

**Council of Governors  
Public Meeting – Thursday 18 July 2024**

For a virtual meeting to be held at 2.30pm – 4.00pm by Microsoft Teams

Quorum for business to be transacted – one third of Governors present.

**The meeting should last two hours and there will be a comfort break for five minutes every 45 minutes. Governors do not have to be on camera during the meeting. However, it would be helpful if Governors could be on camera for asking questions/making comments. Please click the relevant icon to be called and where approval is required.**

|     |   | Lead | Action  | Report Format |
|-----|---|------|---------|---------------|
|     | <b>Standing Items</b>   |      |         |               |
| 1.  | Apologies for Absence   | CF   | Note    | verbal        |
| 2.  | Declarations of Interest  | CF   | Note    | √             |
| 3.  | Minutes of the Meeting held on 18 April 2024  | CF   | Approve | √             |
| 4.  | Actions Log, Workplan and Matters Arising   | CF   | Discuss | √             |
| 5.  | Humber Services Spotlight: Primary Care   | LP   | Note    | √             |
|     | <b>Board Report Backs</b>   |      |         |               |
| 6.  | Chair's Report Trust  | CF   | Discuss | √             |
| 7.  | Outcome of the Fit and Proper Persons Test for Non-Executive Director Board members (including the Chair) | CF   | Note    |               |
| 8.  | Chief Executive's Report and Governors Questions to the Chief Executive                                   | MM   | Discuss | √             |
| 9.  | Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback                              | NEDs | Discuss | √             |
| 10. | Performance Update  | PB   | Discuss | √             |
|     | <b>Governor Items</b>   |      |         |               |
| 11. | Council of Governor Sub-Groups Feedback ATC & EWM inc Membership Engagement Activities                    |      | Note    | √             |

|                                   |   |             |         |        |
|-----------------------------------|---|-------------|---------|--------|
| 12.                               | Annual Effectiveness Review of the Council of Governors, Appointments, Terms and Conditions Committee and Engaging with Members group including Terms of Reference for all meetings | CF/MF & TDo | Approve | √      |
| 13.                               | Governors Questions – topical issues not already covered or discussion re any questions received in advance   | All         | Discuss | verbal |
| <b>Performance &amp; Delivery</b> |   |             |         |        |
| 14.                               | Finance Report  | PB          | Discuss | √      |
| <b>Corporate</b>                  |   |             |         |        |
| 15.                               | Review of Constitution  | SJ          | Discuss | √      |
| 16.                               | Any Other Business  | CF          | Note    | verbal |
| 17.                               | Review of the Meeting – Being Humber  | CF          | Note    | verbal |
| 18.                               | <b>Date, Time and Venue of Next Meeting</b><br>Thursday 17 October 2024, 2.00pm in the Lecture Theatre, Willerby Hill HU10 6ED  |             |         |        |



**Agenda Item 2**

|  |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
|--|--|--|---|------------|--|------------|--|---------|---|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:   | Council of Governors Public Meeting – 18 April 2024  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Title of Report:   | Declarations of Interest   |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Author/s:  | Caroline Flint<br>Trust Chair  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Recommendation:  | <table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table> |  |   | To approve |  | To discuss |  | To note | ✓ | To ratify |  | For assurance |  |  |  |
| To approve   |  | To discuss   |   |            |  |            |  |         |   |           |  |               |  |  |  |
| To note  | ✓  | To ratify  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| For assurance  |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Purpose of Paper:  | To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Key Issues within the report:  |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Governor declarations updated</li> </ul> |  | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul> |   |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>              |  | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>                         |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Governance:  |  | Date   | Date  |            |  |            |  |         |   |           |  |               |  |  |  |
|  | Appointments, Terms & Conditions Committee   |  | Engaging with Members Group                       |            |  |            |  |         |   |           |  |               |  |  |  |
|  | Finance, Audit, Strategy and Quality Governor Group  |  | Other (please detail) Quarterly report to Council |            |  |            |  |         |   |           |  |               |  |  |  |
|  | Trust Board  |  | ✓   |            |  |            |  |         |   |           |  |               |  |  |  |

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

Innovating Quality and Patient Safety

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

### Governors' Declaration of Interests

| Constituency   | Governor           | Interests Declared   |
|--|--------------------|--|
| <b>Elected – Hull Public</b>                         | Patrick Hargreaves | <ul style="list-style-type: none"> <li>Member of the Labour Party not active</li> </ul>  |
|  | Isabel Carrick     | <ul style="list-style-type: none"> <li>None</li> </ul>   |
|  | Brian Swallow      | <ul style="list-style-type: none"> <li>Member of Hull and East Yorkshire Mind</li> <li>Member of Campus Health Centre Patient Participation Group.</li> </ul>  |
|  | Vacant             |  |
| <b>Elected – East Riding Public</b>                  | Ted Burnside       | <ul style="list-style-type: none"> <li>Volunteer at the Market Weighton GP Practise and a committee member of the surgery's patient group</li> </ul>   |
|  | Vacant             |  |
|  | Anthony Douglas    | <ul style="list-style-type: none"> <li>Wife is employed by Humber</li> <li>Member of the Labour Party</li> <li>work on the Trust bank as an RGN and also as an Investigations Officer for HR.</li> </ul>   |
|  | Kimberley Harmer   | <ul style="list-style-type: none"> <li>Trustee Bridlington Health Forum,</li> <li>VCSE voluntary advisor and engagement of the youth voice Humber and North Yorkshire ICB multi-agency meetings and Steering group for Bridlington.</li> <li>Founder and Chairman of 'fuse' Youth Services.</li> </ul> |
|  | Dominic Kelly      | <ul style="list-style-type: none"> <li>I am employed by Haxby Group Practice, which provides NHS services in Hull, Scarborough and York.</li> </ul>  |
|  | John Morton        | <ul style="list-style-type: none"> <li>None</li> </ul>   |
| <b>Elected – Wider Yorkshire &amp; Humber Public</b> | Tim Durkin         | <ul style="list-style-type: none"> <li>Member of Hull and East Yorkshire Mind</li> <li>Member of (National) Mind</li> <li>Associate Hospital Manager (AHM) for the Trust</li> </ul>  |
| <b>Elected Whitby</b>                                | Vacant             | <ul style="list-style-type: none"> <li></li> </ul>   |
| <b>Service User and Carer</b>                        | Anthony Houfe      | <ul style="list-style-type: none"> <li>Wife is the founder &amp; Chair of Hidden Disabilities Charity</li> </ul>   |
|  | Marilyn Foster     | <ul style="list-style-type: none"> <li>Member of Patient and Carer Forum (Trust)</li> <li>Humber Medical Education Committee</li> </ul>  |

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|                        |  | <ul style="list-style-type: none"> <li>• Volunteer for Stakeholder Panel Interviewing</li> <li>• ICS/Kings Fund Steering Committee</li> </ul>   |
| <b>Elected - Staff</b> | Vacant (clinical)  |   |
|                        | William Taylor (clinical)                                  | <ul style="list-style-type: none"> <li>• Member of Unite the Union</li> <li>• Wife is an employee of Humberside Police force</li> </ul>   |
|                        | Jon Duncan (non clinical)                                  | <ul style="list-style-type: none"> <li>• I am in a relationship and live together with a member of staff in the organisation – Marie Dawson Senior Project Manager</li> </ul>   |
|                        | Sharon Nobbs (non clinical)                                | <ul style="list-style-type: none"> <li>• None</li> </ul>  |
|                        | Vacant (non clinical)                                      |   |
| <b>Appointed</b>       | Cllr Chambers (Hull City Council)                          | <ul style="list-style-type: none"> <li>• None</li> </ul>  |
|                        | Councillor Jonathan Owen, East Riding of Yorkshire Council | <ul style="list-style-type: none"> <li>• Cabinet Member of East Riding of Yorkshire Council</li> <li>• Partner Member of Humber &amp; North Yorkshire ICB</li> <li>• Vice Chair of Humber &amp; North Yorkshire ICB</li> <li>• Chair of East Riding Health &amp; Wellbeing Board</li> </ul>   |
|                        | Professor Jacque White Hull University                     | <ul style="list-style-type: none"> <li>• Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity within my role as Head of the school of nursing and midwifery</li> <li>• lead research and knowledge exchange activity and write grants. Current activity includes working with the Chief Pharmacist to development a research bid related to the role of Pharmacy Technicians across the Trust.</li> <li>• Trustee of the Warren Youth Project Hull</li> <li>• Member of the Labour Party</li> <li>• Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).</li> </ul> |

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|  | Emma Dallimore,<br>Voluntary Sector             | <ul style="list-style-type: none"> <li>Employee of Hull and East Yorkshire Mind which supplies various services to the Trust including Support Line, Crisis pad, Children's Safe Space, peer support workers, children's psychological wellbeing and counsellors. I also sit on the CMHT transformation partnership board and attend various other Trust meetings</li> </ul> |
|  | Jonathan Henderson,<br>Humberside Fire & Rescue | <ul style="list-style-type: none"> <li>None</li> </ul>   |
|  | Gary Foster,<br>Humberside Police               | <ul style="list-style-type: none"> <li>None</li> </ul>   |

### Agenda Item 3

## Minutes of the Council of Governors Public Meeting held on Thursday 18 April 2024 in the Lecture Theatre

### Present:

Rt Hon Caroline Flint, Trust Chair  
Michele Moran, Chief Executive  
Ted Burnside, East Riding Public Governor  
Isabel Carrick, East Riding Public Governor  
Emma Dallimore, Appointed Governor Voluntary Services  
Tony Douglas, East Riding Public Governor  
John Duncan, Staff Governor  
Tim Durkin, Rest of England Public Governor  
Gary Foster, Appointed Governor, Humberside Police  
Marilyn Foster, Patient and Carer Governor  
Kimberley Harmer, Hull Public Governor  
Jon Henderson, Appointed Governor, Humberside Fire & Rescue  
Anthony Houfe, Service User and Carer Public Governor  
Sharon Nobbs, Staff Governor  
Brian Swallow, Hull Public Governor  
Will Taylor, Staff Governor

### In Attendance:

Francis Patton, Non-Executive Director/SID  
Stuart McKinnon-Evans, Non-Executive Director  
Dean Royles, Non-Executive Director  
David Smith, Associate Non-Executive Director  
Mike Smith, Non-Executive Director  
Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer  
Priyanka Perera, Associate Non-Executive Director  
Iain Omand, Deputy Director of Finance  
Stella Jackson, Head of Corporate Affairs  
Les Motherby Individual Placement and Support (IPS) Team Lead & Emma  
(for item 24/24)  
Katie Colrein, Membership Officer  
Jenny Jones, Trust Secretary  
Leonie Wright, Admin Assistant

### Apologies:

Cllr Linda Chambers, Appointed Governor, Hull City Council  
Cllr Dave Tucker, Appointed Governor, East Riding of Yorkshire Council  
Patrick Hargreaves, Hull Public Governor  
Dominic Kelly, East Riding Public Governor  
Ruth Marsden, East Riding Public Governor  
John Morton, East Riding Public Governor



Jacque White, Appointed Governor, Hull University  
 Phil Earnshaw, Non-Executive Director  
 Pete Beckwith, Director of Finance

The Chair welcomed everyone to the meeting.

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| 21/24 | <p><b>Declarations of Interest</b><br/>         Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they should declare the interest and remove themselves from the meeting for that item.</p>   |
| 22/24 | <p><b>Minutes of the Meeting held on 18 January 2024</b><br/>         The minutes of the meeting held on 18 January were agreed as a correct record.</p>  |
| 23/24 | <p><b>Matters Arising and Actions Log</b><br/>         The action log was noted.</p>  |
| 24/24 | <p><b>Spotlight on the Individual Placement and Support (IPS) Team</b><br/>         Les Motherby explained that the IPS team was an employment support service developed for people experiencing severe mental health issues. IPS offered intensive, individually tailored support to help people to choose and find the right job, with ongoing support for the employer and employee. Each Trust Community Mental Health Team (CMHT) had a named Employment Specialist. Every IPS service was rigorously audited every two years. The most recent review was in December 2022 with the team awarded the IPS Grow Quality mark with Good Fidelity.</p> <p>Emma had benefitted from using the service and shared her story. She explained how the support she had received from the team had improved her confidence in her home and working life.</p> <p>Jon Henderson asked how employers and businesses were approached for support. Les responded that it was important that employers were the right fit for the employee. Jon and Les would discuss this further outside of the meeting. Humberside Fire and Rescue offered the use of its buildings for local community groups and invited Jon to get in touch should this be of interest to the service.</p> <p>Emma made a comment during her presentation that “some staff were sceptical when she asked to be referred to IPS” and David Smith asked if there was any more awareness needed for staff about the benefits of the service. Emma explained she was listened to by staff, and they understood her reasons for wanting the referral. Les thought there was better awareness of the service now than there was previously and CMHTs had their own Employment Specialist and a patient focussed approach. Work was underway on marketing materials which would include recovery statistics to show the number of people who had been helped by the team.</p> <p>David referred to the audit undertaken asking what it would take to reach exemplary. Les explained that the service went live at the start of Covid, so time was initially spent integrating staff into CMHTs. A review was undertaken after six months which led to the team’s significant improvement in December 2022. He was confident that exemplary would be achieved in the future as this was the aim of the team.</p> <p>Sharon Nobbs asked whether the service had links with education providers in order to</p> |

upskill service users. In response, Jon reported if this was the preference of the client, the team would progress this as long as the goal for the client was to achieve paid work.

Stuart McKinnon-Evans asked if any cost benefit analysis had been undertaken. He was informed that some information had been included in the Social Values report. The Chief Executive suggested that for the next Social Values report it would be helpful to include some performance metrics to capture the added benefit of the service.

The future move to SystmOne would enable SMS messages to be utilised to promote the service. The presentation provided figures for people the team had helped sustain work for three and six months. Les explained that this represented people who may have changed their preference or found that the job they were in was not for them. Some people needed more than one job until they found the right one.

The IPS team had six part-time staff and took part in relevant training. A bid had recently been submitted to the Integrated Care Board (ICB) for funding. If achieved, this enabled the team to work for one particular service rather than different ones

Ted Burnside asked about patient independence and how this was achieved. This was a patient decision, and they would state what they wanted to achieve. This could be about being in the right job or gaining the right qualifications to get a job The team could help to teach people how to gain independence.

The Trust Chair thanked Les and Emma for attending and speaking to the Council of Governors.

**Resolved:** The update was noted.

25/24

**Chair’s Report**

The Trust Chair presented her report and highlighted the following:

- This was the last meeting for the Trust Secretary before she retired. Best wishes were extended for the future from all present.
- Governor elections would be taking place later in the year. Comments from Governors regarding the timing of the last elections had been actioned, and nominations would open the day before the Annual Members Meeting, allowing Governors to use that opportunity to promote the elections.
- The Governor Development session with the Board was well attended and received. This type of session had been submitted as an example of good practice to the Governor Focus Conference in July.
- At the last Governor briefing session, it was suggested that International Nurse Recruitment should be a topic for the meeting on 26 September. Time would also be given in these sessions for governors to meet.

Brian Swallow asked if reports were produced for unannounced visits and if there were any recommendations, how assurance could be gained that they were progressed. The Chair explained that unannounced visits were for Executive and Non-Executive Directors (NEDs) and were informal with no written reports completed. If there were any issues the Executive Director would take these away and provide feedback or if required escalate to the Chief Executive. The knowledge and information visits were

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|       | <p>arranged for Governors and very few other organisations provided this opportunity. Issues raised on visits recently related to Wishes through the Health Stars charity which were being followed up.</p> <p><b><u>Resolved:</u></b> The report was noted</p>   |
| 26/24 | <p><b>Chief Executive’s Report and Governor Questions to the Chief Executive</b></p> <p>The report was presented and taken as read. The Chief Executive drew Governor’s attention to the following sections:</p> <ul style="list-style-type: none"> <li>• Work around veterans</li> <li>• Various awards that showed although staff were working in challenging situations, they were still finding time to submit innovative work for awards</li> <li>• Tigers Trust visit – this work linked into the engagement of service users</li> <li>• The Integrated Care Board (ICB) continued to develop</li> <li>• The Operating Planning Guidance was published in March and was being worked through. The financial position was a challenge across the ICB</li> <li>• Staff Survey – excellent results had been achieved this year. Patients were at the heart of everything the Trust did and this was demonstrated through the survey results. An increase was reported in the percentage of people recommending the Trust as a place to work, which was the highest in England. Action plans were in development for areas where further work was required. The survey was conducted on the Trust’s behalf by IQVIA and the Chief Executive suggested it may be interesting for Governors to hear directly from them. They were presenting the results to the May Board.</li> <li>• Patient Safety Incident Response Framework – the Chief Executive thanked everyone involved in this work.</li> <li>• Proud development conference taking place</li> <li>• The Research Conference on 22 May was fully booked, but some online places were still available</li> <li>• Demolition of the old HQ building was underway</li> <li>• Health Stars - this had now been brought inhouse and was being led by Rachel Kirby in the Communications team. Anita Green had been appointed as the Charity Manager and Pete Beckwith was the Executive lead.</li> </ul> <p>The Trust Chair informed Governors that the Chief Executive’s challenge this year would be on 4 July and would be a walking half marathon around the units. The details were being worked on currently.</p> <p><b><u>Resolved:</u></b> The report was noted.</p> |
| 27/24 | <p><b>Non-Executive Director (NED) Chairs of Sub Committees Assurance Reports and Feedback</b></p> <p>The assurance reports from the Sub Committees of the Board were provided for information and taken as read.</p> <p><b>Audit Committee</b></p> <p>Stuart McKinnon-Evans presented the report explaining that effective control systems were in place. Positive comments had been received from external audit colleagues.</p> <p>The Committee was disappointed to receive a low assurance patient’s property audit</p>  |

report. However, actions were taken immediately (and during the audit) to rectify concerns.

Time was spent discussing the new Provider Selection Regime and the changes the Procurement and Contracting team were making to comply with the requirements. Trust wide risks and understanding how the risk management system was working were explored.

#### **Charitable Funds Committee**

As referred to in the previous agenda item, the transition from external provider to inhouse was going well. The Wishes process was being significantly overhauled as part of the process.

#### **Collaborative Committee**

The report identified how hospital admissions had been prevented for people with eating disorders through the use of the intensive home treatment support. Enhanced packages of care were a key risk from the Trust's perspective due to costs.

Tim Durkin commented that as an Associate Hospital Manager, the costs of some packages were out of proportion. He asked how much the Trust paid to fund people elsewhere. Stuart reported that liability rested with the local authority where the patient resided, and often bespoke packages of care were costly and challenging to put together. Lynn Parkinson explained that the packages were based on a recovery plan which often required a specific place of care. These were costly and funding had to be negotiated with the relevant parties. There was no pool of funding and collaborative work with partners was required to resolve funding issues.

#### **Workforce & Organisational Development Committee**

Dean Royles provided a verbal report as there had not been a meeting recently. The staff survey results were being reviewed. Although the results were positive, work continued to look at areas where improvement could be made.

Recruitment and retention rates and use of bank and agency staff was a focus for the Committee.

The NHS nationally was under significant financial pressure and many organisations were struggling to achieve a balanced position. There was also pressure on staffing nationally which could impact on quality of care. Although Trust finances were stable, there would be an increased focus on productivity through the resources that were deployed.

#### **Finance and Investment Committee**

Francis Patton gave a verbal update on the current position as no meeting had been held recently. Going forward the Committee would be looking at finances and ways to increase productivity with the use of IT.

Tim noted that the community services budget was in deficit last year due to disputes between the Trust and Scarborough about rent increases. He commented that the deficit had disappeared and asked why this was. Francis explained that there had been robust contract negotiations between both parties and these continued.

#### **Mental Health Legislation Committee**

This was a positive meeting with areas discussed including:

- Section 136 place of safety waiting time reduced from 3.5 hours to 45 minutes
- Z48 capacity to consent to treatment form - two junior Doctors had volunteered to take on the re-audit of consent to treatment.

Tony Douglas asked about Reducing Restrictive Interventions and why this didn't tally with the violence and aggression incidents. Lynn Parkinson explained when this was broken down into the types of incidents some reduction was seen in seclusion but overall, there had been an increase in violence and aggression incidents. Mike Smith pointed out that there could be many incidents reported which were for the same patient if they were unwell.

Tim noted that everything was being done to resolve delayed discharges from secure beds. He then gave an example of an issue where a patient's transfer of care was delayed due to an issue with the Court of Protection. Lynn assured Governors that the relevant senior managers and Local Authority representatives were involved. Lynn would look at this particular case outside the meeting.

### **Quality Committee**

No questions were raised to be fed back to Phil Earnshaw.

**Resolved:** The reports and verbal updates were noted

28/24

### **Appointed Governor Feedback– Jon Henderson, Humberside Fire and Rescue**

Jon Henderson shared information with Governors on his work with Humberside Fire and Rescue. This included figures on attendance at various incidents including suicides, attempted suicides and geographical boundaries. Since the pandemic there had been a sharp increase in incidents attended by the fire service. The Right Care Right Person (RCRP) initiative was introduced in 2021 which had refocused the work of the service.

In terms of mental health work, the number of incidents relating to suicide or attempted suicide had increased from three per month to 20 per month. The demography for these incidents was white male over 50. Previously this had been white males over 75 years old. This data was for Humberside Fire and Rescue and other areas may be different.

The level of break-ins into a patient's home (for example to offer assistance to the ambulance service) had increased from 35 per month to 90 per month. The service continued to focus on partnership working, prevention and protection and targeted community support where data showed this was needed.

A lengthy discussion took place around the information presented. Gary Foster the Police appointed governor outlined the positive impact that the Right Care, Right Person (RCRP) initiative had made in the area. The Police were now able to spend more time on other areas of policing. The Chief Executive explained that the Trust was involved in RCRP locally and nationally.

**Resolved:** The Council of Governors thanked Jon for sharing the work of the Fire and Rescue Service.

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| 29/24 | <p><b>Non-Executive Director (NED) Recruitment Update 2024</b><br/>An update on the NED recruitment campaign to replace two NEDs was presented by the Chair. The report outlined the steps being taken for the campaign and timescales.</p> <p><b>Resolved:</b> <u>The report was noted.</u></p>   |
| 30/24 | <p><b>Governors Questions</b></p> <p><b>Market Weighton Pharmacy</b><br/>Marilyn Foster informed Governors there was a potential that the high street pharmacy would close and the only pharmacy would be at the health centre in Market Weighton. Concerns had been raised about vulnerable people not being able to attend the health centre due to its location.</p> <p>The Trust Chair thanked Marilyn for raising the issue. The Chief Executive explained that the Trust did not have a lot of influence over pharmacy services or where they were situated. The Trust had not been approached about housing a pharmacy in the health centre. It was suggested that Marilyn speak to East Riding of Yorkshire Council and the ICB who may be able to assist from a contract point of view.</p> <p><b>Resolved:</b> <u>The question and response were noted.</u></p>  |
| 31/24 | <p><b>Performance Update</b><br/>The February 2024 performance position was covered in the report. Iain Omand explained that vacancies were at a low level, mandatory training and clinical supervision compliance was high and overall performance continued to improve. Areas of focus included sickness absence, waiting times and out of area placements.</p> <p>Tony Douglas referred to a question asked at the last meeting around 52 week waits which was:</p> <p>The &gt;52ww position at the end of September 2023 was 261 which was a continuing deteriorating trend. The overall waiting list also continued to significantly increase as a result of a marked increase in referrals and insufficient funding and capacity to deliver. There was approximately 112k in the block contract which supported assessment and treatment of 20 patients per year based on the current delivery model.</p> <p>He asked if this meant that only 20 patients would be treated or whether there were higher numbers. If this was the case, there would be a waiting list of 350 which would take time to deal with. He asked if this had been raised with the ICB.</p> <p>Lynn Parkinson explained that Adult ADHD and children's ADHD waiting times remained a challenge due to the demand. Options to progress this had been shared with the ICB and feedback was awaited on the proposals put forward which would mean an alteration to the way it was funded. This was an opportunity for working differently in the system which the Mental Health and Learning Disability collaborative was taking forward. The operating planning guidance did not identify any uplift for neurodiversity services for children or adults.</p> <p>Tony suggested it would be helpful for Governors to have a future information session to look at the specific issues. The Trust Chair would take this away to consider.</p> <p>The Chief Executive highlighted that there was a national issue for neurodiversity</p> |

|       |   |
|-------|---|
|       | <p>services in children and young people and adults. There were potentially long waiting times. The ICB had had conversations around alternative models and productivity including what partners were doing across the system that could be done collaboratively.</p> <p>Tim Durkin asked if Trust money could be used to provide additional services. He was informed this was possible, but it was a question of where the money would come from given the tight financial pressures. If any surplus was available this could be considered alongside any request for resources needed elsewhere.</p> <p>Isabel Carrick asked if data was captured to model future demand. Lynn confirmed this was being captured. A decision to pause the waiting list had been made. Another option was to use the “Right to Choose” system for access to another provider which was being looked at now.</p> <p>It was noted that the Early Intervention in Psychosis (EIP) of patients seen within two weeks had reduced from 95% in August to 12%. Brian Swallow asked why this was. Lynn explained this was due to vacancies and sickness within the service. The March position showed improvement and a recovery plan was in place.</p> <p><b><u>Resolved:</u></b> The report was noted</p> |
| 32/24 | <p><b>Finance Update</b></p> <p>The report summarised financial performance for the Trust for the 3 month period December 2023 to February 2024.</p> <p>Congratulations were extended to the Finance team for achieving the financial position.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>  |
| 33/24 | <p><b>Patient Led Assessment of the Care Environment (PLACE)</b></p> <p>The report provided the Council of Governors with the results from the 2023 Patient Led Assessment of the Care Environment (PLACE) and a summary of the actions being taken.</p> <p>The low score at Granville Court was due to the transition as the site refurbishment plans progressed.</p> <p><b><u>Resolved:</u></b> The report was noted</p>  |
| 34/24 | <p><b>Any Other Business</b></p> <p><b>Thank You</b></p> <p>The Trust Chair reported this would be the last in person meeting for Francis Patton and Mike Smith. Governors thanked them for their support and contribution to the Trust.</p>  |
| 36/24 | <p><b>Review of the Meeting – Being Humber</b></p> <p>It was agreed the meeting had been delivered in the Being Humber style. Papers were of a high quality.</p> <p>Tim Durkin believed the acoustics in the room required attention. He asked if some</p>  |

|       |  |
|-------|--|
|       | <p>microphones could be used for future meetings. This would be taken forward.</p> <p>Anthony Houfe raised the use of acronyms and the use of colour statistical process charts (spc) which would not be of use to anyone who was colour blind. A different way of providing the report would be considered for future use. Acronyms would be explained in full with the abbreviation in brackets.</p> |
| 37/24 | <p><b>Date and Time of Next Meeting</b><br/>Thursday 18 July 2024, 2.00pm by Microsoft Teams</p>   |

Signed..... Date  
Chair



**Action Log:  
Actions Arising from Public Council of Governor Meetings**

| Summary of actions from April 2024 meeting and update report on earlier actions due for delivery in July 2024 |           |  |  |      |   |   |
|---|-----------|--|--|------|---|---|
| <i>Rows greyed out indicate action closed and update provided here</i>  |           |  |  |      |   |   |
| Date of Meeting   | Minute No | Agenda Item  | Action   | Lead | Timescale   | Update Report   |
| 18.4.24   |           | No actions identified  |  |      |   |   |
| Outstanding Actions arising from previous Council meetings for feedback to a later meeting                    |           |  |  |      |   |   |
| 19.10.23  | 66/23(a)  | Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback | Refresh on Countess of Chester report to be arranged for a Governor briefing session   | CF   | Cancelled for 25 April 2024<br>New date to be agreed once NHS inquiry completed | New date to be arranged as part of the Governor Briefing Session. No further update at this time. |
| 18.1.24   | 12/24     | Results of the Membership Cleanse  | Head of Corporate Affairs and Chief Executive to consider where a survey should be sent to members to obtain details regarding potential protected | SJ   | May 2024  | Initial discussion occurred. To be considered further by the Engaging with Members Group          |

|  |  |  |                 |  |  |  |
|--|--|--|-----------------|--|--|--|
|  |  |  | characteristics |  |  |  |
|--|--|--|-----------------|--|--|--|

**A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Membership Officer**

**Agenda Item 5**

|                          |   |            |   |            |  |            |   |         |  |           |  |               |  |  |  |
|--------------------------|---|------------|---|------------|--|------------|---|---------|--|-----------|--|---------------|--|--|--|
| Title & Date of Meeting: | Council of Governors Public Meeting 18 <sup>th</sup> July 2024  |            |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Title of Report:         | Humber Service Spotlight - Primary Care Accessibility   |            |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Author/s:                | Matthew Handley – General Manager – Community & Primary Care Division   |            |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Recommendation:          | <table border="1" data-bbox="539 573 1516 689"> <tr> <td data-bbox="539 573 935 611">To approve</td> <td data-bbox="935 573 1031 611"></td> <td data-bbox="1031 573 1410 611">To discuss</td> <td data-bbox="1410 573 1516 611">✓</td> </tr> <tr> <td data-bbox="539 611 935 649">To note</td> <td data-bbox="935 611 1031 649"></td> <td data-bbox="1031 611 1410 649">To ratify</td> <td data-bbox="1410 611 1516 649"></td> </tr> <tr> <td data-bbox="539 649 935 689">For assurance</td> <td data-bbox="935 649 1031 689"></td> <td data-bbox="1031 649 1410 689"></td> <td data-bbox="1410 649 1516 689"></td> </tr> </table>  |            |   | To approve |  | To discuss | ✓ | To note |  | To ratify |  | For assurance |  |  |  |
| To approve               |   | To discuss | ✓ |            |  |            |   |         |  |           |  |               |  |  |  |
| To note                  |   | To ratify  |   |            |  |            |   |         |  |           |  |               |  |  |  |
| For assurance            |   |            |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Purpose of Paper:        | <p>The purpose of this service story is to demonstrate to the Council of Governors the work undertaken to improve access to our primary care services for patients.</p> <p>A presentation will be given which includes the perspective of a patient and patient volunteer on the improvements made to accessibility.</p> <p>Increased accessibility improves patient satisfaction and patient outcomes. The presentation will summarise the following areas of improvement:</p> <ul style="list-style-type: none"> <li>• Website - with collaborative work with the Patient Participation Group (PPG) and patients from all practices, practice websites have been updated to ensure they have the information patients need and are user friendly.</li> <li>• Communication needs and preferences recorded – clinical systems have been updated to record patient communication needs e.g., language, hearing, sight impairment etc.</li> <li>• Patient Booklet – developed in conjunction with PPG to ensure that all information patients need is easy to access.</li> <li>• Increased the use of portable hearing loops installed in rooms in the practices.</li> <li>• Working towards becoming Veteran Friendly accredited.</li> <li>• Implemented a new telephone system integrating into systemOne (the electronic patient record) which has a callback function.</li> <li>• Introduced Parent/Child parking provision following patient feedback.</li> <li>• Improved availability of patient posters/booklets in any language or braille and access to interpreters.</li> <li>• Increased the appointments available outside of core hours with a range of clinicians.</li> <li>• Improved the access to information on the practice websites to submit compliments and make complaints.</li> <li>• New patients can now register online via the practice and NHS websites as well as in person.</li> </ul> |            |   |            |  |            |   |         |  |           |  |               |  |  |  |

| Key Issues within the report:  |   |   |      |      |  |  |                             |  |   |  |   |   |             |  |  |  |  |
|--|---|---|------|------|--|--|-----------------------------|--|---|--|---|---|-------------|--|--|--|--|
| <p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>Friends &amp; Family Test - June 2023-2024<br/>4406 responses received, 89.4% of which were positive and would recommend our services to friends and family.</li> <li>Reduction in the number of complaints and an increase in the number of compliments</li> <li>Reduced the time that patients wait on the telephone.</li> <li>Improved performance of the Quality Outcome Framework (QOF) metrics</li> </ul> | <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Online Consultation – Total Triage implemented in August 2023 which has reduced the time patients wait for routine appointments significantly.</li> <li>New Telephony system deployed which integrates with the patient record system and has callback functionality.</li> <li>Increased clinical staff and patient involvement in research projects – working with the Trust Research Team to support patient outcomes.</li> <li>Wellbeing Open Day planned for 18<sup>th</sup> October 2024 at Market Weighton Community Hall</li> </ul> |   |      |      |  |  |                             |  |   |  |   |   |             |  |  |  |  |
| <p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>The Trust will continue to implement and develop measures to improve patient access to primary care services.</li> </ul>  | <p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>The council of governors are asked to consider the on-going work to improve patient accessibility to our primary care practices.</li> </ul>  |   |      |      |  |  |                             |  |   |  |   |   |             |  |  |  |  |
| <p>Governance:</p> <table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>        |   | Date  |      | Date | Appointments, Terms & Conditions Committee |  | Engaging with Members Group |  | Finance, Audit, Strategy and Quality Governor Group |  | Other (please detail) Quarterly report to Council | ✓ | Trust Board |  |  |  |  |
|  | Date  |   | Date |      |  |  |                             |  |   |  |   |   |             |  |  |  |  |
| Appointments, Terms & Conditions Committee   |   | Engaging with Members Group                       |      |      |  |  |                             |  |   |  |   |   |             |  |  |  |  |
| Finance, Audit, Strategy and Quality Governor Group  |   | Other (please detail) Quarterly report to Council | ✓    |      |  |  |                             |  |   |  |   |   |             |  |  |  |  |
| Trust Board  |   |   |      |      |  |  |                             |  |   |  |   |   |             |  |  |  |  |

**Monitoring and assurance framework summary:**

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

**Agenda Item 6**

|   |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
|---|--|--|---|------------|--|------------|--|---------|---|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:  | Council of Governors Public Meeting – 18 July 2024   |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Title of Report:  | Chair's Report   |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Author/s:   | Rt Hon Caroline Flint<br>Trust Chair   |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Recommendation:   | <table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table> |  |   | To approve |  | To discuss |  | To note | ✓ | To ratify |  | For assurance |  |  |  |
| To approve  |  | To discuss   |   |            |  |            |  |         |   |           |  |               |  |  |  |
| To note   | ✓  | To ratify  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| For assurance   |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Purpose of Paper:   | To provide updates on the Chair, Non-Executive and Governor activities since the last Council meeting.   |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Key Issues within the report:   |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b>  |  | <b>Key Actions Commissioned/Work Underway:</b>   |   |            |  |            |  |         |   |           |  |               |  |  |  |
| <ul style="list-style-type: none"> <li>Update from the last Board Strategic Development meetings.</li> <li>Continued high level engagement with HNY ICB</li> <li>Visits to Humber services</li> </ul> |  | <ul style="list-style-type: none"> <li>NED Recruitment Campaign 2024</li> <li>Board and Governor Development Session to take place on 15 August 2024.</li> </ul> |   |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Key Risks/Areas of Focus:</b>  |  | <b>Decisions Made:</b>   |   |            |  |            |  |         |   |           |  |               |  |  |  |
| N/A   |  | <ul style="list-style-type: none"> <li>N/A</li> </ul>  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Governance:   |  | Date   | Date  |            |  |            |  |         |   |           |  |               |  |  |  |
|   | Appointments, Terms & Conditions Committee   |  | Engaging with Members Group                       |            |  |            |  |         |   |           |  |               |  |  |  |
|   | Finance, Audit, Strategy and Quality Governor Group  |  | Other (please detail) Quarterly report to Council |            |  |            |  |         |   |           |  |               |  |  |  |
|   | Trust Board  |  | 18.1.24   |            |  |            |  |         |   |           |  |               |  |  |  |

**Monitoring and assurance framework summary:**

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

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

## Trust Chair's Council of Governor's Report – 18 July 2024

Welcome to **Laura Roberts** who replaces Jenny Jones as mine and Michele Moran's PA and Board Support Unit Manager. Stella Jackson, Head of Corporate Affairs will assume the Trust Secretary responsibilities with BSU Support. Katie Colrein continues her role as Governor and Membership Officer.

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

Best wishes to **Governor Ruth Marsden** who has resigned but unfortunately, we can't fill that vacancy until the next election cycle.

### Trust Board Strategic Development Meetings

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

### Trust Board Strategic Development Meeting 24 April 2024

The Board discussed:

- **Rapid Review into Data on Mental Health Inpatient Settings Action Plan** and that the recommendations arising from the Rapid Review had been or were being implemented.
- **Digital** – a progress update was given on the development of the Trust's Electronic Patient Record (EPR) and the Board heard from **Rafael Sorribas**, the Chief Information Officer from Devon Partnerships Trust about their implementation experience.
- **Data Literacy (Understanding Data)** - The Chief Information Officer provided a training refresh on structural process charts (SPC); Benchmarking; Power BI; Data solutions across the Humber and North Yorkshire Integrated Care System.
- **Digital Transformation - Thorsten Engel**, Partner from Deloitte's, gave a thought-provoking presentation regarding the art of the possible in relation to digital solutions in e health.
- **Leadership Competency Framework (LCF), Fit and Proper Person Test (FPPT) and Equality, Diversity, Inclusion (EDI) Improvement Plan Triangulation Summary** - Karen Phillips outlined the general principles and actions for Board members.
- **Strategic Annual Operating Plan (AOP)** – It was agreed the plan should be linked into the Trust's Strategic objectives, ICB objectives and national priorities.

- **Financial Update** – the Trust had achieved a positive year-end financial position and for 2024/25 the submitted plan to the ICB was reflective of the Trust receiving the same level of Mental Health Investment Standard (MHIS funding) and System Development Funding (SDF)
- **Hull Health and Care Partnership Board** – the Board agreed they should be invited to a future Strategic Board Development meeting.

## **Trust Board Strategic Development Meeting 26 June 2024**

The Trust Board approved:

1. **Delegation of Approval Limits** –The Board **approved** the delegation of approval limits to the Director of Finance for all periods when the Chief Executive was absent from the office and the delegation of approval limits to the Deputy Chief Executive should both the Chief Executive and Finance Director be absent at the same time – the Board agreed this arrangement should be incorporated into the Scheme of Delegation.
2. **Quality Account** – the Trust Board approved the Quality Account 2023-24.
3. **Annual Report and Accounts 2023-24 (including Annual Governance Statement)** – the Board approved the Annual Report and Annual Accounts, noting the local government pension scheme audit would be completed later in the year. An EMT stocktake of all annual reports as to what is required and what is optional and should no longer be done was agreed.

The Board discussed:

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

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

**The 2024 Annual Research Conference** took place on 22<sup>nd</sup> May in person and online. I chaired the morning session, and we heard about a fascinating and diverse range of projects involving Humber. The recording is available – contact Katie Colrein for details. It was good to see some governors and Non-Executive Directors.

**Impact of Inequalities and Poverty on Health Conference 10 May in Leeds** – organised by NHS England, I learnt a lot and was pleased to present on Fuel Poverty in Yorkshire and Humber. After the West Midlands, Yorkshire and Humber



have the highest rates of fuel poverty with the local authority areas of Kingston Upon Hull, North-East Lincolnshire, Doncaster and Bradford having the worst.

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

### Visits

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

- **Pine View** – Forensic Services.
- **Whitby Hospital** – accompanied Sue Symington, Humber and North Yorkshire Integrated Care Board (HNY ICB) Chair on a tour and discussed with Humber, HNY ICB, Place colleagues opportunities to host more services there and develop a wider coastal strategy including Scarborough and Bridlington.
- **Child Health**. Looked after Children, 0-19 West Wold East Riding Team Health and Nursing, ISPHNS & Family Nurse Partnership at Sledmere House.
- **Catch up** with David Napier who leads our Complaints Team.
- 

### Director/NEDS/Governors Visits

- **Milview Lodge 14 May** – David Smith NED and Pete Beckwith Director of Finance
- **Westlands 5 June** – Pete Beckwith Director of Finance and Lynn Parkinson Deputy Chief Exec and Chief Operating Officer
- 

### There have been five NED/ED unannounced visits to:

- **Humber Centre 24 April** - Phillip Earnshaw and Kwame Fofie
- **Granville Court 1 May** – Hilary Gledhill and Stuart McKinnon Evans
- **Maister Lodge 16 May** – Kwame Fofie and Phillip Earnshaw
- **Crisis Service 26 June** – Phillip Earnshaw and Lynn Parkinson
- **Pine View 1 July** – Karen Phillips and Priyanka Perera

### External meetings included:

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

## 2. Governors

**The Appointment, Terms and Conditions Committee met on 23 May 2024** and discussed the Committee's effectiveness review, agreed the content in the Annual Report and the outcome of my appraisal which was undertaken by Francis Patton

and Marilyn Foster. It was agreed governors should be encouraged to join the committee (up to 6 public and PACE governors only).

**The Appointment, Terms and Conditions Committee met on 3 July 2024** and discussed the Appraisal Report for Non-Executive Directors undertaken by myself and Marilyn Foster on 21/22 June for which each NED demonstrated commitment and diligence to their role. NED expected time commitments was also discussed, which were more than being met, but it was recognised additional expectations creates time pressures. Looking at practical logistical and admin support to reduce this was supported.

**Governor/Board Development Session on 15 August 2024** – this replaces the scheduled Governor Development Day on 11 July and will focus on the roles of governors and board members in approving significant transactions. One or two other topics governors have suggested will be included as time permits.

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

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

Governor briefings were held on 25 April 2024; 23 May 2024 and 27 June 2024. The latter focussed on encouraging governors to become members of the Engaging Members' Group and/or the Appointments, Terms and Conditions Committee

**The next Governor Briefing is on 25 July 2024 0900-1000**

**NED Recruitment Campaign 2024** – Shortlisting took place on 25 June and Interviews on 10 July. My thanks to governors, NEDs and staff for their support for the process.

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

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

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



**Humber Teaching**  
NHS Foundation Trust

**Trust Chair Caroline Flint 05/07/2024**

**Agenda Item 7**

| Title & Date of Meeting:  | Council of Governors Public Meeting – 18 July 2024  |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
|---|---|---|------|------------|------|------------|------|--|---|-----------------------------|--|---|--|---|--|-------------|---------|--|--|
| Title of Report:  | Trust Compliance with the Fit and Proper Person Test Framework 2023/24  |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| Author/s:   | Caroline Flint<br>Trust Chair   |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| Recommendation:   | <table border="1" data-bbox="475 645 1452 768"> <tr> <td data-bbox="475 645 874 680">To approve</td> <td data-bbox="874 645 970 680"></td> <td data-bbox="970 645 1347 680">To discuss</td> <td data-bbox="1347 645 1452 680"></td> </tr> <tr> <td data-bbox="475 680 874 716">To note</td> <td data-bbox="874 680 970 716">x</td> <td data-bbox="970 680 1347 716">To ratify</td> <td data-bbox="1347 680 1452 716"></td> </tr> <tr> <td data-bbox="475 716 874 752">For assurance</td> <td data-bbox="874 716 970 752"></td> <td data-bbox="970 716 1347 752"></td> <td data-bbox="1347 716 1452 752"></td> </tr> </table>  |   |      | To approve |      | To discuss |      | To note                                    | x | To ratify                   |  | For assurance                                       |  |   |  |             |         |  |  |
| To approve  |   | To discuss  |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| To note   | x   | To ratify   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| For assurance   |   |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>   | <p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none"> <li>The Trust’s compliance with the Fit and Proper Person Test Framework requirements.</li> <li>All members of the Board (voting and non-voting) continue to be fit and proper.</li> <li>The outcomes of the FPPT Framework assessments have been shared with the Board.</li> </ul>  |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| <b>Key Issues within the report:</b>  |   |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trust continues to comply with the Fit and Proper Person Test requirements.</li> <li>The Trust has a robust process in place to ensure those people undertaking Board level roles at the Trust are fit and proper.</li> </ul> | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Some learning/areas for improvement have been identified regarding the completion of the annual checks and this will be addressed for the 2024/25 checks.</li> </ul>  |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| <b>Key Risks/Areas of Focus:</b><br><br>No matters to escalate.   | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>  |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| <b>Governance:</b><br><i>Please indicate which committee or group this paper has previously been presented to:</i>  | <table border="1" data-bbox="475 1662 1286 1861"> <thead> <tr> <th data-bbox="475 1662 778 1697"></th> <th data-bbox="778 1662 884 1697">Date</th> <th data-bbox="884 1662 1206 1697"></th> <th data-bbox="1206 1662 1286 1697">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="475 1697 778 1751">Appointments, Terms &amp; Conditions Committee</td> <td data-bbox="778 1697 884 1751"></td> <td data-bbox="884 1697 1206 1751">Engaging with Members Group</td> <td data-bbox="1206 1697 1286 1751"></td> </tr> <tr> <td data-bbox="475 1751 778 1832">Finance, Audit, Strategy and Quality Governor Group</td> <td data-bbox="778 1751 884 1832"></td> <td data-bbox="884 1751 1206 1832">Other (please detail) Quarterly report to Council</td> <td data-bbox="1206 1751 1286 1832"></td> </tr> <tr> <td data-bbox="475 1832 778 1861">Trust Board</td> <td data-bbox="778 1832 884 1861">29.5.24</td> <td data-bbox="884 1832 1206 1861"></td> <td data-bbox="1206 1832 1286 1861"></td> </tr> </tbody> </table> |   |      |            | Date |            | Date | Appointments, Terms & Conditions Committee |   | Engaging with Members Group |  | Finance, Audit, Strategy and Quality Governor Group |  | Other (please detail) Quarterly report to Council |  | Trust Board | 29.5.24 |  |  |
|   | Date  |   | Date |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| Appointments, Terms & Conditions Committee  |   | Engaging with Members Group                       |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| Finance, Audit, Strategy and Quality Governor Group   |   | Other (please detail) Quarterly report to Council |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |
| Trust Board   | 29.5.24   |   |      |            |      |            |      |  |   |                             |  |   |  |   |  |             |         |  |  |

**Monitoring and assurance framework summary:**

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

## **Trust Compliance with the Fit and Proper Persons Test Framework 2023/24**

### **1. Introduction**

The Kark Review (2019) was commissioned by the Government in July 2018 to review the scope, operation and purpose of the Fit and Proper Person Test (FPPT) as it applied under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The review highlighted areas that needed improvement to strengthen the existing regime and a Fit and Proper Person Test Framework was developed and launched by NHS England which NHS organisations are required to abide by.

The Framework is applicable to anyone undertaking Board level roles including Executive Directors, Non-Executive Directors, Associate Non-Executive Directors and Associate Directors. Organisations are able to extend the assessment to other key roles, for example, to those individuals who may regularly attend board meetings or otherwise have significant influence on board decisions. The assessment has, therefore, also been undertaken for the Head of Corporate Affairs but the annual submission requirement is limited to board members only.

The regulations (Section 1, Paragraph 5, or 'Regulation 5' as CQC refers to them in its guidance) place a duty on trusts to ensure that their directors, as defined above, are compliant with the FPPT.

According to the regulations, trusts must not appoint a person to an executive or non-executive director level post unless they meet the following criteria:

- are of good character
- have the necessary qualifications, competence, skills and experience
- are able to perform the work that they are employed for after reasonable adjustments are made
- have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity
- can supply information as set out in Schedule 3 of the Regulations

While it is the Trust's duty to ensure it has fit and proper directors in post, the CQC has the power to take enforcement action against the Trust if it considers that the Trust has not complied with the requirements of the FPPT. This may come about if concerns are raised to CQC about an individual or during the annual well-led review of the appropriate procedures.

The Trust chair is responsible for ensuring that their organisation conducts and keeps under review a FPPT to ensure board members are, and remain, suitable for their role.

## **2. Trust Position**

The Trust has a robust system, managed by the Head of Corporate Affairs, to ensure FPPT's are undertaken for those people undertaking Board levels roles on appointment and on an annual basis. This includes ensuring any identified issues are escalated, that the Board and Council of Governors are informed of the outcome of the checks undertaken and that declarations are made in accordance with the framework requirements.

## **3. Compliance**

Annual declarations were requested and provided by all Board members for 2023/24 and the Chair concluded all remained fit and proper and that a robust process had been followed. The Senior Independent Director (SID) concluded the Chair was fit and proper.

An external company was commissioned to undertake a number of the checks but the social media checks were undertaken in-house and DBS checks continue to be undertaken in-house in accordance with company policy. Learning from this process has been identified and will be improved for 2024/25.

The outcome of the checks and supporting evidence were documented on a checklist for each Board member. The checklist template in Appendix 7 of the Fit and Proper Person Test Framework (below) was completed for each person that the FPPT was undertaken for.

## **4. Recommendation**

The Council of Governors is asked to note:

- The Trust's compliance with the Fit and Proper Person Test Framework requirements.
- All members of the Board (voting and non-voting) continue to be fit and proper.
- The outcomes of the FPPT Framework assessments have been shared with the Board of Directors.





## Appendix 7: FPPT checklist

| FPPT Area  | Record in ESR            | Local evidence folder    | Recruitment Test         | Annual Test       | ED                       | NED                      | Source  | Notes   |
|--|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|---|---|
| <b>First Name</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | x – unless change | <input type="checkbox"/> | <input type="checkbox"/> | Application and recruitment process.          | Recruitment team to populate ESR.<br><br>For NHS-to-NHS moves via ESR / InterAuthority Transfer/ NHS Jobs.<br><br>For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.  |
| <b>Second Name/Surname</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | x – unless change | <input type="checkbox"/> | <input type="checkbox"/> |   |   |
| <b>Organisation</b><br>(ie current employer)   | <input type="checkbox"/> | x                        | <input type="checkbox"/> | N/A               | <input type="checkbox"/> | <input type="checkbox"/> |   |   |
| <b>Staff Group</b>   | <input type="checkbox"/> | x                        | <input type="checkbox"/> | x – unless change | <input type="checkbox"/> | <input type="checkbox"/> |   |   |
| <b>Job Title</b><br>Current Job Description  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | x – unless change | <input type="checkbox"/> | <input type="checkbox"/> |   |   |
| <b>Occupation Code</b>   | <input type="checkbox"/> | x                        | <input type="checkbox"/> | x – unless change | <input type="checkbox"/> | <input type="checkbox"/> |   |   |
| <b>Position Title</b>  | <input type="checkbox"/> | x                        | <input type="checkbox"/> | x – unless change | <input type="checkbox"/> | <input type="checkbox"/> |   |   |
| <b>Employment History</b><br><br>Including:<br><ul style="list-style-type: none"> <li>• job titles</li> <li>• organisation/ departments • dates and role descriptions</li> <li>• gaps in employment</li> </ul> | <input type="checkbox"/> | x                        | <input type="checkbox"/> | x                 | <input type="checkbox"/> | <input type="checkbox"/> | Application and recruitment process, CV, etc. | Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained.<br><br>The period for which information should be recorded is for local determination, taking into account relevance to the person and the role.<br><br>It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly. |

| FPPT Area   | Record in ESR | Local evidence folder | Recruitment Test | Annual Test | ED | NED | Source  | Notes   |
|---|---------------|-----------------------|------------------|-------------|----|-----|---|---|
| <p><b>Training and Development</b></p>                                    |               |                       |                  | <p>□</p>    |    |     | <p>Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification.</p> <p>Annually updated records of training and development completed/ongoing progress.</p> | <p>* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration.</p> <p>At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role.</p> <p>For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role.</p> <p>It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be.</p> <p>Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.</p> |
| <p><b>References Available</b><br/>references from previous employers</p> |               |                       |                  | <p>x</p>    |    |     | <p>Recruitment process</p>  | <p>Including references where the individual resigned or retired from a previous role</p>   |

|                                |  |  |  |                          |  |  |   |   |
|--------------------------------|--|--|--|--------------------------|--|--|---|---|
| <b>Last Appraisal and Date</b> |  |  |  | <input type="checkbox"/> |  |  | Recruitment process and annual update following appraisal | * For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required. |
|--------------------------------|--|--|--|--------------------------|--|--|---|---|

| FPPT Area  | Record in ESR | Local evidence folder | Recruitment Test | Annual Test | ED | NED | Source   | Notes   |
|--|---------------|-----------------------|------------------|-------------|----|-----|--|---|
| <b>Disciplinary Findings</b><br>That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement | ☐             | ☐                     | ☐                | ☐           | ☐  | ☐   | Reference request (question on the new Board Member Reference).<br><br>ESR record (high level)/ local case management system as appropriate. | The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT.<br><br>This question is applicable to board members recruited both from inside and outside the NHS. |
| <b>Grievance</b> against the board member  | ☐             | ☐                     | ☐                | ☐           | ☐  | ☐   |  |   |
| <b>Whistleblowing</b> claim(s) against the board member  | ☐             | ☐                     | ☐                | ☐           | ☐  | ☐   |  |   |
| <b>Behaviour</b> not in accordance with organisational values and behaviours or related local policies   | ☐             | ☐                     | ☐                | ☐           | ☐  | ☐   |  |   |

| FPPT Area  | Re<br>cord in<br>ESR | Local<br>evidence<br>fold<br>er | Recruitm<br>ent<br>Test | Annual Test             | ED | NED | Source  | Notes   |
|--|----------------------|---------------------------------|-------------------------|-------------------------|----|-----|---|---|
| <b>Type of DBS<br/>Disclosed</b>   | ☐                    | ☐                               | ☐                       | ☐                       | ☐  | ☐   | ☐   | <p>policy for board members. Check annually whether the DBS needs to be reapplied for.</p> <p>Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.</p> |
| <b>Date DBS<br/>Received</b>   | ☐                    | ☐                               | ☐                       | ☐                       | ☐  | ☐   | ESR   |   |
| <b>Date of Medical<br/>Clearance*</b><br>(including<br>confirmation of<br>OHA)                     | ☐                    | X                               | ☐                       | x –<br>unless<br>change | ☐  | ☐   | Local arrangements  |   |
| <b>Date of<br/>Professional<br/>Register Check</b> (eg<br>membership of<br>professional<br>bodies) | ☐                    | X                               | ☐                       | ☐                       | ☐  | ☐   | Eg NMC, GMC,<br>accountancy bodies.   |   |
| <b>Settlement<br/>Agreements</b>   | ☐                    | ☐                               | ☐                       | ☐                       | ☐  | ☐   | Board member<br>reference at<br>recruitment and any<br>other information that<br>comes to light on an<br>ongoing basis. | Chair guidance describes<br>this in more detail. It is<br>acknowledged that details<br>may not be known/disclosed<br>where there are<br>confidentiality clauses.  |

|  |                          |                          |                          |                          |                          |                          |  |  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| <b>Insolvency Check</b>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Bankruptcy and Insolvency register</a> | Keep a screenshot of check as local evidence of check completed.   |
| <b>Disqualified Directors Register Check</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Companies House</a>                    |  |
| <b>Disqualification from being a Charity Trustee Check</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Charities Commission</a>               |  |
| <b>Employment Tribunal Judgement Check</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <a href="#">Employment Tribunal Decisions</a>      |  |
| <b>Social Media Check</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Various – Google, Facebook, Instagram, etc.        |  |
| <b>Self-Attestation Form Signed</b>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Template self-attestation form                     | Appendix 3 in Framework  |
| <b>Sign-off by Chair/CEO</b>                               | <input type="checkbox"/> | x                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ESR  | Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.   |
| <b>Other Templates to be Completed</b>                     |                          |                          |                          |                          |                          |                          |  |  |
| <b>Board Member Reference</b>                              | <input type="checkbox"/> | <input type="checkbox"/> | x                        | x                        | <input type="checkbox"/> | <input type="checkbox"/> | Template BMR                                       | To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday whichever latest.<br>Appendix 2 in Framework. |
| <b>Letter of Confirmation</b>                              | x                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Template   | For joint appointments only - Appendix 4 in Framework.   |
| <b>Annual Submission Form</b>                              | x                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Template   | Annual summary to Regional Director - Appendix 5 in Framework.   |

| FPPT Area      | Record in ESR | Local evidence folder    | Recruitment Test | Annual Test | ED                       | NED                      | Source   | Notes  |
|----------------|---------------|--------------------------|------------------|-------------|--------------------------|--------------------------|----------|--|
| Privacy Notice | X             | <input type="checkbox"/> | X                | X           | <input type="checkbox"/> | <input type="checkbox"/> | Template | Board members should be made aware of the proposed use of their data for FPPT – Example in Appendix 6. |

Agenda Item 8

|  |  |  |  |      |
|--|--|--|--|------|
| Title & Date of Meeting:   | Council of Governors Public Meeting – 18 July 2024   |  |  |      |
| Title of Report:   | Chief Executive's Report   |  |  |      |
| Author/s:  | Name: Michele Moran<br>Title: Chief Executive  |  |  |      |
| Recommendation:  | To approve   |  | To discuss                                       |      |
|  | To note  | ✓  | To ratify  | ✓    |
|  | For assurance  |  |  |      |
| Purpose of Paper:  | To provide the Council of Governors with an update on local, regional and national issues. |  |  |      |
| Key Issues within the report:  |  |  |  |      |
| <b>Positive Assurances to Provide:</b>   |  | <b>Key Actions Commissioned/Work Underway:</b>                               |  |      |
| <ul style="list-style-type: none"> <li>Work contained within the report</li> </ul> |  | <ul style="list-style-type: none"> <li>Contained within the paper</li> </ul> |  |      |
| <b>Key Risks/Areas of Focus:</b>   |  | <b>Decisions Made:</b>   |  |      |
| <ul style="list-style-type: none"> <li>As per the report</li> </ul>                |  | Not Applicable   |  |      |
| 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)<br>Report to Board         |      |

**Monitoring and assurance framework summary:**

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



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

# Chief Executive's Report

## **1.2 Around the Trust**

### **1.2.1 Leadership Visibility**

#### **Granville Court**

I have done many visits, but it was fabulous (as always) to visit and spend quality time with our staff and service users at Granville court. It was good to talk about the proposed refurbishment, which is well supported by staff, families and service users.

I am looking forward to annual CEO challenge this year a long walk – half marathon, visiting all our Inpatients basis. Please do join me on the 25<sup>th</sup> July or at the Market Stall event concluding my challenge in the lecture theatre.

### **1.2.2 Social Workers**

Social workers have a crucial part to play in improving mental health services and mental health outcomes for citizens. They bring a distinctive social and rights-based perspective to their work. Their advanced relationship-based skills, and their focus on personalisation and recovery, can support people to make positive, self-directed change. Social workers are trained to work in partnership with people using services, their families and carers, to optimise involvement and collaborative solutions. Social workers also manage some of the most challenging and complex risks for individuals and society, and take decisions with and on behalf of people within complicated legal frameworks, balancing and protecting the rights of different parties. This includes, but is not limited to, their vital role as the core of the Approved Mental Health Professional (AMHP).

It has been an honour to spend some time with our Social Workers since my last report. Their commitment, work and support to our service users is vital. Integrated care is essential in the service user recovery journey.

### **1.2.3 Speech and Language Therapy (SALT)**

I have spoken with the SALT team. Staff from the Speech and Language Therapy team within the Community Team for Learning Disabilities have been working with the Maritime Museum in Hull to make their exhibitions more user friendly for people with learning disabilities. They are also bought a time capsule which our teams have input into, a ceremony was held in which the Lord Mayor buried the time capsule.

### **1.2.4 Police and Crime Commissioners and Newly Elected Councillors following Elections in May 2023**

#### **Police and Crime Commissioners in our area:**

- Humberside - Jonathan Evison – Conservative

#### **Newly Elected Mayor:**

- York and North Yorkshire Combined Authority, David Skaith – Labour and Co-operative

### **1.2.5 Local Election Results**

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

## **2 Around the Integrated Care System**

### **2.1.1 Hull and NLAG**

The board asked colleagues and stakeholders to vote in a poll to decide on a name for the group of hospitals. Over 2,300 people voted and the preferred name, of which the hospitals group is now known as, is the NHS Humber Health Partnership, which will be launching a set of group values later this month, followed by a group strategy in July.

## **3 Director Updates**

### **3.1 Chief Operating Officer Update**

#### **3.1.1 Leadership Visibility**

The Chief Operating Officer and Director of Nursing are continuing to undertake a series of visits to in patient units, unannounced and out of hours. Visits have included Townend Court, STAR's, Mill View Court, Fitzwilliam Ward at Malton Hospital and Whitby Hospital. Current operational challenges were discussed, areas of transformational change work were considered and any barriers to making progress were picked up and addressed. Overall staff were motivated and were committed to service improvement.

#### **3.1.2 Operational, Service Planning, Industrial Action and Covid Update**

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

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors. Action by junior doctors took place between 26<sup>th</sup> June and 2<sup>nd</sup> July, the Trust stood up its command arrangements and did not experience disruption to clinical service delivery. The Integrated Care System EPRR team is currently working with organisations to prepare for possible industrial action by GP's. Our emergency planning arrangements have and will continue to be stood up to coordinate and implement our plan to manage the impact of any further

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

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

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

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

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in May and June for core services but with ongoing increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders 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 reduced in the last two months.

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 75.2 – 86.0%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans developed to expand the use of the Older Peoples Acute Community Service (intensive community support) and to consider the use of step up/step down community-based beds. A change to the configuration of the older people's beds at Maister Court and Millview Lodge has increased the availability of male beds. Out of area placements for our Psychiatric Intensive Care Unit (PICU) has risen, demand for these beds has been high and the unit has been 100% occupied. Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons. Scheduled estate works are taking place currently to significantly improve the

PICU seclusion suite which is also temporarily impacting on patient flow. Focussed work is taking place to address all aspects of adult acute care inpatient flow.

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

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

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas have had success and bank fill rates remain improved. Continuing effort is taking place to reduce the number of health care assistant (HCA) vacancies to decrease reliance on agency use and a rolling advert and recruitment process is in place. A detailed plan is in place to eliminate the use of all HCA agency staff by June and all off framework agency staff by July 2024.

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

When combined with non-covid related sickness the overall staff absence position is currently at 6.42% and is slightly reduced from the position reported in March.

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. The key programmes are set out below:

- Neurodiversity Service Recovery and Transformation
- Quality Transformation for Adult Learning Disability Services
- The development of a Children's and LD bespoke website
- The Transformation of Townend Court
- Implementation of the CLEAR project in CAMHS
- Primary Care Improvement Programme
- Phase 2 of the Virtual Ward project -Finalising Digital Technology solutions locally and at regional Digital Delivery Groups.
- Phase 2 of the One Community Transformation – Specialist Services
- Continuation of E-Rostering extension
- The roll out of SNoMED reporting
- Recruitment / Agency reduction spend
- Increased recording of Protected Characteristics
- Becoming a Trauma Informed Organisation
- Utilisation of Medic on Duty within Health Roster
- Electronic Job Planning for Allied Health Professionals
- Provision of Mental Health Services to HMP Full Sutton and Millsike
- Estates Building Plan -Ouse and Derwent Refurbishment
- Forensics Long Term Estates Plan
- Review and updating of ICB service specifications in Mental Health and Children's Divisions
- The continuation of the Older Peoples Mental Health community and inpatient transformation
- Adult Mental Health out of area bed use reduction and acute care pathway improvement.
- Adult mental health crisis and home based treatment improvement and CLEAR programme.

### **3.1.3 Children and Young People's Eating Disorder Intensive Treatment Team (EDITT)**

New funding was received in June 2023 from NHS England to expand eating disorder services to support children and young people. This funding was made available in response to the significant national rise in demand of children presenting with complex eating disorders following the pandemic. The new Trust service became operational in December 2023 and aims to avoid CAMHS inpatient admissions and where avoidance cannot be achieved, reduce the length of stay in a CAMHS inpatient bed. It does this by increasing the options for young people and their families/ carers by offering a more intensive community/ home based service for those who require this as well as aligning closely with Inspire for those who require short term admission or supported step down from CAMHS inpatient services. This service aspires to offer a bespoke package of care with differing levels of support being available based on individual clinical need. The key aims are summarised below:

- To work in partnership with CAMHS in-patient and the acute hospital teams to help facilitate and support home leave and safe, early discharge in Hull, East Yorkshire North East Lincolnshire and North Lincolnshire.

- To provide intensive home-based meal support to young people and their families who are at risk of requiring an inpatient admission or are at risk of physical deterioration, which may require an acute admission because of their eating disorder.
- To empower parents and carers to manage their child's eating disorder and learn new skills to support them.
- To support young people and families to remain in their community, stabilise and improve physical health and restore more normal eating patterns.
- To avoid or reduce the need for Nasogastric (NG) feeding, restrictive practice and/or admission to CAMHS inpatient services where possible.

Early feedback from the families and patients who have used the service is positive. The team are collating a range of outcome data which will demonstrate the number of hospital admissions avoided and clinical recovery outcomes of an intensive home treatment model when compared with a traditional inpatient stay.

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

#### **3.2.1 Leadership Visibility**

Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals has visited Granville Court where all staff spoke very proudly of their work and how much they loved working there. Staff were excited about the planned works to modernise the build and showed us information for residents and their families about the changes which was easy to read and appropriate. Positive interaction between the staff and the residents was observed.

A visit has also been made to Townend Court to meet the clinical team to discuss some of the current pressures on the unit due to vacancies and further work in place to ensure high quality care and support for staff remains a key focus.

The Director of Nursing and the Chief Operating Officer continue with their unannounced and out of hours site visits, visiting Townend Court, STARS, and Inspire in recent weeks. Staff are welcoming and keen to talk about their work environments.

#### **3.2.3 Culture of Care Standards for Mental Health Inpatient Services Including those for People with a Learning Disability and Autistic People.**

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

#### **The vision for inpatient care:**

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

To support the vision there are 12 overarching core commitments, each of which has a set of associated standards. Work to improve the culture of care on inpatient wards, creating

the conditions where patients and staff can flourish should focus on these core commitments.

1. Lived experience: We value lived experience, including in paid roles, at all levels – design, delivery, governance and oversight
2. Safety: People on our wards feel safe and cared for
3. Relationships: High-quality, rights-based care starts with trusting relationships and the understanding that connecting with people is how we help everyone feel safe
4. Staff support: We support all staff so that they can be present alongside people in their distress.
5. Equality: We are inclusive and value difference; we take action to promote equity in access, treatment and outcomes
6. Avoiding harm: We actively seek to avoid harm and traumatisation, and acknowledge harm when it occurs
7. Needs led: We respect people's own understanding of their distress
8. Choice: Nothing about me without me – we support the fundamental right for patients and (as appropriate) their support network to be engaged in all aspects of their care
9. Environment: Our inpatient spaces reflect the value we place on our people
10. Things to do on the ward: We have a wide range of patient requested activities every day
11. Therapeutic support: We offer people a range of therapy and support that gives them hope things can get better
12. Transparency: We have open and honest conversations with patients and each other, and name the difficult things

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

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

### **3.3 Associate Director of People & Organisational Development (OD) Updates**

#### **3.3.1 Leadership Visibility**

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

#### **3.3.2 Baby Loss National Webinar**

In March 2024 NHS England launched a National Baby Loss Policy Framework. This framework provides support to individuals who suffer from pregnancy or baby loss in the first 24 weeks by providing them with 10 days paid leave. The framework also offers the partner of someone who has suffered pregnancy or baby loss five days paid leave. An individual who suffers pregnancy or baby loss after 24 weeks will be entitled to full maternity leave and pay.



Within our Trust Leave Policy and Your Leave Plus programme of work, that was launched in 2023 we have already adopted these changes. As a Trust we provide paid leave for individuals who experience pregnancy or baby loss and premature birth which mirrors the newly launched National framework.

Our Associate Director of People and OD was a panel member for a national webinar with Tommy's on 'How to Implement a Pregnancy Loss Policy in your NHS Trust' and was able to share the sector leading work the Trust launched last year. Through our partnership with Tommy's, we have access to their Pregnancy and Parenting at Work Portal. This Portal provides a large breadth of training, which all Humber NHS staff can access, to help improve support for employees through all different pregnancy journeys: 'Fertility in the Workplace' 'Supporting an Employee Through Pregnancy and Baby Loss or Premature Birth at Work' 'Pregnancy and Parenting at Work'

### **3.3.3 Respect Campaign Update**

Our staff survey data tells us that staff from ethnically diverse backgrounds, and staff with a disability or long-term condition, have a worse experience working for the Trust than those from white or non-disabled backgrounds.

The above findings are supported by anecdotal feedback on workplace experience from our staff networks (including our LGBTQ+ staff network), and whilst the Trust positions well against national figures and shows improvement year on year, there is an acknowledgement that more can be done as part of our journey to widen participation, create a compassionate and inclusive culture and ensure a positive and safe workplace culture.

The Trust has put in place many initiatives to reinforce that discriminatory behaviour is not acceptable and to support staff to speak up, including;

- Freedom to Speak Up Guardians in place.
- Reviewed and updated the grievance, bullying and harassment and disciplinary policy and procedure.
- The Trust behavioural standards were recently updated with the equality and diversity elements strengthened.
- Three staff networks in place, all with an EMT Sponsor.
- Bullying and harassment awareness training added to the core training offer, delivered internally by the Trust's leadership and management trainer.
- Requirement for all involved in recruiting staff to have participated in recruitment and selection training, which specifically addresses unconscious bias and discrimination.

Whether from patients, service users, managers or colleagues, bullying, harassment and/or discrimination is not acceptable.

Since the launch of the Respect campaign, we have seen an expected increase in referrals for bullying, harassment and discrimination. This gives colleagues in the People and OD team and those across the organisation the opportunity to address these concerns in a fair and consistent manner.

### **3.3.4 Recruitment Statistics**

Our recruitment team received some great figures from their TRAC benchmarking data which covered the period of 1st October 2023 – 31st December 2023:

Employment check Total Lapse Time (speed) which took 19 days on average and **ranked top 15 out of 190 trusts** which is 3 days quicker than the last quarter.

Conditional to starting letter sent (speed) took 30 days on average and **ranked 69 out of 190 trusts** which is 3.9 days quicker than last quarter.

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

### **3.3.6 Statutory and Mandatory Training Review**

The Trust continues to maintain high levels of compliance with statutory and mandatory training. EMT and the Workforce & OD Committee recently reviewed a deep dive into statutory and mandatory training to ensure sufficient plans are in place to maintain this position and address any areas of concerns.

Overall statutory/mandatory training compliance is 94.96% as at January 2024, against an 85% Trust target.

Statutory/Mandatory training compliance has risen by 1.77% compared to January 2023.

## **3.4 Medical Director Updates**

### **3.4.2 Pharmacy Update Sessions**

- Pre-application presentation for staff considering the next step, i.e. to apply for the V300 prescribing course.
- Introduction to the NMP Awareness week
- Giving recognition NMPs in the Trust and the hard work they do to achieve the qualification and to continue expanding their scope of prescribing.
- The new Annual NMP Declaration Form for the Trust – understanding the importance of recording qualification and ensuring that all NMP are working to Trust policies and are covered vicariously.
- The launch of our new Non-Medical Prescribers (NMP) Intranet page. This provides up-to-date information and links to all aspects of V300 prescribing – from education to becoming an Assessor. Participants were asked to give feedback so that the website can always be kept relevant and useful for all prescribers.
- The NMP policy and the importance of having a policy for prescribers to protect them and to assure the Trust. Giving clear indications of responsibility and accountability in the Trust.
- DPPs (Designated Prescribing Practitioners) and Supervisors. Without having experienced assessors and supervisors, we cannot train new NMPs. Looking at the process and future plans to increase support for this group of prescribers.

The sessions had generated a lot of insightful discussions and interest around different elements of prescribing. The plan is to organise an NMP Awareness Week every year. This may be further developed into a full NMP conference in the future.

### **3.4.3 Medical Education**

- HYMS Annual Monitoring Visit has taken place. The Feedback was excellent, no concerns raised, and they were satisfied with the governance arrangements. HYMS recognised all of the positive work and innovations from Humber including the four HYMS Excellence Awards nominations:
  - Dr Sathya Vishwanath, HYMS Team Lead
  - Dr Renato Merolli, Associate Director of Clinical Studies
  - Sarah Chew, Medical Education Undergraduate Nurse Lead
  - Jane Lloyd, Undergraduate Programme Lead
- Career discussions being held by the Executive Medical Director, Higher Training Tutor, and Head of Medical Education & Medical Directorate Business, with 6 Higher Trainees on 10<sup>th</sup> May 2024. This prospective consultant recruitment exercise should prove beneficial in filling some consultant vacancies in 2024/25.
- Junior Doctor led event held on the 17<sup>th</sup> April 2024, well planned and delivered by trainees.
- New trainee induction held.

### **3.4.5 Veterans Service**

#### **OpCourage – Who are we?**

- Mental health support for veterans A specialist service for ex-armed forces; veterans; families/carers and service personnel who are approaching discharge, to support and recognise the early signs of mental health problems.
- If you are experiencing mental health difficulties related to your time in, and transition from the military, these services can provide a range of treatments and support regardless of when you left the armed forces. This includes recognising the early signs of mental health issues and providing access to early treatment and support, as well as treatment for complex mental health difficulties and psychological trauma. OpCourage North is not a crisis service however we do work with local services to support people during periods of crisis. Patients can also be helped with employment, finance, reduction in substance misuse or other addictive behaviours, housing, and social support.

#### **What do we offer?**

- A range of specialist support and treatment for members of the armed forces community, which includes:

- Helping to recognise and treat early signs of mental health problems, as well as more advanced mental health conditions and psychological trauma.
- Providing support and treatment for co-occurring mental health and substance use
- Liaising with charities and local organisations to support wider health and wellbeing, such as help with housing, relationships, finances and employment.
- Referring to other NHS services where needed
- Recognising that family may also need help and care and supporting them to access this.

### **Who are we for?**

To access our service you must –

- Be resident in England.
- Have served in the UK armed forces for a full day (or be a family member/carer who is experiencing difficulties relating to time and experiences of Military service)
- Be registered with a GP practice in England or be willing to register with a GP – We will support people to access this where needed.
- Be able to provide your military service number or another form of acceptable proof of eligibility.

### **For armed forces personnel approaching discharge.**

Armed forces personnel approaching discharge can now get treatment and support at NHS veterans' mental health services across England and thereafter into their civilian life, whether this is months or years later.

If you are experiencing mental health issues, these services can provide a range of treatment and support in close liaison with Defence Medical Services (DMS). This includes recognising the early signs of mental health issues and providing access to early treatment and support, as well as treatment for complex mental health difficulties and psychological trauma.

Patients can also be helped with employment, finance, reduction in substance misuse or other addictive behaviours, housing, and social support.

To access these services whilst you are still in the armed forces, you must meet the following criteria:

- be a resident in England
- have an identified or diagnosed mental health illness / disorder
- have a discharge date from the Ministry of Defence (MOD) or be found to be unfit for continued military service by their medical board
- have been identified by the Departments of Community Mental Health as requiring follow on psychiatric care on discharge from the MOD
- have had their pre-release medical and been identified by their DMS GP as requiring mental health transition support

- have had a pre-release medical before they self-refer

Once we receive your referral, you will be offered an initial assessment within two weeks and where appropriate a first clinical appointment two weeks thereafter.

### **3.5 Director of Finance Updates**

#### **3.5.1 Leadership Visibility**

Since April the Director of Finance has visited Mill View with governors and Pine View to observe the current capital works taking place at the unit.

#### **3.5.2 Cyber Security Updates**

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2024: 54 (*Incl 11 in April*)
- High Priority CareCERT notices Issued during 2024: 6 (*Incl 2 in April*)

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

### **Estates**

- Electric vehicle fleet delivery is imminent, on arrival this will need to be livered up, vehicle and tool trackers fitted. We are also including advertising for 'Working at Humber' as per requests from comms, projects and recruitment. EV chargers at Willerby Hill for the new EV fleet will go live from 7 June.
- The roll out of water circulating temperature monitoring tags is progressing with installation complete at Sunshine House, Inspire and ERCH, with a further programme across inpatient sites in the first instance. Early results are proving really positive, results will provide live and ongoing detailed insight, to assist with ongoing water compliance assurance.
- External Lighting is being added to Building Management Systems to improve functionality and allow for control to be undertaken remotely.
- Addressable LED emergency lighting has been installed in Mary Seacole and College House and also forms part of the Pineview and Humber Centre projects.
- Trust HQ Demolition is progressing and will complete later in the calendar year – works on site have been paused due to nesting birds of prey in the building.

- The refurbishment works at Pineview are due to complete at the end of May 2024, an application to alter the reception area and form a new self service staff area has been supported by the Estates Strategy and Capital Delivery Group.

### **3.5.5 Health Inequalities Delivery Plan Update**

In April 2024, the Health Inequalities Operational Group agreed a delivery plan for the coming year covering:

- Communications and Knowledge Transfer – building on the successful launch of the health inequalities intranet pages by delivering a programme of webinars and communications to increase staff awareness of health inequalities.
- Data analysis – working with clinical and operational teams to develop action plans in response to data published in the annual report on health inequalities in access to mental health services, use of the Mental Health Act and restrictive interventions. Development of a self-service health inequalities dashboard for use by teams across the Trust.
- Supporting teams to address health inequalities - running reflective workshops to help teams identify potential inequalities of access, outcomes and experience within their services.
- Integrating health inequalities into Trust strategies and policies – ensuring that the Trust’s new Access Policy and associated SOPs take health inequalities into account. Exploring options for expanding the Trust’s Equality Impact Assessment to incorporate wider inequalities such as poverty, inclusion health groups and digital exclusion. Supporting the implementation of health inequalities related aspects of the Physical Health Strategy. Maintaining alignment with the Recovery Strategy and Trauma Informed Care programme.
- Ensuring that approaches to health inequalities are embedded in clinical practice – incorporating health inequalities into the implementation of Person Centred Planning and the Culture of Care standards for mental health inpatient services. Incorporating content on health inequalities in revised service specifications for CAMHS, Children’s Therapies and Adult and Older Adult mental health.
- Workplace culture and training – promoting uptake of health inequalities training on ESR. Incorporating health inequalities content into Trust leadership training.
- System working to address the wider determinants of health – reviewing the impact of housing issues on service users, patients and Trust services. Mapping Trust involvement in health inequalities related system initiatives.

## **4 Communications Update**

### **Quarterly Communications Update**

- **Service Support**

| <b>Division</b>                   | <b>Campaigns/Projects this month</b>   |
|-----------------------------------|--|
| Mental Health (Planned/Unplanned) | <ul style="list-style-type: none"> <li>• CLEAR project (CAMHS)</li> <li>• PRW Rebrand</li> <li>• Person Centred Care Planning</li> </ul> |
| Community & Primary Care          | <ul style="list-style-type: none"> <li>• GP practice website redevelopment</li> </ul>  |

|                                      |  |
|--------------------------------------|--|
|                                      | <ul style="list-style-type: none"> <li>• Call handling - bringing the out of hours service in-house</li> <li>• Primary Care Addition Service x 2 new services</li> </ul>   |
| Children's and Learning Disabilities | <ul style="list-style-type: none"> <li>• Divisional website development</li> <li>• Granville Court Build Programme</li> <li>• MHST conference</li> <li>• I-Thrive conference</li> <li>• Learning Disability Week</li> <li>• Hull's Milk Trail</li> </ul> |
| Forensic                             | <ul style="list-style-type: none"> <li>• New AHP role recruitment</li> </ul>   |

- **Granville Court - Build Programme**

We are working with estates and the service to provide communication for staff and families ahead of the redevelopment programme.

Dedicated internal and external website pages include frequently asked questions and video content to ensure that there is a single source of up-to-date information for both audiences. The intranet page for staff has had 433 visits since launch demonstrating it is being well used by this audience.

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

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

- **Social Media**

Through consistent promotion and regular engaging content, we've grown an organic following of 326, an increase of 12% since last month. Engagement rate remains consistent at 10%, and page and profile reach slightly increased on last month reporting a total user reach of 4,780 this month.

- **Digital resources**

Managing the development of digital resources to support child and young people's mental health and wellbeing, free to download and accessible via our social media channels. This month reports a click through rate of 120.31%.

- **Stakeholder & Education Newsletters**

Third stakeholder newsletters delivered a month on month increase in subscribers with an open rate of +50%.

- **General Practice Website Developments**

Following patient engagement, new homepages are live for all practices. The work has been awarded the co-production stamp demonstrating our inclusion of patient voice in the project. Over 80 patients were involved in the redesign.

We will continually review site analytics to ensure the homepages deliver on their goal of making the website easier to navigate, with patients being able to get to the information they need quick and efficiently.

We continue to work closely with the patient participation group in Market Weighton who are very engaged with developments and share feedback on the user experience to further improve the site.

- **I-Thrive Conference**

Our dedicated communications lead for Mental Health Schools Teams managed the communications and supported the planning of the i-Thrive Together Conference on 23rd April. It engaging over 150 education staff at a key time as our MHSTs prepare to move into wave 11 of the Mental Health Support Team roll out.

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

- **Social values report**

We have produced this year's report in line with the Annual Report to demonstrate our commitment to social values. It will be launched at a Summer Showcase, a marketplace event on the 4<sup>th</sup> July. People whose stories we have shared will be invited to attend the event.

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.

- **Brand Updates**

The brand platform continues to support a well communicated visual identity, performing well and above target of growing visits by 20%. We held a Brand Workshop and a 'Catch Up with Comms' session over the period reaching over 50 staff, driving traffic to the site.

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

- Access to the Health Stars partner brand
- Addition of stock photography resource
- MS Teams/email signature MS background
- Work on improved equipment booking system microsite for summer events season

Our brand family is under a three-year review, with new internal guidance being developed on how our brand, partner brands, and sub brands interact with each other. This is with the aim of keeping the Trust brand under control as it has grown organically.

## **Social media**

- **National Campaigns**



Our social media channels continue to be used to support national and system messages. While this content does not see the levels of engagement that stories about our members of staff does it provides a key public health function.

Across the period over 50 posts have been shared to support national messaging on:

- Rebrand to NHS Talking Therapies
- Using the NHS App as a point of contact over Easter
- The launch of the 111 mental health option across the UK

## **Annual Reports**

We have produced a number of reports over the period including the Annual Report, Social Values Report and Quality Accounts.

The production timeline for the 23/24 Social Values report has been moved 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**

- **National Campaigns**

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

- **Staff Stories**

The best-performing content across our channels continues to be surrounding our Humbelievable Teams. Featured stories on our 0-19 Service taking part in a Royal Foundation for Early Childhood, enjoying an engagement rate of over 10% - 10x the industry 'good' standard.

Also included was the news of the Trust's best-ever Staff Survey results, which achieved a 5% engagement rate (higher than average) and carried a recruitment sub-message.

Featured stories include;

- International Nurses Day: Margaret Ekpo on moving from Nigeria to Malton
- 7<sup>th</sup> Annual Research Conference
- Recovery College Community Conversations Event
- HICTOP Event for Dementia Awareness Week

## **Media coverage**

- **Pre-Election Period**

NHS England imposed restrictions on proactive media due to the local elections and national elections over the reporting period, impacting the number of positive stories landed over the period.

| March - April  | April - May  | May – June  |
|--|--|---|
| <ul style="list-style-type: none"> <li>• 15 stories covered in press – 11 Positive and 4 Neutral</li> <li>• 2 negative</li> </ul> <p><b>Top Three</b></p> <ol style="list-style-type: none"> <li>1. Royal Foundation for Centre of Early Childhood (Telegraph, Sky News, Nursing Times)</li> <li>2. YourLeave Plus – miscarriage leave (BBC online, Nursing Times, Hull Daily Mail)</li> <li>3. Whitby GP Out of Hours changes (BBC online, Scarborough News, Whitby Gazette)</li> </ol> | <ul style="list-style-type: none"> <li>• 4 stories covered in press – 4 Positive and 0 Neutral</li> <li>• 0 negative</li> </ul> <p><b>Top Story</b></p> <ol style="list-style-type: none"> <li>1. Maternal Mental Health Week – Toria’s Story (Hull Daily Mail)</li> </ol> | <ul style="list-style-type: none"> <li>• 4 stories covered in press – 4 Positive and 0 Neutral</li> <li>• 0 negative</li> </ul> <p><b>Pre-Election Period</b></p> <p>NHS England imposed restrictions on proactive media up until the National Election on 4 July. This has limited our ability to put out good news stories.</p> |

**Service Change Document – New Process**

Following a negative media coverage of the change of out of hours provision in Whitby we have tightened the process for notifying the team about planned service change.

By engaging directly with services early in the process will ensure proactive and well managed communications are in place. This has been shared with PMO and through divisional ODG’s.

**Alarm Baby Distress Scale & Royal Foundation Centre for Early Childhood**

The highlight of media coverage over the period was the Royal Foundation Centre for Early Childhood (RFCEC) meeting with our Health Visitors following the release of the results of the trial they were involved in on the Alarm Baby Distress Scale (ADBB). The RFCEC were extremely positive about the media coverage that the visit received engagement included;

- Instagram reel, featuring Rachael Ramage, one of our Health Visitors, received more than 2.5k 'likes'
- RFCED video viewed 20,000 times online.
- The 'X' (formerly Twitter) post seen 138,000 times and retweeted 286,000 times, including by the Prince and Princess of Wales' account which have more than 15million followers.

The media attending on the day was Sky News and Telegraph and coverage included;

- Sky News – televised video interview and report. Also online in news pages.
- The Telegraph – featured online in news and also in print with the story noted on the front page of the hard copy newspaper.
- Nursing Times
- Children & Young People Now

• **Events**

Anita Green, Events & Communications Officer has been appointed to the Health Stars Charity Manager role. Her replacement started in July.

Events supported over the period include;

- Mental Health Small Grants Celebration Event
- Unintentional Injuries and Safer Sleep Conference
- PACE and QI Celebration Event

Upcoming events:

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

**100k Your Way**

The 100k Your Way, our online staff walking challenge, was a huge success. 97% of staff that took part would do it again.

• **Awareness Days**

We work with services to support an agreed calendar of awareness days.

| <b>March</b>   | <b>April</b>   | <b>May</b>  | <b>June</b>  |
|--|--|---|--|
| Safer Sleep week<br>Neurodiversity<br>Celebration Week<br>Social Work Week<br>Holi<br>Transgender day of<br>visibility<br>Easter | Stress Awareness<br>Month<br>Ramadan<br>Administrative<br>Professionals Day<br>Stephen Lawrence<br>Day<br>World Immunisation | 100k You Way<br>National Walking<br>Month<br>World Hand Hygiene<br>Day<br>International Nurses<br>Day | Pride<br>National co-<br>production week<br>NHS Birthday<br>East Asian<br>Heritage month |

|  |  |  |  |
|--|--|--|--|
|  | Week<br>Maternal Mental<br>Health Week<br>Experience of Care<br>Week |  |  |
|--|--|--|--|

- Over 100 people attended, watched the Easter Service
- A joint letter from Michele Moran and Hilary Gledhill was send on Internal Nurses Day to thank all our Nurses, they also received pin badges and a wellness calendar which have been well received from our nursing staff. 248 colleagues downloaded the 'Kindness Calendar'.
- 87 colleagues took part in staff sessions during Stress Awareness Month with a focus on practicing mindfulness and getting a good night's sleep.
- For Maternal Mental Health week We had 113 engagements on our social media posts with this story ["This team saved my life and my relationship with my baby and I'll be eternally grateful." \(humber.nhs.uk\)](#) gaining 52 of those interactions which has proven to be one of our most successful awareness days posts we've had.

## Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter (Humber Happenings)**

The Humber Happenings stakeholder newsletter continues to be successful with over 2200 subscribers.

The newsletter has exceeded the target set of increasing sign ups by 30% p/a. Total subscribers on have increased by 67% with a 32.87% open rate.

Sharing the newsletter on LinkedIn also continues to see great engagement, maintaining over 1200 monthly article views.

- **Electronic Patient Record Project**

Our dedicated communications support for this project continues to ensure staff are well engaged and aware of the changes that are taking place. The current focus is on preparing for the training programme and roll out from September.

## Theme 3: Developing an effective and empowered workforce

- **Humbelievable**

The 23/24 campaign concluded in April, having driven over 35,000 visits to the Join Humber website – the best-performing year ever for the campaign.

The Humbelievable workplan for 24/25 has been signed off by the Recruitment Task and finish group and will focus on campaigns in September and March.

The Humber Jobs email bulletin now has over 850 subscribers following a dedicated digital marketing campaign.

- **People Strategy**

Our new People Strategy document was successfully launched to colleagues in March. The policy itself and supportive video were viewed over 600 times.

An internal communications campaign to extend our Your Leave Plus brand to support flexible working and wellbeing will launch later this year, further enhancing our staff benefits offer.

- **Intranet Staff Engagement Project**

Staff feedback to develop our intranet has engaged over 100 colleagues from across the Trust. Our intranet is an important resource to support employee engagement, policy management and patient care. A development plan will be submitted to EMT in September.

- **Menopause Collective**

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

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

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

### **NHS Communicate Awards**

Health & Wellbeing campaign, 28 Days of Wellbeing and 100K Your Way (Highly Commended)

### **HSJ Digital Awards – Two shortlisted**

We were awarded:

- Optimising Clinical Pathways through Digital, Hybrid Neurodiversity Assessments
- Digital Clinical Safety Award, Yorkshire & Humber Shared Care Record (Highly Commended)

### **NHS Parliamentary Awards, 14<sup>th</sup> October**

We are shortlisted for:

- Emergency Department Pathway – Category: The Excellence in Urgent and Emergency Care Award
- Recovery Pathway – Category: The Excellence in Mental Health Award

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

### **HSJ Patient Safety Awards, 16<sup>th</sup> September**

We are shortlisted for:

- Keyworker Service – Improving Care for Children and Young People Initiative of the Year

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

**Nursing Times Awards, 23<sup>rd</sup> October**

We are shortlisted for:

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

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

- **Interweave**

We supported the Yorkshire and Humber Care Record with their Shared Care Record Summit in Birmingham, 16-17 April. The Summit was attended by 300 people, 413 people joined via our YouTube live stream and social media engagement over this period of time was high with an engagement rate of 6.46%, over 7,350 impressions and reaching over 9,400 people.

- **InPhase**

InPhase went live on 1 April 2024. The communications plan and internal campaign outlined important information and updates to staff who previously used Upstream. This cohort have now moved to the new system, which will support them with things like clinical audits. Training has been provided using videos and post go-live communications support will continue to be provided as required.

**Measures of Success**

Please note: the parliamentary period of sensitivity limited proactive media/external communications and events activity which impacts KPI's over the May-June period. This included both local and national elections over the reported period.

| <b>Theme 1: Promoting people, communities, and social values</b> |                                   |                                |                                      |                                     |
|--|-----------------------------------|--------------------------------|--------------------------------------|-------------------------------------|
| <b>KPI</b>   | <b>Measure of success by 2025</b> | <b>Benchmark</b>               | <b>March - May</b>                   | <b>May – June</b>                   |
| Positive Media Stories published                                 | Positive vs negative coverage     | 5 stories covered by media per | 13 positive stories covered by media | 4 positive stories covered by media |

|                          |                        |                       |                                     |                                     |
|--------------------------|------------------------|-----------------------|-------------------------------------|-------------------------------------|
|                          | maintained at 5:1      | month                 | 1 negative stories covered by media | 0 negative stories covered by media |
| Visits to Brand Portal   | Up 20% to 696 sessions | 415                   | 1358                                | 731                                 |
| Facebook engagement rate | 2%                     | 2.69%                 | 4.94%                               | 2.46%                               |
| Twitter engagement rate  | 2%                     | 4%                    | 4.15%                               | 4.9%                                |
| LinkedIn follower growth | + 4.3%                 | Target 2872 followers | 314 new followers – 4,915 total     | 75 new followers – 4,990 total      |

| <b>Theme 2: Enhancing prevention, wellbeing and recovery</b> |                                   |                  |                    |  |
|--|-----------------------------------|------------------|--------------------|--|
| <b>KPI</b>   | <b>Measure of success by 2025</b> | <b>Benchmark</b> | <b>March – May</b> | <b>May- June</b>                         |
| Stakeholder newsletter open rate                             | 20%                               | 35.71%           | 32.87%             | 29.5%                                    |
| Increase subscribers   | Increase by 30% p/a               | 88               | 197 – 67% increase | Total subscribers: 149 – 69.32% increase |

| <b>Theme 3: Developing an effective and empowered workforce</b> |                                   |  |                         |                 |
|---|-----------------------------------|--|-------------------------|-----------------|
| <b>KPI</b>  | <b>Measure of success by 2025</b> | <b>Benchmark</b>                           | <b>March - May</b>      | <b>May-June</b> |
| Intranet bounce rate reduced                                    | < 50%                             | 57.36%                                     | 56.5%                   | 57.3%           |
| Intranet sessions maintain at current level                     | 77,101 sessions p/m               | 77,101                                     | 96,659                  | 95,882          |
| Global click through rate (CTR) increase                        | 7%                                | 10.2%                                      | 8.5%                    | 8.4%            |
| Staff engagement event programme                                | Engage 10% of staff in each event | First staff engagement event attracted 10% | 506 (14%) 100K Your Way | N/A             |

|  |             |                |  |  |
|--|-------------|----------------|--|--|
|  | (2023/24)   | of staff (360) |  |  |
|  | 20% (24/25) |                |  |  |

| <b>Theme 5: Innovating for quality and patient safety</b> |  |   |
|---|--|---|
| <b>KPI</b>  | <b>Measure of success</b>              | <b>Progress to date</b>   |
| Awards nominations  | 4 national/2 local shortlists annually | 2 award wins/highly commended in HSJ Digital Awards<br><br>12 shortlistings |

| <b>Theme 6: Optimising an efficient and sustainable organisation</b> |                                   |                  |                    |                   |
|--|-----------------------------------|------------------|--------------------|-------------------|
| <b>KPI</b>   | <b>Measure of success by 2025</b> | <b>Benchmark</b> | <b>March - May</b> | <b>May - June</b> |
| Reduce homepage bounce rate  | Below 50%                         | 66.45%           | 66.4%              | 67.4%             |
| Increase average page visits/views per session                       | + 2 per visitor                   | 1.94             | 1.3                | 2.1               |
| Increase average session duration                                    | + one minute                      | 1m 32s           | 1m 36s             | 1m 36s            |

## **5 Health Stars Update**

### **Wishes**

At the point of transfer from Smile Foundation back into the Trust there were 37 live wishes, all legacy wishes were fulfilled or closed.

### **New Wish Process**

A new wish process for staff to access charitable funds has now been relaunched. Staff can access this through the new Health Stars website – [healthstars.org.uk](http://healthstars.org.uk) It includes guidance on what constitutes a 'wish' and walks them through completing the application.

Wishes are now classed as requests under £5000. Requests over £5000 are now part of our 'Dreams' programme.

There has been an excellent response and feedback from staff on the new process.

There are three live dreams which we are currently working up for appeals

| <b>Dream</b>        | <b>Name/ Description</b> | <b>Funding requirements</b> | <b>Contact</b> | <b>Next steps</b> |
|---------------------|--------------------------|-----------------------------|----------------|-------------------|
| New waiting area at | 'Worth the Wait'         | Project Target -            | Bethia Dennis  | Estates are       |



| Dream                      | Name/ Description   | Funding requirements   | Contact                      | Next steps  |
|----------------------------|---|--|------------------------------|---|
| Walker Street              | Help us create a new reception and waiting area for children and young people accessing mental health and NHS therapies.  | £30,000<br>Funds available £15,000 CAMHS3<br>£2000 grant funding (Finn FP Charitable Trust)                    | Karen Warwick                | progressing to get final costs to confirm full appeal details.  |
| FibroScanner – Bridlington | TBC   | Machine - £50,000<br>Probes £20,000<br>+ 5 year service package<br>Training £1500<br>(Approximate at present)  | Jess Murfin                  | Finalising costings and getting feedback from partner Trusts on implementation  |
| Dementia friendly day room | ‘Donate for Dementia’ or ‘The Fitzwilliam Appeal’<br><br>Together we can create a haven of comfort, dignity, and connection for those navigating the challenging journey of dementia. | Project target - £30,000<br><br>£971 in M1.<br><br>Malton Lions and Rotary have indicated interest in funding. | Rishi Soukraj<br>Rachel Laud | Initial surveys have been undertaken by staff at Malton Hospital to aid design.<br><br>Several visits from architect to the ward.<br><br>Estates are progressing to get final costs to confirm full appeal details. |
| Liver scanner              | Echosens Fibro Scanner<br><br>See appendix 1  | £70,000+<br><br>£10,000 currently available in in BR1  | Andy Partington/Jess Murfin  | First ‘Dream Team’ meeting scheduled for 17/6   |

## Marketing & Communications

### Communications Priorities April – May

During the first two months in house we developed the enabling assets and messaging to support the relaunch of the charity to staff, stakeholders and the public.

### New marketing messaging

To reposition the charity in the hearts and minds of our supporters work we have created a compelling narrative that brings to life who we are and what we do. This can be seen on the new Health Stars website. These themes will be used across our marketing messaging to demonstrate what we fund to the public and to give clarity to staff when applying for

charitable funds.

## **Website Relaunch**

The Health Stars website went live in June. As the charity's primary digital presence, it enables us to reach a wide audience with our mission and activities.

The redesign aims to make it easy for supporters to donate, volunteer, and participate in fundraising events, enhancing engagement and support. Additionally, the news pages help communicate the impact of the charity's work inspiring more people to get involved and contribute to the cause. Visit <https://healthstars.org.uk/>

## **Case Studies**

Telling stories is the best way to bring to life the impact of charitable work. We have now completed 25 case studies which have been added to the new website to demonstrate the impact of the charity and inspire others to want to get involved.

The Charity Marketing Officer will follow up on all wishes moving forward to continue to develop this rich content for our channels.

## **Marketing Materials**

We have developed a range of informative and supportive printed (and digital) materials to support the charity launch.

Our fundraising guide offers ideas, inspiration, and guidance to anyone who wants to raise money. A broader fundraising pack is also in development. This personalised package of information is tailored for individual supporters and will also include items like balloons, bunting and sponsorship forms.

Our support guides for accessing charitable funds will help our staff to put forward high quality applications. They are available on the website.

- [applying\\_for\\_charitable\\_funding\\_-\\_a\\_guide\\_for\\_staff.pdf\(healthstars.org.uk\)#](#)
- [health\\_stars\\_guide\\_to\\_submitting\\_a\\_wish.pdf\(healthstars.org.uk\)](#)
- [https://healthstars.org.uk/assets/staff/be\\_a\\_fundraising\\_star\\_your\\_guide\\_to\\_organising\\_a\\_fundraising\\_event\\_1-\(1\).pdf#](https://healthstars.org.uk/assets/staff/be_a_fundraising_star_your_guide_to_organising_a_fundraising_event_1-(1).pdf#)

## **Staff Giving**

Our 'Give Back, Get Back' marketing campaign has launched to staff to share the easy, low commitment ways that colleagues can support the charity. This will continue through our launch communications.

A dedicated campaign will promote the lottery and Pennies From Heaven aims to gain support from 20% of all staff.

## **Events**

100K Your Way was the first fundraising opportunity since the charity was brought into Trust management. Although not its primary objective, the staff health and wellbeing event raised £532 for Health Stars including £220 specifically for the DBT team.

We are proud to be the first charity of the year for the Humber Bridge Half Marathon, held on the 29<sup>th</sup> September. This partnership covers the 2024 and 2025 event and includes 50 places for charity runners. This will be our first flagship event and we look forward to recruiting our Health Stars team.

The CEO challenge this year is the 'Health Stars Half Marathon' on 25<sup>th</sup> July, which will see Michele Moran walk 13 miles stopped at each of our eight mental health inpatient units. Our fundraising target is £10,000 and we are approaching suppliers and local businesses to sponsor the event.

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

**Agenda Item 9**

| Title & Date of Meeting:  | Council of Governors Public Meeting – 18 April 2024   |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
|---|---|---|------|------------|------|------------|------|--|---|-----------------------------|--|---|--|---|---|-------------|----------|--|--|
| Title of Report:  | Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback  |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| Author/s:   | Dean Royles, Chair of Workforce OD Committee<br>Mike Smith, Chair of Mental Health Legislation Committee<br>Stuart McKinnon-Evans, Chair of Audit Committee and Charitable Funds Committee  |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| Recommendation:   | <table border="1" data-bbox="539 725 1517 837"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>   |   |      | To approve |      | To discuss |      | To note                                    | ✓ | To ratify                   |  | For assurance                                       |  |   |   |             |          |  |  |
| To approve  |   | To discuss  |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| To note   | ✓   | To ratify   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| For assurance   |   |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| Purpose of Paper:   | To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting   |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| Key Issues within the report:   |   |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| <b>Positive Assurances to Provide:</b><br>Details included in the reports from <ul style="list-style-type: none"> <li>• Quality Committee</li> <li>• Mental Health Legislation Committee</li> <li>• Audit Committee</li> <li>• Charitable Funds Committee</li> <li>• Collaborative Committee</li> </ul> | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>  |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• No matters to escalate</li> </ul>   | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>  |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| Governance:   | <table border="1" data-bbox="539 1626 1347 1906"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td>March 24</td> <td></td> <td></td> </tr> </tbody> </table> |   |      |            | Date |            | Date | Appointments, Terms & Conditions Committee |   | Engaging with Members Group |  | Finance, Audit, Strategy and Quality Governor Group |  | Other (please detail) Quarterly report to Council | ✓ | Trust Board | March 24 |  |  |
|   | Date  |   | Date |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| Appointments, Terms & Conditions Committee  |   | Engaging with Members Group                       |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| Finance, Audit, Strategy and Quality Governor Group   |   | Other (please detail) Quarterly report to Council | ✓    |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |
| Trust Board   | March 24  |   |      |            |      |            |      |  |   |                             |  |   |  |   |   |             |          |  |  |

**Monitoring and assurance framework summary:**

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

√ *Tick those that apply*

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

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



**Agenda Item 9a**

|  |   |            |  |            |  |            |  |         |   |           |  |               |   |  |  |
|--|---|------------|--|------------|--|------------|--|---------|---|-----------|--|---------------|---|--|--|
| Title & Date of Meeting:   | Trust Board Public Meeting – 29 May 2024  |            |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Title of Report:   | Workforce & OD Committee Assurance Report   |            |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Author/s:  | Dean Royles – Non-Executive Director  |            |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Recommendation:  | <table border="1" data-bbox="467 705 1452 824"> <tr> <td data-bbox="467 705 863 745">To approve</td> <td data-bbox="863 705 959 745"></td> <td data-bbox="959 705 1337 745">To discuss</td> <td data-bbox="1337 705 1452 745"></td> </tr> <tr> <td data-bbox="467 745 863 786">To note</td> <td data-bbox="863 745 959 786">✓</td> <td data-bbox="959 745 1337 786">To ratify</td> <td data-bbox="1337 745 1452 786"></td> </tr> <tr> <td data-bbox="467 786 863 824">For assurance</td> <td data-bbox="863 786 959 824">✓</td> <td data-bbox="959 786 1337 824"></td> <td data-bbox="1337 786 1452 824"></td> </tr> </table> |            |  | To approve |  | To discuss |  | To note | ✓ | To ratify |  | For assurance | ✓ |  |  |
| To approve   |   | To discuss |  |            |  |            |  |         |   |           |  |               |   |  |  |
| To note  | ✓   | To ratify  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| For assurance  | ✓   |            |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Purpose of Paper:  | <p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 08 May 2024 and a summary of key points for the board to note.</p>   |            |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Key Issues within the report:  |   |            |  |            |  |            |  |         |   |           |  |               |   |  |  |
| <p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• Reporting groups to the committee (Staff Health and Wellbeing and EDI) continue to be engaged and well attended.</li> <li>• Noted positive assurance form the People Insight Report, particularly regarding the reduction in consultant vacancy rates and the E-Rostering project, which is on track for completion date in September 2024.</li> <li>• Noted a full review of the Risk Register and BAF had taken place and will continue to be done following the completion of the People Insight Report.</li> <li>• The committee welcomed the Guardian of Safe Working report with a verbal update agreed.</li> <li>• Medical workforce update was received and noted, with references made to good progress made in reducing vacancies.</li> <li>• Gender Pay Gap and Ethnicity Pay Gap presented and corporately approved by the committee.</li> <li>• The DBS and Statutory and Mandatory</li> </ul> | <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• DBS and Statutory and Mandatory Deep Dives to continue to be presented to committee bi-annually</li> <li>• The Respect campaign to continue to be promoted across the Trust to support the Trust to seek solutions.</li> </ul>   |            |  |            |  |            |  |         |   |           |  |               |   |  |  |

|   |  |
|---|--|
| <p>deep dives were presented for the committee to discuss.</p> <ul style="list-style-type: none"> <li>Freedom To Speak Up Strategy and Annual plan were received and approved in principle.</li> </ul>  |  |
| <p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>It is an improving position but Turnover for consultant vacancies remains high.</li> <li>Whilst the Trust is presenting a stable position with the suite of workforce metrics, focus required on bringing those that are outside of target in line with it.</li> </ul> | <p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Freedom to Speak Up Strategy corporately approved.</li> </ul> |

|             |                                     |      |  |            |
|-------------|-------------------------------------|------|--|------------|
| Governance: |                                     | Date |  | Date       |
|             | Audit Committee                     |      | Remuneration & Nominations Committee             |            |
|             | Quality Committee                   |      | Workforce & Organisational Development Committee | 08/05/2024 |
|             | Finance & Investment Committee      |      | Executive Management Team                        |            |
|             | Mental Health Legislation Committee |      | Operational Delivery Group                       |            |
|             | Charitable Funds Committee          |      | Collaborative Committee                          |            |
|             |                                     |      | Other (please detail)                            |            |

**Monitoring and assurance framework summary:**

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

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

### Committee Assurance Report – Key Issues

#### Assurance Report 08 May 2024

#### Reporting Groups to the Committee:

**Staff Health & Wellbeing:** The Staff Health & Wellbeing group continues to be a well chaired and engaged group wanting to make a difference. The last meeting held in March 2024 looked at the staff survey and sickness absence reports to see what/if any impact on the work plan, the group will continue to look at and explore things in more detail and will dig deeper into areas to see if there are any concerns.

There was also an update on the wage stream system where Bank Staff are able to draw down on their salary in relation to bank shifts, which has had a positive impact on bank staff.

**Equality, Diversity and Inclusion Group:** The EDI Group continues to be an important group within the organisation and receives updates from the staff networks. Continuing to support those and encourage attendance as a vibrant part of the organisation, which are also bringing us some practical examples of how we can change things to improve the lives of people.

The Respect campaign has been important in highlighting bullying and harassment, which allows us to get better reporting so we can seek to find solutions there and looking at things like the staff survey to see how that informs the work plan.

Information was also noted on the horizon work around multi-generational rational workforces and noted the NHS England Task and Finish group.

**Medical Education Committee:** Within the medical education update it was noted that they are concentrating on their under and postgraduate students. There is an importance on keeping a real focus on this in terms of improving the pipeline of people from the experience that they get here and wanting them to remain with us as they develop their careers.

It was also noted that the training that's taking place in terms of increasing understanding of neuro diversity in a range of different areas. Also noted the areas,



the benefits and the risks of the medical school expansion, and the challenge regarding continuing to be innovative in the way that we look to expand those placement opportunities. We know that if people get good placement in education with us, they're more likely to want to return to us and develop their careers in the future.

**People Insight Report:**

The People Insight report continues to provide good assurance information and statistics around the organisation. Overall, showing a stable position and pleasing to see the vacancy rate reducing but still recognising above where the Trust wants it to be. There is also positive assurance about the number of consultant vacancies reducing which feels really good and positive to note.

Assurance was also noted around the E-Rostering project being at around 67% and was looking to be on track to be compliant by the end of the project in September 2024.

It was noted that given the reduction within the vacancy rate the Executive Team may wish to have a discussion as to whether they wished to refine the 10% vacancy rate or to leave it as it is. It was also noted that the Executive Team may also wish to have a discussion in relation to the good progress in relation to stat mand training and increase the L&D target from 85%.

**Risk Register and BAF:**

A detailed discussion around the risk register and the BAF took place and was noted that there's been a full review undertaken with the risk manager for 2024/25. It was also noted the importance of doing this after the Insight report to give a sense of the work that's happening to address areas of risk.

**Guardian of Safe Working Hours Quarterly Report:**

It was noted that we're seeing the exceptions coming back to normal after a difficult reporting period and hoping that they will stabilise, but with the caveat that industrial action can change things. Also reporting positive assurance that there were no exemptions due to patient safety issues or doctors not being able to attend learning and educational opportunities.

Noted the new terms of reference would be signed off at the next meeting with them, and continue to build those relationships and also noted the importance of auditing to make sure that people are paid and that is something that we can pick up through one of the internal audit reports at some point in the future.

**Medical Workforce Plan Update:**

Received the six-monthly medical workforce update, and noted the good progress being made in terms of reducing vacancies and looking at what we're hoping to do in terms of agency reduction. The principles outlined in the document are valid and appropriate and the committee look forward to getting the next update in 6 months' time. Thanks to everyone who's worked hard on this agenda and building that reputation for us as a place to come and work.

**Gender Pay Gap:**

The Committee corporately approved the gender pay gap for publication and noted the work that's been done on the ethnicity pay gap. It was agreed to have a look at the presentation and whether it's in line with what other organisations are doing and if not, how we separate or otherwise articulate the ethnicity pay gap in a way that is sensitive and recognises the questions that people may ask whether staff or external bodies.

**DBS Deep Dive:**

The report was noted, and assurance was given in relation to the ongoing continued work regarding the outstanding expired DBS's. For clarification this doesn't mean that a member of staff hasn't had a DBS, it's just that they haven't renewed their DBS in time in relation to the Trust's 3-year DBS rolling programme.

**Deep Dive into outstanding Stat/man competencies:**

It was noted that the compliance figure for statutory and mandatory training was 94.96% which is outstanding and something that the Trust is proud of, and assurance was given that further work is continuing in relation to the non-compliance figures.

**PROUD Leadership Update:**

The proud leadership update was noted and received in relation to all the work that's going on in respect of developing the programme. It was also noted that the high potential scheme, has seen 33% of people achieving career progression within the organisation.

**Freedom To Speak Up Strategy:**

The committee noted the strategy, which is focusing on four areas, improving awareness of the programme, improving confidence in speaking up, support for leaders and managers and continue to improve data collection. The document has been to another subcommittee and appropriate places for engagement. The committee were happy to approve the strategy.

**Freedom to Speak Up Annual Report:**

The Committee noted the Annual Report and were assured with the progress made in relation to divisional and medical staff ambassadors. Assurance was also given in relation to escalating things with either Dean Royles as the board champion or beyond the organisation if it was felt things weren't being taken seriously. The committee were happy to approve the document in principal.

**Workforce & OD Committee Effectiveness Review & Terms of Reference:**

The Draft Workforce & OD Committee Effectiveness Review 2023/24 and Terms of Reference were presented to the Workforce & OD Committee for assurance, apart from some minor spelling amendments both documents were approved by the committee.

**Effectiveness Reviews/Terms of Reference for reporting groups:**

**Staff Health & Wellbeing:**

The draft Staff Health & Wellbeing Effectiveness Review 2023/24 and Terms of Reference were presented to the Workforce & OD Committee for assurance, and it

was noted that the documents were on the agenda for approval at the next Staff Health & Wellbeing meeting on 23 May 2024 for the group to approve both documents. The Committee approved the documents in principle.

**Equality, Diversity and Inclusion Group:**

The draft Equality, Diversity and Inclusion Group Effectiveness Review 2023/24 and Terms of Reference were presented to the Workforce & OD Committee for assurance, and it was noted that the documents were on the agenda for approval at the next EDI Group meeting on 06 June 2024 for the group to approve both documents. The committee approved the documents in principle.

**Medical Education Committee:**

The Medical Education Committee Effectiveness Review 2023/24 and Terms of Reference were presented to the Workforce & OD Committee for assurance. The Workforce & OD Committee approved the documents in principle.

|   |  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
|---|--|------------|--|------------|--|------------|--|---------|--|-----------|--|---------------|---|--|--|
| Title & Date of Meeting:  | Trust Public Board Meeting – 29 <sup>th</sup> May 2024   |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Title of Report:  | Mental Health Legislation Committee Assurance Report following meeting of 01 <sup>st</sup> February 2024   |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Author/s:   | Name: Michael Smith<br>Title: Non-Executive Director and Chair of Mental Health Legislation Committee  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Recommendation:   | <table border="1" data-bbox="539 757 1524 875"> <tr> <td data-bbox="539 757 935 792">To approve</td> <td data-bbox="935 757 1031 792"></td> <td data-bbox="1031 757 1410 792">To discuss</td> <td data-bbox="1410 757 1524 792"></td> </tr> <tr> <td data-bbox="539 792 935 828">To note</td> <td data-bbox="935 792 1031 828"></td> <td data-bbox="1031 792 1410 828">To ratify</td> <td data-bbox="1410 792 1524 828"></td> </tr> <tr> <td data-bbox="539 828 935 864">For assurance</td> <td data-bbox="935 828 1031 864">x</td> <td data-bbox="1031 828 1410 864"></td> <td data-bbox="1410 828 1524 864"></td> </tr> </table> |            |  | To approve |  | To discuss |  | To note |  | To ratify |  | For assurance | x |  |  |
| To approve  |  | To discuss |  |            |  |            |  |         |  |           |  |               |   |  |  |
| To note   |  | To ratify  |  |            |  |            |  |         |  |           |  |               |   |  |  |
| For assurance   | x  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Purpose of Paper:   | <p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 02<sup>nd</sup> May 2024.</p>  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Key Issues within the report:   |  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| <p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>• Committee assured regarding Reducing Restrictive Interventions (RRI) report:             <ul style="list-style-type: none"> <li>○ Instances of violence and aggression reduced following spike in Q3.</li> <li>○ Use of seclusion continues to reduce.</li> <li>○ DMI compliance at 86.98% against 85% target.</li> <li>○ Number of missed seclusion reviews for both nursing and medical continues to reduce.</li> <li>○ Co-production service users by experience continues at strength within RRI group and have contributed to reviewing Use of Force Policy which has been awarded co-production stamp.</li> <li>○ Restraint reduced in Q4; prone restraint reduced to five instances.</li> <li>○ Continue to Pilot the use of safety pods within Avondale Unit and the 136 suites.</li> </ul> </li> </ul> | <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• S136 T&amp;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.</li> <li>• Received update on completion of Z48 - Two junior Doctors have volunteered to take on the re-audit of consent to treatment. Meeting held to discuss terms of reference.</li> </ul>  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |

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| <ul style="list-style-type: none"> <li>• MHL performance report within normal variations: <ul style="list-style-type: none"> <li>○ Only 1 Section 4 in the quarter with the last one being February 2023 – appropriate usage.</li> <li>○ Accurate recording of S136 data.</li> <li>○ No under 18s admitted to adult ward.</li> <li>○ Benchmarking data proved helpful - provided populations and bed numbers of other Trusts so able to correlate detentions against bed numbers.</li> </ul> </li> <li>• Committee noted Insight report, in particular Care Quality Commission - Monitoring the Mental Health Act in 2022/23 - work ongoing across Trust around identified issues.</li> <li>• Committee received MAPPA 6-monthly Report.</li> <li>• Committee received Annual Associate Hospital Managers Progress Report.</li> <li>• All mental health legislation related policies / procedures / guidance up to date.</li> <li>• MHL SG (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.</li> <li>• MHL SG subgroups and CQC MHA visits updates report noted.</li> <li>•</li> </ul> |  |
|---|--|

|  |   |
|--|---|
| <p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• Delayed discharges for service users in secure beds – one delayed discharge reported in Q4. Ongoing discussions at fortnightly DToC meetings with local authorities to ensure everything is being done to identify appropriate placements.</li> </ul> | <p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• Committee approved Mental Health Legislation Committee Workplan.</li> <li>• Committee approved Mental Health Legislation Committee Effectiveness Report 2023-24</li> <li>• Committee approved Mental Health Legislation Committee Terms of Reference.</li> <li>• Committee approved Reducing Restrictive Interventions Terms of Reference.</li> <li>• Committee approved Mental Health Legislation Steering Group Terms of Reference.</li> <li>• Committee approved Associate Hospital Managers Forum Terms of Reference.</li> </ul> |
|--|---|

|             |                   |      |  |      |
|-------------|-------------------|------|--|------|
| Governance: |                   | Date |  | Date |
|             | Audit Committee   |      | Remuneration & Nominations Committee             |      |
|             | Quality Committee |      | Workforce & Organisational Development Committee |      |

|  |                                     |        |   |  |
|--|-------------------------------------|--------|---|--|
|  | Finance & Investment Committee      |        | Executive Management Team                                 |  |
|  | Mental Health Legislation Committee | 1.2.24 | 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   | √  |  |     | To be advised of any future implications as and when required by the author |
| Quality Impact   | √  |  |     |   |
| Risk   | √  |  |     |   |
| Legal  | √  |  |     |   |
| Compliance   | √  |  |     |   |
| Communication  | √  |  |     |   |
| Financial  | √  |  |     |   |
| Human Resources  | √  |  |     |   |
| IM&T   | √  |  |     |   |
| Users and Carers   | √  |  |     |   |
| Inequalities   | √  |  |     |   |
| Collaboration (system working)   | √  |  |     |   |
| Equality and Diversity   | √  |  |     |   |
| Report Exempt from Public Disclosure?  |  |  | No  |   |

### Committee Assurance Report – Key Issues

- Insight report: - The paper covers key Publications; Policy highlights and summaries of relevant reports and papers as follows:
  - Putting into practice the principles of the Mental Health Act reforms: a national QI programme - Medical Director receives coaching once a month and PICU staff receive weekly coaching sessions looking at different ways of supporting patients from diverse backgrounds. Programme due to end March 2024 extended to May 2024 – learning will then be rolled out across Trust starting with Mental Health Division
  - Baroness Hollins final report 'My Heart Breaks' published 08.11.23 - Independent Care (Education) and Treatment Review 2019 to 2023. Action from last committee meeting for RRI group to consider the recommendation that all instances of enforced social isolation, including seclusion and long term segregation of patients with learning disabilities and autism be renamed solitary confinement. Committee discussed negative connotation of wording - RRI group action to gain views of patients at co-production group in May and discuss at Forensic patient involvement

day in June.

- Care Quality Commission - Monitoring the Mental Health Act in 2022/23 published and work ongoing across Trust around identified issues including workforce retention, inequalities in mental health care, long waits for children and young people, reducing restrictive practices, closed cultures.
- Delayed discharges for service users in secure beds – one delayed discharge reported in Q4. Ongoing discussions at fortnightly DToc meetings with local authorities to ensure everything is being done to identify appropriate placements.
- Committee received MAPPA 6-monthly Report key points were:
  - New Probation lead in post; Sally Adegbembo.
  - Trust involved in review of MAPPA guidance.
  - The Associate Director of Psychology has now retired from the Trust and clinical and operational leadership is now being provided by Mr Johnson, Clinical Director and Helen Courtney, Clinical Lead following a detailed hand over.
  - The Trust has developed a system of Single Points of Contact (SPOC) in all the Divisions, now supported by the Clinical Lead so that MAPPA issues can be well co-ordinated and communicated.
- Committee approved Mental Health Legislation Committee Terms of Reference.
- Committee approved Reducing Restrictive Interventions Terms of Reference.
- Committee approved Mental Health Legislation Steering Group Terms of Reference.
- Committee approved Associate Hospital Managers Forum Terms of Reference.
- Committee received Annual Associate Hospital Managers Progress Report highlighting key points:
  - 14 AHMs in total
  - Recruitment drive to increase diversity has proved successful – 4 new AHMs of diverse backgrounds.
  - Regular Training / case law updates provided at the beginning of each of the Forums.
  - Reviews and appraisals completed and arranged in line with Board dates.
  - Re-appointments approved by the Board.
  - Feedback mechanisms in place for any problem areas.
  - Slight increase in numbers of requests for AHM Reviews; continued consideration of innovative ways to increase numbers of requests for AHM Reviews.
  - Training of Non-Executive Directors following recommendation of Rapid Review into data on MH inpatient settings that Board's should provide Mental Health Act training so that at least half their Non-executive Directors are trained as Associate Hospital Managers under the Mental Health Act and participate in hearings to best understand the clinical care provided, the challenges, and the views of patients, families and clinical teams for the patients. Two Non-executive Directors have volunteered to be trained in the AHM role and to attend up to 2 hearings a year.
  - The identified NEDs will receive some bite sized training options incorporating the most important aspects of the role including information around the different sections and the criteria required for continued detention.
  - Future AHM recruitment would include an expectation to attend face to face reviews as well as virtual, and the requirement to chair once competent.
  - Recruitment decided on volunteer route as this allowed for speedier process, but this has seen an issue with providing honorary contracts which is being looked at by HR.
- Committee approved Mental Health Legislation Committee Workplan.

- Committee received and noted comments of Mental Health Legislation Committee Effectiveness Questionnaire completed by 8 members of the Committee.
- Committee approved Mental Health Legislation Committee Effectiveness Report 2023-24
- Committee noted and assured MHL performance report within normal variations:
  - Only 1 Section 4 in the quarter with the last one being February 2023 – appropriate usage.
  - Numbers of S136 episodes are now consistent with the number input into the system - working group with police and partners looking at use of S136 to ensure patients not brought to 136 suite unnecessarily.
  - Numbers of people detained on admission continues to reduce.
  - No under 18s admitted to adult ward.
  - Benchmarking data, although not to be relied upon for comparisons, proved helpful and current report provided populations and bed numbers of other Trusts so able 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.
- Received quarter 4 report on Reducing Restrictive Interventions key highlights:
  - Instances of violence and aggression reduced following spike in Q3. Continued to reduce and return to normal variation.
  - Use of seclusion continues to reduce, which is positive.
  - DMI compliance at 86.98% against 85% target.
  - Number of missed seclusion reviews for both nursing and medical continues to reduce and evidenced within missed review report.
  - Co-production service users by experience continues at strength within RRI group and have contributed to reviewing Use of Force Policy which has been awarded co-production stamp.
  - Restraint reduced in Q4 despite increasing planned restraint on Orion in relation to NG tube feeding, reflecting increased number of young people requiring NG feeding.
  - Prone restraint reduced to five instances. All instances have been for administration of medication and least amount of time under prone restraint used. DATIX entries shows evidence of trying to avoid prone restraint.
  - Work ongoing around CTR and disengagement training, which is just under 85% compliance target; focus of Divisions to address.
  - Looking to further reduce missed reviews and refining of report.
  - Explore the use of restrictive interventions within ethnic minority groups.
  - Continue to Pilot the use of safety pods within Avondale Unit and the 136 suites.
- 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



|   |  |   |  |            |  |            |  |         |  |           |  |               |   |  |  |
|---|--|---|--|------------|--|------------|--|---------|--|-----------|--|---------------|---|--|--|
| Title & Date of Meeting:  | Trust Board Public Meeting 29 May 2024   |   |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Title of Report:  | Assurance Report from May 14 2024 Audit Committee  |   |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Author/s:   | Stuart McKinnon-Evans  |   |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Recommendation:   | <table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>x</td> <td></td> <td></td> </tr> </table> |   |  | To approve |  | To discuss |  | To note |  | To ratify |  | For assurance | x |  |  |
| To approve  |  | To discuss  |  |            |  |            |  |         |  |           |  |               |   |  |  |
| To note   |  | To ratify   |  |            |  |            |  |         |  |           |  |               |   |  |  |
| For assurance   | x  |   |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Purpose of Paper:   | To inform the Trust Board of the outcome of the Audit Committee of May 14 2024   |   |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Key Issues within the report:   |  |   |  |            |  |            |  |         |  |           |  |               |   |  |  |
| <b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"> <li>• Single tender waiver regime is operating well.</li> <li>• The Committee’s effectiveness review was positive.</li> <li>• Losses and special payments controls are in place. Payments totalled £285 in last 12 months.</li> <li>• Standing orders and financial instructions have been updated.</li> <li>• Policy and procedures for declarations of interest (including gifts, hospitality and sponsorship) are operating as intended.</li> <li>• The Board Assurance Framework for “Fostering integration, partnership, and alliances” shows an acceptable level of progress and residual risk, at a score of 8.</li> <li>• Assurance gained about how risk management is undertaken in Community Primary Care Division, and how teams are involved in the identification, reporting, review and mitigation of risks. Good use of MI and statistics to support risk management.</li> <li>• Internal audit programme 2023/24: significant assurance received for final reports on: payroll; use of agency staff;</li> </ul> |  | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• To consider the future membership of the Committee, in view of the upcoming departure of two experienced NEDs.</li> <li>• Review the survey/questionnaire process for committee effectiveness reviews, due to low reported response rates.</li> <li>• 2023/24 accounts audit process is underway.</li> <li>• Minor further changes to SFIs</li> </ul> |  |            |  |            |  |         |  |           |  |               |   |  |  |

|   |                                     |  |  |         |
|---|-------------------------------------|--|--|---------|
| <p>capacity and demand modelling; and divisional risk management). All KPIs being achieved and on track to complete. Internal Audit that the Trust's response to the any findings is constructive and swift.</p> <ul style="list-style-type: none"> <li>Counter Fraud programme for 2023/24 completed as intended.</li> </ul>   |                                     |  |  |         |
| <p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>At Trust level, the salient risks are insufficient AMHP resource; consultant vacancies; excess demand for ADHD services; inability to cope with demand for speech and language dysphagia.</li> <li>The Primary Care Division's highest risks relate to reduced capacity in Scarborough Community Therapy service, and in Scarborough and Ryedale Stroke service, backlog of work in triage and clinical letters in Bridlington.</li> </ul> |                                     | <p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Endorsed year end accounting judgements endorsed.</li> <li>Approved Counter Fraud plan for 2024/25</li> <li>Approved External Audit Strategy for 2023/24 accounts, taking on board the likely late completion of the process because of reliance on the local government pension scheme audit being completed.</li> </ul> |  |         |
| Governance:   |                                     | Date   |  | Date    |
|   | Audit Committee                     |  | Remuneration & Nominations Committee                         |         |
|   | Quality Committee                   |  | Workforce & Organisational Development Committee             |         |
|   | Finance & Investment Committee      |  | Executive Management Team                                    |         |
|   | Mental Health Legislation Committee |  | Operational Delivery Group                                   |         |
|   | Charitable Funds Committee          |  | Collaborative Committee                                      |         |
|   |                                     |  | Other (please detail)<br>Report produced for the Trust Board | 29.5.24 |

**Monitoring and assurance framework summary:**

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

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

## Committee Assurance Report – Key Issues

The Committee, which was quorate, considered the following matters:

**Single Tender Waivers/Procurement Update:** 32 contracts with a total value of £11.4m are currently in place which were awarded on a single tender basis and previously endorsed. 2 new contracts were considered with a total value of £183K (reflecting the new regulations). Since the last report, 9 single tender contracts have expired, with only one of these being followed by a new contract with the same supplier. The single tender waiver controls continue to operate, having been evolved to suit the new regulatory regime. Contrary to initial expectations, it appears that the new regulations will likely lead to more clinical services being competed: the procurement lead's view is that only in a handful of circumstances will there be a single potential provider for a new service.

**Review of Committee Effectiveness and Terms of Reference:** The Committee agreed the outcome of the annual effectiveness review, noting minor changes to the Terms of Reference. Some concerns were raised about the low level of reported responses to survey/questionnaires, which process will be reviewed. The key immediate task is to find replacements to the two soon-to-depart very experienced NEDs.

**Losses and Special Payments:** 3 special payments totalling £285 were made in the last 12 months. No concerns were raised.

**Declaration of Gifts, Hospitality and Sponsorship:** The annual report covered conflicts of interest more generally. The Committee considered the declaration process, the progress to ensure all decision-makers have declared, and the log of interests declared.

**Year end accounting judgements:** We took a report on the approach to finalising year end, noting and endorsing the early view on accounting judgements being made. Changes to the Trust's accounting policies were considered and agreed.

**Board Assurance Framework:** The BAF page on "fostering partnerships and alliances" was considered. We noted many examples of how the Trusts is engaging with place-based partners, though remarking once again that many of the positive assurance tend to relate to enabling activity, rather than results/impact/outcomes of the work. Some gaps in assurance did not have accompanying actions. We discussed why the ongoing negotiation with ICS about the evolution of mental health services does not feature on the face of the BAF, especially in view of the upcoming Board-to-Board session. 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. It contains 4 residual risks rated 12+ relating to: insufficient AMHP resource; consultant vacancies; excess demand for ADHD services; inability to cope with demand for speech and language dysphagia. New risks are still being discussed relating to estates, financial sustainability, and digitalisation at Trust level.

**A deep-dive into the Primary Care and Community Services Divisional risk register:** We heard in detail about the three highest residual risks with a residual score 12, relating to: reduced capacity in Scarborough Community Therapy service, and in Scarborough and Ryedale Stroke service; backlog of work in triage and clinical letters (Bridlington). All these risks may impair patient safety and confidence in the Trust. Responses include recruitment and active management of

highest risk cases. There was good evidence of MI and statistics to support the management of risks, as well as inroads being made into queues through innovation in process management.

**Standing Order Schemes of Delegation and SFIs:** The Committee considered and agreed the proposed changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions. The changes were all to ensure the documents reflected current reality and or to eradicate wording inconsistencies. Some minor changes related to the use of Private Finance Initiative were recommended.

**Internal Audit Progress report:** Four final reports for 2023/24 received significant assurance (payroll; use of agency staff; capacity and demand modelling; and divisional risk management). It was noted that the Committee Chair had gained independent assurance about the process and quality of risk management in the Children's and LD Division through discussion with a staff governor and the divisional risk leadership team.

We noted a major recommendation relating to employees who are recruited to the Bank (new checks need to be run). Two further reports (NHS Green Agenda, and Standard Operating Procedures) are drafted, and fieldwork commenced to ensure the 2023/24 programme will be completed to report to June Audit Committee. 31 recommendations have been completed since the last meeting of the Audit Committee. 9 recommendations are overdue, and about to be resolved, and 15 recommendations had not met their due date at the time of the report. Several of these relate to handling of service user's property, and follow action is diarised. Internal Audit take comfort from the Trust's constructive and swift response to findings.

**Counter Fraud Progress Report:** The Committee received the report on Counter Fraud activity in Q4 of 2023/24. Once again, the Committee noted the activity undertaken across the themes of: inform and involve (including monthly newsletters; letters to all new starters; masterclasses; Q&A sessions; and alerts.); 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 two investigations are now closed, with conclusions of no criminal fraud); and strategic governance. Good engagement between the internal and external teams continues. We discussed the effectiveness of communications, and whether year-end appraisals could incorporate prompts about fraud awareness. All of the planned days for 2023/24 have been delivered, which completes the annual plan.

**Counter Fraud Plan for 2024/25:** The proposed Counter Fraud plan for 2024/25 follows the tried and tested approach taken hitherto, comprising 60 days input. It is designed to ensure the Trust meets national guidelines, as well as reflecting the specific risk profile of the Trust on employee-related fraud indicators. Cybercrime continues to be on the rise and now is the highest source of threat. The plan was discussed and approved.

**External Audit progress:** Mazars presented the Audit Strategy Memorandum for the 2023/24 account audit. The highest risk recognised, also reflected in the paper on accounting judgements, relates to the valuation of specialised land and buildings. The fee is held at last year's level of £75K, which is welcome. Work is well underway to complete the audit, though once again the final sign off cannot complete before the audit of the local government pension scheme is completed towards the end of the calendar year. The handover from retiring to new audit manager is complete. The Committee endorsed the Memorandum.

**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.

|   |  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
|---|--|------------|--|------------|--|------------|--|---------|--|-----------|--|---------------|---|--|--|
| Title & Date of Meeting:  | Trust Board Public Meeting – 29 May 2024   |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Title of Report:  | Assurance Report from Charitable Funds Committee of 8 May 2024   |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Author/s:   | Stuart McKinnon-Evans  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Recommendation:   | <table border="1" data-bbox="539 640 1517 757"> <tr> <td data-bbox="539 640 935 678">To approve</td> <td data-bbox="940 640 1031 678"></td> <td data-bbox="1035 640 1409 678">To discuss</td> <td data-bbox="1414 640 1517 678"></td> </tr> <tr> <td data-bbox="539 685 935 723">To note</td> <td data-bbox="940 685 1031 723"></td> <td data-bbox="1035 685 1409 723">To ratify</td> <td data-bbox="1414 685 1517 723"></td> </tr> <tr> <td data-bbox="539 730 935 757">For assurance</td> <td data-bbox="940 730 1031 757">x</td> <td data-bbox="1035 730 1409 757"></td> <td data-bbox="1414 730 1517 757"></td> </tr> </table>                       |            |  | To approve |  | To discuss |  | To note |  | To ratify |  | For assurance | x |  |  |
| To approve  |  | To discuss |  |            |  |            |  |         |  |           |  |               |   |  |  |
| To note   |  | To ratify  |  |            |  |            |  |         |  |           |  |               |   |  |  |
| For assurance   | x  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| Purpose of Paper:   | Through this report, the Charitable Funds Committee provides information and assurance to the Board as Corporate Trustee, from its 8 May 2024 meeting.   |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| <b>Key Issues within the report:</b>  |  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| <p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>• The Cardio Walls project is near completion</li> <li>• Progress of transition from Smile is well advanced: in-house team established; Charitable Funds Operational Group reporting into EMT established; distinction between “Wishes” (up to £5K) and “Dreams” (over £5K) established, with supporting governance</li> <li>• Fund balances are reconciled to cash and investments held</li> <li>• The in-house team is confident, motivated and engaged with staff and units</li> <li>• All 37 wishes carried over from Smile’s administration have been fulfilled</li> <li>• Investigation into previously reported concerns at Mill View found the funds raised had been duly spent; there had been confusion in communications between the unit and Smile, which led to normal process not being followed. (NB this issue has previously been reported in error to relate to Avondale.)</li> </ul> | <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• 3 “dream schemes” are being pursued: (New waiting area at Inspire; Sensory room at East Riding Community Hospital; Dementia friendly day room at Malton Hospital)</li> <li>• New wishes process is under development (go live end of May)</li> <li>• Charity website and branding is being redesigned</li> <li>• Communications and relaunch plan are underway, with stronger key messages aimed at audiences, supported by stories and case studies</li> <li>• New format for reporting is designed</li> <li>• Fundzones will be rationalised</li> </ul> |            |  |            |  |            |  |         |  |           |  |               |   |  |  |
| <p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• There is not yet a fundraising strategy supported by actions, beyond the current “dream schemes”</li> <li>• The in-house team expect to need support to open doors to and build relationships with</li> </ul>  | <p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• To endorse the work in progress in transition</li> <li>• To develop a more comprehensive fundraising plan</li> </ul>  |            |  |            |  |            |  |         |  |           |  |               |   |  |  |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>potential wealthy donors</li> <li>Some documentation to verify whether historic funds are restricted or unrestricted may be missing</li> </ul> | <ul style="list-style-type: none"> <li>To further review the role and effectiveness of the Committee mid-year</li> </ul> |
|---|--|

|             |                                     |      |  |         |
|-------------|-------------------------------------|------|--|---------|
| Governance: |                                     | Date |  | Date    |
|             | Audit Committee                     |      | Remuneration & Nominations Committee                         |         |
|             | Quality Committee                   |      | Workforce & Organisational Development Committee             |         |
|             | Finance & Investment Committee      |      | Executive Management Team                                    |         |
|             | Mental Health Legislation Committee |      | Operational Delivery Group                                   |         |
|             | Charitable Funds Committee          | x    | Collaborative Committee                                      |         |
|             |                                     |      | Other (please detail)<br>Report produced for the Trust Board | 29.5.24 |

### Monitoring and assurance framework summary:

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

### Committee Assurance Report – Key Issues

The meeting focussed on the implementation of the transition plan.

**Work Plan:** the work plan was accepted. The committee agreed the work plan with minor amendments.

**Transition Plan:** The transfer of all functions in-house is complete, with the new charity team in place, supported by the Charitable Funds Operational Group.

**Funding Approval:** No project approvals were required, but we agreed to consider one upcoming

by correspondence.

**Insight Report:** The list of 37 Wishes carried over from Smile's administration have been rationalised, closed or fulfilled. This is very welcome, and accompanied by a redesign of the wishes processes which will go live in May. Work has progressed to: establish the inhouse charity management/administration team; distinguish between "wishes" up to £5K and "dreams" over £5k with supporting documentation (dreams will need business cases), governance and scheme of delegation; review financial and governance arrangements against the Charity Commission checklist. Work to reconstruct the website funded by the NHS Charities Together grant continues. The Cardio Walls project is nearly complete. The committee discussed the current 3 dreams: "Worth the wait" (waiting room) at Inspire; the sensory room at East Riding Community Hospital (which is well advanced); and the dementia friendly facility in Malton.

We discussed the skill set of the team and were assured that the in-house team is capable and motivated. They may need additional support to identify and open doors to wealthy donors. Their current key concerns are to ensure slick wishes process, launch the comms plan (see below), and build staff confidence about Health Stars.

Following concerns that fund-raising for a mural at Millview appeared to bypass the normal charitable funds channels, an investigation has concluded no issues about probity of funds raised and funds expended. There was confusion in communications between the unit and Smile, which had led to normal procedure not being followed. (NB previous minutes/assurance reports stated in error that the issue was at Avondale.)

**Finance report:** The report confirmed the opening balances per Fund Zone, reconciled to balance sheet cash and investments (with an immaterial discrepancy under investigation). The report did not show actual income and expenditure year to date, to be included in next report, once the accounting team have mastered the Zero Accounting System operated by 360. A draft format for future reporting was discussed and approved with the addition of a regular brief headline status report for each Fund Zone. Work is underway to rationalise these Funds, including to confirm the status of restriction/non-restriction and where possible to pool funds to allow more flexibility in funding wishes/dreams. There is a concern that some documentation may have been destroyed when the old Trust HQ building was cleared, so we may need to have recourse to Charity Commission to establish non-restriction.

**Communications and Fundraising Update:** The report and discussion centred on communications planning, particularly key messages for audience segments. Stories and case studies are being developed to illustrate the key messages. The structure of the communication would follow the maxim: "this is who we support, this is how we do it, and this is how you [the donor] can help". The Health Stars website is being redesigned for relaunch on May 20. Focus in the last 2-3 months has been on making the wish process slicker, and to build confidence amongst staff and units that it is easy to engage with the charity.

The Committee asked about how a fundraising plan will be developed – target prospects, grant applications, approaches to trusts and foundations, as well as the management of campaigns aimed at staff and friends and family. We will receive the first iteration of such a plan at the next Committee.

**Effectiveness Review:** This year's effectiveness review has identified actions relating to safe transition from Smile to the in-house arrangement. The key challenge is to improve the overall effectiveness of fundraising, and the conversion of funds raised into charitable benefits. The key question for the Committee is how it supports the new team. A further review of the Committee's role will be undertaken at mid-year.

**Risk Register:** The risk register was reviewed. Following discussion and additions to the analysis

presented, the key residual risks related to: poor external understanding of what Health Stars does; compliance with fundraising regulations; achieving fundraising targets; lack of capacity in the team; and ensuring an efficient wish/dreams process.



|   |   |                                     |                      |                          |
|---|---|-------------------------------------|----------------------|--------------------------|
| <b>Title &amp; Date of Meeting:</b>   | Council of Governors – 18 <sup>th</sup> July 2024   |                                     |                      |                          |
| <b>Title of Report:</b>   | Performance Update  |                                     |                      |                          |
| <b>Author/s:</b>  | Peter Beckwith - Director of Finance  |                                     |                      |                          |
| <b>Recommendation:</b>  | To approve  | <input type="checkbox"/>            | To receive & discuss | <input type="checkbox"/> |
|   | For information/To note   | <input checked="" type="checkbox"/> | To ratify            | <input type="checkbox"/> |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i> | The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting. |                                     |                      |                          |

**Key Issues within the report:**

|   |   |
|---|---|
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Mandatory Training</li> <li>Vacancies</li> </ul>          | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Included within the body of the report</li> </ul>   |
| <b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>Waiting Times</li> <li>Out of Area Placements</li> </ul> | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>The Council of Governors are asked to note the updates on performance and be informed that all aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate.</li> </ul> |

|  |                                     |             |  |             |
|--|-------------------------------------|-------------|--|-------------|
| <b>Governance:</b><br><i>Please indicate which committee or group this paper has previously been presented to:</i> |                                     | <b>Date</b> |  | <b>Date</b> |
|  | Audit Committee                     |             | Remuneration & Nominations Committee             |             |
|  | Quality Committee                   |             | Workforce & Organisational Development Committee |             |
|  | Finance & Investment Committee      |             | Executive Management Team                        |             |
|  | Mental Health Legislation Committee |             | Operational Delivery Group                       |             |
|  | Charitable Funds Committee          |             | Collaborative Committee                          |             |
|  |                                     |             | Other (please detail)                            |             |

**Monitoring and assurance framework summary:**

| <b>Links to Strategic Goals</b> <i>(please indicate which strategic goal/s this paper relates to)</i> |  |
|---|--|
| √ Tick those that apply   |  |
| <input type="checkbox"/>  | Innovating Quality and Patient Safety            |
| <input type="checkbox"/>  | Enhancing prevention, wellbeing and recovery     |
| <input type="checkbox"/>  | Fostering integration, partnership and alliances |

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

## **1 Introduction and Purpose**

The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.

## **2 Background**

Performance is reported monthly to EMT and Bi-monthly to the public board in the form of the Trust Performance Report, this information is also circulated to Governors and available on the Trust Website. Information in the performance report is presented using Statistical Process Control Charts mapped against each of the Trusts Strategic Goals.

The use of Statistical Process Charts allows key performance data to be analysed over a period to establish trends in performance, Upper and Lower statistical thresholds are used to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

## **3 Performance Updates**

In the following paragraphs updates will be provided on some of the key performance metrics for governors to note.

### **3.1 Mandatory Training**

The Trust has maintained a strong position against the Trust target of 85%, reporting current compliance at 94.6%.

This performance is strong when compared with the latest Model Hospital Data (Recommended Peer average 85.8%, National Average 88%).

### **3.2 Vacancies**

The overall trust vacancy position is current at the lowest reported level of 6.3%, with Nursing Vacancies maintaining at below target position. Consultant vacancies remain above target but report the lowest position in months.

Benchmarking data from NHS England shows a vacancy rate of 7.5% (31,294 vacancies) as at 31 March 2024 within the Registered Nursing staff group (which includes midwives and health visitors). This is a decrease from the same period the previous year when the vacancy rate was 9.9% (40,096 vacancies)

### **3.3 Waiting Times**

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge. In all these areas demand exceeds commissioned capacity. Additional non-recurrent investment that the Trust was able to commit in 2023/24 has now ceased as it could not be achieved in the financial plan for 2024/25, meaning that the waiting times will deteriorate again in these services.

Targeted work continues in all services that are challenged by meeting over 52 week and 18 week waiting time standards to recover and achieve sustainable improvement. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis. A recent audit demonstrated that the operational approach in place to address waiting times gave “significant assurance”.

Dialogue is continuing with the ICB to agree a way forward on waiting times for 2024/25 and beyond. This continues to be an area of national challenge, but it does not receive priority for Mental Health Investment Standard (MHIS) funding. ODG and EMT oversee the position and work to reduce waiting times. Excessive waiting times for children and adult neurodiversity services are challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years.

### **3.4 Out of Area Placements**

Out of area placements for adult mental health beds and our Psychiatric Intensive Care Unit (PICU) has risen in recent months. Demand for these beds has been high and the PICU unit has been 100% occupied. Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons.

Scheduled estate works are taking place currently to significantly improve the PICU seclusion suite which is also temporarily impacting on patient flow.

Focussed work is taking place to address all aspects of adult and older adult acute care inpatient flow.

A proposal has been developed to further transform the older adult acute care pathway and this is being taken forward in the Mental Health, Learning Disability and autism ICS collaborative. If supported this should see older adult out of area placements eliminated.

PICU flow is currently being targeted through improvement methodology to recover the out of area position, this is also being affected by patients who are being transferred from prison whose discharge is subsequently being delayed by Ministry of Justice restrictions. Rise in the use of out of area placements has occurred across many mental health providers and our position is not an outlier.

### **3.5 Safer Staffing Update**

In the last report to board the following was worthy of note:

- There has been an improvement in overall sickness rates with a reduction in 2 units flagging red
- In the last report to Public Board there were no units with 5 red flags.
- All units have achieved their Care Hours Per Patient Day (CHPPD) target except for Newbridge’s which is slightly below target, impacted by high OBD. Malton achieved CHPPD target in February
- Mandatory training (all) is above 85% for all units. Compliance with Intermediate Life Support (ILS)/Basic Life Support (BLS) has been consistently strong, with only Inspire flagging red for BLS. This has been raised with the unit manager, matron and resuscitation officer.
- Clinical supervision remains in a strong position with the majority of units above 85%. Swale are slightly under target and this has been addressed with the team leader and Modern matron.

### **3.6 Patient Safety**

The Trust continues to be a high reporter of incidents (*143 per 10,000 contacts*) the majority of which are classed as harm free (99.5%). High reporting and low/no harm is an indicator of a positive safety culture.

NHSE has currently paused the publishing of data on patient safety incident reports. Future publications will be introduced following the launch of learning from patient safety events.

## **4 Recommendation**

The Council of Governors are asked to note the updates on performance and be informed that all aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate.

**Agenda Item 11**

|  |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
|--|--|--|---|------------|--|------------|--|---------|---|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:   | Council of Governors Public Meeting – 18 July 2024   |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Title of Report:   | Council of Governor Sub-Groups Feedback Engaging with Members Group  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Author/s:  | Tony Douglas, Chair of Engaging with Members Governor Group<br>Marilyn Foster, Chair of Appointments Terms and Conditions Committee  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Recommendation:  | <table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table> |  |   | To approve |  | To discuss |  | To note | ✓ | To ratify |  | For assurance |  |  |  |
| To approve   |  | To discuss   |   |            |  |            |  |         |   |           |  |               |  |  |  |
| To note  | ✓  | To ratify  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| For assurance  |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Purpose of Paper:  | To provide the Council of Governors with an update from the meetings held.   |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Key Issues within the report:  |  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• Provided in the report and verbal updates</li> </ul> |  | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul> |   |            |  |            |  |         |   |           |  |               |  |  |  |
| <ul style="list-style-type: none"> <li>• <b>Key Risks/Areas of Focus</b><br/>No matters to escalate</li> </ul>                       |  | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>                         |   |            |  |            |  |         |   |           |  |               |  |  |  |
| Governance:  |  | Date   | Date  |            |  |            |  |         |   |           |  |               |  |  |  |
|  | Appointments, Terms & Conditions Committee   |  | Engaging with Members Group                         |            |  |            |  |         |   |           |  |               |  |  |  |
|  | Finance, Audit, Strategy and Quality Governor Group  |  | Other (please detail) Quarterly report to Council ✓ |            |  |            |  |         |   |           |  |               |  |  |  |
|  | Trust Board  |  |   |            |  |            |  |         |   |           |  |               |  |  |  |

**Monitoring and assurance framework summary:**

| Links to Strategic Goals (please indicate which strategic goal/s this paper relates to) |                                       |
|---|---------------------------------------|
| ✓ Tick those that apply   |                                       |
|   | Innovating Quality and Patient Safety |

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

## **The Engaging with Members meeting took place on 16 May 2024**

The key points arising from the meeting.

At the last EWM meeting, discussion took place regarding the promotion of membership at meetings and events which have a health focus. The election timetable for the Governor 2025 elections. Nominations open on 25 September and close on 23 October. Voting packs (if any seats are contested) will be despatched on 14 November and voting will close on 9 December 2024. The Trust will seek to fill the following seats:

- East Riding (3 seats)
- Hull (1 seat)
- Whitby (1 seat)
- Staff (2 seats)

Tony Douglas

## **Appointments, Terms and Conditions Committee – 23 May 2024 and 3 July 2024**

The Appointments, Terms and Conditions Committee meeting took place on 23<sup>rd</sup> May and 3<sup>rd</sup> July. A verbal update will be provided at the meeting.



**Agenda Item 12a**

|  |  |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
|--|--|------------|--|------------|---|------------|--|---------|--|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:   | Council of Governors Public Meeting – 18 July 2024   |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Title of Report:   | Council of Governors Effectiveness Review  |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Author/s:  | Caroline Flint<br>Chair  |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Recommendation:  | <table border="1" data-bbox="539 539 1528 656"> <tr> <td data-bbox="539 539 935 577">To approve</td> <td data-bbox="940 539 1027 577">x</td> <td data-bbox="1032 539 1409 577">To discuss</td> <td data-bbox="1414 539 1528 577"></td> </tr> <tr> <td data-bbox="539 577 935 616">To note</td> <td data-bbox="940 577 1027 616"></td> <td data-bbox="1032 577 1409 616">To ratify</td> <td data-bbox="1414 577 1528 616"></td> </tr> <tr> <td data-bbox="539 616 935 656">For assurance</td> <td data-bbox="940 616 1027 656"></td> <td data-bbox="1032 616 1409 656"></td> <td data-bbox="1414 616 1528 656"></td> </tr> </table> |            |  | To approve | x | To discuss |  | To note |  | To ratify |  | For assurance |  |  |  |
| To approve   | x  | To discuss |  |            |   |            |  |         |  |           |  |               |  |  |  |
| To note  |  | To ratify  |  |            |   |            |  |         |  |           |  |               |  |  |  |
| For assurance  |  |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Purpose of Paper:<br><i>Please make any decisions required of Board clear in this section:</i>   | <p>To present the effectiveness review for 2023/2024 (attached at Appendix 1) and Terms of Reference for approval.</p> <p>To provide the Council of Governors with an update on meetings held.</p>   |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Key Issues within the report:  |  |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
| <p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The NHS Code of Governance provides that the Council of Governors, led by the Chair should periodically assess their collective performance. Effectiveness reviews are undertaken on an annual basis.</li> <li>The findings from the review will inform the focus of future Development meetings.</li> </ul>  | <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Information regarding the different services provided by the Trust to be shared with governors (as suggested by one governor through their completion of the effectiveness review questionnaire).</li> <li>Consideration to be given to how the performance report could be improved.</li> </ul>  |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
| <p><b>Key Points/Areas of Focus to Highlight:</b></p> <ul style="list-style-type: none"> <li>The questionnaire was completed by 6 governors (a number of existing governors had retired at the end of January 2024 and new governors had not been to a Council of Governors meeting at the time the questionnaire was circulated. Consequently, they were unable to comment on the effectiveness of the meetings and papers. Comments were, however invited from new governors regarding their experiences to date and the responses have been incorporated into the questionnaire findings).</li> </ul> | <p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>  |            |  |            |   |            |  |         |  |           |  |               |  |  |  |
|  |  |            |  |            |   |            |  |         |  |           |  |               |  |  |  |

|  |   |      |   |      |
|--|---|------|---|------|
| <b>Governance:</b><br><i>Please indicate which committee or group this paper has previously been presented to:</i> |   | Date |   | Date |
|  | Appointments, Terms & Conditions Committee          |      | Engaging with Members Group                       |      |
|  | Finance, Audit, Strategy and Quality Governor Group |      | Other (please detail) Quarterly report to Council |      |
|  | Trust Board   |      |   |      |

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

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

**Council of Governors**

**Annual Review of Effectiveness and Terms of Reference**  
**1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024**

The role of the Council of Governors (CoG) is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and Health and Care Act 2022. This document should be read in conjunction with the Acts and in conjunction with the Trust’s Constitution.

**1. Executive Summary**

*Chair to provide a brief written overview of the Council of Governors’ work during the year and whether he/she believes that the Committee has operated effectively and added value*

The Council of Governors (CoG) has a forward-looking annual work plan which outlines mandatory and regular reports required for the meetings. The CoG meetings start with a service story as a way of informing the governors about the varied services provided by the Trust.

The minutes of CoG meetings clearly demonstrate debate and decision making.

The work of the CoG is supplemented with the work of the Engaging with Members group, the Appointments, Terms and Conditions Committee and governor development sessions. The development sessions provide dedicated time and focus to discuss more fully key areas of interest/work and to dedicate time to learning and development. An opportunity is also given at those meetings to influence strategies and forward plans. In addition, governors are given the opportunity to attend monthly briefings with the Chair supported by the Chief Executive and other staff as appropriate.

**2. Delivery of functions delegated by Board**

| Functions within ToR                | Evidence to support delivery<br>Sample taken from the minutes  | Any outstanding issues / action plans? |
|-------------------------------------|--|--|
| Statutory duties of the CoG         | <ul style="list-style-type: none"> <li>• Governor subgroup - Appointments Terms and Conditions Committee</li> <li>• Engagement – Engaging with Members group.</li> <li>• Appointing Auditors</li> <li>• Receipt of the Annual Report and Accounts</li> </ul> |  |
| Contribution to Strategy & Plans    | <ul style="list-style-type: none"> <li>• Annual Operating Plan</li> <li>• Performance reports</li> <li>• Finance reports</li> </ul>  |  |
| Representing Members and the Public | <ul style="list-style-type: none"> <li>• Annual Members Meeting</li> <li>• Governor elections</li> </ul>   |  |

### 3. Attendance

The Council of Governors met on 5 occasions during 2023/24. Three meetings were held virtually on (20 April, 27 June and 18 January) and two meetings were held in person on 20 July and 19 October. The Annual Members' Meeting (AMM) was held in person in October 2023.

To support attendance at virtual meetings, time was allowed for breaks during the meetings, hard copy papers were provided to those governors that requested these and IT support was also provided as required. Governors had the choice whether to be visible or not on screen during the virtual meetings and could submit questions/comments for the Chair to raise should they so wish.

Overall, attendance by governors has ensured meetings were quorate in 2023/24 and has generally been good. Where attendance fell below constitutional requirements, then contact was made with the relevant governors to determine whether there were extenuating circumstances for this, whether they would be able to start attending meetings again in the near future and whether any support was required from the Trust to enable them to attend meetings.

A forward annual Governors' calendar is provided, and we try to keep to the same time/date schedule each year for the quarterly Council of Governors' meetings, offering a mix of virtual and in person meetings which governors supported when we last reviewed arrangements.

The Council of Governors Terms of Reference state 5 meetings will be held a year and one of these will be an Annual Members' Meeting.

| Members   |     |
|---|-----|
| The composition of the membership is set out in Annex 7 of the constitution:                    |     |
| The quoracy for holding the meetings changed from July 2023 when the Constitution was reviewed. |     |
| Public Governors:   |     |
| Caroline Flint  | 5/5 |
| John Cunnington   | 3/5 |
| Doff Pollard - Lead Governor  | 4/5 |
| Sue Cooper  | 5/5 |
| Tim Durkin  | 4/5 |

|   |     |
|---|-----|
| Patrick Hargreaves                                  | 3/5 |
| Tony Douglas  | 5/5 |
| Ruth Marsden  | 1/5 |
| Brian Swallow                                       | 3/5 |
| Maureen Bristow (with effect from 1 February 2024)  | 0/0 |
| Isabel Carrick (with effect from 1 February 2024)   | 0/0 |
| Dominic Kelly                                       | 0/5 |
| John Morton   | 3/5 |
| Ted Burnside (with effect from 1 February 2024)     | 0/0 |
| Kimberley Harmer (with effect from 1 February 2024) | 0/0 |
| Anthony Houfe                                       | 5/5 |
| Marilyn Foster                                      | 5/5 |
|   |     |
| Staff Governors:                                    |     |
| Tom Nicklin   | 3/5 |
| Sharon Nobbs  | 4/5 |
| Joanne Gardner                                      | 2/5 |
| Will Taylor   | 5/5 |
| John Duncan (with effect from 1 February 2024)      | 0/0 |
|   |     |
| Appointed Governors:                                |     |
| Jenny Bristow                                       | 1/1 |
| Paul French   | 0/4 |

|  |     |
|--|-----|
| Jacque White   | 4/5 |
| Cllr Chambers  | 4/5 |
| Cllr Abrahams  | 0/2 |
| Cllr Tucker  | 0/3 |
| Jonathan Henderson                                   | 4/5 |
| Emma Dallimore                                       | 1/1 |
| <i>Appendix 1 contains a breakdown of attendance</i> |     |

3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

There have been good contributions from those who attended throughout the year.

In addition, the Chief Executive has attended each meeting and there has been good representation from Non-Executive Directors and Executive Directors.

Both at the Council of Governors' meetings and at Development sessions, Non-Executive Directors (NEDs) were given dedicated time to provide assurance and present their work as Chairs of Board Committees. This proved positive for NEDs and governors alike.

3.3 *Include any recommendations for change to membership & reasons why*

No recommendations for change.

#### **4. Quoracy**

The Constitution states that no business shall be transacted at a meeting unless at least one third of the voting Governors are present.

The CoG was quorate on all occasions. The quoracy changed from six public governors, one appointed governor and one staff governor to a third of those present when the Constitution was reviewed in July 2023.

#### **5. Reporting / Groups or Committees**

Which groups report to the Council of Governors? *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Appointments, Terms and Conditions Committee
- Engaging with Members Governor Group

Has the CoG approved the Terms of Reference for each of these groups?

Yes [ x ] No [ ]

- Appointments Terms and Conditions Committee - approved in July 2023. Next review due at the July 2024 meeting
- Engaging with Members Governor Group – approved in July 2023. Next review due at the July 2024 meeting.

Are terms of reference annual reviews for each reporting group on your Council of Governor's workplan to approve? Yes [ / ] No [ ]

Has the Council of Governors received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [ / ] No [ ]

Has the Council of Governors requested/received an annual assurance report or effectiveness review from each of the reporting groups for 2023/24 Yes [ x / ] No [ ] *on CoG workplan*

- The July CoG will receive an annual effectiveness review from the Engaging with Members Governor Group and the Appointments, Terms and Conditions Committee.
- For each CoG meeting there is a Governor Group update report where chairs of the groups are asked to provide an update for any meeting that has taken place since the last CoG. This can be a short paragraph or a fuller report.

## 6. Conduct of meetings

*Chair to consider the following questions:*

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

An outlined above, a CoG workplan has been developed with standing items and is maintained by the Trust Secretary – items are added throughout the year as requested by the CoG

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

## **7. Review of Terms of Reference**

*Chair to summarise any recommended changes to the Council of Governors terms of reference in light of the annual evaluation.*

A number of changes were proposed and agreed to the terms of reference in July 2023. These sought to reflect enhancements to the governor role as outlined in the Health and Care Act 2022. A change to the quoracy was also agreed.

No further changes are proposed.

## **8. Workplan for 2024/25**

Has a CoG workplan for the year ahead, 2024/25 been prepared?

Yes [ x ] No [ ]

## **9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [ / ]**

Governors were invited to comment on the effectiveness of the Council of Governors through the completion and return of an effectiveness questionnaire.

The findings revealed communications with Governors was effective as was the support available to them and the briefings/development sessions. The length of some papers was highlighted as an area which required review and consideration will be given to how the information regarding performance (currently provided through the Performance report) might be improved for Governors.

One Governor requested that a list of services be shared with Governors. This is available within the Induction pack and the list will be shared again.



Summary of attendance at COG 2023-2024

| <b>DATES</b>   | 20 April 2023   | 27 June 2023<br>(private meeting)   | 20 July 2023  | 19 October 2023   | 19 January 2024  |
|--|---|---|---|---|--|
| Trust Chair  | Caroline Flint  | Caroline Flint  | Caroline Flint  | Caroline Flint  | Caroline Flint   |
| Minimum 6 public governors<br>Quoracy changed<br>July 2023 | Tim Durkin<br>Doff Pollard<br>Sue Cooper<br>Tony Douglas<br>John Cunnington<br>Marilyn Foster<br>Patrick<br>Hargreaves<br>Anthony Houfe | Doff Pollard<br>Sue Cooper<br>Tony Douglas<br>Marilyn Foster<br>Brian Swallow<br>Tim Durkin<br>Anthony Houfe<br>John Morton | John Cunnington<br>Sue Cooper<br>Tony Douglas<br>Tim Durkin<br>Marilyn Foster<br>Patrick<br>Hargreaves<br>Anthony Houfe<br>Doff Pollard | Tim Durkin<br>Doff Pollard<br>Sue Cooper<br>Tony Douglas<br>Marilyn Foster<br>Patrick<br>Hargreaves<br>Anthony Houfe<br>Brian Swallow<br>John Cunnington<br>Ruth Marsden<br>John Morton | Doff Pollard<br>Tony Douglas<br>Patrick<br>Hargreaves<br>Anthony Houfe<br>Brian Swallow<br>Sue Cooper<br>Marilyn Foster<br>John Morton |
| Minimum 1 staff governor                                   | Sharon Nobbs<br>Joanne Gardner<br>Will Taylor   | Tom Nicklin<br>Sharon Nobbs<br>Will Taylor  | Will Taylor<br>Joanne Gardner<br>Tom Nicklin  | Will Taylor<br><br>Tom Nicklin<br>Sharon Nobbs  | Will Taylor<br><br>Sharon Nobbs  |
| Minimum 1 appointed governor                               | Jacque White<br>Jenny Bristow<br>Cllr Chambers<br>Jon Henderson   | Jacque White<br>Cll Chambers<br>Jon Henderson   | Jacque White<br>Jon Henderson   | Cllr Linda<br>Chambers  | Jacque White<br>Cllr Linda<br>Chambers<br>Jon Henderson<br>Emma Dallimore  |
| CEO  | Michele Moran   | Michele Moran   | Michele Moran   | Michele Moran   | Michele Moran  |
| No of NEDs   | 4   | 0   | 3   | 3   | 3  |
| No of Execs  | 2   | 0   | 2   | 2   | 2  |

**Governors who left during 2023/24**

|  |  |                          |
|--|--|--------------------------|
| Superintendent Jenny Bristow (appointed) | Humberside Police                                | Replaced by organisation |
| Superintendent Paul French (appointed)   |  |                          |
| Doff Pollard                             | Whitby, Scarborough & Ryedale<br>Public Governor | End of term of office    |
| Sue Cooper                               | East Riding Public Governor                      | End of term of office    |
| John Cunnington                          | East Riding Public Governor                      | End of term of office    |
| Tom Nicklin                              | Staff Governor                                   | End of term of office    |



**Humber Teaching**  
NHS Foundation Trust

|                                |                     |                          |
|--------------------------------|---------------------|--------------------------|
| CLlr Julie Abraham (appointed) | East Riding Council | Replaced by organisation |
| Joanne Gardner                 | Staff Governor      | Resigned Feb 2024        |

**Terms of Reference**

**Council of Governors**

|                              |  |
|------------------------------|--|
| <p><b>Authority</b></p>      | <p>The full meeting of the Council of Governors and its Appointment, Terms and Conditions Committee are the bodies in which Governors have official standing. All other forums are advisory.</p>   |
| <p><b>Role / Purpose</b></p> | <p>The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution</p>   |
| <p><b>Duties</b></p>         | <p><b>The Statutory Duties of the Council of Governors</b></p> <ul style="list-style-type: none"> <li>• To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors</li> <li>• To represent the interests of Trust members and the interests of the public</li> <li>• Approve the procedures for the appointment and where necessary for the removal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee.</li> <li>• Approve the appointment or removal of the Chair of the Board of Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee.</li> <li>• Approve the appointment or removal of a Non-Executive Director on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve the procedures for the appraisal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve changes to the remuneration, allowances and other terms of office for the Chair and other Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve or where appropriate decline to approve the appointment of a proposed candidate as Chief Executive recommended by the Non-Executive Directors.</li> <li>• Approve the criteria for appointing, re-appointing or removing the auditor.</li> <li>• Approve or where appropriate, decline to approve, the appointment or re-appointment and the terms of engagement of the auditor on the recommendation of the Audit Committee.</li> <li>• Jointly approve with the Board of Directors amendments to the Constitution</li> <li>• Approve the appointment and, if appropriate, the removal of the lead governor.</li> </ul> |

- Approve the removal from office of a Governor in accordance with procedure set out in the Constitution
- Approve jointly with the Board of Directors the procedure for the resolution of disputes and concerns between the Board of Directors and the Council of Governors.
- To approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust.
- To approve any proposed application for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act)
- Receive and comment on the Annual Report and Accounts (including Quality Account).
- To notify the independent regulator, NHS England, via the lead Governor, if the Council of Governors is concerned that the Trust is at risk of breaching its licence, if these concerns cannot be resolved at the local level.
- To receive a report on compliance with the Fit and Proper Person Requirement for Non-Executive Directors

#### **Contribution to Strategy and Plans**

- Contribute to members and other stakeholders understanding of the work of the Trust in line with engagement and communication strategies
- Seek the views of stakeholders including members and the public at large and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate
- Give a view to the Board of Directors of the Trust's annual business planning arrangements for each financial year for the purpose of the preparation of the annual plan
- Contribute to and influence the Strategic Plan

#### **Representing Members and the Public**

- To represent the constituency/public at large or the organisation elected or appointed to serve regarding the Trust, its vision, performance and material strategic proposals made by the Trust Board
- Contribute to members and other stakeholders' understanding of the work of the Trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint governors.
- Act as ambassadors in order to raise the profile of the Trust's work with the public and other stakeholders
- Promote membership of the Trust and contribute to opportunities to recruit members in accordance with the Membership Plan.
- Attend a minimum of 2 events per year that facilitate contact between members, the public and Governors to promote Governor accountability.
- Report to members each year on the performance of the Council of Governors



## Humber Teaching

NHS Foundation Trust

|                              |  |
|------------------------------|--|
| <b>Membership</b>            | The composition of the membership of the Council of Governors is set out in the Constitution. The Chair of the Board of Directors is the Chair of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the Chair the Senior Independent Director will take the Chair's role. |
| <b>Quorum</b>                | The quorum for Council of Governors meetings is set out in the Constitution.<br><br>No business shall be transacted at a meeting unless at least one third of the voting Governors are present.  |
| <b>Chair</b>                 | Chair of the Trust   |
| <b>Frequency</b>             | The Council of Governors will meet at least 5 times a year (including the Annual Members Meeting)  |
| <b>Agenda and Papers</b>     | An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive not less than 5 working days before the meeting  |
| <b>Minutes and Reporting</b> | Minutes of the meetings will be circulated to all members of the Council of Governors as soon as reasonably practical. The target date for issue is 20 working days from the date of the meeting.  |
| <b>Monitoring</b>            | A review of attendance and effectiveness will be undertaken annually.  |
| <b>Approval Date</b>         | 20 July 2023   |
| <b>Review Date</b>           | July 2024  |

|  |   |   |  |
|--|---|---|--|
| Title & Date of Meeting:   | Council of Governors Meeting – 18 July 2024   |   |  |
| Title of Report:   | Engaging with Members Group Effectiveness Review  |   |  |
| Author/s:  | Tony Douglas<br>Chair of the Engaging with Members Group  |   |  |
| Recommendation:  | To approve  |   | ✓                                      |
|  | To note   |   |  |
|  | For assurance   |   |  |
|  | To discuss  |   |  |
|  |   | To ratify   |  |
| Purpose of Paper:  | <p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>Note the results of the annual effectiveness review of the Engaging with Members Group (attached at Appendix 1)</li> <li>Note no changes are proposed to the terms of reference.</li> </ul> |   |  |
| Key Issues within the report:  |   |   |  |
| <p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The Group has a workplan and membership plan for the year ahead that will be used to ensure key items are scheduled as appropriate throughout the year.</li> </ul>  |   | <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul> |  |
| <p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>An effectiveness review questionnaire was circulated to Engaging with Members Group members and this revealed more Governors should be encouraged to attend the meetings. Consequently, the next meeting of the Group will occur immediately after a monthly briefing with the Chair to try to increase attendance.</li> </ul> |   | <p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>                         |  |
| Governance:  |   | Date  | Date                                   |
|  | Appointments, Terms & Conditions Committee  | ✓   | Engaging with Members Group<br>16.5.24 |
|  | Finance, Audit, Strategy and Quality Governor Group   |   | Other (please detail)                  |
|  | Trust Board   |   |  |

**Monitoring and assurance framework summary:**

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

**Engaging with Members Governor Group**

**Annual Review of Committee Effectiveness and Terms of Reference  
1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024**

The purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust’s members and the public.

**1. Summary**

The group provides a dedicated focus on engagement, membership and elections. The group continued to meet over Microsoft Teams and governors have engaged the membership and/or public in a variety of ways to provide or obtain feedback regarding the Trust’s services and plans.

The group is chaired by a governor.

**2. Delivery of functions**

| Functions within ToR ( <i>extracted from ToR</i> )   | Evidence to support delivery  | Outstanding issues / action plan |
|--|---|----------------------------------|
| <ul style="list-style-type: none"> <li>• Provide a forum for discussion on membership and membership engagement.</li> <li>• Monitor how representative the Trust’s membership is in order to reflect the interests of the population served by the Trust</li> <li>• Improve the level of effectiveness of member engagement</li> <li>• Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public.</li> <li>• Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership, including the use of digital technology and applications.</li> <li>• Consider ways to develop an engaged Trust membership including representation from unrepresented groups.</li> </ul> | <p>Evidence within the action logs and/or minutes of the meetings.</p> <p>A summary list of achievements are also listed below.</p> | <p>n/a</p>                       |



During April 2023 to March 2024, the group has:

- Monitored achievement against the membership plan which outlines key membership objectives and contains information regarding how these will be delivered
- Agreed revisions to the Terms of Reference for the group
- Continued to utilise a work plan to capture items for future meetings
- Reviewed the governor section of the website
- Discussed and clarified membership engagement support available to Governors
- Influenced volunteering processes at the Trust
- Contributed to election planning
- Helped to develop the Annual Member Meeting
- Helped to promote governor elections
- Attended a number of Patient and Carer Experience meetings

### 3. Attendance

During the 2023/24 year the group met on 4 occasions – (18 May 2023, 7 September 2023, 25 November 2023 and 11 January 2024). Attendance at the meetings by Governors is detailed in table 1 below and a more detailed breakdown of attendance by individuals is attached at Appendix 1.

Table 1: Meeting Attendance:

| Members:   | No of meetings attended   |
|--|---|
| <p>The membership of the Group consists of Governors from all public and staff constituencies:</p> <ul style="list-style-type: none"> <li>• Doff Pollard</li> <li>• Tim Durkin</li> <li>• Tony Douglas</li> <li>• Sharon Nobbs</li> <li>• John Cunnington</li> <li>• Anthony Houfe</li> <li>• Brian Swallow</li> <li>• Marilyn Foster</li> </ul> | <p>4/4</p> <p>4/4</p> <p>3/4</p> <p>3/4</p> <p>2/4</p> <p>2/4</p> <p>1/4</p> <p>3/4</p> |
| <ul style="list-style-type: none"> <li>• One Non-Executive Director or Chair of the Trust</li> <li>• Head of Corporate Affairs</li> <li>• Communications Representative</li> <li>• Head of Patient Experience</li> <li>• Membership Officer</li> <li>• Volunteering Team Representative</li> <li>• Trust Chair</li> </ul>                        | <p>1/4</p> <p>4/4</p> <p>4/4</p> <p>2/4</p> <p>3/4</p> <p>3/4</p> <p>1/1</p>            |



3.2 *Chair to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

The membership is open to all governors which allows involvement and support of all governors.

In addition, the Chair, a Non-Executive Director and other people working in communication or involvement roles at the Trust are invited to attend the meetings. Support is provided by the Head of Corporate Affairs and Membership Officer.

3.3 *Include any recommendation for change to membership & reasons why*

No recommendations for change.

#### **4. Quoracy**

Currently, the quorum necessary for the transaction of formal business is 3 members.

The group was quorate at all meetings.

#### **5. Reporting / Groups or Committees**

Not applicable.

#### **6. Conduct of meetings**

*Governor Chair and Trust Board lead to consider the following questions*

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

Yes

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes.

- *Is the quality and timeliness of the minutes satisfactory?*

Yes



- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes.

## **7. Review of Terms of Reference**

A number of amendments were made to the terms of reference during 2023/24 and no further changes pre proposed.

The ToR are below at Appendix 2.

## **8. Workplan for 2023/24**

Has a workplan for the year ahead, 2024/25 been prepared?

Yes [ / ] No [ ].

An outline workplan has been agreed – this remains a working document to reflect additional items the group may agree.

## **9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [ / ]**

An effectiveness review questionnaire was sent to all governors and four completed and returned this.

Attendance at meetings by governors has been highlighted as an area requiring review.

Attendance summary 2023-2024

| Quorum   | 18 May 2023   | 7 September 2023  | 23 November 2023  | 11 January 2024   |
|--|---|---|---|---|
| <p>The quorum necessary for the meeting to agree actions and make recommendations shall be 3 members with at least;</p> <ul style="list-style-type: none"> <li>• 3 Public Governors</li> <li>• 1 Staff Governor</li> <li>• Head of Patient Experience Team</li> <li>• Membership Officer</li> <li>• A Non-Executive Director or Head of Corporate Affairs or a Communication Representative</li> </ul> | <p>Doff Pollard<br/>Tony Douglas<br/>Tim Durkin<br/>John Cunningham<br/>Sharon Nobbs</p> <p><i>Other members:</i><br/><br/>Katie Colrein<br/>Alex Uney<br/>Stella Jackson</p> | <p>Doff Pollard<br/>Tim Durkin<br/>Tony Douglas<br/>John Cunningham<br/>Sharon Nobbs<br/>Marilyn Foster</p> <p><i>Other members:</i><br/><br/>Val Higo<br/>Stella Jackson<br/>Anita Green<br/>Dean Royles<br/>Mandy Dawley<br/>Caroline Flint</p> | <p>Doff Pollard<br/>Tim Durkin<br/>Marilyn Foster<br/>Sharon Nobbs<br/>Brian Swallow</p> <p><i>Other members:</i><br/><br/>Katie Colrein<br/>Stella Jackson<br/>Mandy Dawley<br/>Val Higo<br/>Alex Uney</p> | <p>Doff Pollard<br/>Tim Durkin<br/>Tony Douglas<br/>Anthony Houfe<br/>Marilyn Foster<br/>Sharon Nobbs</p> <p><i>Other members:</i><br/><br/>Stella Jackson<br/>Katie Colrein<br/>Val Higo<br/>Alex Uney</p> |



**Engaging with Members Governor Group**

**Terms of Reference**

|                       |   |
|-----------------------|---|
| <b>Authority</b>      | The Engaging with Members Governor Working Group is established as a subgroup of the Council of Governors. The Group will make recommendations to the Councils of Governors on issues within its remit.   |
| <b>Role / Purpose</b> | <p>The key purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust’s members and the public.</p> <p>The Group will:</p> <ul style="list-style-type: none"> <li>• Provide a forum for discussion on membership and membership engagement.</li> <li>• Monitor how representative the Trust’s membership is in order to reflect the interests of the population served by the Trust</li> <li>• Improve the level of effectiveness of member engagement</li> <li>• Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public.</li> <li>• Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership including the use of digital technology and applications</li> <li>• Consider ways to develop an engaged Trust membership including representation from unrepresented groups</li> </ul> |
| <b>Duties</b>         | <ul style="list-style-type: none"> <li>• Propose actions to ensure the Council’s fundamental aim in relation to engagement is met.</li> <li>• Develop the strategy for the Council of Governors to engage on behalf of the Trust with its members.</li> <li>• Ensure efficient mechanisms are identified and in place for Governors to gain member and public views and feed back to the Trust (for example: regular opportunities for members and the wider public to engage with Governors, link with service user and carer groups)</li> <li>• Ensure effective production of membership communications.</li> <li>• To review engagement methods and opportunities for public governors to engage with members</li> </ul>  |



|                          |   |
|--------------------------|---|
|                          | <ul style="list-style-type: none"> <li>• Receive and analyse reports from the Trust’s membership database in order to identify any under-represented groups and agree a strategy to address any areas identified.</li> <li>• Ensure a process is in place for Governors to be involved in developing and agreeing content for inclusion in the online Humber Happenings newsletter to effectively communicate the work of governors</li> <li>• To support the Council of Governors in their responsibilities to represent the constituency or the organisation elected or appointed to serve and contribute to the development of the membership of the Trust and represent the interests of members and the wider general public</li> <li>• To assist the Trust with the recruitment and engagement of members and the wider community.</li> <li>• To consider current materials available for new and potential members i.e. Trust Membership Form and Trust Membership Leaflet</li> <li>• To provide recommendations, feedback and reports where necessary on activities relating to communication and membership to the Chair of the Trust and to inform the Council of Governors of its activities</li> <li>• To provide a forum to prepare for the Annual Members Meeting and other key Governor events.</li> <li>• In line with the commitment "Every contact Counts" to ensure effective communications the Engaging with Members Group has been collaborating with the PACE Forum activities and Volunteering. All of us are communicating with Members and also the public and we have sought to ensure we understand what each area is doing, how it can support the work of the other areas and how we can collaborate on direct communications in particular. Thus avoiding duplication and confusion</li> </ul> |
| <p><b>Membership</b></p> | <p>Membership of the Engaging with Members Group shall consist of:-</p> <ul style="list-style-type: none"> <li>• Governors from all public constituencies</li> <li>• Staff Governors</li> <li>• Appointed Governors</li> </ul> <p>In Attendance:</p> <p>The following officers from the Trust will be invited to attend each meeting:</p> <ul style="list-style-type: none"> <li>• Head of Patient Experience (or deputy)</li> <li>• One Non-Executive Director or Chair of the Trust</li> <li>• Head of Corporate Affairs</li> <li>• Communications Representative</li> </ul>  |

|                               |  |
|-------------------------------|--|
|                               | <ul style="list-style-type: none"> <li>• Membership Officer</li> <li>• Voluntary Services Representative</li> </ul>  |
| <b>Quorum</b>                 | The quorum necessary for the meeting to agree actions and make recommendations shall be three members.   |
| <b>Chair</b>                  | <p>The Chair of the Committee shall be a Public Governor</p> <p>In the absence of the Group's Chair the remaining members shall elect a temporary chair for the meeting.</p>     |
| <b>Frequency</b>              | <p>A minimum of four meetings to be held per year</p> <p>Additional meetings will be held as deemed necessary by the Group.</p>  |
| <b>Agenda and Papers</b>      | Agenda and papers to be distributed a week prior to the meeting.   |
| <b>Minutes and Reporting</b>  | <p>Minutes / Action notes will be taken of the meeting and provided to group members within 14 days of the meeting.</p> <p>The group will report to the Council of Governors</p> |
| <b>Monitoring</b>             | The Engaging with Members Group will review its Terms of Reference and purpose and objectives on an annual basis as a minimum.   |
| <b>Agreed (by EWMG Group)</b> | 18 May 2024  |
| <b>Approved (by CoG)</b>      |  |
| <b>Review Date</b>            | March/April 2025   |

| Title & Date of Meeting:   | Council of Governors Meeting – 18 July 2024   |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
|--|---|-----------------------------|------|------------|------|------------|------|--|---------|-----------------------------|--|---|--|-----------------------|--|-------------|--|--|--|
| Title of Report:   | Appointments Terms and Conditions Committee Effectiveness Review  |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| Author/s:  | Marilyn Foster<br>Chair of Committee  |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| Recommendation:  | <table border="1" data-bbox="539 629 1524 741"> <tr> <td data-bbox="539 629 935 665">To approve</td> <td data-bbox="940 629 1031 665">✓</td> <td data-bbox="1035 629 1410 665">To discuss</td> <td data-bbox="1415 629 1524 665"></td> </tr> <tr> <td data-bbox="539 667 935 703">To note</td> <td data-bbox="940 667 1031 703"></td> <td data-bbox="1035 667 1410 703">To ratify</td> <td data-bbox="1415 667 1524 703"></td> </tr> <tr> <td data-bbox="539 705 935 741">For assurance</td> <td data-bbox="940 705 1031 741"></td> <td data-bbox="1035 705 1410 741"></td> <td data-bbox="1415 705 1524 741"></td> </tr> </table>  |                             |      | To approve | ✓    | To discuss |      | To note                                    |         | To ratify                   |  | For assurance                                       |  |                       |  |             |  |  |  |
| To approve   | ✓   | To discuss                  |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| To note  |   | To ratify                   |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| For assurance  |   |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| Purpose of Paper:  | <p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>Note the results of the annual effectiveness review of the Appointments Terms and Conditions Committee (attached at Appendix 1)</li> <li>Note no changes are proposed to the terms of reference.</li> </ul>   |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| Key Issues within the report:  |   |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| <p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The committee has a workplan for the year ahead that will be used to ensure key items are scheduled as appropriate throughout the year.</li> </ul>  | <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>   |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| <p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>The terms of office of three Public Governors came to an end in January 2024 and the membership of the Committee has reduced accordingly. Consequently, the Committee Chair will be seeking additional Governors to join the Committee.</li> </ul> | <p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>   |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| Governance:  | <table border="1" data-bbox="539 1778 1350 1973"> <thead> <tr> <th data-bbox="539 1778 839 1809"></th> <th data-bbox="844 1778 951 1809">Date</th> <th data-bbox="956 1778 1270 1809"></th> <th data-bbox="1275 1778 1350 1809">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1812 839 1865">Appointments, Terms &amp; Conditions Committee</td> <td data-bbox="844 1812 951 1865">23.5.24</td> <td data-bbox="956 1812 1270 1865">Engaging with Members Group</td> <td data-bbox="1275 1812 1350 1865"></td> </tr> <tr> <td data-bbox="539 1868 839 1946">Finance, Audit, Strategy and Quality Governor Group</td> <td data-bbox="844 1868 951 1946"></td> <td data-bbox="956 1868 1270 1946">Other (please detail)</td> <td data-bbox="1275 1868 1350 1946"></td> </tr> <tr> <td data-bbox="539 1948 839 1973">Trust Board</td> <td data-bbox="844 1948 951 1973"></td> <td data-bbox="956 1948 1270 1973"></td> <td data-bbox="1275 1948 1350 1973"></td> </tr> </tbody> </table> |                             |      |            | Date |            | Date | Appointments, Terms & Conditions Committee | 23.5.24 | Engaging with Members Group |  | Finance, Audit, Strategy and Quality Governor Group |  | Other (please detail) |  | Trust Board |  |  |  |
|  | Date  |                             | Date |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| Appointments, Terms & Conditions Committee   | 23.5.24   | Engaging with Members Group |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| Finance, Audit, Strategy and Quality Governor Group  |   | Other (please detail)       |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |
| Trust Board  |   |                             |      |            |      |            |      |  |         |                             |  |   |  |                       |  |             |  |  |  |



**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

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

**Agenda Item 12f**

**Governor Appointments, Terms and Conditions Committee**

**Annual Review of Committee Effectiveness and Terms of Reference  
1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024**

The purpose of the Committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Trust Chair, Non-Executive Directors, Associate Non-Executive Directors and appointment of the Chief Executive.

**1. Executive Summary**

*Chair to provide a brief written overview of the Committee’s work during the year and whether he/she believes that the Committee has operated effectively and added value*

The Committee met four times between 1 April 2023 and 31 March 2024. During this period, it undertook the following key duties:

- Agreed to recommend to the Council of Governors the extension of Caroline Flint as Chair of the Trust for a further three year term.
- Agreed to recommend to the Council of Governors the appointment of two new Associate Non-Executive Directors.
- Agreed to recommend to the Council of Governors changes to its terms of reference regarding membership of the Committee
- Received updates on Non-Executive Director and Chair Appraisals
- Discussed succession planning for Non-Executive Directors
- Agreed to recommend to the Council of Governors the remuneration levels for the Non-Executive Directors and Chair

The Chair of the Committee provides a report to the Council of Governors after each meeting.

The Committee was chaired by Sue Cooper, Public Governor until 31 January 2024 and by Marilyn Foster, Service User and Carer Governor from 1 February 2024. It was supported by the Trust Chair, Senior Independent Director, Director of Workforce & Organisational Development and Head of Corporate Affairs.

**2. Delivery of functions delegated by Council of Governors**

| Functions within ToR  | Evidence to support delivery   | Outstanding issues / action plan |
|---|--|----------------------------------|
| <ul style="list-style-type: none"> <li>• Nominations and Appointments</li> <li>• Terms and Conditions including Remuneration</li> </ul> | Non-Executive Director Appraisal process<br>Non-Executive Director Recruitment<br>Non-Executive Director Re-appointment<br><br>Terms of Office Chair and Non-Executive Director remuneration |                                  |

### 3. Attendance

The Appointments, Terms and Conditions Committee met on four occasions during 2023/24: 25 April, 13 June, 21 November and 24 January 2024

| Member   | No of meetings attended |
|--|-------------------------|
| <u>Public Governors</u>  |                         |
| Sue Cooper   | 4/4                     |
| John Cunnington  | 2/4                     |
| Patrick Hargreaves   | 4/4                     |
| Doff Pollard   | 3/4                     |
| Marilyn Foster   | 3/4                     |
| <i>No other public Governors attended any meetings</i>             |                         |
| Trust Chair Caroline Flint   | 4/4                     |
| Senior Independent Director – Francis Patton                       | 4/4                     |
| Director of Workforce & Organisational Development - Steve McGowan | 2/2                     |

3.2 *Chair (and Trust Board lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

Membership of the Committee is regularly reviewed and is predominantly made up of public governors. There were good contributions from members throughout the year.

3.3 *Include any recommendation for change to membership & reasons why*

There are no recommendations for change.

### 4. Quoracy

The Committee was quorate on all four occasions

### 5. Reporting / Groups or Committees

Not applicable.

### 6. Conduct of meetings

*Governor Chair and Trust Board lead to consider the following questions*

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

The Committee has a work plan and this is reviewed annually.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

## **7. Review of Terms of Reference**

*Governor Chair and Trust Board lead to summarise any recommended changes to the Committee's terms of reference in light of the annual evaluation.*

A small number of changes were made to the terms of reference in 2023 and no further are changes are proposed.

A full copy of the terms of reference are attached for approval by the Council of Governors

## **8. Workplan for 2024/25**

Has a workplan for the year ahead, 2024/25 been prepared?

Yes [  ] No [  ]

## **9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [ ]**

*If any, please summarise in bullet point format below*

## Attendance

| Quorum                                 | 25 April  | 13 June   | 21 November  | 24 January                       |
|--|---|---|--|----------------------------------|
| 2 public governors                     | Sue Cooper<br>John Cunnington<br>Patrick Hargreaves<br>Doff Pollard<br>Marilyn Foster | Sue Cooper<br>John Cunnington<br>Patrick Hargreaves<br>Doff Pollard<br>Marilyn Foster | Sue Cooper<br>Patrick Hargreaves<br>Doff Pollard<br>Marilyn Foster | Sue Cooper<br>Patrick Hargreaves |
| Trust Chair<br><b>Or</b><br><b>SID</b> | Caroline Flint<br>Francis Patton  | Caroline Flint<br>Francis Patton  | Caroline Flint<br>Francis Patton                                   | Caroline Flint<br>Francis Patton |
| Director<br>WF&OD                      | Steve McGowan   | Steve McGowan   | Karen Phillips<br>(Deputy)   | Karen Phillips<br>(Deputy)       |

**Terms of Reference**  
**Appointments, Terms and Conditions Committee**

|                       |  |
|-----------------------|--|
| <b>Authority</b>      | <p>The Council of Governors Appointments, Terms and Conditions Committee is constituted as a standing Committee of the Council of Governors.</p> <p>The Committee is authorised by the Council of Governors to carry out its duties and to make recommendations to the full Council of Governors for approval.</p> <p>The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function.</p> <p>The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.</p>   |
| <b>Role / Purpose</b> | <p>The purpose of the committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Chair, Non-Executive Directors, Associate Non-Executive Directors and appointment of the Chief Executive.</p>  |
| <b>Duties</b>         | <p>The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to:</p> <p><b><u>Nominations and Appointments:</u></b></p> <ul style="list-style-type: none"> <li>• For each appointment of a Non-Executive Director, Associate Non-Executive Director and the Chair, prepare a description of the role and capabilities and expected time commitment required</li> <li>• Identify and nominate suitable candidates to fill vacant posts within the Committee's remit for appointment by the Council of Governors</li> <li>• Periodically review the balance of skills, knowledge, qualifications, experience and diversity of the Non-Executive Directors, Associate Non-Executive Directors and the Chair, having regard to the views of the Board of Directors and relevant guidance on Board composition</li> <li>• Ensure compliance with the requirements of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement. The Committee will receive an annual report on Chair, Non Executive Director and Associate Non-Executive Director Compliance</li> </ul> |

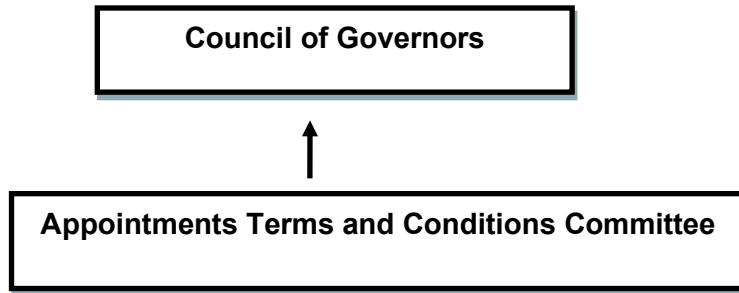
|                   |  |
|-------------------|--|
|                   | <ul style="list-style-type: none"> <li>• Evaluate annually the performance of the Chair, Non-Executive Directors and Associate Non-Executive Directors</li> <li>• Give consideration to succession planning for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future</li> <li>• Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director, Associate Non-Executive Director or the Chair</li> <li>• The committee will receive reports from the Chair and Director of Workforce &amp; OD to support deliberations and to enable it to fulfil its duties</li> </ul> <p><b><u>Terms and Conditions including Remuneration:</u></b></p> <ul style="list-style-type: none"> <li>• In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances and the other terms and conditions of office of the Chair, other Non-Executive Directors and Associate Non-Executive Directors</li> <li>• Take into account appropriate benchmarking and market testing ensuring that increases are not made where Trust or individual performance do not justify them</li> <li>• In adhering to all relevant laws and regulations and NHS England guidance establish levels of remuneration which are sufficient to attract, retain and motivate Chairs, Non- Executive Directors and Associate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust</li> <li>• Receive and evaluate reports about the performance of individual Non- Executive Directors, Associate Non-Executive Directors and the Chair, review and agree the process for the next year</li> <li>• Recommend to the Council of Governors a remuneration and terms of service policy for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the views of the Trust Chair (except in respect of his/her own remuneration and terms of service), the Chief Executive and any external advisers</li> <li>• Review annually the time commitment requirement for Non-Executive Directors, Associate Non-Executive Directors and the Chair</li> <li>• Oversee other related arrangements for Non-Executive Directors, Associate Non-Executive Directors and the Chair</li> <li>• The committee will receive reports from the Chair and Director of Workforce &amp; Organisational Development to support the role of the committee and enable it to fulfil its duties</li> </ul> |
| <b>Membership</b> | The Committee will be chaired by a public Governor supported by the Trust Chair.   |

|                              |  |
|------------------------------|--|
|                              | <ul style="list-style-type: none"> <li>• The membership of the Committee shall consist of <ul style="list-style-type: none"> <li>○ No less than 4 and no more than 6 Public and/or Service User/Carer Governors,</li> <li>○ the Chair,</li> <li>○ the Senior Independent Director, and</li> <li>○ the Director of Workforce and Organisational Development</li> </ul> </li> <li>• If the number of Governors who express an interest on serving on the Committee is higher than the number of places available, membership will be discussed with a recommendation made to the Council of Governors</li> <li>• Any member of the Committee who has not attended 3 meetings and has not sent their apologies and provided a reasonable explanation, may be asked to step down from the Committee</li> <li>• Only members of the Committee have the right to attend Committee meetings</li> <li>• Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.</li> </ul> |
| <b>Quorum</b>                | The quorum necessary for the transaction of business shall be 2 Public and/or Service User/Carer Governors and the Trust Chair or Senior Independent Director  |
| <b>Chair</b>                 | <p>The Committee will be chaired by a Public or Service User/Carer Governor supported by the Trust Chair.</p> <p>The Chair of the Committee will be appointed annually.</p>  |
| <b>Frequency</b>             | The Committee shall meet as and when required to discharge its business and fulfil its cycle of business, but at least on two occasions in each financial year.  |
| <b>Agenda and Papers</b>     | An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 days before the meeting.   |
| <b>Minutes and Reporting</b> | <p>Formal minutes shall be taken of all Committee meetings and an update provided to the Council of Governors at a general Council of Governors meeting.</p> <p>The Committee shall receive and agree a description of work of the Committee, its policies and all Non-Executive Director, Associate Non-Executive Director and the Chair emoluments in order that these are accurately reported in the required format in the Trust's annual report.</p>  |
| <b>Monitoring</b>            | The Committee shall review annually its collective performance and attendance  |



|   |  |
|---|--|
|   | The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually. |
| <b>Agreed by Appts, T &amp; C Committee</b> | 21 November 2023   |
| <b>Approved by CoG</b>                      | -  |
| <b>Review Date</b>                          | May 2024   |

## Appointments Terms and Conditions Committee Reporting Structure



**Agenda Item 14**

|   |   |  |  |             |
|---|---|--|--|-------------|
| <b>Title &amp; Date of Meeting:</b>   | Council of Governors – 18 <sup>th</sup> July 2024   |  |  |             |
| <b>Title of Report:</b>   | Finance Update  |  |  |             |
| <b>Author/s:</b>  | Name: Peter Beckwith<br>Title: Director of Finance  |  |  |             |
| <b>Recommendation:</b>  | To approve  |  | To receive & note                                | ✓           |
|   | For information   |  | To ratify  |             |
|   | The Council of Governors are asked to note the Finance report and comment accordingly.  |  |  |             |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>   | This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought. |  |  |             |
| <b>Key Issues within the report:</b>  |   |  |  |             |
| <b>Positive Assurances to Provide:</b>  |   | <b>Key Actions Commissioned/Work Underway:</b>   |  |             |
| <ul style="list-style-type: none"> <li>The Trust achieved a breakeven position at the end of 2023/24..</li> <li>The Trust has a breakeven target plan for 2024/25.</li> </ul> |   | <ul style="list-style-type: none"> <li>Work on in year monitoring and forecasting continues.</li> </ul>                                  |  |             |
| <b>Matters of Concern or Key Risks to Escalate:</b>   |   | <b>Decisions Made:</b>   |  |             |
| <ul style="list-style-type: none"> <li>None.</li> </ul>   |   | <ul style="list-style-type: none"> <li>The Council of Governors are asked to note the Finance report and comment accordingly.</li> </ul> |  |             |
| <b>Governance:</b><br><i>Please indicate which committee or group this paper has previously been presented to:</i>  |   | <b>Date</b>  |  | <b>Date</b> |
|   | Audit Committee   |  | Remuneration & Nominations Committee             |             |
|   | Quality Committee   |  | Workforce & Organisational Development Committee |             |
|   | Finance & Investment Committee  |  | Executive Management Team                        |             |
|   | Mental Health Legislation Committee   |  | Operational Delivery Group                       |             |
|   | Charitable Funds Committee  |  | Collaborative Committee                          |             |

|  |  |  |                       |  |
|--|--|--|-----------------------|--|
|  |  |  | Other (please detail) |  |
|--|--|--|-----------------------|--|

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

|  | Innovating Quality and Patient Safety                |  |     |   |
|--|--|--|-----|---|
|  | Enhancing prevention, wellbeing and recovery         |  |     |   |
|  | Fostering integration, partnership and alliances     |  |     |   |
|  | Developing an effective and empowered workforce      |  |     |   |
|  | Maximising an efficient and sustainable organisation |  |     |   |
|  | Promoting people, communities and social values      |  |     |   |
| Have all implications below been considered prior to presenting this paper to Trust Board? | Yes  | If any action required is this detailed in the report? | N/A | Comment   |
| Patient Safety   | √  |  |     | To be advised of any future implications as and when required by the author |
| Quality Impact   | √  |  |     |   |
| Risk   | √  |  |     |   |
| Legal  | √  |  |     |   |
| Compliance   | √  |  |     |   |
| Communication  | √  |  |     |   |
| Financial  | √  |  |     |   |
| Human Resources  | √  |  |     |   |
| IM&T   | √  |  |     |   |
| Users and Carers   | √  |  |     |   |
| Equality and Diversity   | √  |  |     |   |
| Report Exempt from Public Disclosure?  |  |  | No  |   |

**Council of Governors  
Finance Update Report**

**1. Introduction**

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust.

**2. System Context**

For 2023/24 the ICS had 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, nationally the £30m deficit was funded at month 11 with repayable non recurrent resource, this enabled the ICS to move to a balanced plan for the year.

The month 12 position for the ICS (including the £30m non recurrent support) resulted in a minor surplus (£0.5m) against the breakeven plan, this was a £0.2m surplus for the ICB and a £0.3, surplus across providers).

*Table: ICS Financial Position Month 12*

| Organisation   | Surplus / (Deficit) - Adju |            |            |             |
|--|----------------------------|------------|------------|-------------|
|  | Plan                       | Actual     | Variance   |             |
|  | YTD                        | YTD        | YTD        |             |
|  | £000                       | £000       | £000       | %           |
| Humber And North Yorkshire ICB                               | (0)                        | 200        | 200        | 0.0%        |
| Harrogate And District NHS Foundation Trust                  | -                          | 50         | 50         | 0.0%        |
| Hull University Teaching Hospitals NHS Trust                 | (0)                        | 20         | 20         | 0.0%        |
| Humber Teaching NHS Foundation Trust                         | -                          | 6          | 6          | 0.0%        |
| Northern Lincolnshire And Goole NHS Foundation Trust         | -                          | 125        | 125        | 0.0%        |
| York And Scarborough Teaching Hospitals NHS Foundation Trust | -                          | 97         | 97         | 0.0%        |
| <b>ICS Total</b>   | <b>(0)</b>                 | <b>497</b> | <b>497</b> | <b>0.0%</b> |

### 3. Trust Position as at 29<sup>th</sup> February 2024

Under the ICB planning process the Trust is required to achieve a break even position for the year, this requirement was maintained following the recent 2023/24 H2 reset exercise where additional resources were allocated to the Trust (£0.780m) in relation to reported pressures.

Table 1 shows for the period to the 31<sup>st</sup> March 2024 the Trust recorded a breakeven position, consistent with its submitted plan.

Excluded items include donated asset depreciation cash grants and amortisation, these are included in the Trust ledger but do not count against the Trust's financial control targets.

**Table 1: Reported I&E Position 2023/24**

|                                       | December<br>2023<br>£000 | January<br>2024<br>£000 | February<br>2024<br>£000 | March<br>2024<br>£000 |
|---------------------------------------|--------------------------|-------------------------|--------------------------|-----------------------|
| Income                                | 141,402                  | 141,883                 | 155,659                  | 169,927               |
| Less: Expenditure                     | 134,589                  | 134,145                 | 146,789                  | 162,402               |
| <b>EBITDA</b>                         | <b>6,813</b>             | <b>7,738</b>            | <b>8,870</b>             | <b>7,525</b>          |
| Finance/Technical Items               | 6,834                    | 7,090                   | 10,359                   | 8,820                 |
| <b>Ledger Position:</b>               | <b>(21)</b>              | <b>648</b>              | <b>(1,489)</b>           | <b>(1,295)</b>        |
| Excluded items:                       | (21)                     | 648                     | (1,489)                  | (1,313)               |
| <b>Net Position Surplus/(Deficit)</b> | <b>-</b>                 | <b>-</b>                | <b>-</b>                 | <b>18</b>             |
| <b>EBITDA</b>                         | <b>4.8%</b>              | <b>5.5%</b>             | <b>5.7%</b>              | <b>4.4%</b>           |
| <b>Deficit (-)/Surplus %</b>          | <b>0.0%</b>              | <b>0.0%</b>             | <b>0.0%</b>              | <b>0.0%</b>           |

A more detailed summary of the income and expenditure position as at the end of March 2024 is shown at appendix A, this includes a forecast year end position for the Trust (*To support forecasting the report from January 2024 reports figures net for each division*).

Key variances are explained in the following paragraphs:

#### 3.1 Children's and Learning Disability

Children's and LD is reporting a £0.161m 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.

### 3.2 Community and Primary Care

Community and Primary Care is reporting an underspend of £0.439m. This is made up of a £0.158m overspend on Primary Care offset by an underspend on Community.

### 3.3 Mental Health

The division is showing an overspend of £1.959m. There have been pressures within the Unplanned service division within Inpatient Units due to the acuity of patients and delayed transfers of care which have required 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 have been pressures regarding Medical Staffing and the use of Agency Medics.

### 3.4 Forensic Services

Forensic Division is showing an underspend of £0.264m and is primarily a result of savings within Community.

### 3.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing an underspend of £2.240m, the main factor being items held centrally to offset pressures.

## 4. Cash

As at the end of Month 12 the Trust held £28.012m, Cash balances across the reporting period are summarised below:

**Table 2: Cash Balance**

|                            | January<br>2024<br>£000 | February<br>2024<br>£000 | March<br>2024<br>£000 |
|----------------------------|-------------------------|--------------------------|-----------------------|
| Government Banking Service | 24,471                  | 25,133                   | 27,818                |
| Nat West                   | 80                      | (8)                      | 168                   |
| Petty Cash                 | 34                      | 34                       | 26                    |
| <b>Net Position</b>        | <b>24,585</b>           | <b>25,159</b>            | <b>28,012</b>         |

## 5. Better Payment Practice Code (BPPC)

The BPPC figures are shown in the Table below. The year end 2023/24 position was 92.7% for Non NHS and 91.3% for NHS.

Work is ongoing with staff to maintain this position and to encourage and support staff to approve invoices frequently and ensure that when there is a need to query the invoice it is formally put on hold.

**Table 3: Better Payment Practice Code**

| Better Payment Practice Code           | YTD          | YTD          |
|--|--------------|--------------|
|  | Number       | £            |
| <b>NON NHS</b>                         |              |              |
| Total bills paid                       | 37,178       | 117,591      |
| Total bills paid within target         | 34,338       | 108,980      |
| Percentage of bills paid within target | <b>92.4%</b> | <b>92.7%</b> |
| <b>NHS</b>                             |              |              |
| Total bills paid                       | 1,350        | 32,427       |
| Total bills paid within target         | 1,184        | 29,612       |
| Percentage of bills paid within target | <b>87.7%</b> | <b>91.3%</b> |
| <b>TOTAL</b>                           |              |              |
| Total bills paid                       | 38,528       | 150,018      |
| Total bills paid within target         | 35,522       | 138,592      |
| Percentage of bills paid within target | <b>92.2%</b> | <b>92.4%</b> |

## 6. 2024/25 Financial Plan

To develop a financial plan for the year the following has taken place

- Net Expenditure budgets have been built up taking into account inflationary price pressures and planning guidance
- Income budgets have been developed based on 23/24 income levels and ongoing discussion with the Trusts main commissioners (ICB, NHS England and Local Authority)
- Maintaining a contingency budget of £0.750m

The resultant plan for the Trust was a deficit plan of £0.933m, following discussion with the ICB and NHS England an assumption was made in the final plan submission that the Trust would receive this level of income via the ICB via slippage on central programmes of work, therefore the Trust has a planning target of breakeven for 204/25.



At Month 1 the Trust delivered a financial position consistent with its ICS planning target.

**7. Recommendations**

The Council of Governors is asked to note the Finance report and comment accordingly

**Appendix 1**  
**Income and Expenditure Position March 2024**

|                                    | 23/24 Net Annual Budget £000s | Year end Position |                |                |
|------------------------------------|-------------------------------|-------------------|----------------|----------------|
|                                    |                               | Budget £000s      | Actual £000s   | Variance £000s |
| <b>Income</b>                      |                               |                   |                |                |
| <b>Block Income</b>                | <b>166,304</b>                | <b>166,304</b>    | <b>166,276</b> | <b>(28)</b>    |
| YHCR                               | 4,053                         | 4,053             | 3,651          | (402)          |
| <b>Total Income</b>                | <b>170,357</b>                | <b>170,357</b>    | <b>169,927</b> | <b>(430)</b>   |
| <u>Clinical Services</u>           |                               |                   |                |                |
| Children's & Learning Disability   | 38,985                        | 38,985            | 38,825         | 161            |
| Community & Primary Care           | 20,733                        | 20,733            | 20,294         | 439            |
| Mental Health                      | 54,899                        | 54,899            | 56,859         | (1,959)        |
| Forensic Services                  | 13,543                        | 13,543            | 13,280         | 264            |
|                                    | <b>128,162</b>                | <b>128,162</b>    | <b>129,257</b> | <b>(1,096)</b> |
| <u>Corporate Services</u>          |                               |                   |                |                |
|                                    | 35,386                        | 35,386            | 33,145         | 2,240          |
| <b>Total Expenditure</b>           | <b>163,547</b>                | <b>163,547</b>    | <b>162,402</b> | <b>1,145</b>   |
| <b>EBITDA</b>                      | <b>6,810</b>                  | <b>6,810</b>      | <b>7,524</b>   | <b>715</b>     |
| Depreciation                       | 4,393                         | 4,393             | 4,675          | (282)          |
| YHCR Amortisation                  | 1,298                         | 1,298             | 823            | 475            |
| Interest                           | (917)                         | (917)             | (1,505)        | 589            |
| IFRS 16                            | 1,695                         | 1,695             | 1,441          | 254            |
| PDC Dividends Payable              | 2,341                         | 2,341             | 2,074          | 267            |
| <b>Operating Total</b>             | <b>(2,000)</b>                | <b>(2,000)</b>    | <b>18</b>      | <b>2,017</b>   |
| BRS                                | (2,000)                       | (2,000)           | -              | (2,000)        |
| <b>Operating Total</b>             | <b>0</b>                      | <b>0</b>          | <b>18</b>      | <b>17</b>      |
| <b>Excluded from Control Total</b> |                               |                   |                |                |
| Impairment                         | -                             | -                 | 2,382          | (2,382)        |
| Local Government Pension Scheme    | 300                           | 300               | -              | 300            |
| Grant Income                       | (1,264)                       | (1,264)           | (1,092)        | (172)          |
| Donated Depreciation               | 82                            | 82                | 22             | 60             |
|                                    | <b>882</b>                    | <b>882</b>        | <b>(1,295)</b> | <b>(2,177)</b> |
| <b>Excluded</b>                    |                               |                   |                |                |
| Commissioning                      | -                             | -                 | 0              | (0)            |
| <b>Ledger Position</b>             | <b>882</b>                    | <b>882</b>        | <b>(1,295)</b> | <b>(2,177)</b> |
| <b>EBITDA %</b>                    | <b>4.0%</b>                   | <b>4.0%</b>       | <b>4.4%</b>    |                |
| <b>Surplus %</b>                   | <b>-1.2%</b>                  | <b>-1.2%</b>      | <b>0.0%</b>    |                |



**Agenda Item 15**

| Title & Date of Meeting:  | Council of Governors Public Meeting – 18 July 2024   |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
|---|--|--|------|------------|------|------------|------|--|---|-----------------------------|--|---|--|--|--|-------------|--|--|--|
| Title of Report:  | Constitution Review 2024   |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| Author/s:   | Stella Jackson<br>Head of Corporate Affairs  |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| Recommendation:   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">To approve</td> <td style="width:10%;"></td> <td style="width:30%;">To discuss</td> <td style="width:10%;"></td> </tr> <tr> <td>To note</td> <td>/</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>  |  |      | To approve |      | To discuss |      | To note                                    | / | To ratify                   |  | For assurance                                       |  |  |  |             |  |  |  |
| To approve  |  | To discuss   |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| To note   | /  | To ratify  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| For assurance   |  |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| Purpose of Paper:<br><i>Please make any decisions required of Board clear in this section:</i>  | <p>In 2023, the Council of Governors and Board approved a number of changes to the Trust’s Constitution following a review by Hill Dickinson to ensure it remained fit for purpose following the commencement of the Health and Care Act 2022.</p> <p>The Council of Governors is asked to note that no further changes are proposed to the Constitution (attached at Annex A).</p>  |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| Key Issues within the report: None  |  |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The changes approved in 2023 ensure the Constitution remains fit for purpose by addressing requirements brought about by the Health and Care Act 2022.</li> </ul> | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>   |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>  | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>   |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| <b>Governance:</b><br><i>Please indicate which committee or group this paper has previously been presented to:</i>  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail)<br/>Quarterly report to Council</td> <td></td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |      |            | Date |            | Date | Appointments, Terms & Conditions Committee |   | Engaging with Members Group |  | Finance, Audit, Strategy and Quality Governor Group |  | Other (please detail)<br>Quarterly report to Council |  | Trust Board |  |  |  |
|   | Date   |  | Date |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| Appointments, Terms & Conditions Committee  |  | Engaging with Members Group                          |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| Finance, Audit, Strategy and Quality Governor Group   |  | Other (please detail)<br>Quarterly report to Council |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |
| Trust Board   |  |  |      |            |      |            |      |  |   |                             |  |   |  |  |  |             |  |  |  |

**Monitoring and assurance framework summary:**

| Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i> |  |
|--|--|
| √ Tick those that apply  |  |
|  | Innovating Quality and Patient Safety        |
|  | Enhancing prevention, wellbeing and recovery |

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



# Constitution

# Humber Teaching NHS Foundation Trust Constitution

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## 1. Interpretation and Definitions

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

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

The 2006 Act is the National Health Service Act 2006.

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

The 2022 Act is the Health and Care Act 2022.

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

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

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

**Constitution** means this Constitution and all annexes to it.

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

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

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

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

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

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

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

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

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

## **2. Name**

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

## **3. Principal Purpose**

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

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

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

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

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

3.3.2 the promotion and protection of public health.

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

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

## **4. Powers**

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

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

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

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

- 4.3.1 an executive Director of the Trust; nor
- 4.3.2 an employee of the Trust;

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

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

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

- 4.5.1 A relevant body;
- 4.5.2 A local authority within the meaning of section 2B of the 2006 Act;
- 4.5.3 A combined authority.

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

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

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

in accordance with section 65Z6 of the 2006 Act.

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

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

- 4.9.1 The health and well-being of (including inequalities between) the people of England;
- 4.9.2 The quality of services provided to (including inequalities between benefits obtained by) individuals by or in pursuance of arrangements made by relevant bodies for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;
- 4.9.3 Efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

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

4.11 For the purposes of this section, “relevant body” means NHSE, an integrated care board, an NHS trust, a NHS foundation trust (including the Trust) or such other body as may be prescribed under section 65Z5(2). “Relevant bodies” means two or more of these organisations as the context requires.

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

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

## **5 Membership and Constituencies**

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

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

## **6 Application for Membership**

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

## **7 Public Constituency**

- 7.1 An individual who lives in an area specified in Annex 1 as an area for a Public Constituency may become or continue as a member of the Trust.
- 7.2 Those individuals who live in an area specified for a public constituency are referred to collectively as a Public Constituency.
- 7.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.

## **8 Staff Constituency**

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

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

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

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

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

### **Automatic Membership by Default –Staff**

8.5 An individual who is:

- 8.5.1 eligible to become a member of the Staff Constituency;
- and
- 8.5.2 invited by the Trust to become a member of the Staff Constituency

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

## **9. Service User and Carer Constituency**

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

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

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

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

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

## **10. Restriction on Membership**

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

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

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

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

## **11. Annual Members' Meeting**

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

## **12 Council of Governors – Composition**

- 12.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed Governors.
- 12.2 The composition of the Council of Governors is specified in Annex 4.
- 12.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within that constituency, by their class within the constituency. The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

## **13. Council of Governors – Election of Governors**

- 13.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.
- 13.2 The Model Election Rules as published from time to time by NHS Providers form part of this Constitution. The Model Election Rules are attached at Annex 5.
- 13.3 A subsequent variation of the Model Election Rules by NHS Providers shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 44 of the Constitution.
- 13.4 An election, if contested, shall be by secret ballot.
- 13.5 Governors must be at least 16 years of age at the closing date for nominations for their election or appointment.

## **14. Council of Governors - Tenure**

- 14.1 An elected Governor may hold office for a period of up to 3 years.
- 14.2 An elected Governor shall cease to hold office if he/she ceases to be a member of the constituency or class by which he/she was elected.
- 14.3 An elected Governor shall be eligible for re-election at the end of their term. However, no Governor may stand for re-election having served 3 terms or a maximum of 9 years.
  - 14.3.1 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:
    - 14.3.2 where the vacancy arises amongst the Appointed Governors, the Secretary shall request that the appointing organisation appoints a replacement to hold office for a three year term;
    - 14.3.3 where the vacancy arises amongst the Elected Governors, the next highest polling candidate for that seat at the most recent election (who is willing to

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

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

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

14.4.2 An Appointed Governor shall be eligible for re-appointment at the end of his/her term, but, subject to paragraph 14.4.3 below, shall serve no more than 3 consecutive terms of office or a maximum of 9 years.

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

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

## **15. Council of Governors – Disqualification and Removal**

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

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

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

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

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

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

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

## **16. Council of Governors – General Duties**

16.1 The general duties of the Council of Governors are –

16.1.1 to hold the Non-Executive Directors individually and collectively to account for

the performance of the Board of Directors, and

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

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

## **17. Council of Governors – Meetings of Governors**

17.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 26 below) or, in his/her absence the Deputy Chair (appointed in accordance with the provision of paragraph 27 below) or, in their absence, another non-executive director (as the Directors present shall choose), shall preside at meetings of the Council of Governors.

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

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

## **18. Council of Governors – Standing Orders**

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

## **19 Council of Governors – Referral to the Panel**

19.1 In this paragraph, the "Panel" means a panel of persons appointed by NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts to which a Governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or is failing:-

19.1.1 to act in accordance with its Constitution, or

19.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

19.2 A Governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

## **20. Council of Governors - Conflicts of Interest of Governors**

If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the



Governor shall disclose that interest to the members of the Council of Governors as soon as he/she becomes aware of it. The Standing Orders for the Council of Governors (Annex 7) shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

## **21. Council of Governors – Travel Expenses**

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

## **22. Council of Governors – Further Provisions**

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

## **23. Board of Directors – Composition**

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

23.2 The Board of Directors is to comprise:

23.2.1 a Non-Executive Chair

23.2.2 up to 6 other Non-Executive Directors;

23.2.3 up to 6 Executive Directors

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

23.4 The Chief Executive shall be the Accounting Officer.

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

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

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

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

23.8 The operation of 23.2 above shall be such that, at all times, at least half of the Board of Directors, excluding the Chair, shall be Non-Executive Directors

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

## **24. Board of Directors – General Duty**

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

## **25. Board of Directors – Qualification for Appointment as a Non-Executive Director**

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

- 25.1 he/she is a member of the Public Constituency, or
- 25.2 he/she is a member of the Service User and Carer Constituency
- 25.3 he/she is not disqualified by virtue of paragraph 29 below
- 25.4 he/she is not disqualified by virtue of the further provisions as set out in Annex 9

## **26. Board of Directors – Appointment and Removal of Chair and other Non-Executive Directors**

- 26.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors.
- 26.2 Removal of the Chair or another Non-Executive Director shall require the approval of three quarters of the members of the Council of Governors.

## **27. Board of Directors – Appointment of Deputy Chair**

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

## **28. Board of Directors - Appointment and Removal of the Chief Executive and other Executive Directors**

- 28.1 Non-Executive Directors shall appoint or remove the Chief Executive.
- 28.2 The appointment of the Chief Executive shall require the approval of the Council of Governors as per the Council's Standing Orders, Annex 7.
- 28.3 The Chief Executive is to be appointed in accordance with paragraph 28.2 above.
- 28.4 A Committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

## **29. Board of Directors – Disqualification**

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

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

- 29.2 a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
- 29.3 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;
- 29.4 a person who within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;
- 29.5 he/she is a medical practitioner that has been removed from the professional register by the General Medical Council;
- 29.6 he/she has conducted his or herself in a way that has caused, or is likely to cause, material prejudice, to the best interests of the Trust or the proper conduct of the Board of Directors or otherwise in a manner inconsistent with continued membership of the Board of Directors.

### **30. Board of Directors – Meetings**

- 30.1 Meetings of the Board of Directors shall be held in public and open to members of the public. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential or commercially sensitive nature of the business to be transacted, publicity of which would be prejudicial to the public interest (known as a 'Part II' meeting).
- 30.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors. Board meetings held in public (known as 'Part I' meetings) will be published on the Trust's website.

### **31. Board of Directors – Standing Orders**

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

### **32. Board of Directors - Conflicts of Interest of Directors**

- 32.1 The duties that a Director of the Trust has by virtue of being a Director include in particular -
  - 32.1.1 A duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
  - 32.1.2 A duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.
- 32.2 The duty referred to in sub-paragraph 32.1.1 is not infringed if –

- 32.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or
- 31.2.2 The matter has been authorised in accordance with the Constitution.
- 32.3 The duty referred to in sub-paragraph 32.1.2 is not infringed if acceptance of the benefit reasonably be regarded as likely to give rise to a conflict of interest.
- 32.4 In sub-paragraph 32.1.2, “third party” means a person other than –
- 32.4.1 The Trust, or
- 32.4.2 A person acting on its behalf.
- 32.5 If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors.
- 32.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- 32.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.
- 32.8 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.
- 32.9 A Director need not declare an interest –
- 32.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;
- 32.9.2 If, or to the extent that, the Directors are already aware of it;
- 32.9.3 If, or to the extent that, it concerns terms of the Director’s appointment that have been or are to be considered –
- 32.9.3.1 By a meeting of the Board of Directors, or
- 32.9.3.2 By a Committee of the Directors appointed for the purpose under the Constitution.

### **33. Board of Directors – Remuneration and Terms of Office**

- 33.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.
- 33.2 The Trust shall establish a Committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

### **34. Registers**

The Trust shall have:

- 34.1 a register of members showing, in respect of each member, the constituency to which he/she belongs and, where there are classes within it, the class to which he/she belongs;
- 34.2 a register of members of the Council of Governors;
- 34.3 a register of interests of Governors;
- 34.4 a register of Directors; and
- 34.5 a register of interests of the Directors.

### **35 Admission to and Removal from the Registers**

- 35.1 The Trust Secretary shall add to the confidential register of members the name of any member who is accepted under the provisions of this Constitution
- 35.2 The Trust Secretary shall remove from the register the name of any member who ceases to be entitled to be a member under the provisions of this Constitution

### **36. Registers – Inspection and Copies**

- 36.1 The Trust shall make the registers specified in paragraph 35 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.
- 36.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.
- 36.3 So far as the registers are required to be made available:
  - 36.3.1 they are to be available for inspection free of charge at all reasonable times; and
  - 36.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 36.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

### **37. Documents Available for Public Inspection**

- 37.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
  - 37.1.1 a copy of the current Constitution,
  - 37.1.2 a copy of the latest annual accounts and of any report of the auditor on them, and
  - 37.1.3 a copy of the latest annual report.

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

37.2.1 a copy of any order made under section 65D (appointment of Trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration) or 65LA (Trusts to be dissolved) of the 2006 Act.

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

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

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

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

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

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

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

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

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

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

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

## **38. Auditor**

38.1 The Trust shall have an auditor.

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

38.3 The Auditor is to carry out his duties in accordance with Schedule 10 to the 2006

Act and in accordance with any directions given by NHSE, the statutory entity that remains the regulator of NHS foundation trusts.

### **39. Audit Committee**

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

### **40. Accounts**

- 40.1 The Trust must keep proper accounts and proper records in relation to the accounts.
- 40.2 NHSE may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.
- 40.3 The accounts are to be audited by the Trust's auditor.
- 40.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHSE ) may with the approval of the Secretary of State direct.
- 40.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

### **41. Annual Report and Forward Plans and Non NHS Work**

- 41.1 The Trust shall prepare an Annual Report and send it to NHSE .
- 41.2 The Trust shall give information as to its forward planning in respect of each financial year to NHSE (NHSE).
- 41.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.
- 41.4 In preparing the document, the Directors shall have regard to the views of the Council of Governors.
- 41.5 Each forward plan must include information about –
  - 41.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
  - 41.5.2 the income it expects to receive from doing so.
- 41.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 41.5.1 the Council of Governors must
  - 41.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions, and
  - 41.6.2 notify the Directors of the Trust of its determination.
- 41.7 The Trust, if it proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, may implement the

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

## **42. Presentation of the Annual Accounts and Reports to the Governors and Members**

- 42.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:
- 42.1.1 the annual accounts
  - 42.1.2 any report of the auditor on them
  - 42.1.3 the annual report.
- 42.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.
- 42.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 42.1 with the Annual Members' Meeting.

## **43. Instruments**

- 43.1 The Trust shall have a seal.
- 43.2 The seal shall not be affixed except under the authority of the Board of Directors.

## **44. Amendment of the Constitution**

- 44.1 The Trust may make amendments to its Constitution only if:
- 44.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and
  - 44.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.
- 44.2 Amendments made under paragraph 44 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.
- 44.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust).
- 44.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
  - 44.3.1 The Trust must give the members an opportunity to vote on whether they approve the amendment.
- 44.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.



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

#### **45 Mergers etc. and Significant Transactions**

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

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

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

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

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

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

## ANNEX 1 – THE PUBLIC CONSTITUENCY

| Name of Areas within the Constituency | Area   | Minimum Number of Members | Number of Governors |
|---------------------------------------|--|---------------------------|---------------------|
| East Riding of Yorkshire              | The electoral wards of East Riding of Yorkshire  | 100                       | 6                   |
| Hull                                  | The electoral wards of Hull  | 100                       | 4                   |
| Rest of England                       | The electoral wards of the rest of England (excluding those electoral wards covered by the other areas of the Public Constituency) | 15                        | 1                   |
| Whitby, Ryedale and Scarborough       | The electoral wards of Whitby, Ryedale and Scarborough and surrounding areas   | 15                        | 1                   |

## ANNEX 2 – THE STAFF CONSTITUENCY

| Name of Constituency | Class of Staff Membership       | Minimum number of members | No of Governors |
|----------------------|---------------------------------|---------------------------|-----------------|
| Staff                | Clinical                        | 200                       | 2               |
|                      | Non Clinical                    |                           | 2               |
|                      | Either Clinical or Non Clinical |                           | 1               |
|                      | Total                           |                           | 5               |

**ANNEX 3 – THE SERVICE USER AND CARER CONSTITUENCY**

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

## ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS

### ELECTED GOVERNORS:

| <b>Public Constituency</b>                 | <b>NUMBER OF GOVERNORS</b> |
|--|----------------------------|
| HULL                                       | 4                          |
| EAST RIDING OF YORKSHIRE                   | 6                          |
| REST OF ENGLAND                            | 1                          |
| WHITBY                                     | 1                          |
| <b>Service User and Carer Constituency</b> | 2                          |
| <b>Staff Constituency</b>                  | 5                          |
| Total Elected                              | 19                         |

### APPOINTED GOVERNORS:

| <b>SPONSOR</b>                           | <b>NUMBER OF GOVERNORS</b> |
|--|----------------------------|
| UNIVERSITY                               | 1                          |
| HUMBERSIDE POLICE                        | 1                          |
| VOLUNTARY PARTNER                        | 1                          |
| HULL LOCAL AUTHORITY                     | 1                          |
| EAST RIDING OF YORKSHIRE LOCAL AUTHORITY | 1                          |
| FIRE & RESCUE                            | 1                          |
| Total Appointed                          | 6                          |

## **ANNEX 5 - THE MODEL ELECTION RULES**

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### MODEL ELECTION RULES 2014

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#### PART 3: RETURNING OFFICER

4. Returning officer
5. Staff
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*Procedure for receipt of envelopes, internet votes, telephone vote and text message votes*

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1. Interpretation

1.1 In these rules, unless the context otherwise requires:

“*2006 Act*” means the National Health Service Act 2006;

“*corporation*” means the public benefit corporation subject to this constitution;

“*council of governors*” means the council of governors of the corporation;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*“voting information”* means postal voting information and/or e-voting information

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

## PART 2: TIMETABLE FOR ELECTIONS

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### 2. Timetable

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

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

### 3. Computation of time

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

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

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

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

- 4. Returning Officer
  - 4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
  - 4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.
- 5. Staff
  - 5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.
- 6. Expenditure
  - 6.1 The corporation is to pay the returning officer:
    - (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
    - (b) such remuneration and other expenses as the corporation may determine.
- 7. Duty of co-operation
  - 7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

## PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

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8. Notice of election
- 8.1 The returning officer is to publish a notice of the election stating:
- (a) the constituency, or class within a constituency, for which the election is being held,
  - (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (c) the details of any nomination committee that has been established by the corporation,
  - (d) the address and times at which nomination forms may be obtained;
  - (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
  - (f) the date and time by which any notice of withdrawal must be received by the returning officer
  - (g) the contact details of the returning officer
  - (h) the date and time of the close of the poll in the event of a contest.
9. Nomination of candidates
- 9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.
- 9.2 The returning officer:
- (a) is to supply any member of the corporation with a nomination form, and
  - (b) is to prepare a nomination form for signature at the request of any member of the corporation,
- but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.
10. Candidate's particulars
- 10.1 The nomination form must state the candidate's:
- (a) full name,
  - (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
  - (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests
- 11.1 The nomination form must state:
- (a) any financial interest that the candidate has in the corporation, and
  - (b) whether the candidate is a member of a political party, and if so, which party,
- and if the candidate has no such interests, the paper must include a statement to that effect.
12. Declaration of eligibility
- 12.1 The nomination form must include a declaration made by the candidate:
- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
  - (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.
13. Signature of candidate
- 13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:
- (a) they wish to stand as a candidate,
  - (b) their declaration of interests as required under rule 11, is true and correct, and
  - (c) their declaration of eligibility, as required under rule 12, is true and correct.
- 13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.
14. Decisions as to the validity of nomination
- 14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:
- (a) decides that the candidate is not eligible to stand,
  - (b) decides that the nomination form is invalid,
  - (c) receives satisfactory proof that the candidate has died, or
  - (d) receives a written request by the candidate of their withdrawal from candidacy.
- 14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
- (b) that the paper does not contain the candidate's particulars, as required by rule 10;
- (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
- (d) that the paper does not include a declaration of eligibility as required by rule 12, or
- (e) that the paper is not signed and dated by the candidate, if required by rule 13.

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

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

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

15. Publication of statement of candidates

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

15.2 The statement must show:

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

as given in their nomination form.

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

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

16. Inspection of statement of nominated candidates and nomination forms

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

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

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

17. Withdrawal of candidates

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

18. Method of election

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

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

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

- (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
- (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.



19. Poll to be taken by ballot
- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
- (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
  - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
  - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.
20. The ballot paper
- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

- 20.2 Every ballot paper must specify:
- (a) the name of the corporation,
  - (b) the constituency, or class within a constituency, for which the election is being held,
  - (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
  - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
  - (g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

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

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

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

- (a) that the voter is the person:
  - (i) to whom the ballot paper was addressed, and/or
  - (ii) to whom the voter ID number contained within the e-voting information was allocated,
- (b) that he or she has not marked or returned any other voting information in the election, and
- (c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

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

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

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

*Action to be taken before the poll*

22. List of eligible voters

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

22.2 The list is to include, for each member:

(a) a postal address; and,

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

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

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

23. Notice of poll

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

(a) the name of the corporation,

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

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

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

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

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

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

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

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

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

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

- (l) the address and final dates for applications for replacement voting information, and
- (m) the contact details of the returning officer.

24. Issue of voting information by returning officer

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

- (a) a ballot paper and ballot paper envelope,
  - (b) the ID declaration form (if required),
  - (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
  - (d) a covering envelope;
- ("postal voting information").

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

- (a) instructions on how to vote and how to make a declaration of identity (if required),
- (b) the voter's voter ID number,
- (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

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

- (a) only be sent postal voting information; or
- (b) only be sent e-voting information; or
- (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

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

- 24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.
25. Ballot paper envelope and covering envelope
- 25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.
- 25.2 The covering envelope is to have:
- (a) the address for return of the ballot paper printed on it, and
  - (b) pre-paid postage for return to that address.
- 25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –
- (a) the completed ID declaration form if required, and
  - (b) the ballot paper envelope, with the ballot paper sealed inside it.
26. E-voting systems
- 26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").
- 26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").
- 26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").
- 26.4 The returning officer shall ensure that the polling website and internet voting system provided will:
- (a) require a voter to:
    - (i) enter his or her voter ID number; and
    - (ii) where the election is for a public or patient constituency, make a declaration of identity;in order to be able to cast his or her vote;
  - (b) specify:
    - (i) the name of the corporation,
    - (ii) the constituency, or class within a constituency, for which the election is being held,
    - (iii) the number of members of the council of governors to be elected

- from that constituency, or class within that constituency,
  - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (v) instructions on how to vote and how to make a declaration of identity,
  - (vi) the date and time of the close of the poll, and
  - (vii) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
  - (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
    - (i) the voter's voter ID number;
    - (ii) the voter's declaration of identity (where required);
    - (iii) the candidate or candidates for whom the voter has voted; and
    - (iv) the date and time of the voter's vote,
  - (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
  - (f) prevent any voter from voting after the close of poll.

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

- (a) require a voter to
  - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
  - (i) the name of the corporation,
  - (ii) the constituency, or class within a constituency, for which the election is being held,
  - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (iv) instructions on how to vote and how to make a declaration of identity,
  - (v) the date and time of the close of the poll, and
  - (vi) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

- (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (iii) the candidate or candidates for whom the voter has voted; and
  - (iv) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

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

- (a) require a voter to:
  - (i) provide his or her voter ID number; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;
    - in order to be able to cast his or her vote;
- (b) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (ii) the candidate or candidates for whom the voter has voted; and
  - (iii) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

*The poll*

27. Eligibility to vote

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

28. Voting by persons who require assistance

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

- 28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.
29. Spoilt ballot papers and spoilt text message votes
- 29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a “spoilt ballot paper”), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:
- (a) is satisfied as to the voter’s identity; and
  - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list (“the list of spoilt ballot papers”):
- (a) the name of the voter, and
  - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
  - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a “spoilt text message vote”), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter’s identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list (“the list of spoilt text message votes”):
- (a) the name of the voter, and
  - (b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and
  - (c) the details of the replacement voter ID number issued to the voter.
30. Lost voting information
- 30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for



- replacement voting information.
- 30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:
- (a) is satisfied as to the voter's identity,
  - (b) has no reason to doubt that the voter did not receive the original voting information,
  - (c) has ensured that no declaration of identity, if required, has been returned.
- 30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):
- (a) the name of the voter
  - (b) the details of the unique identifier of the replacement ballot paper, if applicable, and
  - (c) the voter ID number of the voter.
31. Issue of replacement voting information
- 31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- 31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):
- (a) the name of the voter,
  - (b) the unique identifier of any replacement ballot paper issued under this rule;
  - (c) the voter ID number of the voter.
32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

*Polling by internet, telephone or text*

33. Procedure for remote voting by internet
- 33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.
- 33.2 When prompted to do so, the voter will need to enter his or her voter ID

number.

- 33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.
- 33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.
34. Voting procedure for remote voting by telephone
- 34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.
- 34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.
- 34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.
- 34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.
- 34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.
35. Voting procedure for remote voting by text message
- 35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.
- 35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.
- 35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

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

36. Receipt of voting documents
- 36.1 Where the returning officer receives:
- (a) a covering envelope, or
  - (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

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

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

- (a) the candidate for whom a voter has voted, or
- (b) the unique identifier on a ballot paper.

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

### 37. Validity of votes

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

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

- (a) put the ID declaration form if required in a separate packet, and
- (b) put the ballot paper aside for counting after the close of the poll.

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

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and
- (d) place the document or documents in a separate packet.

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

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

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

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting

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

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

38. Declaration of identity but no ballot paper (public and patient constituency)<sup>1</sup>

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

(a) mark the ID declaration form “disqualified”,

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

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

39. De-duplication of votes

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

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

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

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

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

(a) mark the ballot paper “disqualified”,

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

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

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

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

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

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

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

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<sup>1</sup> It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

- (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
- (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

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

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoilt ballot papers and the list of spoilt text message votes,
- (d) the list of lost ballot documents,
- (e) the list of eligible voters, and
- (f) the list of tendered voting information

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

STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

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

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

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

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

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

*“non-transferable vote”* means a ballot document:

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

or

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

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

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

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

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

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

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

surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

“*stage of the count*” means:

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

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

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

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

42. Arrangements for counting of the votes

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

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

- (a) the board of directors and the council of governors of the corporation have approved:
  - (i) the use of such software for the purpose of counting votes in the relevant election, and
  - (ii) a policy governing the use of such software, and
- (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

- (a) count and record the number of:
  - (iii) ballot papers that have been returned; and
  - (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
- (b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

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

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

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

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

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

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

STV44.3 Any text voting record:

- (a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (c) which is unmarked or rejected because of uncertainty,

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

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

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



FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which votes are given for more candidates than the voter is entitled to vote,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

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

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

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

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

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

FPP44.4 The returning officer is to:

- (a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

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

- (a) does not bear proper features that have been incorporated into the ballot paper,
- (b) voting for more candidates than the voter is entitled to,
- (c) writing or mark by which voter could be identified, and
- (d) unmarked or rejected because of uncertainty,

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

FPP44.6 Any text voting record:

- (a) on which votes are given for more candidates than the voter is entitled to vote,
- (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
- (c) which is unmarked or rejected because of uncertainty,

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

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

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

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

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

FPP44.9 The returning officer is to:

- (a) endorse the word “rejected” on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words “rejected in part” on the text voting record and indicate which vote or votes have been counted.

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

- (a) voting for more candidates than the voter is entitled to,
- (b) writing or mark by which voter could be identified, and
- (c) unmarked or rejected because of uncertainty,

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

STV45. First stage

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

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

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

- STV46. The quota
- STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.
- STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).
- STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.
- STV47. Transfer of votes
- STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:
- (a) according to next available preference given on those ballot documents for any continuing candidate, or
  - (b) where no such preference is given, as the sub-parcel of non-transferable votes.
- STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.
- STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.
- STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value (“the transfer value”) which:
- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
  - (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).
- STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:
- (a) according to the next available preference given on those ballot documents for any continuing candidate, or
  - (b) where no such preference is given, as the sub-parcel of non-transferable

votes.

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

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

- (a) a transfer value calculated as set out in rule STV47.4(b), or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

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

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

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

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

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

STV48. Supplementary provisions on transfer

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

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

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

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

- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
  - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
  - (ii) the recorded total of valid first preference votes.

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

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

STV49. Exclusion of candidates

STV49.1 If:

- (a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
- (b) subject to rule STV50, one or more vacancies remain to be filled,

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

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

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

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

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

- STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub-parcels according to their transfer value.
- STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).
- STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.
- STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.
- STV49.10 The returning officer shall after each stage of the count completed under this rule:
- (a) record:
    - (i) the total value of votes, or
    - (ii) the total transfer value of votes transferred to each candidate,
  - (b) add that total to the previous total of votes recorded for each candidate and record the new total,
  - (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
  - (d) compare:
    - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
    - (ii) the recorded total of valid first preference votes.
- STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.
- STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.
- STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
- (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

- STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.
- STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.
- STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

- STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.
- STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.
- STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.
- STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP51. Equality of votes

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



## PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

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### FPP52. Declaration of result for contested elections

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

- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected:
  - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
  - (ii) in any other case, to the Chair of the corporation; and
- (c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

- (a) the total number of votes given for each candidate (whether elected or not), and
- (b) the number of rejected ballot papers under each of the headings in rule FPP44.5,
- (c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

### STV52. Declaration of result for contested elections

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

- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
- (b) give notice of the name of each candidate who he or she has declared elected –
  - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
  - (ii) in any other case, to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule STV44.1,
- (f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

53. Declaration of result for uncontested elections

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

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

54. Sealing up of documents relating to the poll
- 54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:
- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
  - (b) the ballot papers and text voting records endorsed with “rejected in part”,
  - (c) the rejected ballot papers and text voting records, and
  - (d) the statement of rejected ballot papers and the statement of rejected text voting records,
- and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.
- 54.2 The returning officer must not open the sealed packets of:
- (a) the disqualified documents, with the list of disqualified documents inside it,
  - (b) the list of spoilt ballot papers and the list of spoilt text message votes,
  - (c) the list of lost ballot documents, and
  - (d) the list of eligible voters,
- or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.
- 54.3 The returning officer must endorse on each packet a description of:
- (a) its contents,
  - (b) the date of the publication of notice of the election,
  - (c) the name of the corporation to which the election relates, and
  - (d) the constituency, or class within a constituency, to which the election relates.
55. Delivery of documents
- 55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.
56. Forwarding of documents received after close of the poll
- 56.1 Where:

- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

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

## 57. Retention and public inspection of documents

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

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

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

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

58.1 The corporation may not allow:

- (a) the inspection of, or the opening of any sealed packet containing –
  - (i) any rejected ballot papers, including ballot papers rejected in part,
  - (ii) any rejected text voting records, including text voting records rejected in part,
  - (iii) any disqualified documents, or the list of disqualified documents,
  - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
  - (v) the list of eligible voters, or
- (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is

necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

- (a) in giving its consent, and
- (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that his or her vote was given, and
- (ii) that NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts) has declared that the vote was invalid.

## PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

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FPP59. Countermand or abandonment of poll on death of candidate

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
- (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

- (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
- (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

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

FPP59.6 The returning officer is to endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed

pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the Chair of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
  - (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
  - (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

*Election expenses*

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

*Publicity*

63. Publicity about election by the corporation

63.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including



information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility (“numerical voting code”), and
- (c) a photograph of the candidate.

65. Meaning of “for the purposes of an election”

65.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

## PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

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66. Application to question an election
- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel ( IEAP).
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to Monitor by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
  - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
  - (b) be in such a form as the independent panel may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.
- 66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67.            Secrecy

67.1           The following persons:

- (a)   the returning officer,
- (b)   the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i)   the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii)  the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv)  the candidate(s) for whom any member has voted.

67.2           No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3           The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68.            Prohibition of disclosure of vote

68.1           No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69.            Disqualification

69.1           A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a)   a member of the corporation,
- (b)   an employee of the corporation,
- (c)   a director of the corporation, or
- (d)   employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or

(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

## ANNEX 6 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

### Eligibility to be a Member of the Council of Governors

#### 1. Council of Governors – Further Provisions on disqualification and removal:

Further to the provisions set out in paragraph 15.1 the following may not become or continue as a Governor of the Council of Governors if they are:

- 1.1 a person who has been dismissed in the previous 5 years from any NHS body (except for redundancy or sickness);
- 1.2 a person whose tenure of office as a Chair, Non- Executive Director or Governor of an NHS body has previously been terminated on the grounds that his appointment is not in the interests of the NHS for non-attendance at meetings or for non-disclosure of a pecuniary interest;
- 1.3 a person who has previously been or is currently subject to a sex offender order or sexual harm prevention order and/or required to register under the Sex Offences Act 2003 or committed a sexual offence prior to the requirement to register under current legislation;
- 1.4 a person who is a vexatious complainant of the Trust;
- 1.5 a person who has had his name removed from any list prepared under the 2006 Act in accordance with section 91, 106, 123 and 272 of that Act or has otherwise been suspended or disqualified from any healthcare profession, and has not subsequently had his name included in such a list or had their suspension lifted or qualification re-instated;
- 1.6 a person who is currently a member of an independent scrutiny body whose role includes or will include independent scrutiny of Humber Teaching NHS Foundation Trust;
- 1.7 a person who is a spouse, partner, parent or child of a Director or the Chair of the Trust;
- 1.8 a person who is under 16 years of age;
- 1.9 a person who on the basis of disclosures obtained through an application to the Disclosure and Barring Scheme is not considered suitable by the Trust;
- 1.10 a person who has physically or verbally abused any NHS staff member and has been taken to Court, found guilty and convicted;
- 1.11 he/she is incapable of managing and administering his property and affairs because of mental disorder, illness or injury and will be suspended from their duties to undertake treatment. Duties will not resume until all the issues are resolved;
- 11.12 making false declaration for any purpose of this Constitution or the 2006 Act; and
- 11.13 he or she has conducted his or herself in a manner that has caused, or is likely to cause, material prejudice to the best interests of the Trust or the proper conduct of the Council of Governors or otherwise in a manner inconsistent with continued membership of the Council of Governors.

11.14 If the conduct or behaviour of a Governor is called into question, discussion with the Governor will take place and relevant support will be provided for the Governor to resume normal duties but under close supervision of the Chair. However, if the behaviour and conduct does not improve and is unacceptable a decision may be made in conjunction with the Lead Governor and Senior Independent Director to suspend the Governor from duties and ultimately could lead to a recommendation to the full Council of Governors to withdraw the Governor from the Council under paragraph 11.13 of this Annex.

This action will only be taken if previous attempts to resolve the situation informally have failed;

11.15 Removal under paragraph 11.13 of this Annex shall be on the recommendation of the Trust Chair and should require the approval of at least two-thirds of the voting Governors present, the Governor concerned not being eligible to participate in such a vote and being absent from the room whilst it takes place. If a Governor's tenure of office is terminated, then he/she should be ineligible to stand for re-election as a Governor for a period of three years. A decision for termination should be effective notwithstanding any reference to dispute resolution.

## **2 Termination of Tenure**

In addition to 14.2 and 15.1 and 15.3 the following apply;

- 2.1 A Governor may resign from that office at any time during the term of office by giving notice in writing to the Trust Secretary;
- 2.2 If a Governor fails to attend 3 consecutive meetings of the Council of Governors his/her tenure of office is to be terminated immediately unless the other Governors or Chair are satisfied that;
  - the absence was due to reasonable cause; and
  - he/she will be able to start attending meetings of the Trust again within such a period as they consider reasonable.
- 2.3 The Council of Governors may terminate the tenure of a Governor by a three quarter majority of those voting if it is satisfied that he/she;
  - fails to adhere to the Trust's 'Governors Code of Conduct'; and/or
  - persists in acting in a manner prejudicial to the best interests of the Trust.
- 2.4 An appointed Governor will cease to hold office if the appointing authority terminate their sponsorship of the individual.

## **ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS**

### **Standing Orders for Council of Governors Meetings**

#### **1. Calling Meetings**

- 1.1 The Council of Governors is to meet at least four times in each financial year.
- 1.2 One of these meetings will be an Annual Members' Meeting (AMM) which will be held prior to 31 October each year.
- 1.3 Ordinary meetings of the Council of Governors may be called at any time by the Chair.
- 1.4 One third or more of the Council of Governors may requisition a meeting in writing to the Chair specifying the business to be carried out. If the Chair refuses to organise a meeting, or within 14 days of the requisition being presented fails to organise a meeting, the Governors signing the requisition may forthwith call a meeting.

#### **2. Notice of Meetings and Business to be Transacted**

- 2.1 The Trust Secretary shall give at least 30 days' notice of the date and place of every meeting of the Council of Governors to each Governor. This notice should also specify the business proposed to be transacted.
- 2.2 General meetings may be called by the Chair if the subject matter does not allow for 30 days notice to be given.
- 2.3 In the case of a meeting called by Governors in default of the Chair calling the meeting the notice should be signed by those Governors.

#### **3. Agenda and Supporting Papers**

- 3.1 The Agenda will be sent out to Governors not less than 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than 3 clear days before the meeting.
- 3.2 Before each meeting of the Council of Governors, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Trust's website at least 3 days before the meeting.

#### **4. Setting the Agenda**

- 4.1. A Governor or Director desiring a matter to be included on the agenda will make his/her request in writing to the Chair at least 20 days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days may be included at the discretion of the Chair.

## **5 Moving, Amending, Withdrawing and Rescinding Motions**

- 5.1 A Governor desiring to move or amend a motion should send a written notice thereof at least 14 working days before the meeting to the Chair, who will include it in the agenda (where permissible under the appropriate regulations). This includes motions on the possible termination of tenure of Governors as described in Annex 6. This does not prevent a motion being moved during a meeting without notice on any business mentioned on the agenda.
- 5.2 A motion or amendment once moved and seconded can be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.
- 5.3 Notice of a motion to amend or rescind any resolution which has been passed within the preceding 6 calendar months shall bear the signature of the Governor who gives it and also the signature of 10 other Governors. When such a motion has been disposed of by the Council of Governors it cannot be proposed again to the same effect within the next 6 calendar months unless the Chair considers it appropriate.
- 5.4 The proposer of a motion shall have the right of reply at the close of any discussion on the motion or any proposed amendment.
- 5.5 When a motion is under discussion it shall be open to a governor to move
- An amendment to the motion
  - The adjournment of the discussion or the meeting
  - That the meeting proceed to the next business(\*)
  - The appointment of an ad hoc committee to deal with the specific item of business
  - That the motion now be put(\*)
  - That the public now be excluded
- (\*) denotes these motions may only be put by a Governor who has not previously taken part in the debate.
- 5.6 No amendment to a motion will be admitted if the Chair is of the opinion it negates the substance of the motion.

## **6 Declarations**

- 6.1 An elected Governor cannot vote at a meeting of the Council of Governors, unless immediately prior to the commencement of each meeting, he has made a declaration in the form specified by the Trust Secretary, of the particulars of their qualification to vote as a member of the Foundation Trust, and that they are not prevented from being a member of the Council of Governors by the conditions set out in paragraph 15 in this Constitution.

An elected Governor shall be deemed to have confirmed the declaration upon attending subsequent meetings of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of the elected Governors.



- 6.2 Each Governor is required to declare their interests in accordance with paragraph 20 of this Constitution and the Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or decision of a meeting of the Council of Governors the Governor in question should
- Withdraw from the meeting and play no part in the relevant discussion or decision
  - Not vote on the issue
- 6.3 Any Governor who fails to disclose any interest required to be disclosed in accordance with paragraph 20 of this Constitution or the Trust policy will have his/her tenure automatically terminated if required to do so by two thirds of the Governors in accordance with paragraph 2.3 of Annex 6 of this Constitution.

## **7 Voting**

- 7.1 Every question at the meeting shall be determined by a majority of the votes of the Governors present except those issues referred to in the Constitution where other than a simple majority is required.
- 7.2 In the case of an equality of votes the Chair of the meeting will have the casting vote.
- 7.3 All questions put to the vote shall be determined by a show of hands. A paper ballot may also be used if a majority of Governors present request it.

## **8 Minutes**

- 8.1 Minutes of the meeting will be drawn up and submitted for approval at the next meeting where they will be signed by the Chair of that meeting. These will be circulated according to the Governors' wishes.
- 8.2 The names of the Chair of the meeting and the names of those present shall be recorded in the minutes.
- 8.3 Minutes of the meeting shall be available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of paragraph 18.

## **9 Quorum**

- 9.1 No business shall be transacted at a meeting unless at least one third of those Governors holding one of the Council of Governors' currently occupied governor seats are present
- 9.2 If such a quorum is not present the meeting can stand adjourned to such time and place as the Trust Secretary may determine.
- 9.3 The Council of Governors can make decisions despite any vacancy in its membership or any defect in the appointment or election of any Governor.

## **10 Miscellaneous**

- 10.1 The Council of Governors may invite the Chief Executive, or any other member of the Board of Directors, or a representative of the financial auditor or other advisors to attend a meeting of the Council of Governors.

- 10.2 Council of Governor meetings will be held online to facilitate attendance unless the Chair deems otherwise or where the Chair is requested in writing by at least one-third of those Governors holding Council of Governors currently occupied Governor seats to hold a face-to-face meeting
- 10.3 The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint Committees to assist the Council of Governors in carrying out its functions. The Council of Governors may appoint Governors and invite Directors and other persons, to serve on such committees. The Council of Governors may, through the Trust Secretary, request that external assessors assist them or any Committee they appoint in carrying out its duties.
- 10.4 If a meeting is called by Governors in default of the Chair calling a meeting, and the Chair or nominated deputy do not attend, a Governor can, with the agreement of the other Governors present, take on the role of Chair.

## **ANNEX 8 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS**

### Meetings of the Board

#### **1. Calling Meetings**

- 1.1 Ordinary meetings of the Board of Directors shall be held at regular intervals at such times and places as the Board of Directors may determine.
- 1.2 The Chair of the Trust may call a meeting of the Board of Directors at any time.
- 1.3 One third or more members of the Board of Directors may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within 7 days of a requisition being presented, the Directors signing the requisition may forthwith call a meeting.

#### **2 Notice of Meetings and the Business to be Transacted**

- 2.1 Before each meeting of the Board of Directors a written notice specifying the business proposed to be transacted shall be delivered to every Director, or sent by post to the usual place of residence of each Director, so as to be available at least 5 clear days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf. Lack of service of the notice on any Director shall not affect the validity of a meeting. Details of meetings and the public agenda will be published on the Trust's website.
- 2.2 In the case of a meeting called by Directors in default of the Chair calling the meeting, the notice shall be signed by those Directors.
- 2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 7.
- 2.4 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.

#### **3 Agenda and Supporting Papers**

The agenda will be sent to Board members 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than three clear days before the meeting, save in emergency, with the agreement of the Chair. . An agenda shall be presumed to have been served two days after posting.

#### **4. Petitions**

Where a petition has been received, the Chair shall include the petition as an item for the agenda of the next meeting.

#### **5 Chair of Meeting**

- 5.1 At any meeting of the Board of Directors, the Chair, if there is one present, shall preside. If the Chair is absent from the meeting, the Deputy Chair if present, shall preside.
- 5.2 If the Chair and Deputy Chair are absent, another Non-Executive Director as the Directors present shall choose shall preside.

## **6 Notice of Motion**

- 6.1 Subject to the provision of Standing Orders 8 'Motions: Procedure at and during a meeting' and 9 'Motions to rescind a resolution', a member of the Board of Directors wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.
- 6.2 The notice shall be delivered at least 14 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

## **7 Emergency Motions**

- 7.1 Subject to the agreement of the Chair, and subject also to the provision of Standing Order 8 'Motions: Procedure at and during a meeting', a member of the Board of Directors may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board of Directors at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision on whether to include the item shall be final.

## **8 Motions: Procedure at and During a Meeting**

### **8.1 Who May Propose**

A motion may be proposed by the Chair of the meeting or any Director present. It must also be seconded by another Director.

### **8.2 Contents of Motions**

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the receipt of a report;
- consideration of any item of business before the Board of Directors;
- the accuracy of minutes;
- that the Board of Directors proceed to next business;
- that the Board of Directors adjourn;
- that the question be now put.

### **8.3 Amendments to Motions**

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board of Directors.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

#### 8.4 Rights of Reply to Motions

- Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

- Substantive/original motion

The Director who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

#### 8.5 Withdrawing a Motion

A motion, or an amendment to a motion, may be withdrawn.

#### 8.6 Motions once under debate

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;  
the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a Director be not further heard;

In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Board of Directors who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

## 9 Motion to Rescind a Resolution

- 9.1 Notice of motion to rescind any resolution (or the general substance of any resolution which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of 3 other Directors, and before considering any such motion of which notice shall have been given, the Board of Directors may refer the matter to any appropriate Committee or the Chief Executive for recommendation.
- 9.2 When any such motion has been dealt with by the Board of Directors it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

## **10 Chair's Ruling**

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

## **11 Voting**

- 11.1 Save as provided in Standing Orders 13 - Suspension of Standing Orders and 14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Directors present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chair of the meeting) shall have a second, and casting vote.
- 11.1.1 Where more than one person is appointed jointly to a post in the Trust this shall count as one vote.
- 11.2 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- 11.3 If at least one third of the Directors present so request, the voting on any question may be recorded so as to show how each Director present voted or did not vote (except when conducted by paper ballot).
- 11.4 If a Director so requests, their vote shall be recorded by name.
- 11.5 In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.
- 11.6 A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise all rights including the voting rights of the Executive Director.
- 11.7 A manager attending the Board of Directors meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. A manager's status when attending a meeting shall be recorded in the minutes.

## **12 Minutes**

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

## **13 Suspension of Standing Orders**

13.1 Except where this would contravene any statutory provision or the rules relating to the Quorum (Standing Order 16), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board of Directors are present (including at least one member who is an Executive Director and one member who is a Non-Executive Director) and that at least two-thirds of those Directors present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Board of Directors' minutes.

13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Directors of the Trust.

13.3 No formal business may be transacted while Standing Orders are suspended.

13.4 The Audit Committee shall review every decision to suspend Standing Orders.

## **14 Variation and Amendment of Standing Orders**

These Standing Orders can only be amended in accordance with paragraph 3 of Annex 9.

## **15 Record of Attendance**

The names of the Chair and Directors/managers present at the meeting shall be recorded.

## **16 Quorum**

16.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and Board Members (including at least one Executive Director and one Non-Executive Director) is present.

16.2 An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.

16.3 If the Chair or another Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see Standing Order 17) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

## **17 Declarations**

- 17.1 Each Director is required to declare their interests in accordance with paragraph 32 of this Constitution and Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or a decision of a meeting of the Board of Directors the director in question should
- Withdraw from the meeting and play no part in the relevant discussion or decision, and:
  - Not vote on the issue.
- 17.2 A report on any Non-Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 32 of this Constitution or the Trust policy will be considered by the Council of Governors in accordance with the process to remove a Non-Executive Director.
- 17.3 A report on any Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 32 of this Constitution or the Trust policy will be considered by a Committee consisting of the Chair, the Chief Executive and the Non-Executive Directors in accordance with the process to remove an Executive Director.

## **18 Admission of Public and the Press**

The Board of Directors meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend. Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.



## **ANNEX 9 – FURTHER PROVISIONS**

### **1 Restrictions on Membership**

- 1.1 An individual may not become or continue as a member of the Trust unless he/ she is aged 14 years or over when an application for membership is made and he/ she:
- 1.1.1 lives in an area specified in Annex 1 as an area for a Public Constituency; or
  - 1.1.2 is eligible for membership of the Staff Constituency in accordance with paragraph 8.1 or paragraph 8.2 of the Constitution.
- 1.2 In addition:-
- 1.2.1 no member should act in a manner which could associate the Trust with any personal opinions expressed by the member;
  - 1.2.2 other than staff members, no member may designate the Trust as his/her personal or professional postal address.

### **2. Dispute Resolution**

- 2.1 Any dispute or complaint arising from the procedures set out in the Constitution as they relate to the functioning of the Board of Directors, the Council of Governors or any aspect of the membership or election arrangements will be referred in the first instance for resolution by the Trust Secretary, in consultation with the Chair, Chief Executive or the Council of Governors as appropriate.
- 2.2 If the dispute is between the Council of Governors and the Board of Directors the Chair or Deputy Chair (if the dispute involves the Chair) will endeavour to resolve the issue through discussion with the Governors and Directors to the satisfaction of both parties.
- 2.3 Failing resolution, under 2.2 the Board or the Council, as appropriate, will at its next formal meeting, approve the precise wording of a disputes statement setting out clearly the issues in dispute.
- 2.4 The Chair will ensure that the disputes statement is an agenda item and paper at the next formal meeting of the Council of Governors or Board as appropriate. That meeting will agree a response to the disputes statement.
- 2.5 The Chair (or Deputy Chair) will immediately as soon as practicable communicate the outcome to the other party and deliver the written response.
- 2.6 If the matter remains unresolved and following further discussions and/or use of the above process there appears to the Chair to be no prospect of resolution then he will advise the Council of Governors and the Board accordingly.
- 2.7 Where the dispute remains unresolved or only partially resolved the view of the Board of Directors will prevail.
- 2.8 Nothing in the above procedure will prevent the Council of Governors if it wishes, from informing NHSE , the statutory entity that remains the regulator of NHS foundation trusts that, in the Council's opinion, the Board of Directors has not responded constructively to concerns of the Council that the Trust is not meeting the conditions of its Licence.

#### **4 Further Provisions on Disqualification of Non-Executive Directors**

Further to the requirements set out in paragraph 25 the Board of Directors will determine, and identify in the annual report, each Non-Executive Director it considers to be independent. Anyone identified as not being independent will not be permitted to become or continue as a Non-Executive Director and consideration of independence or otherwise will include the following factors:

- If he/she has been an employee of the Trust within the last 5 years;
- If he/she has, or has had within the last 3 years, a material business relationship with the Trust either directly, or as a partner, shareholder, Director, or senior employee of a body that has such a relationship with the Trust;
- If he/she has received or receives additional remuneration from the Trust apart from a Director's fee, participates in the Trust's performance related pay scheme, or is a member of the Trust's pension scheme;
- If he/she has close family ties with any of the Trust's Directors or senior employees;
- If he/she holds cross Directorships or has significant links with other Directors through involvement in other companies or bodies;
- If he/she has served on the Trust's Board of Directors for more than 9 years from the date of their first appointment.

The Board must state its reasons if it determines that a Director is independent despite the existence of relationships or circumstances such as those listed above.

#### **5 Indemnity**

Members of the Board of Directors and Council of Governors and members of those committees which have delegated powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel, who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Board of Directors' or Council of Governors functions, save where they have acted recklessly. Any costs arising where members have acted honestly and in good faith will be met by the Trust.

The Trust may make such arrangements, as it considers appropriate for the provision of indemnity insurance or similar arrangement for the benefit of the Trust, or Directors, or Governors and members of those committees which have delegate powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel to meet all or any liabilities, which are properly the liabilities of the Trust under the paragraph above.

# BEING

# HUMBER



# WHY HAVE BEHAVIOURAL STANDARDS?

We want Humber Teaching NHS Foundation Trust to be ‘a provider of high quality services’ and ‘a great place to work’.

As an organisation we are committed to **Caring, Learning and Growing** and passionate about supporting our colleagues to be **healthy, engaged and empowered to make a difference. Everyone who works for the Trust plays a part in achieving this.**

This framework sets out the behaviours expected of all colleagues which are not explicitly described in our job description. The personal skills and attributes around 'how' we are expected to approach our work should be combined with professional and technical skills to inform every action we take.



# OUR MISSION, VISION AND VALUES

## OUR MISSION

Humber Teaching NHS Foundation Trust  
- a multispeciality health and social care  
teaching provider committed to Caring,  
Learning and Growing.

## OUR VISION

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

## OUR VALUES

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

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

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

## OUR GOALS

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

# EXPECTATIONS AT A GLANCE



**BE OPEN  
AND HONEST**

**BE PROUD  
OF THE ROLE  
YOU DO AND  
HOW THIS  
CONTRIBUTES  
TO PATIENT  
CARE**

**VALUE THE  
CONTRIBUTION  
OF EVERYONE**

**BE FRIENDLY  
AND WELCOMING**

**SHARE  
LEARNING  
WITH OTHERS**

**RECOGNISE  
DIVERSITY  
AND  
CELEBRATE  
THIS**

**TEAM WORKING  
ACROSS ALL  
AREAS**

**SEEK OUT  
AND ACT ON  
FEEDBACK**

**ENSURE ALL  
OUR ACTIONS  
CONTRIBUTE TO  
SAFE CARE AND  
A SAFE WORKING  
ENVIRONMENT**

**COMMUNICATE  
EFFECTIVELY:  
LISTEN TO  
OTHERS AND  
SEEK CLARITY  
WHEN NEEDED**

**PUT PATIENTS  
AT THE CENTRE  
OF ALL WE DO**

**SHOW  
SUPPORT  
TO BOTH  
COLLEAGUES  
AND PATIENTS**

**RESPECT  
SHOWN TO  
EVERYONE**



**WHAT WE EXPECT TO SEE AND HEAR**

**Being friendly and welcoming**

Simply introduce yourself.

- Explaining who you are and telling them your role helps to put people at ease
- Smiling, making eye contact, using open body language and appropriate tone of voice helps in building rapport with people

**Respect shown to and for everyone**

Show empathy, put yourself in their shoes (patients and colleagues) to try to see things from their perspective i.e., understand how they are feeling, their roles and pressures.

- Talk directly with people about their care and any issues you are dealing with
- Use appropriate language
- Treat others as they wish to be treated
- Have an awareness of the different cultural needs and beliefs and provide appropriate resources and support

**WHAT WE DON'T EXPECT TO SEE AND HEAR**

**Unfriendly behaviour and ignoring people**

No introductions, including avoiding eye contact with individuals.

- Closed body language where you appear unapproachable and rude
- This can make people feel vulnerable and invisible. It is inappropriate to ignore people even if you are not the person they need to speak to. It creates a bad impression

**Disrespectful behaviour including that which constitutes bullying, harassment or discrimination**

Ignoring what the other person is saying and showing no regard for how they are feeling or their perspective.

- Gossiping and talking about people 'behind their back' or talking over people
- Aggressive behaviour
- Any behaviour which is humiliating or offensive to others and constitutes bullying or harassment
- Any use of bad language

**WHAT WE EXPECT  
TO SEE AND HEAR****Act professionally always**

Present yourself in a professional way, in how you speak to people and your dress code.

- Follow our Trust policies
- Make sure confidentiality is always maintained, be aware of where you're having conversations and the information you have access to
- Speak up and escalate concerns appropriately, either about unsafe practice or inappropriate behaviour
- Be open to challenge and welcome feedback from others
- Regularly review your performance against feedback to ensure you are doing the best in your role and working within current practices

**WHAT WE DON'T EXPECT  
TO SEE AND HEAR****Unprofessionalism**

Being disrespectful to people. Not following the appropriate dress code.

- Inappropriate conduct or failure to follow policies and processes causes undue worry for patients and colleagues
- Breaching confidentiality by discussing patient or colleagues information including leaving documentation visible on desks or in an open environment
- Criticising others for speaking up on behalf of patient safety and any inappropriate behaviour
- Ignoring feedback provided and refusing to take issues on board or make changes to behaviour
- Continue to work as you have done rather than reviewing performance and ensuring you are working within current practices
- Bringing personal issues into the workplace and letting them interfere with your work





**WHAT WE EXPECT TO SEE AND HEAR**

**Put patients at the centre of all we do**

Care is provided at the right time, by the right people in the right way.

- Patients are involved in decisions about their care
- Time taken to really care
- Time taken to really listen to patients and respond to their needs
- Engage with the patient's family or carer
- Care provided with compassion and empathy
- Information provided to patients in a timely way, keeping them updated about what is happening with their care
- Engage with all members of the multi-disciplinary team to provide care
- Focus on quality of care being given and seek assistance when required

**Value the contribution of everyone in the team**

Value and recognise, through praise, the contribution everyone makes to the team

- Share compliments - tell people when they have done a good job and make sure you pass on compliments you have heard and received
- Recognise good practice and behaviour
- Acknowledge ideas and encourage individuals to try new ways of working and practising
- Celebrate success of everyone
- Provide feedback to colleagues when things are going well and when they aren't

**WHAT WE DON'T EXPECT TO SEE AND HEAR**

**Patients are not seen as important**

Patients and families are ignored and treated unfairly.

- Decisions are made for patients without their involvement
- Apathy, lack of compassion giving the impression you don't care and saying you are too busy to help
- A lack of communication with the patient and their family or carer/s
- Putting individual agendas before patient care
- Lack of or no information provided to patients, so they are left wondering what is happening
- Your mood affecting how you treat patients
- Ignoring other team members involved in the patients care, not working together or passing on essential information regarding the care

**Colleagues are not valued**

Ignore and fail to recognise the contribution everyone makes to the team

- Compliments are not shared, and feedback not given to team members
- Ideas are either dismissed or not encouraged
- Feedback only given when things aren't going well and given in public, causing humiliation
- Patronising and judgemental behaviour, including belittling team members
- Ignoring the achievements and successes made by the team and team members



**WHAT WE EXPECT TO SEE AND HEAR**

**Effective communication**

Communicate effectively in face-to-face, telephone and written interactions.

- Show empathy and understanding of your message and consider how it will be taken on board
- Keep people informed ensuring communication is timely, is delivered using the most appropriate method and language people understand
- Active listening, take time to really listen so the person talking to you really knows you are hearing what they have to say
- Show patience and understanding, take time to really understand what someone is trying to tell you so we can take intelligent action as a result
- Encourage everyone to have a voice
- Give everyone a chance to ask all their questions, remembering there is no such thing as a 'daft question'
- To make the most of virtual meetings I have my camera on and participate to the best of my ability

**Open and honest in your actions**

- Take responsibility for your own work and tasks
- Take responsibility for your own actions
- Honesty when things go wrong, take ownership and accountability
- Keep promises you make following them through

**WHAT WE DON'T EXPECT TO SEE AND HEAR**

**Ineffective communication**

Communication is unclear or blunt and lacks empathy.

- People are not kept informed, and communication is done in a way which is easiest for you
- Jargon, abbreviations, terminology, and language is used which people may not understand
- No time taken to listen
- No opportunity given for questions which may leave people feeling anxious or unclear
- Interrupting people inappropriately in interactions


**Being dishonest**

- Blaming others when things go wrong, taking no ownership for your actions
- Failing to keep promises or make empty promises


## Contact us

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If you would like to receive this document in another format, please do not hesitate to contact us.

