permanent or temporary, have the skills, knowledge, and support to achieve this.

Recommendation 8: The Trust should review the improvement plan again following receipt of this report's findings to develop further clarity about the problems that they are trying to solve and the actions that need to be taken to achieve better outcomes. It needs to be clear on how all actions will be evaluated so that it can be assured about whether changes being made are having the desired impact. The plan should be prioritised to ensure that actions are sequenced, build on each other, and prioritise the quality-of-care people receive from GMMH. This includes ensuring a balanced approach between the scale of the improvements required and setting out a realistic timescale for implementing identified actions with the support of their system partners.

Recommendation 9: We identified some common concerns across services we visited at the Trust, which were also prevalent within Edenfield. The Trust and the wider system must consider how they understand issues identified in these services (and others) in more detail, including through the actions described below.

Recommendation 10: The organisations with responsibility for regulation, oversight, and support to GMMH must review their current systems of quality assurance. They must also review how they work together collectively to identify concerns in a provider at an early stage to prevent tragedies like those seen at Edenfield from reoccurring. Where learning is identified that applies nationally, this must be cascaded by the relevant organisation.

Recommendation 11: NHS England must review and clarify the role of the Greater Manchester Adult Secure (Northwest) provider collaborative and the governance structures needed to oversee this role. The responsibilities of the collaborative need to be discharged by staff with the right experience and expertise. In light of the concerns identified in this report in relation to Adult Forensic Services (and wider issues in the Trust's Specialist Services), the role of GMMH as lead provider needs to be reviewed by NHS England. If this arrangement is to continue, support should be provided to GMMH to stabilise the current situation and to develop it to deliver the role effectively in the future**.**

Following the airing of the Panorama programme in September 2022, Humber Teaching Foundation Trust has undertaken significant work seeking and providing assurance to the Board regarding our culture, processes, and governance systems. A review of the recommendations from the Independent Review indicates that all of the work undertaken since the programme aligns to the recommendations above. This report is the third report to the Board regarding the work and governance systems in place following the panorama programme.

2. Trust Progress to date
This report builds on the previous reports to the Board providing further assurances which, together with previous updates align to the recommendations from the Greater Manchester Independent Review. The report does not cover the vast array of arrangements in place to oversee the quality of the care environment, the delivery of services, the development of staff, patient experience and clinical governance arrangements which are in place as these areas have been covered in previous reports and are regularly reported to the Board either direct or via the appropriate Board subcommittee.

2.1 Board Visibility

A rolling programme of executive, non-executive and governor visits is in place to ensure board visibility and encourage staff engagement with the Board and Governors. Whilst some of these visits are planned, many are unannounced and out of hours. Details of visits are included in the CEO report to Board.

Details of leadership visibility is described in each of the divisional updates.

2.2 Safewards Refresh

A refreshed focus on implementing Safewards in our Mental Health and Learning disability units continues to progress. The aim of Safewards is to minimise the number of situations in which conflict arises between healthcare workers and patients, that may lead to the use of restriction and/or containment. The safewards model aims to reduce the need for restrictive interventions such as restraint and seclusion through promoting key interventions.

All wards now have an established cycle of self-assessment in relation to the implementation of the 10 Safeward interventions. These have informed their reducing restrictive intervention pledges and local Quality Improvement plans to focus on embedding and evaluating those interventions they have already implemented and approaches for introducing new ones. The Assistant Director of Nursing and Quality and the Adult Mental Health Safewards lead are due to commence the second round of visits to each area to review these with the leads. This allows sharing of good practice and signposting the teams to resources to enable the interventions to have optimal impact.

The Use of Force reporting has been developed to include self-harm and AWOL and is now being triangulated with a maturity rating for the implementation of the Safeward interventions at ward level. This will allow for trend analysis of the impact of the interventions against conflict and containment. This will be supplemented by service user and carer feedback. There has been evident improvement across the majority of the units with units embedding interventions into their everyday practices and utilising them as resources of de-escalation. Each unit is expected to be at 100% implementation by the end of the financial year with some units achieving this already. At the last round of audits which took place in August 2023, an average of 80% of interventions were in place, with 13 of the units having 80% or above implemented.

Training continues to be delivered to our newly qualified nurses working within the unplanned care inpatient division in order to establish their knowledge of Safewards as soon as possible and support in further embedding Safewards as standard practice.

Humber Safewards Day took place on 27th October 2023. With representation from across the units and divisions. Each unit presented their work and outlined further goals for the coming months. The "share and steal" board also contributed to the sharing of ideas across the units. This will be an annual event.

The momentum established over the last year will continue moving forward. The impact Safewards can provide to support the reduction of PRN use and restrictive interventions will continue to be its focus, and it will be a significant driver around reducing the risk of a closed culture developing.

2.3 Reducing Restrictive Interventions

All forms of restrictive practice continue to be subject to clinical review through the daily safety huddles, and the reducing restrictive interventions (RRI) Group. Despite a clear increase in the level of acuity and incidences of violence and aggression during the early part of Quarter 3 there was an overall reduction in the use of the most restrictive form of restrictive intervention, seclusion. This reduction has been seen through the whole of 2023/24. We have welcomed experts by experience in to the RRI group who have been received as knowledgeable and valued members of the RRI Group, bringing a proactive and clear patient voice to the group when we discuss the use of restrictive practices and how we improve this area of care delivery.

In line with the trusts governance processes both the blanket restriction policy and the use of force policy have been reviewed and a new blanket restriction register has been introduced which is reviewed on a monthly basis through the Divisions clinical governance structures, the RRI group and mental health legislation steering group. Co production and inclusion of people with lived experience continues to be a priority for the RRI group and there continues to be good representation and involvement in this   area of work.

The use of force dashboard continues to be used to support the overall RRI agenda and supports visibility and understanding at trust and ward level where restrictive interventions are used and supports the understanding and analysis of increased activity to support prevention and reduction of incidences.
A quarterly Reducing Restrictive interventions report is produced and submitted to EMT and the Mental Health Legislation Committee.

2.4 Newly Registered Staff
All newly qualified nursing, AHP and social workers who gain employment within the Trust are enrolled into the Preceptorship Academy by their line managers. The preceptorship programme consists of formal review points, peer reflection action learning sets, and a structured teaching timetable. The Trust values are interwoven throughout the programme, and we are now introducing a service user & carer feedback form for newly registered staff that aligns to the being Humber behavioural framework. This feedback form will support preceptees in gaining feedback from patients/service users for their future revalidation /re-registration.

The teaching timetable continues to be supported by the speak up guardian and the interactive closed culture & compassion session is now a full day face to face session.

2.5 Human Resources Update
A number of initiatives have been put into action in order to ensure the development of an open, transparent and inclusive culture.

- Values Based Recruitment has been approved as an approach to enhance our commitment to ensuring we recruit those with the attitudes and behaviours most aligned to our 'Being Humber' Framework. This approach provides a framework for operating that offers tools and resources to enable hiring managers to assess values as well as competency.
- A recent reframe of the Trust corporate induction has provided the opportunity for us to not only promote our expectations around behavioural standards but also expanded to address closed cultures, civility and respect.
- Work is underway to develop and deliver a programme of development specifically aimed at Health Care Support Workers. This has been recently enhanced to include closed cultures, EDI, civility and respect as a core part of the introduction module.
- EDI and Human Rights is now fully embedded as a theme throughout all of the Trust Leadership and Talent Development programmes, specifically the leadership programme (Bands 3-7), senior leadership programme (8a+) and the Humber High Potential Development Scheme.
- In response to the National Staff Survey 2022 and insights from the WRES and WDES reports, the Trust launched a Dignity and Respect campaign in November 2023 that aims to promote a safe culture to report 'staff to staff' incidents of bullying, harassment and victimisation. This campaign continues and the Trust is showing an increased level of incident reporting, as anticipated, as a result. The ongoing campaign will become business as usual and will ensure a variety of means to support staff to safely report incidents and demonstrates our commitment to an inclusive, compassionate, and open culture.
- Employee relations cases are now analysed on a bi-annual basis as part of an approach to understanding whether there are any specific learning trends through a thematic review. This analysis will shape appropriate actions to further understand and provide solutions to issues that are detected.

2.6 Mental Health Act CQC Inspections
There have been 2 CQC MHA visits to our inpatient units since June 2023. The CQC did not report any findings of a closed culture during either of these inspections.

There were 2 issues identified that appeared to place additional restrictions on all patients on one of the units in relation to blanket restrictions in relation to access to food and drinks and access to the multi faith room.   Immediate actions taken to address these issues.

Trust wide, all units are currently reviewing their areas to ensure they are appropriately supporting patient access to a space on the ward that supports religious observance or personal contemplation for patients of all faiths, and appropriate access to support materials for different faiths.

A 'blanket restriction' was previously identified by the CQC on several wards where the seclusion room did not have an ensuite toilet within the room. Work to all the seclusion rooms in the adult mental health units has commenced to ensure all are ensuite.

2.7 Peer Review Programme

The Trust peer review cycle was 1st April 2023-30th September 2023 and forms part of the Trusts internal assurance and oversight process of the quality of care being delivered across the Trust services. The annual standardised cycle of peer reviews is essential for benchmarking performance, upholding standards, and identifying areas for improvement.

A total of 35 peer reviews were completed in this period across all divisions. The reviews are led by the Nursing Directorate with support from divisional staff and increasing involvement from patients/service users to ensure there is a level of independence in the review team. The divisional leads determine which of their services require a peer review, based on intelligence such as the latest CQC inspection outcomes, the number of and types of incidents reported, informal and formal complaints received, patient safety incident investigations, sickness rates and safer staffing numbers. It is however expected that all areas will at some point receive a review.

There is a standard peer review framework in place, which is inclusive of the new CQC quality statements and closed culture indicators.

Themes from the reviews are collated and reported to the Audit and Effectiveness Group with either an action plan or quality improvement project developed to address any concerns. The reviews also enable positive feedback to be gathered and shared, to inform learning and improvement work. Areas that participate receive a certificate of participation and achievement to be displayed. The peer review cycle will recommence on the 1st April 2024 to 30th September 2024.

The Trust have submitted a case study to NHS England as part of work to develop an accreditation process for our peer reviews, as well as contributing to the guidelines on local accreditation of peer reviews which is due to be published soon.

2.8 Quality Improvement Charters

Quality improvement is embedded across the organisation and is a key mechanism for developing systems as a result of learning from incidents, developing patient care and experience and ensuring we have a skilled, motivated and empowered workforce who feel engaged and psychologically safe to drive forward improvements.

To date, 375 improvement ideas have been identified of which 237 are complete, and 81 are live:

- 180 (57%) of activities underway or complete have indicated that they have included Patients and Carers in planning and delivery of the work.
- 112 (33%) have indicated that they have collaborated with organisations outside the Trust.
- the Mental Health Team continues to have generated 38% of all the ideas.
- 99% of the charters would benefit Patients/Service Users/Carers, 99% would benefit Staff and Volunteers and 67% would benefit Partner Organisations.
- 44.75% of charters have a main theme to improve the Patient and Carer Experience and Wellbeing.

2.9 Patient and Carer Experience and Co-production

Putting patients, service users and carers first is our priority at Humber Teaching NHS Foundation Trust (HTFT) and their involvement has become an integral part of our culture and everyday thinking. Over the past decade we have gleaned an immense wealth of knowledge from our communities to help us with our improvement journey and transformation plans. Our Patient and Carer Experience Five Year Forward Plan (2023 to 2028) sets out how we will continue to listen, support and work together with our communities,

staff and partner organisations as we continue on our journey together.

The Trust has a plethora of forums and involvement groups taking place, including over eight hundred members to give patients, service users, carers, staff, statutory and voluntary organisations the opportunity to have a voice, raise awareness of patient and carer experience and to be a catalyst for involvement opportunities. Earlier this year saw the introduction of the Involving Patients, Families and Carers Sub-Group of the Patient Safety Incident Response Framework (PSIRF) steering group. The group has been instrumental in providing a patient/carer voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures.

Fifty new pieces of work have been awarded the Trust's Co-production Logo which not only showcases where co-production has taken place but recognises the value of engaging patients and carers to work with Trust staff as equal partners.

The Trust values peoples' time and during 2023 launched our Experts by Experience (EbE) initiative where twenty-eight people with lived experience have applied to join our bank of Experts by Experience. EbE are people with experience of using services as either a patient, service user or a carer and once registered on our EbE Bank, will be remunerated for undertaking activities with the Trust.

In collaboration with the Trust's Recovery and Wellbeing College the Trust has introduced the Patient and Carer Experience Training Programme which includes eight modules each providing information on involvement opportunities taking place across the Trust. Modules include; Who We Are (the Trust), Patient and Carer Experience Forums, Sharing My Story, Research, Involvement in Recruitment (Panel Volunteer), Quality Improvement, Volunteering and Trust Membership.

Our communities tell us that participating in Trust activities and sharing their experiences is very rewarding and meaningful.

2.9 Staff Survey 2023
It is pleasing to see the Trust positions better that the national average across all People Promise theme areas with improvements across a range of indicators. The response rate of 55.62% is also an improvement compared to 2022 where the response rate was 43.90%.

Below are the results of the indicators closely aligned to closed cultures (leadership, team working and escalating concerns).

Indicator	National	Humber	Benchmark
Team working	6.7	7.01	6.97
Morale	5.95	6.37	6.17
Care of patient's top priority	75.14	80.14	79.49
Acts on concerns raised by patients	70.55	77.50	75.76
Manager listens	71.02	79.15	79.15
Manager takes effective action	67.84	74.13	74.90
People they work with are kind	71.24	79.45	77.62
Feel secure raising concerns about unsafe clinical practice	71.28	77.46	76.82
Confident that their organisation would address their concern	56.81	64.48	61.79
Feel safe to speak up about anything that concerns them	62.31	70.26	68.14

3. Divisional Updates

3.1 Secure Services

The Division has focussed on workforce development in recent months, with psychology recruitment, reviewing of Forensic Nurse Specialist roles, and consideration of creative approaches to staffing challenges, including use of developmental roles in areas that have proved difficult to recruit to.

The Division has recently commenced a body of work to review structures and clinical models for Allied Professionals, to continue to strengthen approaches and commitment to MDT working.

To support new starters, a new induction programme has been developed and implemented, and includes engagement with the leadership team and time spent on other wards within the building. To support existing staff, a training catalogue is near completion, and a rolling programme of team away days has been devised.

The leadership team have continued to ensure visibility across the Division, including monthly dedicated 'Listening Events', rotating across wards and teams, as well as informal visits. The senior team meet twice weekly, to ensure a cohesive approach to leadership, and have recently shared Lumina Spark 'splash' profiles with one another to promote effective communication and collaboration.

The Division has restructured governance processes, a patient safety group has been established, which will focus on relational security, the Safewards initiatives, have a strong focus on patient involvement, and trauma informed care principles. A 'Clinical Assurance' meeting is in place, which will have oversight of action plans and ensure that learning is shared and that there are processes for 'testing the learning' subsequent to the completion of action plans. A 'Therapeutic Interventions and NICE Guidelines' group is to be developed, which will ensure compliance with best practice guidance and inform priorities for areas of clinical development (reporting to the Division Clinical Network) and workforce development.

A recent Quality Visit conducted by CPaQT for the Specialist Forensic Community Team praised the team for their evident warmth, openness to change, and demonstration of a commitment to formulation and reflection. The reviewers commented that the team was aware of their roles and responsibilities, were respectful of one another, and cohesive as a group. Excellent service user and carer feedback was noted, as was the strong reputation of the team, regionally and nationally.

3.2 Mental Health Services

Implementation of the Safewards initiative is now embedded and oversight of this sits in the acute care forum and Divisional Clinical governance meeting. Patient involvement in the Safewards initiative is via the patient involvement forums.

Positive Behavioural Support (PBS) plans have been developed and are being used to support how we care for our patients during their assessment and treatment periods with our services. The use of multi professional involvement into the PBS's is being exercised and where a patient is particularly complex or needs clinical expertise from a specific area of care, professionals' meetings are held and for example ASD/LD/CEN's expertise is sought to support the patient and team to develop these, using a trauma informed and formulation based approach to this, ensuring absolute person centred care.

Discussions and concepts of how we integrate complex emotional needs service in to inpatient care and crisis teams has started and exploration of what this may look like, including reviewing psychological approach and support for patients and teams, to ensure we are all using a trauma informed lens and formulation based assessment and treatment, that can travel across the acute care pathway, community and back again to ensure seamless care are the next stages of this development.

Senior leadership visibility has improved, particularly out of hours with initiatives such as;

- (Virtual) lunch with the senior leadership team
- Practice Development Days
- Visibility of senior clinical leads (8A) at patient focused meetings, supporting complex clinical decision making and oversight of care
- Band 7 clinical leadership across inpatients and the crisis service 7 days a week.

The Division have continued, with a particular focus on the supervision structures, clinical management and development of the band 7 clinical lead positions and clinical effectiveness and promoting and role modelling a learning culture in teams, embracing the new implementation of PSIRF.

Development of the senior clinical lead posts across services and expected standards of clinical leadership in service continues, ensuring that clinical quality, patient safety and clinical outcomes are a priority. Role modelling this to band 7 clinical leads through robust and supportive clinical supervision structures continues.

Seclusion, long term segregation and blanket restriction audits are in place, ensure that all information. and data is scrutinised to ensure lessons are learnt regarding restrictive interventions. Blanket restrictions have had a particular focus over the last 6 months, including the introduction of blanket restriction register pilots, which supports teams to scrutinise and make informed decisions about why something may be a blanket restriction, ensure if it is it reviewed and that least restrictive practice is always considered.

The Acute Care Forum (inpatient clinical network) and the clinical leads on all inpatient units continue to be involved in and have oversight of reviewing incidences and data. This reports into the Reducing Restrictive Interventions forum. Training has been given in the use of force dashboard and teams are working towards utilising this in their daily practice. There is an acknowledgment that this still needs work to continue to raise awareness of how this can be incorporated into safety huddles and team meetings to help inform risk management and reducing the use of restrictive intervention.

This work continues to report to the Reducing Restrictive Interventions forum and there are examples of the staff teams and individual practitioners being able to understand and articulate the narrative and behind the data.

The feedback and learning from Peer reviews feed in the clinical networks and into the Divisional Clinical Governance meeting.

The Divisional Clinical Lead and General Managers continue to work closely with the co-production lead reviewing the co production strategy and operationalising this across the Division, detailing ways in which we can continue to onboard lived experience into our clinical quality governance structures, including and (as a minimum standard) in policy and the development of clinical practice and clinical service delivery.

The adult crisis team transformation work has been underway for the past 4 months, including CLEAR project – looking at systems, processes and developing effective and safe clinical pathways that support patient care delivery. Organisational developments are working with the team around culture, identity and supporting the team to develop a more psychologically safe and supported workplace.

The last 6 months has introduced several other large pieces of work which supports the learning from the Edenfield's exposure including.

- Person Centred Care Planning, which the Division are proactively involved in the understanding, development and roll out of this.
- The development of a Clinical Risk Steering Group, which is currently dissecting and understanding the current risk management tools we have in place that we use to review and manage risk with clinical presentations.
- Meeting the needs of Autistic Adults in mental health services – the development of a Quality Improvement Project is currently being a devised in collaboration with the Learning Disability Division which will oversee this and ASD informed care delivery in t our mental health services.

All of the above will continue to support and enhance the learning from the review into Greater Manchester and promote a culture of inclusive, transparent and clinically informed patient care to people who use our services.

3.3 Children and Learning Disability Services
Divisional leads are based on site and are providing regular opportunities to have routine contact with staff teams. We have continued to build on the visibility and approachableness of the senior team with some further initiatives including:

- Clinical Lead and General manager site visits for Townend, Inspire and Granville monthly over the next year. Within this visit time is allocated to talk to all staff and have a question answer session.
- Weekly senior leadership meeting established for Townend Court in-patients to review progress of Quality improvements and manage challenges together with the MDT.
- Inclusion of reflective sessions for Senior Leadership team with the Learning Disability services allowing open and honest conversations to happen.
- 1-1 sessions offered for all bands to speak to the Senior Leadership team within Learning Disability Services.
- Senior Leads involved in ward-based learning sessions and reflective sessions.
- A clear Senior Leadership structure is established now new staff have been appointed.
- 'What is my job' focus to start in the Learning Disability connection meetings. Senior leaders will explain what their role is.
- Shadowing opportunities being given to staff to spend a day with Senior Leads.

The Learning Disability Service has recruited an Engagement Lead. This post holder has a particular focus on ensuring that patient and carers, and experts by experience are actively involved in the evaluation and governance of services and are fully involved in new service developments. The engagement lead is working closely with the Children and Young People Engagement Lead to further strengthen the engagement agenda which now includes a monthly engagement meeting. This is a newly established forum to enable services to come together with the Engagement Leads to think about initiatives for their areas. The Trust Quality Improvement Lead has also been invited to attend this forum to further enhance engagement in this area.

We have employed Associate Practitioner Occupational Therapists to enhance our teams and allow for development and new skills mix within our teams. Our Senior leadership vacancies are now filled which allows focus of giving direction and oversight to the teams.

Focus has been given on student nurses experiences and links with the university have been strengthened. Induction packs for all new starters, students, and bank workers and been reviewed and updated across all services. With a focus on the positives of support, values, development as well as the practicalities of the work environment.

At Townend Court we have some ward-based learning sessions arranged with a reflection session and value-based session included. In the ward-based learning we have a planned training and reflective session on culture and religious issues. We are supporting a reflective practice workshop on closed cultures and value-based learning. The Operational Development team facilitated a session to Townend court staff on our Trust Behaviour standards. This then provided the Senior Leadership team with feedback. The feedback has informed our 'you said we did'. Townend court staff are now holding the weekly reflective session regardless of numbers. The RRI group has been strengthened with input not just from in-patient staff but from our community teams thus giving a wider and broader perspective on RRI. All staff at Townend have received training from the HOPES team which has supported discussions about RRI. Independent Advocate facilitating regular patient feedback sessions, groups as well as individually. Townend continues to embed daily Safety Huddles with all staff.

Within our Division we also have Granville Court, a nursing home for adults with profound and multiple disabilities. A DoLS is in place for every resident at Granville which contributes a layer of oversight and scrutiny of the care provided at the home to ensure that least restrictive practices are in place. There is a daily safety huddle every morning when any incidents are reviewed and a safety huddle which forms part of every handover. There are weekly staff meetings that are open to all staff including agency and bank staff to enable any concerns being raised. An anonymous suggestion box is also in place in the event of someone not feeling able to raise any queries in the meeting. Carer engagement is prioritised with an open-door policy in place and no restriction on visiting. An advocate is in place for every resident who does not have a next of kin or a relative that can visit often. Routine calls with the team are booked in to facilitate proactive contact with families.

We have set up a Divisional Trauma Informed Task and finish group that can support progress in parallel to organisational strategic plan in recognition that several services are already more advanced in aspects of

this agenda. We have strong representation at Trust and ICS Trauma Informed Care forums to facilitate and embed changes across the system.

3.4 Community and Primary Care Services
There is high visibility of clinical and operational leads across services. All service managers, matrons, team leaders and clinical leads are based in localities with staff. An "Ask the Senior Leadership Team (SLT)" has been rolled out, enabling all staff to join a forum on teams which is being actively promoted with support from the communications team. There are regular visits to localities by the Divisional Clinical Lead and General Manager. These are visits with purpose where staff are encouraged to come and meet the team and discuss their services, to discuss new developments and ideas and to raise any concerns or issues. The senior leadership team will regularly base themselves at sites with staff. Staff are actively encouraged to be part of new service developments and transformation projects.

Locality meetings and operational meetings are rotated across the patch and are being held in localities face to face to ensure continued visibility.

 A number of organisational development activities have been undertaken as follows:

- Bespoke training 'Dealing with difficult conversations` workshop on-site completed.
- Lumina portraits delivered to leaders (Band 6 and above).
- Coaching and mentoring on offer to all members of the team not just management roles.
- Inclusive language document shared to support tackling inappropriate tone/ language.
- Being Humber resources provided to the teams.
- Coaching sessions provided to some senior clinical managers.
- Essential leadership training encouraged to all management team Band 6+
- Listening events held for all staff.
- Supervisions/ one to one conversation with Band 6 colleagues giving feedback on managing behaviours.
- Checklist implemented for day shift to provide guidance to new/ international staff.
- In Scarborough informal feedback opportunities have been implemented alongside regular meetings ie a 'Staff White Board' has been introduced at Prospect Road (Scarborough main hub base) with themed questions to enable real time, feedback and sharing of ideas which can be posted anonymously. This feedback is collated, and action plans created to implement required changes.
- Locality leadership time out including operational and clinical leaders which resulted in a shared Scarborough Leadership Clinical and Operational Goals and Priorities for the year ahead aligned to HTFT strategy.
- OD are involved with a specialist service to develop the leadership team (B7's) leadership skills and people management.
- Discussions have occurred with team/ward leads regarding NHS people promise strategy that focuses on the national leadership approach from our senior leaders. Relevant supporting documents have been shared to embed the message of compassionate leadership, inclusivity and kindness.
- Service managers have attended the kinder manager training session facilitated by NHSE.
- Encouragement to complete staff survey resulted in much increased levels of engagement. General manager visited each service area to actively promote the importance of staff having their say and completion of the staff survey.
- All staff have been invited to contribute to the 2024-25 Service Plan as part of our planning preparation.

3. Summary

This report provides some key highlights that align to the recommendations in the review into Greater Manchester Foundation Trust. Oversight of the work continues to be overseen by QPAS to ensure all Divisions continually share their ideas and learn from each other to ensure the organisation as a whole is assured that we have the right governance and staff support systems in place to recognise excellence in care and identify teams that may be struggling, with swift appropriate action being taken to prevent a closed culture developing.

Title & Date of Meeting:	Trust Board Public Meeting 27 March 2024
Title of Report:	Trust Board Sub Committee Chairs and Non-Executive Director (NED) Champion Roles 2024-25
Author/s:	Caroline Flint Trust Chair

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

Purpose of Paper:	This report outlines which NEDs chair the sub-committees and which undertake the NED champion roles from April 2024 subject to review when the NED recruitment campaign completes in July.

Key Issues within the report:

Positive Assurances to Provide	**Key Actions Commissioned/Work Underway:**
• All Board sub-committees have a NED Chair. • NED Champions have also been allocated in accordance with NHS England guidance. • 2023/24 NED Chairs and Champions will continue in their roles and be reviewed when the NED recruitment campaign completes in July 2024. • The 2024 Board and Committee cycle will operate with the present membership outlined in this report until the end of August 2024.	• Committee Chairs and NED Champion roles have been allocated. • Recruitment of two NEDs will begin in April 2024 to replace Francis Patton and Mike Smith who complete their terms at the end of August 2024. • Charitable Funds governing arrangements are under review and Pete Beckwith, Charitable Funds Executive Director Lead, is to provide a proposal, via the Executive Management Team, for Board approval.
Key Risks/Areas of Focus: • A successful NED recruitment campaign is important to replacing 2 experienced NEDs at the end of August 2024.	**Decisions Made:** • The allocation was last agreed at Trust Board on 29 March 2023.

Governance:			Date		Date
	Audit Committee			Remuneration & Nominations Committee	
	Quality Committee			Workforce & Organisational Development Committee	
	Finance & Investment Committee			Executive Management Team	
	Mental Health Legislation Committee			Operational Delivery Group	
	Charitable Funds Committee			Collaborative Committee	
				Other (please detail) Report to Board	✓ 27.3.24

Monitoring and assurance framework summary:

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

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

Trust Board Sub Committee Chairs and Non-Executive Director Champion Roles

1. Introduction

The report is presented for information. It identifies the Non-Executive Directors (NED) who will chair the Trust Board Sub Committees and the Non-Executive Directors who have been allocated NED Champion roles for 2024-25.

2. Considerations

I have decided to maintain NEDs in their current roles as Chairs and Champions subject to reviewing the situation in July 2024 when our next NED recruitment campaign will complete.

We are looking to replace Chairs of the Finance Investment and Mental Health Legislation Committees with the new NEDS. Should this be successful it will also allow time until the end of August 2024 for Francis Patton and Mike Smith to continue with their responsibilities whilst offering support to their replacements. It will also provide for continuity and the committee cycle for 2024 to be maintained.

Board discussed last year any changes to the roles of Champions inline with NHSE guidance and clarified the Cyber Security (Security Management) NED champion role. Having seen no changes to the guidance my preference is to maintain the current arrangements subject to review along with Chairs as outlined above.

Following changes to the charitable funds contract and operations now returning to the Trust we are reviewing the governance arrangements for which Executive Director Pete Beckwith will provide me with a proposal for Board approval. Th status quo will continue until a decision is made.

Board Sub-Committee Chairs

Audit Committee – Stuart McKinnon-Evans
Charitable Funds Committee – Stuart McKinnon-Evans
Collaborative Committee – Stuart McKinnon-Evans
Finance and Investment – Francis Patton
Mental Health Legislation Committee – Mike Smith
Quality – Philip Earnshaw
Workforce & Organisational Development (OD)– Dean Royles

Non-Executive Director Champion Roles

Wellbeing Guardian – Dean Royles
Freedom to Speak Up NED champion – Dean Royles
Doctors' Disciplinary NED champion/independent member – Phillip Earnshaw
Cyber Security (Security Management) NED champion - Francis Patton
Emergency Planning Preparedness and Resilience (EPRR) NED lead Mike Smith

3. For Information

Next round of Board Sub Committees after 31 August 2024

- Quality Committee – 19 September
- Collaborative Committee – 1 October
- Finance and Investment Committee – 15 October
- Audit Committee – 29 October
- Mental Health Legislation Committee – 7 November
- Charitable Funds -12 November
- Workforce & OD – 13 November

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	Quality Committee Board Assurance Report – March 2024			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director, and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the Quality Committee held on 7 March 2024, with a summary of key issues for the Board to note.			

Key Issues within the report:

Positive Assurance to Provide:

It was agreed positive assurances were received from the following reports: -

- Patient Safety Governance internal audit report, which received significant assurance with no recommendations.
- The Triage of Patients Needs within Mental Health Services- the Committee were assured in respect of the processes in place and the oversight of triage by senior staff.
- Patient and Carer Experience. The Trust have achieved the standards required to be a Veteran Aware organization. 41 pieces of work had achieved the co production stamp by the end of September 2023 and the Trust had 23 applications from people who wished to join the experts by experience bank. The Committee were updated on the work underway to address the areas identified in the 2022 Community Mental Health Service User survey. All improvement actions have been completed which provides assurance in respect of the mechanisms in place for service user engagement.
- Annual Ligature Report- the Committee were updated on the ligature audits undertaken and in particular the key piece of work to install door top alarms, which arose from the national learning on ligature points. The Committee noted the swift response from estates and clinical teams to replace the

Key Actions Commissioned/Work Underway:

- Sexual Safety- The Committee received a presentation on the work being undertaken in respect of sexual safety across the Trust. The self-assessment undertaken in response to signing up to the NHS Sexual Safety Charter identified that arrangements were in place to evidence all commitments in the charter could be met. In addition, the Trust has in place robust arrangements in respect of reporting incidents, oversight by the Safeguarding Team, procedures in place to manage allegations against staff and appropriate referrals to the police and social care. Further areas of development work which are being led by the Sexual Safety Group which reports to QPaS , are training, continued awareness raising and the development of support using a trauma informed approach to people who have experienced a sexual safety incident.
- The Independent Review of Greater Manchester Mental Health Foundation Trust has been published and a progress report on the work the Trust has undertaken in respect of mitigating closed cultures will be reported to the

ensuite doors, and the Committee noted the work undertaken to eliminate fixed anchor points. • The Committee reviewed the final draft of the Mental Inpatient Redesign Pre-Consultation Business Case noting we are keeping this ready to develop into a full business case as soon as the route to the capital is identified.	March Board. • Prison Healthcare. The Committee were informed about the new contracts for Full Sutton and Millsike Prison and the mobilisation plan in place. Meetings are in place to promote joint working, governance, and oversight, Currently work is underway develop the patient safety incident reporting system, and how the approach can be streamlined with TEWV, to ensure learning is maximised and duplication minimised.

Key Risks/Areas of Focus:

• An area of focus was in response to CQC targeted, responsive assessments of Humber Primary Care and Market Weighton GP practices. Both had maintained the overall rating of Good as this was a focused assessment, however the rating for both in respect of responsiveness was requires improvement. There is a detailed action plan in place for Humber primary care due to the noted Regulation Breach due to patient access concerns raised via the national patient survey. In addition, a report was presented to the Committee on Quality and Primary Care and the ongoing improvement efforts regarding accessibility were noted by the Committee. A further update report will be presented to the Committee in May 2024.

Decisions Made:

• The Committee Effectiveness report will be finalised to include the feedback on the effectiveness of the Committee in respect of the quality of papers, the presentation by attendees and the improved correlation between the Quality Committee and Workforce Committee.

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**	11/3/24

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 7 March 2024 are as follows: -

The minutes of the meeting held on the 14 December 2023 were agreed as a true record and the action log approved. The Quality Committee assurance report was noted, and the updated work plan noted. PE declared a low-level interest for item 11, due to connections with Spectrum CIC, one of the provider partners.

Discussion items

Presentation – Sexual Safety
The presentation outlined that the Trust signed up to the NHS Sexual Safety Charter in October 2022 and can demonstrate that it meets all the 10 commitments in that charter. Information was shared regarding incidents reported and that these are monitored via a bi-monthly report to QPaS and the Safeguarding Learning Forum. On average 14.6 incidents are reported each month, 90% of incidents reported are categorised as no harm. The data informs us that most sexual safety incidents occur in mixed sex environments, and are in respect of sexual activity directed towards another person and that this is predominantly female staff by male patients. Incidents are reviewed daily through the safety huddle and the Safeguarding Team are involved in the review of all incidents and where necessary will consider those where more action is required to ensure patient and staff safety is maintained.

A Sexual Safety working Group is in place and QPaS have approved the terms of reference for the group. The sexual safety group is working on how we can further train and support staff and patients who report sexual safety incidents in either the inpatient area or in the community.

Quality Insight Report
The key headlines from the report were presented which included the publication of the review into Greater Manchester Mental Health Foundation Trust and the recommendations from that review. In addition, the Government have commissioned a review of Mental Health Services by the Healthcare Services Safety Investigations Body, the reviews will focus on 4 key areas. There is also a special review commissioned into Nottinghamshire Healthcare Foundation Trust following the deaths of 3 people by a patient under their care. Areas of learning from these reviews will be monitored and where necessary a review of local arrangements will be undertaken and reported through to the Committee.

The result of the Patient Safety Governance internal audit was presented, the audit reported significant assurance on the work undertaken in respect of processes regarding reviews and ensuring learning from reviews is identified and embedded. No recommendations were made.

CQC targeted, responsive assessments of Humber Primary Care and Market Weighton Practice were undertaken in 2024. Both practices received requires improvement ratings for this part of the CQC assessment, however the overall rating of Good still remains. HPC has a regulation breach in relation to patient access. An action plan is in place and work is ongoing to address the 1 must and 3 should do actions identified in the report.

Consistent levels of incident reporting remain in place with the vast majority of incidents resulting in no harm.

Quality Committee Risk Register and BAF Summary
The Committee reviewed the risk register and BAF, noting the 16 quality risks rated nine or above, confirming these have been discussed in the accountability reviews, taken through each divisional governance meeting and are discussed in each QPaS meeting. The Committee focused on Prevention, Wellbeing and Recovery were the Chief Officer explained the highest risk pertained to waiting lists. The Committee were updated on the work underway to address this risk including with liaising with Commissioners where necessary regarding capacity and resources.

Triage of Patients Needs within Mental Health Services
The Committee were provided with a report which outlined the triage processes in mental health, how patients are triaged, by whom and the oversight processes in place. The Committee were also informed of the ongoing development work on triage to achieve the aspiration of no wrong door for referrals and the development work underway. The Committee were assured by the report and of the processes in place.

Prison Healthcare: Quality Oversight
The Committee heard how the Trust is currently working in partnership with TEWV for the contract for Humber and Hull prisons and that we have two new contracts for Full Sutton and Millsike Prisons, again in partnership with TEWV. The Committee were informed that we provide secondary care elements of psychology and psychiatry to the service. Currently the clinical governance and patient safety arrangements are being reviewed and there is a clinical service manager in post dedicated to overseeing these contracts. The Committee reflected that there are risks within prisons pertinent to these areas and due diligence in respect of governance and oversight was essential.

Patient and Carer Experience Six Monthly Report (April- September 2023)
The Committee noted the key highlights from the report which were the re-accreditation received as a Veterans Aware organisation, 41 pieces of work have achieved the co production stamp, there

were 23 applications to join the expert by experience bank and that the actions to address the Community Mental Health Service User Survey have all been addressed. Information on 'you said we did' will be included on the website.

Annual Ligature Report
The report was presented to the Committee with information on audits undertaken and the findings. Over the last two years there has been significant work undertaken to eliminate fixed anchor points and there has been a swift response from estates working with the Clinical Teams.

Committee Effectiveness Report
The report will be finalised and outline the maturity of the Committee, evidenced by the quality of papers presented, the improved correlation between the Committee and the Workforce Committee, the focus on the BAF and presentations on key areas such as sexual safety.

Final Draft of the Mental Health Inpatient Redesign Pre-Consultation Business Case
The paper has previously been presented to the Committee and an update was provided. The work requested by the Trust Board in July 2023 on engagement with stakeholders and bed modelling has been completed. The Committee noted the work that has been undertaken and suggested that the business case may be further strengthened by including how the plans can enhance productivity, through the use of technology.

Quality and Primary Care Update
The report outlined the work undertaken to address the 2023 GP survey results and in particular improved efforts to enhance access to care. It was recognised that whilst there has been some localised improvements, certain practices have encountered challenges related to accessibility, as evidenced in the themes from complaints and feedback. GP Practices are engaged in an appointment care improvement programme, launched approximately 12 months ago. The Committee heard how Practices are well positioned to potentially witness improved results for 2024 but that it is recognised that a complete shift in patient perception and usage patterns regarding new methods of delivering accessibility and appointments will take time to materialize. 15 community volunteers are providing support to patients in using the new technologies to make appointments.

QPaS minutes summary
The minutes and key headlines were noted. Depth of discussion regarding the approval of clinical policies was noted.

Agenda Item 20

Title & Date of Meeting:	Trust Public Board Meeting – 27th March 2024
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 01st February 2024
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 01st February 2024.

Key Issues within the report:

Positive Assurance to Provide:
- Committee assured regarding Reducing Restrictive Interventions (RRI) report:
  - October and November increase in violence and aggression; December data showed decrease for both violence and aggression and restraint to within normal parameters.
  - Quarter on quarter reduction in seclusion which is being consider alongside increase in restraint.
  - Increasing network of people with lived experience.
  - Improvement in missed seclusion reviews but still an area RRI group is working on.
- Committee received Safewards presentation - Ongoing Safewards initiatives such as 'ATM' cards, which supports reducing restrictive practices and interventions.
- MHL performance report within normal variations:
  - Section 4 applied – shows as zero for last 11 months.
  - S136 working group looking at how to

Key Actions Commissioned/Work Underway:
- S136 T&F group ongoing exploring options of reducing numbers of detentions as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Work also focussing on patient experience in terms of S136. Committee to be kept updated on progress.
- Received update on completion of Z48 (capacity to consent to treatment form) - Two junior Doctors have volunteered to take on the re-audit of consent to treatment. Meeting held to discuss terms of reference.

- reduce the use of S136.
  - o Benchmarking data proved helpful but going forward will be useful to correlate detentions against bed numbers. Work on out of area bed use across MH providers in our ICS is taking place through the mental health, LD and autism collaborative and we are fully engaged in this programme.
  - o S2 and S3 numbers from June 2022 to June 2023 very similar to comparable Trust.
- Committee received report on Right Care Right Person:
  - o S136 waiting time for police in the suite reduced from 3.5 hours to 45 mins
  - o Robust mechanisms in place to escalate incidents where any patient safety concerns arise and the principles of RCRP are not adhered to. These are raised with Crisis Care Concordat to make sure we get it right.
- Committee noted Insight report, in particular Baroness Hollins report and Humber response to national recommendations regarding people with learning disability or autistic people who are subject to seclusion and segregation.
- All mental health legislation related policies / procedures / guidance up to date.
- MHLSG (Mental Health Legislation Steering group) minutes noted. Committee was assured good discussion and debate, and good attendance both internal and external – meeting quorate for the last year.
- MHLSG subgroups and CQC MHA visits updates report noted.

Key Risks/Areas of Focus:	**Decisions Made:**		
• Delayed discharges from secure beds – Trust is doing everything we can to consider how we expedite discharge and all viable alternatives have been looked at – provide quarterly update at MHLC for assurance that we have looked at everything for the patients delayed in order to achieve those timely discharges – information to be collated in the insight report.	• N/A		

		Date		Date
	Audit Committee		Remuneration & Nominations Committee	

Governance:	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	01.02.24	Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

- Committee received presentation on Safewards:
  - Safewards is one of the quality priorities – borne out of RRI approach – inter-relate to each other.
  - Audits are being redone looking at how to triangulate with RRI – making data graphs more inclusive.
  - Learning Disability and Forensic services have concentrated on Positive Behaviour Support Plans (PBS) whereas other divisions who are further on with focus on safewards – there is room for both.
  - Increasing embedding of safewards in Forensic and Learning Disability Services over the next year – timescale for getting pledges in by end of Q4.
  - Healthstars equipment acquired for relaxation rooms – take to EMT to allocate budget.
  - 'ATM' cards for patients – 3 interventions to try before using PRN medication – various techniques - whatever works for a particular patient.
  - Family and carers involved – Safewards lead is working on PBS plans part of co-

production group, work has co-production stamp.

- Insight report: - The paper covers key Publications; Policy highlights and summaries of relevant reports and papers as follows:
  - o Putting into practice the principles of the Mental Health Act reforms: a national QI programme - Medical Director receives coaching once a month and PICU staff receive weekly coaching sessions looking at different ways of supporting patients from diverse backgrounds. Also looking at ways to embed learning across the Trust.
  - o Restraint Reduction Network (RRN) Blanket Restrictions Resource Toolkit – update
  - o Baroness Hollins final report '*My Heart Breaks'* published 08.11.23 - Independent Care (Education) and Treatment Review 2019 to 2023. The report summarised findings about the national use of long-term segregation for autistic people and those with a learning disability. In terms of the recommendations, Humber already report to Commissioners and the CQC on use of seclusion and segregation and there are very robust monitoring mechanisms in place for anyone restricted in this way.

- Committee noted and assured MHL performance report within normal variations. Zero Section 4 applied for last 11 months. Benchmarking data, although not to be relied upon for comparisons, proved helpful but going forward will be useful to correlate detentions against bed numbers. Work on out of area bed use across MH providers in our ICS is taking place through the mental health, LD and autism collaborative and we are fully engaged in this programme. Work ongoing looking at the data for MHA assessment requests; AMHPs (Approved Mental Health Professional) report high numbers of requests but only around 40% of those are actually detained.

- Committee noted S136 working group looking at how to reduce the use of S136, along with report on Right Care Right Person (RCRP):
  - o RCRP has the right principles (what is best for the patient)
  - o MOU (Memorandum of Understanding) in place to make sure everyone works to the same principles.
  - o Robust mechanisms in place to escalate concerns on identifying instances where staff stray from those principles and raise with Crisis Care Concordat to make sure the partners get it right for patients
  - o Has had impact on S136 – police leaving within an hour; Protocol in place for when it is appropriate for police to remain.
  - o Commitment to showcase learning to other regions from Humberside perspective.
  - o Importance of collaboration of partnership working is the active ingredient.

- Received quarter 3 report on Reducing Restrictive Interventions:
  - o October and November saw significant increase in violence and aggression episodes above upper control limit; December data showed decrease for both violence and aggression and restraint to within normal parameters.
  - o Quarter on quarter reduction in seclusion; which would correspond with increase in restraint as against use of seclusion – safewards will help reduce going forward. Increase in restraints can be attributed to small number of the same complex patients.
  - o Increasing network of people with lived experience.
  - o Improvement in missed seclusion reviews but still an area RRI group is working on.
  - o Slight increase in training compliance – working to get over 85%.
  - o Key actions next quarter:

- Training
- Use of force policy review
- Piloting use of safety pods on Avondale and S136 suite
- RRI quality improvement plan review
- Prone restraint – whilst majority are administration of medication, we continue to monitor and are looking at other appropriate plans in place as alternative to have medication in prone position.

- All mental health legislation related policies/procedures/guidance up to date, some currently under review.

- MHLSG (Mental Health Legislation Steering group) minutes noted – good discussion and debate, and good attendance both internal and external – meeting quorate for the last year.

- MHLSG subgroups and CQC MHA visits updates report noted. Issue raised by Associate Hospital Managers regarding service users delayed in secure beds – Trust is doing everything we can to consider how we expedite discharge and all viable alternatives have been looked at – potential for a quarterly update at MHLC for assurance that we have looked at everything for the patients delayed in order to achieve those timely discharges – information to be collated in the insight report.

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024
Title of Report:	Assurance Report from February 13 2024 Audit Committee
Author/s:	Stuart McKinnon-Evans, Committee Chair

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 February 13 2024

Key Issues within the report:

. **Positive Assurance to Provide:**

- Procurement processes and activity, including single tender waivers, are operating to expected norms, including compliance with the additional spending controls imposed by ICB (visibility of procurement over £10K)
- Lease arrangements are in place for the majority of relevant properties, with tolerable residual risk as work continues
- The Trust has appropriate insurance in place for 2024/25, with the Clinical Negligence premium of £1.07m down from last year's £1.15m
- The Board Assurance Framework for "Fostering integration, partnership, and alliances" shows an acceptable level of progress and residual risk, at a score of 8
- Growing evidence of positive impact and outcomes from the specialised provider collaborative
- Assurance gained about how risk management is undertaken in Children and LD Division, and how staff are involved in the identification, reporting, review and mitigation of risks. Good evidence of issues management when risks crystallise
- Internal audit programme 2023/24: all KPIs

Key Actions Commissioned/Work Underway:
- Implementation of new Provider Selection Regime is underway, which will need to modified reporting re tender waivers
- New risks will be added to the Trust-wide register relating to estates, financial stability and digitalisation (already discussed at EMT)
- Effectiveness and Terms of Reference Review will be completed for next meeting
- Forthcoming retirement of experienced Mazar's auditor will mean transition to a new manager
- To consider the future membership of the Committee, in view of the upcoming departure of two experienced NEDs.
- Check the status of all surveys being used to assess implementation of the Trust's strategy.

Caring, Learning
& Growing Together

being achieved and on track to complete. Patient safety governance received significant assurance. Excellent track record in ensuring audit recommendations are implemented.

- Counter Fraud programme for 2023/24 is on track
- The 2022/23 accounts are now fully closed. A positive VFM report was received across all themes: financial sustainability; governance; and improving economy, efficiency and effectiveness.
- The external guests to the Committee made most complimentary remarks about our work.

Key Risks/Areas of Focus:	**Decisions Made:**
• At Trust level, the salient risks still relate to workforce and waiting times, despite the existing controls and actions being taken • The Children and LD Division risk register holds 10 risks rated 9 or more. They have a common theme of demand outstripping capacity; in most cases the risks have crystallised into issues being managed • A disappointing and unacceptable low assurance is the outcome of the internal audit of the management of service users' money and property at Westlands. It found a weak control and poor culture persisted, even despite a suspected theft in March 2022, after which the service user was reimbursed £1,200 under the losses and special payments procedure. Procedural weaknesses were also found at PICU. A remediating action plan is already underway	• Endorsed recent single waiver tender decisions • Endorsed a rescheduling of the Fit and Proper Persons audit into Q1 2024/25 • Reviewed and approved the 2024/25 Internal Audit Plan, including: an additional 15 days on EPR; more work to assure that recommendations implemented are firmly in place; and to ensure an audit of system-level working is carried out no later than in the 2025/26 programme • Welcomed the finalisation of 2022/23 external audit opinion • Endorsed the continued Counter-Fraud work

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board	27.3.24

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

The Committee, which was quorate, considered the following matters:

Single Tender Waivers/Procurement Update: The single tender waiver controls continue to operate, with 35 previously reported waivers totalling £11.1m being monitored. 6 further waivers with a value of £1.1m has been approved in the last quarter, for reasons of specialism and or continuity. The Committee endorsed the waivers, following several clarifications on them. The Procurement Report detailed the volume and value of purchasing in the year to date, and the controls system in place for expenditure handled outside the purchase order regime. No concerns were noted. Current issues being managed: additional ICB controls on purchases over £10K; the planned end of PPE stock; implementation of new grounds maintenance service; more emphasis on improving the social value and carbon impact of procurement decisions; implementation of the new Provider Selection Regime; and the move to a new procurement portal Atamis.

Leases: Audit recommended that the Trust have agreements in place for all leases. All but 8 of 32 properties have appropriate agreements in place; these 8 relate to mainly NHS properties. The Committee sought assurance about residual risks and concluded this work, which arose from an external audit recommendation, is well controlled.

Insurance provision 2024/25: A detailed report on all insurance provisions was received and endorsed. The Clinical Negligence premium is £1.07m, down from £1.15m in the previous year. Benchmarking shows the Trust's premium is acceptable. Other premiums were noted.

Review of Committee Effectiveness and Terms of Reference: The Committee agreed the

format/process for the annual effectiveness review. Questions were raised about some wording and definitions of membership in the ToR. The upcoming departure of two very experienced NEDs was noted, with the need to define a transition (not only at this Committee).

Board Assurance Framework at Q4: The BAF page on "fostering partnerships and alliances" was considered, the discussion covering the now many positive assurances on the dashboard, as well as the gaps. Many of the positive assurance tend to relate to enabling activity, rather than results/impact/outcomes of the work. Some actions were overdue, but one these was the survey of stakeholders, which was considered at this meeting. After consideration, the Committee agreed the current rating of 8 for progress and residual risk, which is inside the tolerable range defined for this goal.

Trust-wide risk register: The corporate risk register was considered. No material changes were made since the last Board meeting, where it was reported that EMT propose to include new risks relating to estates, financial sustainability, and digitalisation at Trust level. The salient risks of availability of clinical/care human resources, and waiting times, are still proving hard to mitigate.

A deep-dive into the Childrens and Learning D risk register: We heard in detail about the highest residual risks (rated 9+). Worryingly, there are now 10, all of which describe a set of risks that have materialised as issues, rather than circumstances that could happen. They relate to: Core CAMHS long waiting times; Children's therapies (equipment shorfalls); Speech/language therapy (lengthening waiting lists; and insufficient capacity to undertake assessments due to demand for acute neonatal feeding assessments); Children's Universal Services (unable to meet CLA needs WHAT IS THIS?); Learning Disability (capacity to tackle dysphagia demand); Hull Core CAHMS (local authority lack of capacity, with associated safeguarding concerns); Early Intervention service (lack of capacity in SMASH (Social Medication and Self Help) programme; Neurodiversity (waiting list for ADHD); Inspire (shortage of nurse in CAMHS inpatient unit.

A common theme in these risks insufficient capacity to match demand; many of them have also crystallised as issues now being managed. Capacity and demand analysis has become sophisticated enough to allow management to fine-tune resource deployment and predict trends. The Committee heard that some levels of demand are plateauing, though neurodiversity demand continues to rise. Business continuity arrangements are established. To some extent then, these risks are being tolerated, with concomitant drop in performance levels being accepted.

Benefits of Provider Collaborative: An informative and detailed report on the impact of the specialised provider collaborative was welcomed. Positive outcomes include steady improvements on bed days, out of area placements, as well as qualitative example of case management and applied research. These outcomes could be incorporated in the Board Assurance framework data.

Trust Strategy Survey: 9 people responded to a survey about collaborative working, providing qualitative data on what is working well, and where improvements can be made. The conclusion drawn was that, despite the low turnout, the survey set a good baseline for future surveying

Internal Audit 2023/24 Programme: The assurance levels for two completed reports were: patient safety governance (significant); service users money and property at PICU and Westlands (low). The latter was discussed in some detail, considering process and procedures, compliance, forms in use, and culture. The review identified that a weak control and poor culture persisted, even despite a suspected theft in March 2022, after which the service user was reimbursed £1,200 under the losses and special payments procedure. A remediating plan is already being implemented, and the Committee was assured that management were responding firmly to the findings. The audit will be rerun in the 2024/25 programme at other locations.

34 follow-up recommendations were completed since the last report, with just one outstanding,

which is stellar performance in the view of Audit Yorkshire. An amendment to the plan was agreed (Fit and Proper Persons Regulations audit must now be included, deferring the audit on Digitalisation Transformation). 68% of the plan is complete in terms of days input, and is on track to be fully implemented and all KPIs hit, which was welcomed by the Committee.

A report benchmarking 34 providers' performance on salary overpayments was considered. Humber's performance is mid-table, with consistent performance (c £40K overpayments per 1,000 WTE), noting a slight improvement in 2023 compared to previous year).

Internal Audit Plan 2024/25: The proposed plan was the result of the normal combination of risk assessments, discussion with Executive and NEDs, reflection on findings of recent audits, and inclusion of must-do items. The Committee discussed the balance of input across themes, the change in input days from the 2023/24 programme, and considered the reserve list. It was noted that an audit of system working would be useful, though given the still emerging sets of relationships, it would be more valuable to hold of until the 2025/26 cycle. The planned days will be increased by 15 to 223, to allow an audit of EPR/digitalisation, to be funded by the EPR Project. The Committee approved the plan.

Counter Fraud: The Committee received the report on Counter Fraud activity to in Q3 of 2023/24. Once again, the Committee noted the activity undertaken across the themes of: inform and involve (including monthly newsletters; masterclasses attended by 49 staff so far this year); prevent and deter (including use of data matching through the National Fraud Initiative to identify potential employment and supplier-related anomalies); investigations (no new referrals in the period); and fraud risk assessment. We heard of 6 duplicate payments being reviewed. The year's activity is on track to be completed, with 80% of the planned days consumed to 17/1/24.

External Audit progress: Mazars updated the Committee on in-year progress, and highlighted the company's sector and wider reviews. We are in currently in the hiatus between reporting cycles. The experienced audit manager Ross Woodley who has led the Humber accounts is retiring. The Committee thanked Ross for his expertise, constructive style and intelligent reporting. The Audit Director will confirm the transition to the new team.

External Audit Opinion: Mazars presented their completed VFM audit for 2023/24. They could only complete this once the external audit of the Local Government Pension Scheme had been signed off in December 2023. This completes the 2023/24 reporting round. The findings and conclusions across all the themes were positive: financial sustainability; governance; and improving economy, efficiency and effectiveness.

Changes to Contracts: No changes to contracts were notified.

Finally, the Committee undertook a brief self-assessment against **"Being Humber"**, concluding that indeed we had been. The external guests to the Committee made most complimentary remarks about our work.

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	Assurance Report from Charitable Funds Committee of 20 February 2024			
Author/s:	Stuart McKinnon-Evans, Chair of Committee			
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 as Corporate Trustee, from its 20 February 2024 meeting.			

Key Issues within the report:

Positive Assurance to Provide:

- 2 KPIs (expenditure budget; response to wishes received) are green
- Three main fundraising campaigns are in play: CAMHS Waiting Room; Malton Day Room; and Cardio Walls (mental and physical), with a 12-18 month timeline
- £18K grants secured (including a stop-press £9,750 from Morrisons Foundation)
- All resident patients received a donated Christmas gift to unwrap
- Current/upcoming events were noted
- The Whitby Fund Zone position has been reviewed, and funds paid over by the Trust, eradicating the deficit, to provide a surplus of £35K.

Key Actions Commissioned/Work Underway:

- Pipeline of c £35,500 grant applications awaiting outcome
- Approaches to supermarket community champions; Malton League of Friends; Malton Town Council; Malton and Norton Rotary
- Transition to in-house arrangements going to plan for completion by 31/3/2024
- Regular discussion in Operations between Fund Guardians

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Key Risks/Areas of Focus:	Decisions Made:
- The KPI for fundraising remains red, and the target will not be achieved - There remains insufficient evidence of staff engagement with Health Stars (due to poor survey response rate) 38 wishes have been granted so far this year, compared to 134 submitted. 18 were withdrawn, and 27 declined, leaving 51 still in progress.	- To overhaul reporting to the Committee, once all activities are in house - To consider options for the future of the Committee, as part of Trust-wide governance refresh.

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

Committee Assurance Report – Key Issues

The Committee discussed forward-looking and retrospective information.

Work Plan: the work plan was accepted.

Transition Plan: The plan to transfer all charitable funds activity in house is in play and due to complete on time by 31/3/2024.

Effectiveness Review: Members had an initial discussion about effectiveness, pending completion of the annual questionnaire. There will be a governance-led discussion about whether this Committee adopts a new format, with all Board members as corporate trustee to meet on an ad-hoc basis, to consider reporting from the to-be-established operational group; or to retain this committee as is, to receive such reporting, on way to corporate trustee discussion.

Funding Approval: No project approvals were required.

Insight Report: The Insight Report was discussed:

- Whitby Bricks appeal, with on-site meeting regarding next stages
- Fundraising appeals: not yet launched, but in progress, with working titles: Malton Dementia Facility; Cardio Walls; and CAMHS Waiting Area Morrisons £9,750
- Successful grant applications: £5K for allotment/gardening; £3K for cardio walls. Applications for £15k were unsuccessful. Stop-press confirmation that Morrison have awarded £9,750 for cardio walls. Pipeline awaiting response totals £35,500, of which 3 totalling £11,500 were submitted in 2024
- Future Grant Opportunities were noted
- Progress against operations and fundraising plan were noted
- Wishes: 38 wishes have been granted so far this year, compared to 134 submitted. 18 were withdrawn, and 27 declined, leaving 51 still in progress. The current system will pause for transition to in house. The DoF reported work in hand to review in detail existing wishes, pending implementation of a revised Circle of Wishes system.

Recent fund-raising for a mural at Avondale appeared to bypass the normal charitable funds channels. Fact-finding is underway by DoF, which will report back to next meeting.

Finance report: Recent performance remained poor: in the 3 months to January, income was just £20,000, with direct expenditure on charitable activities £6,200. Operating expenditure, dominated by the Smile contract charge, was £22,200. As a result, the net deficit for the quarter was £5,000. We requested cumulative YTD information in future reporting.

The Committee considered the status of the fund zones. Total balances stood at £353,000. The Committee welcomed the review and funding of the Whitby fund, which means that fund is now in surplus. Despite now regular discussions between the fund zone managers and the central team, the Committee still cannot yet conclude that there is a clear plan to utilise the funds already raised, and asked for further planning work, including considering whether funds could be vired/merged between zones (which the Committee would need to approve).

Charity's Annual Report and Accounts 2022/23: The Committee noted that the accounts have now been completed and submitted.

Risk Register: The risk register was discussed. The Committee welcomes the substantial review, and provided feedback, suggesting that: the scoring needs to be refreshed, better to show the

distinction between inherent and residual risk; that the risk of not meeting fundraising targets should be the highest residual risk; to add a risk of not utilising funds raised (£335K in balances), with actions for Fund Guardians to have and report on spending plans.

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024
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 Friday 1 March 2024 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.

Key Issues within the report:

Positive Assurance to Provide:

- All 3 workstreams have held workshops with HNY ICS health and social care partners and provider services and developed new priorities for 2024/25.
- EDITT team – funded from 1 year NHS E funding the service commenced January 2024 and has already prevented 3 admissions of CAMHS patients by providing intensive home support.
- Deep Dive completed into all Enhanced Packages of Care to provide assurance all are clinically appropriate and financially accurate.
- Annual Effectiveness review undertaken as part of HTFT overall Committee Governance.

Key Actions Commissioned/Work Underway:

- Agreement of outcome and timescales for the 3 work stream priorities.
- Due to the lack of NHS Planning guidelines once the planning guidelines have been shared it was agreed that the 2024/25 financial budget will need to be signed off and a separate meeting will be held.

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Key Risks/Areas of Focus:	Decisions Made:
• Financial pressures on Enhanced Packages of care – due to increased complexity of CAMHS and AED patients. • Clinically Ready for Discharge has increased in Adult Secure	• Collaborative Committee Annual Work Plan – reviewed and agreed. • Collaborative Committee Terms of Reference – reviewed and agreed. • ToR for Provider Collaborative Oversight Group (PCOG) and its sub-committees ratified following approval at PCOG.

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	1.3.2024
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

This report has been developed and is shared with the Humber Teaching NHS Foundation Trust Board (HTFT) to provide assurance of the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (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 1 March 2024 *was quorate*, and was attended by Caroline Flint, HTFT Chair. The meeting discussed the following matters:

Insight Report

Highlights from the report
- Contracting update – despite the lack of NHS E Planning guidelines – initial discussions have been held with all sub-contract providers and contracting plans based on 2023/24 contracting and activity.
- Phase 2 of Specialised Provider Collaborative – Perinatal and Forensic Community CAMHS - Perinatal go live likely to be 1 October 2021 and Forensic Community CAMHS April 2024.
- New governance structure at NHS England for MH, LD and Autism – schematic and information shared at the meeting.
- New draft guidance on CAMHS has been shared by NHS England and self-assessment has been completed and submitted by the CPaQT to NHS England
- Quality Maturity Framework – annual review and assessment undertaken and submitted to NHS England.
- Specialised Commissioning – delegation to ICB – 2-year contract awarded to HNY PC and likely transition to ICS from 2026.

Annual Effectiveness Review

Members have reviewed the draft and shared comments. It was agreed to add to the effective review -
work at system level and include outcomes which we want to achieve and can monitor:
- Reduce out of area bed usage.
- In area improved alternatives to hospital pathways
- Reduce use of in-patient admissions overall

noted that membership of the committee will change due to change in Non-Executive Directors.

Work Stream Updates

Detailed Business Intelligence reports were shared at the meeting, highlights from each workstream report detailed below:

1   CAMHS

- Continued overspend in the CAMHS inpatient budget.
- There is an increase in CYP that are clinically ready for discharge – awaiting social care packages of care.
- There are 3 young people out of area in a PICU setting – highest number in 2 years.
- There are difficulties recruiting to some posts for the new Mill Lodge Day care service.
- There continues to be a high demand for NG tube feeding under restraint.
- Earlier indicators show that the new Eating Disorders Intensive Treatment Team (EDITT)service is preventing admissions.
- Out of area bed usage for eating disorders remains low.
- Agreed that a plan is required for the temporarily closed PICU at Inspire, CPaQT have requested a business case and proposals from HTFT. New development would need to reflect the new CAMHS guidance issued by NHS E in 2023.

2   Adult Eating Disorder

- There are no CRFD patients.
- OOA bed usage has decreased due to several discharges in January 2024.
- Continued increase in complexity of AED referrals.
- There is a predicted overspend of the AED inpatient budget which remains on the risk register.
- 24/25 priorities agreed at last workstream meeting.
- Attendance continues at national AED meetings.
- Day care referral process finalised.
- There are currently 2 CYP in CAMHS inpatient units approaching transition age to adult services.

3   Adult Secure

- HNY patient population (Med and low) has decreased to 136.
- HNY secure care providers average Length of stay continues to be lower than in January 2022
- A current priority for CPAQT, case managers and clinical lead is to reduce CRFD. Plans are in place to review cases as well as responsibilities regarding escalation.
- Clinical Lead is establishing workstream groups to focus on pathway development, focusing on the admission, discharge and clinical models. To include.
    o Male LDA
    o Male PD
    o Prison Transfers
    o Women's
- Service specification and SOP for the Y&H Involvement team is underway with a deadline of end of the March 2024 for completion.
- HNY Adult Secure workstream priority refresh is currently being finalised.
- HNY Operational Group have carried out an effectiveness review and reviewed their ToR.
- Decision has been made by NHSE to allow the use of the Draft Community Forensic service specification to aid with the review of HNY Community Forensic Services.

Risk Register

- CAMHS financial pressure – remains as risk 12.
- AED financial pressure – remains as risk 12.
- Meeting discussed considering a new risk regarding the external pressure and wider system financial pressures.

Quality Improvement and Assurance

- PSIRF – all providers moving from Serious Incident – 3 moved over and 2 to move in March 2024. ToR for Quality Assurance and Improvement have been updated to reflect the new PSIRF guidelines.
- Quality Assurance meeting with NHS England – positive assurance following presentation shared by CPaQT.
- Cheswold Park in S Yorkshire rated inadequate by CQC – close monitoring of all HNY patients placed that the hospital 8 HNY patients at the hospital all with discharge pathways by end of 2024.
- Ellern Meade in S Yorkshire rated inadequate by CQC due to concerns raised by Case Managers and families looking to move both patients in the next few weeks.
- Noted that a patient has been in Long Term segregation for over 400 weeks – patient witing transfer to Rampton (High Secure). Noted that whilst the patient has been in LTS for a long term the impact of the care has been positive and may result in the patient not requiring transfer to High Secure.

Finance

The year-to-date budget at the end of month 10 is £52m, against which the expenditure is also £52m. However, pressure on bed and prices and inflation awarded to independent sector providers by NHS England; the 5 large Independent Sector Providers have nationally negotiated inflation uplift by NHS England.   2023/24 end of year forecast is in line with budget.

	Adult Eating Disorder	Adult Secure	CAMHS	Enhanced Packages	Infrastructure	Contingency	Total
Budget	2,404	32,903	11,653	2,408	984	1,646	51,998
Actual	2,812	32,662	11,758	3,842	928		52,001
Variance	(408)	242	(105)	(1,434)	56	1,646	(3)

To NHS England on a quarterly basis, we report against the contract values for each service. The financial split is notably different to the way the budget is allocated and a summary for month 10 is shown below for information.

	Adult Eating Disorder	Adult Secure	CAMHS	Total
NHS E Funding	**2,427**	**38,987**	**10,583**	**51,997**
Workstream Cost	2,812	32,662	11,758	47,231
Enhanced Packages	147	1,483	2,213	3,842
Infrastructure	42	747	139	928
Total Cost	**3,000**	**34,891**	**14,110**	**52,001**
Variance	(573)	4,096	(3,528)	(4)

Enhanced Packages of Care costs have increased considerably, there has been a deep dive into all EPOC, and all packages of care are reviewed weekly and monthly with finance leads for financial planning. Findings from the deep dive and a report has been shared with Risk and Gain share partners and PCOG.

There has been a national increase of EPOC, and it is early indication is that it is due to increased use of Bank and agency staff by providers and increased acuity and complexity of patient presentation.

Collaborative Committee Annual Work Plan

Approved at the meeting.

Collaborative Committee Terms of Reference
Reviewed and agreed at the meeting.

Operating Budget and 2024/25 financial plan
Due to the lack of NHS Planning guidelines once the planning guidelines have been shared it was agreed that the budget will need to be signed off and a separate meeting will be held.

Papers Ratified at the Collaborative Committee

As the Specialised Provider Collaborative governance for committees mirrors the lead provider all committee and sub-group Terms of Reference have been reviewed in December and January and were all approved at PCOG in February:

- Clinical Strategy & Reference Group ToR
- PSIRF Provider Implementation Support Group ToR
- Provider Collaborative Patient Safety and Learning ToR
- Quality Assurance & Improvement Group ToR
- Adult Secure Specialised Service Workstream ToR
- CAMHS Inpatient Workstream ToR
- AED Inpatient Workstream ToR
- Risk and Gain Share ToR
- Risk and Gain Share Principles
- Provider Collaborative Oversight Group ToR

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2024			
Title of Report:	Board Strategic Development Meeting Agenda –24 April 2024			
Author/s:	Caroline Flint Chair			

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

Purpose of Paper:	To provide, for information the agenda for the April meeting

Key Issues within the report:

Positive Assurances to Provide: • Areas of discussion	**Key Actions Commissioned/Work Underway:** • As per the agenda
Key Risks/Areas of Focus: • Noting to escalate	**Decisions Made:** • N/A

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board update	✓ 27.3.24

Monitoring and assurance framework summary:

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

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

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Board Strategic Development Meeting

Agenda

24 April 2024, 10.00am – 3.45 pm
Multi-use Room, Trust Headquarters

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 28 February 2024 Meeting and Action Log: • Rapid Review into Data on Mental Health Inpatient Settings Action Plan	CF	Note	✓	10.05
3.	Digital: • EPR (including learning from another Trust) • Data Literacy (understanding data)	LR	Discuss	✓	10.15
	Lunch with Digital Colleagues				12.30
5.	Digital: • Digital Transformation (the art of the possible)	LR	Discuss	✓	13.30
6.	Leadership Competency Framework	KP	Discuss	✓	14.30
7.	**Date, Time and Venue of Next Meeting** 26 June 2024, 10.00am, Multi-Use Room, Trust Headquarters				