

## Trust Board Meeting 27 November 2024 Agenda - Public Meeting

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

Quorum for business to be transacted – 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).

The role of the Board is described in the terms of reference and includes:

- Setting and overseeing the strategic direction of the Trust, having taken account of the views of the Trust's members and public at large
- Ensuring accountability by holding the Trust to account for the delivery of the strategy; and through seeking assurance that systems of control are robust and reliable
- Ensuring compliance with statutory requirements of the Trust (including the Provider License conditions and the Care Quality Commission registration)
- Shaping a positive culture for the organisation
- Monitoring the work of the Executive Directors
- Taking those decisions that it has reserved to itself

		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 25 September 2024	CF	Approve	√
4.	Annual Members Meeting Minutes	CF	Approve	√
5.	Action Log and Matters Arising, Work Plan	CF	Discuss	√
6.	Staff Story – Speech and Language Therapists Justin Rooke, Divisional General Manager for Childrens & LD	LP	Discuss/Assurance	√
7.	Chair's Report	CF	Note	√
8.	Chief Executives Report <ul style="list-style-type: none"> <li>• Including policies to ratify</li> </ul>	MM	Ratify	√
9.	Publications and Highlights Report	MM	Note	√

<b>Patient Safety and Quality</b>				
10.	Learning from the CQC review of Mental Health services at Nottinghamshire - Intensive & Assertive Community Mental Health Treatment Review Paul Johnson, Clinical Director	LP	Note	√
11.	Health Inequalities Strategic Development Timeline Sarah Clinch, Senior Partnerships and Strategy Manager	KF	Approve	√
<b>Building a Shared Purpose and Vision</b>				
12.	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update Alison Flack, Programme Director	MM	Note	√
13.	National Update - November Briefing	MM	Ratify	√
<b>Investing in People and Culture</b>				
14.	Being Humber Behavioural Framework Refresh	KP	Approve	√
<b>Developing Leadership Behaviours</b>				
15.	December Board Strategic Development Agenda	CF	Note	√
<b>Embedding Improvement into Management Systems and Processes</b>				
16.	Finance Report	PB	Discuss	√
17.	Performance Report	PB	Discuss	√
18.	Committee Terms of Reference: <ul style="list-style-type: none"> <li>• People and OD</li> <li>• Audit</li> <li>• Finance</li> <li>• Collaborative</li> <li>• Quality</li> </ul>	SJ	Approve	√
19.	Board Assurance Framework Oliver Simms, Corporate Risk and Incident Manager	MM	Note	√
<b>Assurance Committee Reports</b>				
20.	Finance Committee Assurance Report	KN	Assurance	√

21.	People & Organisational Development Committee Assurance Report	DR	Assurance	√
22.	Quality Committee Assurance Report <ul style="list-style-type: none"> <li>• 19 September 2024</li> <li>• 14 November 2024</li> </ul>	PE	Assurance	√
23.	Mental Health Legislation Committee Assurance Report	SP	Assurance	√
24.	Audit Committee Assurance Report	SMcKE	Assurance	√
25.	Collaborative Committee Assurance Report	SMcKE	Assurance	√
26.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Note	verbal
27.	Any Other Urgent Business	CF	Note	verbal
28.	Review of Meeting: <ul style="list-style-type: none"> <li>• Has the Board focused on the right areas?</li> <li>• Did the quality of the papers enable Board members to perform their role effectively – did they enable the right level of discussion to occur?</li> <li>• Was debate allowed to flow and were all Board members encouraged to contribute?</li> <li>• Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)</li> </ul>	CF	Discuss	verbal
29.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
30.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 29 January 2025, 9.30am via Microsoft Teams			

**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations:</p> <ul style="list-style-type: none"> <li>• Addition to Stephanie Poole.</li> </ul>			
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>• Updated declarations</li> </ul>		<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Key Risks/Areas of Focus:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>• No issues to note</li> </ul>		<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Monthly Board report	✓ 25.09.24



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

## Directors' Declaration of Interests

Name	Declaration of Interest
<b>Executive / Directors</b>	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> <li>• Chair of Yorkshire &amp; Humber Clinical Research Network</li> <li>• IMAS partner</li> <li>• Humber and North Yorkshire ICB Board Member</li> <li>• Non-Executive Director DHU Healthcare (a Social Enterprise organisation)</li> </ul>
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> <li>• Son is a Student at Hull York Medical School</li> </ul>
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	<ul style="list-style-type: none"> <li>• No interests declared</li> </ul>
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	<ul style="list-style-type: none"> <li>• Director of Bluewaters Healthcare Limited</li> <li>• Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust</li> <li>• Executive lead for The Trust Research Department – which receives grant and funding to the department</li> <li>• Spouse is Clinical Director Harthill Primary Care Network (PCN)</li> </ul>
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	<ul style="list-style-type: none"> <li>• Husband works for HMRC</li> <li>• Son works for Labour Party as Mobilisation Officer</li> </ul>
Mrs Karen Phillips, Associate Director of People and Organisational Development (non voting)	<ul style="list-style-type: none"> <li>• No interests declared</li> </ul>
<b>Non Executive Directors</b>	
Rt Hon Caroline Flint – Chair (Voting Member)	<ul style="list-style-type: none"> <li>• Husband is a Doncaster MBC Councillor and Cabinet member</li> <li>• Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Energy Security and Net Zero (DESNZ)</li> </ul>
Mr Dean Royles, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director Dean Royles Ltd</li> <li>• Trustee Health People Managers Association (HPMA)</li> <li>• Owner Dean Royles Ltd</li> <li>• Advisory Board of Sheffield Business School</li> <li>• Associate for KPMG</li> <li>• Chair of NHS Professionals Strategic Advisory Board</li> <li>• Non-Executive Director Sheffield Teaching Hospitals NHS Trust</li> </ul>
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• No interests declared</li> </ul>
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director of Conexus GP Federation</li> <li>• Owner of Phillip Earnshaw Ltd</li> <li>• Ex- partner Health Care First Partnership</li> <li>• Trustee of Prince of Wales Hospice</li> <li>• Five Towns PCN Clinical Director</li> </ul>

	<ul style="list-style-type: none"> <li>• Board Member of Wakefield District Health &amp; Care Partnership</li> <li>• Trustee Smawthorne Community Project is a local charity in Castleford</li> </ul>
Ms Stephanie Poole, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Husband is a Trustee of YCSS Yorkshire Coast Sight Support, a registered charity</li> </ul>
Mr Keith Nurcombe, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director of Dietary Assessments LTD</li> <li>• Director of WMSG (Part of West Midlands Combined Authority)</li> <li>• Crown representative – Cabinet Office – UK Government</li> <li>• Chair of the Avalon Group</li> <li>• Non-Executive Director at Chesterfield Royal Hospital NHS Foundation Trust</li> </ul>
Priyanka Perera (Mihinduklilasuriya Weerasingha Indrika Priyankari Marguerite Perera) Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> <li>• Managing Director B.Cooke &amp; Son Ltd, Hull</li> </ul>

## Trust Board Meeting

### Minutes of the Public Trust Board Meeting held on Wednesday 25 September 2024 via Microsoft Teams

- Present:**
- Rt Hon Caroline Flint, Chair
  - Mrs Michele Moran, Chief Executive
  - Dr Phillip Earnshaw, Non-Executive Director
  - Mr Stuart McKinnon-Evans, Non-Executive Director
  - Ms Priyanka Perera Associate Non-Executive Director
  - Mr Dean Royles, Non-Executive Director
  - Mr David Smith, Associate Non-Executive Director
  - Mr Peter Beckwith, Director of Finance
  - Dr Kwame Fofie, Medical Director
  - Ms Stephanie Poole, Non-Executive Director
  - Mr Keith Nurcombe, Non-Executive Director
  - Mrs Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer
  - Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
- In Attendance:**
- Mrs Stella Jackson, Head of Corporate Affairs
  - Mrs Karen Phillips, Associate Director of People and Organisational Development
  - Ms Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production (for item 112/24)
  - Ms Deborah Davies, Lead Nurse, Infection Prevention and Control (for item 113/24)
  - Paul Johnson, Clinical Director (for item 114/24)
  - Rosie O'Connell, Head of Safeguarding and Named Professional for Adult Safeguarding (for item 115/24)
  - Dr Mohammed M Qadri, Guardian of Safer Working (for item 117/24)
  - Paul Cook, Head of Learning and Organisational Development (for item 118/24)
  - Oliver Sims, Corporate Risk and Incident Manager (for items 128/24 & 129/24)
  - Mrs Laura Roberts, PA to Chair and Chief Executive (Minutes)
- Apologies:** There were no apologies noted

**The patient story was held in private from 9:30am at the wishes of the patient. The Public Board meeting commenced and was live streamed from 10:00am.**

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

106/24	<p><b>Declarations of Interest</b></p> <p>Stephanie Poole declared that her Husband is a Trustee of YCSS Yorkshire Coast Sight Support, a registered charity.</p> <p>The declarations were noted. Board members have been made aware that any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the person should declare the interest and remove themselves from the meeting for that item.</p> <p>The Chief Executive; Director of Finance; Stuart McKinnon-Evans, Non-Executive Director and Stephanie Poole, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.</p>
107/24	<p><b>Minutes of the Meeting held 31 July 2024</b></p> <p>The minutes of the meeting held on 31 July 2024 were approved as an accurate record.</p> <p><b><u>Resolved: The minutes were approved by the Board.</u></b></p>
108/24	<p><b>Action Log and Matters Arising, Work Plan</b></p> <p>There were no matters arising. The action log was noted.</p>
109/24	<p><b>Chairs Report</b></p> <p>The Chair presented her report which was taken as read. The following areas from the paper were highlighted:</p> <ul style="list-style-type: none"> <li>• The Board was asked to approve the appointment of Dean Royles as Senior Independent Director (SID) with effect from 01 October 2024 and an additional payment of £2000 pa.</li> <li>• Board Committee Chairs/membership and Champions 24/25</li> </ul> <p>Priyanka Perera advised she had made a recent unannounced visit to Millview Lodge with Lynn Parkinson and the visit had been very positive.</p> <p><b><u>Resolved: The Board noted the report.</u></b>  <b><u>The Board approved Dean Royles appointment to the SID role.</u></b></p>
110/24	<p><b>Chief Executives Report</b></p> <p>The Chief Executive presented the report and highlighted the following key areas:</p> <ul style="list-style-type: none"> <li>• The Trust Chair had been awarded an Honorary Fellowship from the Royal College of General Practitioners.</li> <li>• Service visits and attendance at meetings.</li> <li>• Veteran Aware One Year Review approved.</li> <li>• Occupational Health department had successfully achieved SEQOHS Re-accreditation.</li> <li>• Both the East Riding and Hull 0-19 Integrated Public Health Nursing Teams had been awarded the highly coveted UNICEF Baby Friendly Gold Award.</li> <li>• Winter Plan developed.</li> </ul>

	<ul style="list-style-type: none"> <li>• Flu vaccinations update.</li> <li>• Health Stars update.</li> <li>• The Medical Education team had been ranked as number 1.</li> </ul> <p>The following policies were ratified by the Board:</p> <ul style="list-style-type: none"> <li>• Retirement Policy</li> <li>• Business Continuity Policy</li> </ul> <p>Lynn Parkinson advised that a MAPPA update was included in a report to this meeting. There were no matters to escalate.</p> <p><b><u>Resolved: The Board noted the report.</u></b>  <b><u>All the policies listed were ratified by the Board.</u></b></p>
111/24	<p><b>Publications and Highlights Report</b></p> <p>The report provided an update on recent publications and was taken as read.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>
112/24	<p><b>Patient and Carer Experience Annual Report (2023/24) including Complaints and Feedback)</b></p> <p>Mandy Dawley presented the Patient and Carer Experience Annual Report (2023/24) including Complaints and Feedback). An overview of the work that had been undertaken was provided and an extract from the video which accompanied the report was played.</p> <p>Stuart McKinnon-Evans asked how real time monitoring was taking place on improvements and communications. Mandy Dawley responded that this was being monitored through an action plan which was being regularly tracked. Improvements should be seen in next year’s report. Mandy was asked what progress was being made in relation to communications and whether this was making a difference. Mandy Dawley responded that this was being discussed as the Quality Inpatient Safety Group. Deep dives were also taking place, a Charter was being developed along with a toolkit and evaluation process.</p> <p>Hilary Gledhill reported a thematic review, including patient safety and complaints had highlighted that communication had been an issue. She suggested that a deeper dive in this area be undertaken in order to identify any specific themes and trends. Mandy Dawley and Hilary Gledhill would discuss further outside of this meeting.</p> <p><b><u>Resolved: The Annual Report was ratified by the Board.</u></b>  <b><u>Mandy Dawley and Hilary Gledhill to meet and discuss deeper dive.</u></b>      HG/MD</p>
113/24	<p><b>Infection, Prevention and Control Annual Report</b></p> <p>Deborah Davies presented the Infection, Prevention and Control Annual Report, which had been presented at the Quality Committee. An overview of the performance and work undertaken during the period 1 April 2023 – 31 March 2024 was provided. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• There had been one case of Clostridioides difficile infection</li> <li>• Training compliance was over 90% (including over 80% face to face training for clinical staff.)</li> </ul>

	<ul style="list-style-type: none"> <li>National report for antimicrobial use was awaited, however food level of antibiotic stewardship within inpatient settings indicated a good level of antibiotic stewardship within the inpatient settings</li> </ul> <p>Phillip Earnshaw added that the Quality Committee had received this report and was provided with a high level of assurance.</p> <p>Michele Moran thanked the team for their work and the outcomes were noted.</p> <p><b><u>Resolved: The Annual Report was ratified by the Board.</u></b></p>
114/24	<p><b>Trust CQC review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust: Humber Teaching NHS FT response.</b></p> <p>Paul Johnson presented the report and provided an overview of the summary from the Care Quality Commission’s review of care by the said provider, including the recommendations for other Trusts, Integrated Care Boards (ICB) and NHS England (NHSE). Paul added that the incident was a rare tragic occurrence, and condolences were expressed to the family.</p> <p>Paul provided an overview of the recommendations and the Trust’s position. This included a self-assessment and review of policies and Standard Operating Procedures in relation to patient discharge from services if they did not engage. Paul reported that the Trust did not discharge in such circumstances. A Clinical Lead had been identified to support this work. Assessments had been completed for all Multi Disciplinary Teams (MDT) across the Trust. As a result, an action plan had been created, this would be shared with the Integrated Care Board the following week.</p> <p>An in-depth discussion followed, and the following key points were made.</p> <ul style="list-style-type: none"> <li>The Trust was in a strong position, however there were some areas for improvement which had been added to the action plan.</li> <li>The Trust did not have separate criteria and pathway for assertive outreach, nor a standalone team.</li> <li>The gaps would be reviewed to ensure assertive engagement approaches were clear. Once the guidance had been received, this would be reviewed further.</li> <li>The action plan would take account of the mental health transformation programme, with a clear reporting line identified.</li> </ul> <p>Stephanie Poole asked about the early actions undertaken by the Trust in relation to sharing high risk individuals with the Police and Probation Service as well as engagement with family and careers of high-risk individuals. Paul responded that the Trust had strong relationships with Police and Probation Service. Multi-Agency Public Protection Arrangements (MAPPA) processes included family inclusive care which the Trust had looked at improving over the years and training plans were in place for staff which were included in the action plan.</p> <p>Stuart McKinnon-Evans asked how staff had responded to the review. Paul Johnson responded that staff were passionate about providing the best care for patients.</p> <p>David Smith asked whether the Trust had policies and procedures in place regarding the discharge of patients who disengaged. Paul Johnson responded that polices should include information regarding the engagement of service users as well as information regarding support and discharge.</p>

	<p>The Chair added that national discussion may influence the outcomes, particularly in relation to the assertive outreach.</p> <p>Dean Royles believed consideration should be given to the Mental Health Legislation’s Committee role regarding this matter.</p> <p>Michele Moran added that there could be funding issues. Conversations were required with wider stakeholders and further work was required to build upon the MDT work.</p> <p><b><u>Resolved: The report was discussed.</u></b>  <b><u>Action plan to be circulated to Non-Executive Directors.</u></b>  <b><u>Update to be received at the Board November meeting.</u></b>  <b><u>Consideration to be given to the role of the Mental Health Legislation Committee.</u></b></p> <p style="text-align: right;">PJ/HG PJ/HG PE/KF/ SP</p>
115/24	<p><b>Safeguarding Annual Report</b></p> <p>Rosie O’Connell introduced the Safeguarding Annual Report and shared some presentation slides. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Trust key achievements - domestic abuse and white ribbon reaccreditation.</li> <li>• Safeguarding link workers and increased visibility.</li> <li>• Performance – key findings highlighted.</li> <li>• Priorities for 2024/25</li> </ul> <p>Priyanka Perera referred to the White Ribbon campaign and asked if abuse towards men and boys was being looked at. Rosie O’Connell responded that the Trust was also looking at males as victims in wider safeguarding work.</p> <p>The Chair asked about audit timescales and where that information was reported. Rosie O’Connell responded that the Safeguarding Audit Plan included timescales regarding adult and child referrals and themes/trends. The information was reported to the Safeguarding Learning Forum amongst other groups.</p> <p><b><u>Resolved: The Annual Report was ratified by the Board.</u></b>  <b><u>The Safeguarding Audit Plan and presentation slides to be shared with Board.</u></b></p> <p style="text-align: right;">ROC/HG</p>
116/24	<p><b>NHS England - Annual Self-Assessment for Placement Providers 2024 Accepted</b></p> <p>The NHS England - Annual Self-Assessment for Placement Providers 2024 Accepted report was presented by Kwame Fofie.</p> <p><b><u>Resolved: The Self-Assessment was approved by the Board.</u></b></p>
<p><i>The agenda was taken out of order after this point.</i></p>	
117/24	<p><b>Guardian of Safe Working Annual Report</b></p> <p>Mohammed Qadri presented the Guardian of Safe Working Annual Report and reiterated key points from within it. There had been issues with the Allocate software not fully functioning, which resulted in delays of exceptions. The matters had been</p>



	<p>resolved and payments of exceptions would be made. He added that there were no patient safety concerns identified, nor were there any concerns or exceptions in access to training. The Terms of Reference had been ratified at the Junior Doctor Forum (JDF). Representatives from the Local Negotiating Committee would be attending the JDF meeting next week.</p> <p><b><u>Resolved: The Annual Report was approved by the Board.</u></b></p>
118/24	<p><b>Being Humber</b></p> <p>Paul Cook introduced the Being Humber report and provided a presentation. Being Humber had been established and was developing within the organisation. An overview of the work that had been undertaken as part of the refresh was provided.</p> <p>Karen Phillips added that there was a passion for culture in the organisation, with links to Being Humber. Feedback from forums was that this was well embedded in the Trust.</p> <p>Stephanie Poole added that as a new member of staff she had seen “Being Humber” in action.</p> <p>Stuart McKinnon-Evans suggested that resources and efficiency be considered.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>
119/24 120/24 121/24	<p><b>Workforce Disability Equality Standard Report</b> <b>Workforce Race Equality Standard Report</b> <b>Equality Diversity and Inclusion Annual Report</b></p> <p>Karen Phillips presented items 117/24, 118/24 and 119/24 together and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• These were annual reports.</li> <li>• There had been a focus on the workforce experience, with some emphasis on bullying and harassment with the “No excuse for abuse” campaign. Each report detailed the progress made and the priorities for each area of work.</li> </ul> <p>Stuart McKinnon-Evans asked if the workforce was representative of the population the Trust serves. Karen Phillips responded that an insight report had been presented to the Workforce Committee and representation had been improving over the years, with the gap closing and moving towards community comparisons.</p> <p><b><u>Resolved: The three reports were approved by the Board.</u></b></p>
122/24	<p><b>Annual Non-Clinical Safety Report</b></p> <p>Peter Beckwith presented the Annual Non-Clinical Safety Report and reiterated key points from within it.</p> <ul style="list-style-type: none"> <li>• Staff receiving safety training for H&amp;S, Fire and Security has surpassed the baseline target of 85%.</li> <li>• Risk assessments were completed within the annual timeframe for all Trust buildings achieving compliancy with Regulatory requirements.</li> <li>• Safety assessment audits had been carried out at Trust premises and action taken to address any issues identified. The Trust is conforming to the standards required by the Department of Health and had been deemed</li> </ul>

	<p>compliant by the enforcing authorities.</p> <ul style="list-style-type: none"> <li>• Reintroduction of face-to-face training would commence for patient facing staff in clinical areas.</li> <li>• 4 fire incidents occurred during the year.</li> <li>• 67 false fire alarm activations occurred during the year and 40 unwanted fire alarm activations.</li> <li>• 5 RIDDOR incidents have occurred over the past reporting period.</li> <li>• 33 behavioural letters have been sent to patients and family members.</li> </ul> <p><b><u>Resolved: The Annual Report was approved by the Board.</u></b></p>
123/24	<p><b>National Staff Survey 2024 Plans</b></p> <p>The National Staff Survey 2024 Plans report was presented by Karen Phillips. She highlighted that the plans were on track for delivering and launching the survey on 7 October for a 4-week period. Karen added that the Executive Management Team had approved an incentivised approach. The completion rate had seen improvements since the previous year.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>
124/24	<p><b>A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex A – Annual Board Report and Statement of Compliance</b></p> <p>Kwame Fofie presented the report for approval and reiterated key points from within it.</p> <p><b><u>Resolved: The Board approved the report.</u></b></p>
125/24	<p><b>Finance Report</b></p> <p>Peter Beckwith presented the Finance report as at month 5 and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The ICS were reporting a deficit of £50m, with circa £100m of efficiencies/mitigations to be delivered in the financial year.</li> <li>• The Trust was on plan, with a forecast to break even.</li> <li>• The Trust was in a strong cash position.</li> <li>• Better Payment Practice Code reported at 91.6%.</li> <li>• There had been a focus on agency, with spend reported lower than the previous year.</li> <li>• Mental Health Division recovery plan had been created.</li> </ul> <p><b><u>Resolved: The Board noted the report.</u></b></p>
126/24	<p><b>Performance Report</b></p> <p>Peter Beckwith presented the Performance Report, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Mandatory training compliance was 94.6% against a target of 85%.</li> <li>• Overall vacancy position was 7.1%.</li> <li>• Clinical supervision above target at 89.5%.</li> <li>• Targeted work on waiting times continued.</li> </ul>

	<p>Stuart McKinnon-Evans highlighted that the waiting list graphs were rising for ADHD, with no reference on actions taken to address. Peter Beckwith was responded that a paper would be presented to the Executive Management Team in October in relation to the options. There was no further funding and risks had been identified. Commissioners had advised that patients could be given the option of being referred to an alternate provider. This was an ongoing matter, and a further update would be received at the November 2024 Board meeting.</p> <p>Lynn Parkinson added that this was a national issue, with referrals increasing. The team was actively looking at work on preventive measures, early intervention, and support in schools.</p> <p>Michele Moran advised that regular conversations with the Integrated Care Board were taking place in relation to the waiting list matter.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>
127/24	<p><b>Winter Plan</b></p> <p>Lynn Parkinson presented the Winter Plan report. She reported that the NHS England winter preparedness letter and guidance had been received the previous week. The GP industrial action was highlighted, along with plans for this winter. Lynn added that the new national Operational Pressures Escalation Levels (OPEL) measures would be drafted and finalised for 1 November 2024 for Mental Health and Community Services.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>
128/24	<p><b>Risk Register Update</b></p> <p>Oliver Sims presented the Risk Register Update report and provided an overview of the Trust position as at Quarter 1. There were five risks on the Trust-wide Risk Register.</p> <p><b><u>Resolved: The Board approved the Risk Register Update report.</u></b></p>
129/24	<p><b>Board Assurance Framework Update</b></p> <p>Oliver Sims presented the Board Assurance Framework Update report and highlighted the key points. There had been some movement, with two risk scores reduced.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>
130/24	<p><b>Charitable Funds Governance Arrangements</b></p> <p>Peter Beckwith presented the Charitable Funds Governance Arrangements report and provided an overview of the proposal. The proposal had been discussed at the Charitable Funds Committee and at the Executive Management Team meetings. Charitable updates would be provided in future in the Chief Executive's report to the Board and Trustee meetings would be called when required. Peter was informed that the governing document for the charity needed updating in relation to levels of decisions.</p> <p><b><u>Resolved: The Board approved the proposal and the report.</u></b></p>

	<b><u>Governing document for the Charity to be updated.</u></b>	<b>PB</b>
131/24	<p><b>Charitable Funds Committee Assurance Report*</b></p> <p>Stuart McKinnon-Evans presented the Charitable Funds Committee Assurance Report, which was accepted as read.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>	
132/24	<p><b>Quality Committee Assurance Report</b></p> <p>Phillip Earnshaw presented the Quality Committee Assurance Report from the August 2024 meeting, which was accepted as read. Phillip added that there had been another Committee meeting during the week.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>	
133/24	<p><b>Mental Health Legislation Committee Assurance Report</b></p> <p>The Mental Health Legislation Committee Assurance Report was accepted as read.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>	
134/24	<p><b>Audit Committee Assurance Report</b></p> <p>Stuart McKinnon-Evans presented the Audit Committee Assurance Report, which was accepted as read. Stuart reported that the internal audit programme for 2023/24 was complete with high or significant assurance received. A deep dive of the Mental Health risk register had been undertaken. The Integrated Care Board financial position had been added to the risk register.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>	
135/24	<p><b>Workforce &amp; Organisational Development Committee Assurance Report</b></p> <p>Dean Royles presented the Workforce &amp; Organisational Development Committee Assurance Report, which had been accepted as read. Dean reported that the Committee had agreed to change the name of the Committee to People and OD Committee. Occupational Health had achieved Safe Effective Quality Occupational Health Service (SEQOHS) accreditation. The Resilience Hub was due to close at the end of July 2024, however had remained open to support staff.</p> <p><b><u>Resolved: The Board noted the report.</u></b></p>	
136/24	<p><b>October Board Strategic Development Agenda</b></p> <p>The Chair advised that the agenda had recently been updated due to some colleagues not being available in person for the Strategic Board Development session. The afternoon part of the agenda would now be delivered at the December 2024 session.</p> <p><b><u>Resolved: The Board noted the agenda.</u></b></p>	

137/24	<p><b>Items to Escalate including to the High Level Risk Register and for wider Communication</b></p> <p>There were no items to escalate.</p>
138/24	<p><b>Any Other Urgent Business</b></p> <p>No other items of business were raised.</p>
139/24	<p><b>Review of Meeting – Being Humber</b></p> <p>The Board agreed the meeting had been held in the Being Humber style.</p>
140/24	<p><b>Exclusion of Members of the Public from the Part II Meeting</b></p> <p>It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</p>
141/24	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Wednesday 27 November 2024, 9.30am via Microsoft Teams</p>

Signed ..... Date .....

Chair

**Trust Board Meeting**

**Minutes of the Annual Members Meeting/Annual General Meeting held on Thursday, 26 September 2024 in the Lecture Theatre, Humber Teaching NHS Foundation Trust**

**Present:** Rt Hon Caroline Flint, Chair  
 Mrs Michele Moran, Chief Executive  
 Dr Phillip Earnshaw, Non-Executive Director  
 Mr Keith Nurcombe, Non-Executive Director  
 Ms Stephanie Poole, Non-Executive Director  
 Mr Dean Royles, Non-Executive Director  
 Mr Peter Beckwith, Director of Finance  
 Dr Kwame Fofie, Medical Director  
 Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals  
 Mr Ted Burnside, Public Governor, East Riding of Yorkshire  
 Mrs Isobel Carrick, Public Governor, Hull  
 Mr Tony Douglas, Public Governor, East Riding of Yorkshire  
 Mr Tim Durkin, Public Governor, Rest of England  
 Mr Anthony Houfe, Service User and Carer Governor

**In Attendance:** Mrs Stella Jackson, Head of Corporate Affairs (Minutes)  
 Mrs Karen Phillips, Associate Director of People and Organisational Development

93 members of staff (46 in person and 47 via live streaming)  
 257 members of the public (15 in person and 242 via live streaming)

**Apologies:** These were noted

01/24	<p><b>Welcome and Guest Speaker</b></p> <p>The Chair welcomed everyone to the combined Annual Members Meeting and Annual General Meeting.</p> <p>She then introduced comedian, Lucy Beaumont who spoke about her experiences of healthcare services, the charitable work she had undertaken and her career journey.</p>
02/24	<p><b>Review of the Year: 2023-2024</b></p> <p>The Chief Executive gave a presentation containing key facts and figures about the Trust and key highlights, achievements and challenges during the 2023-24 financial year. A video was played during the presentation which emphasised a number of the key points made regarding key achievements. The Chief Executive concluded the presentation by introducing/launching the Trust's Social Values report, a copy of which</p>

	was available at the meeting.
03/24	<p><b>Financial Review: 2023-2024</b></p> <p>The Director of Finance gave a presentation regarding the Trust's financial performance during 2023-24. He reported the audit of the accounts would be finalised once the local government pension scheme audit had concluded and the audited accounts would be presented to a General meeting of the Council of Governors.</p> <p>The presentation also contained information regarding the Trust's income and expenditure and highlighted the financial outlook for 2024-2025.</p>
04/24	<p><b>Lead Governor Presentation</b></p> <p>Tony Douglas, Public Governor (standing in for the Lead Governor) gave a presentation regarding the role and work of the Council of Governors during the financial year. He reported the Governor elections had opened and encouraged people to nominate themselves for the vacancies. He also thanked all governors who had stood down since the last Annual Members Meeting and welcomed those appointed during 2023-24.</p>
05/24	<p><b>Looking Ahead: 2024-25</b></p> <p>The Chief Executive gave a presentation regarding the key areas of work being undertaken and planned during 2024-25.</p>
06/24	<p><b>Questions and Answers</b></p> <p>Members of the Executive Management Team were asked what they were looking forward to during the year ahead. The following key responses were given:</p> <ul style="list-style-type: none"> <li>• Encouraging and supporting staff to showcase how their work is making a difference to patient care</li> <li>• Progressing work around health inequalities</li> <li>• Progressing innovation hub activities</li> <li>• Continuing to improve the patient care offer</li> <li>• Celebrating key achievements such as being the highest performing Trust for medical training</li> <li>• Encouraging more staff to complete the Staff Survey</li> <li>• Progressing the Equality, Diversity and Inclusion workstreams</li> <li>• Supporting the Board to respond to the key challenges ahead</li> <li>• Rolling out the new electronic patient record</li> <li>• Developing Granville Court</li> <li>• Continuing the 'Being Humber' journey</li> <li>• Seeing some exciting projects come to fruition</li> </ul> <p>The Chief Executive was asked how she kept in touch with the Trust's many different services. Mrs Moran reported she tried to meet the various teams/services as much as possible through in-person visits and Microsoft Team meetings. She added that other members of the Board and Governors also undertook visits to services.</p> <p>A member of the audience asked how involved the Board was in the operation of</p>

	<p>Primary Care Services. The Chief Executive reported the Board had discussed, at a number of Strategic Board Development meetings, progress being made in responding to the challenges faced, particularly around access which was also a national issue. Board members had visited the Primary Care services run by the Trust and the Council of Governors had heard about developments within Primary Care services. Additionally, the Executive Management Team received regular updates regarding Primary Care.</p> <p>A member of the Patient Participation Group from the King Street Practice highlighted a concern regarding the support for that Group and access challenges for the elderly. The Chair reported this matter would be reviewed outside the meeting. The Chief Executive reported she would be raising the issues regarding access at Integrated Care System meetings.</p>
07/24	<p><b>Any Other Business</b></p> <p>There were no other items of business and the meeting concluded at 15.30.</p>

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



**Agenda Item 5**

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

<b>Summary of actions from September 2024 Board meeting and update report on earlier actions due for delivery in November 2024</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
25.09.24	130/24	Charitable Funds Governance Arrangements	Governing document for the Charity to be updated.	Director of Finance	November 2024	
25.09.24	114/24	Trust CQC review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust: Humber Teaching NHS FT response.	Consideration to be given to the role of the Mental Health Legislation Committee.	P Earnshaw (NED) S Poole (NED) Medical Director	November 2024	It is proposed that the Quality Committee maintains oversight, with other committees requested to undertake specific pieces of work that arise as appropriate.
25.09.24	114/24	Trust CQC review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust: Humber Teaching NHS FT response.	Action plan to be circulated to Non-Executive Directors.  Update to be received at the Board November meeting	P Johnson / Director of Nursing, Allied Health and Social Care Professionals	November 2024	Circulated on 15 <sup>th</sup> November 2024. Completed and CLOSED  On Agenda Action completed and CLOSED
25.09.24	115/24	Safeguarding Annual Report	The Safeguarding Audit Plan and presentation slides to be shared with Board.	R O'Connell / Director of Nursing, Allied Health and	November 2024	Action completed and CLOSED

				Social Care Professionals		
25.09.24	112/24	Patient and Carer Experience Annual Report (2023/24) including Complaints and Feedback)	Mandy Dawley and Hilary Gledhill to meet and discuss deeper dive.	M Dawley / Director of Nursing, Allied Health and Social Care Professionals	November 2024	Themes from complaints will be included in the annual thematic review of Patient Safety Incidents to inform Patient Safety Priorities for 2025-26. Lead aware.  Action completed and CLOSED
27.3.24	35/24(b)	24/25 Annual Operational Plan Final Draft	Information on activities in Forensic and the update to be provided.	Chief Operating Officer	August 2024	This will be taken to the Quality Committee at the meeting in August.  Action completed and CLOSED
31.07.24	95/24	Performance Report	Waiting times report be shared with the Board.	Chief Operating Officer	September 2024	Action completed and CLOSED

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

<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
31.07.24	78/24	Community Mental Health Service User Survey 2023	The Quality Committee to discuss survey action plans and report back to the Board in November 2024.	P Earnshaw (Non- Executive Director	November 2024	Community Mental Health Service User Survey 2023 and Action Plan presented to September Quality Committee and reported in

						the Quality Committee assurance report to the Board.  Action completed and CLOSED
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Chief Operating Officer	April 2023 revised to 27 Nov 2024	Patient/Staff story to be provided on Speech and Language

**A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Head of Corporate Affairs**

**Agenda Item 6**

Title & Date of Meeting:	Trust Board Public Meeting – 27 <sup>th</sup> November 2024														
Title of Report:	Staff Story: My Stammering Child Film Project														
Author/s:	Siobhan Ward- Speech and Language Therapist Helen Hanson- Principle Therapist														
Recommendation:	<table border="1"> <tr> <td data-bbox="539 577 935 613">To approve</td> <td data-bbox="935 577 1031 613"></td> <td data-bbox="1031 577 1410 613">To discuss</td> <td data-bbox="1410 577 1524 613">✓</td> </tr> <tr> <td data-bbox="539 613 935 649">To note</td> <td data-bbox="935 613 1031 649">✓</td> <td data-bbox="1031 613 1410 649">To ratify</td> <td data-bbox="1410 613 1524 649"></td> </tr> <tr> <td data-bbox="539 649 935 685">For assurance</td> <td data-bbox="935 649 1031 685">✓</td> <td data-bbox="1031 649 1410 685"></td> <td data-bbox="1410 649 1524 685"></td> </tr> </table>			To approve		To discuss	✓	To note	✓	To ratify		For assurance	✓		
To approve		To discuss	✓												
To note	✓	To ratify													
For assurance	✓														
<p><b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i></p>	<p>The Children’s Speech and Language Therapy (SALT) Service delivers a service across Hull and East Riding for children and young people aged 0-18 years identified with a speech, language and/or communication need. The service offers assessment/advice/intervention/training for a wide range of communication needs.</p> <p>This is a presentation about the Childrens Stammering Service and a project undertaken in collaboration with service users and their families to create a short, animated film. The team brought together a group of families affected by stammering with animator Peter Snelling. A script was developed by the group and animation completed, with members of the group providing voices.</p> <p>The film uses the experiences of the families who took part to illustrate how parents’ attitudes can affect the child who stammers. The film acknowledges that having a child who stammers can cause anxiety and uncertainty for parents but highlights that it doesn’t help to view stammering as a condition that needs to be cured. Children who stammer go on to be successful and fulfilled adults, so parents should be supported to see “what’s strong and not what’s wrong.”</p>														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• Supports the Trusts strategic goals (see section below)</li> <li>• National recognition of the project.</li> <li>• Launched at Hull City conference in 2023.</li> <li>• The purpose of the film is to support the well-being of the child who stammers but also the family around the child to have a clearer understanding of how their perception of the stammer can affect the child’s wellbeing.</li> <li>• Increased parental understanding will support the stammering approach for the</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• The approach is embedded in the SALT services.</li> <li>• The content of the film will be accessible to anyone who is working with a child who stammers and will support their understanding of being a positive communication partner.</li> </ul>														

<p>child.</p> <ul style="list-style-type: none"> <li>The film is recommended to other professionals who can gain insights into the support a child who stammers needs.</li> <li>The film is used in university curriculums when teaching in relation to stammering.</li> <li>Improving parent/child interactions will enhance effectiveness of the dysfluency service within the Childrens SLT dept.</li> <li>The film raises the profile of people who stammer in a positive way, challenging historic perceptions of what a stammer could represent.</li> </ul>	
---	--

<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>The board is asked to note and support the benefits to children and their families of this project.</li> </ul>
--	---

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

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
√	<p><b>Innovating Quality and Patient Safety:</b> The content of the film will be accessible to anyone who is working with a child who stammers and will support their understanding of being a positive communication partner to enhance the child's positive development and life chances.</p>
√	<p><b>Enhancing prevention, wellbeing and recovery:</b> The purpose of the film is to support the well-being of the child who stammers but also the family and people around the child to have a clearer understanding of how their perception of the stammer can affect the child's wellbeing.</p>
√	<p><b>Fostering integration, partnership and alliances:</b> Increased parental understanding will support the stammering approach for the child. The film is recommended to other stakeholders and professionals who can gain insights into the support a child who stammers</p>
√	<p><b>Developing an effective and empowered workforce:</b> Other professionals and staff will benefit from access to the film to raise understanding and awareness of the best approach to a child who stammers. The film is used in university curriculums when teaching in relation to stammering.</p>
√	<p><b>Maximising an efficient and sustainable organisation</b> Improving parent/child interactions will enhance effectiveness of the dysfluency service within the Childrens SLT dept and improve clinical outcomes and productivity.</p>
√	<p><b>Promoting people, communities and social values</b> The film raises the profile of people who stammer in a positive way, challenging historic perceptions of what a stammer could represent.</p>

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	

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024														
Title of Report:	Trust Chair's Report														
Author/s:	Rt Hon Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>✓</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss													
To note	✓	To ratify													
For assurance	✓														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide updates on the Chair, Non-Executive and Governor activities since the last Public Board meeting.														
<b>Key Issues within the report:</b>															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Update from the last Board Strategic Development meeting.</li> <li>Continued high level engagement with HNY ICS and a positive HNY ICB/Humber Board to Board meeting held.</li> <li>Visits to Humber services/meeting staff</li> <li>Council of Governors meeting and Governor Development Activities</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Recruitment of Director of Nursing and Allied Health and Social Care Professionals</li> <li>Preparation for Staff Celebration Awards Event</li> </ul>													
<b>Key Risks/Areas of Focus:</b>  N/A		<b>Decisions Made:</b>  N/A													

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

**Monitoring and assurance framework summary:**

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



## Trust Chair's Board Report – 25 September 2024

**The Annual Members' Meeting** took place in the Lecture Theatre on 26 September 2024 and I am pleased to report that more people attended in person and online this year. As before we provided a marketplace to highlight our services for which we added a marquee for additional space. My thanks to Governors who attended, greeted attendees, and provided information about becoming and being a Governor.

I attended and spoke at the **launch of a new website for Children's Services and Adults Learning Disabilities Services** <https://connect.humber.nhs.uk> held at the Edge Hub in Hull – which is a great venue. It was great to hear directly from the children and adults who use our services and about their involvement in creating the website and starring on it too! The animations and storytelling which accompanied the information were fun and inspiring and I hope for it will help the public better navigate what is available and how to access. As many said on the day with our partners across communities there is sometimes more out there than people think.  
**Worth a look.**

**HNY ICB Develop and Discover Event for Non-Executive Directors** took place on 17 October 2024 at which I opened a discussion with ICB Chair Sue Symington on the political environment for health and how to engage local politicians. We also received a presentation from Yorkshire and Humber Cancer Alliance. Feedback from NEDs and the difficulties to get to in person events from such a large area will mean that going forward these vents will be three times a year with two virtually and one in person.

I attended for the first time **the NHS Providers Annual Conference** (11-13 November) in Liverpool. It was a real opportunity to attend workshops on AI, reducing waiting times, productivity and hear from some interesting speakers including the Secretary of State for Health and Care Wes Streeting who made it very clear that central tax payer funded resources have to be matched by performance both in terms of patient outcomes and stable finances. He indicated he was interested in enabling all Trusts who can demonstrate both, more freedom to innovate and invest as presently there are not sufficient NHS incentives available.

It has been announced that **Hilary Gledhill our Director of Nursing, Allied Health, and Social Care Professionals** will be retiring in March 2025. Recruitment is underway with interviews scheduled for before Christmas. There will be many opportunities to thank Hilary for her service and leadership to Humber Teaching NHS Foundation Trust and the NHS. In the last three years I have got to know Hilary and see her outstanding professionalism, compassion for patients and support for staff.

At time of writing this report this year's **Staff Celebration Awards' Event** is due to take place on 22 November 2024. Thanks to everyone who has submitted nominations it did not make judging an easy task. Knowing what is planned it will a great night.

## **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 30 October 2024**

The Board discussed:

- **Review of Trust Strategy Strategic Goals** – a detailed discussion took place regarding delivery of each strategic goals, and it was agreed that evidence needs to be better captured as to the impact and outcomes of interventions, service delivery to meet them. In addition, clearer benchmarking and identifying impacts of external factors on the Trust. The Board would agree a set of actions to inform a further review discussion.
- **Freedom to Speak Up Annual Board Self-Assessment – Alison Flack** provided a summary of the FTSU strategy and vision, and concerns received since 1 April 2024 and with the Board completed the self-reflection planning tool. Board members **agreed** that the behavioural framework should be reviewed to ensure it highlighted that staff would not suffer detriment if they raised a concern and that a presentation should be given at a future Senior Leadership Forum (SLF) regarding FTSU and the role of Ambassadors.
- **Mental Health Host Provider Update** – a full discussion took place on developments and the need for a full governance and due diligence process to address impacts on Humber Teaching NHS Foundation Trust.
- **Review of Strategic Board Development Meetings 2024** Board received an outline of topics covered and were asked to provide thoughts regarding potential items for the 2025 workplan.
- **Meeting Staff** – over a sandwich lunch we met with staff who have become **Freedom to Speak Up (FTSU) Ambassadors** and **staff from complaints handling and patient/carers engagement**.

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

Thanks to Non- Executive Director Stuart McKinnon-Evans who attended the **Quarterly Staff Awards** on my behalf in Scarborough on 3 October 2024.

The Non-Executive and Associate Non-Executive Directors received a very informative one-hour update regarding **the Patient Safety Incident Response Framework (PSIRF)**. The Executive Management Team had received the same presentation. We all agreed it improved our understanding of the process but also what difference it was making. Our thanks to the delivery team and staff throughout the Trust who have engaged so constructively.

I joined the **HULL and East Riding Patient and Carer Experience (PACE) Forum** online on 15 October where a range of topics were discussed.

**Freedom to Speak Up (FTSU) Quarterly meeting** with FTSU Guardian Alison Flack, CEO Michele Moran and NED Champion Dean Royles met on 22 October.

October was FTSU month, and we were pleased to hear about the level of staff engagement and successful recruiting of FTSU Ambassadors. The new Trust lanyard reflects the importance to us of FTSU.

**The Humber Remembrance Service** (061124) took place at Ferens and Pickering Community Centre in Florence Nightingale Court which was appropriate. It was good to meet with the Knit and Natter Creative Hands of Friendship Group which includes veterans and family members of veterans.

I clicked on to the **Digital Enabled Health and Care System Symposium** (061124) organised by HNY ICB. There were a range of speakers who brought to life the diverse ways AI is helping achieve better health outcomes.

**Internal meetings included:**

Remuneration and Nominations Committees held on the 23 and 30 October.  
Quarterly catch up with David Napier Complaints and Feedback Manager

**External meetings included:**

Humber and North Yorkshire (HNY) Provider Chairs  
HNY ICS Chairs and CEOs'  
Yorkshire and Humber Chairs' Network  
NHS Confederation Mental Health chairs' Network

**Board /Governor Knowledge Visits**

- **Inspire CAMHS**  
Stella Jackson and Governor Anthony Houfe
- **Maister Lodge**  
Karen Philips and Governor Anthony Houfe

**Director/NEDs Unannounced Visits**

- **Avondale, Miranda House**  
Lynn Parkinson and Priyanka Perera
- **PICU - Adult Psychiatric Intensive Care Unit**  
Lynn Parkinson and Steph Poole

## **2. Governors**

Welcome to **Dominic Purchon and Alex Weeks** who have become our new Partner Governors from Humberside Fire and Rescue and Humberside Police.

**Council of Governors' Meeting (17.10.24)** received a service presentation from the Mental Health Crisis Team and the Trust response to the Nottingham Report regarding the care and treatment of Valdo Calocane. Along side the standing items to provide assurance from Non-Executive Directors and Executive Directors governors also heard from Mandy Dawley Assistant Director of PACE and Co-Production and David Napier Complaints and Feedback Manager. Governors approved the extension of NEDs' terms of office for Stuart McKinnon-Evans, Dr Phillip Earnshaw, and Dean Royles by 1 year, 3 years and 1 year, respectively.

**Governor Development Session (14.11.24)** – as requested this provided governors with an in-depth presentation on Delayed Transfers of Care. Lynn Parkinson and her Deputy Claire Jenkinson took us through the definitions, how Humber Teaching NHS Foundation Trust handles patient discharges across our inpatient services, why we

cannot discharge and impacts on those in out of area placements. All those governors and NEDs who attended found it very worthwhile, better informed and assured. It stimulated discussion and questions. Thanks to Lynn and Claire.

**Governor Briefings 2024** are open to all governors including our Partner Governors. They take place ten 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. The next **Governor Briefing (28/11/24)** will hear about **Improving our Estates (any major developments, key priorities)**

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	<p>To provide the Board with an update on local, regional and national issues.</p> <p>Areas of note include:</p> <p>Ratification of policies for:</p> <ul style="list-style-type: none"> <li>• Eliminating Mixed Sex Accommodation</li> <li>• Secondment Policy</li> <li>• Emergency Preparedness, Resilience and Response (EPRR) Arrangements</li> <li>• Rostering</li> <li>• Inpatients Search Policy</li> </ul>			
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>• Nothing to escalate</li> </ul>		<ul style="list-style-type: none"> <li>• Ratification of Policies</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail) Monthly report to Board		

## Monitoring and assurance framework summary:

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

## Chief Executive's Report

### 1 Policies for Approval

#### 1.1 Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Eliminating Mixed Sex Accommodation	1/10/24	Director of Nursing, Allied Health and Social Care Professionals	This new policy will ensure that staff recognise, appropriately manage and report any situation where Eliminating Mixed Sex Accommodation (EMSA) guidelines are not being followed.
Secondment	8/10/24	Associate Director of People and OD	A new section has been added to this policy regarding Acting Up Appointments. References to Acting Up have also been incorporated throughout the policy as appropriate.
Emergency Preparedness, Resilience and Response (EPRR) Arrangements	8/10/24	Chief Operating Officer	Minor amendments have been made to the policy to include the addition of information regarding continuous improvement and to incorporate references to debriefs and the sharing of lessons learnt.
Rostering	22/10/24	Associate Director of People and OD	Multiple sections of the policy have been rewritten in response to feedback received. There has been a change to the production and approval of rosters from 4 weeks to 8 weeks. Additional sections on fraud, system failure and training have been added.
Inpatients Search Policy	12/11/24	Medical Director	Amendments have been made to the following sections of the policy in response to learning from Datix: <ul style="list-style-type: none"> <li>• Contraband list</li> <li>• Management of pornographic/offensive material</li> <li>• Additional considerations regarding search following periods of leave.</li> </ul>

## **1.2 Around the Trust**

### **1.2.1 Leadership Visibility**

I have continued with my service visits across the organisation, meeting with staff and service users, the acuity is increasing alongside the demand of winter pressures but staff are working professionally and are caring. Ask the Executive continues to be well supported, with some challenging questions being asked, alongside the more informal, 'meet Michele'. I also meet with the PROUD cohorts at the start of the programme, half way thought and then for final reflections.

#### **Art Works**

It was a pleasure to support and open our unique art exhibition featuring works created by patients, staff and the public for our World Mental Health Day Art Exhibition named 'Inner Reflections' at Humber Street Gallery.

This three-day event, launched in celebration of how art and creativity can support mental health, highlights the transformative power of art therapy in aiding service users on their journey to recovery.

The exhibition was opened on Thursday 10 October - World Mental Health Day and it remained open to the public until Saturday 12 October. It was well supported, with great feedback and we will be looking to see if we can create a regular exhibition.

#### **Alumni Launched**

It was fabulous to meet and talk with our PROUD graduates, as we formally launched our PROUD Alumni programme.

We launched our alumni programme with a kick off event on 21<sup>st</sup> October that I was pleased to attend, providing an opportunity to share my vision for the PROUD leadership programme. It was inspiring to reflect on our journey so far, with over 300 leaders from our diverse Trust having completed the programme to date.

With over 50 leaders gathered, we took a significant step towards building a vibrant community of leaders. The discussions focused on recognising the unique skills we each bring and the collective strength we possess.

The day was enriched by lively discussions, with many sharing their experiences from the PROUD leadership courses and how they've applied their knowledge in their roles. It was truly uplifting to witness the enthusiasm in the room, especially as many compared Lumina profiles—an inspiring sight for me and our People Team!

I look forward to watching this programme develop over the next 12 months and beyond.

#### **Christmas Thank You**

It is important for us to thank staff for all their excellent work again this year, after a staff survey, asking staff the preferred gift, we will be sending a £5 thank you to wages in December to say thank you from the Board this will be supported by an individual staff card from the Board.



## Social Care National Awards

Humber and the Council were well represented in the finals and really did show what partnerships we have in Hull! Firstly Fran Ashton who won the Mental health social worker of the year award which was well deserved and a testament to all the hard work she does. It was also one of only two awards awarded to a social worker employed by an NHS Trust and the only one where it was in partnership with a local authority. We were also finalists in two categories, the newly qualified social worker of the year Taf (Tafadzwa Nathaniel Gonditii) and Team of the year adult social services, Hull CMHT.

## 2 Around the System

### Shared Care

Shared Care are about to embark on the merger of their existing property advisory business, Shared Agenda, with a similar company, Community Ventures, which was acquired by our parent company Sewell Group 2 years ago.

The new business will be known as Sewell Advisory, the change is not expected to have any implications for our work with Shared care.

### CEO Meeting

The regular ICB CEO meeting has been relaunched and will now be an hour in length and members will only be the NHS CEO leaders. Place leaders and others will continue to be part of the monthly leaders meeting.

### ICB Consultation

NHS – the next chapter: launch of We Need to Talk public engagement in Humber and North Yorkshire

The local NHS across Humber and North Yorkshire is embarking on We Need to Talk – a four-week conversation with people through social media and in-person focus groups about the future of the NHS in our area.

Starting on the 14 October, it will not some of the difficulties faced by the NHS, whilst giving people an opportunity to signal how they might want the NHS to change to meet the challenges of today and the demands of the future.

In a snap poll carried out by NHS Humber and North Yorkshire Integrated Care Board (ICB) ahead of the public engagement, almost 63 per cent of the 428 people who responded said the NHS needed to change.

There's further information about We Need to Talk and details of how people can get involved in the conversation at [www.ourNHS.org](http://www.ourNHS.org) as well as a link to a short survey.

## **2.1 National News**

### **NHS Providers**

NHS Providers has announced leadership changes: Sir Julian Hartley the current CEO will be leaving NHS providers at the end of this month. Saffron Cordery the current deputy chief executive will become NHS Providers interim chief executive from December.

### **NHS England**

NHS England chair Sir Richard Meddings has stepped down, in order to allow a new Chair to look to develop the delivery of the 10 year health plan and priorities.

Professor Sir Terence Stephenson has been appointed to be the next chair.

### **Next Steps NHS and Secretary of State conversation.**

Please see separate paper

## **National NHS Consultation**

We have supported the national consultation, *Our NHS: The Next Chapter*, which aims engage the public, including our staff members, in an honest conversation about the challenges facing the healthcare system and to gather input on shaping its future.

These activities include a website which invites people to share ideas for how the NHS should evolve to meet current challenges and future demands. Details available at [www.ourNHS.org](http://www.ourNHS.org).

## **3 Director Updates**

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

#### **3.1.2 Leadership Visibility**

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

#### **3.1.3 Operational, Service Planning, Winter and Industrial Action Update**

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

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors. The Integrated Care System EPRR team continues to work with organisations to prepare and manage the collective action being undertaken by some GP practices and Primary Care

Networks. Some impact of this action is being experienced by our services, e.g. electronic referral systems not being used and referrals reverting to letters and on our shared care prescribing protocols. Our emergency planning arrangements have and will continue to be stood up to coordinate and implement our plan to manage the impact of any further action. Tactical/Silver command will continue to meet regularly during any action and report to Strategic/Gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant adverse impact on our services.

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. New national, regional and ICS wide OPEL reporting arrangement came into effect earlier in the year with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent escalation are robust. Triggers are now in place that stand up daily executive director level response when necessary. National has taken place to develop a standard OPEL framework for acute hospitals, mental health and community services. The new frameworks that are relevant to the Trust are due to be reported against from 16<sup>th</sup> December, we provided feedback on the new measures and triggers.

The Trust now has a finalised Winter preparedness plan for 2024/25. National winter requirements set out by NHS E were received in late September and our plan has considered and reflected these. The guidance in summary required that:

#### ICBs are asked to work with:

- local partners to promote vaccine population uptake with a focus on underserved communities and pregnant women.
- primary care providers to ensure good levels of access to vaccinations, ensuring that plans reflect the needs of all age groups, including services for children and young people and those who are immunocompromised.
- primary care and other providers, including social care, to maximise uptake in eligible health and care staff.

#### NHS trusts are asked to:

- ensure their eligible staff groups have easy access to relevant vaccinations from Thursday 3 October, and are actively encouraged to take them up, particularly by local clinical leaders.
- record and monitor staff uptake rates and take action accordingly to improve access and confidence.
- ensure staff likely to have contact with eligible members of the public are promoting vaccination uptake routinely.

#### In addition, NHS England will continue to support patient safety and quality of care by:

- standing-up the winter operating function from 1 November
- providing capabilities 7 days a week, including situational reporting to respond to pressures in live time.
- this will be supported by a senior national clinical on-call rota to support local escalations.

- completing a Getting It Right First Time (GIRFT) data-led review of support needs of all acute sites across all systems, and deploying improvement resources as appropriate, to support implementation of key actions with a dedicated focus on ensuring patient safety.
- convening risk-focused meetings with systems to bring together all system partners to share and discuss key risks and work together to agree how these can be mitigated.
- expanding the Operational Pressures Escalation Levels (OPEL) framework to mental health, community and 111, and providing a more comprehensive, system-level understanding of pressures

#### NHS England will continue to support operational excellence by:

- co-ordinating an exercise to re-confirm capacity plans for this winter, which will be regularly monitored.
- running an exercise in September to test the preparedness of system co-ordination centres (SCCs) and clinical oversight for winter, including issuing a new specification to support systems to assess and develop the maturity of SCCs.

#### NHS England will continue to support transformation and improvement by:

continuing the UEC tiering programme to support those systems struggling most to help them to enact their plans.

- reviewing updated maturity scores for UEC high-impact interventions with regions and ICBs, to identify further areas for improvement.
- as part of NHS IMPACT, launching a clinical and operational productivity improvement programme in September: this will include materials and data for organisations to use, as well as a set of provider-led learning and improvement networks, to implement and embed a focused set of actions.

#### ICBs are asked to:

- ensure the proactive identification and management of people with complex needs and long-term conditions so care is optimised ahead of winter:
- primary care and community services should be working with these patients to actively avoid hospital admissions.
- provide alternatives to hospital attendance and admission: especially for people with complex needs, frail older people, children and young people and patients with mental health issues, who are better served with a community response outside of a hospital setting this should include ensuring all mental health response vehicles available for use are staffed and on the road ahead of winter.
- work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow assure at board level that a robust winter plan is in place: the plan should include surge plans, and co-ordinate action across all system partners in real time, both in and out of hours it should also ensure long patient delays and patient safety issues are reported, including to board level, and actions are taken appropriately, including involving senior clinical decision makers
- make arrangements through SCCs to ensure senior clinical leadership is available to support risk mitigation across the system.
- review the 10 high-impact interventions for UEC published last year to ensure progress has been made: systems have been asked to repeat the self-assessment exercise undertaken last year, review the output, consider any further actions required, and report these back through regions

### NHS trusts are asked to:

- review general and acute core and escalation bed capacity plans: with board assurance on delivery by the peak winter period.
- review and test full capacity plans: this should be in advance of winter in line with our letter of 24 June 2024, this should include ensuring care outside of a normal cubical or ward environment is not normalised; it is only used in periods of elevated pressure; it is always escalated to an appropriate member of the executive and at system level; and it is used for the minimum amount of time possible
- ensure the fundamental standards of care are in place in all settings at all times: particularly in periods of full capacity when patients might be in the wrong place for their care if caring for patients in temporary escalation spaces, do so in accordance with the principles for providing safe and good quality care in temporary escalation spaces
- ensure appropriate senior clinical decision-makers are able to make decisions in live time to manage flow: including taking risk-based decisions to ensure ED crowding is minimised and ambulances are released in a timely way.
- ensure plans are in place to maximise patient flow throughout the hospital, 7 days per week: with appropriate front door streaming, senior decision-making, regular board and ward rounds throughout the day, and timely discharge, regardless of the pathway through which a patient is leaving hospital or a community bedded facility.

**Operational service pressures** have been stable in the Trust in October and early November. The highest pressures were seen in our Adult Mental Health Division with a high demand for services and beds, this is a usual seasonal variation. The Trusts overall operational pressures in the last two months has remained reduced to OPEL 2 (moderate pressure) predominantly. The localised pressures that were experienced in our learning disability inpatient service at Townend Court due to staff absence and the complexity of patients have improved due to newly recruited staff coming into post.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in October and early November for core services but with ongoing increase in referrals for Neurodiversity services. Work has been undertaken through our CLEAR (Clinically Led workforce and Activity Redesign) transformational programme to streamline the CAMHS pathway including Contact Point which is the service that manages new referrals. Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge. In all these areas demand exceeds commissioned capacity. Dialogue is continuing with the ICB to agree a way forward on waiting times for 2024/25 and beyond. This continues to be an area of national challenge, but it does not receive priority for Mental Health Investment Standard (MHIS) funding. ODG and EMT oversee the position and work to reduce waiting times. Excessive waiting times for children and adult neurodiversity services are challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years. Presenting needs continue to be of high levels of acuity and complexity. Unfortunately, some children on the neurodiversity waiting lists are now presenting with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds continues to improve. Focus continues on our children's early intervention services, particularly embedding the support teams in schools.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our overall daily bed occupancy has been between 74.5 – 83.8%. 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. Service Transformation Funding (STF) has recently been confirmed to support the implementation of this development. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement, demand for these beds has been high and the unit has been 100% occupied. Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons. Scheduled estate works are taking place currently to significantly improve the PICU seclusion suite which is also temporarily impacting on patient flow. PICU flow is currently being targeted through improvement methodology to recover the out of area position, this is also being impacted by patients who are being transferred from prison whose discharge is subsequently being delayed by Ministry of Justice restrictions. Rise in the use of out of area placements has occurred across many mental health providers and our position is not an outlier.

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

To further maximise our patient flow we need to put more measures in place to achieve timely discharges for our patients that are clinically ready for discharge in order to improve our bed availability and reduce our need for out of area placements. To achieve this, we have utilised the nationally recommended “rapid improvement methodology for multiagency discharge event (MaDE)” throughout Q2 and we are maintaining the benefits of this work into Q3. The approach introduced:

- Multi Agency Disciplinary meetings led by our Mental Health Clinical Lead to manage patient flow, ensuring all partners are working effectively to estimated dates of discharge for patients.
- A new Complex Case Review Panel comprising of Trust leaders and partner agencies to consider the best plans for our most complex service users.
- A specific focus on PICU and analysis of patient pathways to identify why access to PICU and length of patient stay is problematic.
- The work culminated in a “Super MaDE” event in early September supported by the Executive leadership team to ensure the work and recommendations achieves improved patient flow and reduction in the use of out of area beds.

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



Boards continue to focus on prioritised plans to address and expedite Urgent and Emergency Care (UEC) performance in our integrated care system.

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

The overall staff absence position due to sickness is currently at 7.69% (inclusive of 2.34% maternity leave) and is slightly increased from the position reported in September.

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

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions continue to pursue a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients. During October work has been undertaken to develop draft service plans for 2025/26 which incorporate workforce, finance and budget reduction plans (BRS). These will be reviewed and finalised by EMT in January 2025. Three divisions are impacted by the implementation of the new **Electronic Patient Record** (EPR) System, Forensics, Children & Learning Disabilities and the Mental Health Division, ongoing consideration is given to this alongside operational challenges and winter preparedness.

### **3.1.4 New Maternal Mental Health Service**

The Trusts Perinatal Mental Health Service has worked very closely with the Humber and North Yorkshire Mental Health, Learning Disability and Autism Collaborative to develop a proposal for a new Maternal Mental Health Service and funding has recently been approved by the ICB to mobilise the new service during Quarter 4 2024/2025. The service will be delivered to the Humber and North Yorkshire system via a hub and spoke model led by our Perinatal Mental Health Service. This service already has experience of providing this type of arrangement as it delivers the Perinatal service via a hub and spoke model to:

- Hull and the East Riding of Yorkshire
- North Lincolnshire
- North East Lincolnshire

The maternal mental health service will provide specialist advice, consultation, interventions, and treatment for women experiencing moderate to severe and/or complex mental health problems that are specific to the maternity context. The service will work collaboratively with maternity, mental health partners and VCSE organisations across the

area (including North Yorkshire) to deliver a trauma informed approach to care, demonstrating improvements in psychological wellbeing for women. It will aim to support timely access to evidence-based assessment and treatment in line with NICE guidance. The service will offer support women the following main areas:

- Presenting with psychological distress, mental health difficulties and/or bereavement related to recurrent miscarriage (>3) with a gestation >12 weeks, medical termination, ectopic pregnancy, neonatal death and stillbirth.
- Patients presenting to foetal medicine service after foeticide, or abnormality that results in loss of life.
- Unsuccessful IVF treatment resulting in severe trauma or distress.
- Primary tokophobia when woman is not currently pregnant.

The service will provide a trauma informed approach and offer the following evidence-based interventions and treatments:

- Trauma informed care
- Biopsychosocial risk assessment
- Psycho-education
- EMDR (Eye Movement Desensitisation and Reprocessing)
- Cognitive Behavioural Therapy
- Prolonged grief therapy
- Family therapy
- Compassion focused therapy

The service will be open for women who are experiencing moderate/severe/complex mental health difficulties which means that women would not be able to access therapeutic support via primary care services. The service will receive referrals for women who have experienced loss within the antenatal period or within the first year after birth.

These referrals will only be considered/accepted 3 months following the loss to allow time for the natural grieving process to occur.

The following waiting times will aim to be met:

- 1 week from referral to triage
- 2 weeks triage to assessment
- 6 weeks assessment to treatment

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

### **3.2.1 Leadership Visibility**

The Executive Director of Nursing attended the staff Long Service Awards in Scarborough along with a non-executive director. It was interesting to hear stories about staff experiences in the NHS and the different places they had worked over the years. Visits have also been made to the inpatient unit in Whitby Hospital to meet the new ward manager and to Townend Court to meet the patients and the nursing staff. The Trust were shortlisted for four Nursing Times awards in October and the Executive Director of Nursing accompanied the nurses to the event in London. Although we didn't win it was a great event to showcase the work and the difference we were making for our



patients/service users. All the staff who attended were so positive about being shortlisted and were identifying entries for the following year on the journey home.

### **3.2.2 Eliminating Mixed Sex Accommodation (EMSA)**

The Department of Health and the NHS Operating Framework for 2012-2013 set the NHS clear objectives and confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. Reporting of breaches to same-sex accommodation is mandatory and trusts are required to report this monthly, which has resulted in improvements in privacy and dignity seen across NHS England.

Our EMSA policy has been produced aligned with NHSE Guidance *Delivering Same Sex Accommodation* which includes a section on accommodation for trans people and gender variant children. The policy has been reviewed by the staff Rainbow Alliance Network and their comments have been included in the final policy.

The policy is presented to the November Board seeking Board ratification following approval by the Executive Management Team.

All providers are required to publicly declare their compliance with EMSA. Our declaration of compliance with EMSA has been updated on our website.

### **3.2.3 Thirlwall Inquiry- Addressing Part C of the Terms of Reference.**

The Thirlwall inquiry was set up to examine the events at the Countess of Chester Hospital where nurse Lucy Letby was found guilty of murdering seven babies and attempting to murder seven others on the neonatal unit of the Countess of Chester Hospital.

The Inquiry began hearing oral evidence on 10<sup>th</sup> September 202. The convictions of Lucy Letby are the subject of intense debate, however senior judges have ruled that there are no grounds for appeal at present, a fresh legal challenge is being prepared by a new barrister.

A report addressing part C of the terms of reference has been published. Part C relates to: *The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture.*

The report considers the relevant significant history of the NHS and the impact of some serious events that have shaped how the NHS undertakes patient safety, safeguarding in hospitals, the conditions that need cultivating to support people being able to speak out and up and the approach to learning through systems review investigation. Whilst the report acknowledges the importance of systems approaches to learning, it also recognises that on occasion there are 'bad apples', individuals who display grossly incompetent behaviour, unprofessional behaviour or conduct i.e. demonstrate 'transgressive' behaviours.

The report outlines the nebulous concept of culture and how this is difficult to define and is dependent on inner and outer contexts and is time specific. However, it does outline what

good looks like for culture in healthcare organisations. It also considers recommendations made from previous inquiries to improve culture and governance in the NHS. The report makes 6 recommendations which are:

- **Recognise transgressive behaviour as a distinct class of patient safety risk, and design and implement systems for managing it.**

Transgressive behaviour is a rare but distinct class of patient safety risk that needs to be addressed with appropriate strategies, policies, and processes that are standardised and supported throughout the NHS. A review and consultation on the wider institutional environment relating to employment law and practices and professional regulation should be undertaken to inform an NHS-wide framework for managing this risk. It should include specific standards and processes for addressing concerns about transgressive behaviour involving either individuals or groups in any part of the NHS or its outer contexts, and a strong supporting infrastructure (which might include a new body) to enable the framework to be implemented effectively and equitably.

- **Recognise the risks of institutional secrecy.**

The risks of institutional secrecy should be recognised as an inevitable feature of complex organisations, linked both to how information is organised and behaviours in relation to information, some of which are rooted in normal human sense-making. This means that, in any organisation, managers and leaders should be alert to how heuristics (mental short cuts) and cognitive biases may influence their interpretation of situations, and should appreciate the significance of unusual patterns, soft intelligence and the role of psychological safety.

- **Reduce institutional complexity and priority thickets.**

Reducing institutional complexity and priority thickets (dense overlapping or disjointed goals commanding substantial attention but not necessarily providing improvement) would support NHS organisations in having a clear and coherent set of imperatives, reduce confusion and waste, and improve focus and ability to deliver. A consultation on how this can best be achieved would be helpful.

- **Address the need for evidence-based improvement efforts.**

Since culture is strongly linked to systems, significant investment is needed in improving operational and clinical processes in the NHS. However, improvement efforts need to be based on evidence and to generate evidence. This is likely to be best achieved through an infrastructure that operates collaboratively and at scale to understand problems, co-design and test solutions with patients and staff, and evaluate them, and through supporting implementation.

- **Improve workplace conditions and behaviours.**

Improving workplace conditions and behaviours is a priority for improving culture and will require making workforce stewardship a key priority; collaboratively designing a framework of workforce standards which can be monitored; creating capabilities for work system design based on human factors principles throughout the NHS; improving workforce planning; and improving training and education.

- **Improve and value management at all levels and undertake a consultation on the regulation of managers.**

Management at all levels (not just senior leadership) needs to be strengthened at all levels of the NHS. This will require, at a minimum, fuller implementation of the findings of the Messenger review published in 2022 which set out an ambition to review system wide leadership development and will also require that management is recognised as a key priority for the NHS, is resourced and trained for appropriately, and is valued by political leadership.

### **3.2.3a Humber Teaching NHS Response**

The learning from this report will be taken forward as part of the work already underway across the Trust in respect of our Culture of Care work, our focus on closed cultures, our ReSPECT and Behavioural Standards work, the Patient Safety Incident Response Framework, implementing restorative just culture, the work underway in respect of freedom to speak up and managing allegations against people in positions of trust. A report will be presented to EMT for further discussion and the Quality Committee in February 2025 to outline areas of learning taken forward as a result of reviewing the Trust against the key messages in the report.

### **3.2.4. Primary Care Patient Safety Strategy**

The national Primary Care Patient Safety Strategy was published on 2 October 2024 and focuses on:

1. Developing a supportive, learning environment and just culture in primary care, with sharing across the system so that the services can continually improve.
2. Ensuring that the safety and wellbeing of patients and staff is central, and that the approach to managing safety is systematic and based on safety science and systems thinking.
3. Involving patients in the identification and co-design of primary care patient safety ambitions, opportunities, and improvements

The strategy outlines the top three areas of patient safety incidents, nationally, that have been identified as areas of avoidable harm:

- Diagnosis 61%
- Medication-related 26%
- Delayed referral 11%

Nationally, there is a view that there is an underdevelopment in primary care incident reporting, with less than 1% of incidents (of the 2.2 million) reported from Primary Care. In addition, 21% of new claims to NHS Resolution are from general practice. Patient experience and staff wellbeing are also impacted, and the national GP survey identified that 27.7% of patients said their overall experience of making an appointment was poor.

The ambition of this strategy is to embed a patient safety culture, together with an improved learning response. Humber GP practices have been involved in the work

undertaken within the Trust to improve patient safety and so there are elements identified in the Primary Care Patient Safety Strategy where the Trust arrangements are in place, such as, incident reporting and mandatory patient safety training. Humber GP practices have also been heavily involved in the implementation of PSIRF and engage in the learning responses in place. However, in light of the three areas of avoidable harm raised nationally, a task and finish group has been established to complete a position statement against the strategy and develop an improvement plan on areas where patient safety can be enhanced further in our GP Practices. A report on the outcome of this work will be presented to EMT and the Quality Committee in February 2025.

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

#### **3.3.1 Leadership Visibility and Visits**

The Associate Director of People & OD undertook a planned visit alongside Dean Royles and Anthony Houfe to Maister Lodge on 31<sup>st</sup> October 2024.

Following a warm welcome, those in attendance were afforded an opportunity to understand the operating environment, the patient journey and the experience of staff and service users alike.

The visit gave a great insight into the high levels of care delivered by committed and well supported staff.

#### **3.3.2 Recruitment Statistics**

We are still awaiting benchmarking data from July – September from the TRAC system. Our previous recruitment team figures from TRAC benchmarking data covering the period of 1st April – 30<sup>th</sup> June 2024 show that recruitment time had slightly improved:

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

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

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

#### **3.3.3 ESR Assessment Outcome**

The ESR Self Service Standards Assessment has been completed to summarise how the Trust is supporting the People Digital vision from an ESR perspective. The assessment is based on a set of 10 standards that relate to the use of digital workforce systems including ESR that we should be optimising to ensure a smoother transition to the future NHS workforce solution.

Of the 10 standards, the Trust has been assessed as fully meets requirements against 7 of them and the other 3 are assessed as 'partially meets/working towards' these areas are:

- 1) Managers manage their teams and associated pay affecting changes using ESR self service
- 2) Employees and managers undertake appraisals, reviews and supervision to support personal and career progression
- 3) Establishment control is embedded into the organisations processes and enables the analysis and reporting of vacancies across the organisation

The assessment has shown progress since the 2023 report which is testament to the commitment and dedication of the Workforce Information Team and most of the above areas can be achieved by the implementation of manager self service which is planned for the next 12 months. This will place the Trust in an optimal position for the transition to a new digital workforce solution in 2027.

### **3.3.4 People Promise Exemplar Update**

In February 2024, the Trust was selected to be one of 116 NHS Organisations to take part in the People Promise Exemplar Programme in collaboration with NHSE&I national retention team.

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

Since the last update, Your Leave Plus has been relaunched to highlight to all staff the suite of leave available to them at various times in their employment journey. In addition Your Flex Plus has been launched to champion our robust flexible working approach and Your Health and Wellbeing Plus has been launched to bring together everything offered to our people from a health and wellbeing perspective.

Branded materials and communications can be seen throughout the Trust to support these launches and the People Promise Manager has already visited a number of our sites to engage with them on these key retention topics.

Engagement with the launch of the 'Your Plus' intranet pages has been really positive since it launched on 28<sup>th</sup> October. The intranet page has received a total of 3483 visits, with 1227 visits to the Your Leave Plus and 950 visits to the Your Flex Plus, with a total of 918 total downloads of all 'Your Plus' information booklets.

### **3.3.5 Menopause Collective Update**

The Menopause Collective will be launched during the end of 2024 with Menopause Awareness training being rolled out across the Trust. The training is delivered by our group of now fully trained Menopause Advocates who receive support and development direct from Henpicked as part of our membership.

In addition the Menopause Collective has been branded and will appear on intranet pages which will feature profiles for each of our Menopause Advocates alongside a suite of support resources and materials that staff can access if they need support with any element of their menopause journey. In the new year the Menopause Collective will be

focused on ensuring that the Menopause Friendly accreditation is continued after assessment in May 2025.

### **3.3.6 National Staff Survey 2024 – Progress to date**

As at 8<sup>th</sup> November 2024 the National Staff Survey is now into the second half of the live period which closes on Friday 29<sup>th</sup> November 2024. The overall response rate is at 45.78% and bank staff are at 19.57% which to date has mirrored the progress of 2023 across the live period. The weekly draw incentives from 2023 have been repeated in 2024. In addition there is a prize draw at the end of the live period where staff can win an ipad and an iphone as prizes.

### **3.3.7 Statutory and Mandatory Training Summary**

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

In September, our compliance remains steady at 93.38%, against the Trust target of 85%. These figures emphasise the effectiveness of our training strategies and our collective commitment to maintaining high standards.

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

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

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

### **3.3.8 E-Rostering the Clinical Workforce**

As at September 2024 83% of the Clinical Workforce are on E-roster with a further 9% due to go live imminently. This leaves a further 8% (11 teams) in roster build/training phases. All project objectives are set to be achieved by the end of December 2024

### **3.3.9 No Excuse for Abuse Framework**

Our staff survey demonstrates an increase in bullying and harassment from patients towards staff from diverse ethnic backgrounds. To address this, we have developed a no excuse for abuse framework, which is guidance drawn from a range of policies and SOP's and is designed to help managers provide effective support to staff who have been subjected to unacceptable abuse from patients.

The guidance went out for consultation in late June to gain stakeholder feedback and ensure the guidance was fit for purpose. In July, the guidance was pulled together into a practical toolkit for staff and will be embedded throughout the organisation over the year. A formal launch event will take place in November with a communications campaign designed to reach stakeholders across the organisation. Work is under way to analyse Datix information and establish areas where there is a higher rate of incidents, with bespoke support made available to managers in applying the No Excuse for Abuse framework.

### **3.3.10 Flu Programme 2024**

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

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

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

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

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

As of 8<sup>th</sup> November 2023, overall uptake of the flu vaccine in the organisation is 52.10% with frontline uptake at an overall rate of 33.72%, which equates to 926 out of 2746 members of frontline staff vaccinated this season.

To date the highest uptake of frontline health care workers are in the support roles, this includes GP staff, receptionists, practice managers, students and trainees with a rate of 50% vaccinated.

## **3.4 Medical Director Updates**

### **3.4.1 Leadership Viability**

**Planned visit to Mill View Court.** We had discussions about patient care on the Unit. There was also a focus on the progress of the Multi Professional Approved Clinician and opportunities for further developments.

**Weekly visit to Beverley CMHT** to run outpatient clinics. My clinical sessions continue to offer opportunities to get direct feedback from patients and the CMHT Staff – positive and areas for improvement.

### **3.4.2 Research**

Our Trust is proud to be a key partner in a groundbreaking new mental health research initiative led by the University of Hull. The University has secured £11 million from the

National Institute for Health and Care Research (NIHR) to establish the Centre for Addiction and Mental Health Research (CAMHR), with Trust colleagues, Dr Hannah Armitt, Clinical Research Psychologist, and Dr Laura Voss, Consultant Liaison Psychiatrist, as funded co-applicants on this research award. CAMHR aims to significantly improve the provision of and access to essential addiction and mental health services provided in the community, including services for children and young people. The centre's targeted research will inform how services are delivered in the future. CAMHR is being led by Professor Thomas Phillips, Professor of Nursing in Addiction and Professor Judith Cohen, Professor of Clinical Trials at Hull York Medical School, and Director of the Hull Health Trials Unit at the University of Hull. The NIHR announced the funding for Hull's CAMHR in Oct 2024 - [NIHR launches pipeline of Mental Health Research Groups across England | NIHR](#) and said that this investment 'will see researchers working closely with local communities to develop and undertake research to tackle local mental health needs.'

### **3.4.2 Medical Education**

Board update from Medical Education:

- HYMS Self-Assessment Document (SAD) currently being completed to meet the deadline of 2<sup>nd</sup> December 2024, this forms part of HYMS annual QA placement monitoring process.
- Three of the Trust's Resident Doctors successfully passed their Clinical Assessment of Skills and Competencies (CASC) exam.
- Recruitment for replacement HYMS Team Lead successful – Dr Ferdinand Ogbe appointed and commenced in post on 28<sup>th</sup> October 2024 replacing Dr Richard Ward.
- Continue to deliver further educational and CPD events which benefit our full medical workforce:
  - Medical Education Conference 2024 - International Medical Graduate Learning & Development Forum 16<sup>th</sup> October 2024. This event was fully subscribed, exceptionally successful, excellent feedback.

Appraisal & Revalidation:

- Annex A - Designated Body Annual Board Report & Statement of Compliance for Humber Teaching NHS Foundation Trust submitted to Professional Standards, NHS England, in advance of the deadline.
- Good Medical Practice Update Session, delivered by the General Medical Council (GMC), arranged for all doctors, 29<sup>th</sup> January 2025.
- Appraiser Forum being planned for March 2025.

### **3.4.3 Patient and Carer Experience**

The Patient and Carer Experience and Quality Improvement teams are hosting their first joint celebration event called **Caring Together “Celebrating Continuous Improvement with our Patients and Carers”** on 13 February 2025 at the Mercure Hotel in Willerby and virtual places will also be available via MS Teams. The event is aimed at our patients, service users, carers, Trust staff, members of the public and our partner organisations to showcase how patient and carer experience has informed continuous improvements across the Trust.



### **3.4.4 Quality Improvement**

An Innovation Hub workshop was held on Monday, 14 October with staff representatives from across the Trust, members of the Patient and Carer Groups and the ICB. The session further explored the components for the Innovation Hub and what is important to our group of innovator champions. The next steps will be to further develop an outline of what the hub will 'look like' in a plan for the stages of development and a more detailed business case. Interviews for the Band 5 QI Support Officer that will support the development of the plan and hub are scheduled for Monday, 18 November.

### **3.4.5 Psychology**

Unifying the Psychological Professions: This work is nearing completion. A draft options appraisal has been produced detailing different potential leadership structures; it will be discussed at ODG in late November before going to EMT in December. Additional benchmarking data is being added to the draft.

Update Paper: To mark the first 100 days in post of the Interim Associate Director of Psychology, a paper was produced for EMT, and Quality Committee, outlining key achievements in this period, challenges and associated assurances, and setting out the priorities for the year ahead.

Training and Development updates: The significant increase in training places for clinical psychology is beginning to outstrip psychological staffing, so we have faced significant challenge in providing enough placements to fulfil our contract with the University of Hull. This is further impacted by the requests to absorb the supervision of psychological practitioners (eg MHWPs), and the supervision of junior doctors, which is an income generating service lined. We have managed to resolve this for now, but the position is precarious; strategy meetings are planned with the university in order to identify how to manage this for the next rotation. We are current supporting 83 trainees in placements.

Staff training and development continues to be a core part of practice and added value from psychological professions. Just some examples in the last month include: 2-day training in Structured Clinical Management Informed approaches for clinicians in the CMHT/ PCMHN, 'Introduction to...' series of training events launched in PCMHNs for all staff, Compassion Focussed Therapy training to staff at Millview Court to support the introduction of CFT as a model of care.

We continue to have great success with the Foundation and Intermediate Courses in Systemic Practice. These courses, facilitated over 22 half day sessions are run by UKCP registered Systemic Family Therapists working within the Trust, and are fully accredited by the Associated for Family Therapy; on completion of both courses trainees are eligible for registration as Systemic Practitioners. Having in-house accredited training which offers professional registration gives excellent value for money, and ensures we have high quality, cost-effective CPD available for clinicians from different professional backgrounds, to improve quality and patient experience.

Psychological Professions Week – 11<sup>th</sup> – 18<sup>th</sup> November 2024. To mark this, profiles of a range of the different psychological professions have published in the Global, in order to showcase their diverse work. Two CPD events, open to all staff, have been provided: the first of these on 11<sup>th</sup> November had 92 attendees from a range of professional backgrounds including social work, OT, nursing, psychiatry and health visitors. The second is planned for later this month, and the new psychological professions newsletter will be

launched at the end of November, to complement the new 'X' (Twitter) account which is aiming to showcase Humber as a great destination for psychological professionals.

CAMHS updates: Joanne Robinson, Consultant psychologist in Core CAMHS has been the clinical sponsor for governance of the NHS England project, CLEAR over the last 18 months. The service has now moved into the implementation phase of a new model of care, which was a recommendation arising from the work. The service is also half-way through a three-year service evaluation of Trauma-informed care, led by psychology. There has been an incredibly positive 100% response rate across Hull and East Riding Core teams. At the second data collection point, they have seen growth across 5 subscales (Empathy and Control, Self-Efficacy, Reactions, Personal Support and System Support). The team are working on increasing their growth on the 'Responses' subscale.

### **3.4.6 Mental Health Act Bill 2024**

The UK Government has introduced the Mental Health Bill to modernise the Mental Health Act in England and Wales. The new bill was introduced into parliament on Wednesday 6 November 2024 by the minister responsible for mental health, Baroness Merron.

The planned reform has been underway since the independent review was published in 2018. The drivers included reducing detentions and racial inequalities.

#### **The key reform will include:**

1. Bar for detention will be higher.
2. People with a learning disability and autistic people without a co-occurring mental health issue will only be able to be detained for a maximum of 28 days.
3. Community treatment orders (CTOs) will remain but will have stricter criteria.
4. Care and treatment plans when an individual is detained will become statutory.
5. Patients will be able to choose their nominated person, with safeguards in place.
6. Patient will have more power to challenge their detention and treatment.
7. Police and prisons cells will no longer be able to be used as a place of safety.
8. A new time limit of 28 days will be set to transfer prisoners who need mental health treatment to a mental health hospital.
9. Patients will automatically have access to independent mental health advocates.

#### **New minor changes in the new bill:**

- Non-statutory duty of ICBs to 'make arrangements' to provide information and support that allows people to create Advance Choice Documents (ACDs).
- There will also be a statutory duty for the responsible clinician to consult with another clinician before discharging a patient.
- The inclusion of 'likelihood of harm, and how soon it will occur' in the detention criteria has been removed, due to complexities on defining these terms legally.

The update of the Mental Health Act is long overdue. However, success of the reforms will be dependent on the wider infrastructure including manpower to support it.

Our trust involvement in the MHAQI (with NHS England and Virginia Mason Institute) and Patient and carer race equality framework (PCREF) should stand us in good stead when the bill is enacted into law. The board and the MHA legislation committee will continue to receive updates as the bill goes through the parliamentary progress.

### **3.4.7 Pharmacy**

The Medicines Safety team will take key learning from medicines-safety incidents reported by each team or service area to share with relevant staff on-site. This initiative is part of the “Medicines Safety Roadshow”. It will start with Malton Hospital on 05.12.2024 and be rolled out to all areas of the Trust.

The bespoke learning is compiled and developed from a thematic review of medicine-safety incidents reported in each area. This proactive approach will give staff an opportunity to discuss the identified learning directly with the Medicines Safety team. Staff will also be signposted to recommended resources for further development in Medicines Optimisation or if an alternative style of learning is needed.

## **3.5 Director of Finance Updates**

### **3.5.1 Leadership Visibility**

Since September the Director of Finance has observed the PLACE assessment at Whitby Community Hospital and Pine View, presented the Financial Review of the Year at the Annual Members Meeting, visited Malton and Whitby Hospital to hold drop in sessions with staff to discuss amongst other things the Staff Survey and visited the Childrens Centre to see the fantastic waiting area.

### **3.5.2 Cyber Security Updates**

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

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2024: 138 (*Incl 13 in October*)
- High Priority CareCERT notices Issued during 2024: 11 (*1 in October*)

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

### **3.5.3 Facilities Management Updates**

- Following a review of the Estates on Call provision, and associated consultation period, the second tier of Estates On Call ceased in November. Whilst a further review of the first tier Estates on all provision is being undertaken, this comes at no detriment to the service provided.
- Sustainability team have been shortlisted for the HFMA National Healthcare Finance Awards – Environmental Sustainability Category (Awards ceremony is in December).
- The successful completion of Inspire Walker Street Centre waiting area, which has been well received.
- Continued development of the Forensic Services Accommodation business case, which continues to have excellent service engagement.
- Project governance structure developed for Westlands redevelopment project.
- Approximately 220 staff have been trained in fire warden duties, face to face. Training is fully booked until 9th December.
- 7 Trust buildings have been inspected by fire service, all have been found to be deemed compliant.
- PLACE assessments are concluding, with initial collation of submission data under review. At present no significant outliers have been identified.
- Review of accommodation options being undertaken for the community team located on Rydale Ward at Malton Hospital. Options currently include working with York LLP to reconfigure the existing accommodation or relocating.

### **3.5.4 Digital Updates**

- For 2024/25, the Electronic Patient Record (EPR) Funding for revenue and capital includes deferred income from previous years, with £0.518m expected in Q3 via DHSC. Expenditure aligns with phased budgets, covering areas like data migration and software licenses. Key capital allocations include £0.678m for data migration and £0.350m for licenses.
- Forensic services and Children's & LD divisions have gone live with EPR with excellent training compliance (Children's & LD at 98%). The Mental Health Division go-live has been rescheduled to February 2025. Robotic Process Automation (RPA) is being used to migrate patient data effectively.
- Lexacom Voice Recognition and Accurx Patient Portal pilots are progressing, with virtual training and site-specific floor-walking support planned.
- MaST (Management and Supervision Tool) business case has been considered, this requires enhancements prior approval
- Comprehensive communication strategies are in place for BeDigital, including intranet updates, visual campaigns, and webinars to engage staff. Tailored campaigns emphasise SystemOne's benefits and ensure widespread adoption.
- The Trust exceeds national averages in most datasets for Data Quality (and Digital Decisions) with highlights in IAPT (97.9%) and MHSDS (92%). Decisions include SAM forms integration into the EPR programme and capital allocations for approved tools like Harthill Patient Recall.
- Preparation for Windows 11 deployment is ongoing, alongside a cost-saving switch to EE for mobile services
- Information Governance updates include transitioning to the CAF-aligned Data Security and Protection Toolkit, with ongoing supplier due diligence and contract reviews. Recent communications and staff updates ensure awareness of IG initiatives.

- Interweave developments include [positive milestones include a successful proof-of-concept workshop with Dorset ICB and EMIS integration at pilot GP practices. An independent review of the tech stack is guiding re-tendering plans, and efforts to onboard new regions like Nottinghamshire are progressing.

### **3.5.5 Partnerships and Strategy Update**

- The Trust has been awarded £42K North Yorkshire Health Inequalities monies to support people working in the fishing industry. This service will be delivered by the Health and Wellbeing Coordinator Service.
- The first Community Learning Disability Hub was held with a large number of local partners including Hull City Council, CHCP and a large number of third sector organisations. This was a successful event feedback was extremely positive from everyone who attended the event:
  - “I got my problem sorted and it saved me a trip into town”
  - “Staff were friendly and happy to talk me through the different services”
  - “Nice informal set up. Great range of organisations and good networking opportunity”
  - “Good for people to come and find information and hopefully spread the word”

## **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>• 111 Mental Health Survey</li> <li>• Community mental health survey</li> </ul>
Community & Primary Care	<ul style="list-style-type: none"> <li>• Primary Care – Communications planning</li> <li>• Whitby UTC – Change Comms</li> </ul>
Children’s and Learning Disabilities	<ul style="list-style-type: none"> <li>• Connect website launch</li> <li>• 0-19 Social Media Pathway</li> <li>• Launch of new Communications Champions Forum</li> </ul>
Mental Health Support Teams (MHST)  This team have a dedicated communications officer in post.	<ul style="list-style-type: none"> <li>• Prerecorded assembly for mainstream secondary school audience – view <a href="#">here</a>.</li> <li>• Social media advertising campaign</li> <li>• Antbullying week</li> </ul>
Forensic	<ul style="list-style-type: none"> <li>• AHP review work</li> <li>• Estates updates</li> </ul>

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

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

- **Brand Updates**

Our three-year brand review has produced new guidance on how our brand, partner brands, and sub brands interact with each other. This brand family tree, attached in the appendix, which will be shared and briefed throughout senior leadership and the divisions.

We have appointed a Graphic Designer into the team, who joined on November 4. This appointment will reduce outsourcing costs, improve turnaround times and improve quality control.

**World Mental Health Day**

To mark World Mental Health Day on 10<sup>th</sup> October we held an art exhibition at Humber Street.

For several years we have worked with Health Stars to deliver art materials to inpatient units on the day in acknowledgment of the therapeutic role of art and creativity in recovery. This year for the first time we invited submissions for an exhibition.

We worked with activity coordinators and were supported by the Recovery College and Art Therapists to bring our idea to life.

The exhibition featured 65 original pieces and ran for three days and was covered by BBC online and BBC Radio Humberside.

This year's theme was 'Prioritising Mental Health in the Workplace.' To support this internally we sent conversation cards to encourage open discussions about mental health. They included prompts to start conversations, from light-hearted to more thoughtful, along with tips for maintaining mental wellbeing. Copies were also sent to 40 local suppliers to encourage them to share cards with their staff.

**Social media**

- **National Campaigns**

Recent activity has been focused supporting the promotion of NHS 111 for mental health concerns in the approach to winter and the Flu vaccination programme.

World Mental Health Day enjoyed prominent coverage across our social media channels, with over 50 posts shared to promote the art exhibition and using creativity for mental health.

The Trust AMM enjoyed strong coverage, with 227 post reactions and a reach of 25,000 people as we covered events of the day.

## Childrens & Young People’s Division social media

- 0-19 Social Media Pathway

A new annual social media calendar has been developed in partnerships with 0-19s to launch in 2025. This will share proactive prevention and intervention messages across service and Trust channels.

To feed reactive messages into this process a new Communications Champions Forum will bring together representatives from Hull and East Yorkshire 0-19 Services and Mental Health Support Teams (MHSTs) to share intelligence, insights, and expertise to develop reactive and responsive communication campaigns addressing key health concerns affecting local populations.

### Media coverage

Sept - Oct	October - November
<ul style="list-style-type: none"> <li>• 18 mentions in press – 14 Positive and 2 Neutral</li> <li>• 2 negative</li> </ul> <p><b>Key Highlights:</b></p> <ul style="list-style-type: none"> <li>- <b>World Mental Health Day:</b> Art exhibition in Hull created 3 positive news stories (including national press) and 1 radio interview</li> </ul> <p><b>Cancer Alliance Grant:</b> Story was featured both nationally and locally</p>	<ul style="list-style-type: none"> <li>• 9 mentions in press – 6 Positive and 3 Neutral</li> <li>• 0 negative</li> </ul> <p><b>Key Highlights:</b></p> <ul style="list-style-type: none"> <li>- <b>Forest School Research with York University</b></li> <li>- <b>Christmas Appeal (Health Stars):</b> Hull Live and That’s TV Humber.</li> </ul>

### Press Office

To further improve the reach of our positive news stories our press office page will provide a bank of our recent and ongoing press releases for media outlets. This will also improve search engine optimisation, increasing chances of the site ranking higher in search results.

- **Events**

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

- PACE and QI Celebration Event – Feb 2025
- Children and LD Website Launch Celebration – October 2024
- PROUD Alumni Event – October 2024
- 

Other events:

- World Mental Health Day Art Exhibition at Humber Street Gallery

Upcoming events:

- Friday 22<sup>nd</sup> November- Staff Awards Celebration Evening at the Mercure Hotel, Willerby

- Thursday 12<sup>th</sup> December- Christmas Carol Concert
- Thursday 15<sup>th</sup> February -PACE and QI Conference

## Awareness Days

September	October	November
Know Your Numbers Month 17 = World Patient Safety Day 19 = Youth Mental Health Awareness Day 29 = National Psychotherapy Day	Speak up Month Black History Month Domestic Abuse Awareness Month 9-15 = Baby Loss Awareness Week 10 = World Homeless Day 10 = World Mental Health Day 13-19 = Infection Prevention Control Week 14 = Allied Health Professionals Day	22nd Staff Awards Celebration Evening at the Mercure Hotel, Willerby

### September 19th: Youth Mental Health Awareness Day

For Youth Mental Health Awareness Day we created a [video](#) for our Mental Health Support Teams (MHST) which was shown at assemblies across Hull and East Yorkshire.

### October: Speak Up Month

New lanyards for all Trust colleagues were distributed to support the FTSU messaging. This was supported by two online events.

- **11<sup>th</sup> – 15<sup>th</sup> November: Anti-bullying Awareness Week**

Working collaboratively with Hull City Council we distributed awareness assets including a second prerecorded assembly, which has been shared with all mainstream secondary schools.

## Theme 2: Enhancing prevention, wellbeing and recovery

- **Connect Website**

The team supported the build and launch event for the new Children, Young Peoples and Learning Disabilities Website, Connect. Since launch on Tuesday 29<sup>th</sup> October, the website has seen promising engagement, with 1,249 active users exploring its features and content for an average time of 2 minutes 37 seconds.

We will continue to track key metrics such as monthly active users, average engagement time, session duration and bounce rates to better understand user behaviour and engagement with the new website. We are working closely with the division to ensure the site is well managed and updated post launch.

- **Good News**

Since its publication in September, the new 'Good News' page has garnered 717 views, surpassing expectations. This is a notable increase compared to our other top-performing news stories during the same period, which received 48 and 41 views respectively, reflecting the positive reception of this new format.



### Theme 3: Developing an effective and empowered workforce

- **Humbelievable**

#### September Campaign

A new campaign launched in September in response to 2024 data that indicated spikes in people looking for new jobs in September, January and March.

Insight showed when children go back to school parents often take stock of their work-life balance. Social media and Google adverts and press releases shone a light on our flexible working and enhanced leave offering.

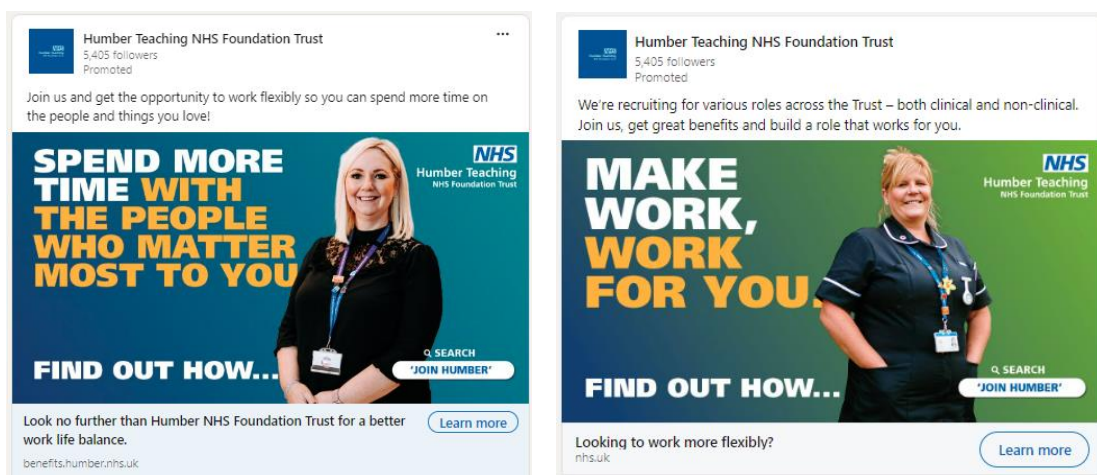


Figure 1: Facebook adverts

Adverts were seen over 115,000 times generating 2,000 clicks to view roles on the Join Humber website - a 30% increase in traffic to the website compared with the same period last year.

We also aimed to increase subscribers to our jobs email bulletin, doubling sign ups to 1,900 in three weeks.

The next campaign will run in December/January and March.

- **'Your Humber Plus'**

Our new 'Your Flex Plus' and 'Your Health and Wellbeing Plus' policy and refreshed 'Your Leave Plus' booklet have now been launched to staff. We have had an excellent response from colleagues with many accessing the information about the excellent enhanced leave, flexible working and health and wellbeing opportunities the Trust provides.

In the first two weeks of the policies being launched, we have seen the following levels of engagement with the digital information available:

- **Intranet Page visits**
  - Your Plus – landing page **601**
  - Your Leave Plus page **1227**
  - Your Flex Plus **930**
  - Your Health and Wellbeing Plus **725**
- **Total page visits 3483**
- **Intranet Staff Engagement Project**
- **Booklet Downloads**
  - Your Leave Plus Booklet **271**
  - Your Flex Plus Booklet **433**
  - Your Health and Wellbeing Plus Booklet **214**
- **Total Downloads 918**

Our research project concluded and recommendations for next steps were taken to EMT in November.

The project spoke to over 350 staff across corporate and clinical areas to understand colleagues' current usage, experiences and aspirations for the intranet.

Costs and timescales are now being progressed working with both IT and HR.

- **The NHS Staff Survey**

Staff survey completion rates continue to match the excellent figures we achieved, week on week last year. We continue to work closely with our Workforce colleagues to make sure we are maintaining a consistent level of staff communication about the survey.

After assessing the weekly figures, we continue reach out to areas of the Trust individually to offer support. Our aim is to ensure we maintain and better the great completion and feedback rates we achieve last year. Messaging to staff will continue throughout this month until the survey closes on Friday 29 November.

- **Flu Vaccinations**

We have supported our Pharmacy vaccination team to take over 700 Flu vaccination bookings so far at the clinics taking place in the Learning Centre and Willerby.

We continue to promote the clinics taking place across the Trust and being delivered by our Occupational Health team and Peer Vaccinators. We are sharing these details across all internal channels and aware awaiting confirmation on the take up of this offering.

## **Media Training & Comms Training**

37 members of staff have now completed media training. There are three more sessions in 2025 - February (now fully booked), May and September.

We are now working with Learning and Organisational Development to pull together a proposal for a broader training offer to support in how our key people present and deliver messages on behalf of the Trust. As a department we currently train in Media, Brand and social media but we are looking to expand this offer to share communications techniques more widely in the Trust.

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

- Awards

Our submissions for 2024 have closed. It was our most successful year ever for with a 67% increase from 12 to 20.

Remaining ceremony date for 2024 is:

HSJ Awards: 2 Shortlisted – Ceremony 21st November 2024

Results :

- Nursing Times Awards 2024: 4 Shortlisted – No wins
- Social Worker of the Year Awards: 3 Shortlisted – 1 win, Fran Ashton, Mental Health Social Worker of the Year

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

### **EPR**

The Electronic Patient Record programme is progressing well, with approval to go live in Children's and LD services approved on Sunday 10 Nov. We supported the team through the cutover period and continue to be present at all meetings throughout this initial go live period. This approach allows us to react quickly and effectively to any communications requests, keeping staff up to date with the latest and most important information to them.

In the lead up to this go live, the team developed a dedicated weekly Children's and Learning Disabilities EPR newsletter. This has allowed the division to look out for one key publication every week, allowing them to stay on top of what they needed to know in an efficient way. The latest edition was read by 75% of division staff showing excellent engagement.

### **Interweave**

The team are supporting Interweave with a communications strategy to run in parallel with the Interweave strategy from April 2025, illustrating the ongoing benefit of dedicated communications support in this area of business.

The BeDigital Week 2024 programme will aim to boost awareness of the Interweave team amongst staff, as well of the benefit of using shared care records within our in clinical roles.

In addition, Loren will attend the NYHDIF Conference with other senior members of the Interweave team this month improve knowledge of shared care records and curate content about innovative topics and our Trust's involvement.

### **AccessAble**

The Trust partnered with Accessible and the Estates team to provide information about the accessibility of our spaces. The launch included PR, social media and internal communications.

This has resulted in a key accessibility improvement to our web pages as every building now has detailed accessibility information attached. Work has also been completed to include a prompt in patient letters to find out detailed information for the facility they are due to visit by scanning a QR code or visiting the webpage.

## Measures of Success

<b>Theme 1: Promoting people, communities, and social values</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	6 positive stories covered by media / 3 neutral mentions 0 negative stories covered by media
Visits to Brand Portal	Up 20% to 696 sessions	415	771
Facebook engagement rate	2%	2.69%	3.57%
Twitter engagement rate	2%	4%	3.19%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	90 new followers – Total 5,526

<b>Theme 2: Enhancing prevention, wellbeing and recovery</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Stakeholder newsletter open rate	Maintain an average open rate of 30%	30%	27.6%
Increase subscribers	Increase by 40% p/a	147	Total subscribers: 158 – 0% increase

<b>Theme 6: Optimising an efficient and sustainable organisation</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Reduce bounce rate – whole site	Below 50%	66.7%	51.3%
Average page visits/views per session	Below 3	2	1.9
Increase average session duration	+ one minute	1m 32s	2m 35s

<b>Theme 3: Developing an effective and empowered workforce</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Intranet bounce rate reduced – excluding homepage	< 50%	57.36%	(excludes homepage)
Intranet sessions maintain at current level	77,101 sessions p/m	77,101	83,354
Global click through rate (CTR) increase	7%	9.2%	8.9%

<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 shortlists in HSJ Awards – ceremony still to come  3 award shortlists in Social Worker of the Year – 1 win  2 award wins/highly commended in HSJ Digital Awards  2 award shortlists in NHS Parliamentary awards  6 award shortlists in HSJ Patient Safety awards  4 award shortlists in Nursing Times awards
--------------------	--	--

## **5 Health Stars Update**

### Theme 1: Be a trusted and engaged charity partner

- Customer Relationship Management software
  - o We have started the process of configuring our new CRM, Donorfy. This investment will professionalise our operation streamlining data management, enabling targeted outreach and better resource allocation, leading to more effective fundraising efforts
- Just Giving
  - o We are upgrading to the new Grow Plan, Just Giving’s monthly subscription, which will give us access to reports and enable to us to allocate donations accurately. This will support the finance team to match Just Giving donations to fund zones and income pillars.
- Christmas Appeals

We are launching our Christmas appeals which includes a variety of ways people can get involved:

#### Christmas Gift Appeal

Our aim is to give a present to everyone who will be spending Christmas in one of our inpatient units, this is roughly 250 presents.

We have set up an Amazon wish list and 25 of the gifts on there have already been bought. We are also promoting ‘shopping lists’ for people to purchase something and drop it off at specific units across the Trust. There is a Just Giving page for people who want to donate money for us to purchase the gifts.

TARGET = £2500 equivalent

#### Christmas raffle

We are launching an online raffle. This has been done for the last few years and has raised between £150 and £250.

TARGET = £350

#### Dedication Trees

We have set up an online dedication tree for people to donate to celebrate, thank or remember a loved one. We are also going to replicate this with a physical Christmas

Tree in the Lecture Theatre and the opportunity for people to hang a star on the tree and make a donation to Health Stars.

TARGET = £250 (virtual) / £20 (physical)

- Running Events

Over £3000 has been raised through running events in September and October including Pete Beckwith who raised £815 at the Haltemprice 10K. We have 68 people in the 'Running Club' and are sending specific newsletters to these people to promote local running events.

We have invested in the membership of an event platform - Run for Charity - which gives us access to places in over 300 runs across the country. Through the Haltemprice 10K and Humber Bridge Half Marathon we have exceeded the cost of the membership and are in profit.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
<b>Be a trusted and engaged charity partner</b>			
Funds raised	£100k	£77,314	£62,600 YTD  This month: £7350
<u>Health Stars is a household name</u>	Survey launched in autumn	Health Stars previous survey awareness questions	To be launched after Staff Survey closes
Annual review against Charity Commission principles	Complete review in March 25	n/a	Due: March 2025

## Theme 2: Improve Patient Care and Experience

- Dreams

Dreams are our requests for charitable funds over £5000.

Our first Dream, the Walker Street Waiting Area, is now open. We hosted a launch event on Thursday 24 October which was attended by Michele Moran, staff from Walker Street and contractors. We are also working on a Christmas party for the young people who use the space. The project has transformed the space and is an excellent example to others of what the charity can do.

We are currently working with six Dreams on the following projects

Dream	Details	Lead	Update
Malton Day Room	Creating a dementia friendly day room on the Fitzwilliam Ward at Malton Hospital	Rachel Laud	Next meeting = 28th November. Team to agree what is core works and what is enhancements that Health Stars will fund. Once we have costs we will put together a fundraising appeal.
Whitby Hospital Children's Area	To create a fun and inviting area within the waiting area for children	Lucy Shardlow	Waiting for initial designs from contractor to start engagement work. Costs will then follow.
Westlands Visitor Garden	To create a calming, therapeutic and multi-use space for patients and their visitors. (Dani also have	Dani Wilkinson	Core ground works to start in November. Health Stars to then look at enhancements alongside Westlands Team who are keen to fundraise.

	bigger plans to develop other parts of Westlands)		
0-19 Service mobile clinic	Mobile clinic to provide services within communities	Heidi Fewings	First Dream team meeting = 14th November
Walker Street Corridor	Murals, flooring,	Becky Smith	Design team being set up to move forward plans for corridor development
Newbridges	Garden transformation - football area, basketball, planting etc. Also transformation of activity room and dining room		Anita checking with Estates that it's a viable plan before first Dream Team.

We are waiting for indicative costs from the Estates Team so we can then put together Fundraising Appeals specific for the Dream.

- Wishes
- 44 wishes have been received since we reopened on 20 May 2024, 5 of them in this period
  - 22 have been completed.
  - 17 have been declined or cancelled
  - 4 are in progress
- Wishes submitted in this period include:
  - Art supplies for CAMHS Eating Disorders
  - Mementos and refreshments for a support group
  - Water bottles and resources for training

The main reason we have declined wishes in this period is because the items should be funded by the teams' core budget. In order to reduce this and increase knowledge across Trust teams we are planning to:

- Include in next Health Stars newsletter a feature about items that we cannot fund and encourage teams to think about using their core budget
- Develop a team of 'Charity Champions' within different services who will be able to advise their colleagues about wishes and fundraising activities.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
<b>Improve patient care and experience</b>			
Each division has an identified and approved plan for a dream	4 completed 'Dreams'	n/a	Currently progressing Dreams submissions for: <ul style="list-style-type: none"> <li>• Community &amp; Primary</li> <li>• Childrens &amp; LD</li> <li>• Mental Health</li> </ul> No engagement from Forensic Division due to engagement in fundraising for staff member with MND.
All appeals (Dreams) have a measurable positive impact on patient/service user care and experience	Positive response to the post appeal survey question 'Did the appeal have a positive impact on patient/service user care	n/a	Evaluations to be sent out once first dream is complete

	and experience' (+80%)		
All estates capital projects have a Health Stars workstream	Dreams delivered in line with estates projects by year-end	n/a	Current live estates Dreams are; <ul style="list-style-type: none"> <li>• Malton Hospital Day Room</li> <li>• Whitby Hospital Children's Area</li> <li>• Westlands Gardens</li> <li>• 0-19 Mobile Clinic</li> <li>• Walker Street Corridor</li> <li>• Newbridges</li> </ul>
Increase wishes approvals	By 20% (target 82 wishes)	22/23 - 62 wishes approved 23/24 7 wishes approved  (note 37 wishes were completed on handover as legacy wishes)	44 submitted 22 approved
Case studies per week	1 per week	3	Over 30 case studies completed since relaunch

## Supporting Staff

- Two members of staff ran the Haltemprice 10K in October and raised £935.
- We have interest from several other members of staff who are taking part in fundraising events over the next six months including the London Marathon, a half marathon and a team who want to do a skydive.
- We have arranged to speak at the Market Weighton Patient Participation Group in November and will arrange to attend similar meetings at Humber Primary Care and King Street Surgery.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
<b>Support Staff</b>			
Services have Charity Champion	50% services	0	0 Plans to launch a campaign to recruit Charity Champions
Work with HR to identify how charitables funds can support delivery of the People Plan	TBC		Paper coming to Charitable Funds Group in November - postponed
Visits to charity guidance on Health Stars website – Access Funding page	KPI to be set after 3 months of figures obtained	n/a	56 visits this month (23 last month)

## Develop Partnerships

- The Recovery and Wellbeing College 2025 calendar will be on sale by the end of the month, with proceeds going to Health Stars. We have created a payment page for the calendar which was designed and printed free of charge by local Hull



company: Umber Creative.

- The team attended the Market Weighton Health and Wellbeing Fair to talk to the community about the work of Health Stars and how we support their GP surgery.
- We have built a new relationship with the local Mind Fundraising Manager and have places in their Christmas fun run.
- Become Charity Partner for two Dove House Hospice events: Get Caked and Night Walk.

<b>Measures of success</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
<b>Develop Partnerships</b>			
Communications Measures of success	4% social media engagement rate		
	30% social media growth	22/23 427 visits 829 followers	Facebook: 860 followers (3.7% increase)  Instagram: 361 follows (3.8% increase)
	1% increase in click through rate target from content and stories	12.9% traffic from referral and social media since relaunch	Benchmark set after three months live
	Developing email clubs – 10% staff signed up to email clubs	360 sign ups to email clubs	104 sign ups (2.7%)
	Stakeholder newsletter sign ups	n/a	Not launched yet (waiting for CRM)
Lottery sign ups	720 members	720	131 members 171 numbers  24% of target
Pennies from Heaven sign ups (Microhive)	20%	720	390  10.8% of workforce 54% of target
Supporters in CRM	Target set when migration takes place	n/a	CRM launched in November
Corporate sponsors signed up to major project			No appeals live.
4 Dreams appeals launched	4	0	One dream completed  Six dreams in planning phase.

**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024														
Title of Report:	Publications and Policy Highlights														
Author/s:	Name: Michele Moran Title: Chief Executive														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	<p>To inform and update the Trust Board on recent key publications and policy since the September Board (detailed below):</p> <ul style="list-style-type: none"> <li>• Providers deliver: shifting care upstream</li> <li>• Autumn budget 2024</li> <li>• Operational effectiveness of the CQC</li> <li>• The future of the NHS</li> <li>• CQC State of Care report</li> <li>• Digital transformation</li> <li>• Ethnicity pay gap</li> <li>• Mental health inpatient settings: creating conditions for the delivery of safe and therapeutic care to adults</li> </ul>														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>													
<b>Matters of Concern or Key Risks:</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>													
Governance:		Date	Date												
	Audit Committee		Remuneration & Nominations Committee												
	Quality Committee		People & Organisational Development Committee												
	Finance Committee		Executive Management Team												
	Mental Health Legislation Committee		Operational Delivery Group												
Collaborative Committee		Other (please detail) Board													

**Monitoring and assurance framework summary:**

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

## Publications and Policy Highlights

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

### 1. Providers deliver: shifting care upstream

NHS Providers has published a report which highlights how NHS trusts are leading new approaches to ensure patients can get the care they need in the right place at the right time.

The case studies in the report show how trusts are driving forward the 'left shift' and increasing the amount of patient need that is being met within the community and out of hospital.

The report is available via this link: [Providers Deliver: shifting care upstream](#)

#### Lead: Chief Operating Officer

**The principles set out in this report of a “left shift” to achieving care and support in the right place at the right time underpins our service change and improvement programmes. We have examples of developing early support, prevention and community instead of hospital across all of our patient groups. With a focus on lived experience and coproduction at the heart of this work, we are continuing to develop care models in this shift towards care upstream.**

### 2. Autumn Budget 2024

NHS Providers has also published a briefing regarding the Autumn Budget 2024.

The briefing outlines the key policy announcements and an overview of the Office for Budget Responsibility's revised forecast.

The briefing can be access via this link: [On the day briefing: autumn budget 2024 - NHS Providers](#)

#### Lead: Director of Finance

**The announcements in the budget are positive in nature, we are awaiting detailed guidance via NHS England of the practical implications for the Trust, details of which will be taken through Executive Management Team and the normal governance process, we expect this will form part of the 2025/26 planning guidance.**

### 3. Operational Effectiveness of the CQC

On 15 October, the Department of Health and Social Care (DHSC) published [the full report](#) of Dr Penny Dash's review into the operational effectiveness of the Care Quality Commission (CQC), and CQC published the findings of [Sir Mike Richards' independent review](#) of the regulator's single assessment framework and its implementation.

NHS Providers has published a briefing which summarises the findings, conclusions and recommendations of these important reviews: [nhs-providers-on-the-day-briefing-reviews-into-cqc-s-operational-effectiveness-and-single-assessment-framework.pdf](#)

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

Recommendations made in the reports are noted with recognition of further work being required to be undertaken in terms of the CQC approach to assessment. However, it is noted that a focus on Quality Statements will remain, we are therefore continuing to promote self-assessment and improvement work as required against these statements in preparation for our next inspection in whatever form it will take.

#### **4. The future of the NHS**

The Department of Health and Social Care is beginning an extensive programme of engagement to develop the 10 Year Health Plan. To support with this, views are being sought (via a questionnaire) from NHS staff, organisations and the public regarding the future of the NHS. Further information is available here: [change.nhs.uk](https://change.nhs.uk) and the closing date for submission of the survey is 5.00 pm on Monday, 2 September.

Engagement events are also running through November and December focussed on the **three big shifts in healthcare** to make the NHS fit for the future, moving it from:

- Hospital to community
- Analogue to digital
- Sickness to prevention

**Lead: Chief Executive Officer:**

**The Trust is encouraging its staff to take part in this big conversation and has shared the survey and information regarding the engagement events with staff.**

#### **5. CQC State of Care Report**

The CQC has published its 'State of Care' report. In its assessment of health and adult social care in England in 2023/24, CQC highlights significant issues around timely access to good care, and persistent inequalities in health and care access, experience and outcomes.

This year State of Care has a strong focus on inequalities, exposing issues in specific services, such as mental health, maternity and children and young people's care. It also recognises the key role of local systems in addressing inequalities and joining up care.

The report also considers in depth areas of specific concern, including maternity care, Black men's mental health, care for autistic people and people with dementia, and places significant emphasis on the need to improve services for children and young people.

The report can be accessed via this link: [The state of health care and adult social care in England 2023/24 - Care Quality Commission](https://www.cqc.org.uk/publications-reports/state-of-care-2023-24)

**Lead: Deputy Chief Executive/Medical Director:**

**The Trust continues to have a strong focus on achieving timely access to services and is applying improvement methodology to increase access in those services challenged by waiting times. It is recognised that underpinning this improvement work with ours and local work on addressing health inequalities is key and we are strengthening this further in our service transformation programmes.**

## 6. Digital Transformation

NHS Providers has published a report which details the results of a recent survey and series of insight calls conducted as part of NHS Providers' ongoing work to support NHS trust boards and senior leaders on the digital transformation agenda. The survey was conducted in May and June 2024, and sought feedback from all trust board members and digital leaders, capturing a wide range of views. The survey received 185 responses from 134 unique trusts, representing 64% of NHS trusts in England across all regions and trust types, including acute, community, mental health and ambulance trusts.

The report can be accessed via this link: [Digital transformation survey 2024: challenges, opportunities and priorities for trust leaders](#)

**Lead: Director of Finance:**

**This report provides interesting reading, the recent announcements on digital capital and ringfencing it is hope will provided improved access to capital for digital innovation and transformation.**

## 7. Ethnicity Pay Gap

NHS Providers and Hempsons have produced a new guide - 'Counting the cost: Understanding your ethnicity pay gap' which is designed to support trust board members understand their organisation's ethnicity pay gap and steps that can be taken to narrow and eliminate it. It incorporates case studies from organisations who have begun to implement strategies and interventions to address pay gaps.

**Lead: Associate Director of People and OD:**

**In April 2024 the Trust met the timescales set out within the NHSE EDI Improvement Plan, undertaking a timely analysis of our ethnicity pay gap data and published its outcomes for the Board. This analysis found no gaps, and we can be assured that staff from ethnically diverse communities are not being paid less than their white peers.**

## 8. Mental health inpatient settings: creating conditions for the delivery of safe and therapeutic care to adults

The Health Services Safety Investigations Body (HSSIB) has published the first full report from its series of investigations into inpatient mental health care in the NHS and the independent sector in England.

This first report (accessible via this link: [Mental health inpatient settings: Creating conditions for the delivery of safe and therapeutic care to adults — HSSIB](#)) focuses on the conditions that contribute to the delivery of safe and therapeutic care for adults receiving care in adult, older adult and secure inpatient settings.

**Lead: Chief Operating Officer:**

**This report makes a number of safety recommendations, observations and proposed safety responses for NHS England, ICB's and providers. Aspects of these are reflected in the NHS England Culture of Care programme that some of our wards are currently participating in. This report is being considered by the relevant divisions within their clinical networks to support their quality improvement plans.**

Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024														
Title of Report:	Learning from the CQC review of Mental Health services at Nottinghamshire - Intensive & Assertive Community Mental Health Treatment Review														
Author/s:	Paul Johnson, Clinical Director														
Recommendation:	<table border="1" data-bbox="464 566 1452 683"> <tr> <td data-bbox="464 566 863 607">To approve</td> <td data-bbox="863 566 957 607"></td> <td data-bbox="957 566 1339 607">To discuss</td> <td data-bbox="1339 566 1452 607"></td> </tr> <tr> <td data-bbox="464 607 863 647">To note</td> <td data-bbox="863 607 957 647">✓</td> <td data-bbox="957 607 1339 647">To ratify</td> <td data-bbox="1339 607 1452 647"></td> </tr> <tr> <td data-bbox="464 647 863 683">For assurance</td> <td data-bbox="863 647 957 683"></td> <td data-bbox="957 647 1339 683"></td> <td data-bbox="1339 647 1452 683"></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide a briefing in relation to the outcome of the intensive and assertive Community Mental Health Treatment ICB reviews and updates on current work being undertaken by the trust including the latest updates regarding national timelines.														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>▪ Positive engagement with NHSE, ICB and CQC</li> <li>▪ Trust clinical lead working on this programme is also programme lead for ICB and NHSE.</li> <li>▪ All recommendations and actions underway/ completed as set out set out by NHSE timeline.</li> <li>▪ Engagement and coproduction commenced regarding preferred model of delivering intensive and assertive engagement.</li> <li>▪ Areas of good practice noted, and actions identified to improve areas through self-assessment and subsequent action plan.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>▪ The production of a standard operating procedure for adults who decline treatment and / or disengage with mental health services.</li> <li>▪ Stakeholder focus group planned with clinical staff on 26<sup>th</sup> November to guide the development of an options appraisal which will consider 3 options and articulate the risk and benefits of either doing nothing, establishing a dedicated pathway within existing CMHTS or establishing a dedicated specialist provision for intensive and assertive engagement.</li> <li>▪ Commencing service user engagement and co production of options appraisal</li> <li>▪ Establish estimated resource implications and costing for NHSE for providing intensive and assertive engagement.</li> <li>▪ Established working group to look at current use of Community Treatment Orders (CTO's)</li> <li>▪ Attending national engagement session with CQC to support the development of standards in relation to community mental health services.</li> </ul>														



<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>A new assertive engagement model will have implications for workforce and finances, currently no new resources have been identified by NHS England</li> </ul>	<b>Decisions Made:</b> The board are asked to note the content of this report, the current national position, outcomes of the review, and the response the trust is taking to ensure compliance and delivery the Trusts action plan. The Quality Committee will continue to receive regular updates on delivery of the action plan.
---	--

<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	14.11.24	People & Organisational Development Committee	
	Finance Committee		Executive Management Team	17.09.24
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

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

√ Tick those that apply

<input checked="" type="checkbox"/>	Innovating Quality and Patient Safety
<input checked="" type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	Fostering integration, partnership and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce
<input type="checkbox"/>	Maximising an efficient and sustainable organisation
<input type="checkbox"/>	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	

## **Learning from the CQC review of Mental Health services at Nottinghamshire - Intensive & Assertive Community Mental Health Treatment Review**

### **1. Introduction**

The paper provides a further briefing in relation to the outcome of the Intensive and Assertive Community Mental Health Treatment ICB reviews and updates on current work being undertaken by the trust including the latest updates regarding national timelines.

### **2. Background**

This report summarises the outcomes of reviews completed within HTFT as requested by NHSE following the publication of the special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust, (NHCT) into the care given to a patient following his conviction for the killing of 3 people in January 2024.

The patient had a diagnosis of paranoid schizophrenia and was under the care of the Early Intervention in Psychosis team (EIP), however he was discharged to the care of the GP due to his disengagement from the services offered.

Whilst the review highlighted failures at Nottinghamshire Health Care Trust (NHCT), it also warned they were not unique to the trust and the need for high quality and safe care existed across all community mental health services. As a further outcome the CQC have requested a review of the standard of care in community mental health teams across the country to fully understand the gaps in the quality of care, patient safety, public safety, and staff experience. The CQC have also made recommendations for NHS England about the development of new guidance setting out national standards for high-quality, safe care for people with complex psychosis and paranoid schizophrenia.

### **3. Issue Identified through the national review.**

Many people who experience psychosis receive evidence-based care and treatment which enables them to recover from their psychotic episode and/or be supported to live a life that is meaningful to them alongside the management of ongoing symptoms. Some people who experience psychosis, particularly where paranoia is present, struggle to access evidenced-based care and treatment. This can be due to core services not being able to meet people's needs for this group. It is critical that mental health services are able to meet the person's needs by adapting the approach to engagement, providing continuity of care, and offering a range of treatment options for people experiencing a varying intensity of symptoms.

People with these needs can be vulnerable to harm from themselves and from others; for a very small number of people relapse can also bring a risk of harm to others. Integrated care boards (ICBs) have a duty to provide care and treatment in a way that meets the needs of this group. Improving the care and treatment of individuals who require an intensive and assertive approach from health services is a priority for the NHS.

As a first step in improving care, NHS England included a requirement in the [2024/25 NHS Priorities and Operational Planning Guidance](#) that all ICBs "review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.

## Key risks Identified by NHS England

### **Key themes and lessons from serious untoward incidents.**

While it is more likely that someone with severe mental illness will harm themselves rather than other people, serious untoward incidents (SUIs) such as the tragic events in Nottingham in 2023 serve to highlight the need for services to seek to engage and treat individuals that pose a risk of harm to others when unwell.

### **Services have a duty to engage with people with Severe Mental Illness (SMI) and their families/carers**

Lack of engagement may be a result of the service offer not being what they want or need; reflective of previous poor treatment; a lack of cultural relevance/understanding; the individual not recognising that they are unwell and need treatment.

### **Intensive and assertive community care requires dedicated staff**

Systems have a responsibility to ensure they commission the right mix of services to support the needs of their local populations. This includes a dedicated resource to provide intensive and assertive care for those individuals who need it.

### **‘No wrong door’ approach**

Community mental health services should be operating a ‘no wrong door’ approach and be well joined up with other statutory services and Voluntary Community Social Enterprise (VCSE) partners to identify people who might require intensive and assertive care and who are less likely to present via standard routes.

NHSE has outlined two Phases of work which need to be undertaken to provide assurance and to strengthen the care delivered for people requiring intensive and assertive engagement.

### **Phase 1**

#### **Actions required by ICB.**

*All ICBs have been asked to undertake an urgent review, to ensure that they have appropriate governance, partnership working arrangements and monitoring systems in place to identify individuals in their communities that require intensive and assertive community care to meet their needs and to keep them and others safe. Identifying individuals who require intensive and assertive community care requires proactive identification across all services, recognising that people with the needs described above may be on caseloads of services that cannot adequately meet their needs.*

CQC recommend:

(a) Regular medicines monitoring takes place within the community and address any issues quickly where problems are identified.

(b) Ensure all practicable efforts are made to engage patients who have disengaged from the early intervention in psychosis service. This includes referring people who find it difficult to engage with services to a team that provides assertive and intensive support.

(c) Ensure there is a standard operating procedure in place for early intervention in psychosis and community teams to follow when a patient does not attend for appointments and follow-up actions are defined for care co-ordinators

## **Phase 2**

As part of these reviews, ICBs are asked to report any gaps and barriers to delivering good care that they have identified (e.g. resourcing and workforce implications of delivering this care).

As previously reported to the board, in response to the publication of the CQC report into the incident within Nottinghamshire health care the trust has undertaken the initial review of all policies and procedures to ensure no one is discharged solely on the basis of non-engagement and completed and submitted the maturity index self-assessment to identify areas of compliance and areas of improvement required. An action plan from the review and self-assessment has been shared with the board and the Quality Committee but in summary, there were a number of areas of good practice and areas identified for improvement including:

### Good practice.

- Early intervention team offers intensive & assertive community treatment.
- Homeless team offer an intensive and assertive approach to engagement.
- Family interventions provision and triangle of care is strong.
- Examples of Family interventions/therapists embedded within teams.
- Established and effective partnerships and, links with social care, enabling closer working relationships and sharing of information/knowledge and expertise.
- Established links and partnerships with VSCE sector.
- Examples of co production within service development.
- Examples of daily safety huddles within generic CMHTs.

### Areas of improvement/Gaps in provision

- Not all services know their population of people with serious mental illness where engagement is a challenge.
- Not all services can evidence they use local mental health needs assessment data and regular review of key data to identify trends and support service improvements.
- HFT does not currently offer a dedicated pathway or enhanced resource to this client group.
- Not all Staff are confident and skilled to support people who may have multiple morbidities (including Learning Disability & Autism, neurodiversity, Substance misuse) and some staff identified the need for reintroduction of psychosocial intervention training which has underpinned assertive outreach team approaches.
- Some gaps /Inconsistencies were identified with psychological therapy roles, pharmacy, substance misuse specialists.

- Family inclusive practice is evident but not always consistent. Further support is needed to build people's confidence in working with families where consent and engagement is complex.

Currently the ICB are reporting that following the review across the whole of the ICB footprint that they are not assured that services are able to identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow-up. However, from a Humber perspective, it is reported that whilst overall services are generally working well, there are some areas that require action to achieve full maturity against the new guidance. Only 2 ICB's nationally reported they were assured.

#### **4. Current progress on actions and next steps**

Since the production of the action plan in October 2024, work has commenced to address the areas of improvement. A number of key areas of work have commenced including:

- The production of a standard operating procedure for adults who decline treatment and / or disengage with mental health services.
- Stakeholder/focus group planned with clinical staff on 26th November to guide the development of an options appraisal which will consider 3 options and articulate the risk and benefits of either doing nothing, establishing a dedicated pathways within existing CMHTS or establishing a dedicated specialist provision for intensive and assertive engagement.
- Commencing service user engagement and co production of options appraisal
- Establish estimated resource implications and costing for NHSE for providing intensive and assertive engagement.
- Establishment of a working group to look at current use of Community Treatment Orders (CTO's)
- Attending national engagement session with CQC to support the development of standards in relation to community mental health services.

Work is also being undertaken to further develop the action plan for the trust to reflect the outcome of the national review. NHS England have indicated that this will be a two-year program of work and that the CQC will be developing good practice standards to support a review of community mental health services over the next two years. Although NHS England are requesting work force and financial costings of enhancing services, there is a clear message that there is no guarantee of any further investment into services currently.

Regarding next steps, NHSE have released a statement (November 2024) outlining the next steps to ensure progress in this evolving work.

It states NHSE will:

- Continue to work with Regions and ICBs on the development of local action plans and then assuring them at both 6 months and 12 months.
- Work alongside the CQC on their engagement with Mental Health Trusts around what good care looks like, and their subsequent reviews of Community Mental Health Services following the Section 48.
- Support the 2-year review of all services supporting Seriously Mentally Ill (SMI) patients that will also be able to reflect and act on the insights learnt from these reviews, especially the need to create joined up services both within the NHS and wider partners.
- Share best practice and increase training and education with our partners such as RCPsych. This will enable the skills and knowledge of good safe care identified around Community Treatment Orders (CTOs), depot medication, continuity of care and family engagement to be discussed, trained, improved, and embedded across the country.
- Developing enhanced guidance, which will include essential standards as well as a gold standard of care for intensive and assertive community treatment, reflecting the feedback from your reviews. This will form part of work we are developing on broader guidance on core standards of care for community mental health services.
- Publication of a minimum standard will be published by NHSE early 2025.

Humber TFT will continue to engage with NHSE, the ICB and the CQC on this work and developing guidance for intensive and assertive engagement. Work will continue to address the actions identified in the action plan and the quality committee will continue to receive regular updates against progress.

## **5. Recommendation to the Board**

The board are asked to note the content of this report, the current national position, outcomes of the review, and the response the trust is taking to ensure compliance and delivery the Trusts action plan.

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024															
Title of Report:	Health Inequalities Strategy															
Author/s:	Sarah Clinch, Senior Partnerships and Strategy Manager															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>✓</td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve	✓	To discuss		To note		To ratify		For assurance			
To approve	✓	To discuss														
To note		To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To set out the scope and timeline for developing a Trust Health Inequalities supporting strategy.															
<b>Key Issues within the report:</b>																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trust now has a clear direction of travel for its health inequalities work and is in a strong position to adopt a longer term strategy drawing on the learning from activity to date.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>The Trust has had a health inequalities programme in place since July 2023</li> </ul>														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Delivery timescales for the strategy are tight, especially for Board sign off.</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>None</li> </ul>														
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team	22/10/24												
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail)													

**Monitoring and assurance framework summary:**

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



# Health Inequalities Strategy, October 2024

## 1. Background

The Trust has had a health inequalities programme in place since July 2023. Initially, the programme was based around a strategic framework which set out the Trust's current position and potential actions in four areas of activity:

- Understanding health inequalities in our services and communities
- Advocating to raise awareness of health inequalities across our Trust
- Acting to improve access, outcomes and experience for people at risk of health inequalities
- Addressing the wider determinants of health inequalities

It was agreed at this point that a period of exploratory work and staff engagement was required to build understanding of opportunities within the Trust to address health inequalities. By April 2024, the strategic framework had matured into a delivery plan for 2024/25 covering the following themes:

- Communications and Knowledge Transfer
- Data analysis
- Supporting teams to address health inequalities
- Integrating health inequalities into Trust strategies and policies
- Ensuring that approaches to health inequalities are embedded in clinical practice
- Workplace culture and training
- System working to address the wider determinants of health

The Trust now has a clear direction of travel for its health inequalities work and is in a strong position to adopt a longer term strategy drawing on the learning from activity to date.

## 2. Scope of the strategy

In scope – Trust vision for addressing health inequalities, our approach to addressing health inequalities, how health inequalities is integrated with our culture and values, how we deliver care and how we are transforming our services for the future.

Out of scope – aligned programmes of work which have separate delivery structures in place, e.g. Trauma Informed Care, PCREF

Duration – the proposed duration of the strategy is 3 years.

## 3. Aims of the strategy development process

The process of developing a health inequalities strategy will enable us to:

- Define the Trust's ambitions with regards addressing health inequalities, aligned to the goals of the Trust Strategy
- Clarify how the Trust will measure impact on health inequalities
- Give visible leadership and direction to staff
- Position the Trust as a system leader in health inequalities, with the potential to expand and adapt our approach across the system in our role as host organisation for the HNY mental health collaborative

## 4. Development process and timeline

Development of the strategy will be led by the Partnerships and Strategy Team and will be overseen by the Health Inequalities Operational Group. The proposed development timeline is:

Scoping document approved by EMT	Oct/Nov 2024
First draft produced	Nov 2024
Strategy workshop with Health Inequalities Operational Group and other interested staff	Early Dec 2024
Second draft for review by HI Ops Group	Jan 2025
Draft Health Inequalities Strategy approved by EMT and ODG	Feb 2025
Final Health Inequalities Strategy approved by Trust Board	Mar 2025
Strategy launch	Apr 2025

## 5. Proposed strategy content

The strategy will be short, sharp and focused, comprising a maximum of 6 pages. The proposed content comprises:

1. Introduction (Chair and Chief Exec) - Overarching vision for the Trust including approaches which underpin the vision
2. Our Approach / Logic Model – building on and combining previous work on the Strategic Framework and themes identified in the current delivery plan
3. Strategic Goals (see notes below)– For each goal, describe what we aim to achieve and how we will know we have achieved it
4. Delivery plan and governance – including the caveat that the landscape around HI is changing rapidly and the Trust will need to be responsive

One potential approach would be to write a health inequalities strategic goal linked to each of the Trust Strategy aims. A similar approach was successfully applied to the Trust's Estates Strategy. Mapping the themes from the current HI delivery plan to the Trust Strategy aims suggests that this approach would work well:

Trust Strategy Goals	HI Delivery Plan Themes
Innovating for quality and patient safety	<ul style="list-style-type: none"> <li>• Embedding HI in Trust strategies and policies e.g. Access Policy, Physical Health Strategy</li> <li>• Equality and Health Inequalities Impact Assessment</li> <li>• Embedding HI in major transformation schemes</li> </ul>
Enhancing prevention, wellbeing and recovery	<ul style="list-style-type: none"> <li>• Approaches to health inequalities are embedded in clinical practice e.g. Person Centred Planning, Trauma Informed Care, Culture of Care</li> </ul>
Fostering integration, partnerships and alliances	<ul style="list-style-type: none"> <li>• System working to address the wider determinants of health</li> </ul>
Promoting people, communities and social values	<ul style="list-style-type: none"> <li>• Supporting teams to address health inequalities - through co-production with our communities</li> <li>• Building on our role as an Anchor Institution to address HI (not in current HI Delivery Plan)</li> </ul>
Developing an effective and empowered workforce	<ul style="list-style-type: none"> <li>• Communications and Knowledge Transfer</li> <li>• Workplace culture and training</li> <li>• Supporting teams to address health inequalities</li> </ul>
Optimising an efficient and sustainable organisation	<ul style="list-style-type: none"> <li>• Understanding Trust Health Inequalities Data</li> <li>• Supporting teams to address health inequalities - identifying funding opportunities</li> </ul>

## 6. Recommendation

That Trust Board approve this approach and timeline.

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024														
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update November 2024														
Author/s:	Michele Moran, Chief Executive Alison Flack, Programme Director														
Recommendation:	<table border="1" data-bbox="539 680 1525 792"> <tr> <td data-bbox="539 680 938 719">To approve</td> <td data-bbox="938 680 1031 719"></td> <td data-bbox="1031 680 1410 719">To discuss</td> <td data-bbox="1410 680 1525 719">√</td> </tr> <tr> <td data-bbox="539 719 938 757">To note</td> <td data-bbox="938 719 1031 757">√</td> <td data-bbox="1031 719 1410 757">To ratify</td> <td data-bbox="1410 719 1525 757"></td> </tr> <tr> <td data-bbox="539 757 938 792">For assurance</td> <td data-bbox="938 757 1031 792"></td> <td data-bbox="1031 757 1410 792"></td> <td data-bbox="1410 757 1525 792"></td> </tr> </table>			To approve		To discuss	√	To note	√	To ratify		For assurance			
To approve		To discuss	√												
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To update members of the Trust Board on the progress of the Mental Health, Learning Disabilities and Autism Collaborative Programme.														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b> N/A</p>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• <b>Service Development Funding (SDF) update</b> – ICB executives have developed a set of funding principles to guide the release of SDF. The MH LDA collaborative proposals have now been assessed against these criteria and approved. Providers have been informed and asked to begin mobilisation. This will include the re-establishment of a maternal mental health service.</li> <li>• <b>Developing the future collaborative</b> – Work is developing around the future collaborative arrangements. The key aspects are about the collaborative coming together in a revised form of partnership, to take full responsibility and delegation for the total spend on mental health, learning disabilities and autism and to put in place the appropriate governance, strategy and plans in order to do that. The experience through the work of the Specialised Provider Collaborative and the already well established arrangements in the existing collaborative serves well to think about locally how we can improve fragmented pathways, join up services and develop a core offer across our geographical footprint. The preferred form identified was a Contractual Joint Venture and we</li> </ul>														

are currently in the process of working through what that should look like and how it would operate.

A Programme Oversight and Assurance Group has been established to move forward and the Terms of Reference for that group have been developed, which set out the purpose, roles and responsibilities, membership, accountabilities and the programme task and finish groups that will take this work forward.

- **HNY ICB Mental Health Learning Disabilities and Autism Strategy Development** – A paper was shared with the Collaborative Executive Strategic Leadership Group in October, which sets out an approach to developing the new strategy, building on the existing strategy and thinking about the future context e.g. Darzi, potential 10-year plan and what our priorities will be over the next 5 years.

This will align with the ICB blueprint and the work of our future collaborative. The paper sets out a direction of travel, proposal to have a completed strategy by the end of December 2024. We are currently working with programme leads, undertaking horizon scanning and demand modelling around population health.

- **Humber and North Yorkshire 5-year Dementia Plan – Hope of a Life Still to be Lived**, will be launched in November 2024. Over the last 15 months, the strategy has been fully coproduced by people living with dementia, their families and care partners, and programme partners across HNY. It has been assessed for accessibility via local lived experience groups and the Healthwatch 'Read Right Panel', all feedback has been incorporated into the final version.

The 5-year plan has been developed in a format in line with Innovations in Dementia accessibility guidelines.

#### **Mental Health, Learning Disabilities and Autism Performance**

- **Access to Talking Therapies** – reliable recovery: ICB have achieved both local and national targets.
- **Access to Talking Therapies** – reliable improvement: ICB have achieved both local and national targets.
- **People with SMI receiving a full annual physical health check:** ICB have exceeded Q1 target at 59.3%.
- **Learning Disability Registers and annual health checks:** ICB have exceeded the target continually for the last 3 months.

	<ul style="list-style-type: none"> <li>• <b>Inappropriate Out of Area Placements:</b> ICB are over target by 1 patient.</li> <li>• <b>Dementia Diagnosis Rate (DDR):</b> ICB are 0.8% under target.</li> <li>• <b>CYP MH Access:</b> ICB are 725 patients under target.</li> <li>• <b>Perinatal Mental Health Access:</b> ICB actual for MH Perinatal Access is 91% of target achieved at 1,187 against a target of 1,309. NYY service has been in and out of business continuity which has caused other MH teams to undertake assessments; these are not captured in the Perinatal activity.</li> <li>• <b>Adult LD and/or Autism Inpatients:</b> ICB currently have 64 adults with LD/A in an inpatient setting, this is against a target of 45; Only North-East Lincolnshire are achieving the Place based target. Cumulatively, this adds up to the ICB being 19 patients above expectations at this point in the year.</li> <li>• <b>Children LD and/or Autism Inpatients:</b> ICB currently have 8 children with LD/A in an inpatient setting, this is against a target of 3; The areas contributing to the increased position are East Riding (over target by 1 child), North Lincolnshire (over target by 1 child), and North Yorkshire (over target by 3 children).</li> </ul>
--	---

<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• Work to develop future collaborative arrangements.</li> <li>• MH LDA Strategy development</li> <li>• SDF prioritisation process.</li> </ul>	<b>Decisions Made:</b> N/A
---	-------------------------------

<b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	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				
<b>Yes</b>	Innovating Quality and Patient Safety			
<b>Yes</b>	Enhancing prevention, wellbeing and recovery			
<b>Yes</b>	Fostering integration, partnership and alliances			
<b>Yes</b>	Developing an effective and empowered workforce			
<b>Yes</b>	Maximising an efficient and sustainable organisation			
<b>Yes</b>	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			

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

**Humber and North Yorkshire Health and Care Partnership  
Mental Health, Learning Disabilities and Autism Collaborative**

**Humber Teaching NHS Foundation Trust Board Update – November 2024**

This report provides a summary of the current work programmes and priorities being undertaken as part of the Mental Health, Learning Disabilities and Autism Collaborative and provides an update on performance across the Humber and North Yorkshire Integrated Care System.

- **Service Development Funding (SDF) Update** – ICB Executives have developed a set of funding principles to guide the release of SDF. The MH LDA collaborative proposals have now been assessed against these criteria and approved. Providers have been informed and asked to begin mobilisation. This will include the re-establishment of a maternal mental health service.
- **Developing the Future Collaborative** – Work is developing around the future collaborative arrangements. The key aspects are about the collaborative coming together in a revised form of partnership, to take full responsibility and delegation for the total spend on mental health, learning disabilities and autism and to put in place the appropriate governance, strategy and plans in order to do that. The experience through the work of the Specialised Provider Collaborative and the already well established arrangements in the existing collaborative serves well to think about locally how we can improve fragmented pathways, join up services and develop a core offer across our geographical footprint. The preferred form identified was a Contractual Joint Venture and we are currently in the process of working through what that should look like and how it would operate.

One of the first steps is the identification of a host entity who would effectively be the lead agency in the accountability of the funds and take responsibility on a technical basis for hosting the money and supporting the partnership to make the decisions to allocate the funds to deliver the strategy. A process has been undertaken with the local Providers, with a clear steer from the ICB and has identified that Humber Teaching NHS FT will fulfil that role, subject to due diligence and a full business case.

A Programme Oversight and Assurance Group has been established to move forward and the Terms of Reference for that group have been developed, which set out the purpose, roles and responsibilities, membership, accountabilities and the programme task and finish groups that will take this work forward.

- **HNY ICB Mental Health, Learning Disabilities and Autism Strategy Development** – A paper was shared with the Collaborative Executive Strategic Leadership Group in October, which sets out an approach to developing the new strategy, building on the existing strategy and thinking about the future context e.g. Darzi, potential 10-year plan and what our priorities will be over the next 5 years.

This will align with the ICB blueprint and the work of our future collaborative. The paper sets out a direction of travel, proposal to have a completed strategy by the



end of December 2024. We are currently working with programme leads, undertaking horizon scanning and demand modelling around population health.

- **Children and Young People’s Mental Health Strategy Refresh** – This sets out plans to develop a new strategy and forward workplan to cover the next 3 years in line with relevant national and ICB strategies, plans and guidance which have emerged since the current plan was developed. NHSE will monitor more closely wait times and outcomes. A lot of work has been done in the past year on improving reporting outcomes.

Moving forward, we will complete a gap analysis and will have a clear picture of what priorities need to be funded in the future. There are opportunities within the refreshed plan around waiting well and we are working on a pilot in the East Riding to reconfigure a social prescribing contract, so that some of the contract focusses on those children and young people awaiting support.

- **Humber and North Yorkshire 5-year Dementia Plan – Hope of a Life Still to be Lived**, will be launched in November 2024. Over the last 15 months, the plan has been fully coproduced by people living with dementia, their families and care partners, and programme partners across HNY. It has been assessed for accessibility via local lived experience groups and the Healthwatch ‘Read Right Panel’, all feedback has been incorporated into the final version.

The 5-year plan has been developed in a format in line with Innovations in Dementia accessibility guidelines. 6 key priorities have been identified by people living with dementia and their families and all system partners:

- Access – relates to access to timely diagnosis, care and support. Working together to remove some of the barriers.
  - Communications – keeping people informed about what help and support is available and how it can be accessed.
  - Education – for people with dementia and their families about what to expect, how to access support for practical things.
  - Prevention – focus around the 14 modifiable risk factors which can reduce 40% of dementias.
  - Research and innovation – collaboratives on the blood biomarker challenge. As an ICS, have the highest number of providers signed up to the trials delivery framework. Thriving research network and working in partnership with the IRIS team. Bringing lots of new opportunities into the system, including currently are co-applicants on a bid which would bring in funding to primary care which would fund social care prescribers to deliver a support intervention post-diagnosis.
  - Future proofing – to be fit and sustainable for the future. 29 disease modifying treatments on the horizon for use by 2030. The first tablet form of those is due a decision in March 2025 by NICE.
- **Review of Intensive and Assertive Community Treatment** – Following the publication of the CQC review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust. NHSE have stated the requirement that all providers review their community services to ensure that they have clear policies



and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge. Providers are currently developing their actions plans.

- **The MH LDA Collaborative's 6th Annual Conference will take place on 21<sup>st</sup> November 2024** – The theme of the conference is “Dementia: Hope of a Life Still to Be Lived”. Key speakers include:
  - Claire Murdoch CBE, National Mental Health Director, NHSE
  - Dr Jeremy Isaacs, National Clinical Director for Dementia and Older People's Mental Health, NHSE
  - Jill Quinn MBE, CEO, Dementia Forward
  - Damian Murphy, Director, Innovations in Dementia CIC
  - Tom Cahill, National Learning Disability and Autism Director, NHSE and Carl Shaw, Learning Disability and Autism Advisor, NHSE
- **Mental Health, Learning Disabilities and Autism Performance**
  - **Access to Talking Therapies** – reliable recovery: ICB have achieved both local and national targets.
  - **Access to Talking Therapies** – reliable improvement: ICB have achieved both local and national targets.
  - **People with SMI receiving a full annual physical health check:** ICB have exceeded Q1 target at 59.3%.
  - **Learning Disability Registers and annual health checks:** ICB have exceeded the target continually for the last 3 months.
  - **Inappropriate Out of Area Placements:** ICB are over target by 1 patient.
  - **Dementia Diagnosis Rate (DDR):** ICB are 0.8% under target.
  - **CYP MH Access:** ICB are 725 patients under target.
  - **Perinatal Mental Health Access:** ICB actual for MH Perinatal Access is 91% of target achieved at 1,187 against a target of 1,309. NYY service has been in and out of business continuity which has caused other MH teams to undertake assessments; these are not captured in the Perinatal activity.
  - **Adult LD and/or Autism Inpatients:** ICB currently have 64 adults with LD/A in an inpatient setting, this is against a target of 45; Only North-East Lincolnshire are achieving the Place based target. Cumulatively, this adds up to the ICB being 19 patients above expectations at this point in the year.
  - **Children LD and/or Autism Inpatients:** ICB currently have 8 children with LD/A in an inpatient setting, this is against a target of 3; The areas contributing to the increased position are East Riding (over target by 1 child), North Lincolnshire (over target by 1 child), and North Yorkshire (over target by 3 children).

### **Recommendation/Action**

The Board is asked to note the information presented in the paper.

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024			
Title of Report:	National Update - November Briefing			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	The paper provides an update and outline of the recent NHSE updates and operational developments.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b> To note developing NHSE plans.		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Conversations with the system and ICB</li> </ul>		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Not apparent at this moment</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail) Monthly 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	N/A	Comment

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

## National Update - November Briefing

### 1 Introduction

Health Secretary Wes Streeting's recent speech at the NHS Providers conference and subsequent meetings with leaders sets out some direction of travel, setting out that the NHS needs both reform and accountability to strengthen its services and adapt to the challenges that the NHS is facing. As part of this vision, there will be an increased emphasis on transparency, with performance league tables and a sharper focus on managerial accountability.

The three Aims were reiterated:

- Treatment to Prevention
- Hospital to Community
- Analogue to Digital

The importance of the successful budget allocation was stressed, and it was made clear that the NHS had done better than other areas and therefore we needed to deliver against this. Capital allocations were stressed noting that these would only be used for capital, however this brings with it new expectations around financial sustainability and performance, which focus on quality and patient safety.

The operating guidance expected will significantly cut the number of nationally mandated targets setting out principles for a new "framework" which would end the NHS's "command and control culture".

Quote from NHSP speech:

*Mr Streeting said: "Clear priorities mean a few, not 50 different targets. So, the instructions coming out in the forthcoming NHS mandate and following planning guidance will be short."*

*On the devolution plans, he said: "The framework I'm setting out today is based on triple devolution: with power shifting out of the centre to ICBs, to providers and, crucially, to patients." "I want to lead an NHS where power is moved from the centre to the local and from the local to the citizen. [Herbert] Morrison meets [Aneurin] Bevan."*

*He added: "Herbert Morrison and others in the Labour movement had argued strongly for a municipally based model, with power and control exercised locally." The comments reference the row just before the NHS's creation in 1948 which ultimately resulted in then prime minister Clement Attlee government's backing Mr Bevan's plan for nationalising hospitals over Mr Morrison's proposal for a local government-run service.*

*The minister said: "I want ICBs to focus on their job as strategic commissioners and be responsible for one big thing: the development of a new neighbourhood health service."*

*“It will focus on building up community and primary care services with the explicit aim of keeping patients healthy and out of hospital, with care closer to home and in the home.”*

## **2 Current NHS Dialogue**

Following this and setting out 5 key areas included by Amanda Pritchard NHS CEO:

1. Living within the money – Each penny needs to be well spent and with tighten accountability, importantly to reduce duplication. [Humber has a productivity group and our transformation work will be brought more into this work.](#)
2. Embedding improvement – Adapting a continuous improvement approach, work with NHS IMPACT. [Important to continue our agenda and work in this area. Links to point 1.](#)
3. Maintaining quality and safety – The Intelligent Board processes. [Draft Board assessment against this in process.](#)
4. Working better with primary care – Joint working with all sectors and focus on developing neighbourhoods. [Humber’s system working and influence](#)
5. Making the most of the opportunities we have – SDF monies, digital and telephony. [Core to our collaborative and primary care work.](#)

## **3 Evolution of the Operating Model**

The operating plan and model is due shortly and will focus upon 4 actions: These 4 actions will guide a refresh of the current operating framework;

1. Simplify and reduce duplication, clarifying roles and responsibilities and being clear.
2. Shift resources, time and energy to neighbourhood health, creating momentum that makes clear the role of the provider sector in neighbourhood health and how to work with local partners.
3. Devolve decision-making to those best placed to make changes, clarifying the role of integrated care partnerships (ICPs) and health and wellbeing boards.
4. Enable leaders to manage complexity at a local level, supporting leaders with new strategic commissioning frameworks to include national best practice.

Self-managing, self-improving systems. Lord Darzi, in his recent review, was unequivocal that the current NHS model is the right one, and that structures can support delivery of the changes that we all want to see. Looking to the future, the government wants to see self-managing, self-improving systems, just as was set out in the Hewitt review. Integrated care boards (ICBs) are critical to delivery of the strategic shifts from treatment to prevention, from analogue to digital and from

hospital to community, and will continue to be the system leader for the NHS, convening and working across all key partners within their integrated care system. The goal is to give more freedoms for the top performers – those who are improving population health, reducing inequality of outcomes and who deliver high patient satisfaction and use resources effectively. NHSE will support organisations to improve via a developing NHS Performance, Improvement and Regulatory Framework organisations.

Board accountability is required. Strong boards are essential for all organisations if the NHS is to deliver its objectives. To be effective, boards need the right information at the right time and used in the right.

#### **4 Conclusion**

There are several meetings taking place about the developing reforms which we at Humber are part of and influencing. The ICB is also developing the change agenda, it is important that we work closely together with partners on the developing framework.

#### **5 Recommendation**

The Board is asked to note the Briefing and agree to the Insightful Board being a major Strategic Board agenda item in February 2025 with the work we have been completed to date on the framework as a focus.

Michele Moran  
November 2024

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024		
Title of Report:	Being Humber Cultural Framework Refresh		
Author/s:	Pete Cook – Head of Learning and Organisational Development		
Recommendation:	To approve	✓	To discuss
	To note		To ratify
	For assurance		
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this paper is to introduce the Board to our refreshed 'Being Humber' Behavioural standards, which is ready for approval following consultation, final design and sign off at EMT.		
Key Issues within the report:			
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The "Being Humber" behavioural framework, launched in 2022, sets clear expectations for employees, ensuring alignment with our organisational values and goals.</li> <li>The existing framework is in regular use, on average the full guideline is downloaded 95 times a month, and there are 200 hits on the Being Humber intranet page monthly.</li> <li>The new design of the framework uses the existing recognisable branding</li> <li>The release plan has been built in collaboration with the Communications and OD teams</li> <li>We have a new set of Being Humber Characteristics that offer us a way to easily align to the sets of behaviours we expect and tolerate.</li> </ul> <p><b>Key Enhancements:</b></p> <ul style="list-style-type: none"> <li>Restorative Just Culture</li> <li>Sexual Safety</li> <li>Equality, Diversity, and Inclusion</li> <li>Health Inequalities</li> <li>Learning from Incidents</li> <li>Compassionate Leadership</li> <li>Preventing Closed Cultures</li> <li>Freedom to Speak Up</li> </ul> <p>The consultation involved key stakeholders and</p>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <p><b>Timeline and Actions:</b></p> <p>We have completed a consultation process to review and refresh the existing Being Humber framework</p> <p>The comms team have proposed a comprehensive release plan, including:</p> <p><b>Phase 1 – October/November</b>  <b>Refresh &amp; Replace</b>  New updated guides and supportive documents  Refresh intranet  Maintain regular communication to support cascade as part of business as usual</p> <p><b>Phase 2 November/December</b>  <b>Review &amp; Rebrand</b>  EMT &amp; Board sign off  Share with leaders and managers as part of pre-launch communications  Build library of examples of how to use the Framework  Supports external communication of internal culture</p> <p><b>Phase 3</b>  <b>Relaunch January</b>  Soft approach – conversational  New year – cultural reset  What should we expect from ourselves and one another  Link to New Years intentions (rather than resolutions)</p>		

<p>groups, including:</p> <ul style="list-style-type: none"> <li>• TCNC</li> <li>• ODG</li> <li>• QPAS</li> <li>• Staff Networks</li> <li>• PACE</li> <li>• EDI groups</li> <li>• FTSU</li> </ul>	<p><b>Phase 4</b>  <b>Remind – April, July, November</b>  Talk louder about Being Humber during key moments  e.g. appraisals window &amp; awards season  Targeted messages for a range of audiences</p>
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• Launching the Being Humber Refresh in 2024 will mean competing with other Trust wide campaigns potentially contributing to change fatigue, The comms team have devised a smart and appropriate approach to replacing the exiting framework while providing new messaging in the new year.</li> <li>• While the full framework is designed, offshoot guides for managers will be completed in time for the January relaunch</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• The Board to formally approve the Being Humber Framework and note the timelines of the Being Humber Refresh and the Relaunch approach</li> </ul>

<p>Governance:  Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	12/11/24
	Mental Health Legislation Committee		Operational Delivery Group	12/09/24
	Collaborative Committee		Trust Board Meeting	25/09/24 27/11/24

**Monitoring and assurance framework summary:**



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

## Executive Summary: Progress on Refreshing the "Being Humber" Behavioural Framework

### Overview

The "Being Humber" behavioural framework, launched in 2022, sets clear expectations for employees, ensuring alignment with our organisational values and goals. This framework is crucial for capturing and embedding our core values, guiding performance, and promoting inclusivity and equality. The refresh aims to enhance these elements, ensuring our workplace culture remains supportive, high-performing, and inclusive.

### Objectives of the refresh

- **Capturing the Culture:** Embedding core values into everyday actions.
- **Guiding Performance:** Providing clear standards for behaviour and aiding in appraisals and professional development.
- **Promoting Inclusivity and Equality:** Highlighting the importance of diversity and ensuring a just culture.

### Timeline for delivery

#### Part 1: Updating the Existing Framework

##### Timeline and Actions:

- **5 July:** Subject Matter Experts (SMEs) reviewed the existing framework, incorporating examples of equality, inclusion, just culture, and addressing health inequalities.
- **26 July:** Introduced for feedback to Senior Leadership Forum
- **22 July – 2 August:** Organisational Development (OD) team formalised the draft edits and prepared for consultation.
- **5 – 13 August:** A questionnaire distributed to capture feedback on the updates.
- **19 – 23 August:** Feedback to collated and reviewed.
- **26 August – 6 September:** The document prepared for the graphic designer for production.
- **12 September:** Update to EMT/ODG Timeout
- **25 September:** Update provided to Board
- **31 October:** Internal Graphic Designer starts role at Humber – design brief provided
- **November:**
  - 12 Nov EMT sign off final production of BH framework document
  - 27 Nov '24 – final production to Board for approval
- **December** Intranet refresh
- **January:** relaunch comms released Trust wide

##### Key Enhancements:

- Restorative Just Culture
- Sexual Safety
- Equality, Diversity, and Inclusion
- Health Inequalities
- Learning from Incidents
- Compassionate Leadership
- Preventing Closed Cultures

The framework language was also refreshed, introducing new section titles, termed "The Characteristics of Being Humber," which include:

- We Put Patients First
- We Are Courteous and Civil
- We Are Compassionate
- We Act with Integrity

- We Are Inclusive
- We Communicate Effectively
- We Work Together

### *Consultation Process*

The Organisational Development team opened the review process by engaging a number of cross organisational stakeholders for their specific feedback on what was missing based on their understanding of our strategic objectives and the Trust's commitment to respectful and safe cultures.

We reviewed all feedback and developed three versions on the framework, each with a varying amount of change and alignment. The SME group decided on a final version which mostly represented their changes.

For alignment with Trust tone of voice we shared this with the Communications team and settled on the draft that was shared with wider stakeholder groups and representatives.

The consultation involved key stakeholders and members of the following groups, including:

- TCNC
- ODG
- QPAS
- Staff Networks
- PACE
- EDI groups
- FTSU

Feedback from these consultations has shaped the final draft, ensuring alignment with the Trust's tone of voice and values.

### *Launch and Embedding Plan*

Phase 1 – '**Refresh & Replace**' - October/November

- New updated guides and supportive documents
- Refresh intranet.
- Maintain regular communication to support cascade as part of business as usual

Phase 2 '**Review & Rebrand**' - November/December

- Sign off received from EMT & Board
- Share with leaders and managers as part of pre-launch communications.
- Build library of examples of where Being Humber is used to support external communication of internal culture.

Phase 3 '**Relaunch**' - January

- Soft approach – conversational.
- New year – cultural reset.
- What should we expect from ourselves and one another.
- Link to New Years intentions (rather than resolutions.)

Phase 4 '**Remind**' – April, July, November

- Talk louder about Being Humber during key moments e.g. appraisals window & awards season.
- Targeted messages for a range of audiences.

## Post-Launch Phase

- **Continuous Engagement:** Regular updates, feedback sessions, and success stories.
- **Monitoring and Evaluation:** Surveys, performance metrics, and continuous improvement.
- **Reinforcement and Recognition:** Recognising adherence and scheduling appraisal readiness sessions focusing on the "Being Humber" framework.

## Conclusion

The refresh of the "Being Humber" behavioural framework has been through thorough consultation ensuring it remains relevant and effective. This initiative will strengthen our workplace culture, promote inclusivity, and guide our performance, ultimately contributing to the Trust's success and reputation as a leading healthcare provider and an exemplary place to work.

The Board are asked to reflect on the core document and approve for wider organisational launch. The launch will involve the development of a wealth of supporting documents which align to the core document content and design.

**Please see appendix for New Being Humber Behavioural Standards**



Being\_Humber\_Beh  
avioural\_Framework

# BEING HUMBER

**NHS**

**Humber Teaching**  
NHS Foundation Trust



Caring, Learning  
& Growing Together

## Our Behavioural Framework

# BEING HUMBER

At our Trust, we have our own special way of doing things. For most of us, "Being Humber" is just who we are and how we work every day.

## What is the 'Being Humber' Guide?

People from all parts of our Trust have helped create a guide that captures what life is like here. The 'Being Humber' guide sets out the values and behaviours we should all expect from one another in a simple, easy-to-use framework.

We want our Trust to be known for outstanding services and to be a great place to work. How we treat each other, and our patients is a big part of our culture. We want a compassionate and fair culture where staff love their jobs, feel part of a trusted and safe team, and work together with patients to make a real difference.

By following these principles, we can make our Trust a place where both staff and patients thrive. Together, we can be a leading healthcare provider and a fantastic place to work.

## OUR MISSION, VISION, AND VALUES

### OUR MISSION:

Humber Teaching NHS Foundation Trust - a multi-specialty health and social care teaching provider committed to Caring, Learning, and Growing.

### OUR VISION:

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

### OUR VALUES:

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

### OUR GOALS

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

## The Characteristics of Being Humber

- *We Put Patients First*
- *We Are Courteous and Civil*
- *We Are Compassionate*
- *We Are Inclusive*
- *We Act with Integrity*
- *We Communicate Effectively*
- *We Prioritise Safety*
- *We Work Together*

“

**Saying thank you and showing your gratitude is such a simple but powerful thing that we can all do**

”



## BEHAVIOURS WE RECOGNISE AS 'BEING HUMBER'



## BEHAVIOUR WE DO NOT DISPLAY OR TOLERATE AT HUMBER



### We Put Patients First

- Care is person-centred and based on assessed needs.
- Patients are partners in decisions about their care.
- Patients are asked about their care and support needs, and their responses are listened to and acted upon.
- Involve patients' families and carers in their care.
- Provide care with compassion and empathy.
- Ensure care is trauma-informed.
- Keep patients informed and up to date about their care.
- Deliver care through a collaborative, cohesive multidisciplinary team.
- Focus on safety and quality in care delivery.
- Provide care in line with people's preferred communication needs, enabling full participation.
- Work in partnership with other services to provide integrated, patient-centred care.
- Actively seek different perspectives.
- Listen to the voice of lived experience.
- Embed the use of co-design or co-production in your services.
- Adapt your communication to meet people's needs, considering factors such as literacy, language barriers, and digital exclusion.
- Recognise that people may experience inequalities in access, outcomes and experiences of our services and think about how you can change this.

### What is Lack of Patient Prioritisation?

- Ignoring and treating patients and families unfairly.
- Making decisions for patients without their involvement.
- Displaying apathy and lack of compassion, giving the impression of not caring.
- Prioritising individual agendas over patient care.
- Allowing mood to affect patient treatment.
- Ignoring other team members involved in patient care and failing to work together or pass on essential information.
- Ignoring health inequalities resulting from differences in access, outcomes, and experiences of our services among some groups of patients.
- Transferring care to another team without ensuring appropriateness.



**Wherever you work you are contributing to improving patient care.**





## We Are Courteous and Civil

- Be courteous, friendly, and welcoming.
- Introduce yourself and explain your role to put people at ease.
- Smile, make eye contact, use open body language, and an appropriate tone of voice to build rapport.
- Recognise that people accessing our services may be anxious, vulnerable, or remembering past trauma.
- Ensure our physical environment is calm, clean, and welcoming.
- Make our services accessible and welcoming to everyone.
- Be polite.

## We Are Compassionate

- Show empathy; put yourself in others' shoes (patients and colleagues) to understand their perspective, feelings, roles, and pressures.
- Talk directly with people about their care and any issues being addressed.
- Use appropriate language.
- Treat others with respect and civility.
- Be informed and sensitive to different cultural needs and beliefs, providing appropriate resources and support.
- Challenge and report stigmatising, discriminatory, or racist language and actions.
- Use supervision time to explore any personal challenges impacting staff and provide appropriate support or signposting.
- Ensure fair treatment: all colleagues should be treated with dignity and respect, regardless of their background or characteristics.

## What is Unfriendly and Disrespectful Behaviour?

- Displaying unfriendly or unkind behaviour.
- Avoiding introductions, including avoiding eye contact.
- Displaying closed body language, appearing unapproachable and rude.
- Being rude, uncivil, or ignoring people.
- Making people feel vulnerable and invisible.
- Creating a bad impression.
- Ignoring differences among those with protected characteristics.
- Displaying behaviour that constitutes bullying, harassment, or discrimination.
- Ignoring or dismissing others' perspectives and feelings.
- Engaging in gossip, talking behind people's backs, or talking over people.
- Using bad language.
- Engaging in aggressive behaviour.
- Exhibiting behaviour that is humiliating, offensive, or degrading.
- Ignoring the experiences of minoritised colleagues or failing to address microaggressions.
- Claiming the success or achievements of others.
- Being patronising and judgemental, including belittling team members.
- Ignoring the achievements and successes of the team and its members.

“  
It's simply  
about treating people  
how you want to be  
treated.”





## We Are Inclusive

- Role model inclusive behaviours and attitudes.
- Actively promote diversity, provide equal opportunities for advancement, and challenge biases and prejudices.
- Encourage the expression of ideas and opinions freely, without fear of judgment or retribution.
- Actively listen and promote a culture of open communication.

## We Act with Integrity

- Be professional.
- Do what you say you will do within the agreed timeframe.
- Be honest about where things have not gone as planned.
- Be constructive and share your ideas.
- Work in line with policies or raise concerns where a policy needs to change.
- Respect confidentiality.
- Treat people with dignity.
- Use **Freedom to Speak Up** if you have a concern or think something is unsafe or needs to change.
- Commit to learning and improving yourself and the services we operate.
- Take a restorative approach to incidents, complaints, and feedback.
- Be innovative and share your ideas.
- Acknowledge that our services may not meet everyone's needs and be open to change.

## What is Unprofessional Conduct?

- Being disrespectful to people.
- Failing to follow policies and processes, causing undue worry for patients and colleagues.
- Breaching confidentiality by discussing patient or colleague information or leaving documentation visible.
- Criticising others for speaking up about patient safety or inappropriate behaviour.
- Being resistant to change and unwilling to move forward.
- Ignoring feedback and refusing to address issues or change behaviour.
- Continuing to work without reviewing performance to ensure alignment with current practices.
- Allowing personal matters to affect workplace responsibilities and performance.
- Ignoring diverse views on a situation.
- Engaging with social media in a way that could harm colleagues or our Trust's reputation.

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



## We Communicate Effectively

- Communicate effectively in face-to-face, telephone, and written interactions.
- Be trauma-informed and show empathy and understanding of your message, considering how it will be received.
- Use a restorative approach in communication.
- Keep people informed, ensuring communication is timely and delivered using the most appropriate method and language.
- Take time to really listen with empathy towards colleagues' experiences and perspectives, ensuring they know they are heard.
- Show patience and understanding, fully grasping what someone is trying to tell you so intelligent action can be taken.
- Encourage everyone to have a voice. Allow everyone to ask questions, remembering we learn through asking.
- In virtual meetings, keep your camera on and participate to the best of your ability.

## What is Ineffective Communication?

- Communication is unclear, blunt, and lacks empathy.
- Failing to keep people informed, using methods easiest for oneself.
- Using jargon, abbreviations, terminology, and language that people may not understand.
- Not taking the time to listen.
- Failing to provide opportunities for questions, leaving people anxious or unclear.
- Interrupting people inappropriately during interactions.
- Failing to allow diverse opinions to influence decisions.
- Failing to communicate with patients, their families, or carers.
- Providing little or no information to patients, leaving them uncertain.

BEING  
HUMBER

“

I don't always get it right, but I take responsibility, apologise, and welcome feedback, following Just Culture principles.

”

“

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

”



## We Prioritise Safety

- Take responsibility for your own actions, work, and tasks.
- Be honest when things go wrong, taking ownership and accountability.
- Keep promises and follow through on commitments.
- Be professionally curious about patients' wider living conditions (e.g., housing, money, social connections) and how these might affect their physical and mental health.
- Challenge and report harassment, abuse, sexual safety concerns, racist behaviour, or any discrimination against individuals with protected characteristics if you see it in the workplace.
- Report incidents you believe are patient safety issues.
- Offer support to those around you, particularly after an incident has occurred.
- Be open about and seek advice regarding safeguarding issues.
- Be evidence-based in the care provided.
- Be involved in quality improvement and research to continually enhance care.
- Be skilled in de-escalation and trained in appropriate intervention.

## What are Unsafe Practices?

- Not committing to training and development.
- Failure to complete essential training in a timely manner.
- Being defensive and not open to challenge or feedback.
- Not treating people humanely in accordance with their Human Rights.
- Covering up when something has not gone as planned.
- Not welcoming others into environments.
- Being hierarchical and not valuing each person's contribution.
- Taking a blame approach instead of committing to learning.
- Being overly restrictive.
- Not supporting colleagues' safety.
- Ignoring evidence of poor outcomes for some patients.
- Arguing away uncomfortable data about poor outcomes.
- Failing to give adequate feedback about lack of advancement.

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

BEING  
HUMBER



## We Work Together

- Recognise and praise the contributions everyone makes to the team.
- Focus on strengths.
- Provide positive feedback when people do a good job.
- Reward great work and those who go the extra mile.
- Share compliments and highlight what is working well.
- Model inclusive behaviour and challenge non-inclusive practices.
- Acknowledge and share ideas, encouraging individuals to try new ways of working.
- Celebrate everyone's success.
- Provide feedback to colleagues when things are going well.
- Encourage collaboration across groups to break down silos and promote teamwork.

## What are Poor Team Dynamics?

- Ignoring and failing to recognise the contributions everyone makes to the team.
- Treating people with incivility, ostracising, or marginalising them.
- Not sharing compliments or giving feedback to team members.
- Dismissing or not encouraging ideas.
- Providing feedback only when things are not going well and doing so publicly, causing humiliation.

BEING  
HUMBER

“  
It's just a friendly place to work. Everyone made it so easy for me to settle in.  
”

## Contact us

Humber Teaching NHS Foundation Trust  
Willerby Hill, Beverley Road, Willerby HU10 6ED

✉ [hnf-tr.proud@nhs.net](mailto:hnf-tr.proud@nhs.net)

🌐 [www.humber.nhs.uk](http://www.humber.nhs.uk)

✉ @HumberNHSFT

☎ 01482 336200

If you would like to receive this document in another format, please do not hesitate to contact us.



 **Proud**  
Valuing You

## Agenda Item 15

### Board Strategic Development Meeting

#### Agenda

18 December 2024, 10.00 am – 2.00 pm  
Multi-use Room, Trust Headquarters

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 28 October 2024 Meeting and Action Log	CF	Note	✓	10.05
3.	Development Session with Susan Young	CF/SY	Discuss	✓	10.10
	<b>Board Christmas Lunch</b>				1:00pm
7.	<b>Date, Time and Venue of Next Meeting</b>  Strategic Board Development Meeting, Wednesday 26 February 2025, 10.00am, Multi-Use Room, Trust Headquarters				

**Agenda Item 16**

<b>Title &amp; Date of Meeting:</b>	Trust Board Public Meeting – 27 November 2024		
<b>Title of Report:</b>	Finance Report Month 7 (October 2024)		
<b>Author/s:</b>	Peter Beckwith Director of Finance		
<b>Recommendation:</b>	To approve		To discuss
	To note	✓	To ratify
	For assurance		
	Trust Board are asked to note the Finance report for October 2024 and comment accordingly.		
<b>Purpose of Paper:</b>	This report is being presented to the Board to provide the financial position for the Trust as at the 31 October 2024 (Month 7).		
	The report provides assurance regarding financial performance, key financial targets, and objectives		
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>The cash balance at the end of Month 7 was £27.577m.</li> <li>The Better Payment Practice Code figures show achievement of 92.4%.</li> <li>Year-to-Date Agency expenditure totalled £4.018m, this is £0.562m below the same period for the previous year</li> </ul>	<ul style="list-style-type: none"> <li>Work continues with the ICB in relation to Pay Award shortfalls and income assumptions.</li> <li>An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team.</li> <li>A recovery plan has been formulated for the Mental Health Division to reduce in year expenditure and move towards a budgeted position from 2025/26</li> </ul>		
<b>Matters of Concern or Key Risks:</b>	<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>The Trust recorded a deficit of £2.720m at Month 7 which is £0.362m above the agreed ICS planning target due to the net effect of the funding received for the A for C pay award</li> </ul>	<ul style="list-style-type: none"> <li>The Board are asked to note the Finance report for October 2024.</li> </ul>		



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

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

## FINANCE REPORT – October 2024

### 1. Introduction

This report is being circulated to The Board to present the financial position for the Trust as at 31 October 2024 (Month 7). The report provides assurance regarding financial performance, key financial targets, and objectives.

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

### 2. ICS Context

The Humber and North Yorkshire NHS system agreed a £50m deficit plan as agreed with NHS England (NHSE). In line with the new NHS financial framework, the system received a non-recurrent deficit support revenue allocation equal to the £50m deficit plan at month 6. This allocation is conditional on the system delivering a breakeven position for 2024/25.

At month 6 the ICS was reporting a adverse variance of £1.35m against a year to date deficit plan of £18.5m, the variance relates mainly to slippage against efficiency plans to date.

Organisation	Year to Date			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Harrogate & District NHS Foundation Trust	(3,135)	(3,133)	2	-	-	-
Hull University Teaching Hospitals NHS Trust	(11,053)	(11,094)	(41)	-	-	-
Humber Teaching NHS Foundation Trust	(2,761)	(2,761)	-	-	-	-
Northern Lincolnshire and Goole NHS Foundation Trust	(280)	(248)	32	-	-	-
York and Scarborough Teaching Hospitals NHS Foundation Trust	(1,300)	(2,645)	(1,345)	-	-	-
<b>Provider Total</b>	<b>(18,529)</b>	<b>(19,881)</b>	<b>(1,352)</b>	-	-	-
Humber and North Yorkshire ICB	-	-	-	-	-	-
<b>Full System Position</b>	<b>(18,529)</b>	<b>(19,881)</b>	<b>(1,352)</b>	-	-	-

Across the system it is recognised that there needs to be a clear profile of financial improvement in place to deliver the 2024/25 financial plan. Work is continuing to strengthen programme management arrangements, assure effectiveness of control processes, and better align finance and workforce data to identify potential corrective action.

At month 6 the system had highlighted the overall risk to delivery of the financial position at £27m, it is clearly recognised the system needs to urgently progress additional savings plan for the remainder of this financial year to support delivery of the planned position.

Following the system summit held on the 27 September 2024, all system partners have been asked, with immediate effect, to ensure actions identified as a checklist from the output of the summit are incorporated into the day-to-day operation, details of the letter and checklist are attached at appendix A.



### **3 Trust Position as at 31 October 2024**

The Trust's target is a requirement to achieve a break-even position for the year.

Table 1 shows for the period ended to 31 October 2024 the Trust recorded a deficit of £2.720m which is £0.362m above the ICS target. The forecast outturn position is a break-even position which again is consistent with the agreed plan and details of which are summarised in Table 1 on the following page.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.023m year to date, this takes the ledger position to a deficit of £2.743m.

**Table 1: 2024/25  
Income and Expenditure and Forecast**

	24/25 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
<b>Income</b>							
<b>Block Income</b>	<b>177,317</b>	<b>103,125</b>	<b>103,200</b>	<b>75</b>	<b>177,317</b>	<b>177,296</b>	<b>(21)</b>
YHCR	4,010	2,339	2,211	(128)	4,010	4,222	212
<b>Total Income</b>	<b>181,327</b>	<b>105,464</b>	<b>105,411</b>	<b>(53)</b>	<b>181,327</b>	<b>181,519</b>	<b>192</b>
<u>Clinical Services</u>							
Children's & Learning Disability	42,662	24,803	24,817	(14)	42,662	42,327	335
Community & Primary Care	20,959	12,225	12,962	(736)	20,959	21,125	(166)
Mental Health	57,322	33,480	34,313	(833)	57,322	58,555	(1,233)
Forensic Services	13,399	7,666	7,821	(154)	13,399	13,698	(299)
	<b>134,342</b>	<b>78,175</b>	<b>79,912</b>	<b>(1,737)</b>	<b>134,342</b>	<b>135,705</b>	<b>(1,363)</b>
<u>Corporate Services</u>							
	<b>40,356</b>	<b>23,666</b>	<b>22,175</b>	<b>1,492</b>	<b>40,356</b>	<b>37,520</b>	<b>2,836</b>
<b>Total Expenditure</b>	<b>174,698</b>	<b>101,841</b>	<b>102,087</b>	<b>(246)</b>	<b>174,698</b>	<b>173,225</b>	<b>1,473</b>
<b>EBITDA</b>	<b>6,629</b>	<b>3,623</b>	<b>3,325</b>	<b>(298)</b>	<b>6,629</b>	<b>8,294</b>	<b>1,665</b>
Depreciation	4,995	2,914	3,003	(89)	4,995	5,148	(153)
YHCR Amortisation	1,157	675	675	(0)	1,157	1,157	-
Interest	(1,468)	(856)	(999)	143	(1,468)	(1,568)	100
IFRS 16	1,479	863	984	(121)	1,479	1,592	(113)
PDC Dividends Payable	1,966	983	868	115	1,966	1,966	-
<b>Operating Total</b>	<b>(1,500)</b>	<b>(955)</b>	<b>(1,206)</b>	<b>(251)</b>	<b>(1,500)</b>	<b>(0)</b>	<b>1,500</b>
BRS	(1,500)	1,403	1,514	(111)	(1,500)	-	(1,500)
<b>Operating Total</b>	<b>(0)</b>	<b>(2,358)</b>	<b>(2,720)</b>	<b>(362)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>
<b>Excluded from Control Total</b>							
Grant Income	-	-	-	-	-	(788)	788
Donated Depreciation	22	13	23	(10)	22	40	(18)
	<b>(22)</b>	<b>(2,371)</b>	<b>(2,743)</b>	<b>(372)</b>	<b>(22)</b>	<b>748</b>	<b>770</b>
<b>Ledger Position</b>	<b>(22)</b>	<b>(2,371)</b>	<b>(2,743)</b>	<b>(372)</b>	<b>(22)</b>	<b>748</b>	<b>770</b>
<b>EBITDA %</b>	<b>3.7%</b>	<b>3.4%</b>	<b>3.2%</b>		<b>3.7%</b>	<b>4.6%</b>	
<b>Surplus %</b>	<b>-0.8%</b>	<b>-0.9%</b>	<b>-1.1%</b>		<b>-0.8%</b>	<b>0.0%</b>	

## **2.2 Income**

Income overall is showing a minor underachievement of £0.053m. The year end forecast is an overachievement of £0.192m.

## **2.3 Divisional Expenditure**

The overall operational expenditure is showing a forecast overspend of £1.363m.

### **2.3.1 Children's and Learning Disability**

Children's and LD is forecasting an underspend of £0.335m.

Across the Division vacancies in Community are offsetting pressures in inpatient areas. Agency costs for both nursing and medical time are creating a pressure. Plans are in place to reduce this in 2025 as a newly qualified consultant transfers internally into the acute consultancy role.

Further pressures relate to Townend Court due to high levels of sickness at the beginning of the financial year. In addition to this a complex admission has created a staffing pressure regarding the requirement for additional staff on each shift. A financial request is being made to the ICB to support with this pressure, and if accepted will improve the forecast outturn position.

### **2.3.2 Community and Primary Care**

Community and Primary Care is reporting a forecast deficit of £0.166m which is made up of a £0.422m pressure relating to Primary Care and in particular the Humber Primary Care Practice in Bridlington (£0.414m). This is offset by a forecast underspend on Community Services of £0.256m. There are risks associated with this in terms of the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts.

### **2.3.3 Mental Health**

There are forecast pressures across both Planned and Unplanned services. The Inpatient Units continue to have increased staffing costs to maintain safer staffing levels due to the acuity of patients, the backfill of staff on training courses and sickness.

The Trust has also continued to place patients out of area and the actual amount incurred up to Month 7 has been factored into the year-end forecast position. At the end of October there was only 1 adult aged patient out of area for which the Trust has financial responsibility, the risk of incurring additional spend remains as bed occupation can increase over the Winter period.

Both Planned and Unplanned areas have pressures due to the use of Agency Medics to cover vacant posts, plans are ongoing to replace these as soon as possible.

Due to the level of forecast outturn pressures earlier in the year the Division was required to produce a recovery plan through the Executive Accountability reviews. The recovery plan target was to outturn with a deficit of £1.233m and this is still the current forecast position although risk remains around the use of additional staffing on inpatient units above the budgeted establishment, the difficulty in replacing Agency doctors and the use of out of area beds.

A plan to return to balance for 2025/26 has been agreed.

#### **2.3.4 Forensic**

The forensic division is highlighting a pressure at outturn on pay due to the acuity of patients and the required staffing on inpatient wards, notably Derwent and Ullswater. In addition to this there is an ongoing pressure of medical provision as two agency doctors are being used. An interview for the prison consultant is taking place this month and it is anticipated the pressure from agency will reduce in 2025.

The forecast continues at a similar run rate with the number of substantive staff increasing as therapy roles are filled and the new prison contract is recruited into. A focus is being placed on the inpatient areas to bring them back to financial balance, and discussions are taking place with the specialist provider collaborate to provide financial support to Derwent to help with some of the pressure from the new admissions. This would improve the current forecast outturn position.

#### **2.3.5 Corporate Services**

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £2.836m, the main factor being items held centrally to offset pressures.

#### **2.3.6 Forecast**

The Month 7 position is in line with the ICB system target for the Trust which at the year end remains at a break-even position.

Work has been undertaken with the ICS to recognise the risk in the system and Provider Trusts and the ICB have estimated scenarios which could occur if the risk materialises.

The Trust has estimated the following risks to delivery of the financial plan:

- Pay Award Funding Shortfall £0.620m
- Local Authority Pay Award Funding 0.350m (*Current guidance is to assume this will be funded*)
- Income from the ICB £0.933m (*assumed in plan at request of ICB and advice from ICBN is to still expect to receive this*)

Work is continuing with the ICB in relation to all off the above risks.

### 3. Cash

As at the end of Month 7 the Trust held the following cash balances:

**Table 2: Cash Balance**

Cash Balances	£000s
Cash with GBS	27,283
Nat West Commercial Account	269
Petty cash	26
<b>Total</b>	<b>27,577</b>

### 4. Agency

Actual agency expenditure year to date at Month 7 is £4.018m, which is £0.562m below the same period in the previous year.

**Table 3: Agency Spend by Staff Group**

Staff Type	Apr-24 £000	May-24 £000	Jun-24 £000	Jul-24 £000	Aug-24 £000	Sep-24 £000	Oct-24 £000	Total £000
Consultant	32	739	336	493	450	406	462	2,918
Nursing	115	135	98	232	144	119	120	963
AHPs/Clinical Support	19	14	6	41	(16)	27	34	124
Administration & Clerical	2	2	3	2	2	1	1	14
<b>Grand Total</b>	<b>169</b>	<b>890</b>	<b>442</b>	<b>767</b>	<b>580</b>	<b>553</b>	<b>617</b>	<b>4,018</b>

The table above shows the agency spend by staff type by month, the majority (73%) of expenditure relates to Consultants.

Off framework Agency Expenditure was £0.317m year to date at the end of Month 7. There is a recognition that Off Framework Agency expenditure should have been eliminated from 30 June 2024. £0.086m of Off Framework expenditure has been incurred between 1 July and 30 September, there was no expenditure recorded in October.

**5. Better Payment Practice Code BPPC**

The BPPC figures are shown at Table 4. The current position is 90.7% for non-NHS and 78.1% for NHS. Work is ongoing to improve this position with targeted support to managers.

**Table 4: Better Payment Practice Code**

Better Payment Practice Code	YTD	YTD
	Number	£
<b>NON NHS</b>		
Total bills paid	23,987	74,452
Total bills paid within target	21,750	69,275
Percentage of bills paid within target	<b>90.7%</b>	<b>93.0%</b>
<b>NHS</b>		
Total bills paid	837	17,116
Total bills paid within target	654	15,326
Percentage of bills paid within target	<b>78.1%</b>	<b>89.5%</b>
<b>TOTAL</b>		
Total bills paid	24,824	91,568
Total bills paid within target	22,404	84,601
Percentage of bills paid within target	<b>90.3%</b>	<b>92.4%</b>

**6. Recommendations**

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



Humber and North Yorkshire  
Health and Care Partnership



Humber and  
North Yorkshire  
Integrated Care Board (ICB)

Ref: SE/EVJ

23 October 2024

Sent by email:

Dear colleagues

### Delivering the Operating Finance Plan 2024/25 - Checklist of Recovery Action

Firstly, it is important to express sincere thanks for all the hard work and time that has gone into delivering the plan so far in 2024/25 alongside the challenging clinical and operational backdrop the system is facing.

As we have discussed and rehearsed many times, the second half of the financial year poses the greatest level of risk to achievement of the overall financial plan. It was particularly pleasing to see the engagement and multi-disciplinary attendance at the summit on 27 September 2024.

During the session, the summit went through a thematic review of the opportunities to mitigate a material (c£20m) element of the currently unidentified unmitigated financial risk (c£32m), but as a system we will only be able to measure the success if these are converted into action and real impact on the run rate, with immediate effect.

In that context the themes and opportunities identified by this work has been converted into a checklist that describes which organisations should be applying which action and how the impact will be monitored for the remainder of the financial year.

The checklist attached has been discussed by DOF and HRD colleagues, after the summit, and will be refined in the coming week or so, but we are asking that with immediate effect these actions are incorporated into the day-to-day operation of the respective organisations across the Humber and North Yorkshire Integrated Care System.

Further work is being progressed by the HRD / DOF community to quantify even more difficult decisions that the system may need to make in the coming weeks and a separate communication is being constructed in relation to the HNY approach to ring fenced investment release principles.

Yours sincerely

A handwritten signature in black ink, appearing to read 'SJE'.

Stephen Eames CBE  
Chief Executive  
NHS Humber and North Yorkshire Integrated Care Board





Theme	Focus area	Actions	Owner	Due date	Date completed	ICB	All CICs	HDFT	HHP	Humber	Y&SHFT	
		Track impact via System Engine Room				✓						
	Off framework agency	This has been stopped already - continue to track any usage via PAM & System Engine Room				✓						
Workforce	Non-clinical substantive workforce	Confirm whole-time equivalent (WTE) reductions in non-clinical staff to date to provide baseline position				✓	✓	✓	✓	✓	✓	
		Establish specific targets for each trust and the ICB aligned to overall workforce reduction goals				✓	✓	✓	✓	✓	✓	
		Detailed analysis of current processes and practices to pinpoint opportunities for cost savings and improved resource utilisation.				✓	✓	✓	✓	✓	✓	
		Identify opportunities for the redeployment and reskilling of non-clinical staff				✓	✓	✓	✓	✓	✓	
		Establish robust mechanisms to monitor the impact of workforce reduction measures at a system level.				✓						
	Optimising rostering and reporting	For each trust undertake a deep dive of the rosters to understand issues and interventions required						✓	✓	✓	✓	✓
		Confirm use of policies such as banding, hours filled.						✓	✓	✓	✓	✓
		Implement strong controls such as weekly review of rosters by Chief Nurse and discussions with matrons.						✓	✓	✓	✓	✓
		Establish a dashboard to present roster compliance including length of shifts, reasons for booking agency - dashboard to be capable of reporting by ward.						✓	✓	✓	✓	✓
		Following the deep dive identify improvements required and implement.						✓	✓	✓	✓	✓
	Reducing temporary staffing spend - bank	Understand current bank rates and the percentage of shifts filled by bank staff						✓	✓	✓	✓	✓
		Develop strategies to standardise rotas, ensuring they meet regulatory requirements and support optimal staffing levels						✓	✓	✓	✓	✓

Theme	Focus area	Actions	Owner	Due date	Date completed	ICB	All CICs	HDFT	HHP	Humber	Y&SHFT	
		Create a shared rate card for bank rates and Agenda for Change (AfC) overtime across the Integrated Care System				✓	✓	✓	✓	✓	✓	
		Develop clear guidelines and protocols that all trusts within the ICS can follow				✓	✓	✓	✓	✓	✓	
		Effective communication strategies, including regular updates and training sessions, to ensure that all staff are aware of the new approach and understand their roles in its implementation				✓	✓	✓	✓	✓	✓	
		Set up key performance indicators (KPIs) to monitor the impact of the implemented changes and track via the System Engine Room				✓	✓	✓	✓	✓	✓	
	Reducing temporary staffing spend - agency	Analyse provider spending for compliance with cap rates				✓	✓	✓	✓	✓	✓	✓
		Develop exit plans for high-cost individuals				✓	✓	✓	✓	✓	✓	✓
		Implement efficient scheduling for all medical agency DCC time					✓	✓	✓	✓	✓	✓
		Set up key performance indicators (KPIs) to monitor the impact of the implemented changes and track via the System Engine Room				✓	✓	✓	✓	✓	✓	✓
CIP & non pay	Project support and documentation	Each trust/ ICB to review project management capacity and realign to key programmes of work with large values associated with them				✓	✓	✓	✓	✓	✓	
		Each trust to ensure governance processes and project management frameworks in place including plans for all projects over a specified value.					✓	✓	✓	✓	✓	
		Update CIP trackers to capture budget only/ run rate only/ budget and run rate schemes				✓	✓	✓	✓	✓	✓	
		ICB to transfer oversight of its CIP schemes into the System Engine Room				✓						

Theme	Focus area	Actions	Owner	Due date	Date completed	ICB	All CICs	HDFT	HHP	Humber	Y&SHFT
	Key programmes	Each trust to ensure detailed project plans are in place (including changes to be made and impact) for key programmes. Plans to coordinate with system wide plans eg on productivity					✓	✓	✓	✓	✓
		Identify tracking mechanisms including elective activity and productivity				✓	✓	✓		✓	
		Track system wide performance via System Engine Room				✓					
		Agree additional resource requirement to drive programmes forward				✓	✓	✓	✓	✓	✓
	Unidentified schemes	Procurement and pharmacy teams to produce plans for stretch target				✓	✓	✓	✓		
		All trusts to consider a management challenge to budget holders e.g. additional £50k saving					✓	✓	✓	✓	✓
		Review and implement additional schemes as appropriate (report appendix 9)				✓	✓	✓	✓	✓	✓
Managing demand	Independent sector	<b>1.Trauma &amp; Orthopaedics (T&amp;O):</b>									
		Discussions with IS providers to cap follow ups so in line with NHS standards.				✓					
		Implementation of GIRFT guidance for hip and knee replacements to streamline follow-ups.					✓	✓	✓		✓
		<b>2.Ophthalmology:</b>									
		Repatriation of follow-ups to optometrists at a lower rate.				✓					
		Conversion of clinic time to new appointments to reduce follow-up ratios.					✓	✓	✓		✓
		Introduction of "Recovery lists" in the NHS to increase cataract operations in core capacity.					✓	✓	✓		✓
30 day plan to be produced by the team and implemented					✓	✓	✓	✓		✓	

<b>Title &amp; Date of Meeting:</b>	Trust Board Public Meeting – 27 November 2024		
<b>Title of Report:</b>	Trust Performance Report – October 2024		
<b>Author/s:</b>	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead		
<b>Recommendation:</b>	To approve	<input type="checkbox"/>	To receive & discuss
	For information/To note	<input checked="" type="checkbox"/>	To ratify
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	<p>This purpose of this report is to inform on the current levels of performance as at the end of October 2024.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format.</p> <p>Long Term Plan performance dashboard is attached at appendix B.</p>		
<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>Mandatory Training – the Trust maintained a strong position against the Trust target of 85%, reporting current compliance at 94.2%</li> <li>The overall trust vacancy position is 7.1%, consultant vacancies remain above target but report an improving position and nursing vacancies have remained stable.</li> <li>Clinical Supervision continues to perform above target, in month performance was strong and recorded at 93.2%..</li> </ul>		<ul style="list-style-type: none"> <li>Work is progressing to understand trends relating to inpatient unit sickness, this is expected to result in targeted initiatives intended to address specific areas of concerns identified. This work is being reported into EMT and the People &amp; OD Committee. This is been reviewed in relation to the Trust Wide Risk Register</li> <li>Service Development Funding has recently been confirmed by the Integrated Care Board, this will enable recruitment to increase the Adult Community Service (ACS) and Crisis Intervention Team for Older People (CITOP) operating hours, the impact of which is expected to reduce out of area placements.</li> <li>Operational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work across all services that are challenged by meeting over 52 week and 18 week waiting time standards. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis. This work will form part of the 2025/26 operational planning discussions with commissioners.</li> </ul>	

	<ul style="list-style-type: none"> <li>Waiting time information from the Forensic Division have been excluded from the October report whilst the data migration and validation work is completed.</li> </ul>
<b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>Sickness absence has been above target for 5 consecutive months.</li> <li>Safer Staffing Dashboard – all inpatient units have reported sickness above 10%. remains the same as June at 9 in total, detailed commentary is provided in the dashboard.</li> <li>Waiting times for both children’s and adult neurodiversity services continues to be the most significant area of pressure and challenge.</li> <li>There has been an increase in the use of Out of Area placements since August, the majority of days relate to older people for which solutions are being actively progressed to reduce usage.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>None (report is to note)</li> </ul>

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

**Monitoring and assurance framework summary:**

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

Financial Year  
2024-25

# TRUST PERFORMANCE REPORT

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.

Reporting Month:

Oct-24

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



# Humber Teaching NHS Foundation Trust Trust Performance Report

For the period ending: **October 2024**

<p><b>Purpose</b></p>	<p>This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).</p>			
<p><b>What are SPCs?</b></p>	<p>SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set.</p> <p>The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference.</p> <p>They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:</p>			
<p><b>Example SPC Chart</b></p>	<p>S – statistical, because we use some statistical concepts to help us understand processes.</p> <p>P – process, because we deliver our work through processes ie how we do things.</p> <p>C – control, by this we mean predictable.</p>			
<p><b>Strategic Goal 1</b></p>	<p>Innovating Quality and Patient Safety</p>		<p><b>Strategic Goal 4</b></p>	<p>Developing an effective and empowered workforce</p>
<p><b>Strategic Goal 2</b></p>	<p>Enhancing prevention, wellbeing and recovery</p>		<p><b>Strategic Goal 5</b></p>	<p>Maximising an efficient and sustainable organisation</p>
<p><b>Strategic Goal 3</b></p>	<p>Fostering integration, partnership and alliances</p>		<p><b>Strategic Goal 6</b></p>	<p>Promoting people, communities and social values</p>
<p><b>Key Indicators</b></p>	<p>The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts</p>			

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending: **October 2024**

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention



# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending: **October 2024**

Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes ADHD but excludes ASD and LD (National guidance)</i>
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)

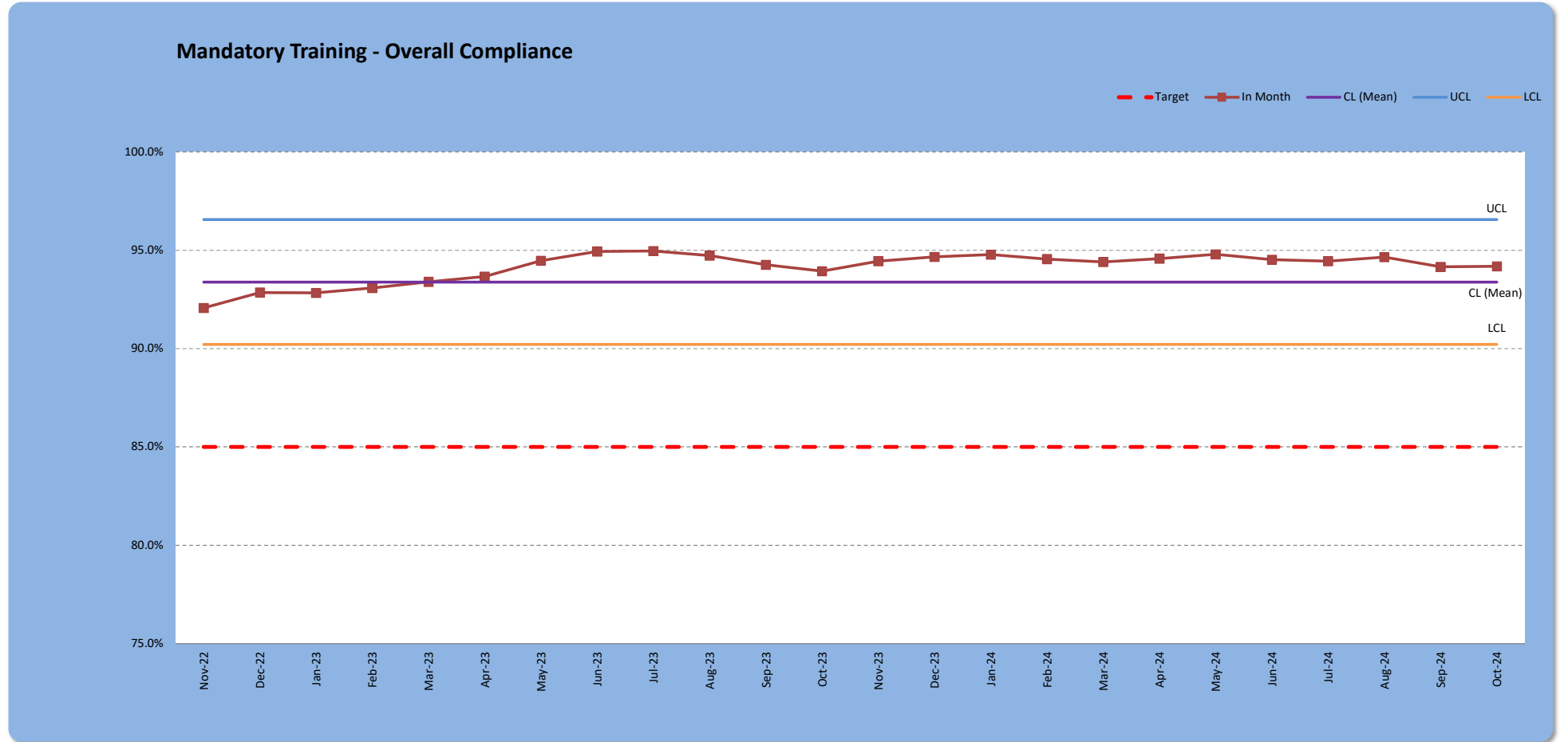
# PI RETURN FORM 2024-25

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
85%	80%	94.2%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Karen Phillips	WL 5



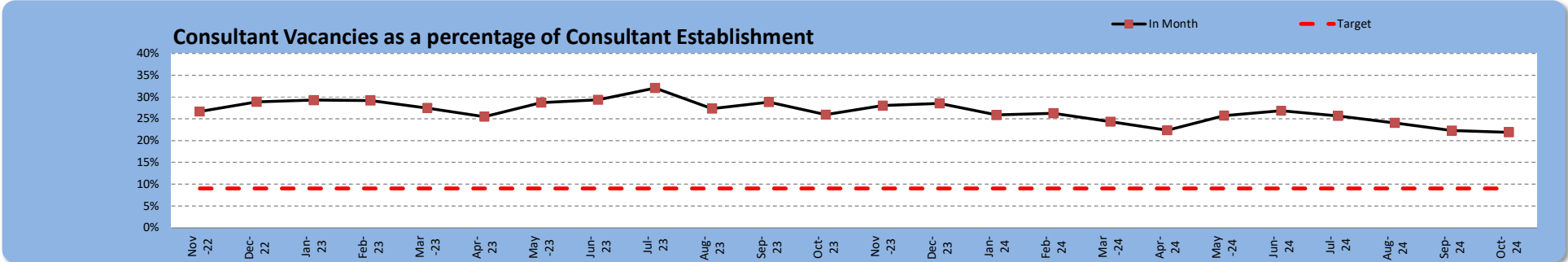
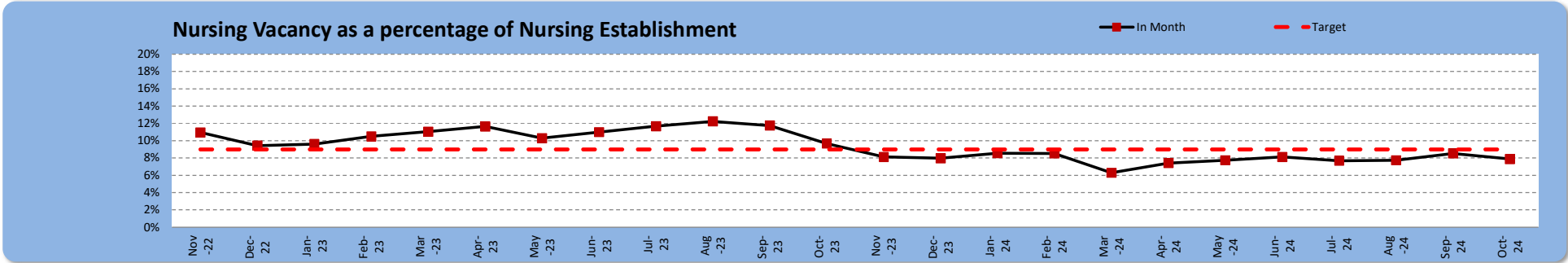
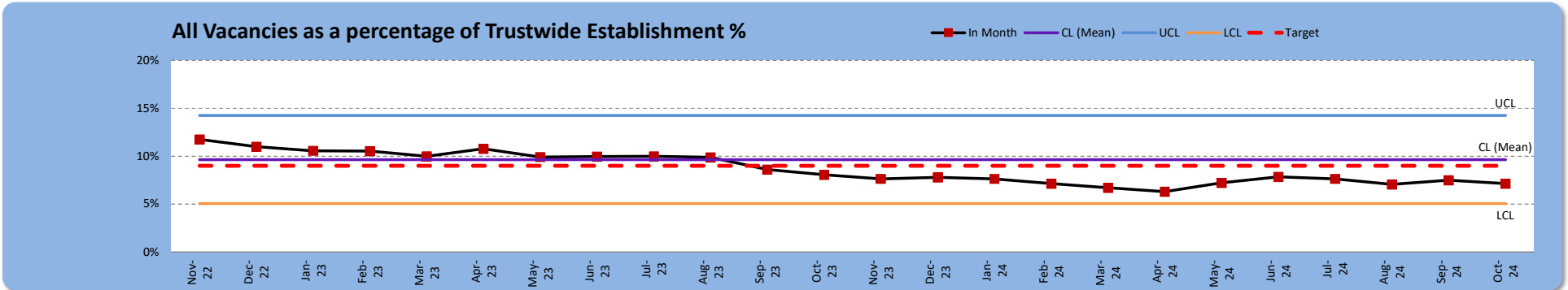
# PI RETURN FORM 2024-25

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
N/A	N/A	7.1%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Vacancies (WTE)	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.	Karen Phillips	WL 2 VAC



# PI RETURN FORM 2024-25

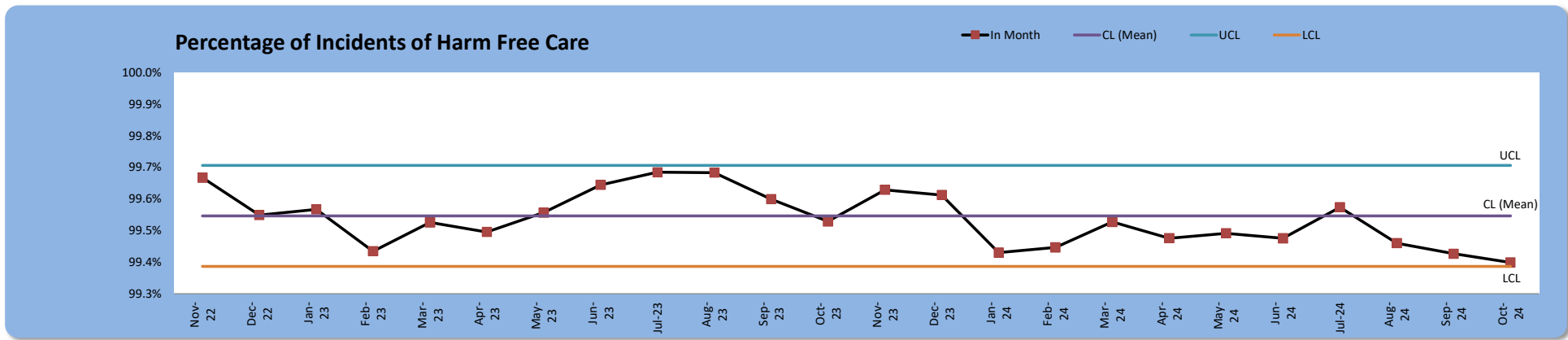
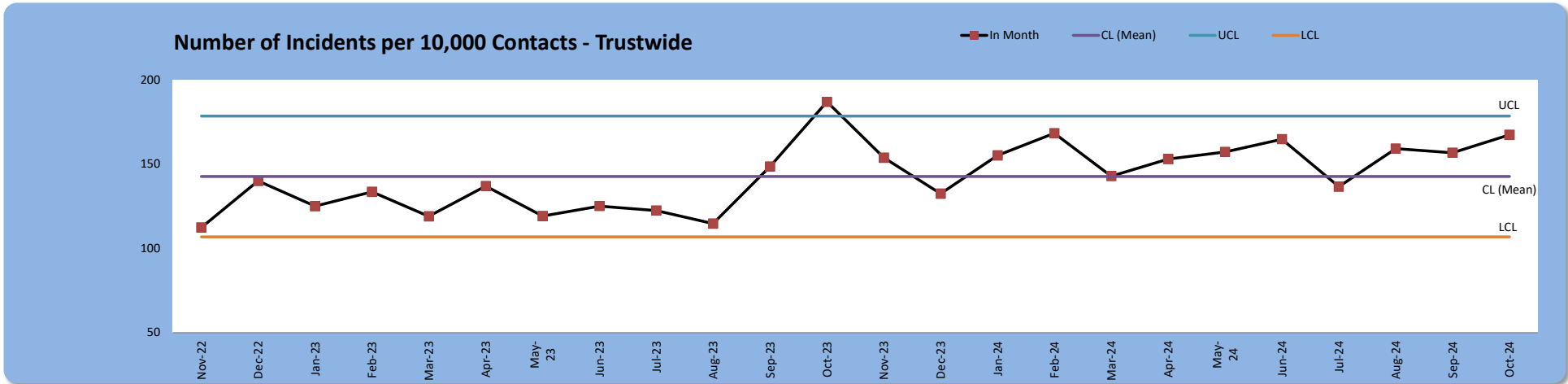
## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2024**

Target:	Amber:	Trustwide current month stands at:
0	0	167

Indicator Title	Description/Rationale	Executive Lead
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill

KPI Type
IA_TW



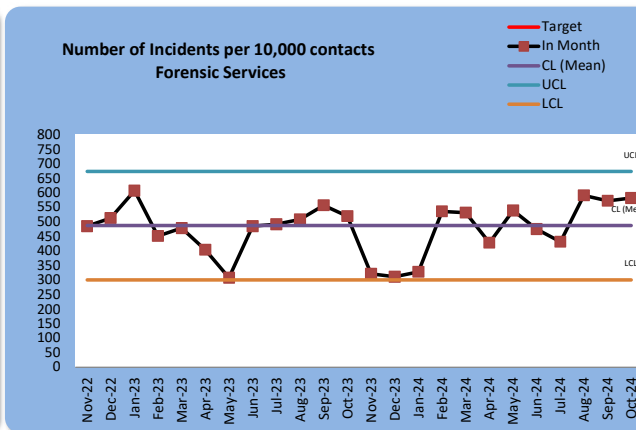
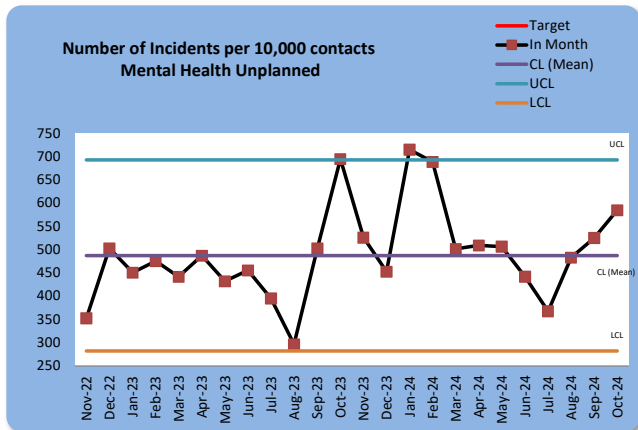
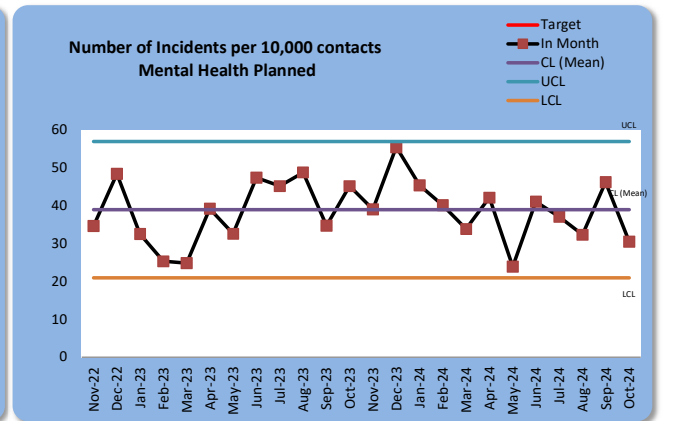
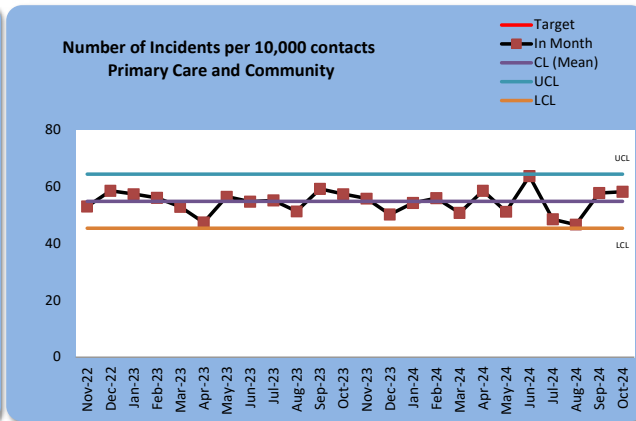
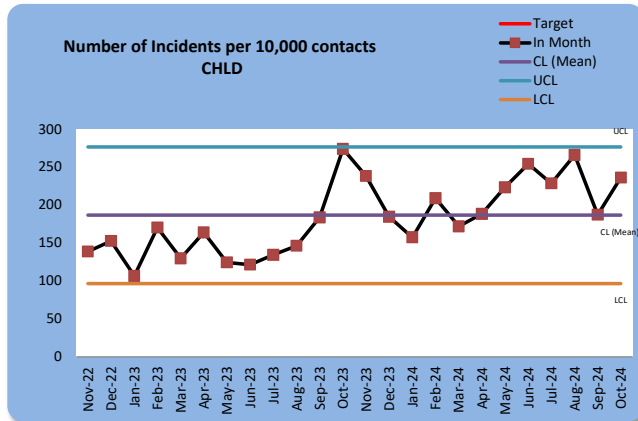
# PI RETURN FORM 2024-25

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2024**

Target:	Amber:	Trustwide current month stands at:
0	0	167

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW



### Current Month per Division

Children and Learning Disability	236
Primary Care and Community	58
Mental Health Planned	31
Mental Health Unplanned	585
Forensic Services	582

### Incident Analysis

	Sep-24	Oct-24
Never Events	0	0
% of Harm Free Care	99.4%	99.4%
% of Incidents reported in Severe Harm or Death	0.4%	0.9%

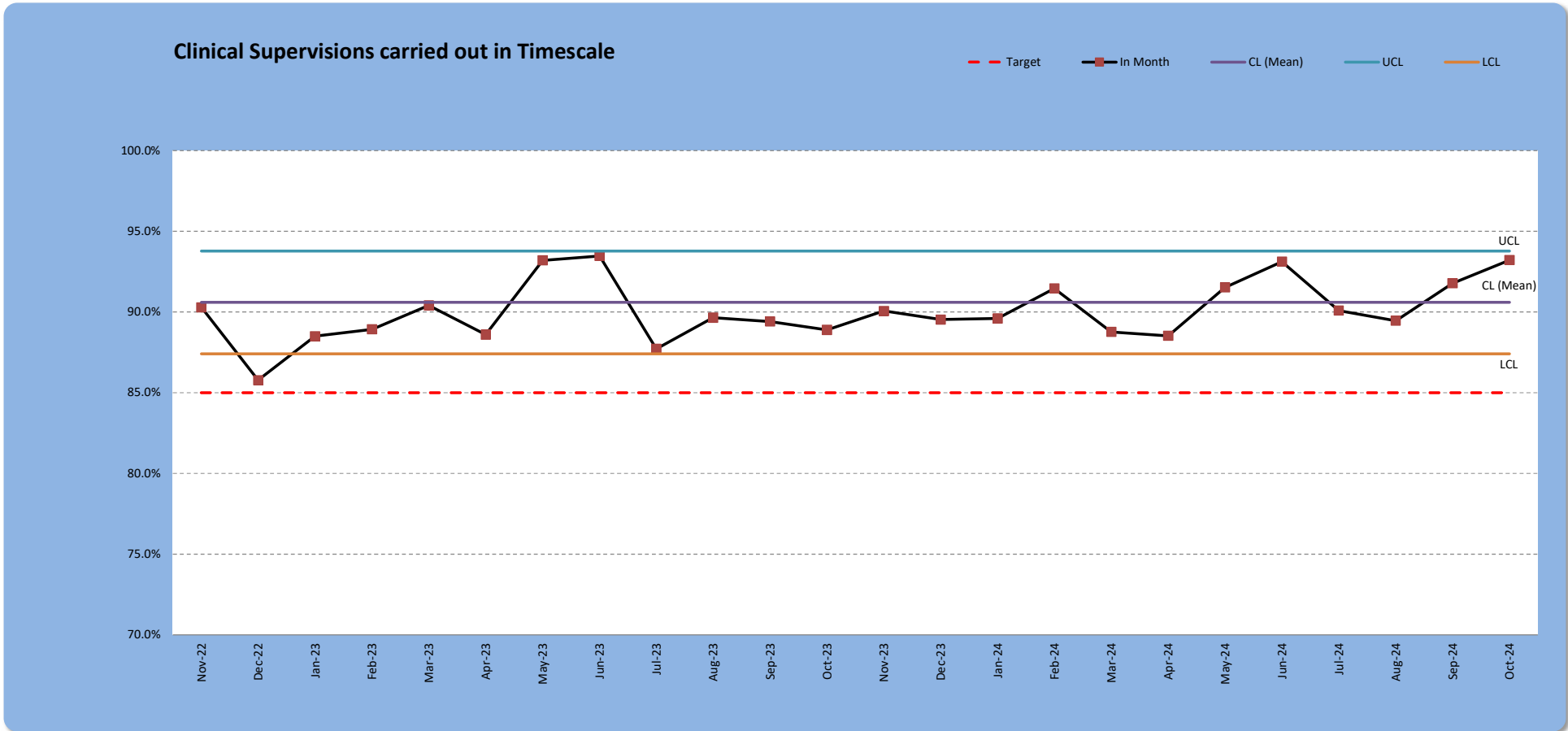
# PI RETURN FORM 2024-25

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
85%	80%	93.2%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	Hilary Gledhill	WL 9a



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period: 2024-25  
Reporting Month: Sep-24



Shown one month in arrears

Speciality	Ward	Speciality	WTE	OBDOs (including leave)	CHPPD Hours (Nurse)	Improvement	Bank/Agency Hours			Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals		
							Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (YTD)										Aug-24	Sep-24
											Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ parity upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	29.4	81%	10.7	17.2%	8.4%	74%	118%	95%	107%	0	22	3	0	79.3%	91.7%	84.6%	93.8%	8.4%	4.0	1	2			
	New Bridges	Adult MH Treatment (M)	36.6	100%	7.3	20.3%	2.3%	89%	101%	77%	121%	0	24	1	0	100.0%	94.4%	100.0%	85.0%	9.1%	0.8	3	2			
	Westlands	Adult MH Treatment (F)	35.8	96%	7.7	27.7%	4.3%	88%	70%	101%	100%	1	35	3	0	N/R	95.2%	93.8%	77.8%	6.2%	0.2	1	4			
	Mill View Court	Adult MH Treatment	31.0	99%	8.6	26.2%	15.9%	77%	122%	90%	144%	4	26	1	0	91.4%	91.6%	71.4%	61.1%	18.2%	3.8	3	3			
	STARS	Adult MH Rehabilitation	15.8	100%	16.5	27.5%	0.5%	100%	92%	100%	100%	1	3	0	0	85.0%	93.8%	80.0%	75.0%	8.3%	1.0	4	2			
	PICU	Adult MH Acute Intensive	31.6	94%	22.1	33.2%	7.1%	66%	110%	91%	127%	0	38	1	1	86.7%	93.7%	100.0%	75.0%	6.1%	5.6	1	3			
OP MH	Maister Lodge	Older People Dementia Treatment	33.6	75%	16.1	10.7%	1.9%	81%	113%	100%	124%	0	72	0	0	90.0%	93.0%	90.9%	72.0%	5.4%	1.4	0	1			
	Mill View Lodge	Older People Treatment	28.8	84%	15.6	17.1%	4.8%	82%	67%	97%	107%	0	9	0	0	N/R	97.2%	91.7%	84.2%	6.4%	5.0	2	3			
	Maister Court	Older People Treatment	18.0	108%	15.4	36.8%	2.0%	85%	88%	100%	100%	0	4	0	0	85.7%	92.9%	85.7%	81.8%	15.4%	0.8	2	2			
	Pine View	Forensic Low Secure	28.8	75%	10.0	35.9%	0.0%	95%	93%	87%	98%	1	1	0	8	100.0%	94.8%	90.9%	87.5%	10.6%	-0.2	1	1			
	Derwent	Forensic Medium Secure	28.9	71%	16.1	20.4%	0.0%	84%	78%	100%	97%	0	3	0	0	100.0%	95.0%	81.8%	64.7%	6.6%	0.0	1	2			
	Ouse	Forensic Medium Secure	23.6	78%	11.2	42.1%	0.0%	71%	136%	122%	186%	1	2	2	0	100.0%	94.4%	88.9%	75.0%	11.7%	1.2	1	2			
Child & LD	Swale	Personality Disorder Medium Secure	29.8	90%	9.0	26.0%	0.0%	72%	100%	100%	94%	2	2	2	0	96.7%	97.6%	78.6%	94.1%	7.0%	0.0	0	2			
	Ullswater	Learning Disability Medium Secure	29.6	75%	15.4	46.8%	0.0%	81%	158%	102%	146%	2	15	1	2	100.0%	88.7%	83.3%	52.6%	11.8%	-0.1	2	2			
	Townend Court	Learning Disability	52.1	31%	65.7	33.0%	9.0%	58%	117%	100%	107%	5	364	0	0	100.0%	82.6%	66.7%	61.8%	17.1%	1.4	1	3			
	Inspire	CAMHS	46.0	92%	19.7	16.1%	7.9%	84%	119%	101%	109%	0	5	0	0	87.5%	89.2%	83.3%	81.5%	9.7%	-0.5	2	1			
	Granville Court	Learning Disability Nursing Care	55.8	76%	19.6	27.6%	0.0%	124%	104%	126%	107%	0	1	0	0	94.0%	94.3%	83.3%	95.1%	8.8%	0.0	1	1			
	Whitby Hospital	Physical Health Community Hospital	32.9	87%	16.7	1.5%	0.0%	77%	83%	98%	100%	6	0	0	0	73.2%	94.1%	77.8%	85.7%	5.4%	0.4	1	2			
Malton Hospital	Physical Health Community Hospital	29.8	86%	7.1	19.7%	0.0%	99%	66%	115%	85%	1	1	0	0	100.0%	85.7%	100.0%	86.7%	6.1%	0.7	2	2				

Key	Target met	Within 5% of target	Target not met
-----	------------	---------------------	----------------

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

	Staffing and Quality Indicators
Contract Period:	2024-25
Reporting Month:	Sep-24



## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : Sep

All of the units (19) units are flagging red for sickness compared to 16 in August however there has been a slight reduction in the number of units with sickness over 10% with 6 units over 10% in September compared to 7 in August. The Chief Operating Officer and HR Director have commissioned a specific piece of work to look at sickness in our inpatient units for reporting to EMT.

TEC, and MVC continue to have sickness levels above 15% with improvement noted at STaRS.

There are no units with 5 red flags.

3 units are slightly below the CHPPD but are within 5% of the target (Westlands, Newbridge's and Malton).

5 units have dropped below the 75% fill rate for RNs on days (Avondale, PICU, Ouse, Swale, TEC) with a further 10 below target threshold. STaRS has risen above the threshold. There were minimal occasions when overall safe staffing numbers were impacted. TEC continue to have high levels of acuity and patients in LTS and seclusion.

Ullswater continues with increased staffing levels to support the care of a patient in LTS, for which EPOC (enhanced package of care) payment is received and Ouse continues to be split over two wards due to refurbishment with staffing increased to support this.

Mandatory training (all) is above 85% for all units apart from TEC which are just under the threshold at 82.6%.

Compliance with ILS/BLS has improved after a dip in August. 2 units are below target for ILS (improved from 4 in August) and 5 for BLS compared to 6 in August. TEC had a number of new starters which has impacted in the short term. This continues to be flagged to the resuscitation officer and modern matrons.

Clinical supervision has improved from 7 units below target in August to 2 in Sept however 2 units had a nil return (Westlands and MVL both of whom were also below target last month). This has been escalated to the matron. Whitby has been below target for four months- this has been picked up with the new unit manager.

### The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton))
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby, Malton
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Townend Court

## Registered Nurse Vacancy Rates (Rolling 12 months)

Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
13.50%	12.10%	11.04%	11.25%	11.00%	9.56%	9.10%	9.59%	9.66%	10.20%	10.28%	8.92%

## Slips/Trips and Falls (Rolling 3 months)

	Jul-24	Aug-24	Sep-24
Maister Lodge	7	8	4
Millview Lodge	2	2	11
Malton IPU	3	0	2
Whitby IPU	3	1	7

Malton Sickness % is provided from ESR as they are not on Health Roster



# PI RETURN FORM 2024-25

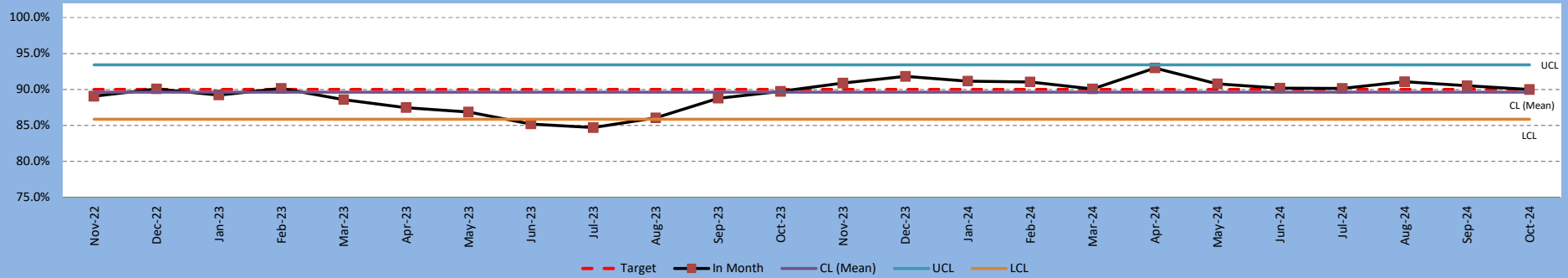
## Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	90.0%

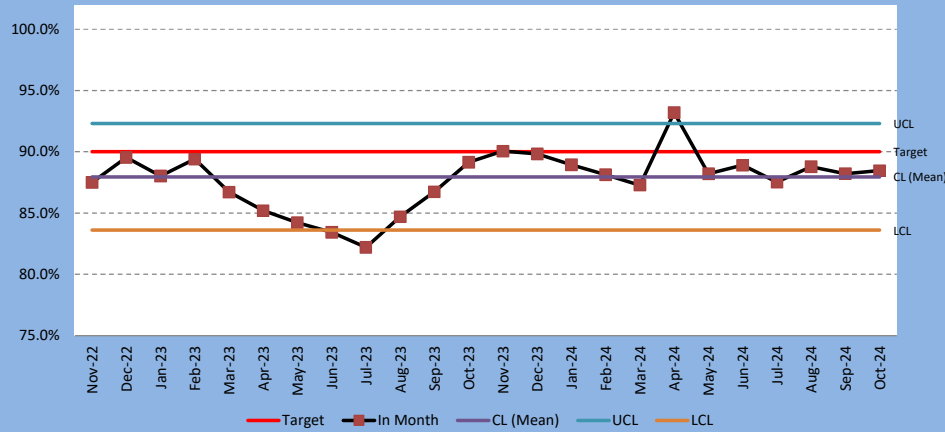
For the period ending: **October 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	Kwame Fofie	FFT %

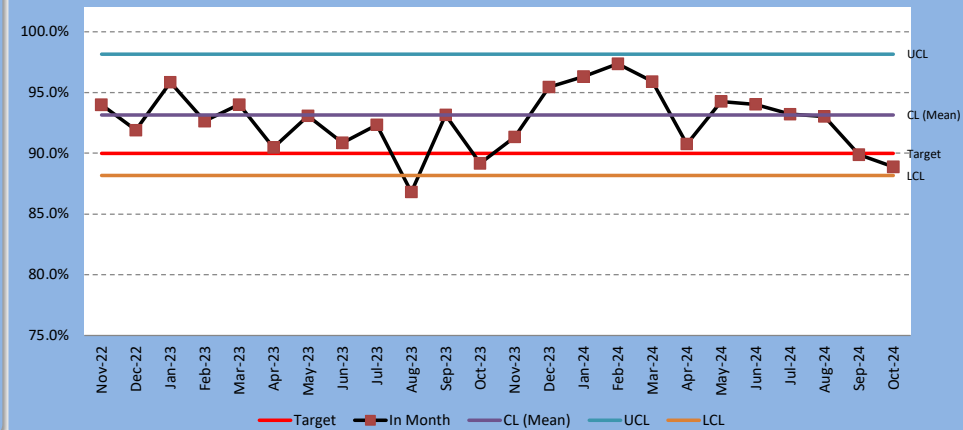
### Friends and Family - Recommendation - Trustwide



### Friends and Family - Recommendation - GP



### Friends and Family - Recommendation - Non GP



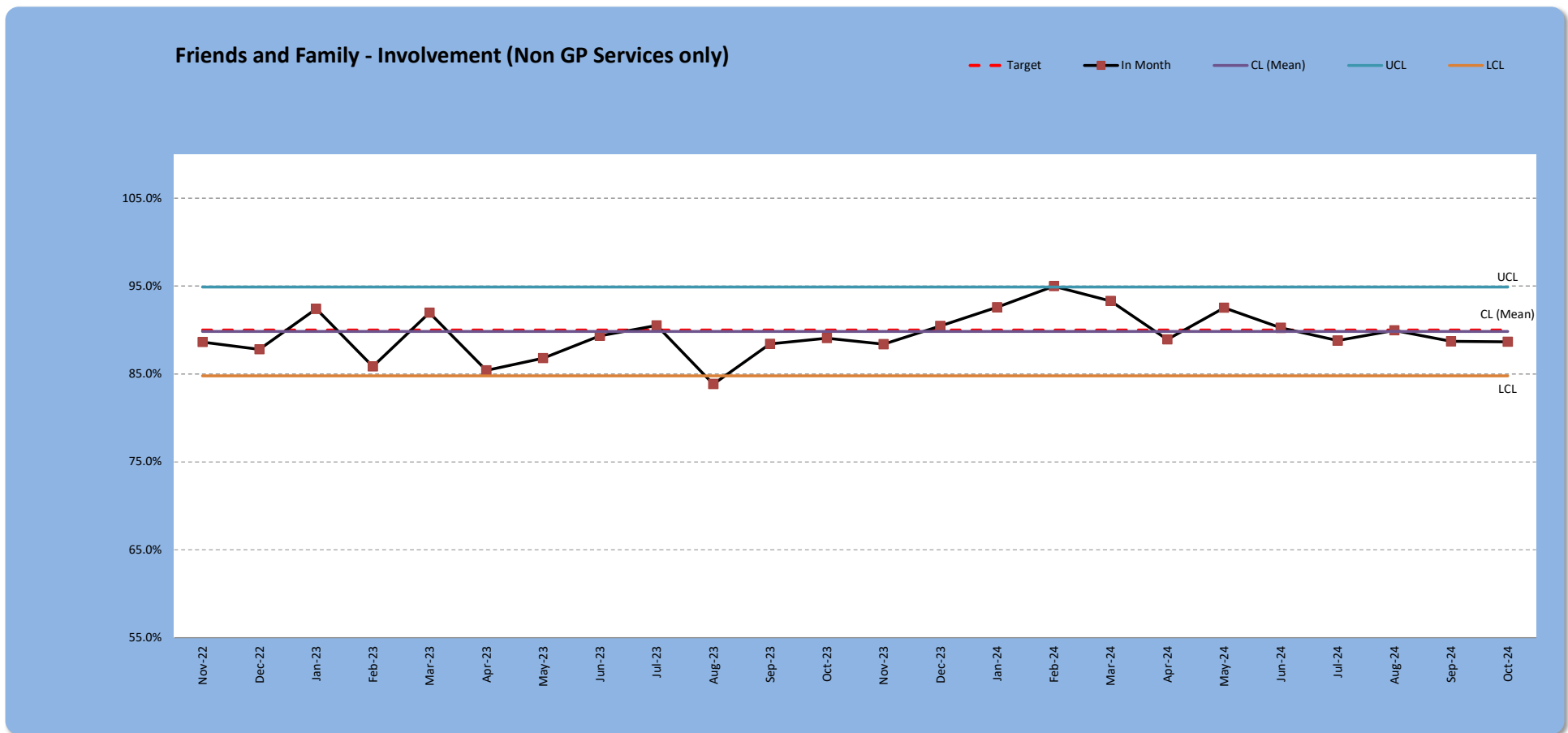
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
90%	80%	88.7%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	Kwame Fofie	CA 3c %



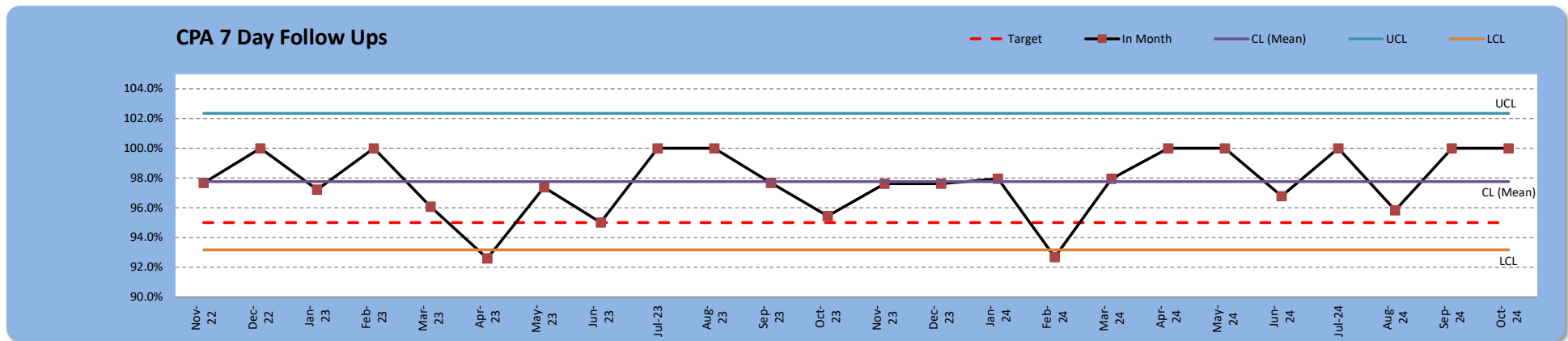
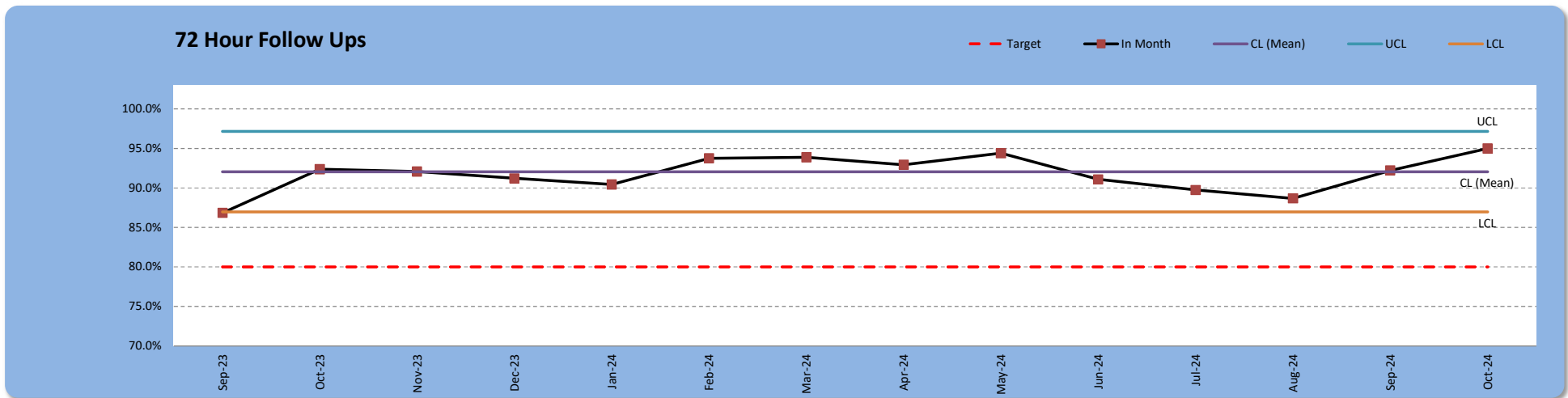
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

		Current month for 72 hour stands at:
Target: 80%	Amber: 60%	95.0%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson	OP 12



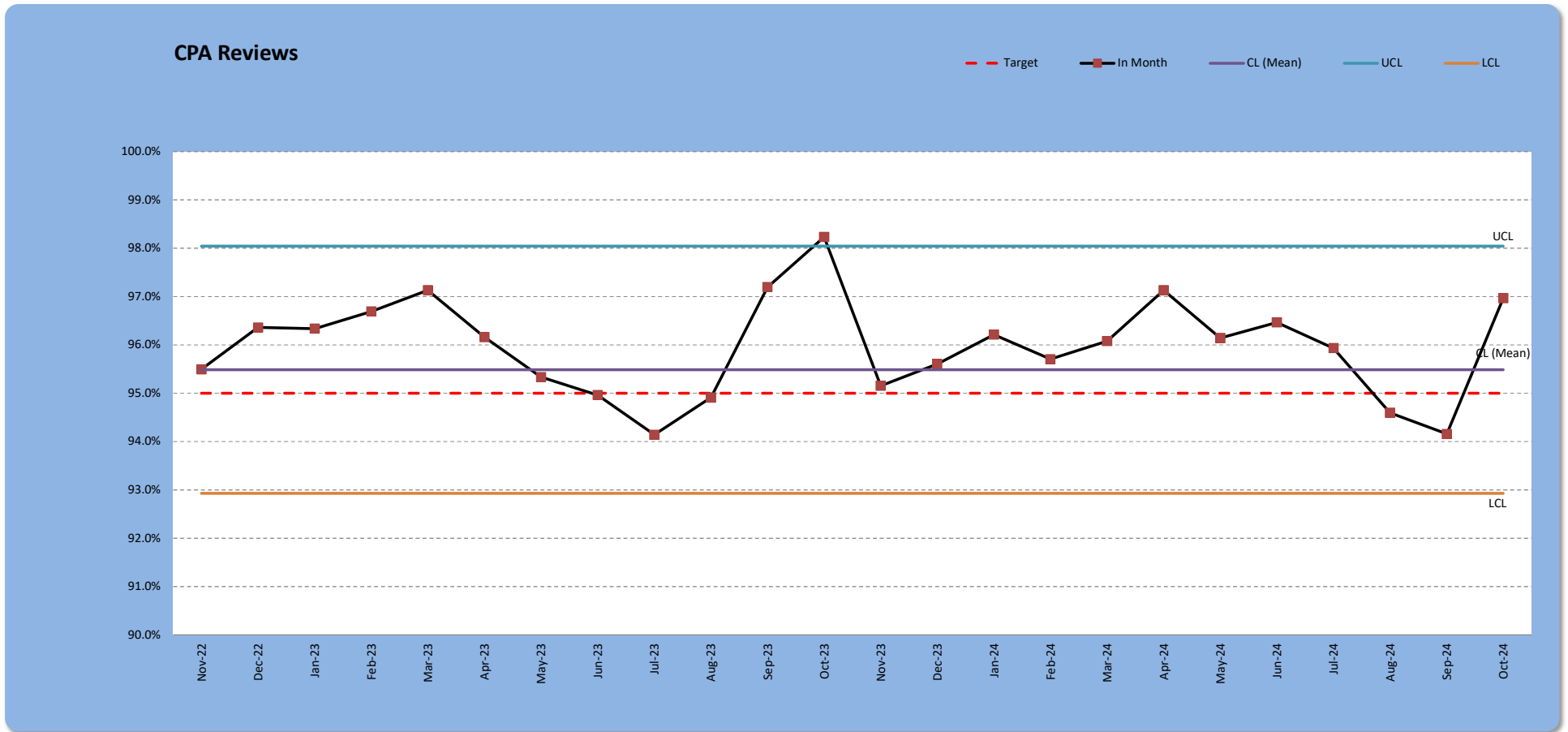
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
95%	85%	97.0%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7



# PI RETURN FORM 2024-25

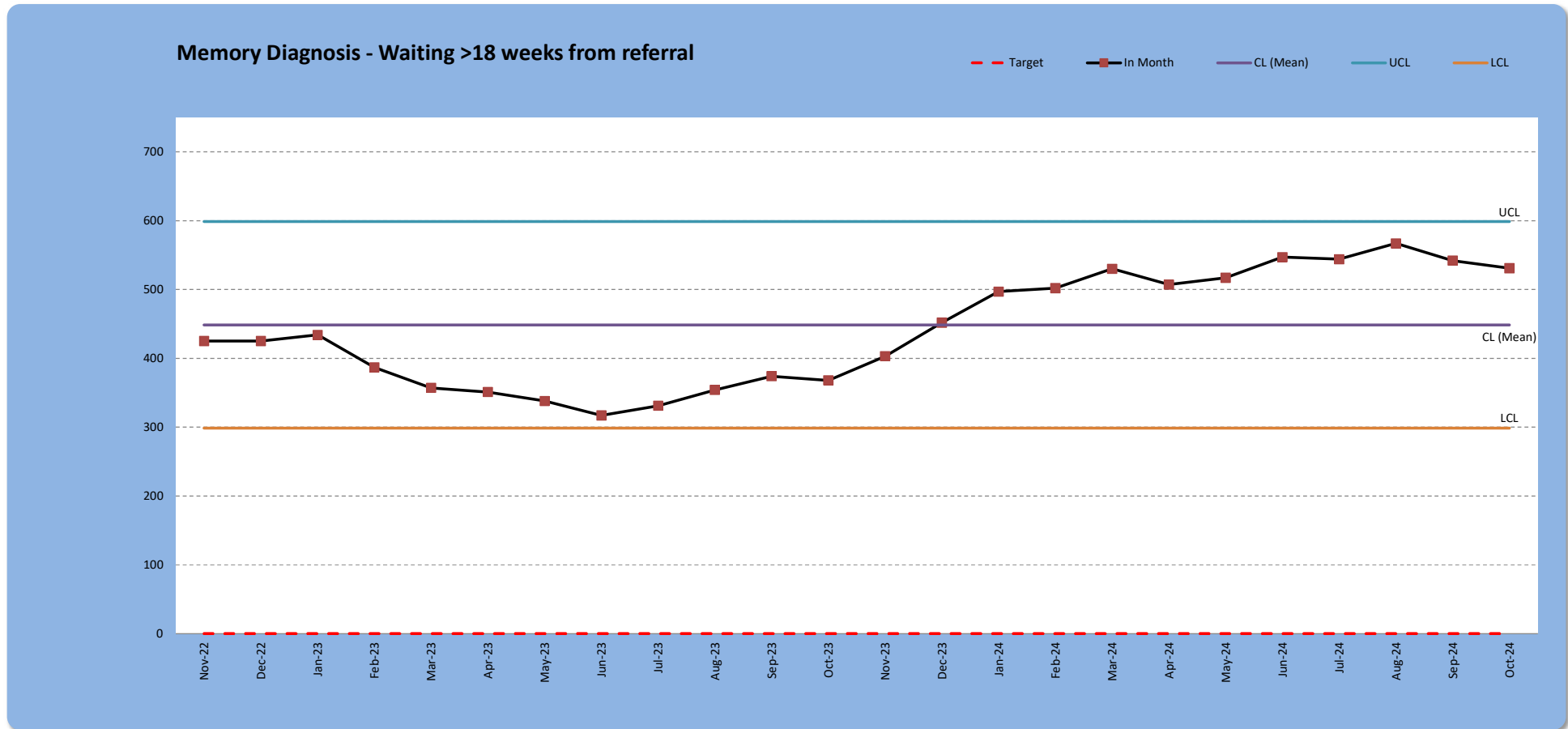
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
n/a	n/a	531

Indicator Title	Description/Rationale	Executive Lead
Memory Service - Assessment/Diagnosis Waiting List	Referral to Assessment/Diagnosis Waiting Times (Incomplete Pathways) : The number of patients referred to the Memory Service are awaiting greater than 18 weeks for assessment and/or feedback of diagnosis.	Lynn Parkinson

KPI Type
MemAssWL



# PI RETURN FORM 2024-25

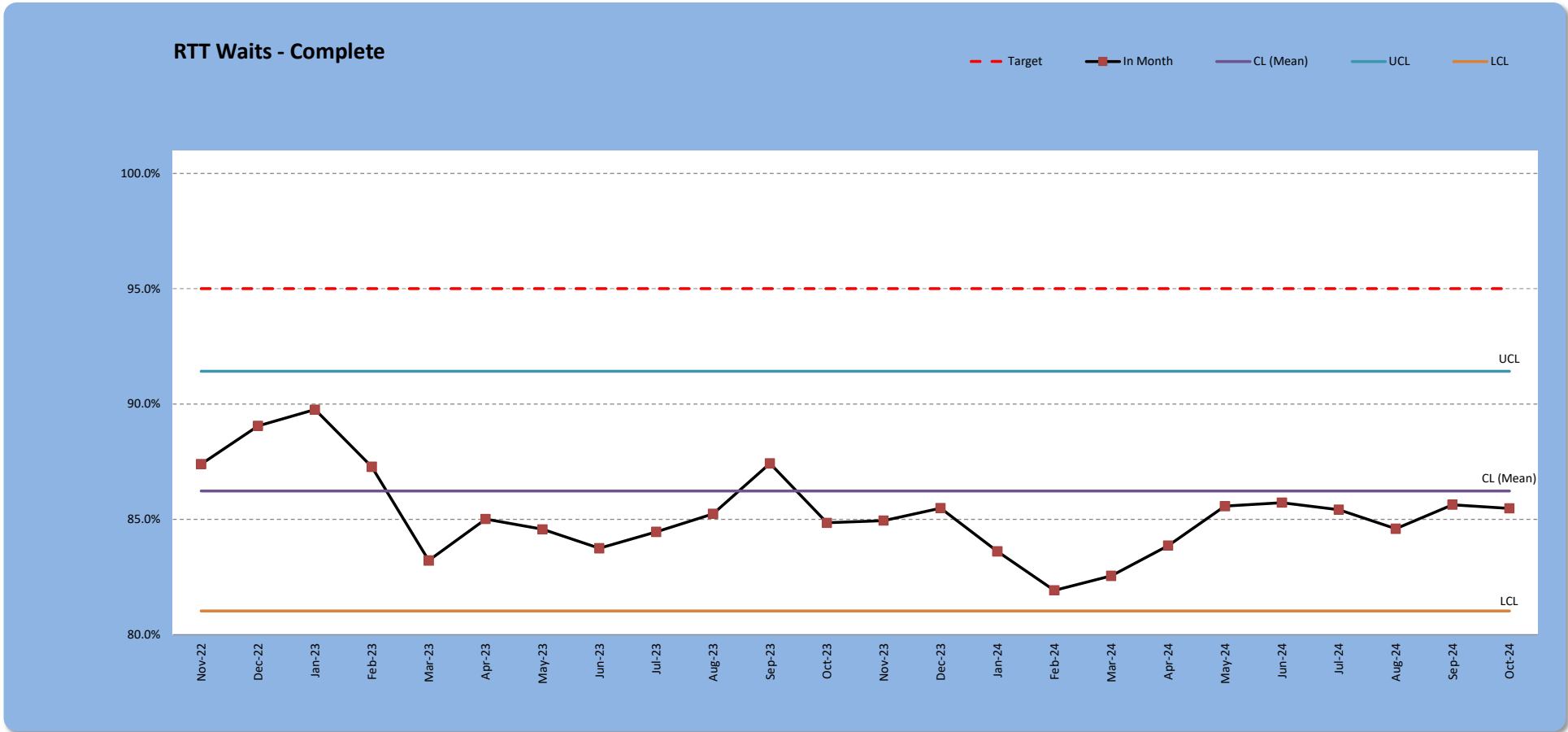
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
95%	85%	85.5%

Indicator Title	Description/Rationale	Executive Lead
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson

KPI Type
OP 20



# PI RETURN FORM 2024-25

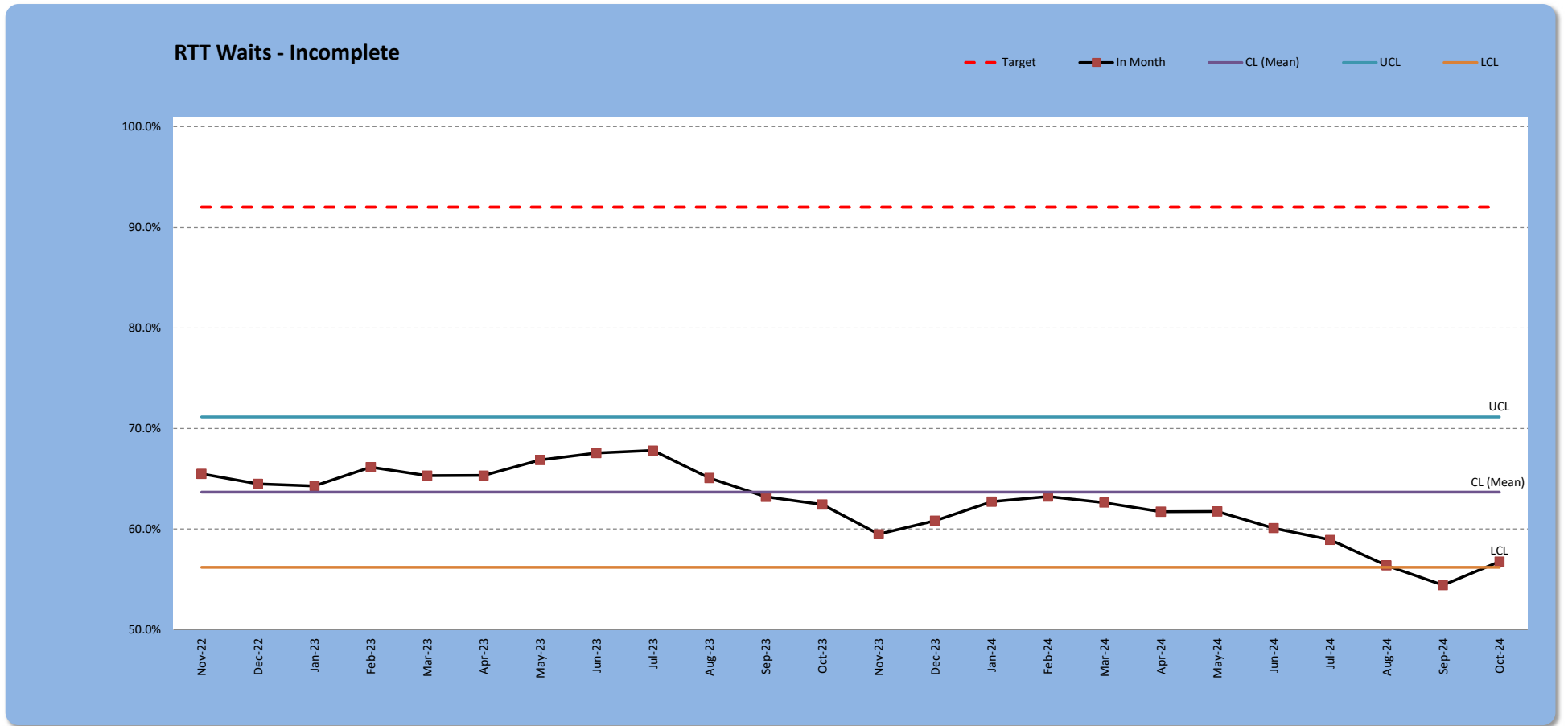
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
92%	85%	56.8%

Indicator Title	Description/Rationale	KPI Lead
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	Executive Lead Lynn Parkinson

KPI Type
OP 21



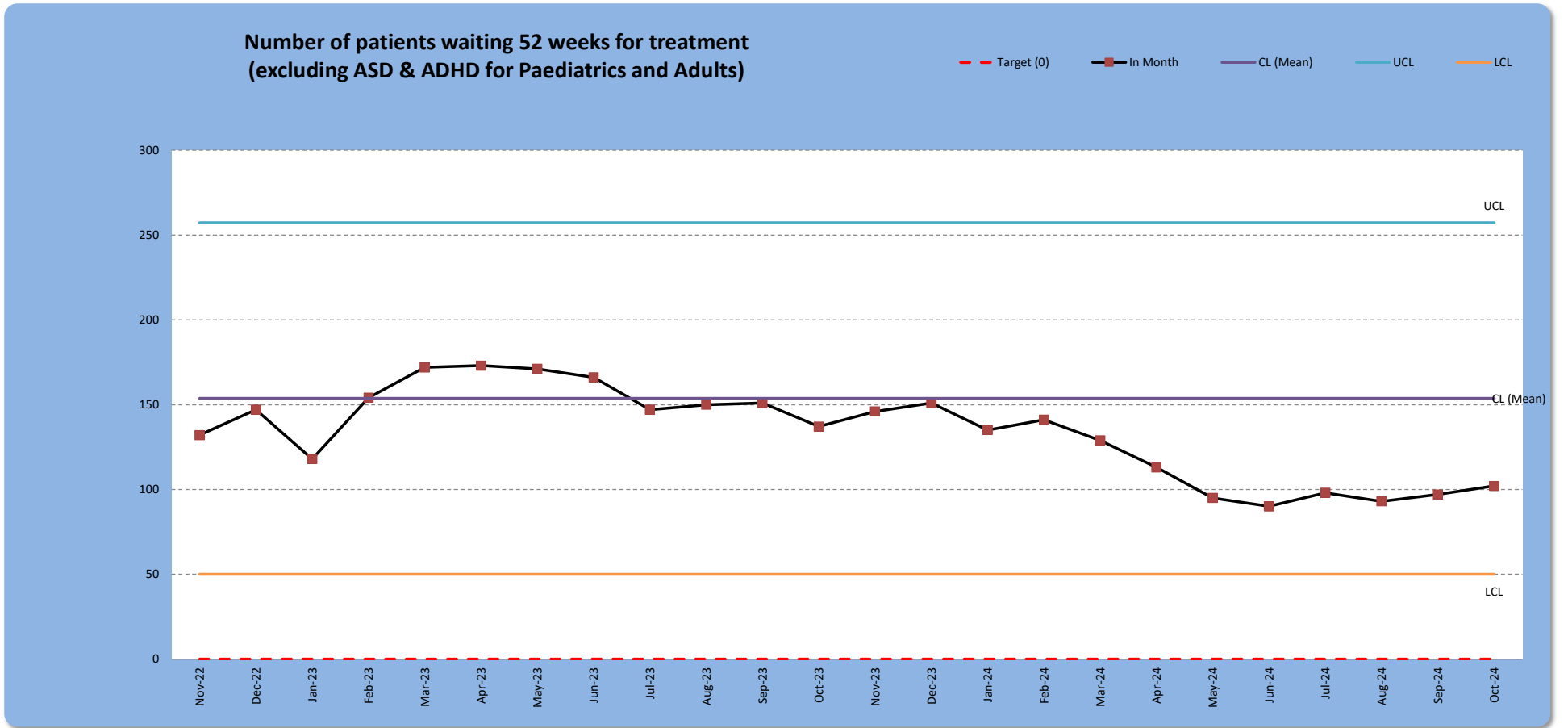
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	102

For the period ending: **October 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. <i>(Excludes ASD &amp; ADHD Services for both Adult and Paediatrics)</i>	Lynn Parkinson	OP 22x





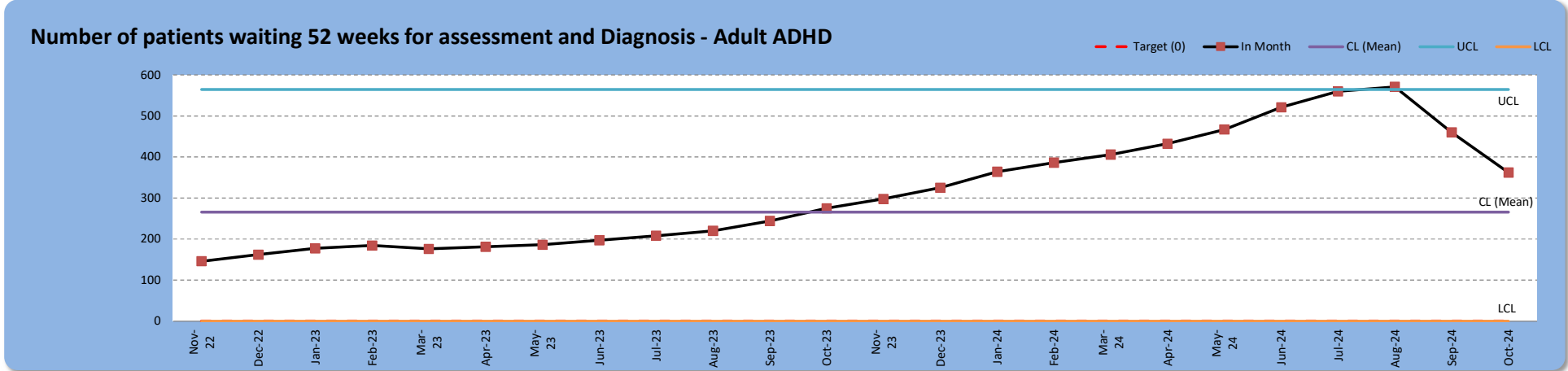
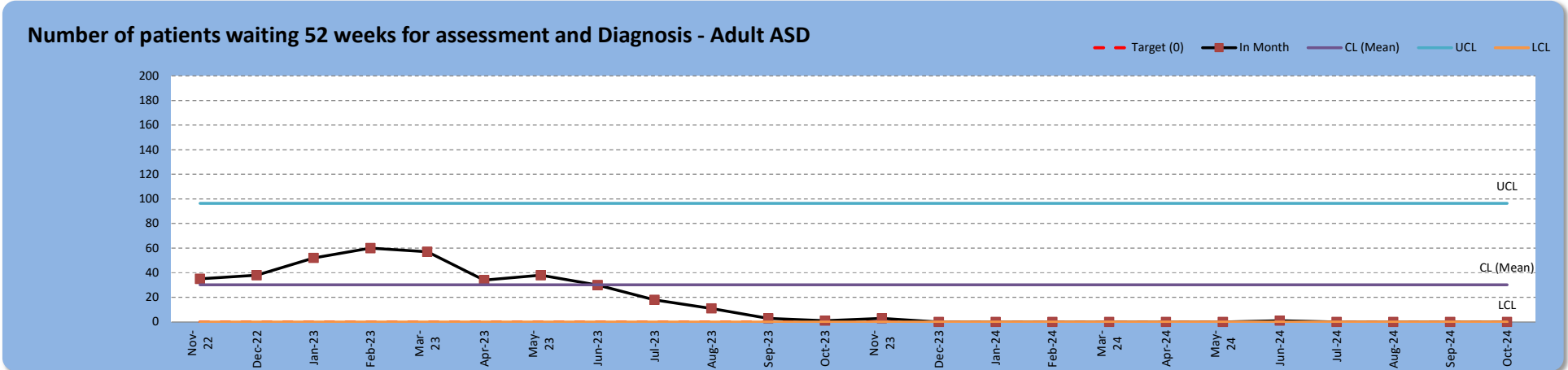
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
0	0	362

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u



# PI RETURN FORM 2024-25

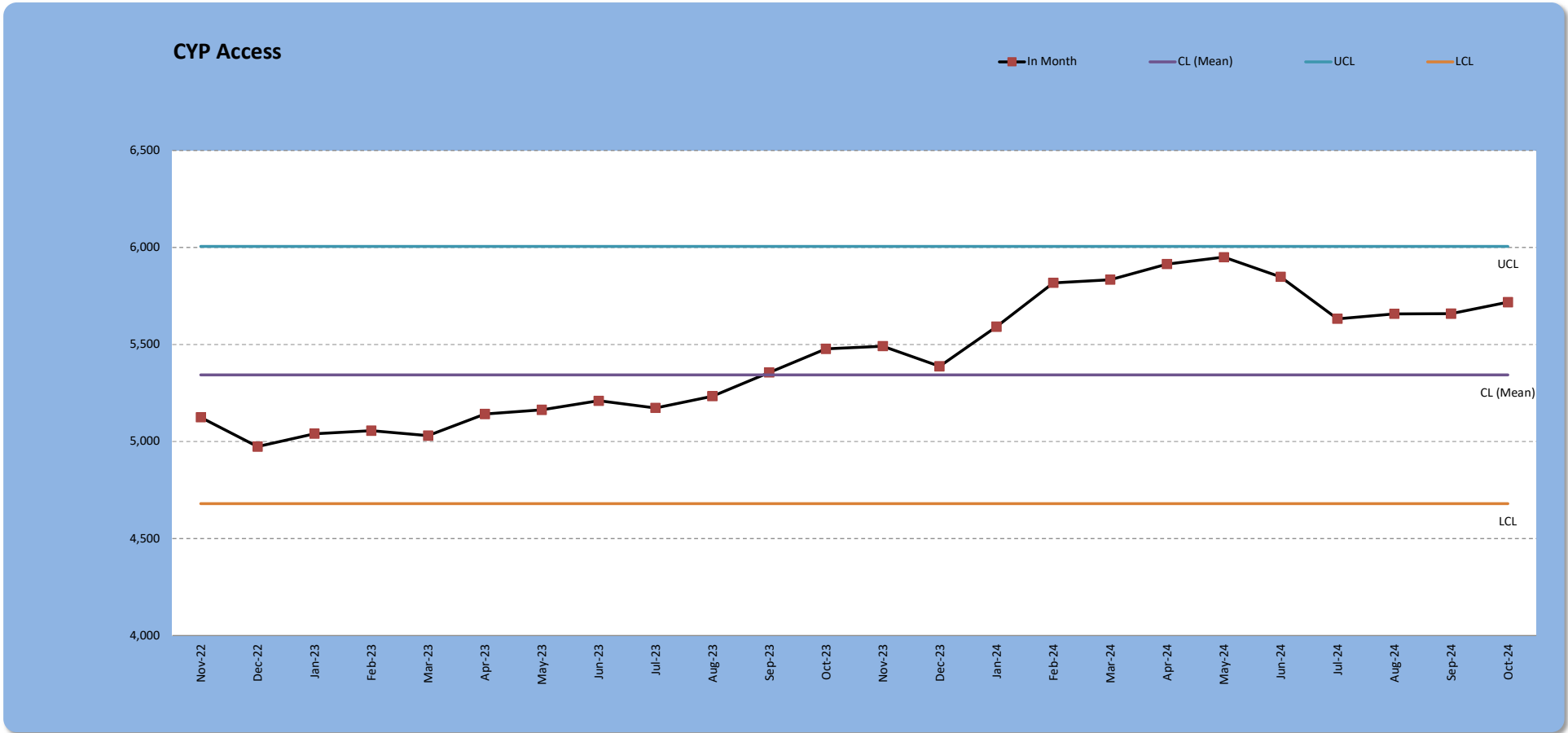
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	5718

For the period ending: **October 2024**

Indicator Title	Description/Rationale	Executive Lead
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes ADHD but excludes ASD and LD (National Guidance)</i>	Lynn Parkinson

KPI Type
MHS95.2



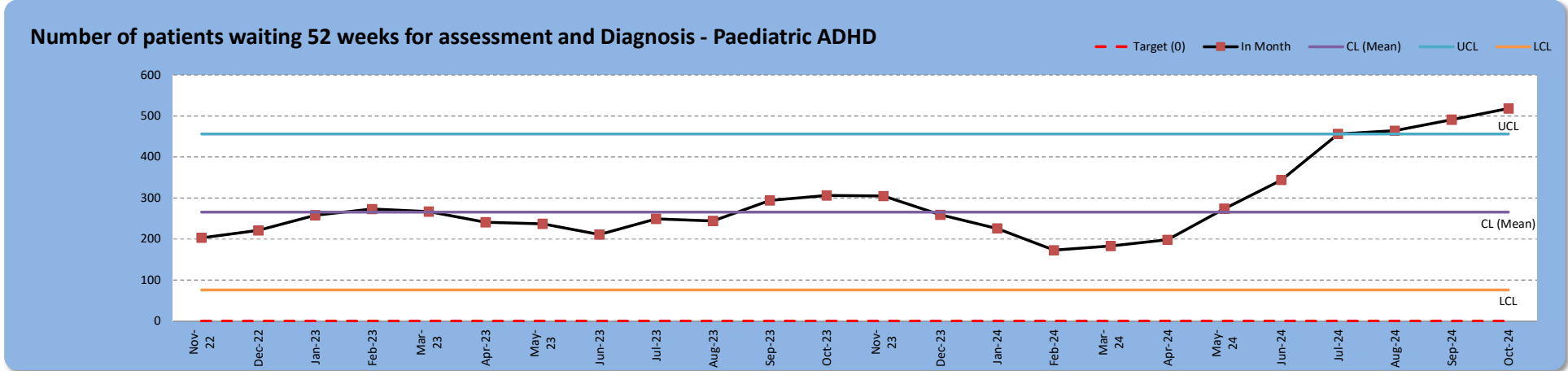
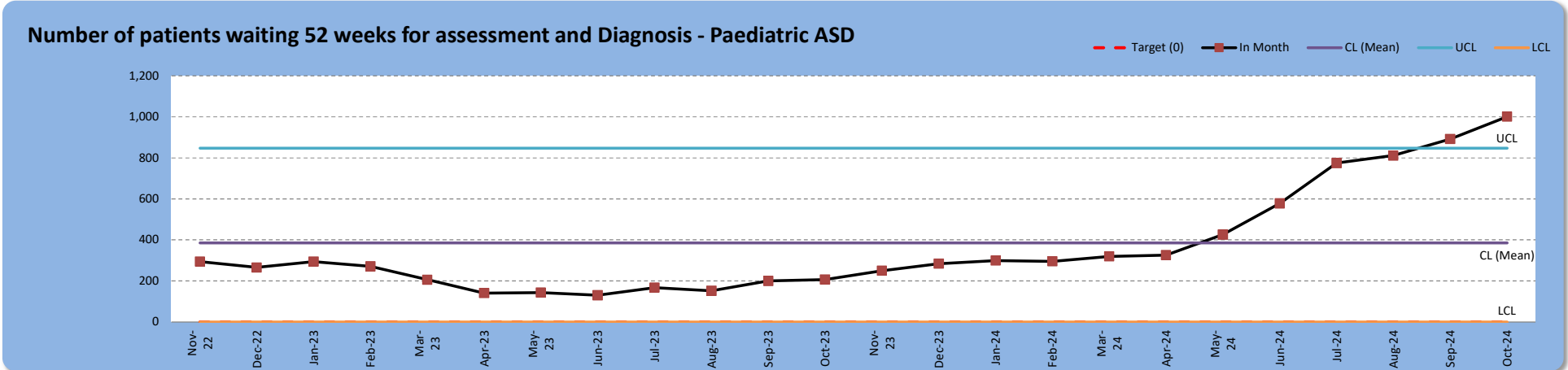
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
0	0	1519

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s



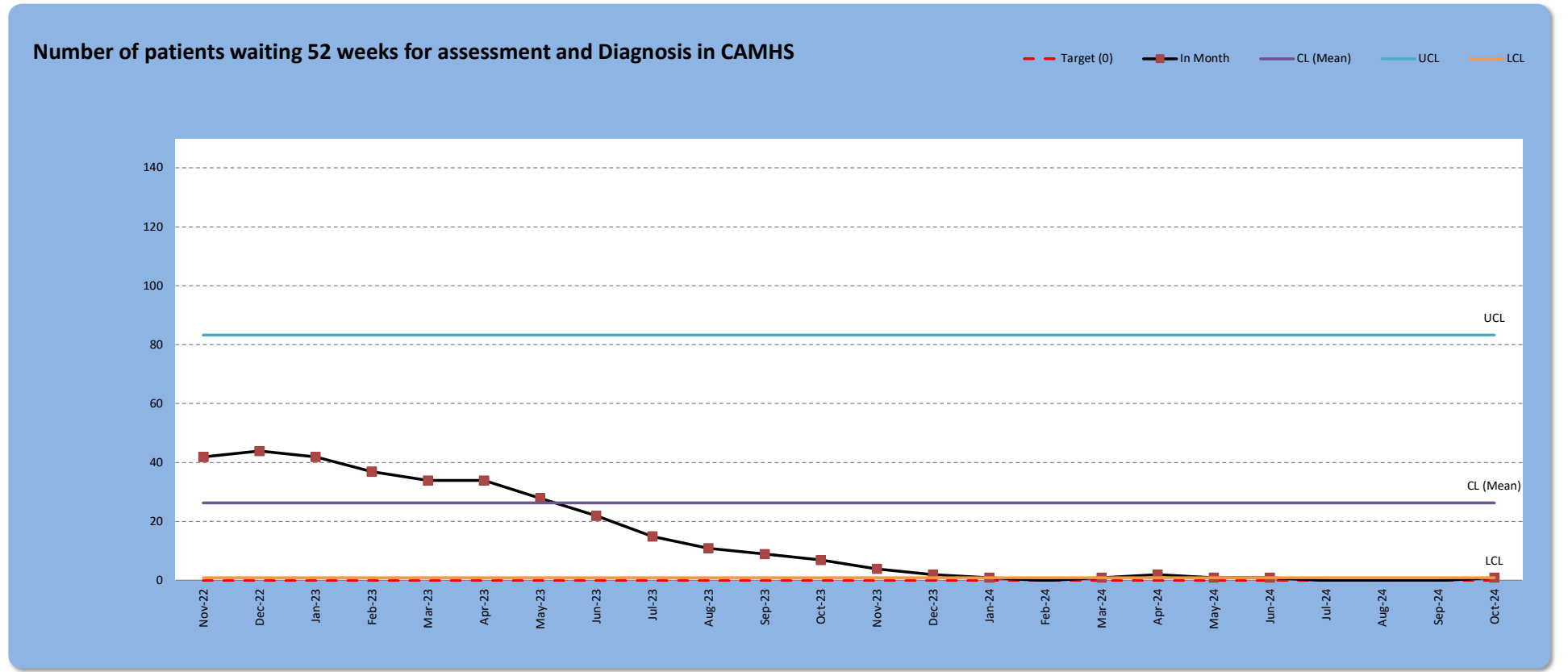
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	1

For the period ending: **October 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD/ADHD)	Lynn Parkinson	OP 22j



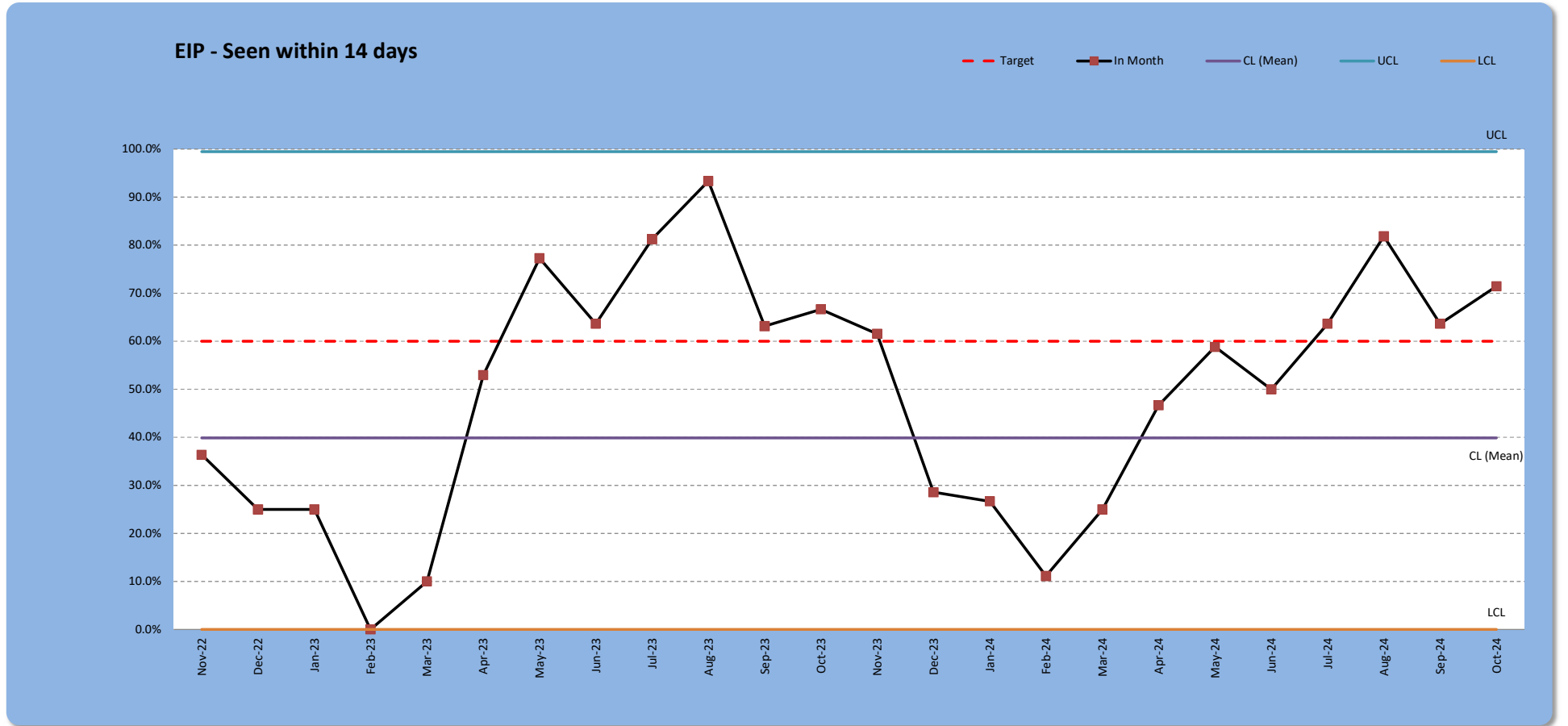
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
60%	55%	71.4%

For the period ending: **October 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	Lynn Parkinson	OP 9



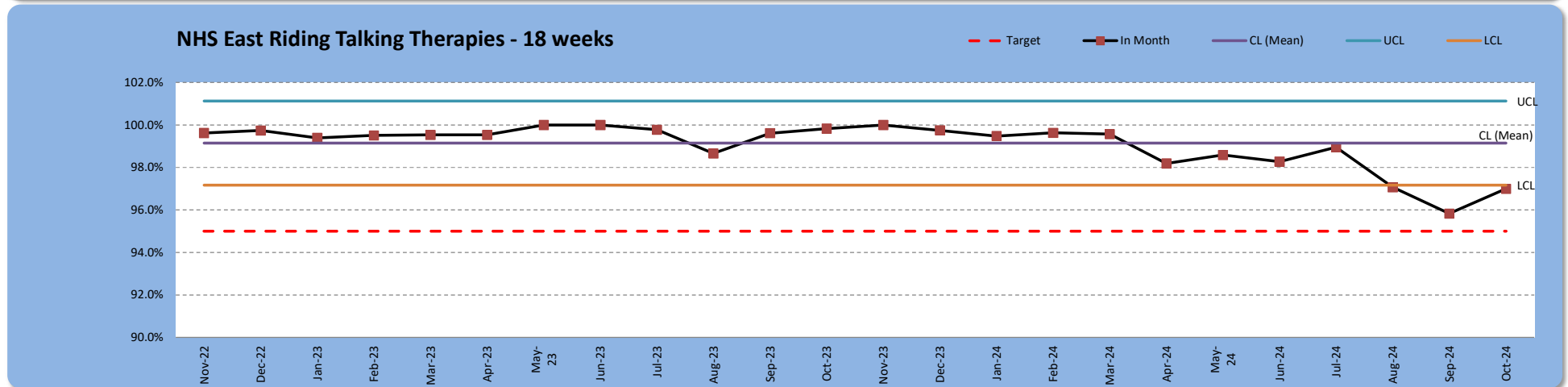
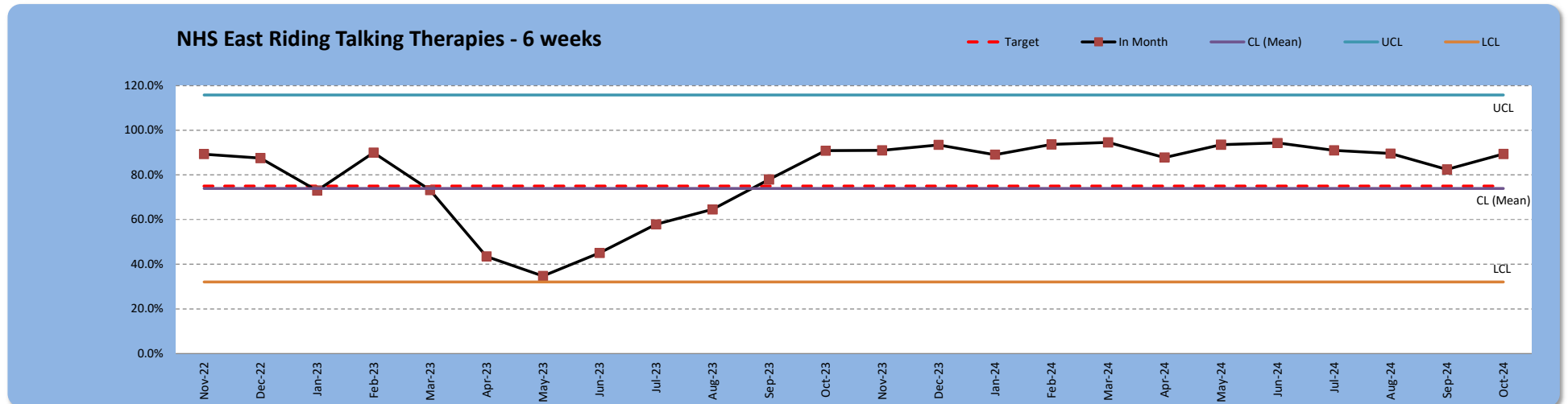
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

		Current month 6 weeks stands at:			Current month 18 weeks stands at:
Target:	Amber:		Target:	Amber:	
75%	70%	89.4%	95%	85%	97.0%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
NHS East Riding Talking Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral (East Riding)	Lynn Parkinson	OP 10a



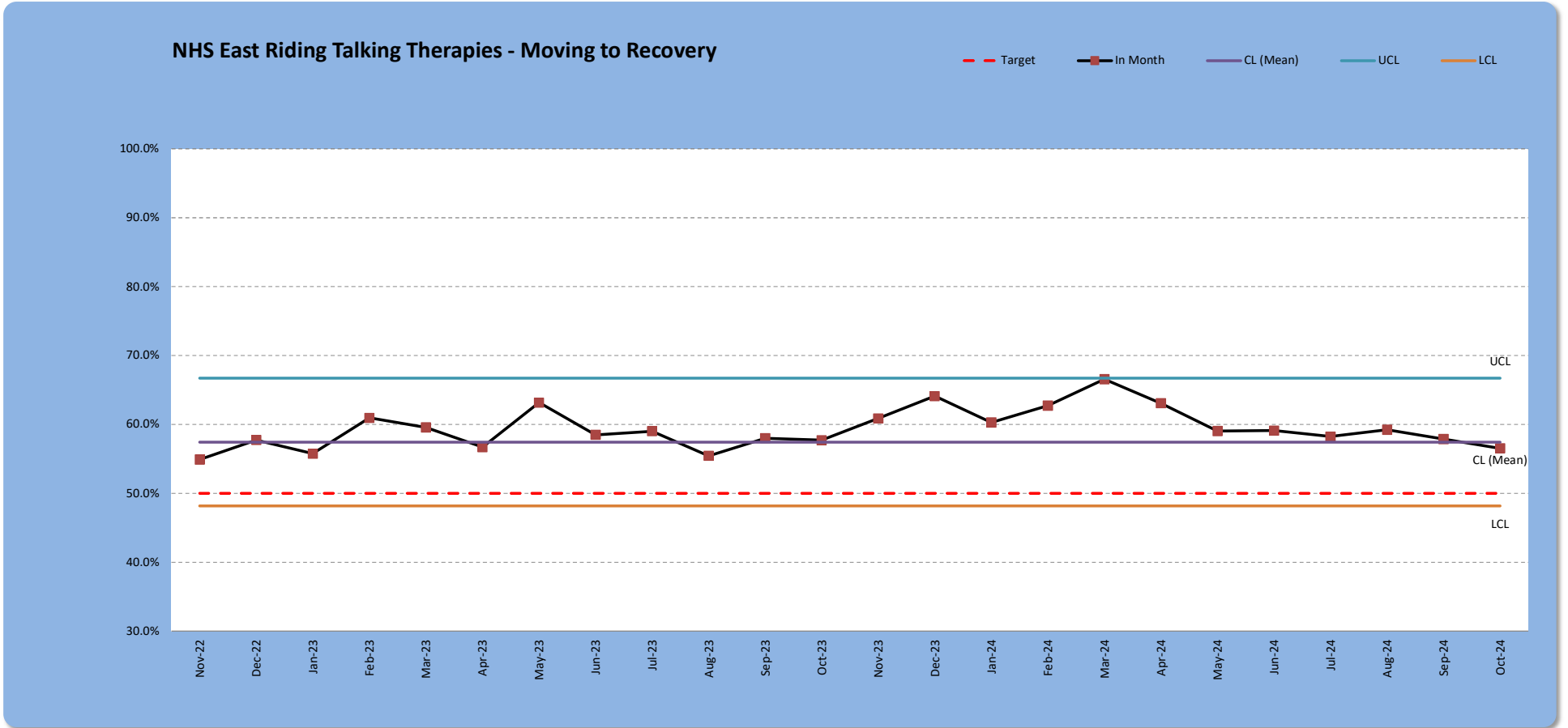
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
50%	45%	56.5%

For the period ending: **October 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
NHS East Riding Talking Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention (East Riding)	Lynn Parkinson	OP 11



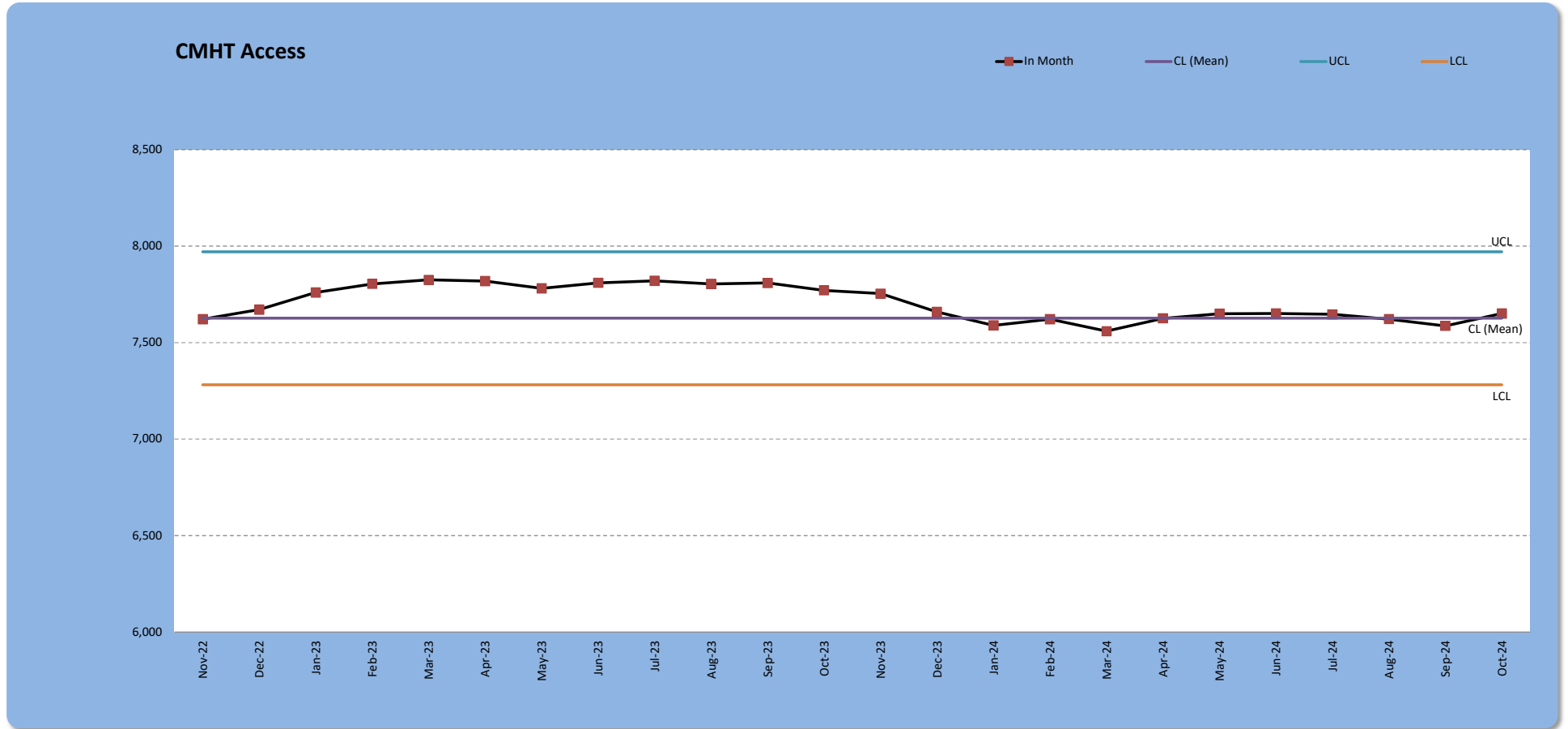
# PI RETURN FORM 2024-25

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:
TBC	TBC	7651

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	Lynn Parkinson	MHS108.1





# PI RETURN FORM 2024-25

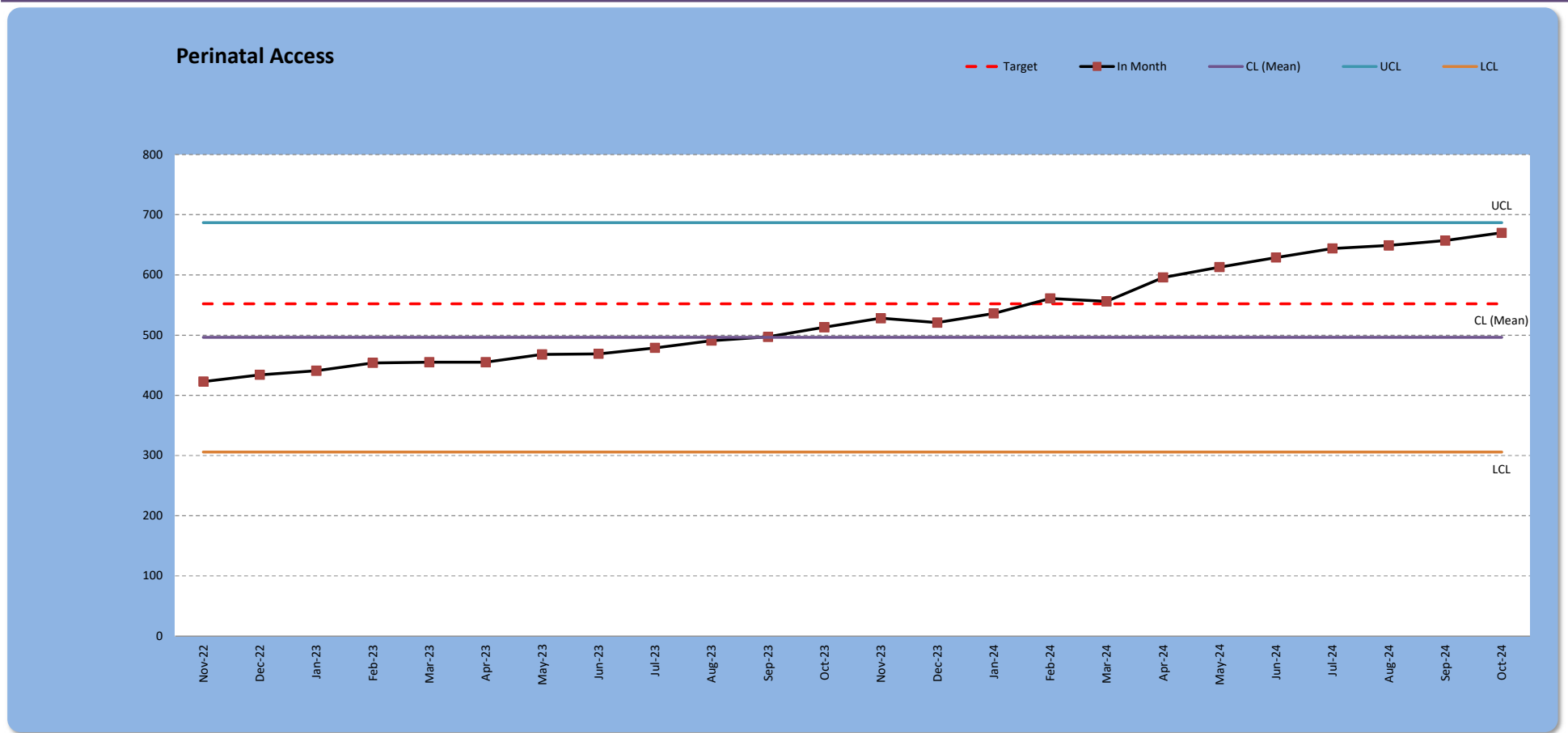
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	670

For the period ending: **October 2024**

Indicator Title	Description/Rationale	Executive Lead
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months <i>(Hull and East Riding only)</i>	Lynn Parkinson

KPI Type
MHS91.1



# PI RETURN FORM 2024-25

## Goal 3 : Fostering Integration, Partnership and Alliances

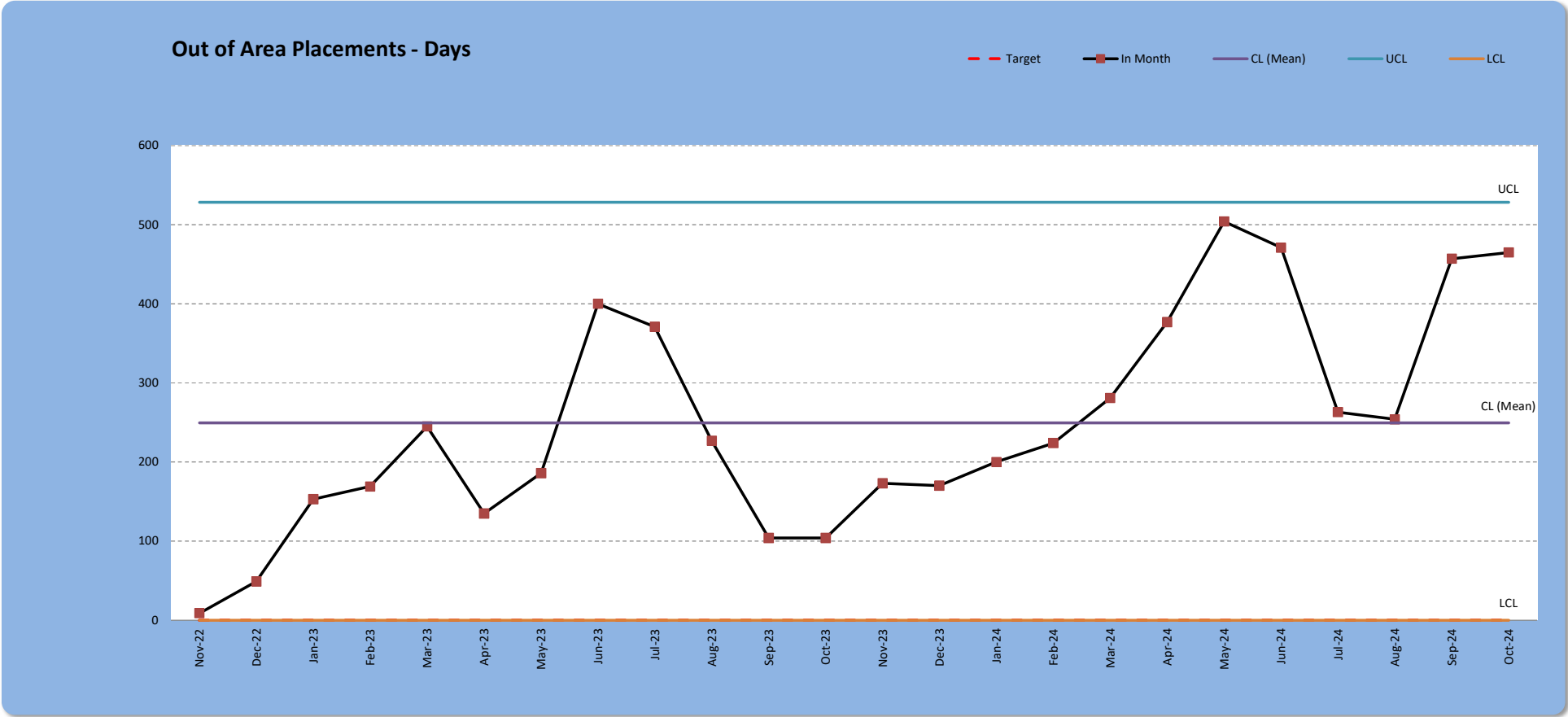
For the period ending: **October 2024**

Target:	Amber:	Patients OoA within month:
0	0	26

Split:	# days	# patients
Adult	100	11
OP	196	8
PICU	169	7

Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards

Executive Lead Lynn Parkinson	KPI Type ST 4b
----------------------------------	-------------------



# PI RETURN FORM 2024-25

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **October 2024**

Split for Current month:

Oct-24	
100	Adult
196	OP
169	PICU
465	Total

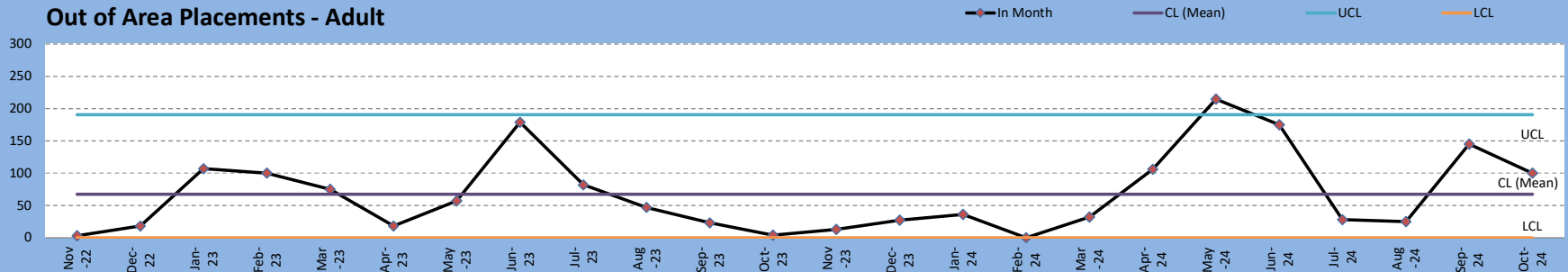
Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead  
Lynn Parkinson

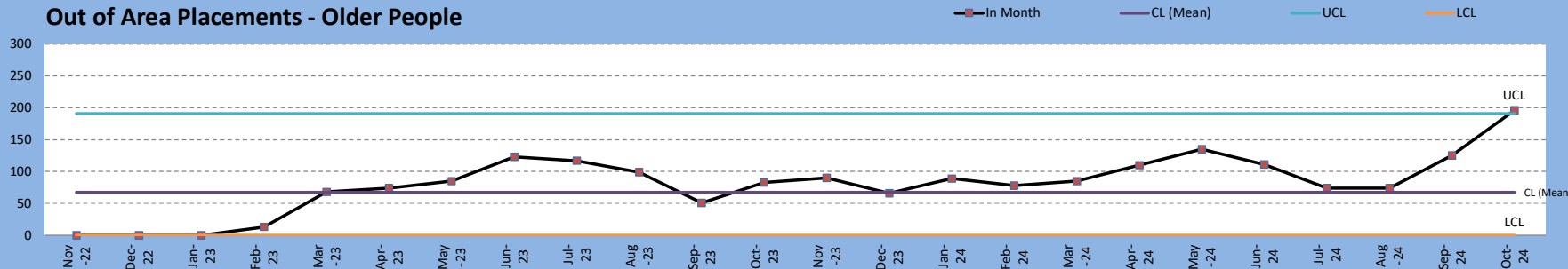
KPI Type

ST 4 split

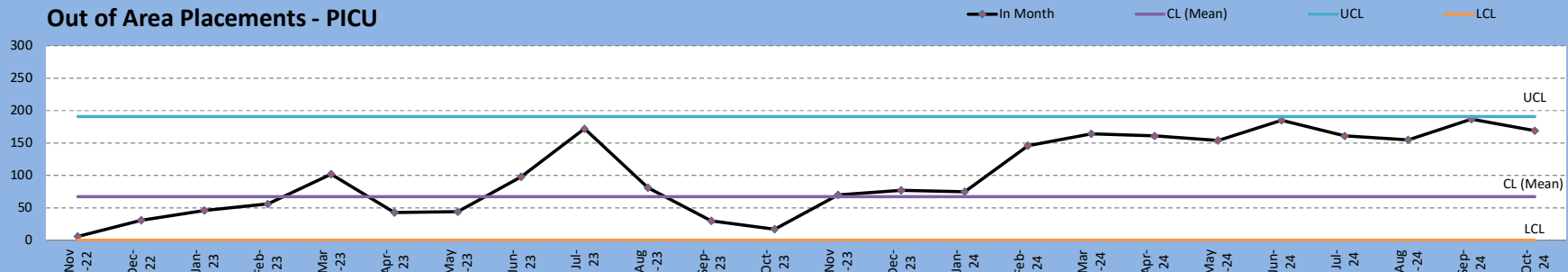
### Out of Area Placements - Adult



### Out of Area Placements - Older People



### Out of Area Placements - PICU



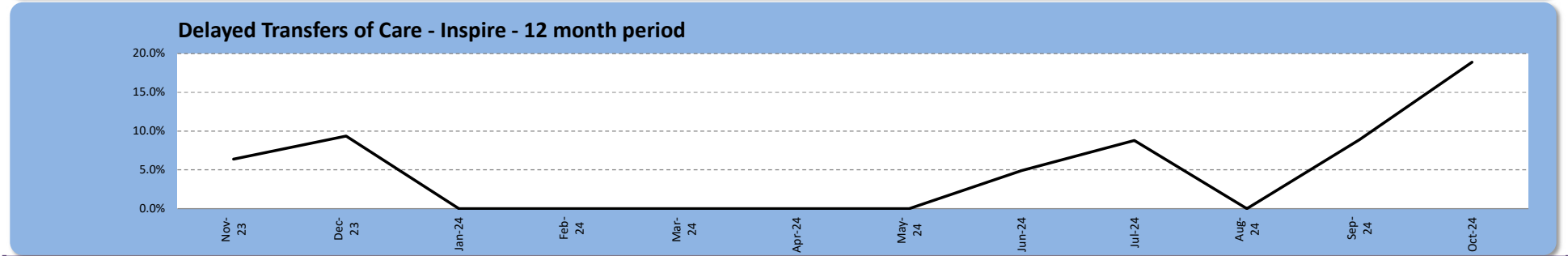
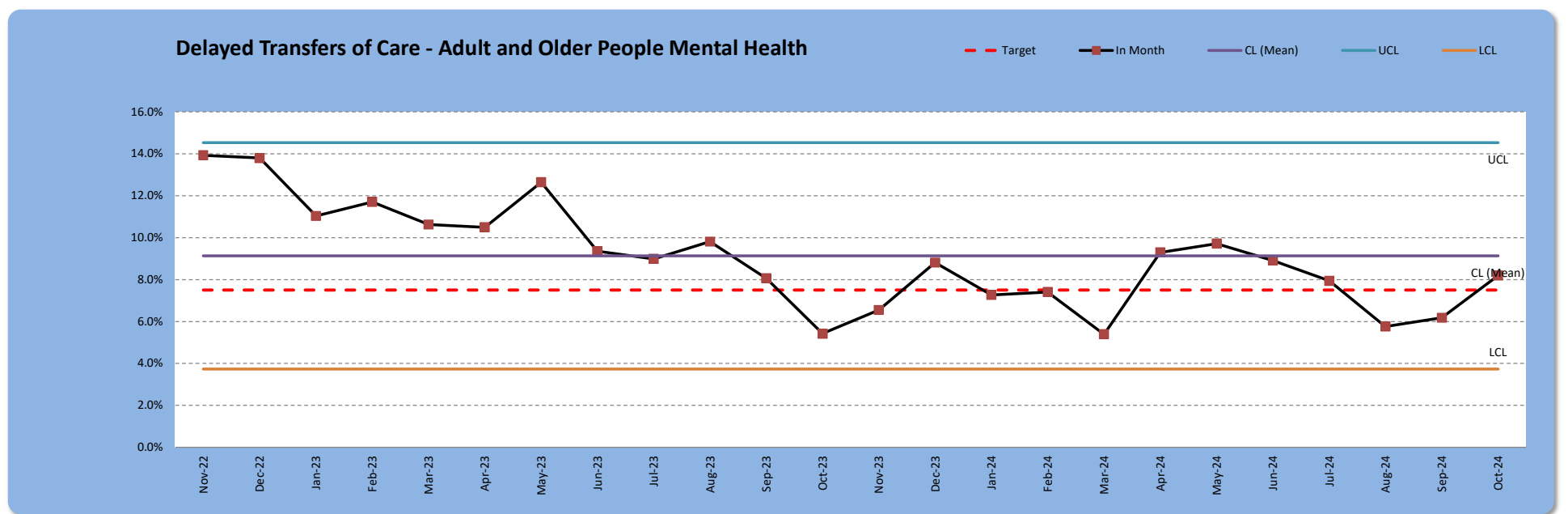
# PI RETURN FORM 2024-25

## Goal 3 : Fostering Integration, Partnership and Alliances

Target:	Amber:	Current month stands at:
7.5%	7.0%	8.2%

For the period ending: **October 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care	Lynn Parkinson	OP 14



# PI RETURN FORM 2024-25

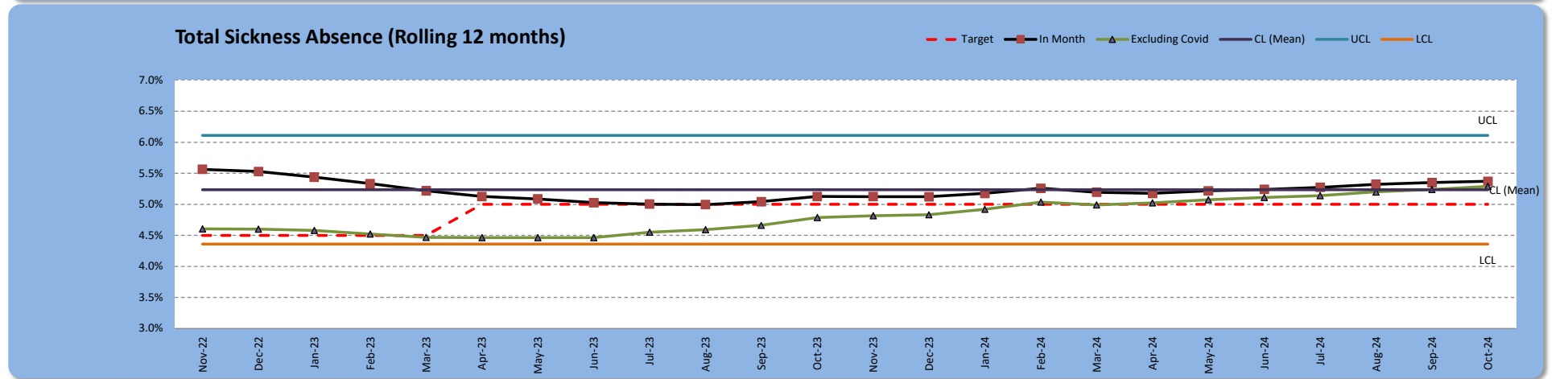
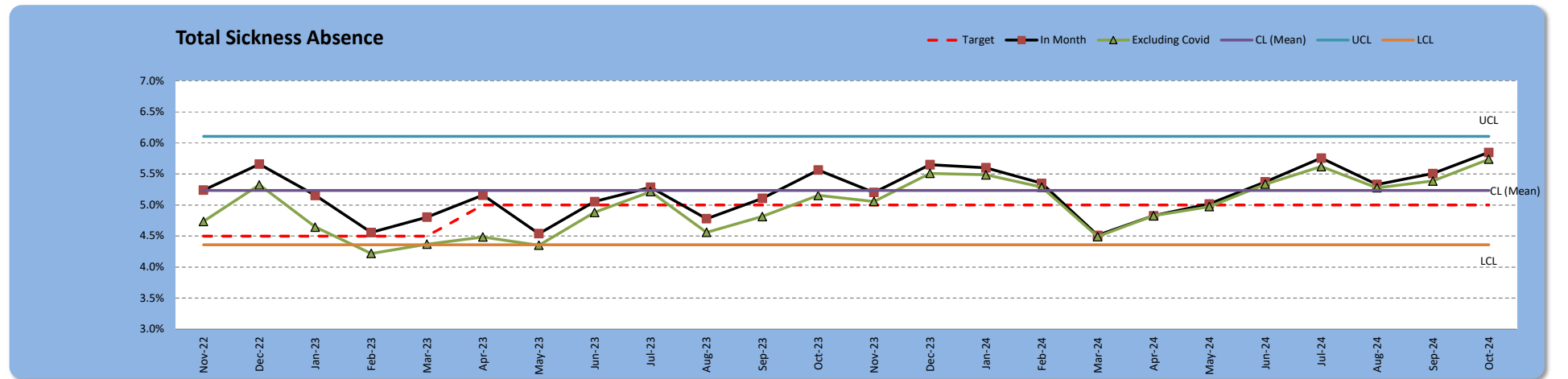
## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

October 2024

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.8%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Karen Phillips	



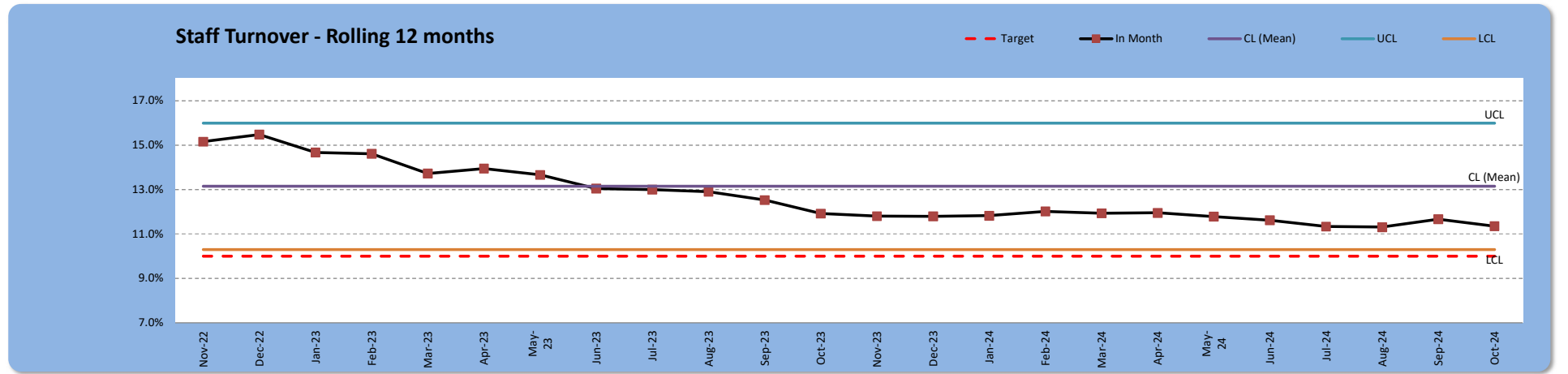
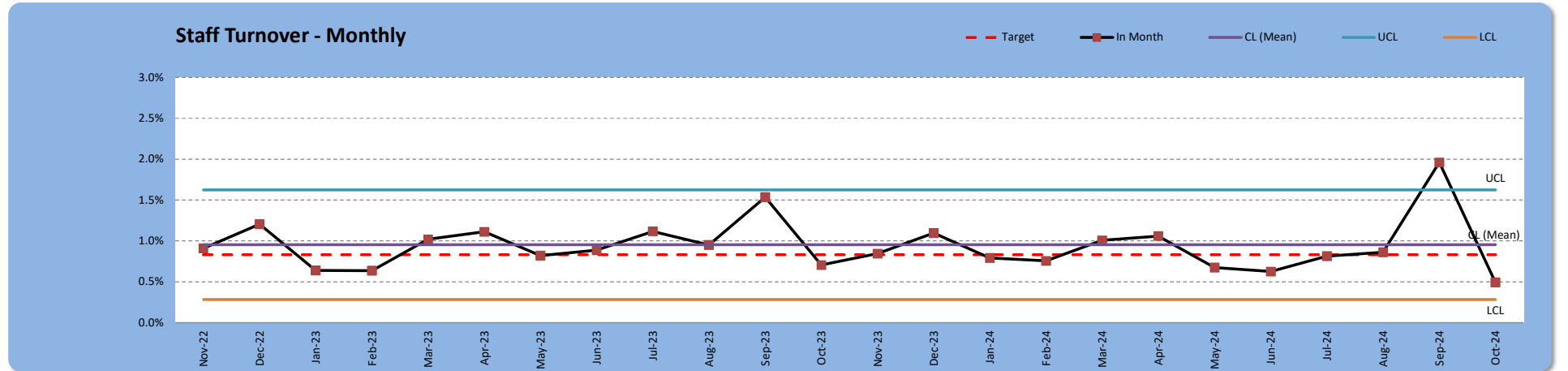
# PI RETURN FORM 2024-25

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **October 2024**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	0.5%	10%	9%	11%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. Employee Transfers Out are excluded	Karen Phillips	WL 3 TOM Exc TUPE

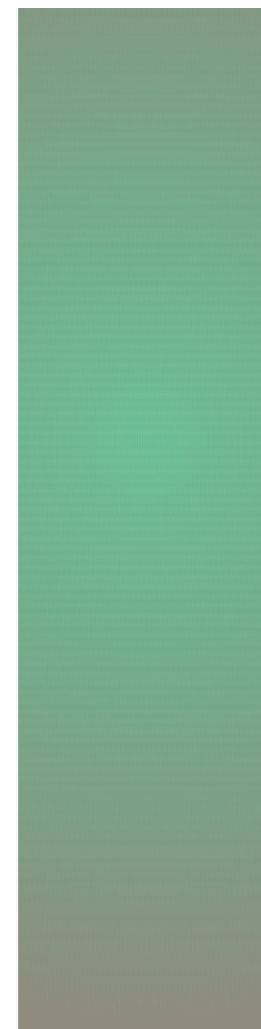


# Humber Teaching NHS Foundation Trust

## Trust Performance Report

### GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BLS	Basic Life Support
CAMHS	Child and Adolescent Mental Health Services
CHPPD	Care Hours per Patient Day
CL	Central Line
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CYP MH	Children and Young People's Mental Health
DToC	Delayed Transfer of Care
EIP	Early Intervention in Psychosis
FFT	Friends and Family Test
F2F	Face to Face
ILS	Immediate Life Support
LCL	Lower Control Limit
LD	Learning Disability
NHSER	National Health Service East Riding
OBD	Occupied Bed Days
PICU	Psychiatric Intensive Care Unit
RN	Registered Nurse
RTT	Referral to Treatment
SPC	Statistical Process Control
STaRS	Specialist Treatment and Recovery Service
TPR	Trust Performance Report
UCL	Upper Control Limit
WTE	Working Time Equivalent



Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People and Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 19/11/2024



Financial Year  
2024-25

# NHS Prioritises Operational Planning Metrics

This document provides a high level summary of the performance against the NHS Prioritises (Operational Planning) Mental Health and Community Services Operational Planning targets/objectives.

The purpose of this report is to present to EMT Members a review of the performance for a select number of indicators included in the Mental Health Long Term Plan, it includes data for the last 12 months.

Reporting Month:

Oct-24

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



# Mental Health Operational Planning Metrics

NHS England
Humber Teaching NHS Foundation Trust
2024/25
13 November 2024



Entry	Indicator Definition	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
E.A.5	Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> - SNAPSHOT at Reporting Month End	6	7	8	6	8	12	15	22	12	8	8	19	11
E.A.4a	Access to <b>NHS talking therapies</b> for anxiety and depression - reliable recovery	59%	61%	64%	60%	63%	66%	63%	59%	59%	58%	59%	58%	57%
E.A.4b	Access to <b>NHS talking therapies</b> for anxiety and depression - reliable improvement	76%	73%	75%	77%	78%	75%	75%	76%	72%	73%	75%	74%	74%
E.H.31	Overall Access to <b>Core Community Mental Health Services for Adults and Older Adults</b> with Severe Mental Illnesses <i>(Excludes MH Wellbeing coaches)</i>	5600	6406	6379	6447	6397	6343	6383	6413	6456	6441	6449	6459	6536
E.H.15	<b>Rolling 12months</b> Women Accessing Specialist Community <b>Perinatal Mental Health Services</b>	811	696	722	747	752	774	787	807	831	843	854	861	883
E.H.9	Access to <b>Children and Young People's</b> Mental Health Services <b>Rolling 12months</b>	5200	5493	5389	5593	5818	5840	5915	5951	5850	5634	5659	5660	5719

# Community Services Operational Planning Metrics

NHS England
Humber Teaching NHS Foundation Trust
2024/25
13 November 2024

Entry	Indicator Definition	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
E.T.6	Community bed occupancy/availability	85%	92%	92%	94%	89%	92%	94%	89%	89%	86%	78%	86%	89%
E.T.2	Community Services Waiting list	3859	● 4039	● 4046	● 4151	● 4308	● 4240	● 4193	● 4229	● 4131	● 4114	● 3821	● 3327	● 3960
E.T.2a	Number of CYP (0-17 years) on community waiting lists per system	1692	● 1455	● 1560	● 1517	● 1502	● 1573	● 1586	● 1644	● 1624	● 1508	● 1375	● 1341	● 1533
E.T.2b	Number of Adults (18+ years) on community waiting lists per system	2168	● 2584	● 2486	● 2634	● 2806	● 2667	● 2607	● 2585	● 2507	● 2606	● 2446	● 1986	● 2427
E.T.5	Virtual Wards - Number of Bed Occupancy	84%	● 40%	● 44%	● 48%	● 49%	● 20%	● 17%	● 25%	● 28%	● 21%	● 18%	● 27%	● 25%

# Mental Health Long Term Plan Targets Dashboard - PLACE data

NHS Improvement
Humber Teaching NHS Foundation Trust
2024/25
13 November 2024



Entry	Indicator Definition	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
E.A.5	Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> bed days <b>Rolling 3 months (HULL PLACE ONLY)</b>	3	● 3	● 3	● 4	● 5	● 4	● 8	● 12	● 5	● 5	● 4	● 13	● 4
E.A.5	Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> bed days <b>Rolling 3 months(EAST RIDING PLACE ONLY)</b>	3	● 3	● 4	● 1	● 1	● 5	● 5	● 7	● 5	● 2	● 2	● 4	● 5
E.H.31	Overall Access to <b>Core Community Mental Health Services for Adults and Older Adults</b> with Severe Mental Illnesses <b>Rolling 12months (HULL PLACE ONLY)</b>	2100	● 2617	● 2600	● 2641	● 2619	● 2577	● 2597	● 2587	● 2612	● 2606	● 2624	● 2620	● 2638
E.H.31	Overall Access to <b>Core Community Mental Health Services for Adults and Older Adults</b> with Severe Mental Illnesses <b>Rolling 12months (East Riding PLACE ONLY)</b>	3500	● 3693	● 3689	● 3717	● 3684	● 3670	● 3695	● 3737	● 3758	● 3752	● 3739	● 3750	● 3804
E.H.9	Access to <b>Children and Young People's</b> Mental Health Services <b>Rolling 12months (HULL PLACE ONLY)</b>	2900	● 2929	● 2873	● 2965	● 3069	● 3077	● 3082	● 3094	● 3029	● 2915	● 2943	● 2944	● 2960
E.H.9	Access to <b>Children and Young People's</b> Mental Health Services <b>Rolling 12months (East Riding PLACE ONLY)</b>	2300	● 2362	● 2320	● 2431	● 2550	● 2569	● 2634	● 2654	● 2624	● 2522	● 2517	● 2518	● 2563

# Perinatal Dashboard - PLACE data

NHS Improvement
Humber Teaching NHS Foundation Trust
2024/25
13 November 2024



Entry	Indicator Definition	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services <b>Rolling 12months (HULL PLACE ONLY)</b>	319	● 260	● 265	● 274	● 265	● 269	● 273	● 281	● 290	● 298	● 301	● 304	● 311
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services <b>Rolling 12months (EAST RIDING PLACE ONLY)</b>	260	● 205	● 213	● 222	● 222	● 228	● 225	● 228	● 231	● 238	● 243	● 244	● 245
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services <b>Rolling 12months (NORTH LINCS PLACE ONLY)</b>	72	● 58	● 60	● 65	● 69	● 75	● 84	● 89	● 93	● 92	● 90	● 91	● 97
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services <b>Rolling 12months (NORTH EAST LINCS PLACE ONLY)</b>	160	● 165	● 176	● 175	● 182	● 188	● 191	● 194	● 202	● 199	● 205	● 204	● 213

Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People & Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

**Issue Date:** 13/11/2024

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024		
Title of Report:	Committee Terms of Reference		
Author/s:	Stella Jackson Head of Corporate Affairs		
Recommendation:	To approve	✓	To discuss
	To note		To ratify
	For assurance		
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	Trust Board is asked to approve the proposed changes to the following Committee terms of reference: <ul style="list-style-type: none"> <li>• Quality Committee (Appendix 1)</li> <li>• Finance Committee (Appendix 2)</li> <li>• Audit Committee (Appendix 3)</li> <li>• Collaborative Committee (Appendix 4)</li> <li>• People and Organisational Development Committee (Appendix 5)</li> </ul>		
<b>Key Issues within the report:</b> None			
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• The proposed changes reflect current practice of Committee Chair assurance reports (rather than minutes) being forwarded to Board meetings.</li> <li>• A small number of other changes have been made to some Committee terms of reference (as detailed in this report) to correct formatting or typos or to ensure consistency with the wording in other Committee terms of reference.</li> <li>• The proposed changes have been approved by the respective committees for all but the Quality Committee and the Collaborative Committee. The latter committees have not had a scheduled meeting to consider these but the proposed changes have been approved by the respective Committee Chairs.</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>• None</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>		

<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		<b>Date</b>		<b>Date</b>
	Audit Committee	29.10.24	Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	13.11.24
	Finance Committee	15.10.24	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

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



## **Proposed Changes to Committee Terms of Reference**

### **1. Introduction**

A recent review of Committee terms of reference has highlighted a need to update the 'Reporting' sections to reflect current practice of Committee Chair assurance reports being forwarded to Board meetings (rather than minutes).

This change has been captured in the following Committee terms of reference. A number of additional small changes have been made at the same time as detailed in this report.

- Audit Committee
- Collaborative Committee
- Finance Committee
- People and Organisational Development Committee
- Quality Committee

### **2. Additional Proposed Changes**

#### **2.1 Audit Committee**

Changes to some formatting and the correction of a typo are proposed, as well as an update to the membership section to reflect the Head of Corporate Affairs attending meetings rather than the Trust Secretary. The section regarding the effectiveness review has been shortened in keeping with other committees.

#### **2.2 Collaborative Committee**

A small number of formatting or typo changes are proposed.

#### **2.3 Finance Committee**

A small number of typos have been corrected and the section regarding 'agenda and papers' has been amended to reflect the current practice of the secretary to the committee being the custodian of the minutes.

#### **2.4 People and Organisational Development Committee**

The title of the Committee has been updated to reflect the change of name from 'Workforce and Organisational Development Committee' to 'People and Organisational Development Committee' (reported to Board in September 2024). A typo has also been corrected.

#### **2.5 Quality Committee**

Other than the reporting section, no other changes are proposed.

**Terms of Reference  
Quality Committee**

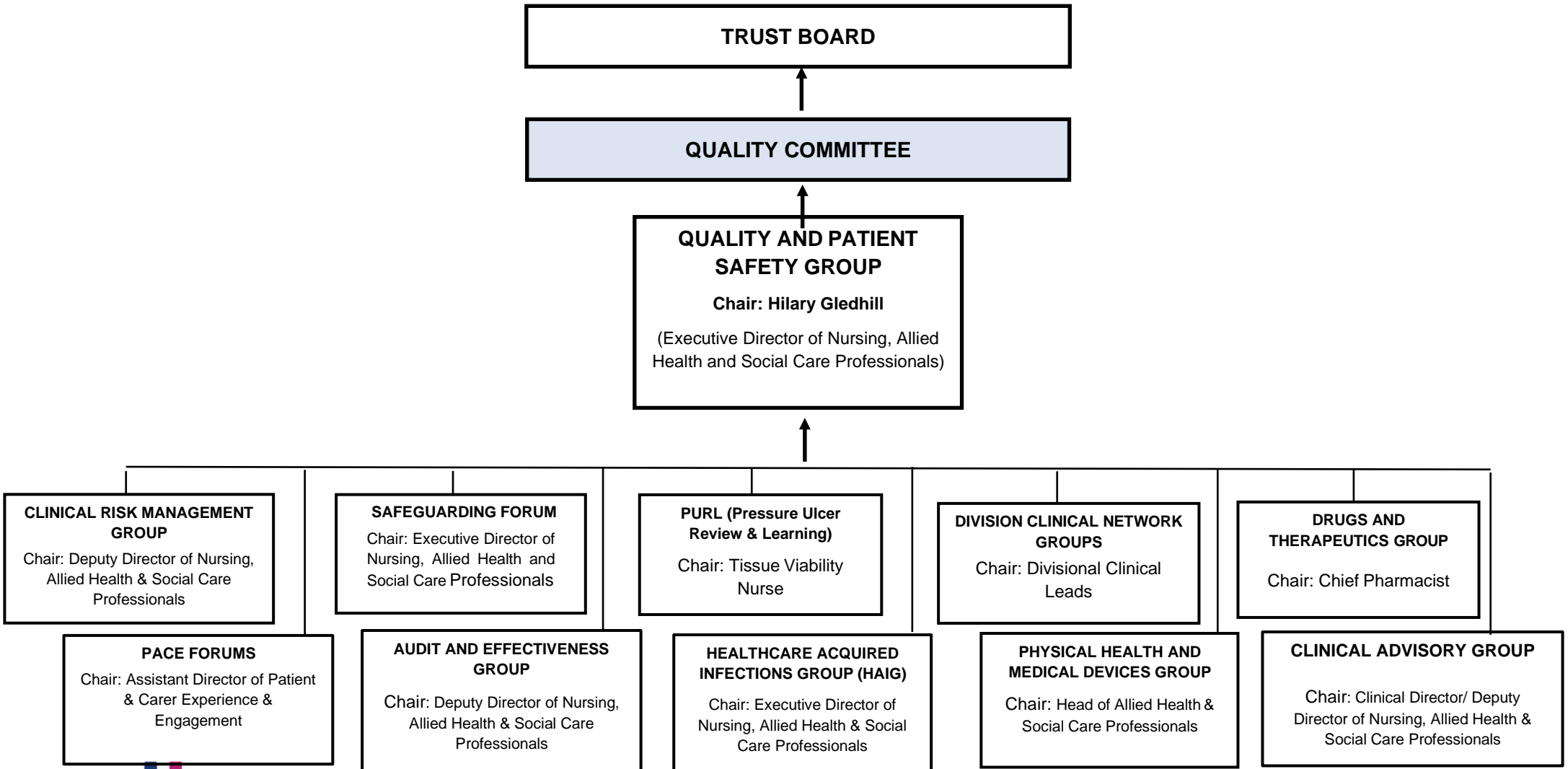
<p><b>Authority</b></p>	<p>The Quality Committee is constituted as a standing committee of the Trust's Board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board of Directors' meetings.</p>
<p><b>Overall Aim / Purpose</b></p>	<p>The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that: -</p> <ul style="list-style-type: none"> <li>• Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.</li> <li>• Performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.</li> <li>• The quality impact of proposed business change proposals (i.e., new models, budget reductions) are fully reviewed for their impact on quality</li> <li>• The impact of quality improvements and audits are clearly tracked through performance and experience data.</li> </ul>
<p><b>Duties</b></p>	<p>To provide the strategic overview of and assurance against clinical and quality governance, clinical risk and patient and carer experience and engagement issues in the Trust</p> <ul style="list-style-type: none"> <li>• To provide a strategic overview of Clinical Governance, Risk and Patient Experience to the Trust Board</li> <li>• To provide oversight and assurance to the Board in relation to all activities relating to Quality, Patient Safety and Patient Experience on behalf of the Trust Board to include but not limited to learning from deaths, palliative and end of life care, care of children and young people, resuscitation, safeguarding, infection control.</li> <li>• To provide assurance to the Trust Board that risks, and governance issues of all types are identified, monitored and controlled to an acceptable level.</li> <li>• To provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust's strategic objectives</li> <li>• To provide a regular review of the Board Assurance Framework relating to Quality</li> <li>• Drive improvements in the approach to quality improvement, innovation and quality assurance informed by the internal governance reporting structures and external horizon scanning and learning from others.</li> </ul>

	<ul style="list-style-type: none"> <li>• To advise the Trust Board on significant risks and governance issues, identifying recommendations, to enable it to take appropriate action.</li> <li>• To ensure that there is an effective mechanism for reporting significant quality related risks and governance issues to the Trust Board in a timely manner.</li> <li>• To provide a strategic overview of patient and carer experience, regularly reviewing outcomes and satisfaction</li> <li>• The Quality Committee will ensure that there is an integrated approach to quality and effectiveness, and patient and staff safety throughout the Trust.</li> <li>• To ensure that work plans are produced, and a range of actions are undertaken by other meetings, reporting to the Quality Committee to provide assurance to the Trust Board.</li> <li>• To monitor Trust compliance with the required standards for regulation and registration with the Care Quality Commission and other national guidelines</li> <li>• To monitor required actions to achieve regulatory and registration standards.</li> </ul> <p><b>Learning Lessons</b></p> <ul style="list-style-type: none"> <li>• Receive assurances that systems are in place across the organisation to embed learning from the consideration of actions and recommendations.</li> <li>• Advise the EMT and or Trust Board, directly on urgent risk management issues.</li> </ul> <p><b>Sharing Good Practice</b></p> <ul style="list-style-type: none"> <li>• Encourage learning to take place from the consideration of themes and Trust-wide recommendations on Clinical or non-clinical issues arising from Directorates, Care Groups and sub-committees.</li> </ul> <p><b>Accountable for:</b></p> <ul style="list-style-type: none"> <li>• Quality Accounts</li> <li>• Care Quality Commission processes</li> </ul>
<p><b>Declarations of Interest</b></p>	<p>All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.</p>
<p><b>Membership</b></p>	<p><b>Committee Members:</b></p> <ul style="list-style-type: none"> <li>• Non-Executive Director (Chair)</li> <li>• Two Non-Executive Directors</li> <li>• Director of Nursing, Allied Health and Social Care Professionals (Management support to the Committee)</li> <li>• Medical Director</li> <li>• Chief Operating Officer</li> </ul>

	<p><b>In attendance</b></p> <ul style="list-style-type: none"> <li>• Clinical Director</li> <li>• Head of Allied Health Professionals</li> <li>• Deputy Director of Nursing, Allied Health and Social Care Professionals</li> <li>• Assistant Director of Nursing, Patient Safety and Compliance.</li> </ul> <p>All those that attend the meetings are required to attend a minimum of three meetings a year.</p> <p>Nominated deputies can attend meetings on behalf of Committee members and will count towards the quorum.</p> <p>The Chief Executive, the Chairman and the Chair of Audit Committee have <a href="#">yes</a> a standing invitation to attend.</p> <p>Other relevant officers will be invited to attend as required by the Committee</p>
<b>Quorum</b>	<p>2 Non-Executive Directors, 1 Executive Director and 1 other board member.</p> <p>The agenda will be agreed by the Chair, via the Director of Nursing, Allied Health and Social Care Professionals</p>
<b>Chair</b>	<p>Non-Executive Director</p>
<b>Frequency of meetings</b>	<p>The Quality Committee will meet as a minimum 4 times a year.</p>
<b>Agenda &amp; Papers</b>	<p>An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive 5 working days before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the Committee Secretary.</p>
<b>Minutes and Reporting</b>	<p>A written assurance report will be provided to the Board following each meeting.</p> <p><del>Formal minutes will be taken of the meeting and presented to the Board with the assurance report.</del> The Chair of the committee will provide a verbal summary/exception report to the</p>

	<p>Board in respect of meetings held for which minutes have not yet been approved.</p> <p>The Quality Committee will provide an annual Quality Account to the Trust Board.</p>
<b>Monitoring and Review</b>	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.
<b>Agreed by Quality Committee</b>	<i>7 March 2024</i>
<b>Date approved by Trust Board</b>	<del>29 May</del> <u>27 November</u> 2024
<b>Review Date</b>	<i>March 2025</i>

**CLINICAL & QUALITY GOVERNANCE REPORTING STRUCTURE**



**Terms of Reference**

**Finance Committee**

<b>Authority</b>	<p>The Finance Committee is constituted as a standing committee of the Trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors' meetings.</p> <p>The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere.</p> <p>The Committee may form any working group, tasked for a specific purpose and for a fixed period, to support the delivery of any of its duties and responsibilities, or for relevant research.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice as it requires and to secure the attendance of those with relevant experience and expertise if it considers this necessary and appropriate by the Chair.</p>
<b>Overall Aim/Purpose</b>	<p>The Finance Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions. The primary role of the Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board as appropriate and taking actions as required.</p> <p>The Committee is authorised to require any Trust Officer to attend a meeting and provide information and/or explanation as required by the Committee.</p>
<b>Duties</b>	<p>The Finance Committee will:</p> <ul style="list-style-type: none"> <li>• Challenge the timeliness, accuracy and quality of financial and performance measures and reporting, and the systems underpinning them. It should ensure performance and relevant action plans are reviewed and managed in pursuit of Trust objectives-</li> <li>• Scrutinise all financial plans, including the Trust's annual financial plan, prior to seeking Board approval</li> <li>• Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes</li> <li>• Approve the processes and timetable for annual budget setting, and budget management arrangements</li> <li>• Review and challenge delivery of the Trust's Capital Investment Programme and approve the processes for managing the Trust's capital programme</li> <li>• Review and endorse the Trust's medium and long-term financial plans prior to Board approval</li> <li>• Monitor the detailed monthly income and expenditure position of the Trust, overall financial performance (capital and revenue) against plan, and projected final outturn</li> </ul>

Formatted: Font: (Default) Arial



**Humber Teaching**  
NHS Foundation Trust

- Receive assurance from the Operational and Corporate Directors in respect of performance against annual budgets, capital plans and the BRS, quality, innovation, productivity and prevention plans, commissioning for quality and innovation plans (CQUIN), activity and key performance indicators, corporate governance activities and responsibilities.
- Monitor effective balance sheet management, including asset management and cash planning
- Monitor financial performance indicators, including compliance with Public Sector Payment Policy
- Monitor the development, application and delivery of financial recovery plans.
- Monitor the development, application and delivery of financial contingency plans.
- Review the robustness of the risk assessments underpinning financial forecasts
- Review the Trust Wide Risk Register and Board Assurance Framework relevant to the work of this Committee.
- Work with the Audit, Workforce and Quality Committee's advising on the non-clinical aspects of risk management.
- Identify opportunities for improvement and encourage innovation
- Monitor contract negotiation and performance noting the position of contracts and raising any concerns; receiving assurance from the Executive Directors in respect of the organisation meeting the contractual requirements and expectations of commissioners, meeting the legislative / regulatory requirements of regulators and other bodies.
- Review and challenge the Estates & Facilities Work Programme, and the delivery of the Trust's Estate Strategy and Green Plan
- Review and challenge the Digital Delivery work programme and any emerging digital innovations.
- Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions and review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. This will be achieved by: -
  - reviewing and approving the business development and investment framework to support and govern all investments, contracts and projects as set out in the TOR.
  - evaluating post implementation, the financial performance of approved investments, contracts and development projects, and report the findings to the Board.
  - considering the Trust's medium- and long-term strategies in relation to both revenue and capital investment expenditure, and make recommendations to the Board on a regular basis
  - reviewing and assessing the business cases for:
    - Capital expenditure over £500k
    - New business development projects with an annual value in excess of £500k in total
    - Any reconfiguration project which has a financial and/or resource implication over £500k per annum
    - Leases, contracts or agreements with revenue, capital and/or resource investment/commitment in excess of £500k per annum
    - The purchase or sale of any property
    - The purchase or sale of any equipment above £250k





**Humber Teaching**  
NHS Foundation Trust

	<ul style="list-style-type: none"><li>○ All <u>b</u>orrowing or investment arrangements</li><li>○ Horizon scanning regarding business opportunities.</li><li>○ To periodically consider strategic risks to business and ensure these are reflected and mitigated within any business cases.</li><li>○ Ensure that Digital support the delivery of patient care</li><li>○ Receive assurance to ensure the Trust's digital maturity improves on <u>an</u> -annual basis</li><li>○ Receive assurance the Trust is compliant with the digital section of the revised NHS Provider Licence</li><li>○ Ensure the Trust has the right infrastructure, governance and support in place to provide safe and secure services to patients.</li></ul> <ul style="list-style-type: none"><li>● Have due regard to the public sector equality duty and the Trust's equality objectives</li><li>● Refer issues arising to other Trust committees or groups</li><li>● Maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the financial year.</li></ul> <p>The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice:</p> <ul style="list-style-type: none"><li>● the Board (who may at any time request additional information, or information in a different format) and committees</li><li>● commissioners, including CCGs and NHS England</li><li>● public, patients and staff</li><li>● budget holders</li><li>● other stakeholders, e.g., other Trusts, local authorities</li></ul>
<b>Membership</b>	<p>Membership of the committee shall be comprised of the following:</p> <ul style="list-style-type: none"><li>● 3 x Non-Executive Directors (1 of whom shall chair the committee)</li><li>● Director of Finance (Executive Lead)</li><li>● <u>Chief Operating Officer</u></li><li>●</li></ul> <p>In attendance at the Committee will be the following:</p> <ul style="list-style-type: none"><li>● Deputy Director of Finance</li><li>● Head of Partnerships and Strategy</li><li>● Chief Information Officer</li></ul> <p>General Managers and Deputy Directors will not be members but will attend for all or any part of a meeting as appropriate.</p> <p>The Medical Director will not be a member but will be invited to attend with a specific focus on digital assurance.</p> <p>Senior Clinical Leadership will be requested / invited to attend the Committee, a reciprocal arrangement will take place for Finance attendance at the Quality Committee</p> <p>Non-Executive Directors are entitled to attend any Trust committee meeting.</p>



**Humber Teaching**  
NHS Foundation Trust

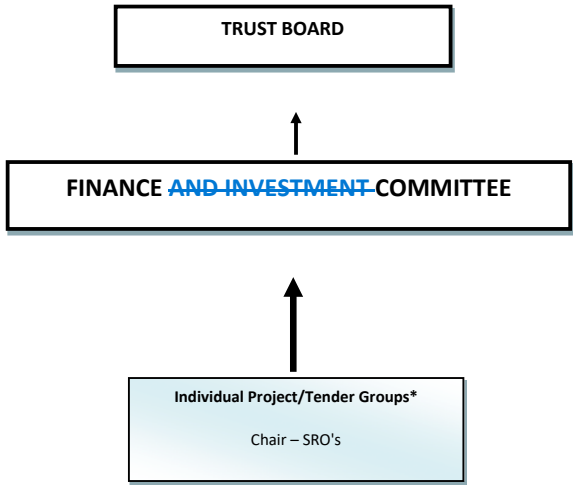
	<p>The Chief Executive has a standing invitation to attend any meeting.</p> <p>The Chair of the Trust has the right to come to any committee at any time.</p> <p><b>Declarations of interest</b></p> <p>Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the Trust's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the Chairs' discretion. Declarations shall be recorded in the minutes.</p>
<b>Quorum</b>	<p>A quorum shall be three of the above, comprising at least two Non-Executive Directors.</p>
<b>Chair</b>	<ul style="list-style-type: none"><li>• The Committee shall be chaired by a Non-Executive Director with appropriate experience who will be appointed by the Trust Chair and confirmed annually in a Board minute.</li><li>• In the absence of the Committee Chair, one of the remaining Non-Executive Directors present at that meeting shall act as Chair for that meeting. Deputies may attend by agreement with the Chair.</li></ul>
<b>Frequency</b>	<ul style="list-style-type: none"><li>• The Committee shall meet quarterly, however additional meetings will be diarised and held as necessary.</li><li>• There is a requirement for flexibility when working to new <b>b</b>Business deadlines and virtual meetings may be required for investment decisions.</li></ul>
<b>Agenda and Papers</b>	<ul style="list-style-type: none"><li>• Notice of each meeting, including an agenda and supporting papers shall be forwarded to each member of the Committee not less than 5 working days before the date of the meeting.</li><li>• Minutes of all meetings of the Committee shall be taken by an appropriate and identified secretary and <del>will</del> kept by the <del>Trust Secretary</del>secretary.</li><li>• A record shall be kept of matters arising and/or issues to be carried forward at each meeting.</li><li>• A record shall be kept of all investment decisions for the purposes of performance monitoring and reporting.</li><li>• All investment papers submitted must be considered by the Executive Management Team prior to consideration by the Committee in line with the flow of investment decision making.</li><li>• All meetings of the Committee shall be called at the request of the Chair.</li><li>• Meeting agenda will be agreed with the Committee Chair before circulation and when circulated it will confirm the venue, time and date.</li></ul>
<b>Minutes and Reporting</b>	<p>A written assurance report will be provided to the Board following each meeting.</p> <p><del>Formal minutes will be taken of the meeting and presented to the Board Part Two with the assurance report presented to Board Part One.</del> The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which <del>assurance reports have not been produced. minutes have not yet been approved.</del></p>
<b>Monitoring</b>	<p>An annual effectiveness review will be undertaken which will include a review of</p>

<b>and Review</b>	attendance and a review of the Committee's Terms of Reference.
<b>Agreed by Committee</b>	<a href="#">15 October 2024</a>
<b>Board Approved Date</b>	<del>30<sup>th</sup> of May 2024</del> <a href="#">27 November 2024</a>
<b>Review Date</b>	April 2025

Formatted: Font: (Default) Arial, 11 pt

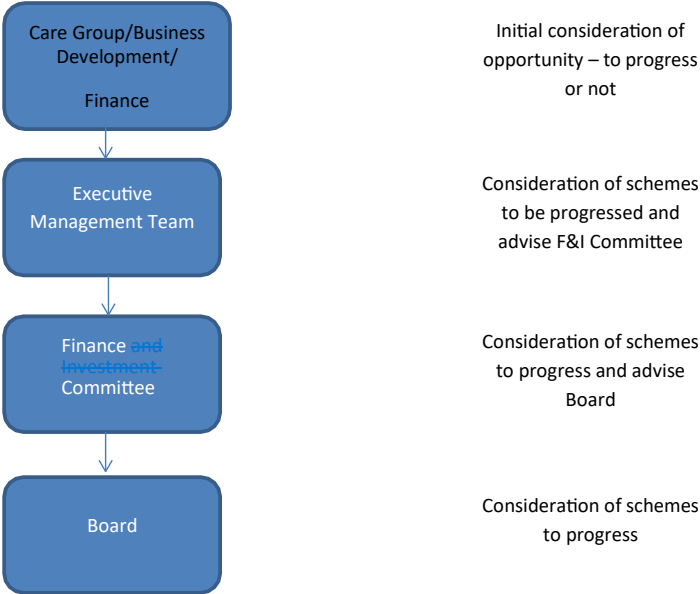
Schematic below:

**FINANCE AND INVESTMENT COMMITTEE REPORTING STRUCTURE**



*\* Not a formal subgroup of the Finance and Investment Committee, relevant groups established based on each tender requirement.*

Flow of decision-making process re Investments



**Formatted:** Indent: Left: 0 cm, First line: 0 cm, Right: 0 cm, Line spacing: Exactly 11.25 pt

**Terms of Reference**

**Audit Committee**

<p><b>Constitution and Authority</b></p>	<p>The Audit Committee is constituted as a standing committee of the Trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings.</p> <p>The Audit Committee Terms of Reference are based on recommendations and guidance from the Cadbury Committee, the Combined Code, the NHS Audit Committee Handbook, the NHS Integrated Governance Handbook and subsequent guidance including Monitor's Audit Code, Code of Governance and Compliance Framework.</p> <p><b>Delegated Authority</b></p> <p>Section 4.8.1 of the Trust's Standing Orders, and Standing Financial Instructions sets out the modus operandi of the Audit Committee. The Terms of Reference of this Committee shall be reviewed by the Trust Board on an annual basis.</p> <p>As a Committee of the Trust Board, it will:</p> <ul style="list-style-type: none"> <li>• be accountable and report to the Trust Board.</li> <li>• advise and make recommendations to the Trust Board on areas which fall within its remit and responsibilities.</li> <li>• review and approve policy where relevant and judged appropriate by the Committee for the discharge of its functions.</li> <li>• Monitor, review and advise on the effectiveness of the systems of integrated governance, risk management, and internal controls, and further to hold to account directors responsible for ensuring that these matters are effective and robust.</li> <li>• scrutinise any activity listed in its Terms of Reference and cycle of business</li> </ul>
--	--

	<ul style="list-style-type: none"> <li>• investigate any activity within the Terms of Reference and to seek any information it requires from any employee.</li> <li>• Any other measures deemed appropriate, relevant and proportionate by the Committee for the discharge of its functions.</li> </ul>
<b>Role / Purpose</b>	<p>The purpose of the Audit Committee is to scrutinise and review the Trust's systems, risk management, and internal control. It reports to the Trust Board on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.</p> <p><b>Key Responsibilities</b></p> <p>The Audit Committee is a Non-Executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. Its key responsibilities are to:</p> <ul style="list-style-type: none"> <li>• keep an overview of the key elements of the Trust's governance and finance.</li> <li>• monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them;</li> <li>• review the Trust's internal controls;</li> <li>• review and monitor the external auditor's independence and objectivity and the effectiveness of the external audit process, including approval of annual plans, taking into consideration relevant UK professional and regulatory requirements;</li> <li>• monitor risks that are identified by the systems of internal control;</li> <li>• make recommendations to the Council of Governors regarding the appointment, reappointment of the External Auditor and removal of the external auditor, including tender procedures;</li> <li>• develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm;</li> <li>• monitor and review the effectiveness of the Trust's internal audit function and counter-fraud arrangements, including approval and review of related annual plans;</li> </ul>

	<ul style="list-style-type: none"> <li>• approve the appointment and/or removal of the internal auditors;</li> <li>• report to the Board, identifying any matters in respect of which it considers that action or improvement is needed, making recommendations as to the steps to be taken;</li> <li>• produce an annual report for the Trust Board</li> <li>• review arrangements by which staff within the Trust may raise confidentially concerns over financial control and reporting, clinical quality and patient safety and other matters.</li> </ul>
<p><b>Scope and Duties</b></p>	<p>The Audit Committee's duties are detailed below under the following headings:</p> <ul style="list-style-type: none"> <li>• The Chair</li> <li>• The Audit Committee <ul style="list-style-type: none"> <li>○ Governance, Risk Management and Internal Control</li> <li>○ External Audit</li> <li>○ Internal Audit</li> <li>○ Other Assurance Functions</li> <li>○ Counter Fraud Management</li> <li>○ Financial Reporting</li> </ul> </li> <li>• Administrative Support</li> </ul> <p><b><u>The Chair</u></b></p> <p>The Chair is responsible for the following:</p> <ul style="list-style-type: none"> <li>• Approving agendas for meetings</li> <li>• Chairing pre meetings with the auditors and counter fraud specialists</li> <li>• Chairing meetings</li> <li>• Reporting to the Trust Board (highlighting any issues requiring further disclosure or executive action);</li> <li>• Reporting immediately those items of a significant nature regarding the Board Assurance Framework and the Risk Register;</li> <li>• Providing an executive summary report following each Committee meeting for the Trust Board meeting;</li> <li>• Notifying the Chair(s) of any other Committee(s) of specific actions arising from the Audit Committee that affect the other Committee(s) and ensuring these actions are detailed in the</li> </ul>



minutes;

- Approving the minutes of the Audit Committee before they are submitted to the Trust Board;
- Ensuring there is unhindered access to the Heads of External and Internal Audit for any matters of internal control or risk requiring urgent advice or action.

### **The Audit Committee**

#### **Governance, Risk Management and Internal Control**

The Audit Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management, internal control (clinical and non-clinical) across the whole of the organisation [and](#) activities that supports the achievement of the Trust's objectives.

In particular, the Committee will review the adequacy [eof](#):

- all risk and control related disclosure statements (in particular the Annual Governance Statement, regular reports on the activities of the Risk Management and Governance, self-certification statements to the Regulator, and Care Quality Commission declarations), together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances, prior to endorsement by the Trust Board.
- underlying assurance processes that indicate the degree —of —the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements. The Audit Committee will undertake periodic reviews of progress against the Board Assurance Framework and Corporate Risk Register, with significant changes highlighted. Where these items are of such a significant nature, 4 refers, the Chair of the Audit Committee will bring them to the immediate attention of the Trust Chair. A full copy of these key documents will be made available to the Audit Committee in accordance with the timetable agreed by the Trust Board and will normally be reviewed in full prior to the production of the Annual Report and Accounts and the Annual Governance Statement and as part of the Trust's mid-year review process.
- policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications, and consider any training requirements to ensure Committee members are kept up to date with emerging requirements, policies and procedures for all work related to counter fraud and security as required by NHS Counter Fraud Authority.
- arrangements by which staff of the Trust may raise, in confidence,

concerns about possible improprieties in matters of financial reporting and control, with the aim of ensuring that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key committees so that it understands processes and linkages. However, these other [CG](#)Committee's must not usurp the Committee's role.

#### **External Audit**

The Council of Governors will take the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing auditors. The Audit Committee will make recommendations to the Council of Governors via the Finance and Audit Governor Group who will then make recommendations to the full Council on these matters, and approve the remuneration and terms of engagement of the External Auditor. In accordance with its Standing Orders, the Council of Governors will appoint the external auditor following recommendation from the Audit Committee.

The Audit Committee shall develop and implement policy, in collaboration with the Finance Directorate, regarding the engagement of the External Auditor to supply non-audit services, taking into account relevant ethical guidance. All requests for the supply of non-audit services must be presented to the Audit Committee for noting.

The Audit Committee shall review and monitor the External Auditor's independence and objectivity, and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements.

The Audit Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work.

This will be achieved by:-

- consideration of the appointment and performance of the External

	<p>Auditor, as far as the rules governing the appointment permit.</p> <ul style="list-style-type: none"> <li>• review and agreement, before the audit commences, the nature and scope of the audit as set out in the annual external audit plan</li> <li>• discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee</li> <li>• review of all audit reports that are specifically drawn to the attention of the Audit Committee by the auditors which will include the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.</li> <li>• Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.</li> </ul> <p>The Head of External Audit will have unhindered and confidential access to the Chair of the Audit Committee.</p> <p><b>Internal Audit</b></p> <p>The Audit Committee shall ensure that there is an effective Internal Audit function established by management that meets the Public Sector Internal Audit Standards, 2013 and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.</p> <p>This will be achieved by:-</p> <ul style="list-style-type: none"> <li>• consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal</li> <li>• review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework;</li> <li>• where there is a requirement to undertake work outside of the approved annual work plan, all such requests must be presented to the Audit Committee for approval;</li> <li>• consideration of the major findings of internal audit work —(and management’s response), and ensuring co-ordination between the Internal and External Auditors to optimise audit resources;</li> <li>• ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;</li> <li>• annual review of the effectiveness of internal audit in such manner as is appropriate and agreed by the Audit Committee, including a review of the successful operation of the contract between the Trust and</li> </ul>
--	---

#### Internal Audit.

The Head of Internal Audit will have unhindered and confidential access to the Chair of the Audit Committee.

#### **Other Assurance Functions**

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the Trust, and consider the implications for the governance of the organisation. These will include, but not be limited to, any review by Department of Health arms-length bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, Monitor etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies etc.).

In addition, the Audit Committee will review the work of other committees within the Trust, whose work can provide relevant assurance to the Audit Committee's own scope of work.

#### **Counter Fraud**

The Audit Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and bribery, in accordance with Service Condition 24 of NHS Standard Contract. The Audit Committee will review the outcomes of work in these areas against the standards set by NHS Counter Fraud Authority (as referenced in Standard Condition 24). The Audit Committee will review the outcomes of work in these areas against the standards set by NHS Counter Fraud Authority (as referenced in Standard Condition 24).

#### **Management**

The Audit Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committeey may also request reports from individual functions within the Trust (e.g. clinical audit) as ~~they~~ may be appropriate to the overall arrangements.

#### **Financial Reporting**

The Audit Committee will monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them.

Formatted: Font: Not Italic

The Audit Committee shall review the Annual Report and Accounts before submission to the Board, focusing particularly on:

- changes in, and compliance with, accounting policies and practices and estimation techniques;
- major judgemental areas;
- significant judgements in the preparation of the financial statements;
- significant adjustments resulting from the audit;
- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Audit Committee;
- letters of representation;
- explanations for significant variances;
- unadjusted mis-statements in the financial statements.

Providing mandatory issues (as detailed in paragraph 1) are reserved for the attention of the full Committee in session, other matters including review of the Annual Report and Summary Financial Statements may be dealt with as the Audit Committee deems appropriate through a process co-ordinated by the Audit Committee Chair.

The Audit Committee should also ensure that the systems for financial reporting to the Trust Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Trust Board.

#### **Administrative Support**

The Audit Committee shall be supported administratively by the Finance Directorate Administrator —whose duties in this respect will include:

- agreement of the agenda with the Chair and attendees and collation and circulation of papers in good time
- ensuring that those invited to each meeting attend
- minute-taking and keeping a record of matters arising and issues to be carried forward
- helping the Chair to prepare reports to the Board
- arranging meetings for the Chair – for example, with the

	<p>internal/external auditors or local counter fraud specialists</p> <ul style="list-style-type: none"> <li>• maintaining records of members' appointments and renewal dates etc</li> <li>• advising the Audit Committee on pertinent issues/areas of interest/policy developments</li> <li>• ensuring that action points are taken forward between meetings</li> <li>• supporting any ongoing training requirements for Non-Executive Directors as appropriate for their membership of the Audit Committee.</li> </ul> <p>Reference should be made, as appropriate to the Trust's Standing Orders, Reservations and Delegation of Powers and Standing Financial Instructions</p>
<b>Membership</b>	<p>The Audit Committee shall be composed of not less than 3 Non-Executive Directors of the Trust.</p> <ul style="list-style-type: none"> <li>• There will be appropriate cross-membership with other Board committees.</li> <li>• One member of the Audit Committee should have significant, recent and relevant financial experience as outlined in the Combined Code.</li> <li>• Members are required to attend at least 50% of meetings. Named substitutes may attend with the agreement of the Committee Chair.</li> </ul> <p><b>Attendance by others at Meetings</b></p> <p>External and Internal Auditors, and a representative of the Counter Fraud specialists are required to make themselves available when required for a private meeting with the Audit Committee Chair <del>as required</del>.</p> <p>The Director of Finance is the Executive lead for this Committee. The Director of Finance, <del>Trust Secretary</del><a href="#">Head of Corporate Affairs</a> and Internal and External Audit and Counter Fraud representatives shall normally attend Audit Committee meetings.</p> <p>Other Executive Directors may be invited to attend, particularly when the Audit Committee is discussing areas of risk or operation that are the responsibility of that Director.</p> <p>The Chief Executive will have a standing invitation to attend Audit Committee meetings. The Chief Executive will usually attend the Audit Committee meeting where the end of year reporting, auditor's opinions, the Annual Governance Statement, the Annual Report and Annual Accounts are delivered.</p> <p>The Finance Directorate Administrator shall be Secretary to the Audit</p>

	<p>Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.</p> <p>Representatives from other organisations (for example, NHS Counter Fraud Authority) and other individuals may be invited to attend on occasion.</p> <p><i>The Trust Chair shall not be a member of the Audit Committee.</i></p>
<b>Quorum</b>	A quorum shall be 2 members.
<b>Chair</b>	<p>One of the Non-Executive Directors will be appointed as Chair of the Audit Committee by the Trust Chair.</p> <p>If the Chair is absent from the meeting, another Non-Executive Director, shall preside.</p>
<b>Frequency of Meetings</b>	Meetings shall be held quarterly as a minimum. One meeting will receive and review the annual submissions.
<b>Agenda and Papers</b>	<p>An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive 1 week before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p>
<b>Minutes and Reporting</b>	<p>A written assurance report will be provided to the Board following each meeting.</p> <p><del><a href="#">The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which assurance reports have not been produced. Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.</a></del></p> <p>The Audit Committee minutes are deemed confidential, and not for publication. Confidential minutes shall be maintained, where necessary, for considerations of confidentiality, including commercial confidentiality. Matters specifically agreed to be confidential by the Audit Committee must be treated as entirely confidential. They must be minuted and reported to the Trust Board separately. In addition, all Committee business must be kept confidential until reported to the Trust Board or otherwise concluded, unless the Audit Committee agrees otherwise.</p> <p><b>Servicing and Reporting Arrangements</b></p> <p>The Audit Committee will maintain a rolling annual work plan that will inform its agendas and seek to ensure that all duties are covered over the annual cycle.</p>

	<p>Reporting arrangements into the high level Committee with overarching responsibility for risk, the Audit Committee, will be as described in the rolling annual work plan together with anything extra agreed for a particular meeting.</p> <p>Agendas and papers shall be distributed one week prior to the meeting.</p> <p>The minutes of Audit Committee meetings shall be formally recorded by the Finance Directorate Administrator and submitted to the members of the Audit Committee. The Chair of the Audit Committee shall provide an executive summary report for the next Trust Board meeting that highlights substantive issues and recommendations. Minutes of the meeting will also be reported to the Trust Board in the part II session.</p> <p>The Audit Committee Chair shall draw to the attention of the Trust Board any issues that require disclosure to the full Trust Board, or require executive action. Specific actions arising from one committee affecting the work of another Committee will be detailed in the minutes and notified to the Chair of the other Committee.</p> <p>The Audit Committee will report to the Trust Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the extent to which risk management is fully embedded in the organisation, the integration of governance arrangements and the appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business and the robustness of the processes behind the quality accounts.</p> <p>An annual review of effectiveness will be undertaken and included in the annual report. The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.</p>
<p><b>Monitoring and Review</b></p>	<p>An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.</p> <p><del>This will cover the following duties:-</del></p> <ul style="list-style-type: none"> <li><del>• Accountability including reporting arrangements to the Trust Board</del></li> <li><del>• Membership, including nominated deputy where appropriate</del></li> <li><del>• Frequency of meetings</del></li> <li><del>• Requirements for a quorum</del></li> <li><del>• Required frequency of attendance by members</del></li> <li><del>• Process for monitoring compliance with all of the above</del></li> <li><del>• The work and achievements of the Audit Committee</del></li> </ul>



	<ul style="list-style-type: none"> <li>• <del>Outcome of the Audit Committee's annual self-assessment</del></li> <li>• <del>An action plan, if appropriate, to rectify any deficiencies (to be monitored by the Board).</del></li> </ul> <p>The Audit Committee shall report to the Board, identifying any matters within its remit in respect of which it considers that action or improvement is needed, and making recommendations as to the steps to be taken.</p>
<b>Agreed by Committee</b>	14 May 2024
<b>Board Approved</b>	<del>29 May 2024</del> 27 November 2024
<b>Review Date</b>	May 2025



AUDIT COMMITTEE REPORTING STRUCTURE

TRUST BOARD

Audit Committee

Finance & Investment Committee

Quality Committee

Workforce People & Organisational Development Committee

Mental Health Legislation Committee



**Humber Teaching NHS Foundation Trust  
Collaborative Committee**

**Terms of Reference Updated for 2024**

<p><b>Constitution &amp; Authority</b></p>	<p>Humber Teaching NHS Foundation Trust (HTFT) is the Lead Provider within the Humber and North Yorkshire (HNY) Provider Collaborative (PC) and will hold the Lead Contract with NHS E/I. HTFT as Lead Provider will sub-contract with a range of healthcare providers in the delivery of:</p> <ul style="list-style-type: none"> <li>• Child and Adolescent Mental Health In-Patient services</li> <li>• Adult Low and Medium Secure services</li> <li>• Adult Eating Disorder Services.</li> </ul> <p>As detailed in the <i>NHS Mental Health Implementation Framework</i>, from April 2020 NHS England and NHS Improvement aim to mainstream the New Care Models approach for specialised mental health, learning disability and autism services, enabling local service providers to join together under NHS-led Provider Collaboratives.</p> <p>The Collaborative Committee has been established by the Lead Provider as an internal committee to provide assurance to the HTFT Board as Lead Provider within the Collaborative in relation to Contracting, Planning and Quality Assurance functions of the Provider Collaborative. These functions have been traditionally grouped under the label of commissioning. The Collaborative Committee is constituted as a standing committee of the Humber Teaching NHS Foundation Trust's Board of Directors.</p> <p>The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere.</p> <p>Key Relationships –</p> <p>The HNY Provider Collaborative Oversight Group (PCOG) is the forum in which we come together as a Partnership with collective expertise in provision, planning and quality assurance. The PCOG holds collective accountability and responsibility to steer the strategy and support the operational delivery of the Provider Collaborative programme across the partnership in line with the principles and requirements of the partnership agreement on clinical quality and business requirements.</p>
--	--

	<p>The Collaborative Planning and Quality Team (CPaQT); reporting to PCOG and the Collaborative Committee, is an enabler supporting all partners within the Collaborative to ensure appropriate health care services are commissioned to serve the needs of the HNY population and in so doing, improve the efficiency, effectiveness, economy, and quality of services, reduce inequalities, and promote the involvement of patients, our partners, and the public alike in the development of our services.</p> <p>The Collaborative Committee will provide overview to enable HTFT to meet its legal and statutory requirements as the HNY PC Lead Provider and will operate within the delegated powers to complete any activity within the parameters of these Terms of Reference.</p> <p>The Committee will have the authority to establish sub-groups as necessary to fulfil its objectives however it may not delegate any powers delegated by the HTFT Board and will remain accountable for the work of any such sub-group.</p>
<p><b>Role / Purpose</b></p>	<p>The purpose of the Collaborative Committee is to provide assurance to the HTFT Board on matters of finance, quality assurance and performance ensuring delivery of the overall HNY Specialised Provider Collaborative <a href="#">and</a> aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders services.</p> <p>Day to Day provision of patient care is the responsibility of Providers within the Provider Collaborative Partnership. Services will be commissioned utilising NHS Standard Contracts with clear Key Performance Indicators (KPIs) and Outcomes. Via the PCOG the Collaborative Committee will take a partnership approach to working with Providers within the Provider Collaborative to deliver our overall strategic aims which are to improve care pathways and patient care outcomes.</p> <p>The Provider Collaborative aims to reduce reliance on in-patient care, reduce out of area treatments, increase provision of care closer to home and reduce the expenditure on bed-based care; in doing so it will aim to generate financial savings. These savings will be reinvested in other parts of the Adult Secure, CAMHS and Eating Disorders mental health, learning disability and autism pathways through formal contracting and commissioning arrangements.</p> <p>This approach will ensure delineation between the Provider Partnership and Commissioning functions of the Provider Collaborative and enable our overall partnership to be conducted in an open and transparent way and follow due process.</p>
<p><b>Scope &amp; Duties</b></p>	<p>The objectives and duties of the Committee are to:</p> <ul style="list-style-type: none"> <li>• As Lead Provider provide assurance to the HTFT Board – that it is fulfilling its duties and obligations within the HNY Specialised Mental Health Learning Disability and Autism Provider Collaborative</li> </ul>

- Be assured that there are appropriate arrangements in place in respect of Serious Incidents, Safeguarding and a system is in place to ensure quality of care and to continuously learn and improve.
- Working closely with PCOG linking in with the wider commissioning, planning and quality assurance system including other Provider Collaborative and local and national commissioners to improve services along whole pathways of care and manage pressures within the wider system.
- Overall Contract management, including quality assurance across NHS and independent sector. This will be the first line of arbitration/mediation between partners.

Specific responsibilities

*Financial planning*

- ❖ Provide assurance to the HTFT Board that the planning programme is effectively established and managed and that risks to delivery of the plan and any significant service impacts or risks are effectively managed or mitigated.
- ❖ Along with PCOG and with Financial Risk and Gain Share partners review in year performance against commissioned services and financial plans and examine the effectiveness of any remedial action plans.
- ❖ Provide assurance to the HTFT Board (as lead provider) on the delivery of agreed improvement programmes to reduce cost and increase efficiency including assurance on benefits realisation and value for money.

*Transactional*

- ❖ Following review and approval at PCOG; will ratify business cases (for both new service proposal and reduction of service delivery) and investments and/or disinvestments - provide financial assessment and scrutiny which will then be translated into contractual agreements which are held by the Lead Provider

*Contracting*

- ❖ To be assured that contracts are in place to address risk in relation to the quality and performance of commissioned services and thereby undertake the duties as expected of the Lead Provider.
- ❖ Following discussion and approval at PCOG will ratify and enact Contract Variations and necessary formal Commissioning Intentions dialogue with Provider Collaborative

*Risk Management:*

- ❖ Each work stream is responsible for its own specific Risk Register. Risks rated at 12 or higher will be shared at the PCOG and Collaborative Committee.
- ❖ The Collaborative Committee will review Risk Registers and will suggest modifications to the risk registers, including ownership and delivery of action plans against defined timescales.

	<ul style="list-style-type: none"> <li>❖ Discuss and review of any issue likely to require inclusion on the HTFT Risk Register</li> </ul> <p><i>Quality Assurance</i></p> <ul style="list-style-type: none"> <li>❖ To be assured that quality, clinical governance, patient and public engagement issues are appropriately addressed in all service developments/reconfiguration of services and are in line with statutory requirements, national policy and guidance.</li> </ul> <p>The Collaborative Committee will receive minutes and/or reports from sub-groups of the PCOG and the PCOG itself – for review and overall assurance.</p> <p>The Collaborative Committee will have relationships with other groups and committees that will inform its work including links with:-</p> <ul style="list-style-type: none"> <li>▪ Transforming Care Alliance Network/Forum to ensure the needs of patients with learning disability and autism are understood and service developments are in line with the wider system developments. Further work will be necessary to define and agree definitive links once engagement with the Forum commences.</li> <li>▪ HNY Integrated Care System and place-based health and care partners –to ensure widest development of patient pathways to reduce admission to hospital care but also reduce length of stay.</li> <li>▪ Local Authorities within the geographical footprint</li> <li>▪ NHS England Regional and National Team</li> </ul>
<b>Membership</b>	<p>All members are required to make open and honest declarations of interest at the commencement of each meeting or to notify the Committee Chair of any actual, potential, or perceived conflict in advance of the meeting.</p> <p><b>Humber Teaching NHS Foundation Trust – Lead Provider</b></p> <ul style="list-style-type: none"> <li>• Non-Executive Director (Chair)</li> <li>• Non-Executive Director</li> <li>• Associate Non-Executive Director</li> <li>• Chief Executive (Vice Chair)</li> <li>• Executive Director of Finance/Senior Information Risk Owner</li> <li>• Director of Nursing, Allied Health and Social Care Professionals</li> <li>• Collaborative Planning Director</li> <li>• Clinical and Quality Assurance Director</li> </ul>
<b>Attendance</b>	<p><b>HNY Provider Collaborative Planning and Quality team</b></p> <ul style="list-style-type: none"> <li>• Assistant Director of Clinical and Quality Assurance</li> <li>• Head of Secure Planning</li> <li>• Head of CAMHS and Adult Eating Disorder Planning</li> <li>• Finance Manager</li> <li>• Head of Lived Experience and Involvement</li> </ul>

	<p><b>Clinical Work Stream Leads (as per specific agenda items)</b></p> <ul style="list-style-type: none"> <li>• Clinical Lead, Adult Secure</li> <li>• Clinical Lead, Adult Eating Disorders and CAMHS</li> </ul>
<b>Quorum</b>	<p>The quorum necessary for the transaction of business and decision making shall be three (3) members including.</p> <p>1 Non-Executive Director and 1 Executive Director – one of whom must be the Chair or Vice Chair</p> <p>Decisions will be reached by consensus. If a decision cannot be reached by consensus, then it will be escalated to the Humber Teaching NHS FT Board for resolution.</p>
<b>Chair</b>	<p>The meeting will be chaired by <u>a</u> HTFT Non-Executive Director.</p> <p>Vice-Chair will be Chief Executive, HTFT, <u>and will be</u> deputise for the Chair when necessary.</p>
<b>Frequency of meetings</b>	<p>Meeting will be held monthly; however, frequency may increase during the annual planning cycle to ensure that the work undertaken by the Collaborative Planning and Quality Team <u>are is</u> timely, reflecting the fast-paced nature of contract negotiations.</p> <p>Meetings may be held in person or utilising technology (Microsoft Teams)</p>
<b>Accountability and Reporting Arrangements</b>	<p><del>The Collaborative Committee is responsible for providing an assurance report and the minutes after each Collaborative Committee meeting this will be to Part 1 of the Trust Board on its areas of responsibility of commercial confidentiality identified areas for Part 2 of The Board</del></p> <p><u>A written assurance report will be provided to the Trust Board following each meeting.</u></p> <p><u>The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which assurance reports have not been produced.</u></p> <p>Members will be invited to declare any conflicts of interest.</p>
<b>Agenda &amp; Papers</b>	<p>The CPaQT administration will be responsible for arranging meetings.</p> <p>An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 1 week before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the CPaQT administration.</p>

Formatted: Indent: Left: 0 cm

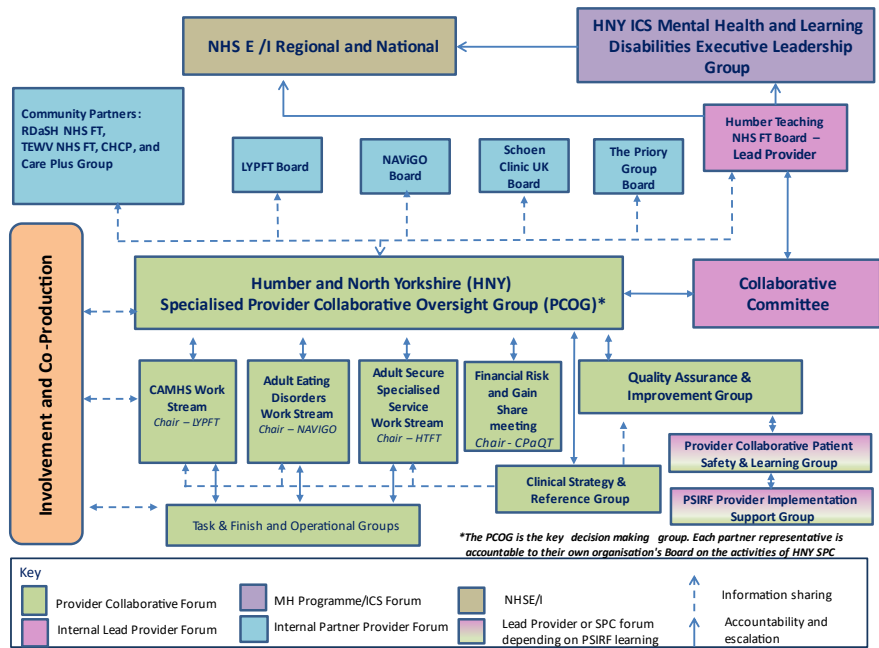
Formatted: Font: (Default) Arial

<b>Monitoring and Review</b>	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Collaborative Committee Terms of Reference.
<b>Agreed by Collaborative Committee (Date)</b>	March 2024
<b>HFT Board Approved (Date)</b>	<del>April</del> <a href="#">November</a> 2024
<b>Review Date</b>	January 2025

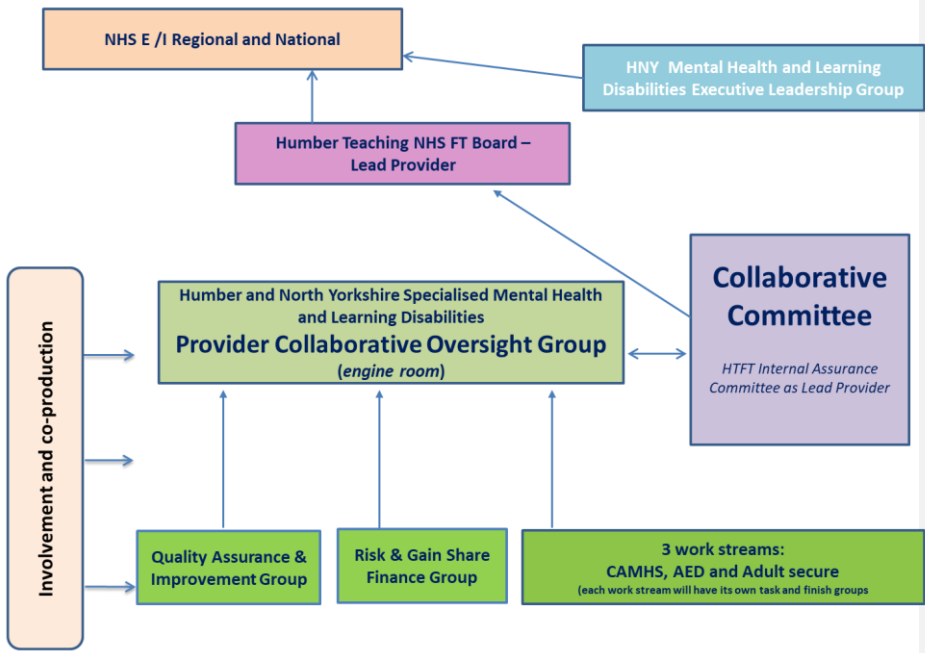


### Reporting Schematic:

#### Overall Provider Collaborative Governance Framework



Lead Provider Delineation Governance Framework



Correct as at 15.11.2023

## Appendix 1

**The Collaborative Committee will overall adhere to the Humber Teaching NHS FT Mission, Values and Principles in all its work: *Being Humber***

### **The Trust Mission:**

Humber Teaching NHS Foundation Trust - a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

### **Our Trust Vision:**

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

The HTFT Trust Values are at the centre of the HNY Provider Collaborative work programme. These are:

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

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

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

**In addition, we have specific Vision, Mission and Goals for our Planning and Quality Assurance work –**

### **Our Vision (where we are going)**

We will be effective and innovative planners of positive health outcomes by delivering the principle of care is provided within the least restrictive environment.

We will commission robust care pathways for our population working in partnership with (NHS, Independent Care providers, voluntary sector, and social care). We will enable people to feel empowered to care for themselves and remain independent for as long as possible.

### **Our Mission (why we are here)**

We commission safe, accessible, high-quality services to improve the health outcomes and meet the clinical needs of the people of Humber and North Yorkshire.

### **Our Goals (how we will get there)**

- Safe, Accessible, High Quality Health Outcomes
- Seamless Alliances and Integration
- Empowering Staff to deliver the high-quality care.
- Responsible Use of all Resources available

### **Values (how we will behave)**

- ❖ *We Do the Right Thing* by making decisions that are clinically safe.
- ❖ *We Acknowledge Difficulties* and seek creative solutions.
- ❖ *We Empower Staff* by encouraging them to be innovative, receptive to change and courageous in the way they work.
- ❖ *We are Caring and Compassionate* by always putting the person at the heart of all decision making.
- ❖ *We are Approachable, supporting our Commitment* to our people who access services.
- ❖ *We Acknowledge and Promote* the work of our colleagues and partners.
- ❖ Planning and Care Provision are a partnership, and *We Listen to and Support* each other.
- ❖ *We work Openly and Transparently*

**Workforce People and Organisational Development Committee**

**Draft Terms of Reference**

<b>Authority</b>	The <u>Workforce People</u> and Organisational Development Committee is constituted as a standing committee of the Trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings.
<b>Overall Aim/Purpose</b>	<p>The purpose of the <u>Workforce People</u> and OD <u>Committee</u> is to assure the Trust Board that appropriate processes are in place to give confidence that :-</p> <ul style="list-style-type: none"> <li>• Workforce performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.</li> <li>• Performance in relation to Workforce Equality and Diversity requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.</li> <li>• The workforce impact of proposed business change proposals (i.e., new models, budget reductions) are fully reviewed for their impact on people.</li> <li>• To provide assurance on the delivery of the relevant strategic objective assigned to the <u>Workforce People</u> and Organisational Development Committee - Goal 4 – Developing an effective and empowered workforce.</li> </ul>
<b>Duties</b>	<ul style="list-style-type: none"> <li>• To provide the strategic overview of and assurance against workforce (including bank and volunteers) issues in the Trust</li> <li>• To provide a strategic overview of Workforce risks to the Trust Board</li> <li>• To provide oversight and assurance to the Board in relation to all activities relating to Workforce on behalf of the Trust Board to include but not limited to sickness, vacancies, turnover, training compliance, equality and diversity, appraisals, employment relations issues</li> </ul>

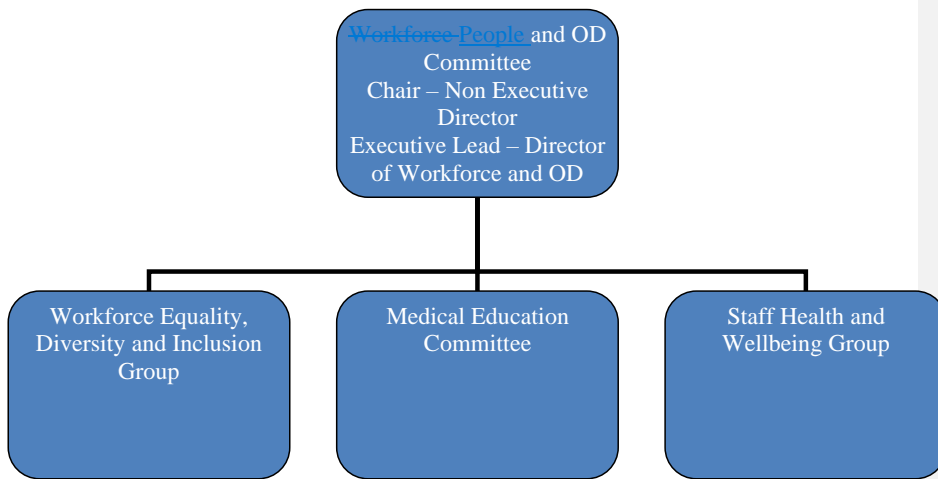
Formatted: Font color: Auto  
 Formatted: No bullets or numbering

	<ul style="list-style-type: none"> <li>• To provide assurance to the Trust Board that risks, and governance issues of all types are identified, monitored and controlled to an acceptable level.</li> <li>• To provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust's strategic objectives</li> <li>• To provide a regular review of the Board Assurance Framework relating to Workforce</li> <li>• Drive improvements in the approach to workforce informed by the internal governance reporting structures and external horizon scanning and learning from others. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity.</li> <li>• Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for staff health and wellbeing.</li> <li>• Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for safe working for junior doctors.</li> <li>• Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for freedom to speak up.</li> </ul>
<b>Declarations of Interest</b>	<p>All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.</p>
<b>Membership</b>	<p>The members of Committee are:</p> <ul style="list-style-type: none"> <li>• Non-Executive Director (Chair)</li> <li>• 2 Non-Executive Directors</li> <li>• Associate Director of People &amp; OD</li> <li>• Chief Operating Officer</li> <li>• Medical Director</li> <li>• Executive Director of Nursing, Allied Health and Social Care Professionals</li> </ul> <p>The following <del>roles</del> will be routine attendees at the committee:</p> <ul style="list-style-type: none"> <li>• <del>Deputy Deputy</del>-Associate Director of People &amp; OD</li> <li>• Head of People Experience</li> <li>• Head of Operational People Services</li> </ul>

	<p>All those that attend the meetings are required to attend a minimum of three meetings a year.</p> <p>Nominated deputies can attend meetings on behalf of Committee members and will count towards the quorum.</p> <p>The Chief Executive has a standing invitation to attend.</p> <p>The Chair of Audit Committee has a standing invitation to attend.</p> <p>Other relevant officers will be invited to attend as required by the Committee.</p>
<b>Quorum</b>	<p>2 Non-Executive Directors, 1 Executive Director and 1 other board member.</p> <p>The agenda will be agreed by the Chair, via the <a href="#">Associate</a> Director of <del>Workforce</del> <a href="#">People</a> and OD.</p>
<b>Chair</b>	The Chair of the Committee will be a Non-Executive Director.
<b>Frequency of meetings</b>	The Committee will meet as a minimum 4 times a year.
<b>Agenda &amp; Papers</b>	<p>An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive 5 working days before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the Committee Secretary.</p>
<b>Minutes &amp; Reporting</b>	<p>A written assurance report will be provided to the Board following each meeting.</p> <p><del>The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which assurance reports have not been produced. Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.</del></p>
<b>Monitoring and Review</b>	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.
<b>Agreed by Committee</b>	<p>17 May 2023</p> <p><a href="#">Revised approved 13 November 2024</a></p>

Approved by Trust Board	<a href="#">29 May 2024</a> <a href="#">27 November 2024</a>
Review	May 2025

**Workforce People and Organisational Development Committee Schematic**



Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024														
Title of Report:	Board Assurance Framework Q2 2024/25														
Author/s:	Executive Lead: Michele Moran, Chief Executive  Oliver Sims Corporate Risk and Incident Manager														
Recommendation:	<table border="1" data-bbox="539 613 1516 730"> <tr> <td data-bbox="539 613 935 651">To approve</td> <td data-bbox="935 613 1031 651"></td> <td data-bbox="1031 613 1410 651">To discuss</td> <td data-bbox="1410 613 1516 651"></td> </tr> <tr> <td data-bbox="539 651 935 689">To note</td> <td data-bbox="935 651 1031 689">√</td> <td data-bbox="1031 651 1410 689">To ratify</td> <td data-bbox="1410 651 1516 689"></td> </tr> <tr> <td data-bbox="539 689 935 730">For assurance</td> <td data-bbox="935 689 1031 730"></td> <td data-bbox="1031 689 1410 730"></td> <td data-bbox="1410 689 1516 730"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The report provides the Trust Board with the Q2 2024/25 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>Progress against the identified risks to each of the Trust's strategic goals is reflected within the framework to allow for consideration to be given to assurances in place, which enables focused review and discussion of the challenges to the delivery of the organisational objectives.</li> <li>Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals.</li> <li>Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal. The overall rating is applied based on the overall assurance available to the Executive Lead at the time of review.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Following receipt of the response summary from the audit recently conducted by Audit Yorkshire (<i>Is Risk Management and Board Assurance working for you? 2024</i>) and review undertaken by the Executive Management Team at a recent timeout in August, further work is planned to continue to the improvement of the Trust's Board Assurance Framework for 2024/25, with a view to have additional elements built into the process for the development of the Quarter 3 2024/25 version of the Board Assurance Framework focussing on the following areas:             <ol style="list-style-type: none"> <li>How our organisation's Risk appetite helps us deliver our Operational Services.</li> <li>Stopping the BAF process feeling like a tick box exercise and the input to the process being proportionate to benefits it brings.</li> <li>Further consideration to how we are mitigating gaps on BAF through risk register and how this is demonstrated through the document.</li> <li>How we pull through information identified from Trust's self-assessment into the board assurance framework.</li> </ol> </li> </ul>														
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>No matter of concerns to highlight or key risks further to those included in the Board Assurance</li> </ul>	<p><b>Decisions Made:</b></p> <p>Current assurance ratings for each section of the Board Assurance Framework:</p>														



<p>Framework to escalate.</p>	<p><b>Strategic Goal – Innovating for Quality and Patient Safety</b></p> <ul style="list-style-type: none"> <li>- Overall rating 8 - High for Quarter 2 2023/24</li> </ul> <p><b>Strategic Goal – Enhancing prevention, wellbeing, and recovery.</b></p> <ul style="list-style-type: none"> <li>- Overall rating 12 - High for Quarter 2 2023/24</li> </ul> <p><b>Strategic Goal – Fostering integration, partnerships, and alliances.</b></p> <ul style="list-style-type: none"> <li>- Overall rating 8 - High for Quarter 2 2023/24</li> </ul> <p><b>Strategic Goal – Promoting people, communities, and social values.</b></p> <ul style="list-style-type: none"> <li>- Overall rating 6 - Moderate for Quarter 2 2023/24</li> </ul> <p><b>Strategic Goal – Developing an effective and empowered workforce.</b></p> <ul style="list-style-type: none"> <li>- Overall rating 8 - High for Quarter 2 2023/24</li> </ul> <p><b>Strategic Goal – Optimising an efficient and sustainable organisation.</b></p> <p>Overall rating 12 - High for Quarter 2 2023/24</p>
-------------------------------	--

<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee	10/2024	Remuneration & Nominations Committee	
	Quality Committee	11/2024	People & Organisational Development Committee	11/2024
	Finance Committee	10/2024	Executive Management Team	11/2024
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

**Monitoring and assurance framework summary:**

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

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

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



**Humber Teaching**  
NHS Foundation Trust

# **Board Assurance Framework**

## Quarter 2 2024/2025

# Humber Teaching NHS Foundation Trust Strategic Goals / Objectives

Innovating for quality and patient safety	Enhancing prevention, wellbeing, and recovery	Fostering integration, partnerships, and alliances	Promoting people, communities, and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
<p>Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.</p> <p>Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.</p> <p>Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.</p> <p>Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.</p> <p>Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.</p>	<p>Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.</p> <p>Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.</p> <p>Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.</p> <p>Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.</p>	<p>Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.</p> <p>Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.</p> <p>Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.</p> <p>Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.</p> <p>Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.</p> <p>Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.</p>	<p>Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.</p> <p>Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.</p> <p>Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.</p> <p>Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.</p> <p>Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.</p> <p>Offer simplified routes into good employment for local people. Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.</p>	<p>Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.</p> <p>Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.</p> <p>Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.</p> <p>Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.</p> <p>Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.</p> <p>Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.</p> <p>Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people. Maximise a diverse and inclusive workforce representative of the communities we serve.</p>	<p>Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system.</p> <p>We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.</p> <p>Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.</p> <p>Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.</p> <p>Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.</p> <p>Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.</p>

## RISK APPETITE

Strategic Goal	Executive Lead	Risk Appetite (Agreed by Trust Board June 2024)	Threshold Risk Score
Innovating for quality and patient safety	Director of Nursing	SEEK	15
Enhancing prevention, wellbeing, and recovery	Chief Operating Officer	SEEK	15
Fostering integration, partnerships, and alliances	Chief Executive	MATURE	15+
Promoting people, communities, and social values	Chief Executive	SEEK	15
Developing an effective and empowered workforce	Director of Workforce and OD	MATURE	15+
Optimising an efficient and sustainable organisation	Director of Finance	SEEK	15

## RISK APPETITE DEFINITIONS

<b>Minimal (Low risk)</b>	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
<b>Cautious (Moderate risk)</b>	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
<b>Open (High risk)</b>	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
<b>Seek (Significant risk)</b>	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
<b>Mature (Significant risk)</b>	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

## BOARD ASSURANCE FRAMEWORK SUMMARY

Strategic Goal	Risk	Executive Lead	Assuring Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement (From last Quarter)
				I	L	Rating I X L	I	L	Rating I X L			
<b>Innovating for quality and patient safety</b>	Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting required quality standards resulting in substandard care which could impact on patient safety and outcomes, trust reputation and CQC rating.	Director of Nursing	Quality Committee	4	3	12 HIGH	4	2	8 HIGH	SEEK	IN	↔
<b>Enhancing prevention, wellbeing, and recovery</b>	Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.	Chief Operating Officer	Quality Committee	4	4	16 SIGNIFICANT	4	3	12 HIGH	SEEK	IN	↔
<b>Fostering integration, partnerships, and alliances</b>	Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.	Chief Executive	Audit Committee	4	3	12 HIGH	4	2	8 HIGH	MATURE	IN	↔
<b>Promoting people, communities, and social values</b>	Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.	Chief Executive	Quality Committee	3	3	9 HIGH	3	2	6 MODERATE	SEEK	IN	↔
<b>Developing an effective and empowered workforce</b>	Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes	Director of Workforce and OD	Workforce and OD Committee	4	3	12 HIGH	4	2	8 HIGH	MATURE	IN	↔
<b>Optimising an efficient and sustainable organisation</b>	Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.	Director of Finance	Finance and Investment Committee	4	3	12 HIGH	4	2	8 HIGH	SEEK	IN	↔



Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.

**Risk Score: 8**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15	IN APPETITE

Risk Analysis	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15	15	15

**Positive Assurance**

- The Trust's current CQC rating is 'Good' (2019 assessment)
- Trust is rated green for 24 of 29 aspects of statutory and mandatory training and amber for the remaining 5
- No incidents relating to medicine safety, safer staffing or relating to waiting lists that have caused harm moderate and above.
- PSIRF Policy and plan approved by ICB and Trust Board (September 2023)
- Peer review process in place aligned to CQC fundamental standards.
- 337 recorded Quality Improvement (QI) activities of which 212 were complete, 3 at idea stage/awaiting charters and 66 underway. There are 54 activities which have been closed as no longer viable.
- QI training increased with 1241 total places delivered.
- 175 (62%) QI activities underway or complete have indicated that they have included Patients and Carers in the planning and delivery of the work.
- 86 (30%) QI activities have indicated that they have collaborated with organisations outside the Trust.
- NHS National Staff Survey 2022, 60.9% of staff said they strongly agreed/agreed to the statement 'I am able to make improvements happen in my area of work' (compared to the benchmark of 60.4%).
- The Trust is currently delivering against its Clinical Audit Plan
- Waiting Time position – Trust exceeding target for RTT – Early Interventions (93.3% against target of 60%), RTT – IAPT 18 weeks (98.7% against target of 95%) and RTT – IAPT 6 weeks (78.5% against Trust target of 75%)
- Significant assurance given by Audit Yorkshire for Trust Safer Staffing audit.
- Significant assurance given by Audit Yorkshire for Trust Patient Safety Governance audit.
- Performance management system (EDGE) used to monitor recruitment to studies and Assistant Director R&D and Research Support Manager maintain monitoring dashboard to review progress and troubleshoot as issues arise, directing researcher capacity to research studies that are under-performing where appropriate. Yorkshire and Humber Clinical Research Network (CRN) performance manage the Trust's recruitment to time and target (RTT) via fortnightly reports.
- FFT response rate and feedback mechanisms

**Negative Assurance / Gaps in Assurance**

- Trust CQC rating for 'Safe' domain remains requires improvement (2019 assessment) (*Risk OPS18*)
- Annual Medicine Administration compliance rate 70% (August 2024) improved from initial risk assessed position of 17.74% in May 2023, but with target of 85% Trust compliance (*Risk NQ56*)
- Trust Waiting Time position (*Risk OPS17*)

**Mitigating Actions to Address Gaps**

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Mitigating actions to manage waiting lists in place with regular reports to Board (Neuro diversity and Adult ADHD)	March 2025	Lynn Parkinson	Adult ASD/ADHD Assessment waiting times are improving. Capacity and Demand work ongoing to identify areas for further support.
Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures	March 2025	Lynn Parkinson	ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.
Adult ADHD Options paper to be developed to consider options as it is not a fully commissioned service for the Trust and to determine level of service delivery going forward.	March 2025	Lynn Parkinson	Multi-disciplinary pathway for adult ADHD under development with pathway re-design. Waiting list for adult ADHD paused to limit current demand and halt additional referrals.

Clinical-led work to determine gaps within services and determine pathway improvement works	March 2025	Lynn Parkinson	
Patient Safety Priorities identified following thematic review of incidents.	March 2025	Hilary Gledhill	QI projects in place for each priority. Monitoring in place with reports to QC commencing December 2023.

## Enhancing prevention, wellbeing, and recovery



**Lead Director:**  
Chief Operating Officer

**Lead Committee:**  
Quality Committee

**Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.**

**Risk Score: 12**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	4	<b>16 - SIGNIFICANT</b>	4	3	<b>12 - HIGH</b>	15	<b>IN APPETITE</b>

Risk Analysis	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)
Current Risk Rating	<b>12 HIGH</b>	<b>12 HIGH</b>	<b>12 HIGH</b>	<b>12 HIGH</b>
Risk Appetite Threshold	15	15	15	15

### Positive Assurance

- For the reporting period of October 2022 – March 2023, the Recovery College has seen:
  - 403 new sign ups
  - 147 course completions
- The current budget (2022/23) for the Recovery & Wellbeing College is £163,459. The Children's & LD Division have also invested £33,374 into the Children's Recovery College, with the addition of £7,080 from Digital.
- For the reporting period of September 2022 – February 2023, the IAPT Employment Advisers have started 277 people on employment support and the service has delivered a total of 1046 employment support sessions.
- For the reporting period of April 2022 – March 2023, the Wellbeing Recovery Employment Service (WRES) service have reported that 32 people referred to them have moved into employment.
- The results of the overall surveys completed where patients would recommend the Trust's services to their family and friends is currently at 90.1% (February 2023).
- At the end of Quarter 3 22/23, 134 (62%) of QI activities underway or complete have indicated that they have included Patients and Carers in planning and delivery of the work.
- The Trust currently has 17 panel volunteers (March 2023). Data on panel volunteer representation at interviews is not currently collected, but this is being discussed with HR.
- The Trust currently has 2 Patient Safety Partners (September 2023). The Involving Patients and Families Subgroup of the PSIRF has recently been set up; this is a new project which will help the Trust to look at ways it can recruit more Patient Safety Partners.

### Negative Assurance / Gaps in Assurance

- The Recovery College full review of courses and prospectus
- Mental Health Division to apply the principles to the Trauma Service.

### Mitigating Actions to Address Gaps

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
The Recovery College is currently going through a full review of courses and prospectus, with a transition back to more face-to-face sessions.	March 2025	Lynn Parkinson	Future reporting will capture both face-to-face and online attendance, and feedback will be captured more accurately. A new focus group is also being set up to help develop and co-produce future courses/sessions.
Development of Trauma in Care Strategy Task and Finish group.	March 2025	Lynn Parkinson	Trauma in Care Strategy Task and Finish group has been set up. The group is in its early stages and is currently in the process of producing an action plan for key pieces of work.
Development of trauma service principles within Mental Health Division	March 2025	Lynn Parkinson	Work is ongoing in the Mental Health Division to apply the principles to the Trauma Service.

## Fostering integration, partnerships, and alliances



Lead Director:  
Chief Executive

Lead Committee:  
Audit Committee

Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.

**Risk Score: 8**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15+	IN APPETITE

Risk Analysis	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15+	15+	15+

### Positive Assurance

- As of end Q2 there was an average of 35 out of area patients which compares favourably to Q1 when there were 48. The average % of delayed transfer of care patients were 8.6% for Adults/OP (9.4% if you include PICU) and 6.2% in Childrens.
- The Humber and North Yorkshire Health and Care Partnership is consulting with ICS partners on its Design for the Future – a Blueprint Proposition, which sets out the potential future design of services intended to meet the challenge of the next two decades. HTFT’s Chief Exec has contributed to the development of the blueprint.
- There were 476 QI charters as at Q2. 140 out of 416 Live/Completed activities resulted in 34% in partnership with 267 out of 416 benefitting (64%). This is an increase of 6% and 7% respectively compared to Q1. This does not include the projects that were not viable. There were 238 in training which is a huge increase of 165 (226%) compared to the last quarter.
- The Mental Health division are working with ER Mind to develop a solution to reduce the number of older age patients who need to go out of area. There are no figures released yet for Q1 24/25 for Delayed Transfers of Care. In Q4 23/24, following refresh, the Trust reported a monthly average percentage of 0% per month for Inspire.
- We are contributing to discussions with the ICB around developing a Health and Wellbeing offer for people with LD and autism including the development of a Community Hub pilot event in both Hull and Goole.
- Work has just commenced on the Partnership for Inclusion of Neurodiversity in Schools (PINS) project, working in partnership with the ICB and DfE, schools and parent carer forums in Hull and East Riding to support the education and health needs of neurodiverse children in schools and help them to fulfil their potential.
- Service specification work in mental health, CAMHS and Children’s Therapies is ongoing with partners including the ICB and Local Authority
- The Forensics division engaged in a Provider Collaborative bed modelling exercise with other providers to determine future plans for inpatient forensics provision.
- Q2 update on the interweave project has shown:
  - Electronic Patient Record roll out by Divisions are;
    - Forensic Q3 – completed
    - Childrens & LD Q3
    - Mental Health Q4
- Support will end for Windows 10 in September 2025 so we need to migrate all devices onto Windows 11.
  - Start the replacement of windows 10 with windows 11 24/25 Q4
  - Completed replacement windows 10 with windows 11 25/26 Q2

#### Interweave updates for Q1 24/25:

- Clinical safety testing has been completed for a direct link to TPP SystemOne non-GP data.
- Interweave are now development a centre of excellence for user centred design to support partners.

### Negative Assurance / Gaps in Assurance

- The average monthly Q1 figures for Delayed Transfers of Care was 12.1% for Adult/Older Adult (excluding PICU). This is outside of the 7.5% threshold. In Q4 23/24, (following refresh), the Trust reported a monthly average percentage of 9% per month.
- The average monthly Out of Area figure for Q1 for Adult and Older People (excluding PICU) was 20 which is an increase of 13 compared to Q4 2023/24.



- NHS England have rescoped the National Record Locator requirements for 24/25.
- Booking and Referral Standard (BARs) any2any development work has been completed and is now in the test stage with NHS England.
- The Trust is currently working with the system to identify what the PLACE structures are going to look like in 2025/26 (be that s75 or other similar arrangements)
- The Trust is also working with the system and influencing the development of the provider collaborative, particularly the Community Collaborative and the Mental Health and Learning Disability Collaborative.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level.	November 2024	Michele Moran	Stakeholder surveys were run during October – November 2023. This exercise will be carried out again in October/November 2024, and work will be done to promote the surveys. Good qualitative responses were received.
Repeat mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	November 2024	Michele Moran	The Trust is to review representation at HNY ICB meetings. A paper was taken to EMT in December 2023.Divisions are being asked to contribute to this piece of work.
The Trust is represented at all strategic PLACE meetings, is a member of the relevant collaborative and influential within both these areas	March 2025	Michele Moran	
The Trust is leading the Mental Health and Learning Disability Collaborative work and is a member influences in the Community Collaborative	September 2024	Michele Moran	
Regular meetings are taking place within the Collaborative and the CEO Leadership tea	TBC	Michele Moran	
Work continues with Carnel Farrer regarding the future model and an external convener has been commissioned to work closely with the Trust	TBC	Michele Moran	

# Promoting people, communities, and social values



**Lead Director:**  
Chief Executive

**Lead Committee:**  
Quality Committee

Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.

**Risk Score: 6**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
3	3	9 - HIGH	3	2	6 - MODERATE	15	IN APPETITE

Risk Analysis	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)
Current Risk Rating	6 MODERATE	6 MODERATE	6 MODERATE	6 MODERATE
Risk Appetite Threshold	15	15	15	15

## Positive Assurance

### Trust Health Inequalities (HI) Programme:

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

- Communications and Knowledge Transfer - Building on the successful launch of the HI intranet pages by delivering a programme of webinars and communications to increase staff awareness of HI
- Data analysis - Working with clinical/operational teams to develop action plans in response to data published in the annual report on HI in access to mental health services, use of the Mental Health Act and restrictive interventions. A clinical and operational workshop is scheduled for 26<sup>th</sup> June 2024.
- Supporting teams to address HI - Running reflective workshops to help teams identify potential inequalities of access, outcomes, and experience within their services.
- Integrating HI into Trust strategies/policies inc the new Access Policy and associated SOPs and EIAs.
- Ensuring that approaches to HI are embedded in clinical practice via the implementation of Person-Centred Planning and the Culture of Care standards for mental health inpatient services. Incorporating content on HI in revised service specs for CAMHS, Children’s Therapies and Mental Health services.
- System working to address the wider determinants of health including reviewing the impact of housing issues on service users, patients’, and Trust services.

### Inclusion Groups Programme of the East Riding Health and Care Committee:

- Work continues the ERYC inclusion health needs assessment and Smile VCSE mapping exercise. A delivery plan for 2024-25 has been agreed which focuses on completing the needs assessment and developing a system wide Inclusion Champions scheme.
- 17 VCSE organisation representatives are part of the Humber Co-production Network (June 2024)
- The demographic profile of staff at the end of Q1 24/25 is as follows:

	% BAME	% disabled	% LGBTQ+	% female	% part-time	% aged 50+
Q1 24/25	7.34%	9.24%	4.65%	79.54%	33.51%	34.85%
Q4 23/24	7.19%	9.14%	4.50%	79.34%	33.43%	34.54%

- EDI data for governors is not yet collected as they are external to the organisation, however discussions are being held about the feasibility of doing this moving forward.
- The demographic profile of SCOPEs has not changed by any significance since Q4 23/24.
- EMT reviewed the ToR for each staff network. Changes include a provision of an Executive Sponsor to support the group in escalating areas of concern. Additionally, network chairs have protected time to attend meetings. EMT now receive regular activities reports and will review their impact later in the year. Substantial budgets are allocated to each network to facilitate engagement and activities and are currently working on plans to support Hull PRIDE in July, and Black History Month in October.
- The Trust continues to host several forums for patients, service users, carers, staff, and partner organisations to attend. The Trust continues to attend ‘A Good Experience’ steering group of which provides assurance to oversee the Communications Charter project. York St John University have produced a project proposal to support the initiative.

## Positive Assurance (continued)

- The Trust’s Five-Year Estate Strategy 2022-2025 continues and is shared with ICB members and informs the ICB Estate Strategy. Priorities include redesigning MH Inpatient Services. Estate Plans are refined on a locality basis. Current areas of focus are Hull, Beverley and Driffield. The Estate Strategy and CDG provides a forum at which progress is monitored and reviewed against service need. The Estate Strategy is influenced by the organisational Green Plan which focuses on carbon reduction and use of local suppliers where appropriate and within procurement guidelines. The Trust aids the ongoing delivery of healthcare to the region inc coordinating as a landlord organisation for partner Trusts and third sector organisations. This is evident in the ongoing Hull Place Pilot, following the One Public Estate projects.
- Since Jan 2024, the Trust has embraced new regulations of the Social Value Agenda. The PSR regulations require commissioning bodies to apply key criteria when assessing suppliers for their suitability to deliver health care. These criteria include an assessment as to whether what is proposed might improve economic, social, and environmental well-being in relevant the geographical area.
- The Trust now considers the extent to which suppliers have acted to increase social value within their own activities and how these can improve health outcomes. The Trust also procures a wide range of supplies, non-health care services and works. The introduction of the Procurement Act aims to streamline and improve procurement of these type of goods. When the Act comes into force in October 2024 the legal requirement for public sector buyers shifts from awarding contracts based on MEAT (Most Economically Advantageous Tender) to MAT (Most Advantageous Tender). This means considering the wider benefits for the community in which the contract will be delivered.
- The spend with local suppliers for 23/24 was £32.5million.
- A video was created that features students and staff promoting T Levels in Health, that we will be showcased across the Trust and at events. We introduced an “Induction into Health” week for students, which includes support, guidance, and careers advice for when attending work experience and help them to understand the variety of job roles within our Trust and how they can apply. There were 26 work experience placements for 2023/24 compared to 16 for 2022/23.
- At the end of Q1 24/25, there were 11 Peer Support Workers within the Trust compared to 10 in Q4 23/24. There were also 12 Expert by Experience staff and two Programme Facilitators. There was a total of 70 recorded shifts: 49 by B3 and 21 by programme facilitators.
- There were 23 Band 2 to 4 roles recruited to from May 23 to May 24. 65 Band 2 to 4 roles were exempted, significantly lower than previous years. Our ‘apprenticeship first’ approach is not yet embedded in all areas. The career development team are working with H&NY careers hub to attract people to careers in our services.

## Negative Assurance / Gaps in Assurance

- The Trust had 97 volunteers compared to 119 at the end of Q4 23/24. Two moved onto a career and 15 are in recruitment.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level.	November 2024	Michele Moran	Stakeholder surveys were run during October – November 2023. This exercise will be carried out again in October/November 2024, and work will be done to promote the surveys. Good qualitative responses were received.
Repeat mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	November 2024	Michele Moran	The Trust is to review representation at HNY ICB meetings. A paper was taken to EMT in December 2023. Divisions are being asked to contribute to this piece of work.
Social Values Report to be launched at Annual Members Meeting	TBC	Michele Moran	

# Developing an effective and empowered workforce



**Lead Director:**  
Associate Dir. of People  
and OD

**Lead Committee:**  
WFOD Committee

Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes

**Risk Score: 8**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15+	IN APPETITE

Risk Analysis	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15	15	15+

## Positive Assurance


- 7.48% vacancy rate (September 2024)
  - A rolling 12 monthly turnover rate figure of 10.18% (September), which is below the turnover rate this time last year (12.27% June 2023).
  - Registered *Nursing* vacancy rate September 2024 – 8.53% (WF39 – High)
  - Pharmacist vacancy rate September 2024 of 10.48%, this has reduced from 19% in February 2024
  - Appraisal completion rate at the end of the window 92.6% (30<sup>th</sup> June 2024)
  - In the 2023 NHS National Staff Survey;
    - The Trust positions better than the national average across all People Promise theme areas.
    - The Trust positions better than the average for our benchmark group (51 MH and community Trusts) in all but one People Promise theme area, where we are equal to the average (we are a team)
- We are compassionate and inclusive – 7.6 out of 10  
 We are recognised and rewarded – 6.59 out of 10  
 We each have a voice that counts – 7.1 out of 10  
 We are safe and healthy – nationally unreported  
 We are always learning – 6.22 out of 10  
 We work flexibly – 7.05 out of 10  
 We are a team – 7.18 out of 10 (equal to the average)  
 Engagement 7.18 out of 10  
 Morale 6.37 out of 10
- The Trust the most improved in the country for Trusts of its kind and second most improved in the NHS for the question ‘would recommend the organisation as a place to work.’
- Medical Workforce Plan approved.
  - Updated Trust workforce plan
  - Ongoing monitoring of hard to recruit roles in the recruitment and retention task and finish group.
  - Overall statutory / mandatory training compliance 93.38% (September 2024).
  - Trust People Strategy ratified which sets strategic direction for next four years which is underpinned by an accompanying delivery plan.
  - Workforce representation - ethnic diversity 8.44% (September 2024) which is better than the regional demographic in East riding, Humber and NY
  - Workforce representation - LGBTQ+ 4.54% (September 2024) which is better than the regional demographic in East Riding, Humber and NY
  - The breadth of the apprenticeship standards we offer has increased dramatically, the start of 2024 shows 32 different apprenticeship standards currently being undertaken across the Trust and this is continually expanding. On average we have 130 staff undertaking an apprenticeship at any one time from level 2 (GCSE) to level 7 (masters) apprenticeships.

## Gaps in Assurance / Negative Assurance

Consultant vacancy rate September 2024 – 26.98% (WF39 – Significant risk)  
 The Workforce Scorecard (September 2024) reported a rolling sickness rate figure of 5.3% (Trust target 5%), and above national and regional benchmarks.  
 Representation of BAME staff in Band 7 or above roles is low and is an area of focus for the Trust.  
 Representation of disabled staff in Band 8c-VSM roles is low and is an area of focus for the Trust.  
 Rising percentage of colleagues experiencing discrimination on grounds of sexual orientation, which places the Trust in the bottom 20% of the sector (WF45 – Moderate Risk)  
 Rising percentage of colleagues experiencing discrimination on grounds of age, which places the Trust in the bottom 20% of the sector. (WF44 – Moderate Risk)  
 Rising percentage of ethnically diverse staff experiencing discrimination at work from manager / team leader or other colleagues which is 16.16% which is substantially higher than for white colleagues at 4.43% and 2% higher than the comparison figure at 13.90%. (WF42 – Moderate Risk)  
 Rising percentage of ethnically diverse staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months which is 37.37%, and is substantially higher than for white colleagues at 20.74%, and higher than the comparison figure at 31.43%. (WF41 – Moderate Risk)  
 Workforce representation - Disability 9.52% (June 2024) which is worse than the regional demographic in East Riding, Humber and NY.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Ongoing communications around leadership development programme uptake and encouragements of ethnically diverse colleagues and those with disabilities and long-term conditions at all levels.	March 2025	Karen Phillips	<p>Trust has comprehensive improvement plan which is monitored via EMT and People and OD Committee on a regular basis. Trust is fully compliant with moving forward actions in regard to the national EDI improvement plan. Ring fenced places on internal leadership programmes for each staff network/those from underrepresented groups.</p> <p>Representation of BAME staff in Band 7 or above roles is low and is an area of focus for the Trust.</p> <ul style="list-style-type: none"> <li><i>The Trust has seen the overall workforce representation from ethnically diverse staff increase to 8.44% (from 7.19% in March 2024) which is significantly higher than the local demographics in the areas that we serve.</i></li> <li><i>In November 2024 there were 76 staff from ethnically diverse communities in clinical roles of Band 7 and above, in March 2024 there were 71, this represents an increase of 7%. In November 2024 there were 6 staff from ethnically diverse communities in non-clinical roles of Band 7 and above, in March 2024 there were 7, this represents a decline of 16%.</i></li> <li><i>Overall, this is a 5.1% increase of staff from ethnically diverse communities in roles of Band 7 and higher across clinical and non-clinical roles.</i></li> </ul> <p>Representation of disabled staff in Band 8c-VSM roles is low and is an area of focus for the Trust.</p> <ul style="list-style-type: none"> <li><i>The Trust has seen the overall workforce representation from staff with a disability or long-term condition increase to 9.52% (from 9.14% in March 2024) which is significantly higher than the overall NHS figure nationally. However, it is still below the local demographic where the figure is nearer to 20%.</i></li> <li><i>In November 2024 there were 13 staff with a disability or long-term condition working in clinical roles of Band 8c and above, in March 2024 there were 12, this represents an increase of 8%. In November 2024 there were 3 staff with a disability or long-term condition in non-clinical roles of Band 8c and above, in March 2024 there were also 3, this represents no change.</i></li> <li><i>Overall, this is a 6% increase to staff with a disability or long-term condition working in roles of Band 8c and above across clinical and non-clinical roles.</i></li> </ul>
Ongoing sponsorship of ethnically diverse colleagues and those with disabilities and long-term conditions at all levels for involvement with Humber Talent Programme and other leadership development programmes.	March 2025	Karen Phillips	Refresh and relaunch of the Humber Talent Scheme with ring fenced places for sponsorship by the staff networks/individuals from underrepresented groups, and access to the Trust Leadership (Band 3-7) and Strategic Leadership (Band 8a+) programmes with a Trust KPI for all those in leadership positions to access this.
Focus on succession planning to address underrepresentation particularly in band 7 and above roles	March 2025	Karen Phillips	<p>New succession planning processes embedded into workforce planning for 2024, with actions in place to enhance for 2025, with explicit focus on addressing underrepresentation across all protected characteristics.</p> <p>Recruitment deep dives and divisional EDI insight reports developed with recommended actions to address specific areas of underrepresentation in each division/corporate function. EDI Lead enhanced visibility in Divisional meetings to support development of bespoke actions.</p>
Onboarding of recruited Specialty Doctors appointed through the ANCIPS event in India in January 2024 and development of a sustainable Medical Workforce Plan to show improvement trajectories and feasible pipelines for recruitment/grow your own initiatives.	September 2024	Kwame Fofie	<p>As at October 2024 there are 9 consultant vacancies. 7 of these vacancies are being advertised.</p> <p>Both Specialty Doctors recruited from India, will commence in post in December 2024 (1 at Inspire &amp; 1 at Beverley/Haltemprice, both appointments will remove an agency doctor from the service).</p> <p>This is monitored and overseen by the Executive Medical Director and progress and initiatives monitored in the Recruitment and Retention Task and Finish Group.</p>
Refocus of the Recruitment Task and Finish Group to also focus on the retention of staff in light of Trust turnover being outside of target levels. In addition, the scope of the group broadened to focus on hard to recruit roles outside of nursing and consultant positions, now including Pharmacists.	March 2025	Karen Phillips	<p>Changes to recruitment task and finish group underway to focus on recruitment and retention of Trust staff with terms of reference for the group approved by EMT. The Group will focus on hard to recruit roles beyond Nursing and Consultants.</p> <p>RRP agreed at EMT for Pharmacists for the next two years as well as enhanced targeted recruitment campaigns, with Pharmacist vacancy rate reduced to 10.48% in September 2024.</p> <p>Nursing vacancies have reduced now to below the 9% target set withing the recruitment plan.</p>

Sickness absence is monitored at Divisional Accountability reviews and six-monthly deep dives completed to assess absence trends and develop appropriate target actions to address areas of concern.	March 2025	Karen Phillips	<p>Deep dive due in November 2024 with an overview of data for the 1<sup>st</sup> April 24 – 31<sup>st</sup> September 24.</p> <p>Divisional accountability reviews monitoring and exploring absence on a monthly basis. Reports continue to feed into EMT and People &amp; OD Committee.</p> <p>Recent audit into management of sickness absence processes gave low assurance that processes are being effectively managed by managers. An audit action plan has been developed that will be monitored in the People Insight report and via EMT/P&amp;OD committee with actions due for completion by 30/11/24.</p>
The Equality, Diversity and Inclusion agenda has been reviewed and expanded to include a number of actions to improve workplace experience of those in underrepresented groups with specific focus on age, sexual orientation and ethnically diverse staff, as highlighted as areas of focus within the National Staff Survey 2023.	March 2025	Karen Phillips	<p>Respect campaign launched in November 2023 and now embedded into business-as-usual practises. Bullying and Harassment and Recruitment and Selection training in place to support managers addressing discrimination. No excuse for abuse has been launched and will address patient to staff bullying, harassment and abuse.</p> <p>WRES,WDES, Pay Gap and EDI Annual reports completed for 2024 and reflect organisational priorities to address EDI areas of focus.</p> <p>People Promise Manager funded by NHSE in post and supporting EDI Lead to enhance compassionate policies to support those in underrepresented groups to feel supported and included, driving up a sense of belonging.</p> <p>Organisational interrogation of staff survey data at team level (where possible) to identify hotspot areas and provide bespoke actions.</p> <p>Disability representation addressed in divisional ODGs via the EDI workforce lead, with focus on inclusive recruitment and selection practices.</p>

<b>Optimising an efficient and sustainable organisation</b>		<b>Lead Director:</b> Dir. Finance		<b>Lead Committee:</b> FI Committee
Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.				<b>Risk Score: 8</b>

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - High	4	2	8 - High	15	IN APPETITE

Risk Analysis	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15+	15+	15

**Positive Assurance**

**Negative Assurance / Gaps in Assurance**

- The Trust has a breakeven financial plan that meets the ICS planning target set for it.
- Overall, the Trust has a high level of sustainability with a good cash position.
- The cash position at Month 5 stands at £25.3m.
- Lead Provider: Month 5 position breakeven, according to plan and annual forecast.
- The Trust on plan with a deficit position of £1.681m at Month 5 and in line with ICS Target
- Our current PLACE scores are as follows:
  - Cleanliness – 98.27% (National average – 98.01%)
  - Food and Hydration – 91.09% (National average – 90.23%)
  - Privacy, Dignity and Wellbeing – 88.89% (National average – 87.5%)
  - Condition, Appearance and Maintenance – 89.56% (National average – 95.9%)
  - Dementia – 84.24% (National average – 82.5%)
  - Disability – 80.02% (National average – 84.3%)
- Trust is has moved the tenant for Power BI and now has 20 users up and running Trust Data Quality Maturity Index (DQMI) score at 99% above national average (95%).
- Annual Internal Stakeholder Survey - Q: Over the past 12 months, have you been involved in reading the “Humber Financial Times” e-newsletter to learn about finance matters? - 33% of respondents said that they had read the “Humber Financial Times” e-newsletter to learn about finance matters.
- Annual Internal Stakeholder Survey - Over the past 12 months, have you been involved in using finance or Patient Level Information and Costing Systems (PLICS) data to make decisions about changes to services? - 33% of respondents said that they had used finance or Patient Level Information and Costing Systems (PLICS) data to make decisions about changes to services. *(Examples given: Use PLICS data daily/weekly in relation to capacity/demand productivity and part of the new MH Payment model expert reference group to roll out this further, capacity and demand work that influences planning discussions, productivity of services and a “Value Maker” and used to be part of an expert reference group with NHSE at Portcullis house in a previous role around PBR etc)*

- The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.
- Details of staff understanding of Trust finance measures and controls.
- The Trust’s National Cost Collection Index (NCCI) is 121 for 2022/23. The national average is 100.
- The Trust’s organisational use of resources score is not currently available.
- The cost to eradicate high risk backlog maintenance is £716,850; and the cost to eradicate significant risk backlog maintenance is £6,349,655.
- Wider ICS Financial Position under pressure
- Level of unidentified efficiencies across the ICS (£55m).
- ICS Stretch Income target (£25m)

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
The Trust has secured a training plan with the Healthcare Financial Management Association which will deliver Finance Training for Non-Finance Staff	October 2024	Pete Beckwith	Process in place to allocate the training places
The Trust’s Performance and Productivity Group is working to ensure that services record activity accordingly. 2023/24 NCC Data was submitted in July	March 2025	Pete Beckwith	2023/24 Data net yet released by NHSE
Trust is commissioning an updated Conditional Survey of the estate which will establish an updated position. Backlog is addressed with the capital programme	March 2025	Pete Beckwith	Updated Conditional survey being commissioned
Deliver a balanced net system financial position for 2024/25.	March 2025	Pete Beckwith	System Pressure of £1.900m at Month 5
Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.	March 2025	Pete Beckwith	System pressure of £1.900m at Month 5
Medium Term Financial Planning has been initiated across the ICB	March 2025	Pete Beckwith	Underlying Deficit of £144m across the ICB

## RISK SCORING MATRIX

		IMPACT					
		Negligible	Minor	Moderate	Severe	Catastrophic	
		1	2	3	4	5	
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 <b>Moderate</b>	5 x 2 = 10 <b>High</b>	5 x 3 = 15 <b>Significant</b>	5 x 4 = 20 <b>Significant</b>	5 x 5 = 25 <b>Significant</b>
	Likely	4	4 x 1 = 4 <b>Moderate</b>	4 x 2 = 8 <b>High</b>	4 x 3 = 12 <b>High</b>	4 x 4 = 16 <b>Significant</b>	4 x 5 = 20 <b>Significant</b>
	Possible	3	3 x 1 = 3 <b>Low</b>	3 x 2 = 6 <b>Moderate</b>	3 x 3 = 9 <b>High</b>	3 x 4 = 12 <b>High</b>	3 x 5 = 15 <b>Significant</b>
	Unlikely	2	2 x 1 = 2 <b>Low</b>	2 x 2 = 4 <b>Moderate</b>	2 x 3 = 6 <b>Moderate</b>	2 x 4 = 8 <b>High</b>	2 x 5 = 10 <b>High</b>
	Rare	1	1 x 1 = 1 <b>Low</b>	1 x 2 = 2 <b>Low</b>	1 x 3 = 3 <b>Low</b>	1 x 4 = 4 <b>Moderate</b>	1 x 5 = 5 <b>Moderate</b>

## RISK TERMINOLOGY DEFINITIONS

<b>Initial Risk Rating</b>	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.
<b>Current Risk Rating</b>	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.
<b>Target Risk Rating</b>	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regards to risk appetite and the level of risk the organisation is willing to accept.
<b>Control</b>	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.
<b>Assurance</b>	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.



Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024											
Title of Report:	Finance Committee Assurance Report - Chair's Log											
Author/s:	Keith Nurcombe, Chair											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>x</td> <td>To receive &amp; discuss</td> <td>x</td> </tr> <tr> <td>For information/To note</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>				To approve	x	To receive & discuss	x	For information/To note		To ratify	
To approve	x	To receive & discuss	x									
For information/To note		To ratify										
Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified.											
Key Issues within the report:												
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Key Actions Commissioned/Work Underway:</b>										
<ul style="list-style-type: none"> <li>Increasing risk around the ICB financial position and the increased risk to the trust around system pressure.</li> <li>Increased risk around the year end position if month 11 and 12 expected system additional income doesn't materialise as well as pay review potential funding gap.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed medical workforce plan to next committee meeting around long-term planning away from agency use (working with Workforce Committee).</li> <li>Updated digital report regarding NHS E standards and any relevant gap analysis for the trust.</li> <li><b>EMT review and updated recommendations around BAF risk scores and relevant updates given increasing financial risk from system and the trust year end.</b></li> <li>Detailed medium term financial plan presentation with a further quarters information at both trust and system level and the implications for the trust.</li> </ul>										

<b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"> <li>• The trust is on plan at month 6</li> <li>• The BRS is on plan</li> <li>• Agency spending has been reduced successfully and continued area of focus to bring further savings</li> <li>• EPR plan and implementation is on plan and the first deployment has gone live in forensics.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• EMT review of risk scoring around financial year end and system pressure on finances.</li> <li>• Updated TOR document approved by the committee.</li> </ul>
--	---

<b>Governance:</b> <i>Please indicate which committee or group</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee	15/10/2024	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Report produced for the Trust Board	

**Monitoring and assurance framework summary:**

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

## Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 15/10/2024 were:

- Presentation on overall position of the ICB and the trust in relation to year end and month 6 position.
- Significant discussion covering off - year end ICB position and reflecting the likely missing of the year end agreed NHS E number and when this is first highlighted to the regional team and NHS England. Month 8 viewed to be the likely option and the number seems to be around the £100M deficit mark.
- The trust is on target for the year end number at month 6 although slightly a larger amount of our provision used to achieve month 6 target.
- Potential risk and pressure on Humber year-end financial position which could be triggered by a lower than expected revenue numbers from ICB in Month 11 and Month 12 as well as pressure from national pay award and this not totally meeting the actual pay award costs (difference of around -£700k). **Recommendation for board discussion in November regarding risk and year end mitigation as well as potential external system pressure on Humber to mitigate overall year end position.**
- Improved debtor position in the last two months with settlement coming from Hull City Council. Debtor position is overall well managed and doesn't present significant risk.
- Cash position remains strong between £23-£26m which is a little lower than in the past but not creating concern for the finance team.
- IR35 update – clear process in place which is working well using Docusign with next FC meeting receiving numbers of staff that use this model of employment so we can track as a committee.
- On target for the Budget Reduction Strategy programme at Month 6, small flag on Mental Health Division savings plan which could be impacted by lower levels of ICB funding in month 11 and month 12 and this may create a need to find further savings.
- Update on agency spend which has reduced (-£2.2M) since this time last year and following up from a deep dive requested through the Workforce Committee. Open discussion around the improved nursing and non-clinical workforce and the work being done around Medical staffing. Request for January Finance Committee to see the detailed plan that lies behind the medical agency staffing plan. Recommendation of close alignment between Workforce and Finance Committee to make sure we are fully aligned to working through agency spend and planning.
- Medium term financial planning – 2025/2026 and 2026/2027. Open discussion around the potential outlook and the relevant financial position that we are now looking at. More detailed presentation at January Finance Committee which potentially will then be a board recommendation to discuss given the potential for a £2m deficit for the trust and the added

strain this will place on divisions and the trust.

- BAF discussion that in lieu of the financial pressure at both system level and trust year end and hence impact on the trust – the EMT will review wording and risk score and present back to Finance Committee in January for debate, challenge and potential approval of some risk score change.
- Update on partnerships and potential opportunities that are being looked at in the local area. Details given of potential contracts that may be available to expand and bid for as well as some that are coming up for renewal that we currently provide.
- BeDigital update – detailed update around EPR programme, cyber security updates that have been implemented from NHS England as well as reviews
- Agreement on agenda for January with addition of extra reports coming back to the committee.

**Agenda Item 21**

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024														
Title of Report:	People & OD Committee Assurance Report														
Author/s:	Dean Royles – Non-Executive Director														
Recommendation:	<table border="1" data-bbox="475 611 1461 730"> <tr> <td data-bbox="481 611 874 651">To approve</td> <td data-bbox="874 611 970 651"></td> <td data-bbox="970 611 1347 651">To discuss</td> <td data-bbox="1347 611 1455 651"></td> </tr> <tr> <td data-bbox="481 651 874 692">To note</td> <td data-bbox="874 651 970 692">✓</td> <td data-bbox="970 651 1347 692">To ratify</td> <td data-bbox="1347 651 1455 692"></td> </tr> <tr> <td data-bbox="481 692 874 730">For assurance</td> <td data-bbox="874 692 970 730">✓</td> <td data-bbox="970 692 1347 730"></td> <td data-bbox="1347 692 1455 730"></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 People 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 13 November 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 data-bbox="252 1122 834 1458" style="list-style-type: none"> <li>• Positive assurance around the Trust vacancy rate at 7.48% with nursing vacancy rate at 8.53% with the Trust turnover rate at 10.18%.</li> <li>• The Trust statutory and mandatory training rate remains high at 94.35%.</li> <li>• 1<sup>st</sup> in the UK for Clinical Supervision and also 40% expansion in Resident Doctors and 38% expansion in undergraduate Doctors.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul data-bbox="914 1189 1425 1391" style="list-style-type: none"> <li>• Review of Risk Register scores in relation to the nursing and medical vacancy risks.</li> <li>• Deep dive sickness absence work continues with a deeper focus on 4 inpatient areas.</li> </ul>														
<p><b>Key Risks/Areas of Focus:</b></p> <ul data-bbox="220 1637 834 1975" style="list-style-type: none"> <li>• Sickness absence continues to be a key focus within the Trust with targeted programmes of work being enacted jointly between Workforce and Operational teams.</li> <li>• Work around the statutory and mandatory courses in relation to DNA's is ongoing with conversations taking place regarding Medical Staff between the Medical Director and the Head of Learning &amp; Organisational Development.</li> </ul>	<p><b>Decisions Made:</b></p> <ul data-bbox="882 1637 1441 1738" style="list-style-type: none"> <li>• Revised Terms of Reference endorsed by the Committee and seeks Board ratification.</li> </ul>														

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	13/11/2024
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	27/11/2024

**Monitoring and assurance framework summary:**

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

## Committee Assurance Report – Key Issues

### Assurance Report 13 November 2024

#### **Chairs Logs:**

##### **Staff Health & Wellbeing Group:**

The Staff Health and Wellbeing group continues to be a high energy and engaging meeting, with positive assurance that the health & wellbeing offering continues to grow. The group are focussing on the emotional and psychological support following the deep dive around sickness absence.

##### **Equality, Diversity and Inclusion Steering Group:**

Positive assurance in relation to improving attendance at the meeting since concerns were raised previously. New Chair of the Disability network bringing some good work and energy to the network.

Positive assurance in relation to seeing all the networks working together as a collective whole and not just independent networks in relation to the civil unrest that happened in early August 2024.

##### **Medical Education Committee:**

The Medical Education Committee continue to receive a number of surveys demonstrating the quality of our medical education and also positive about the good progress being made on GP training practices.

##### **People Insight Report:**

Positive assurance that the comprehensive nature of the report is welcomed and that the Trust continue to make good progress on vacancy rates which are now at a historic low. Nurse vacancy rates remain below 10%, turnover remains low, but continue to focus on those areas where it is peaking.

Improvements on EDI in terms of representation, in particular around ethnicity and LGBT.

Strong performance on statutory and mandatory Training.

Continue to focus on the consultant vacancies within the Trust.

Continuing focus on sickness absence within the Trust and looking at stress related support i.e. emotional and psychological support.

##### **Finance and Workforce Controls Assurance Report:**

A new paper on finance and workforce was presented and assurance given the increased focus in these areas. Due to the good progress made in reducing vacancies this will enable us to shift the dynamic on how we look at achieving financial balance over the course of the year.

##### **Risk Register and BAF:**

The committee were provided with a summary of the Risk Register and BAF with actions for the director of nursing to assess the nursing vacancy risk score in relation to the progress made, and also for the medical director to reflection on the consultant risk in relation to the work under way.

##### **Medical Workforce Plan Update:**

The committee received the updated Medical Workforce Plan and were assured by the actions within the report being taken to reduce the medical vacancies within the Trust.

**Medical Education Update:**

An update was received from Soraya Mayet and the committee particularly welcomed the reinforcement that we're first in the UK for Clinical Supervision and also 40% expansion in resident doctors and 38% expansion in undergraduate doctors.

**Absence Deep Dive:**

The committee received the Absence Deep Dive report and welcomed the recommendations within the report in relation to the work that the Trust are undertaking in relation to putting a lens on sickness absence.

**Leavers Deep Dive:**

The committee received the Leavers Deep Dive report and noted the recommendations and were assured in relation to the work that is taking place in terms of reducing turnover within the organisation.

**Statutory and Mandatory Training Deep Dive and reive of DNA:**

The committee received the deep dive report, and it was noted that focussed discussions are taking place between the Medical Director and Head of Learning & Development on improving the rates of compliance for medical staff.

**People & OD Committee Terms of Reference:**

The committee received revised Terms of Reference to approve in relation to the change of name of the committee to People & OD and also in relation to the requirement to provide assurance reports to Board as opposed to minutes.



**Agenda Item 22**

Title & Date of Meeting:	Trust Board Public Meeting – 27 <sup>th</sup> November 2024			
Title of Report:	Quality Committee Board Assurance Report – September 2024			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board.</p> <p>The paper provides a summary of discussions held at the additional Quality Committee held on 19<sup>th</sup> September, with a summary of key issues for the Board to note.</p>			
<b>Key Issues within the report:</b>				
<p><b>Positive Assurances to Provide:</b> The Committee received positive assurances through the following reports</p> <ul style="list-style-type: none"> <li>• The Performance Waiting Times Report Q1</li> <li>• Budget Reduction Scheme QIA</li> <li>• Community Mental Health Service User Survey 2023 and Action Plan</li> <li>• The Annual Quality Improvement Report</li> <li>• The Annual Allied Health Professionals Report</li> <li>• The Annual Controlled Drugs Report</li> <li>• The Annual NICE Guidance Report</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Agreed the Quality Committee will look for a focus on patient/service user outcomes and impact rather than process</li> </ul>		
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• No items raised at the meeting.</li> </ul>		<p><b>Decisions Made:</b> The Quality Committee approved and ratified the following documents</p> <ul style="list-style-type: none"> <li>• The Annual Quality Improvement Report</li> <li>• The Annual Allied Health Professionals Report</li> <li>• The Annual Controlled Drugs Report</li> <li>• The Annual NICE Guidance Report</li> </ul>		
<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail)		

## Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 19<sup>th</sup> September 2024 are as follows: -

The minutes of the meeting held on the 22<sup>nd</sup> August 2024 were agreed as a true record and the action log approved, noting all items closed, The Quality Committee Assurance report was noted, and the work plan approved, noting the annual psychology report, which this year will be from Sarah Rockcliffe who is new in role and therefore this year will be presenting a report on future plans within the role.

The following papers were discussed.

### Community Mental Health Service User Survey 2023 and Action Plan

The committee received a presentation describing the commitments on the action plan from the 2023 survey, which included improving the uptake of the 2024 survey, ensuring true collaboration with experts by experience in action planning and improvement work, sharing the learning across all services, and ensuring completed actions are reviewed and embedded.

It was noted there were incremental improvements in survey results and noted the commitments to improve the uptake further and address the improvement work identified.

### Budget Reduction Scheme QIA

The paper outlined the progress on the undertaking of quality impact assessments (QIA) in relation to the budget reduction strategy scheme for divisions. The scheme and QIA process was discussed noting one scheme still under consideration. Assurance was received from the report.

### Performance Waiting Times Report Quarter 1

The report was presented to Quality Committee at the request of EMT. The report identified the main challenge of neuro-diversity waiting times for both children and adults. The report outlined how the challenges were being addressed and the ongoing dialogue with the ICB in place.

**Annual Clinical Audit Report**

The report was presented, which outlines the national audits, local audits and service evaluations undertaken by divisions, noting engagement in clinical audit over the last year continues to increase. It was noted the MyAssurance compliance audits provide a high level of assurance in terms of compliance. It was also highlighted that the audit system has moved to InPhase this year, due to the end of the MyAssurance programme and this is working well with each area having access to a dashboard to review their clinical audit activity.

**Annual NICE Guidance Report**

The report details the NICE Guidance published over the last year, how we use it to inform best practice and policy and a discussion was held around how the Trust checks compliance through the clinical audit process.

The report was approved.

**Annual Controlled Drugs Report**

The report outlines the system in place for the reporting, management and learning from controlled drugs and other medicines related adverse incidents. The report provides a high level of assurance on the management, administration and reporting of incidents and the low level of harm against increasing numbers of administration.

The report was approved.

**Annual Allied Health Professionals (AHP) Report**

The report presented, celebrates the achievements of the AHP workforce over the last year, in respect of the growth of the workforce through the recruitment of a creative therapy lead and a physiotherapist in the forensic team, as well as improvements to patient quality, positive outcome measures for patients receiving services and improved attendance at clinic with dietician by patients.

The report was approved.

**Annual Quality Improvement Report**

The report showcased the Quality Improvement (QI) achievements over the previous year, detailing number and types of charters, the training for staff and awareness sessions held. It was noted there had been a 20% increase of charters year on year.

The report was approved.

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024			
Title of Report:	Quality Committee Board Assurance Report – November 2024			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board.			
	The paper provides a summary of discussions held at the additional Quality Committee held on 14 <sup>th</sup> November, with a summary of key issues for the Board to note.			
<b>Key Issues within the report:</b>				
<b>Positive Assurances to Provide:</b> The Committee received positive assurances through the following reports. <ul style="list-style-type: none"> <li>• CQC Report, Nottinghamshire Health Presentation</li> <li>• Quality Insight Report</li> <li>• Quality Committee Risk Register Summary and BAF</li> <li>• Divisional QIP Update</li> <li>• Psychology Report</li> <li>• Annual Patient Safety Report</li> <li>• Waiting List trajectory and performance update</li> <li>• Changes to the Trust EIA template</li> <li>• Minutes of the Quality and Patient Safety Group</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• An update report on the Improvement plans for Townend court and Westlands units will be reported to February 2025 Quality Committee</li> </ul>		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• No items raised at the meeting.</li> </ul>		<b>Decisions Made:</b> The Quality Committee ratified the following document. <ul style="list-style-type: none"> <li>• The Annual Patient Safety Report</li> </ul>		
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

## Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 14<sup>th</sup> November 2024 are as follows: -

The minutes of the meeting held on the 19<sup>th</sup> of September 2024 were agreed as a true record and the action log approved noting all items closed. The September Quality Committee Assurance report was noted, and the work plan for November also noted. The draft work plan for 2025-26 was approved.

The following papers were discussed.

### CQC Report, Nottinghamshire Healthcare (Presentation)

The Committee received a presentation and paper, explaining this work was being led by the Clinical Director. The report summarises the recommendations from the CQC review into the care given by Nottinghamshire Healthcare NHS Foundation Trust (NHCTT), highlighting some failures at NHCCT, but also warned these were not unique to that Trust. The recommendations made were described which included ICBs ensuring providers completed and ICB Maturity Index self-assessment tool. This has been completed by the Trust, noted by the Board, then submitted to the ICB. An action plan has also been developed and submitted to the ICB. The committee discussed the work being undertaken to provide assurance that we have appropriate plans in place. It was noted the action plan would be presented to the next Board meeting.

### Quality Insight Report

The key headlines from the report included the publication of Part C of the Thirlwell Enquiry which considers culture in the NHS, noting a report will be presented to Quality Committee in February 2025 outlining additional areas of development work as a result of the findings of this review. Updates were provided on the review by CQC by Dr Dash and Sir Professor Richards and the work underway through the Quality Standards Group in the Trust; the publication of the National Primary Care Patient Safety Strategy and whilst primary care have been fully involved in the implementation of PSIRF a task and finish group is being established to consider the specific areas of learning for Primary Care, a report will be presented to Quality

Committee in February 2025. An update on the implementation of the Patient Safety Investigation Response Framework was provided. Positive assurance on the Divisional SOP compliance and Clinical policy compliance was provided. The outcome of two internal audits on Nurse revalidation receiving significant assurance and Divisional Clinical Governance which received limited assurance. Action plans are underway and will be monitored through the Quality and Patient Safety Group.

### **Quality Committee Risk Register Summary and BAF**

The committee reviewed the Q2 Quality Risk Register and BAF, noting 14 risks on the register rated nine or above which have been reviewed through QPaS. It was noted there were three new risk and four risks have closed since the last committee meeting. It was confirmed the BAF will have a slightly different format on the Q3 report, following discussion in the Strategic Board. The Risk Register and BAF were discussed, and assurances received.

### **Divisional QIP Updates**

The update report was presented to the committee, following review at QPaS. The report gave a summary on where each of the divisions are in relation to their Quality Improvement Plans (QIP). The depth and breadth of the quality improvement work over the last year was noted.

### **Annual Patient Safety Report**

The Annual report was presented, noting this provides an update against the delivery of the National Patient Safety Strategy and the implementation of the Patient Safety Incident Response Plan. The report was approved.

### **Psychology Report 2024**

The report was presented to the Committee by Sarah Rockcliff, Interim Associate Director of Psychology, who has been in the role for five months. The work underway of unifying the psychological professions in line with national drivers, considering reconfiguration of leadership and the future training pathway, was discussed. The importance of the psychological professional's support in respect of staff wellbeing was noted. An annual report will be produced next year.

### **Waiting List Trajectory and performance Update**

The Q2 paper was presented to the committee, it was noted this used to be presented to the Board but has been agreed this should now come through Quality Committee. The quarterly report focuses on performance and quality being the focus of the annual report. It was noted the key issues seen in Q1 remain similar, with neurodiversity being the largest challenge. A discussion was held, and assurance received noting conversations with commissioners continue.

### **Changes To the Trust EIA Template**

The paper was presented to the committee for noting, explaining as part of the Trust's Health Inequalities programme work the Trust's EIA template has been reviewed and additional areas included. It was noted this has been approved through QPaS and EMT.

### **QPaS minutes summary**

The summary report was noted with no queries raised.

### Agenda Item 23

Title & Date of Meeting:	Trust Public Board Meeting – 27 November 2024														
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 7 November 2024														
Author/s:	Name: Stephanie Poole Title: Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1" data-bbox="459 909 1445 1111"> <tr> <td data-bbox="459 909 855 976">To approve</td> <td data-bbox="860 909 951 976"></td> <td data-bbox="956 909 1331 976">To discuss</td> <td data-bbox="1335 909 1445 976"></td> </tr> <tr> <td data-bbox="459 983 855 1050">To note</td> <td data-bbox="860 983 951 1050">√</td> <td data-bbox="956 983 1331 1050">To ratify</td> <td data-bbox="1335 983 1445 1050"></td> </tr> <tr> <td data-bbox="459 1057 855 1111">For assurance</td> <td data-bbox="860 1057 951 1111"></td> <td data-bbox="956 1057 1331 1111"></td> <td data-bbox="1335 1057 1445 1111"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board.</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 7 November 2024.</p>														
Key Issues within the report:															
<p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>• Committee noted Insight report, including update on the Mental Health Act Reforms national QI programme; update on the status of the mental health Bill; and report of no delays for patients clinically ready for discharge in Forensic Services.</li> <li>• Committee noted MHL performance report Q1: <ul style="list-style-type: none"> <li>○ All activity within normal variation.</li> <li>○ S3 detentions increased in line with</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>• Putting into practice the principles of the Mental Health Act reforms: a national QI programme - Ullswater and Ouse Wards participating in Phase</li> </ul>														

<p>national rise.</p> <ul style="list-style-type: none"> <li>○ CTO use increased following period of reduction, Trust use of CTO still lower than last year.</li> <li>○ 1 use of S4 for the quarter- legitimate part of Mental Health Act and Committee assured applied appropriately.</li> </ul> <ul style="list-style-type: none"> <li>● Committee assured regarding Reducing Restrictive Interventions (RRI) Q1 report: <ul style="list-style-type: none"> <li>○ Use of seclusion slightly reduced.</li> <li>○ Slight increase in number of restraints is mainly attributable to patients who are very unwell and increased number of patients with eating disorder in CAMHs who require support for NG tube feeding.</li> <li>○ No prone restraint used in June, July or September.</li> <li>○ Use of safety pods is showing significant impact.</li> <li>○ Trust significantly lower use of restrictive interventions than its usual position of 14 or 15 out of 62 organisations.</li> <li>○ Co-production focus in Q2 on reviewing of policies and procedures.</li> </ul> </li> <li>● Committee received Presentation by Ms Bingham, Lead for Hull AMHP service, on 'Prevention not Detention'.</li> <li>● Committee noted MAPPA 6-monthly Report had been received at Trust Board in line with current scheduling.</li> <li>● MHL Committee Work plan 2024-25 – amended date of Committee Effectiveness Questionnaire to February and changed name of Committee Chair.</li> <li>● All mental health legislation related policies / procedures / guidance up to date, some currently under review.</li> <li>● MHLSG (Mental Health Legislation Steering group) minutes noted.</li> <li>● MHLSG subgroups and CQC MHA visits updates report noted.</li> </ul>	<p>4 of the programme.</p> <ul style="list-style-type: none"> <li>● Reducing Restrictive Interventions: <ul style="list-style-type: none"> <li>○ Working to achieve De-escalation Management Intervention (DMI) training compliance target. Currently at 85%.</li> <li>○ Currently looking at co-production blanket restriction toolkit and Use of Force leaflets.</li> <li>○ Future considerations of breakdown of data by gender and ethnicity to provide more insightful information.</li> </ul> </li> <li>● Committee noted Trust is undertaking capacity and demand analysis of AMHP availability, looking at expected demand going forward which has identified current workforce gap, and the national AMHP data project is an opportunity to align health and social care data and provide insights and intelligence around hotspots and where resources are needed.</li> </ul>
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>● N/A</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>● Beneficial for Committee members to have a more in depth understanding of how MAPPA works in reality, patient experience, impact on public safety and whether partnerships are functional; a case study could be useful as well as access to training, which can be extended to</li> </ul>



current Non-executive Directors.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	07.11.24	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

<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	Fostering integration, partnership and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce
<input type="checkbox"/>	Maximising an efficient and sustainable organisation
<input type="checkbox"/>	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the	N/A	Comment

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

### Committee Assurance Report – Key Issues

- Insight report: - The paper covers key Publications; Policy highlights and summaries of relevant reports and papers as follows:
  - Pilot phase of Mental Health Act reform QI Programme completed on PICU. Ouse and Ullswater to be part of the next phases. Ullswater recently held successful improvement day and continue with individual weekly sessions.
  - No delays for patients clinically ready for discharge in Forensic.
  - The Government made an announcement on Mental Health Act on 6<sup>th</sup> November indicating intention to progress the bill through parliament. Published Better Care for Mental Health Patients under major reforms and working with Department of Health to shape the Bill which may come sooner than anticipated.
- Committee noted MHL performance report Q2:
  - All activity within normal variation.
  - Detention on admission – September increased numbers at 54 mainly attributed to number of patients presenting with acute conditions.

- Increased detentions for admissions over 12 months attributed to longer S3s – Committee made aware of a national rise and also a rise in requests to AMHP service for consideration of application for admission.
  - Increase in the use of CTO following a period of reduction. Trust use of CTOs is still lower than last year and need to be mindful CTOs are based on robust care plans and arrangements to support people in the community. The committee discussed the need for clarity regarding direction of travel with CTOs nationally. Work ongoing looking at CTO position in the Trust was noted.
  - 1 use of S4 in September - legitimate part of Mental Health Act and Committee assured it was applied appropriately and internally reviewed in line with policy.
  - Increased out of area admissions mainly attributed to two patient groups: PICU and Older Adults - focussed piece of work being undertaken around PICU by MADE (Multi-agency Discharge Events) to speed up discharge and increase patient flow.
  - 5 x S136 for under 18s related to multiple attendances by one patient so does not point to a trend. S136s in general continue to be high. The committee noted the work the trust was doing within the s136 task and finish group. The committee will receive a report at its next meeting in February covering the broader work of the Crisis Care Concordat.
  - It was noted that national/regional benchmarking data not available – no update to national dashboard since July 2023. However, the committee requested that appropriate narrative was added to report and that any available comparative data included.
- Received quarter 2 report on Reducing Restrictive Interventions key highlights:
    - Use of seclusion slightly reduced. Seclusion reviews compliance continues to significantly increase with a reduction in missed reviews.
    - Slight increase in number of restraints mainly attributable to patients who are very unwell and increased number of patients with eating disorder in CAMHs who require support for NG tube feeding.
    - Use of prone restraint continues to reduce. No prone restraint used in June, July or September.
    - As part of reducing restrictive interventions use of safety pods and roll out following pilot is showing significant impact.
    - Latest benchmarking shows Trust significantly lower than its usual position of 14 or 15 out of 62 organisations.
    - Co-production Mental Health Inpatient Voice group focus in Q2 on reviewing of policies and procedures.
    - De-escalation Management Intervention (DMI) training compliance rate is just below current target of 85% compliance and Divisions working to achieve target.
    - Currently looking at co-production blanket restriction toolkit and Use of Force leaflets.
    - Working to support people with learning disabilities regarding restrictive interventions to strengthen co-production from learning disability services.
    - Future considerations of breakdown of data by gender and ethnicity to provide more insightful information.
- Committee received Presentation by Ms Bingham, Lead for Hull AMHP service, on 'Prevention not Detention':
    - Trust responsible for providing Hull Approved Mental Health Professional (AMHP) service resource and statutory functions with local authority.
    - Trust and Hull City Council working to implement national standards.
    - Work to uphold people's rights and promote social model of mental health and act as counterbalance to medical model.
    - Involving AMHPs at an early stage enables consideration of alternatives to admission under MHA. AMHP service involves joint working with Crisis or social care as support, working with family, agreeing safety plans, conversations and consultation with patient which is then

- critically evaluated and analysed.
- Would like to see shift in current culture which sees AMHPs brought in at actual crisis point. Earlier contact with AMHP service would enable conversations around admission, CTOs, guardianship and any work around nearest relatives to the benefit of the patient.
  - Committee noted the case study as an illustration of person-centred practice.
  - Traditionally AMHP services had been a duty based model with AMHPs on a rota which did not provide opportunities to influence the broader system to carry out preventative work. AMHPs based in teams provides opportunity for community teams to have that expertise as part of an MDT and for AMHPs to be involved at an earlier stage. It is about working alongside medical teams, promoting really good consultations about shared decision making and person-centred care.
  - Committee noted Trust is undertaking capacity and demand analysis of AMHP availability, looking at expected demand going forward which has identified current workforce gap, and the national AMHP data project is an opportunity to align health and social care data and provide insights and intelligence around hotspots and where resources are needed.
- Committee noted MAPPA 6-monthly Report had been received at Trust Board in line with current scheduling. Key highlights noted as:
    - Network of single points of contact in all Divisions, now supported by the Clinical Lead, so that MAPPA issues can be well co-ordinated and communicated.
    - The Humberside Criminal Justice Board met in July and also held an extraordinary meeting at the end of August to review actions and learning in the broad criminal justice space in light of the violent disorder seen in Hull and other UK cities at the beginning of August. It was a partly reflective meeting but also focussed on the swift judicial response to the disorder.
    - SOP reviewed and minor amendments made to account for transition to the new electronic patient records.
    - The committee discussed the importance of MAPPA arrangements for public safety and multi-agency work with some of the most vulnerable people. The committee were assured that the trust's arrangements were robust. However, Committee members felt it would be beneficial to have a more in depth understanding of how MAPPA works in reality, patient experience, impact on public safety and whether partnerships are functional; a case study could be useful as well as access to training, which can be extended to current Non-executive Directors.
  - MHL Committee Work plan 2024-25 – amended date of Committee Effectiveness Questionnaire to February and changed name of Committee Chair.
  - All mental health legislation related policies/procedures/guidance up to date, some currently under review.
  - MHLSG (Mental Health Legislation Steering group) minutes – Committee noted the minutes.
  - MHLSG subgroups and CQC MHA visits updates report noted.

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024														
Title of Report:	Assurance Report to Board from Audit Committee October 29 2024														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1" data-bbox="539 577 1524 689"> <tr> <td data-bbox="539 577 938 613">To approve</td> <td data-bbox="938 577 1031 613"></td> <td data-bbox="1031 577 1410 613">To discuss</td> <td data-bbox="1410 577 1524 613"></td> </tr> <tr> <td data-bbox="539 613 938 649">To note</td> <td data-bbox="938 613 1031 649"></td> <td data-bbox="1031 613 1410 649">To ratify</td> <td data-bbox="1410 613 1524 649"></td> </tr> <tr> <td data-bbox="539 649 938 689">For assurance</td> <td data-bbox="938 649 1031 689">X</td> <td data-bbox="1031 649 1410 689"></td> <td data-bbox="1410 649 1524 689"></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: <i>Please make any decisions required of Board clear in this section:</i>	Report to the Board of the outcomes of the Audit Committee, for information and assurance.														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• The Committee passes muster against the HFMA good practice framework</li> <li>• The contents of the Board Assurance Framework is aligned between performance and risk, giving food for thought for the Committee to consider. A benchmarking report on BAFs in Audit Yorkshire’s client base suggests our practice is good</li> <li>• The Trust’s risk management system and practice are coherent and dynamic, and the risks consistent with the discourse in other forums Committee attenders participate in</li> <li>• The Forensic Division provides solid evidence of managing its risks to acceptable residual levels</li> <li>• The leadership and management response to Internal audit finding is constructive and focused on improvement, rather than resistant to the conclusions</li> <li>• The final report of the 2023/4 internal audit programme, Safeguarding, gained Significant Assurance, as did Complaints, and Nursing Revalidation, in the 2024/5 programme</li> <li>• We expect an unmodified, unqualified external audit opinion to accompany Board approval of the 2023/24 Accounts in November</li> <li>• The programme of work to counter fraud remains active and effective</li> <li>• Single tender waiver regime remains effective.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Adding to the Trust risk register the significant organisational ICS-level transaction currently being worked on</li> <li>• Ongoing development of the BAF contents, particularly the relationship between waiting time operational risks, and the risk score for Innovating for Patient Safety and Quality section</li> <li>• Completion of the 2023/4 External Audit (predominantly the local government pension scheme and finalisation of VFM review)</li> <li>• The Audit Plan is on track to be delivered to time and quality</li> <li>• Clarification of which Committee/Board the annual Information Governance report will now be routed to (from the Be Digital Board to the Trust Board).</li> </ul>														

<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>The salient risks on the Trust-wide register score 15 or above relate to consultant vacancies; recruitment; capital and revenue funding (especially in the wake of ICS financial pressures); and waiting times for neurodiversity services</li> <li>An audit clinical governance warranted limited assurance, due to gaps in meeting administration and record keeping</li> <li>Two staff related audits (probation, and sickness absence management) warranted low assurance, due to frequent lack of evidence of compliance with the standard toolkits.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Amendment to internal audit plan (defer Prescribing (awaiting replacement)); add cyber security risks for telephony business continuity</li> <li>Invite IT Team to consider Patch Benchmarking Report and provide assurance back on current practice.</li> </ul>																								
<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>People &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Collaborative Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		People & Organisational Development Committee		Finance Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Collaborative Committee		Other (please detail)	
	Date		Date																						
Audit Committee		Remuneration & Nominations Committee																							
Quality Committee		People & Organisational Development Committee																							
Finance Committee		Executive Management Team																							
Mental Health Legislation Committee		Operational Delivery Group																							
Collaborative Committee		Other (please detail)																							

**Monitoring and assurance framework summary:**

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

## Assurance Report to Board from Audit Committee October 29, 2024

The Committee was quorate, and considered the following:

**Terms of Reference:** the Committee's Terms of Reference was reviewed and, aside from the removal of minor errata, left unamended.

**Work Plan:** Clarification was sought on the reporting route for the annual Information Governance report – no longer coming to this Committee, and needs to feature on the Trust Board workplan.

**Self assessment:** the Committee meets the expectations of the sector-recognised HFMA standard checklist for audit committees.

**Board Assurance Framework:** We considered and discussed the current summary risk scores for the Q2 BAF, focussing on Innovating for Patient Safety and Quality. We discussed the correlation between operational risks and performance on neurodiversity services, and the overall current score for the Innovating section. We considered whether the mitigating actions to address gaps in assurance were adequate, noting the March 2025 deadlines for resolution. We endorsed the continuous development of the contents of the BAF, discussing the inclusion of Interweave (OK); and Friends and Family test data (not evident in this version).

**Trust-Wide Risk Register:** the 5 highest residual risks (scores) 15/16 relate to consultant vacancies; lack of capital funds for redesigning inpatient services; waiting times for neurodiversity services (both adults and children); the consequence of regional workforce reduction scheme for Trust recruitment; and the potential for ICS' financial pressures to spill over to the Trust. The actions look appropriate; the Committee saw that much work is needed to tackle rising waiting lists scheduled for the last two months of 2024.

**Risk Register of the Forensics Division:** a deep-dive into this register showed that the Division is successfully managing its risks to an acceptable residual level. The register has entries relating to: Electronic Patient Record system (4 risks) which are expected to be resolved soon; funding of new prison contract; physical layout of the inpatient units; and the seclusion suite. With appropriate mitigations, there are no risks with a residual score over 6.

**Update on completion of 2023/24 external audit:** With the exception of the Local Government Pension Scheme Audit, the audit is substantially complete. Two internal control recommendations are made - relating to manual journals, and accounting for intangible assets (arising from a deeper audit due to higher movements in intangibles than previous) – to which management have responded. Overall, an unqualified opinion without modification, is still expected, with completion due in time for Nov 27 Board to approve.

**Internal Audit:** The last final report from the 2023/24 programme, on safeguarding, received Significant Assurance.

The delivery of the 2024/25 plan is on track. Two reports (Nursing Revalidation, and Complaints) concluded Significant Assurance. The Committee was concerned to see Limited Assurance for Divisional Clinical Governance, with all the issues relating to Childrens and LD Division. The substantive lack of evidence of controls are: poor review of effectiveness of meetings; gaps in defined/recorded pillars of governance; incomplete record keeping (minutes; quoracy recording). All the recommendations are clear and fall into the Minor category. The Committee discussed how assurance is gained about the quality of the substantive matters of clinical governance – through QPass and up to Quality Committee. We took assurance that corrective action is in hand and being overseen at Director level.

In addition, Recruitment (Probation) was given Low Assurance – from a lack of evidence that managers are using/completing the quality checks of the requisite toolkit. Several recommendations are made, including a Major one to ensure all relevant staff have actually undergone a probation review, and records kept. Sickness Absence was also given a Low Assurance. Similarly, the opinion reflect the lack of evidence that managers are actually complying with the sickness management. process, especially that correct documentation is being used: the right Return to Work records were available for only 67% of staff who had taken sick leave. A series of recommendations have been agreed to drive up compliance. The Committee took some comfort from the fact the Associate Director of People & OD had specifically targeted this audit (ie using internal audit as an “aide to management”), and that the findings will inform a response to non-compliance to include support to line managers, process review, and a focus on why compliance is central to patient care and safety.

Changes to the Audit Plan were agreed: to defer the review of Prescribing to next year, in view of migration from Lorenzo, and we await an addition from the Medical Director; and an audit of business continuity for telephony in case of cyber security incidents was added to the Plan.

We considered a benchmarking review of the BAF, which provides useful context for our continuous development of how we align strategy, performance and risk. In addition, a benchmarking report on Cyber Security Patch Management was considered. We asked the IT team to look at the report and provide assurance back about current practice.

**Outstanding action on audit recommendations:** The system for managing the implementation of audit recommendations remains effective. 6 minor recommendations have not met their original deadline.

**Counterfraud:** We received a comprehensive report on the range of proactive information, training, cautionary reminders and alerts being management by the expert team. We agreed that making the connection between fraud at work and at home makes things real for individuals.

**Single Tender Waivers:** Since the last Committee, just one contract has been awarded for £58K. The reason was the only one supplier had responded to a request for quotation. We noted the extant and expired STWs.

Finally we reviewed the meeting, and concluded it had been effective, supported by good quality papers, and in the Humber spirit.



Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024														
Title of Report:	Collaborative Committee Assurance Report														
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>✓</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss													
To note	✓	To ratify													
For assurance	✓														
Purpose of Paper:	This paper provides an executive summary of discussions held at the Collaborative Committee meeting on Tuesday 1 October 2024 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>On patient safety and quality of care, all providers have “routine monitoring” status, with strong evidence of the monitoring regime being effective</li> <li>Patient Safety Incident Response Framework (PSIRF): all providers now using it or transition well in hand</li> <li>Risks across all 3 workstreams are now scored 9 or below</li> <li>In particular, the risk of financial overspend has abated since the start of the year, in the wake of reduced demand for beds (especially CAMHS)</li> <li>Caseloads are steady, and out of area placements are being appropriately managed</li> <li>Across all three workstreams, this year’s developmental actions are on track</li> <li>The Humber team continue to engage at national level to share learning about how to make collaborative arrangements effective</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Our learning from early intervention in, and avoiding admissions of, young people, is being applied in the adult eating disorder workstream</li> <li>A stakeholder event on eating disorders across all ages is planned for October</li> <li>Adult Secure bed modelling work has confirmed a strong understanding of demand (no changes to bed levels), and prompted review of pathways, transition, Single Point of Access data, and training</li> <li>Further refinement of unit cost analysis, and the opportunity cost of CRFD patients not moving on</li> </ul>													



<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>NHSE are slow to engage productively over revised commissioning guidelines for CAMHS</li> <li>While Clinically Ready for Discharge (CRFD) numbers are lower than historically (none in Adult Eating Disorder), there are still 15 such cases in Adult Secure</li> <li>A small number of cases of long-term segregation are intractable.</li> <li>C £10m is currently spent on CRFD patients across all workstreams. While engagement at ICB has started on how to reduce the spend, there is not a clear plan for realising savings.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Explore how NEDs can support the work to reduce costs of CFRD patients</li> </ul>
--	--

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee	1.10.24	Other (please detail) Report produced for the Trust Board	

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (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

This report has been developed and is shared with the Humber Teaching NHS Foundation Trust Board (HTFT) to provide assurance of the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of planning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HNY region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

- Child and Adolescent Mental Health In-Patient services
- Adult Low and Medium Secure services
- Adult Eating Disorder In-Patient services.

The meeting on 1 October 2024 *was quorate*. The meeting discussed the following matters:

### Insight Report

Highlights from the report

- Annual quality visits are being undertaken across providers.
- All providers are currently on Routine oversight monitoring.
- NHS England have concluded national financial uplift negotiations with Cygnet, one of the big 5 Independent Sector Providers. This is a level of inflation higher than awarded to HNY PC in our financial allocation of 2024/25 and will create financial pressure within the collaborative's budgets.

### Work Stream Updates

Detailed Business Intelligence reports were shared at the meeting, highlights from each workstream report detailed below:

#### 1 CAMHS

- Out of Area placements continue to remain stable and overall has reduced compared to this time last year.
- Willow View and the EDITT team are preventing admissions.
- EDITT was one year funding from NHSE, business case for recurrent funding currently going through governance mechanisms.
- NG tube feeding demand has reduced.
- There is a system wide meeting taking place on 24th October in relation to the NHSE draft CAMHS commissioning guidance and service specification.
- Stakeholder all age eating disorder event is being planned for 15th October.
- The workstream has commenced work to achieve the priorities for 24/25. The list of actions and tasks in relation to these priorities were shared in the group, evidence they are being

achieved or worked on.

## **2 Adult Eating Disorder**

- There are no CRFD patients.
- Stakeholder all age eating disorder event is being planned for 15th October.
- Complexity acuity tool is now being piloted.
- Complex case discussion panel has been established.
- Training and skills audit in relation to LDA.
- Active involvement in national workstreams, one of the national workstreams is reviewing alternatives to admission across different Provider Collaboratives.

## **3 Adult Secure**

- AS report now includes community forensic services information
- HNY patient population (Med and low) has fallen to 130. Discussion that this was a new population rather than the same patients coming back into the service.
- HNY secure care providers average Length of stay continues to be lower than in January 2022.
- The number of service users who are Clinically Ready for Discharge (CRFD) has fallen to 15.
- Annual bed modelling workshop was held on the 4 September 2024. No changes to commissioned bed numbers at the current time, however there will be a review into several areas including pathways, transition, SPA and training needs.
- Increase in prison referrals which may be linked to the early release scheme in prisons.
- Riverside Healthcare Limited have now signed and exchanged contracts with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to take over the services at Cheswold Park Hospital.

### **Risk Register**

- All risks are below 12.
- CAMHS financial pressure has reduced.

### **Quality Improvement and Assurance**

- All providers are currently on Routine oversight monitoring.
- Transition to Patient Safety Incident Response Framework (PSIRF) by all providers.
- Continued monitoring of Long-Term Segregation (LTS)
- Robust mechanisms in place in relation to monitoring and assurance processes.
- Assurance given around a whistleblowing incident/freedom to speak up alert.

### **Finance**

- Adult Eating Disorder shows an improved financial position compared to 23-24 because of the decrease in demand for beds to date.
- The use of CAMHS out of area beds has rapidly reduced from April.
- The spend against enhanced packages is forecast on a downwards trajectory and is currently showing as under budget.

### **Clinically Ready for Discharge and Preventable Admissions**

A report has been developed which outlines the care and cost impact of patients who are Clinically Ready for Discharge. This report has been shared with HNY ICS with the aim to stimulate discussion on how the HNY overall health and social care system can utilise all resources available to improve patient outcomes and opportunities for new service development to reduce use of in-patient services and enhance community provision. The report shared in the meeting had

case studies to highlight the impacts on patients. However, we have yet to plan and agree a tangible outcome from these discussions.