

Trust Board Meeting 29 January 2025 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 29 January 2025, 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
Standing Items				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 27 November 2024	CF	Approve	√
4.	Action Log, Matters Arising and Workplan	CF	Discuss	√
5.	Patient Story <ul style="list-style-type: none"> • OpCourage Service Service provision and Veterans Covenant Healthcare Alliance Reaccreditation - Overview of Service 	KF/KP	Discuss	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report <ul style="list-style-type: none"> • Including policies to ratify 	MM	Discuss/Approve	√
8.	Publications and Highlights Report	MM	Note	√
Patient Quality and Safety				
9.	Reforming Elective Care for Patients	LP	Note	√

	Embedding Improvement into Management Systems and Processes			
10.	Finance Report	PB	Note	√
11.	Standing Financial Instruction Thresholds	PB	Approve	√
12.	Performance Report Including Annual Review of Board Performance Report	PB	Approve	√
	Investing in People and Culture			
13.	Safer Staffing 6 Monthly Report Sadie Milner, Patient Safety and Practice Development Lead	HG	Assurance	√
	Developing Leadership Behaviours			
14.	February Board Strategic Development Meeting Draft Agenda	CF	Note	√
	Assurance Committee Reports			
15.	Finance Committee Assurance Report	KN	Assurance	√
16.	Collaborative Committee Assurance Report	SMcKE	Assurance	√
17.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Discuss	verbal
18.	Any Other Urgent Business	CF	Note	verbal
19.	Review of Meeting: <ul style="list-style-type: none"> • Has the Board focused on the right areas? • Did the quality of the papers enable Board members to perform their role effectively – did they enable the right level of discussion to occur? • Was debate allowed to flow and were all Board members encouraged to contribute? • Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber) 	CF	Discuss	verbal
20.	Exclusion of Members of the Public from the Part II Meeting			

21.	Date, Time and Venue of Next Meeting Wednesday 26 March 2025, 9.30am via Microsoft Teams	
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Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025			
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"> • Addition to Lynn Parkinson. • Addition to Pete Beckwith. • Addition to Michele Moran. 			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> • Updated declarations 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • N/A 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> • No issues to note 		Decisions Made: <ul style="list-style-type: none"> • N/A 		
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

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

Directors' Declaration of Interests

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

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

Trust Board Meeting

**Minutes of the Public Trust Board Meeting held on Wednesday 27 November 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 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 Karen Phillips, Associate Director of People and Organisational Development
- Ms Siobhan Ward, Speech and Language Therapist (for item 146/24)
- Ms Ruth Edwards, Speech and Language Therapist (for item 146/24)
- Ms Justine Rooke, General Manager, Childrens and Learning Disability services (for item 146/24)
- Mr Paul Johnson, Clinical Director (for item 150/24)
- Mrs Alison Flack, Freedom to Speak Up Guardian/Programme Director (For items 152/24)
- Mr Oliver Sims, Corporate Risk and Incident Manager (for items 159/24)
- Mrs Laura Roberts, PA to Chair and Chief Executive (Minutes)

Apologies: Mrs Stella Jackson, Head of Corporate Affairs

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.

142/24	<p>Declarations of Interest</p> <p>The declarations were noted. Board members have been made aware that any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the person should declare the interest and remove themselves from the meeting for that item.</p> <p>The Chief Executive; Director of Finance; Stuart McKinnon-Evans, Non-</p>	
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	Executive Director and Stephanie Poole, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.	
143/24	<p>Minutes of the Meeting held 25 September 2024</p> <p>The minutes of the meeting held on 25 September 2024 were approved as an accurate record.</p> <p><u>Resolved: The minutes were approved by the Board.</u></p>	
144/24	<p>Annual Members Meeting Minutes</p> <p>The minutes of the Annual Members Meeting held on 26 September 2024 were approved as an accurate record.</p> <p><u>Resolved: The minutes were approved by the Board.</u></p>	
145/24	<p>Action Log and Matters Arising, Work Plan</p> <p>There were no matters arising.</p> <p>The action log and work plan were noted.</p>	
146/24	<p>Staff Story – Speech and Language Therapists</p> <p>Siobhan Ward, Ruth Edwards, and Justine Rooke introduced that Staff Story – Speech and Language Therapists. An overview of the service was provided, which was for children and young people for stammering. A film initiative had been created in conjunction with the wider community, upon release this had received some good levels of both local and national interest. Future aspirations were highlighted, which included been a nationally recognised specialist stammering service.</p> <p>The 'My Stammering Child' film was played to the Board.</p> <p>Priyanka Perera asked how many people the team work with. It was responded that the team work with patients aged 2-18 years and have an average caseload of 170 patients. An average of 12 referrals are received monthly, which accounts for 5% of Speech and Language Therapy Service referrals.</p> <p>Dean Royles asked about the service in relation to the Medical Model update. Ruth Edwards responded that the service provided support for fluency, with techniques for fluent speech, and not a cure. The Social Model is used to reduce stigma, rather than the Medical Model. However, for young children less than 7 years old, it can be used to help with neuropathways and development.</p> <p>Stuart McKinnon-Evans asked how to support people with a stammer. It was responded that the best approach was to just listen, maintain natural eye contact and give the person space and time to finish what they want to say.</p> <p>Michele Moran highlighted wider publication of the film and how support for</p>	

	<p>other colleagues in the Trust who support children and young people could be progressed.</p> <p><u>Resolved:</u> The information was noted.</p>	
147/24	<p>Chair's Report</p> <p>The Chair presented her report which was taken as read. The following areas were highlighted:</p> <ul style="list-style-type: none"> • Congratulations to Francis Ashton, who had won the Mental Health Social Worker of the Year Award. • The Humber Staff Awards had been successful with 60 nominations received. The Communications Team had won the Chief Executive and Chair Award. <p><u>Resolved: The Board noted the report.</u></p>	
148/24	<p>Chief Executives Report</p> <p>The Chief Executive presented the report and highlighted the following key areas:</p> <ul style="list-style-type: none"> • Social Care National Awards and Humber Staff Awards. • Visibility across the Trust services. • Christmas thank you and countdown to Christmas. • Flu Vaccination programme. • Around the System - Integrated Care Board (ICB) - Urgent Care and Finances, Regular Chief Executive and ICB meetings. ICB Health and Wellbeing consultations. • Trust was participating in the National NHS Consultation. • New Maternal Mental Health Service. • £11m secured to establish the Centre for Addiction and Mental Health Research. • Psychology update. • Mental Health Act Bill 2024, being discussed at Parliament. • National Staff Survey – currently levelling with last year's response rate of 52%. Results would be published in January 2025. • The Freedom to Speak Up Ambassadors were invited to lunch with the Board in October 2024. • Trust Post Graduate Scheme – PROUD Alumni. <p>In relation to the Eliminating Mixed Sex Accommodation Policy and quoting a recent BBC 4 interview, Priyanka Perera asked if there was a policy in place for transgender staff members. Karen Phillips responded that there was a policy in place at the Trust, along with networks for staff to attend. Hilary Gledhill added that there were processes in place for transgender patients, and that the Eliminating Mixed Sex Accommodation Policy had been out for consultation.</p> <p>Phillip Earnshaw asked what the Maternal Mental Health Service would look like and the journey of the patient from receipt of referral. It was responded that whilst there are criteria to follow and waiting lists to be considered, all patients are individuals and assessed accordingly. Lynn Parkinson added</p>	

	<p>that maximum impact for the service would be looked at, with the service envisaged to be up and running during Quarter 4 or Quarter 1 of the next financial year.</p> <p>The following policies were ratified by the Board:</p> <ul style="list-style-type: none"> • Eliminating Mixed Sex Accommodation • Secondment Policy • Emergency Preparedness, Resilience and Response (EPRR) Arrangements • Rostering • Inpatients Search Policy <p><u>Resolved:</u> The Board noted the report.</p> <p>All the policies listed were ratified by the Board.</p>	
149/24	<p>Publications and Highlights Report</p> <p>The report provided an update on recent publications and was accepted as read.</p> <p><u>Resolved:</u> The Board noted the report.</p>	
150/24	<p>Learning from the Care Quality Commission (CQC) review of Mental Health services at Nottinghamshire - Intensive & Assertive Community Mental Health Treatment Review</p> <p>Paul Johnson introduced the Learning from the CQC review of Mental Health services at Nottinghamshire - Intensive & Assertive Community Mental Health Treatment Review report and provided an update on the current position. Paul added that the action plan had been circulated to the Board and reporting was taking place via the Executive Management Committee and Quality Committee meetings. Information had been received from NHS England (NHSE), with new guidance expected in January 2025. The CQC were also undertaking national quality standards work.</p> <p>Paul informed the Board that the team were working through the actions and costings were being reviewed for providing future services. However, it was noted that no additional monies had been identified to support this.</p> <p>Stuart McKinnon-Evans asked if any changes or additions were required for service resources. Paul Johnson responded this was currently being considered and work taking place with service users, families, and staff.</p> <p>Stephanie Poole asked what NHSE guidance would look like. Paul Johnson responded that quality standards were evident and that some workshops had taken place relating to this.</p> <p>Phillip Earnshaw asked on the position of person-centred care. Paul Johnson responded that to meet the needs of the patient, the team were building upon work already undertaken as part of the Community Mental Health Team transformation.</p>	

	<p><u>Resolved:</u> The Board noted the report and action taken.</p>	
151/24	<p>Health Inequalities Strategy</p> <p>Sarah Clinch introduced the Health Inequalities Strategy paper and advised that a draft strategy had been developed in conjunction with staff and was aligned with the Trust Strategy. The Board were asked to approve the approach and timeline.</p> <p>Stephanie Poole asked if the strategy would cover all the Trust areas and communities. Sarah Clinch responded that an influenced approach had been taken which would be delivered to the various services in areas and communities. The earlier reports would be circulated to the Non-Executive Directors.</p> <p>Dean Royles recommended linking in with partners from housing, education, and employment on matters such as smoking, obesity, and alcohol. Dean added that the 10-year NHS plan was due and suggested a delay in the launch could be considered. Sarah Clinch responded that they would consider this in line with the NHS plan. Sarah added that the health trainers in some areas were looking at working with Primary Care.</p> <p>Phillip Earnshaw suggested a focus on the education of staff on the impact of upbringing, environment and building upon the person-centred approach.</p> <p><u>Resolved:</u> The report and approach were approved.</p> <p>Earlier reports to be circulated to the Non-Executive Directors.</p>	SC
152/24	<p>Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update</p> <p>Alison Flack introduced the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update report and highlight the key points:</p> <ul style="list-style-type: none"> • Annual Dementia conference, where 5-year dementia plan was due to be launched. Annual report also to be launched at conference. • Service development funding being released, maternal services and older people’s services to be developed and implemented. • Future collaborative model work continued, whilst supporting the future Collaborative five-year Strategy. <p>Phillip Earnshaw commented that the Integrated Care Board (ICB) Mental Health data was not fully reflective of the concerns in the Trust, it was added that the ICB does review data and action plans. Michele Moran added that trajectories could be amended, however they are not included in mandated information. Phillip responded that this related to neurodiverse data. Alison flack added that neurodiverse data had been gathered, which could be included in the next briefing to the Board.</p>	

	<p><u>Resolved:</u> The report was noted.</p>	
153/24	<p>National Update - November Briefing</p> <p>Michele Moran introduced the National Update - November Briefing paper and highlighted the key points:</p> <ul style="list-style-type: none"> • Discussions in the press regarding Government plans for the NHS. • Evolution of the Operating Model - influencing and supporting the 5 questions. • The three aims. • The NHS 10-year plan was due in December 2024. <p>Stuart McKinnon-Evans asked if productivity work was being considered. Michele Moran responded this was being reviewed.</p> <p>Caroline Flint asked about the status of the replacement for the Regional Director. Michele Moran responded that she had been advised recruitment would commence in the New Year.</p> <p><u>Resolved:</u> The report was noted.</p>	
154/24	<p>Being Humber Cultural Framework Refresh</p> <p>Karen Philips introduced the Being Humber Cultural Framework Refresh report and highlighted the key points.</p> <ul style="list-style-type: none"> • Consultation had taken place with stakeholders. • There would be a formal launch. • The Board were asked to approve the document. <p>Stuart McKinnon-Evans commented on the use of resources, efficiencies, and effectiveness. Follow a discussion it was agreed that some additional information would be added to the framework document.</p> <p><u>Resolved:</u> The framework was approved.</p>	
155/24	<p>December Board Strategic Development Agenda</p> <p>The December Board Strategic Development Agenda was presented for information.</p> <p><u>Resolved:</u> The agenda was noted.</p>	
156/24	<p>Finance Report</p> <p>Peter Beckwith introduced the Finance Report and highlighted the key points:</p> <ul style="list-style-type: none"> • The Integrated Care System (ICS) were reporting an adverse variance of £1.35m as at month 6, against a year-to-date deficit plan of £18.5m. • Risk to delivery of ICS financial position of £27m. • Trust position, month 7 showed minor variances to the plan. This was the result of the Agenda for Change pay award and the local pay 	

	<p>award. The Trust was still forecast to hit plan.</p> <p>Resolved: The report was noted.</p>	
157/24	<p>Performance Report</p> <p>Peter Beckwith introduced the Trust Performance Report and highlighted the key points as at month 7:</p> <ul style="list-style-type: none"> • Similar position to previous months. • Sickness absence remained an area of concern, with a deep dive been undertaken for the inpatient unit. • Waiting time information from Forensic Division excluded, due to data migration. <p>Karen Phillips added that the sickness absence challenges could be seen on the staffing dashboard. Karen and Lynn Parkinson were leading on the deep dive with solutions being considered.</p> <p>Philip Earnshaw highlighted that the data showed the adult ADHD waiting list and the Child and Adolescent Mental Health Services waiting list had reduced. Lynn Parkinson responded that unfortunately the waiting lists had been temporarily closed to address the waiting times. There was a discussion on limited monies for the services and the future.</p> <p>Phillip Earnshaw asked if the ADHD medication shortages were impacting on Trust services. It was responded that people were going to the independent sector for initial support and then the NHS afterwards, which can be when medication issues arise.</p> <p>Resolved: The report was noted.</p>	
158/24	<p>Committee Terms of Reference:</p> <ul style="list-style-type: none"> • People and OD • Audit • Finance • Collaborative • Quality <p>The above Committee Terms of Reference were introduced by Michele Moran. The Terms of References were approved.</p> <p>Resolved: The Committee Terms of References were approved by the Board.</p>	
159/24	<p>Board Assurance Framework</p> <p>Oliver Sims introduced the Board Assurance Framework report and advised that the data was for the quarter 2 position. Oliver added that the template had been amended and work was progressing to develop and strengthen the report for quarter 3.</p> <p>Stuart McKinnon-Evans asked if the paediatric waiting list was significant</p>	

	<p>enough to increase the patient safety risk. Michele Moran responded that this would need to be considered after being discussed at the Operational Delivery Group and the Executive Management Team meetings.</p> <p><u>Resolved:</u> The report was noted.</p>	
160/24	<p>Finance Committee Assurance Report</p> <p>Keith Nurcombe presented the Finance Committee Assurance Report and highlighted the key areas.</p> <ul style="list-style-type: none"> • Increasing risk relating to Integrated Care Board financial position. • Increased risk relating to year end position if expected monies not received in month 11 or 12. • Actions taken – review of BAF risk, finances, and system risk. • Medium term financial planning would be reviewed in February 2025. <p><u>Resolved:</u> The report was noted.</p>	
161/24	<p>People & Organisational Development Committee Assurance Report</p> <p>Dean Royles presented the People & Organisational Development Committee Assurance Report, highlighting the key points:</p> <ul style="list-style-type: none"> • Positive news – vacancy rates were reducing, and turnover was currently low. • Update from the Director of Medical Education – there have been interventions to improve the Resident Doctors and Doctors in Training experience. • Focused work on sickness absence been undertaken. • Statutory and Mandatory training compliance rates remained high. <p><u>Resolved:</u> The report was noted.</p>	
162/24	<p>Quality Committee Assurance Report</p> <p>Philip Earnshaw presented the Quality Committee Assurance Reports for 19 September 2024 and 14 November 2024 and highlighted some key points:</p> <ul style="list-style-type: none"> • Several Annual Reports had been received. • The Community Mental Health Service User Survey and action plan had been presented and would be monitored. <p><u>Resolved:</u> The reports were noted.</p>	
163/24	<p>Mental Health Legislation Committee Assurance Report</p> <p>The Mental Health Legislation Committee Assurance Report was presented by Stephanie Poole, who highlighted the key points:</p> <ul style="list-style-type: none"> • Positive assurance received around reducing restrictive interventions. • No delays in discharge days in Forensics. • Mental Health Act – work in progress 	

	<ul style="list-style-type: none"> • Section 136 would be discussed at the next Committee meeting. • Presentation received on the role of AMHPs. • Further MAPPA work requested. <p>Caroline Flint added that following recent interviews a new Consultant Psychiatrist had been appointment for services within the prisons.</p> <p><u>Resolved:</u> The report was noted.</p>	
164/24	<p>Audit Committee Assurance Report</p> <p>Stuart McKinnon-Evans presented the Audit Committee Assurance Report and highlighted the key points:</p> <ul style="list-style-type: none"> • Discussion with the Forensic Division regarding risk management had taken place. • Internal audit plan was on track with some good results. • Previous years' accounts from External Audit were nearly complete. <p><u>Resolved:</u> The report was noted.</p>	
165/24	<p>Collaborative Committee Assurance Report</p> <p>Stuart McKinnon-Evans presented the Collaborative Committee Assurance Report and highlighted the key points:</p> <ul style="list-style-type: none"> • Providers 'routine monitoring' status had been positive and effective. • Workstreams risks across 3 areas now scoring 9 or lower. <p><u>Resolved:</u> The report was noted.</p>	
166/24	<p>Items to Escalate including to the High-Level Risk Register & for Communication</p> <p>There were no items to escalate.</p>	
167/24	<p>Any Other Urgent Business</p> <p>No other items of business were raised.</p>	
168/24	<p>Review of Meeting:</p> <p>The Board agreed the meeting had been held in the Being Humber style.</p>	
169/24	<p>Exclusion of Members of the Public from the Part II Meeting</p> <p>It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</p>	

170/24	Date, Time and Venue of Next Meeting Wednesday 29 January 2025, 9.30am via Microsoft Teams	
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Signed Date

Chair

Agenda Item 4

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

Summary of actions from November 2024 Board meeting and update report on earlier actions due for delivery in January 2025						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
27.11.24	151/24	Health Inequalities Strategy	Earlier reports to be circulated to the Non-Executive Directors.	S Clinch	December 2024	Action completed and closed.
25.09.24	130/24	Charitable Funds Governance Arrangements	Governing document for the Charity to be updated.	Director of Finance	November 2024	Action completed and closed.
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. Action completed and closed.

Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report

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

Board Public Workplan April 2024/March 2025 (v9)

Chair of Board: Caroline Flint
Executive Lead: Michele Moran

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

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting – 29 th January 2025														
Title of Report:	Staff Story: Charlottes journey with OpCourage Veterans Mental Health and Wellbeing Service														
Author/s:	Charlotte Hamilton – Service User OpCourage Rebecca Wilkinson – Service Manager – OpCourage Veterans Mental Health and Wellbeing Service														
Recommendation:	<table border="1" data-bbox="539 645 1524 761"> <tr> <td data-bbox="539 645 938 683">To approve</td> <td data-bbox="938 645 1031 683"></td> <td data-bbox="1031 645 1410 683">To discuss</td> <td data-bbox="1410 645 1524 683"></td> </tr> <tr> <td data-bbox="539 683 938 721">To note</td> <td data-bbox="938 683 1031 721">x</td> <td data-bbox="1031 683 1410 721">To ratify</td> <td data-bbox="1410 683 1524 721"></td> </tr> <tr> <td data-bbox="539 721 938 761">For assurance</td> <td data-bbox="938 721 1031 761"></td> <td data-bbox="1031 721 1410 761"></td> <td data-bbox="1410 721 1524 761"></td> </tr> </table>			To approve		To discuss		To note	x	To ratify		For assurance			
To approve		To discuss													
To note	x	To ratify													
For assurance															
<p>Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i></p>	<p>OpCourage North of England is a collaborative of providers made up of 7 separate NHS or Charitable Sector organisations to deliver a specialist support to ex-armed forces; veterans; families / carers and service personal who are approaching discharge. The service provides access to early treatment and support, as well as treatment for complex mental health difficulties and psychological trauma.</p> <p>Whilst not a crisis service, OpCourage works with local services to support people during periods of crisis. Patients can be helped with employment, finance, reduction in substance misuse or other addictive behaviours, housing, and social support.</p> <p>This patient story has been written, and will be told, by Veteran Charlotte. Her story demonstrates her journey with our OpCourage team, and how the support she has received over the years has had a positive impact on her life. Following discharge from OpCourage, Charlotte has qualified and commenced work as an Operating Department Practitioner and has recently purchased her first civilian home with her husband and young family.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Supports the Trusts strategic goals (see section below) • Demonstrates the positive work taking place within OpCourage, Veterans Mental Health & Wellbeing Service. • Story shared within National Armed Forces Day 2024 communications. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Charlotte is supporting as an Expert by Experience with the refresh of the Patient Stories Framework. • Charlotte is due to attend March 2025 Veterans Forum to talk about her journey- as a service-user of OpCourage and as a member of our wider Trust community moving forwards. 														

Key Risks/Areas of Focus: <ul style="list-style-type: none"> None 	Decisions Made:			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	14.01.2025
	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>	
<input checked="" type="checkbox"/> Tick those that apply	
<input checked="" type="checkbox"/>	Innovating Quality and Patient Safety: Whilst Charlottes journey with OpCourage is complete, her story is in circulation within our Veterans community and beyond and she remains an active member of our trust community- supporting with continuous improvement as both a forum member and an expert-by-experience.
<input checked="" type="checkbox"/>	Enhancing prevention, wellbeing and recovery: Charlottes story is one of hope and inspiration and demonstrates prevention, wellbeing and recovery in a relatable manner to others who may be in need of such support.
<input checked="" type="checkbox"/>	Fostering integration, partnership and alliances: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are the lead provider of the service and work in partnership with Humber Teaching NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, Pennine Care NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust, Combat Stress and Walking With The Wounded to deliver the OpCourage Service across the North of England. Charlotte is attending the Trust's March 2025 Veteran's Forum to share her story where partner organisations who support the Veteran's community will be in attendance to listen to her lived experience of accessing the OpCourage service.
<input checked="" type="checkbox"/>	Developing an effective and empowered workforce: Charlotte is supporting, in a paid expert-by-experience capacity, with a refresh of the organisations Patient Stories framework.
	Maximising an efficient and sustainable organisation
<input checked="" type="checkbox"/>	Promoting people, communities and social values Charlottes story, and the sharing of her time with OpCourage, raises awareness of an individual's journey from life over time, as a member of our armed forces community back into a civilian community, and some of the complex challenges associated. It demonstrates the sustained, positive effect the support she received has had on both her and her family.

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 6

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025														
Title of Report:	Trust Chair’s Report														
Author/s:	Rt Hon Caroline Flint														
Recommendation:	<table border="1" data-bbox="496 517 1485 633"> <tr> <td data-bbox="496 517 890 557">To approve</td> <td data-bbox="890 517 987 557"></td> <td data-bbox="987 517 1366 557">To discuss</td> <td data-bbox="1366 517 1485 557"></td> </tr> <tr> <td data-bbox="496 557 890 598">To note</td> <td data-bbox="890 557 987 598">✓</td> <td data-bbox="987 557 1366 598">To ratify</td> <td data-bbox="1366 557 1485 598"></td> </tr> <tr> <td data-bbox="496 598 890 633">For assurance</td> <td data-bbox="890 598 987 633">✓</td> <td data-bbox="987 598 1366 633"></td> <td data-bbox="1366 598 1485 633"></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.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Update from the last Board Strategic Development meeting • Continued high level engagement with HNY ICS, NHSE and national networks • Visits to Humber services/meeting staff • Successful round of Governor elections • Recruitment of Director of Nursing and Allied Health and Social Care Professionals 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Preparation for Digital Board development Session • New Governors Induction 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • N/A 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • Recruitment of Director of Nursing and Allied Health and Social Care Professionals 														

<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	
	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	

Trust Chair's Board Report – 29 January 2025

Happy New Year to all and thanks to our staff and those in partner organisations who have worked under increasing pressures these past few months.

We completed the recruitment campaign for a **Director of Nursing, Allied Health, and Social Care Professionals** with interviews just before Christmas. Thanks to all the other candidates who applied and those Board members, governors, staff, and patients who supported the stakeholder panels.

The **Staff Celebration Awards' Event** took place on 22 November 2024 and the feedback has been very positive with the new venue more popular with participants. Humber's Communications Team received the Chair and Chief Executive's Special Recognition Award for outstanding work in 2024. Thanks to Board Members and Governors who attended, our sponsors and the work put in by our events team. Myself and Michele Moran hope to see even more sponsorship raised for this year's event.

I attended a webinar on **Winter Pressures with NHS England Chief executive Amanda Pritchard and Secretary of State Wes Streeting**. As you can imagine there were a lot of people on the call and focussed on acute but in the chatbox some of us did highlight pressure on mental health services too.

Planning is underway for a **Digital Board Development Session delivered by NHS Providers** who are funded to provide free support to Trusts. This session will build Board confidence in assuring the delivery of digital programme and setting priorities as part of a long-term vision for successful transformation. I met with the NHS Providers team on 14 January, and they will be doing likewise with other Board members.

New Governors have all been confirmed (details below) and I am pleased to welcome them on board. Their terms will begin on 1 February 2025. Contested elections took place for the East Riding Constituency and **John Morton** was not re-elected. My thanks to John for his service and we all wish him well. I would also like to thank **Sharon Nobbs (Staff Governor) and Patrick Hargreaves (Public Hull Governor)** on behalf of the Trust for their time and contribution as a Governor over the last 3 years.

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 18 December

With external facilitator Susan Young, we focused on our development as a team, reflecting on our roles, responsibilities, and leadership in 2025. With two new Non-

Executive Directors it was a good opportunity to undertake this exercise. The next Strategic Development meeting will take place on 26 February.

1. Chair's Activities Round Up

Christmas visits delivering gifts to our in-patient units on 12 December was also an opportunity to visit **Inspire, Avondale – PICU and Westlands**. Thanks to all those who contributed to the gifts and HealthStars for organising.

On 8 January Michele Moran and I met with colleagues from **NHS North-East and Yorkshire Regional Office and NHS England** to discuss our Board's feedback on the new arrangements around **Fit and Proper Person Tests (FPPT) and the Leadership Competency Framework (LCF)**. We wrote with concerns about the lack of guidance regarding social media checks and that some of the suggestions regarding Chair and NED appraisals appeared overly bureaucratic. It was good to hear that our feedback and others had been taken into account and some changes were being made.

Thanks to Non- Executive Director Steph Poole who attended the **Long Service Staff Awards** on my behalf at the Trust HQ on 16 January 2025.

Freedom to Speak Up (FTSU) Quarterly meeting with FTSU Guardian Alison Flack, met on 14 January.

Internal Meetings included:

Collaborative Committee

External meetings included:

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

2. Governors

At time of writing:

The Council of Governors is due to meet on 16 January. As well as standing items they will receive presentations from **Bekki Whisker in our Community Forensic Service Team** and **Emma Dallimore our Voluntary Sector Partner Governor**.

The Appointments, Terms and Conditions Committee is meeting on 23 January.

Governor Development and Information

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 Governor Briefing on 30 January will hear about Governance and liability for services we commission.

The next half day **Governor Development session** will be on 13 March and will cover topics how we collect feedback from our patients and service users and handle complaints and role of the Board Sub-Committees.

These events are optional for governors and provide opportunities for more informal engagement and providing information on Humber services to support knowledge and understanding. Topics are requested by governors and the outline schedule below reflects that. Board members lead on some topics and are welcome to attend too. Governors and Board will be informed about any changes to the schedule, and we welcome further topic suggestions from governors.

Governor Development Schedule 2024/25

Chair of Council of Governors: Caroline Flint **Executive Lead:** Michele Moran

Title	Date	Presenter	GB or GDS
Humber Prison Contract/Services	10/7/2025	Lynn Parkinson & Paula Phillips	GDS
Health Inequalities	10/7/2025	Kwame Fofie	GDS
How our Multi-Disciplinary Teams (MDTs) work	27/3/2025	Paul Johnson	GB
Role of the Sub-Committees	13/3/2025	NED Chairs	GDS
How we collect feedback from our patients and service users and how we handle complaints	13/3/2025	Mandy Dawley & David Napier	GDS
Yorkshire and Humber Care Record	27/2/2025	Lee Rickles	GB
Governance and liability for services we commission	30/1/2025	Pete Beckwith	GB
Improving our estates (any major developments, key priorities etc)	28/11/2024	Pete Beckwith & Rob Atkinson	GB
Delayed Transfers of Care – understanding the reasons for a patient’s discharge being delayed	14/11/2024	Lynn Parkinson & Claire Jenkinson	GDS
Interweave Connecting Care Information	7/11/2024	Caroline Flint	Email
EPR progress update	24/10/2024	Lynn Parkinson & Lee Rickles	GB
Significant Transactions	15/8/2024	Pete Beckwith	GDS

Understanding the respective roles of the CoG/Board/NEDs/Exec	13/3/2024	Susan Young	GDS
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GB Governor Briefing

GDS Governor Development Session

Elections and New Governors

New governors join recent new Partner Governors **Dominic Purchon** from Humberside Fire and Rescue Service and **Alex Weeks** from Humberside Police. The Governor Information pack has been sent to new Governors and Induction Training was provided on 22 January 2025.

Simon Blackburn	Public Governor Whitby Scarborough and Ryedale
Julian Barnard	Public Hull Governor
Francis Odukwe	Public Governor East Riding
Anthony Douglas	Public Governor East Riding (re-elected)
John Arthur	Public Governor East Riding
Patricia Reid- Hoggarth	Public Governor East Riding
Dan Laughton	Staff Governor Clinical or Non-Clinical
Sara Bennett	Staff Governor Clinical

All those eligible to vote were contacted directly and CES who oversaw the election have approved the process and all voters had the opportunity to participate. However, the turnout was only 8.2% despite more publicity than previous years and a recent update of the members' database and preferences for contact. I have asked Governors to consider this further through the Engaging Members Group.

Number of eligible voters	1,766
Votes cast by post:	34
Votes cast online:	111
Total number of votes cast:	145
Turnout:	8.2%
Number of votes found to be invalid:	0
Total number of valid votes to be counted:	145

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025			
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"> • Attendance Management Policy • Disciplinary Policy • Probation Policy 			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> • Work contained within the report 		<ul style="list-style-type: none"> • Contained within the paper 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> • Nothing to escalate 		<ul style="list-style-type: none"> • Ratification of Policies 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		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 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
Attendance Management	26/11/24 and 14/1/25	Associate Director of People and OD	<p>Additional section added regarding the restriction of access to emails and IT systems for employees on long term sick, as a supportive measure and to allow for a distinct separation from work whilst in recovery.</p> <p>Information incorporated regarding the managing absence toolkit, support and resources available to managers, referral to Occupational Health services, monitoring and reporting sickness absence data, escalation process and more prominence has been given to the Return to Work guidance.</p>
Disciplinary	10/12/24	Associate Director of People and OD	<p>Amendments/additions made include:</p> <ul style="list-style-type: none"> • Addition of a requirement for staff to inform the Trust when they are under criminal investigation • Just Culture given more prominence. • One example of general misconduct moved to an example of gross misconduct.
Probation Policy	14/1/25	Associate Director of People and OD	<p>The following changes have been made:</p> <ul style="list-style-type: none"> • Reinforcing exemptions information updates. • Reference to legislation regarding the Termination of Employment added. • Timescales added for the sharing of all documents prior to a formal hearing and appeal. • References to policies which have had a name change updated.

The Executive Management Team also approved an amendment to the Patient, Service User and Carer Involvement (Experts by Experience) Reimbursement for Time guideline. This now incorporates a section regarding a Financial Impact Acknowledgement Form (to be signed by the Expert by Experience as part of the application process). As this is a guideline, the Board is not required to ratify it.

1.2 Leadership Visibility

My Christmas visits went well, some of which included delivering presents to our service users from Health Stars, thank you to all involved. The staff remain under pressures but are delivering good care and remain engaged. The crisis and liaison service specifically over the holiday period ensured that all patients were supported quickly and efficiently,

1.2.1 Around the Trust

Award

Maria Pink was nominated in the category Clinician of the year working with finance at the HFMA awards in London, Maria was highly commended by the judging panel.

1.2.2 Modern Slavery Statement

There is a legal requirement on the Trust to publish on our website, a Board approved modern slavery statement each year. The statement is below and will be updated on the Trust website reflecting the statement for the year ahead.

Slavery and Human Trafficking Annual Policy Statement 2024-2025

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015

1. Organisational Structure

The Trust provides a wide range of health and social care services across a large geographical area that includes Hull, the East Riding of Yorkshire and North Yorkshire and provides specialist mental health services to people from across the UK.

We became a foundation trust in 2010. We employ approximately 3,600 substantive members of staff who work at numerous sites and locations across our catchment area throughout East Riding, Hull and Whitby.

2. Our Approach

We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity. Our commitment is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements.

Policies

Our commitment is to ensure no modern slavery is reflected in a number of our policies and procedures including:

- Adults and Children Safeguarding policies - through these we address modern slavery issues with level three training and also provide e-learning as a stand-alone training module for modern slavery.
- Raising Concerns and Freedom to Speak Up Policy - this policy reminds anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services, that they are able to raise concerns - this includes agency workers, temporary workers, students, volunteers, sub-contractors and governors.

We have a strong commitment to diversity, equality and inclusion and look after the wellbeing of our people, ensuring that they are safe and cared for appropriately. We set out the behaviours we expect our staff to abide by through our Being Humber behavioural framework.

Recruitment

We operate a robust recruitment policy, including conducting eligibility to work in the UK checks for all directly employed staff, and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will

Procurement and Supply Chains

When procuring goods and services we apply NHS Terms and Conditions, a contract condition within the terms is compliance with the Modern Slavery Act 2015. All suppliers must comply with this as well as all relevant law and guidance and they are required to use good industry practice to ensure that there is no slavery or human trafficking in its supply chain. It is also a requirement that they should notify the Trust immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains.

2 Around the System

Care Plus Group

Jane Miller Chief Executive of Care Plus will be retiring at the end of May. A successful recruitment exercise took place and Shuan Stacey (formerly of Humber Health Partnership) was successful in his application for the Chief Executive role.

2.1 National News

Changes to Regional Research Governance organisations.

Clinical Research Networks have been replaced by Regional Research Delivery Networks, 12 in total.

The new Yorkshire and Humber RRDN (Y&H RRDN) Directors and Health and Care Directors are now in post and are taking the organisation through the latter stages of its management of change for staff alongside appointing the new tier of regional specialty and settings leaders for our network. The RRDN Leadership Team and Host Executive Team from Leeds Teaching Hospital has commenced. Specific changes and updates include:

Regional

- The whole RRDN team will take shape through the current management of change process and the new structure will be implemented by January 2025. The new national standard team structure is at Appendix 1 and as we appoint to these roles we'll advise of key contacts.
- The currently allocated funding for regional delivery organisations will largely remain stable and ring fenced until March 2026.
- The agile research delivery workforce remain largely unchanged until at least March 2026.
- Current governance meetings and structures will be retained for the interim period; and for now our Partnership Group will meet during 2024/25 and the Research Delivery Operations Manager Group.
- A national RDN governance framework has been approved and we are in the process of defining regional arrangements in readiness for 1 April 2025. This will include, but is not limited to
 - RRDN Stakeholder Group that will provide a key forum for collective engagement with RRDN Delivery Partners, customers and stakeholders at a regional level.
 - Research Delivery Operations Group which will be a forum for NHS / non-NHS R&D Managers to consult and collaborate collectively on strategic and operational research capacity and capability issues.
 - RRDN Contractor Internal Governance Group designed to maintain oversight of RRDN management and delivery.
- The Host organisation is supporting the RRDN leadership and its staff to deliver against the current CRN-RRDN hybrid contract and the interim Performance and Operating Framework until 31/03/25.

Leadership

The NHS needs to attract, train, and retain the best leaders and managers. Healthcare managers and leaders are a crucial member of all healthcare teams and influence the quality of care, the outcomes for patients and the experience of the workforce and culture.

The NHS has a significant opportunity to provide rewarding and fulfilling careers for the best leaders and managers in England, coupled with enviable opportunities for young people starting their careers and those people who want to change careers. Therefore investing in our managers and leaders should make the NHS an employer of choice from now and into the future. But we all must be honest; we must change how we do things and this includes setting the standards, behaviours and code of practice and implementing this consistently. The approach of the past is not fit for now, or the future. Reform is therefore a necessity, not a nice to have. This is why the code of practice, standards and behaviours we will set for all managers and

leaders will be implemented for all managers and leaders. Sam Allen, ICB CEO of North East and Cumbria is the National Director for this work and we will be working with Sam on this important agenda and work.

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. Current operational challenges are discussed, areas of transformational change work are considered and any barriers to making progress are picked up and addressed. Overall staff are motivated and committed to service improvement.

3.1.3 Operational, Service Planning and Winter Planning

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

The Integrated Care System EPRR team continues to work with organisations to manage the collective action being undertaken by some GP practices and Primary Care Networks. Whilst additional funding has been taken up by primary care practices, some impact of this action is being experienced by our services, particularly on our shared care prescribing protocols. Our Tactical/Silver command will be stood up as necessary to continue to respond to any further industrial action and report to Strategic/Gold command via sitrep reports.

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 arrangements came into effect last year with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent escalation are robust. Triggers are now in place that stand up daily executive director level response when necessary. National work to develop a standard OPEL framework for acute hospitals, mental health and community services was implemented via a “soft launch” on 19th December. We are now reporting via the new framework onto the national RAIDR system (a web-based tool that provides real time information on capacity and pressures across providers within an integrated care system). The process is currently being reviewed by the ICB with providers to ensure it is working effectively.

The Trust 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.

Operational service pressures have been challenged in some areas of the Trust in December and early January. 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 however has remained reduced to OPEL 2 (moderate pressure) predominantly.

System pressures rose significantly in the Humber and North Yorkshire areas during late December and early January. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during this period leading to short periods when the whole system escalated to OPEL 4. Pressures on ambulance services were also significantly high due to waits to handover patients to the acute hospitals leading to increase in the length of time to respond to calls in the community. These pressures were impacted by:

- Rise in the prevalence of winter viruses particularly flu, leading to increased demand in emergency departments and admissions to acute beds.
- Rise in staff absence due to the prevalence of winter viruses
- Reduced number of discharges from hospital leading to an increase in the numbers of patients who have no criteria to reside (NCTR)
- Increase in patient safety risks and concerns due to poor patient flow and increased waiting times.

Whilst the Trust overall OPEL position remained at OPEL 2 (moderate pressures) our services, particularly our mental health crisis service, mental health hospital liaison team and our crisis community response teams in North Yorkshire all responded excellently to support the system. The system has a strong focus on mental health patient delays not impacting adversely on the capacity in emergency departments, our Hospital Mental Liaison team dealt with a very high level of demand and successfully avoided any significant delays occurring.

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 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.

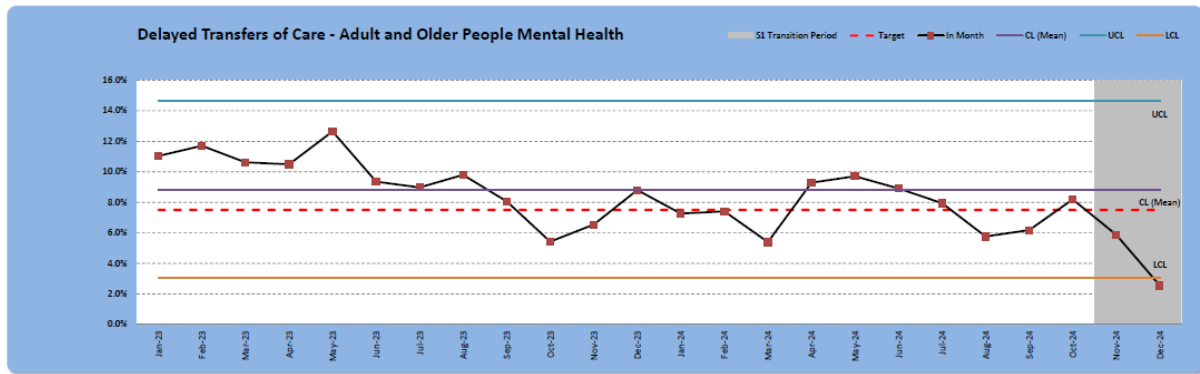
Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge for operational services.. In all these areas demand exceeds commissioned capacity. Dialogue is continuing with the ICB to agree a way forward on waiting times for 2025/26 and beyond. This continues to be an area of national challenge, but it does not receive priority for Mental Health Investment Standard (MHIS) funding. The National Operational Planning guidance for 2025/26 is expected imminently and we will consider this with our commissioners to determine if that provides any way forward in addressing these long waits. ODG and EMT continue to 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. 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 and our data demonstrates that some reduction is taking place. Our overall daily bed occupancy has been between 81.4 – 86.1%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans developed to expand the use of the Older Peoples Acute Community Service (intensive community support) and to consider the use of step up/step down community-based beds. 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 to significantly improve the PICU seclusion suite have now been completed. 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. A paper summarising the outcome of this work has recently been reviewed by the executive management team and recommendations are being taken forward to address the demand and need for single gender accommodation due to patient safety requirements.

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.

By continuing to use the nationally recommended rapid improvement methodology for multiagency discharge event (MaDE) a reduction in the number of bed days lost due to delayed transfers or discharges for those patients who are clinically ready for discharge has been achieved:



Key to this work has been:

- Weekly 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.
- Establishment of a new Complex Case Review Panel comprising of Trust leaders and partner agencies to consider the best plans for our most complex service users.
- The specific focus on PICU and analysis of patient pathways to identify why access to PICU and length of patient stay is problematic.

The overall staff absence position due to sickness is currently at 7.66% (inclusive of 2.34% maternity leave). The position recently increased to over 8% and due to this and the rise in prevalence of winter virus's, work was undertaken to further encourage our staff to have the flu vaccine and to ensure infection prevention and control measures are being rigorously followed. EMT recently made a decision to reintroduce universal mask wearing to all of our inpatient areas to protect our patients and staff due to the increase in staff absence and prevalence of infections. This is being kept under close review and will be ceased when staff absence improves in these areas and the prevalence of flu reduces in the community.

The Trust continues to effectively manage the impact of very high system pressures 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. The current key programmes being progressed are:

- Children's Neurodevelopmental Recovery Service Model
- Quality Transformation for Learning Disability services
- Granville Court Transformation

- Core CAMHS CLEAR Implementation - New Model of Care
- Core CAMHS CLEAR Implementation – Productivity
- CAMHS Early Intervention
- CAMHS Pathway Remodel
- Implementation of Patient Initiated Follow-Up
- One Community Transformation (Phase 2)
- Optimisation of Virtual Ward service (phase 2)
- Direct Referrals (Phase 2)
- A new integrated team structure and service model for all adult forensic community
- Humber Centre building works/Estates Building Plan - Phase 3
- Humber Centre building works/Estates Building Plan - Phase 4
- Provision of Mental Health Services into Full Sutton Prison
- Provision of Mental Health Services into Millsike Prison
- Development of an effective system for 4-week assessment to treatment model in Adult CMHT's & Older Peoples Mental Health teams
- Memory Assessment Service
- Older Peoples Mental Health 5 Year Plan – Year 1
- Person Centred Care Planning
- Assessment and Formulation
- Implementing e-rostering to remaining clinical teams not currently on the system
- Urgent and Emergency Care RAIDR Reporting System
- ICB Service Specification Reviews - Children's
- ICB Service Specification Reviews - Mental Health
- Allied Health Professional Job Planning
- Culture of Care (Phase 1)
- Trauma Informed Care (Phase 2)
- NHS IMPACT (Improving Patient Care Together)

During the last two months work has been undertaken to develop draft service plans for each of the divisions for 2025/26 which incorporate service transformation, workforce, finance and budget reduction plans (BRS). These have been reviewed by EMT and will be finalised prior to the end of Quarter 4. Three divisions are impacted by the implementation of the new **Electronic Patient Record (EPR)** System, Forensics, Children & Learning Disabilities and the Mental Health Division (the final go-live is planned for w/c 3rd February 2025) ongoing consideration is given to this alongside operational challenges and winter preparedness.

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

The executive management team and the Quality Committee continue to receive regular updates from the Clinical Director who is leading our work on responding to the CQC 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.

NHS England released a statement in November 2024 outlining the next steps to ensure progress in this evolving work.

It stated that 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.
- Develop 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 the 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.

To date no further national guidance has been published. A national group has been convened to look at the essential and gold standards for high quality, safe care for people with complex psychosis and paranoid schizophrenia who disengage from services. The Trust is represented on this working group through our clinical lead in their role with the ICB and regional team. Further to the working group a regional event was held to consult regarding the proposed standards which was attended by the Trust.

The Trust has a comprehensive plan of work in place which in summary includes:

- The production of a standard operating procedure for adults who decline treatment and / or disengage with mental health services has been completed and currently undergoing approval through divisional and internal governance processes.
- Established high level estimated resource implications and costing for NHSE for providing intensive and assertive engagement.

- Provided an update on progress to the Humber & North Yorkshire ICB quality committee & ICB public board.
- Key leads for family inclusive practice, training, medication optimisation have been identified and work commenced.
- Regular monthly progress meetings established.
- Focus group held on 26th November to guide the development and modelling of options.
- Review of the use of Community Treatment Orders (CTO's) and current practice.

Following a workshop which involved service users and staff regarding the development of the model of assertive engagement for the trust, it was clear the preferred model was to ensure that we have assertive engagement approaches embedded within our current services rather than a standalone assertive outreach team. From the workshop a clear aim and principles were developed to support this approach. The key aim of this approach is to support people who experience psychosis, severe mental illness alongside other co-morbid mental health conditions, who require treatment but where engagement is a challenge with an intensive, assertive community mental health response. The key principles underpinning this approach are:

- Flexible/ extended number of appointments / contacts
- Extended hours of operation beyond 9-5 Monday to Friday
- Identified case loads which supports intensive engagement.
- Formulation led approach to interventions.
- Access to dedicated trained workforce
- Enhanced medication management
- Family inclusive approaches to care
- Safety/Harm management

The Mental Health Division will continue to work through the actions identified within the action plan and work with the national engagement with NHSE, the ICB and the CQC to support the development of standards of practice in relation to community mental health services. Continued engagement and co production with staff, service users, families and partners will be key to the development and implementation of assertive and intensive engagement.

3.1.5 Electronic Patient Record (EPR) Programme Update

The Trusts Electronic Patient Record (EPR) programme is progressing well, this programme will see all of our mental health services move from Lorenzo to SystemOne. The EPR Programme Board meets fortnightly and reports to the Executive Management Team. Phase one and two of the programme have now been completed with Forensic Division going live in October 2024 and Community and Learning Disability Division in November. The final phase of the programme is the Mental Health Division scheduled to go live during the week commencing 3rd February 2025. Lessons learnt from the first two phases have been identified and where appropriate have been included in the plan for Mental Health.

Data migration, testing and validation are progressing in line with the programme plan. Mental Health Division training has commenced, a trajectory is in place and this is monitored by the weekly training task and finish group. Clinical and operational documents required by the mental health division to be available in SystmOne have been built or are in progress. A comprehensive risk register is in place which is reviewed at each programme board meeting and currently there are no risks requiring escalation. A detailed cutover plan is in place to achieve the move from Lorenzo to SystmOne which has been supported by the division and approved by the programme board.

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility

Visits have been made to Townend Court to meet staff and review the care of a patient who is nursed in long term segregation. Visits have also been made to Westlands to meet staff and patients and review progress with the unit's development plan. A visit has also been made to the Humber Centre to discuss patient acuity and actions being taken to address staff sickness.

Unannounced visits to community teams by the Director of Nursing and the Chief Operating Officer are scheduled during quarter four.

3.2.2 Healthcare Acquired Infections

The Chief Operating Officer and the Director of Nursing have been keeping Trust sickness levels and community prevalence of both COVID and influenza under constant review over the winter months. Due to an increase in influenza prevalence, coupled with an increase in staff sickness it became necessary to ask our staff working in the inpatient units to commence wearing fluid resistant surgical facemasks to reduce the spread of infection in these areas. Staff have been reminded that all preventative measures must continue to be applied to minimise transmission. The need to wear masks will be reviewed on a weekly basis taking into account staff sickness and community prevalence of influenza.

We continue to remind staff that it is not too late to receive the flu vaccine and encourage all staff who have not received the vaccine to take up the offer to help reduce the severity of illness. Information can be accessed via the Flu Vaccinations 2024 intranet page.

3.2.3 Notification of CQC Local Authority Assessment - Hull City Council

We have received notification from Hull City Council Adult Social Care that the Care Quality Commission (CQC) are to undertake a CQC Local Authority Assessment. This is an assessment of how well local authorities meet their duties under Part 1 of the Care Act (2014). The Local Authority have been planning and preparing for this for some time. We have also supported the preparations. The first part of our assessment is the information return, which the Local Authority will submit to CQC by Friday 31 January 2025. The information return includes

information about how they deliver their Care Act duties, including links to their policies, processes and strategies.

Once CQC have received the information return they have up to 6 months to arrange an in-person visit, which is the second part of our CQC Local Authority Assessment. They will provide the Local Authority with 6-8 weeks' notice of this and between now and the on-site visit CQC will undertake activity remotely including contact with providers, voluntary and community groups, partnership boards and other partnerships. We will continue to support the Local Authority with the inspection.

3.2.4 CQC Inspection Preparation

All divisions have undertaken a self-assessment against the CQC Quality Statements against the safe CQC key line of enquiry (KLOE) and have identified areas of excellent practice and areas for further development to strengthen compliance. Divisions are capturing their approach to preparation and further work in their Divisional Operational Plans and are now undertaking a self-assessment against the Well Led Quality Statements. All divisions have been encouraged to incorporate discussions in team meetings about how they as a team feel they meet the requirements of the statements to ensure all staff are engaged in this work.

Work to date was presented to the Executive Management Team (EMT) in January. EMT have also undertaken a self-assessment against the well led quality statements.

The outcome from this work to date will be presented to the Quality Committee in February.

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

3.3.1 Leadership Visibility and Visits

The Associate Director of People and OD was pleased to attend the Humber Centre prior to Christmas to present the National Staff Survey prize winner with an iPhone, taking an opportunity to speak to staff and explore how the staff survey can make a difference.

During early January attendance has been made to observe classroom-based training, with opportunities taken to talk to staff about training experience particularly.

A full visit to the Humber Centre and other sites is scheduled for February 2025.

3.3.2 Off Framework Agency Use

There has been a strive to eradicate all off-framework agency usage by FWT, in line with the NHS directive. The FWT team have not booked any off-framework agency staff since 11 June 2024, with some limited use to ensure safer staffing.

Aside from the two instances, there has been no further off framework usage since June. Since then, a reduction across general agency usage has been seen, whilst still maintaining safer staffing levels.

3.3.3 Recruitment Statistics

Our recruitment data from Trac is monitored on a monthly basis to ensure the service provision is robust and meeting the needs of both recruiting managers and candidates alike.

In the month of December 2024, the following metrics were achieved:

- **‘Conditional offer to checks ok’** was an average of 19.3 days, below the 20-day target.
- **‘Closing date to start date’** was an average of 58.8 days, below the 65-day target. This figure has been consistently below target since April 2024 with the exception of September when the figure rose slightly to 69.5 days.

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

3.3.4 People Promise Exemplar Update

Throughout November 2024 the People Promise Manager carried out a launch of further ‘Plus’ initiatives. This included visiting the majority of sites across the Trust and sharing branded materials and merchandise highlighting in detail our ‘Your Flex’ and our ‘Your Health and Wellbeing Plus’ offers for our people. Your Leave Plus was also relaunched at the same time with new branding.

The aim of the launch was to showcase what is available for our people in terms of our approach to flexible working and our extensive offer of Health and Wellbeing initiatives ensuring that our workforce are familiar with the branding and what is on offer for them.

This also prompted conversations and discussions around how these offers can be extended.

During the first quarter of 2025 the People Promise Manager will be engaging with managers in open sessions around flexible working arrangements, dispelling myths and challenging assumptions to ensure that our people have an exemplar level experience. In addition there will be a focus on what the data analysis and a deep dive into reasons for rejecting any flexible working requests giving consideration to an escalation process where required.

3.3.5 Statutory and Mandatory Training Summary

Our compliance for statutory and mandatory training is showing consistent month-on-month high 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 December, our compliance remains steady at 94.6%, 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. At Humber, we're aware of the importance of not overburdening our staff with unnecessary training and 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.

3.3.6 Humber Talent Programme Update

We are pleased to welcome the 10 new delegates who will be joining the Humber Talent Programme for 2025, starting on January 29th 2025.

The cohort will begin with a self-discovery day, using their Lumina Profiles to gain valuable insights. Following this, participants will meet monthly for a day of structured development. In February, the focus will be on Quality Improvement (QI), with a bespoke session designed and delivered in partnership with our QI Lead, Cath Hunter.

We wish all the participants every success as they embark on their journey with the Humber Talent Programme.

3.3.7 Alumni Programme

The Organisational Development Team has been busy designing the first PROUD Alumni workshop, which focuses on the differences between Managing and Leading Change. This session is available to all staff who have completed the PROUD Leadership Development Programme. The workshop launched in January and has already reached full capacity, with additional sessions planned to meet the growing demand. The PROUD Leadership Development courses are still being delivered, with a new cohort starting in January. Since the launch of the PROUD Alumni in October 2024, we have also issued our first newsletter in December, which was distributed to all members of the Alumni.

3.3.8 E-Rostering the Clinical Workforce

As at January 2025 135 teams within the clinical workforce (97.1%) are on E-roster with a further 4 teams (2.9%) in live comparison stage. The project, for all intents and purposes is complete however will only show at 100% when the remaining 4 teams have gone through a payroll run during January 2025.

A big well done to the E-Roster team for their hard work and dedication over the last two years to delivering this project.

3.3.9 Flu Programme 2024/25

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 13th December 2024, overall uptake of the flu vaccine in the organisation is 59.39% with frontline uptake at 41.38%. Although work continues to try and increase uptake of the flu vaccine, particularly amongst, frontline staff, the current uptake mid flu season for 2024/25 exceeds the overall flu uptake figure for 2023/24.

3.3.10 Launch of the national consultation on manager regulation

The NHS wants to make sure that its current and future managers and leaders have the right skills and values to support colleagues to improve and deliver services, engendering a culture of openness and honesty in which all NHS staff are encouraged and supported to raise concerns. Managers and leaders need access to the right learning and training opportunities throughout their careers and patients and staff alike need to be confident that leadership in the NHS is effective and accountable.

That is why NHS England is developing a leadership and management framework, which will introduce a code of practice, a set of core standards and a development curriculum for managers. This will support managers and leaders to undertake further training to improve their effectiveness and to progress in their careers.

The development of the management regulation has been driven by the messenger review and by other reports that reference leadership and management

effectiveness (Darzi, Berwick, Mid Staffs, Kark, Snowy White Peaks, People Plan etc)

What will be produced: consistent standards for all NHS leaders and managers. Developed in partnership with the CMI, social care and Professional standards authority (as well as in consultation with the HPMA/CIPD)

Framework will include:

- A code of practice (which is a step beyond the Messenger review recommendations)
- Standards and competencies with defined levels; entry to exec (consultation on these starting soon)
- Core Curriculum at every level from aspiring manager to Board level leaders.

How will it be produced:

- Co-designed with multi stakeholder involvement
- Will be heavily consulted upon
- Various surveys and feedback opportunities over the coming months

Further details will be revealed in the coming weeks.

3.3.11 NHS England statutory and mandatory learning (StatMand)

The Trust is pleased to have signed the Statutory and Mandatory Staff Movement MOU, which will provide a nationwide arrangement to underpin the portability of training records.

Lack of portability of training has been raised as an issue by staff across the NHS and this MOU is a key part of a national response to *Improving Working Lives* which will help to save up to 100,000 days of staff time.

Whilst this MOU is an interim solution, it lays foundations for digitalisation of the processes, to create a seamless and robust experience for staff and bank workers across the country.

Key features of the attached StatMand MOU are as follows:

- This MOU is supported by NHS England, CQC and NHS Resolution.
- It aligns with the NHS England Enabling Staff Movement Toolkit, which provides guidance for any staff movement MOUs/workforce sharing agreements.
- It is for any staff movements (substantive or bank workers) between any of the 266 NHS organisations in England.
- It is exclusively for the transfer of the 11 Core Skills Training Framework (CSTF) subjects plus learning disabilities and autism training (aka Oliver McGowan training). Employment checks require a higher legal threshold and will be covered by the digital staff passport.
- The MOU establishes an agreement that all organisations will accept prior training for the subjects listed, for at least the time periods set out in the appendix.

- Two mechanisms to receive records are acceptable; either via ESR IAT or new starters can present certificates of completion downloaded from ESR, elearning for healthcare or a 3rd party LMS.

Sexual Violence and Misconduct Update

On 26 October 2024, the Worker Protection (Amendment of Equality Act 2010) Act 2023 came into force.

The Act:

- places a new duty on employers to "take reasonable steps" to prevent sexual harassment of their employees;
- does not give employees a standalone claim, but gives employment tribunals the power to uplift compensation by up to 25% where an employee is successful in a sexual harassment claim and the employer is found to have breached the new duty; and
- gives the Equality and Human Rights Commission (EHRC) power to take enforcement action where employers breach the new duty.

Compliance with the new duty – referred to as the "preventative duty" – will require employers to take a variety of measures.

The EHRC published its updated technical guidance on 26 September 2024. Alongside the full guidance, the EHRC has also produced a simple 8 step guide for employers.

On 16 October 2024 NHS England published resources which set out to support Trusts to follow the ECHR 8 step guide and the principles of the sexual safety in healthcare charter.

In response, the following work is currently underway:

- A new Sexual Misconduct Policy has been drafted using a template provided by NHSE – this is currently moving through the governance and consultation structure
- A training needs analysis has been carried out to identify who will need to complete the e-module provided nationally.
- National guidance states that a risk assessment should be carried out to identify areas of risk – it is planned that the sexual safety group will undertake this risk assessment in January 2025
- A DASV (Domestic Abuse and Sexual Violence) Exec Lead and Lead will be appointed. Proposals and defined duties are currently being compiled.
- The sexual safety group will assess progress against the national assurance framework in early 2025 and establish priority actions from the outcomes.
- A review of the data gathered concerning sexual safety incidents will be carried out to ensure that it meets the requirements of the assurance framework.

- A launch plan is being developed for this programme of work to include provision of intranet pages and a summary of support available for employees.

A full progress report will be presented to Executive Management Team in February once work streams have taken root.

3.4 Medical Director Updates

3.4.1 Leadership Viability

My clinical day and consultant on call duties continues to offer me the opportunity to observe the various services areas. I continue to receive valuable feedback while working alongside various multidisciplinary teams.

3.4.2 Medical Education

- Humber Self-Assessment Document (SAD) for HYMS submitted prior to the 2nd December 2024 deadline, this forms part of HYMS annual QA placement monitoring process.
- Medical Education Department Workplan 2025/26 in draft form, this is tabled on the Medical Education Committee agenda on the 12th March 2025 for ratification.
- Planning and preparation underway for 120 1st year HYMS medical students attending the Trust over a 4-week period in Feb/March for Psychological Medicine block. This is in addition to the year 3 cohort who will also be on psychiatry placement.
- HYMS student feedback excellent, our HYMS student representative reported “Staff on wards have been supportive and all teaching sessions are well organised”.
- Dr Irum Bibi, Higher Trainee was approved as a HYMS Honorary Lecturer.
- The number of new SAS Doctors is continuing to increase with Resident Doctors becoming SAS Doctors, these new doctors are welcomed and supported, and the SAS group continues to meet bi-monthly. A portfolio route (to Consultant) event to be organised and plan to ask a specialist from the GMC to present.
- The Training Programme Director for Psychiatry, NHS England, gave positive feedback on our Core Training Provision reporting no concerns with Psychotherapy provision and stated, “Resident Doctors are very fortunate to have such a good training scheme”. He also commended the work of our College Tutor, Dr Doug Ma, and thanked our Educational Supervisors, “The quality of portfolios at Humber is very good”.
- Continue to deliver further educational and CPD events which benefit our full medical workforce:

- Good Medical Practice Update by the GMC, 29th January 2025
- Relational Prescribing session with guest speakers, open to all Trust staff, 12th February 2025
- Sleep Lecture delivered by guest speaker, open to all Trust staff, 30th April 2025
- HM Coroner, Professor Paul Marks, 28th May 2025

3.4.3 Research

We are delighted that the Trust's 8th annual research conference has been confirmed as Wed 19th Nov 2025. As well as being able to attend in person, this conference will also be streamed live. It will showcase the wide variety of novel research our Trust is involved with, including that led by local and national specialists and will also be a chance to hear how research has changed people's lives.

3.4.4 Psychology

The Psychological Professionals are coming together later in January as part of a regional piece of work to contribute to the NHS 10-year plan consultation, in line with national drivers for a more psychologically informed NHS. Work from our local workshop will be shared in the regional psychological professions network piece.

We continue to support our local training pathways and links with universities, with psychologists from across specialities delivering over 300 hours of teaching on to the Doctorate in Clinical Psychology (DClinPsy) at the University of Hull in 2024.

Psychologists across the Trust have provided post-incident support and team reflections for staff in in-patient units, following high levels of clinical acuity and winter pressures, as well as directly helping out with tasks on the wards to support their colleagues.

Adult Mental Health

The Lead Psychologist and two senior psychologists from this division are long-term absent from work, which is causing significant impact in several areas of the division. Other senior psychologists have come together with the Associate Director, to cover key pieces of work and minimise disruption to patients and trainee psychology placements. The senior team, supported by the AD, are working to develop a psychology strategic plan to align with the divisional planning priorities.

Learning disability services

A new dementia pathway has been developed in the learning disability service, led by Michelle Connor (Clinical Psychologist), in collaboration with Kirsty Sloan (Community Nurse) and Dr Muzammil Hyatt (Consultant Psychiatrist). The new pathway and accompanying SOP that were approved in November's Clinical Network and it has led to reducing the time spent on assessments and enabled more of a focus on post-diagnostic support and relationship-based care.

The Community Learning Disability Service have co-produced a training package using PowerPoint, with Tracey, a service user, which highlighted Tracey's lived experience and the personal coping strategies she uses to manage and express her emotions. Along with Nuala Cullen, Lead Systemic therapist, and Richard Pearson, Clinical Psychologist, Tracey co-delivered this innovative training to a cohort of 23 psychology trainees at the University of Hull.

Forensic

All psychology posts for the prison teams are recruited to and just awaiting prison clearances. This is a challenging area to recruit to, so fulfilment of the contract is very positive news. A Higher Assistant Psychologist in the prison has done a great piece of work developing a grounding and stabilisation booklet which has been positively received by others in the mental health teams

3.5 Director of Finance Updates

3.5.1 Leadership Visibility

There was nothing to report since the last Board meeting.

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: 160 (*Incl 8 in December*)
- High Priority CareCERT notices Issued during 2024: 14 (*1 in December*)

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 the successful implementation of the Compass system, to assist in the safe management of water systems, further work is being undertaken to migrate all Trust Legionella Risk Assessments. This will allow for live updates and reporting of progress on the water dashboards.
- Work undertaken in conjunction with the Humber Centre to improve the cemetery area at the Willerby Hill site and further assist to improve the biodiversity of the site in line with the Green Plan.
- Formation of an additional bedroom at Millview Lodge has been completed, which facilitates a 10th bed on the ward.
- Adaption works to Hawthorne Court commenced in December. Once complete (programme end Feb), this will enable the relocation of Granville Court, in advance of the major redevelopment work for that site.
- Tender Evaluation currently underway for fit out works at County Hall. Once complete, this will facilitate the vacation of Beverley Health Centre. It will also compliment Trust HQ with additional bookable workstations and meeting spaces.
- Full review of Trust Fire Plans underway following liaison with the fire service. This includes the identification of all Smoke Seal Doors. Options being considered to meet the required tolerances at the bottom of such doors, as this has now changed from 10mm to 3mm.
- Face to face fire warden training is being rolled out to other areas of patient facing activity. This follows on from the inpatient sites.
- PLACE assessments submitted on 5 December 2024. Indicative scores released internally, with action plan developed and dashboard generated. Improvement noted to condition and appearance at Granville and a slight reduction at Newbridge's which is reflective of the patient group and activity on the ward. PLACE Lite being planned to commence in April 2025.
- A member of the hotel services supervisory team has been nominated and shortlisted for "Auditor of the Year" with the MyPorter awards.- this is for the domestic monitoring audits that are conducted at all properties where the Trust provides a service.

3.5.4 Digital Updates

- The Mental Health division has started training on the new EPR system, with a go-live date of February 3, 2025.
- The Digital budget and EPR program are within budget and are spending to plan.
- The Trusts Data Quality Maturity Index score has remained constant during the first two EPR go-lives.
- An Artificial Intelligence task and finish group is being established (*reporting to EMT*) to set up to agree out approach for Artificial Intelligence.
- Accurx Patient Portal is being rolled out to existing SystemOne services in the Community and 0-19.
- Lexacom voice recognition is being rolled out across the Trust.

3.5.5 Partnerships and Strategy Update

- Work is continuing on the development of the Trust’s Health Inequalities Plan 2025-28 including engagement with system partners, Trust staff and Experts by Experience.
- The East Riding Inclusion Champions scheme has recently been launched which will empower staff to support people from inclusion health groups.
- The Trust has been successful in securing £42K and £15K from ICB health inequalities funding for fisherman’s health inequalities work in North Yorkshire and Grimsby respectively. The £15K secured for Grimsby was only available to 3rd sector organisations so the successful bid was made through Health Stars.
- The Trust were provided with £50K of additional investment in November 2024 from North Yorkshire Place. The funding is to pump-prime increased capacity in intermediate care. The £50K in 2024/25 will be supplemented by a further £100K of additional funding in 2025/26 to bolster therapy support in intermediate care across our services.

4 Communications Update

Quarterly Communications Update

2025- 2028 Marketing Plan

March marks the ends of the current three-year marketing plan. A new plan will run to the end of the Trust strategy. It will continue to support the delivery of our strategic goals whilst ensuring our platforms and content are innovative, user-focused, and equipped to effectively engage our audiences and meet the evolving needs of our community.

- **Service Support**

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none"> • 111 Mental Health Survey • Community mental health survey • NHSE Talking Therapies • Perinatal Support • Person Centred Care
Community & Primary Care	<ul style="list-style-type: none"> • Primary Care – Communications planning • Whitby UTC – Change Comms
Children’s and Learning Disabilities	<ul style="list-style-type: none"> • Launch of new Communications Champions Forum • Anti anti-vax campaign
Mental Health Support Teams (MHST)	<ul style="list-style-type: none"> • MHST social media growth +300%

This team have a dedicated communications officer in post.	<ul style="list-style-type: none"> • Miles For Smiles campaign
Forensic	<ul style="list-style-type: none"> • EDI Task and Finish group • Estates updates • A day in the life case studies • Learning and development for staff

Theme 1: Promoting people, communities, and social values

- **Brand Updates**

Our new graphic designer is working to expand the team of 'Brand Champions' and work with them collaboratively to innovate the Trust brand. These individuals already have an interest in design and act as advisors on how to use the Trust brand and online design platforms.

Social media

- **National Campaigns**

We have supported 'Stay Well This Winter' to encourage people to take basic steps at home to look after their health before needing to seek assistance from a GP.

In a time where many people encounter difficulties with their mental health, activity has also focused on the national Talking Therapies campaign as a first point of contact for early intervention mental health concerns, alongside NHS 111. We have also supported the recovery college's events across a period where many people may feel lonely or in poor mental health.

Childrens & Young People's social media

- **Communications Champions Forum**

We have established a Communications Champions Forum which brings 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 children, young people and families.

The first meeting has led to the development of a campaign to address chicken pox information in the Esat Riding and vaccine misinformation across both 0-19 service areas.

- MHST social media

Christmas and New Year content delivered outstanding results proving a significant ROI on paid advertising – engagement rate up 13.7%, followers increased by 7.8%. Social media channels continue to provide a trusted platform for communication

One parent contacted the page asking “Hi was just looking for some advice for services for my son. I’m worried about his mental health which I feel is getting worse any advice would be appreciated thank you.” We were able to connect the parent with the senior mental health lead working at his school and help get her son the support he needs.

School staff have also shared positive feedback with one sharing that from her profile being shared on the page she was contacted directly by a parent.

Miles For Smiles Campaign

During Children's Mental Health Week (3-9 Feb), our East Riding MHST are participating in a 7-mile sponsored walk around Beverley, visiting primary and secondary schools to deliver emotional wellbeing kits for children and young people.

Press mention [Mental Health Support Team to host 'Miles For Smiles' charity walk during Children's Mental Health Week - Hull Live](#)

Media coverage

November - December
<ul style="list-style-type: none"> • 17 mentions in press – 10 Positive and 6 Neutral • 1 negative <p>Key Highlights:</p> <ul style="list-style-type: none"> - NHS England Blogs on East Riding Talking Therapies – 3 staff featured <p>NHS England — North East and Yorkshire » Be kind and considerate to yourself over the festive season</p> <p>NHS England — North East and Yorkshire » Coping at Christmas: ‘Set some time aside to identify things that help you when you feel low or overwhelmed’</p> <ul style="list-style-type: none"> - MHST Miles for Smiles fundraiser in press and print.

- **Events**

Staff Health & Wellbeing

Our annual internal health and wellbeing campaign “14 Days to a Humbelievable You” has launched,

The fortnight comprises of workshops, virtual workouts and advice to help colleagues start the year on a positive note.

Over 350 staff have been engaged with the campaign so far in the first week.

2025 Events

The event calendar for 2025 is being finalised and will be circulated to the board on approval.

Key dates include:

Upcoming Events

- PACE and QI Celebration Event (Caring Together Conference) – 13th Feb 2025
- Safer Sleep Week Awareness Event- 12th March 2025
- Humber Centre EDI Event- March 2025

Awareness Days – December 9th – January 14th

December	January
9 - 13 = Be Digital Week 18 = International Migrants Day	1 New Years Day (New Year, New Job campaign)

Theme 2: Enhancing prevention, wellbeing and recovery

- **Connect Website**

The Connect website is now live and fully operational. The team is working through a number of post-launch edits to the website.

A process is in place to ensure that the website is well maintained and kept up to date, both in terms of content and the technical foundations of the website.

Following the soft launch of the website, the next stage will include a more overt marketing campaign in collaboration with the services featured, bearing in mind concerns surrounding capacity and avoiding a flood of referrals.

Content from the Children's and LD services on the central Trust website is being shortened, with users directed to more fulsome content on Connect.

Theme 3: Developing an effective and empowered workforce

- **Humbelievable**
New Year, New Job

The campaign is now at the mid-point and is projected to better last year's results of 30,000 sessions on the Join Humber website. Current totals stand at 25,000.

This year we have increased budget allocation towards broad awareness advertising at the beginning of the campaign to build recognition among the target audience, before targeting them more directly as the campaign progresses. Broad awareness activity includes; Billboard ads throughout Hull, Radio advertising and Spotify advertising.

The early stages of the campaign we have asked our staff for help in promoting the campaign, running a competition to spot the billboard adverts and share them on social media feeds with suggested text to win Amazon vouchers for Christmas.

The targeting stage of the campaign commenced in late December will run throughout January and will target those that will have already been made aware of the campaign, with the call-to-action of searching and applying for roles now. Activity includes:

- Google Ads search campaign
- LinkedIn Advertising
- Facebook Advertising
- PR Activity
- Community Newsletters throughout the area
- Email marketing to those who have signed up to the Humber Jobs Bulletin

The Join Humber website has been optimised to target the search terms people use when looking for NHS jobs in the region, this is to make the most of existing audience interest - join.humber.nhs.uk

- **The Winter Pulse Survey**

The Winter Pulse Survey was launched at the beginning of the month. Messaging emphasises the importance of staff feedback, as well as the fact that the Pulse Survey contains questions specific to our Trust, making it even more relevant and important.

- **Media Training**

The next Media Training Session is being held on Thursday 13th February. Training has taken place across all divisions of the Trust with numbers currently at 36 members of staff, broken down by Division as follows:

EMT: 8

Corporate: 12

Adult Mental Health: 3

Forensics: 4

Community & Primary Care: 4

Children's: 5

Media Training is now available in ESR as a bookable training course available to all staff.

Intranet Development

Following a research programme which looked at staff use and aspirations for the intranet, a development plan has been created and is now in the final stages of costing and timelines. Work will take place throughout 2025/26.

It includes for key areas

(B) Work we can do	(B) Work to be commissioned if required
<p>Reorganise/Restructure</p> <p>Projects and fixes that will improve how staff find content in the quickest time with the least possible barriers</p> <ul style="list-style-type: none"> • A new navigation • Improved policy and forms section – joint project with HR/Policies Team • Improve site search – driven by improvements in policy area but once tested may require investment • Remove and reduce repetition site wide 	<p>Refresh</p> <p>Visual improvements that help staff better navigate and engage with content</p> <ul style="list-style-type: none"> • A new and focused homepage • Internal page/section design improved
	<p>Rebuild</p> <p>New developments that would respond to survey feedback</p> <ul style="list-style-type: none"> • Phonebook/Team profiles • Personalisation features e.g. build your own homepage, customisable links depending on role/division
	<p>Reconnect</p> <p>Improve focus on and prioritisation of opportunities for employee engagement with key content – in particular culture builders. This could be both visually and experientially through how these are delivered.</p> <ul style="list-style-type: none"> • News • EMT headlines • Virtual bouquets • Live polls and feedback

The proposal will be taken for funding and approval to the Digital Delivery Group and EMT.

Theme 5: Innovating for quality and patient safety

- Awards

Our submissions for 2024 have closed, finalising our most successful year to date with a 67% increase in shortlisted awards (12 to 20).

The next open awards are HSJ Digital which we are entering. Work will start taking place to share all upcoming opportunities for teams and staff to enter awards as we start the 2025 entries. This will be made available through the Global and by contacting specific teams directly.

Theme 6: Optimising an efficient and sustainable organisation

- EPR

As we approach the anticipated go live date for adult and older people’s mental health teams, w/c 3 Feb, the team are working hard to support all planned and ad-hoc requests received from the digital team.

Loren is currently managing the weekly EPR email bulletin, in addition to an additional comms sent directly to seniors within the division to outline the top things they need to

know each week. We have amended our language across our EPR comms to show the importance of the programme and staying on top of the latest actions, to ensure we are adjusting our methods in line with any challenges presented.

EPR designs have also been refreshed for the upcoming milestone and to reflect the progress made along the way.

- **Interweave**

We have managed the migration of two websites to the same hosting provider as the rest of the websites our Trust manages. As part of the migration, we also developed an editor for the site reducing costs for edit requirements and ensuring we can manage most requests ourselves as a team.

A new branded social media pack will support our internal spokespeople to share good news, as well as developing a communications strategy which will complement and run alongside the Interweave and Trust strategies in 2025-26.

- **Trust Website Development**

In response to analytics showing a high dwell time and numbers of pages visited per user we have developed an improved service navigation to support users to find the services they needed. This work will improve the user experience and contribute to the target of lowering the bounce rate.

Measures of Success

Theme 1: Promoting people, communities, and social values			
KPI	Measure of success by 2025	Benchmark	This month
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	10 positive stories covered by media / 6 neutral mentions 1 negative stories covered by media
Visits to Brand Portal	Up 20% to 696 sessions	415	590
Facebook engagement rate	2%	2.69%	2.42%
Twitter engagement rate	2%	4%	2.45%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	Total 5,785 +186 new followers in month

Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	Measure of success by 2025	Benchmark	This month
Stakeholder newsletter open rate	Maintain an average open rate of 30%	30%	26.45%

Increase subscribers	Increase by 40% p/a	147	Total subscribers: 154
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Theme 3: Developing an effective and empowered workforce			
KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced – excluding homepage	< 50%	57.36%	21.92% (excludes homepage)
Intranet sessions maintain at current level	77,101 sessions p/m	77,101	147,063
Global click through rate (CTR) increase	7%	9.2%	7.9%

Theme 5: Innovating for quality and patient safety		
KPI	Measure of success	Progress to date
Awards nominations	4 national/2 local shortlists annually	<p>2025 Awards will start shortly, with HSJ Digital Awards.</p> <p>2024 Results:</p> <p>2 award shortlists in HSJ Awards – 1 Highly Commended</p> <p>3 award shortlists in Social Worker of the Year – 1 win</p> <p>2 award wins/highly commended in HSJ Digital Awards</p> <p>2 award shortlists in NHS Parliamentary awards</p> <p>6 award shortlists in HSJ Patient Safety awards</p> <p>4 award shortlists in Nursing Times awards</p>

Theme 6: Optimising an efficient and sustainable organisation			
KPI	Measure of success by 2025	Benchmark	This month
Reduce bounce rate – whole site	Below 50%	66.7%	51.7%
Average page visits/views per session	Below 3	2	1.9
Increase average session duration	+ one minute	1m 32s	2m 49s

5 Health Stars Update

Theme 1: Be a trusted and engaged charity partner

- [Christmas Appeals](#)

Christmas Gift Appeal

In December the team, along with Michele Moran and Caroline Flint, delivered gifts to all inpatient units across the trust ensuring that the 235 people people spending Christmas in our care received a present.

We received gifts totalling over £500 from an Amazon wish list, supermarkets donated items and we received £260 cash donations through Just Giving which we used to purchase additional gifts.

We sent a survey to gather feedback on the process and deliveries. The feedback has been positive with the majority of teams giving the process 5/5 with comments about how much they enjoyed the variety of gifts and the fact that there was a present for everyone.

This video shows the gifts received after the first appeal: [\(2\) Facebook](#)

Christmas raffle

The online raffle raised £762 compared to £385 (2023) and £496 (2022).

We had 18 gifts donated from local companies ranging from an iPad to vouchers for Afternoon Tea and boxes of chocolates.

Dedication Trees

The dedication trees were not as successful raising £20 (£5 for the physical tree and £15 online).

There was no expenditure attached to these initiatives other than staff time.

- 2025 Events

We have launched our initial 2025 calendar of fundraising events and have already had members of staff sign up to run the Hull 10K and have shown interest in the East Yorkshire 10K.

We have also been approached by several members of staff who would like to take part in a skydive for Health Stars which we are planning for Spring 2025.

We are visiting the Malton Golf Club with the aim of confirming the 2025 Golf Day in connection with our 'Better Days' Appeal for the Day Room on Fitzwilliam Ward at Malton Hospital.

- Donations

We have received donations of over £500 in memory of patients who were cared for at Malton Hospital and Whitby Hospital. It's a real testament to the level of care these patients have received that their families want to say thank you in this way.

It is also really great to know that these clinical teams are recommending Health Stars as the charity that the families support.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Be a trusted and engaged charity partner			
Funds raised	£100k	£77,314	£66,913 YTD This month: £1756
<u>Health Stars is a household name</u>	Survey launched in autumn	Health Stars previous survey awareness questions	Survey to be launched by end of January
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. We are working with the Estates team to establish a procedure to enable our Dreams to be processed efficiently

Dream	Details	Lead	Update
Malton Day Room	Creating a dementia friendly day room on the Fitzwilliam Ward at Malton Hospital	Rachel Laud	Preliminary costs have been shared, roughly £90,000, split 50/50 between Trust and Charity. Appeal to be launched by end of February 2025.
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 bigger plans to develop other parts of Westlands)	Dani Wilkinson	Health Stars to work with team to establish what extras they want in their garden. Team keen to fundraise.
0-19 Service mobile clinic	Mobile clinic to provide services within communities	Heidi Fewings	This has been paused until February 2025.
Newbridges	Garden transformation - football area, basketball, planting etc. Also transformation of activity room and dining room		Anita to talk to the Newbridges team as the 'extras' might be a Wish not a Dream.
Elephant Kiosk – Market Weighton Practice	Machine in waiting room for patients to be able to take their own blood pressure and weight	Maggie Bean	A bid was submitted to the PCN but funding was declined. Anita looking into funding from local Freemason Lodges. Cost = £9500.
Goole Health Hub	Transform the current building to make it more welcoming and the spaces more appropriate	Jon Dunn	Dream paused as future of building is uncertain.

- Wishes

- 61 wishes have been received since we reopened on 20 May 2024, 8 of them in December 2024. In total:
 - 34 have been completed.
 - 19 have been declined or cancelled
 - 4 are in progress
 - 4 have been closed
- Wishes submitted in this period include:
 - Karaoke Machine for Mill View Lodge
 - TVs for STaRS
 - Toys and furniture for West End Waiting area
- The number of wishes we are declining is higher than we would like.

The majority of wishes are declined because:

- Item should be purchased through team's own budget
- Not enough information is given on the wish, usually no actual product details

Signposting information is always provided where funding can be found elsewhere.

Recruitment of charity champions and additional education sessions and drop ins will help us further inform staff of wishes and what charity funding is appropriate for.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Improve patient care and experience			
Each division has an identified and approved plan for a dream	4 completed 'Dreams'	n/a	Currently progressing Dreams submissions for: <ul style="list-style-type: none"> • Community & Primary • Childrens & LD • Mental Health
All appeals (Dreams) have a measurable positive impact on patient/service user care and experience	Positive response to the post appeal survey question 'Did the appeal have a positive impact on patient/service user care and experience' (+80%)	n/a	Evaluations to be sent out once first dream is complete
All estates capital projects have a Health Stars workstream	Dreams delivered in line with estates projects by year-end	n/a	Anita attends the Estates/Capital meeting. Meeting in January has developed a new process for estates dreams to be trailed with Malton hospital.
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)	61 submitted 34 approved
Case studies per week	1 per week	3	Over 30 case studies completed since relaunch healthstars.org/news

Supporting Staff

- The Christmas gift deliveries allowed to run drops in's at the mental health inpatient units where we could provide leaflets and booklets to support staff to find out more about the charity.
- Humber Centre staff raised money for Health Stars through their Christmas Jumper Day on 18th December.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Support Staff			
Services have Charity Champion	50% services	0	0 Charity Champions campaign to launch Feb/March
<u>Work with HR to identify how charitables funds can</u>	TBC		Awaiting HR feedback to progress.

<u>support delivery of the People Plan</u>			
Visits to charity guidance on Health Stars website – Access Funding page	KPI to be set after 3 months of figures obtained	n/a	58 visits in December (68 last month)

Develop Partnerships

- Had donations from local supermarkets to support the Christmas Gift Appeal
- Had donations from local businesses to support the Christmas Raffle

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Develop Partnerships			
Communications Measures of success	4% social media engagement rate (Content interactions from followers)		Facebook = 5.9%
	30% social media growth	22/23 = 427 visits 829 Facebook followers	Facebook: 24/25 = 1700 visits (298% increase) 872 followers (5.2% increase) Instagram: 366 followers (3.8% increase)
	1% increase in click through rate target from content and stories	12.9% traffic from referral and social media since relaunch	November 52 sessions to website from organic social 940% increase from June 2024 512 total sessions on website. 28.52% of web traffic came from organic social and referral traffic sources.
	Developing email clubs – 10% staff signed up to email clubs	360 sign ups to email clubs	104 sign ups (28% of target)
	Stakeholder newsletter sign ups	n/a	Not launched yet (waiting for CRM)
Lottery sign ups	720 members	720	90 members 12.5% of target
Pennies from Heaven sign ups (Microhive)	20%	720	384 10.8% of workforce 53% 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	Six dreams in planning phase.

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	/	To ratify	
	For assurance			
Purpose of Paper:	<p>To inform and update the Trust Board on recent key publications and policy since the November 2024 Board (detailed below):</p> <ul style="list-style-type: none"> • Right Care, Right Person • Assessing and Managing Risks across ICS's • Violence Prevention and Reduction Standard • General Medical Council - The state of medical education and practice in the UK: workforce report 2024 • Royal College of Physicians - Bridging the Gap: a Guide to Making Health Inequalities a Strategic Priority for NHS leaders • In the Blink of an AI • State of the Provider Sector Survey • Insightful Board 			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
• n/a		• n/a		
Matters of Concern or Key Risks:		Decisions Made:		
• n/a		• n/a		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board	

Monitoring and assurance framework summary:

Links to Strategic Goals (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. Right Care, Right Person

The Right Care, Right Person (RCRP) approach aims to ensure that people of all ages who have health and/or social care needs are responded to by the right person, with the right skills, training and experience to best meet their needs. This analysis, carried out in partnership with the Home Office, evaluates the implementation of the RCRP approach from a sample of police, fire, health and social care services in England.

Link: [Right Care, Right Person - GOV.UK](#)

Lead: Chief Operating Officer

The Trust participated in this survey and the findings are in line with our recommendations that we have made when we have engaged with many stakeholders prior to and during the national roll out of RCRP given that we were a very early adopter with Humberside Police. Strong collaboration, partnership working and a programme approach that phases the elements of the work are key. Our RCRP programme continues to be reported and reviewed by the Hull and East Riding of Yorkshire Crisis Care Concordat, this strategic partnership group is chaired by the Chief Operating Officer.

2. Assessing and Managing Risks Across ICS's

The National Quality Board provides a range of guidance for assessing risks in complex health care scenarios. This document compliments the NQB's guidance and outlines principles for managing quality risks within integrated care systems, particularly in rapidly changing environments, and dealing with multiple factors. It aims to support the delivery of safe, effective and personalised care while addressing inequalities across health services. It covers the purpose and principles, definitions and approaches to assessment and assessing risks in practice. It is supported by a series of case studies.

Link: [NHS England » Principles for assessing and managing risks across integrated care systems](#)

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

Guidance has been forwarded to the Risk Manager to review to consider if there are elements which need to be taken forward by the Trust and included in our Risk Management Strategy.

3. Violence Prevention and Reduction Standard

NHS organisations should use NHSE's updated Violence prevention and reduction standard to assess themselves across the 7 domains to take action to prevent and reduce violence and abuse against staff. It now includes a new Red, Amber, Green (RAG) rating that helps trusts identify areas to action and measures progress over time.

Link: [NHS England » Violence prevention and reduction](#)

Lead: Director of Finance:

The Health and Safety Group received an update on the Violence and Prevention Standards at its December Meeting, following the publication of the updated standards a Task and Finish Group is

in the process of being established to assess the Trust against the standards and develop an action plan for any required actions. Updates will be taken to the March meeting of the Group, this will be taken via ODG and EMT'

4. General Medical Council - The state of medical education and practice in the UK: workforce report 2024

This report highlights the changing nature of the country's medical workforce. It finds that, UK-wide, the overall headcount of doctors rose in the past year at the fastest rate since the report began over a decade ago. But one group has been growing much faster than others – locally employed (LE) doctors. LE doctors are employed on local terms by trusts and health boards, rather than employed in formal postgraduate training programmes. The report argues that the roles are often poorly defined, with limited opportunities for career progression and training, and many LE doctors employed in short-term or non-permanent posts.

Link: [The state of medical education and practice in the UK Workforce report 2024](#)

Lead: Associate Director of People & Organisational Development

This document is under review by the Medical Director; however, assurance can be given in relation to the provision of undergraduate and postgraduate medical education as well as support to our Locally Employed Doctors and those we have welcomed from abroad. The Trust continues to benchmark well against our competitors in terms of the National Training Survey with the Medical school are pleased with the progress and contribution that the Trust make in relation to partnership working. Appraisal and Job Planning processes in the Trust are of a high standard and consistently applied as well as enhanced opportunities and access to CPD.

5. Royal College of Physicians - Bridging the Gap: a Guide to Making Health Inequalities a Strategic Priority for NHS leaders

This guidance aims to build physician understanding of health inequalities and the actions that medical staff can take to make this a bigger priority in their workplace. It explains the importance of addressing health inequalities in the NHS and sets out the existing statutory duties and guidance given to NHS organisations on health inequalities. It also identifies the barriers and enablers to systems in prioritising work on health inequalities.

Link: [bridging-the-gap-making-health-inequalities-a-strategic-priority-for-nhs-leaders.pdf](#)

Lead: Medical Director:

The report has been shared with medical education leads within the Trust. A health inequalities themed session is planned as part of the postgraduate medical teaching programme in August to disseminate the content of the report. The session will also be an opportunity to share the new Trust Health Inequalities Plan and learning from good practice within the Trust.

6. In the Blink of an AI

This report outlines the benefits the civil service and public sector can reap by further integrating AI and automation into their user-facing workstreams, as well as the time savings available to the public that use them. It looks across different types of public sector organisations, where AI was being adopted in public-facing services such as DVLA, GPs and HMRC. The report argues that AI could cut patient waiting times by almost three-quarters (73%) overall and almost half (47%) during peak times, ending the notorious '8am rush' for appointments.

Link: [In-the-blink-of-an-AI-Nov-2024.pdf](#)

Lead: Director of Finance:

EMT recently received an update on the current work ongoing in the trust in relation to productivity and the use of Digital Technologies including artificial intelligence, this includes the roll out of SystemOne as our new Electronic Patient Record which is now live in three divisions. There are some potential corporate and operational benefits technology offers the Trust and further options are to be explored in this area with oversight at Executive Management Team.

7. State of the Provider Sector Survey

NHS Providers has published the findings from the 2024 'state of the provider sector' survey.

The findings reveal trust leaders are bracing themselves for another tough winter with concerns mounting over whether the health service can meet key performance targets.

The findings also warn patient care is being put at risk because of delays in being able to discharge thousands of people from hospitals and mental health services when they could be cared for closer to home.

Link: [State of the provider sector 2024](#)

Lead: Chief Operating Officer:

Unfortunately, this winter, nationally and locally is proving to be as challenging as the findings of this survey depicted it was likely to be. Timely discharge of patients to appropriate care packages continues to be a high local system priority during this winter to date. To respond to this, we are enhancing our out of hospital acute mental health support to older people, continued with our Multiagency Discharge Events (MaDE) across all of our adult mental health beds to reduce delayed discharges for those patients who are clinically ready for discharge (CRFD), and have actions in place to optimise occupancy of our frailty virtual ward and community hospital beds. We continue to reflect the demand and patient flow challenges that lead to waiting times for our patient populations in local and national forums.

8. Insightful Board

On Tuesday 12 November NHS England (NHSE) published the [Insightful Provider Board](#). This non-mandatory 'supportive guidance' aims to support provider boards turn data into useful insight.

The document considers effective governance practice around board reporting and assurance-seeking and contains suggested measures that boards might wish to consider using for planning, monitoring and seeking assurance about progress.

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

The document has been presented to a joint Executive Management Team /Operational Delivery Group meeting. A discussion regarding the quality of reports/performance metrics and evidence used to underpin decisions was held reinforcing the need for well written reports with a good evidence base supported by good governance which informs decision making and which

ultimately affects Board decision making. The discussion was well received with divisions agreeing some actions for their areas to further strengthen these aspects.

There will be an opportunity to discuss this guidance at the February Strategic Board Development meeting.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025														
Title of Report:	Reforming Elective Care for Patients														
Author/s:	Lynn Parkinson Deputy Chief Executive and Chief Operating Officer														
Recommendation:	<table border="1" data-bbox="507 589 1493 703"> <tr> <td data-bbox="507 589 906 624">To approve</td> <td data-bbox="906 589 1002 624"></td> <td data-bbox="1002 589 1378 624">To discuss</td> <td data-bbox="1378 589 1493 624"></td> </tr> <tr> <td data-bbox="507 624 906 660">To note</td> <td data-bbox="906 624 1002 660">x</td> <td data-bbox="1002 624 1378 660">To ratify</td> <td data-bbox="1378 624 1493 660"></td> </tr> <tr> <td data-bbox="507 660 906 703">For assurance</td> <td data-bbox="906 660 1002 703"></td> <td data-bbox="1002 660 1378 703"></td> <td data-bbox="1378 660 1493 703"></td> </tr> </table>			To approve		To discuss		To note	x	To ratify		For assurance			
To approve		To discuss													
To note	x	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The purpose of this paper is to provide a summary overview of the national plan published on 6th January to reform elective care for patients. The plan sets out an ambition to meet the 18 – week standard and reform elective care by March 2029.</p> <p>This plan is focussed on acute care pathways, however it includes requirements for changes by primary care and community based services. Whilst this plan does not address waiting times for mental health pathways, it does provide opportunity to consider how the approach set out could be applied to them.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> We will continue to engage through the ICB system forums and support the implementation of this plan where it is relevant for our services to respond. This newly published plan is being considered by the relevant services in the Trust to understand its impact on them. The Chief Operating Officer will be the director responsible for leading this work for the Trust. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> The Community and Primary Care Division are identifying the areas of the plan that specifically relate their services. Primary Care for example needs to look at the optimisation of Advice and Guidance and changed referral pathways for diagnostic testing via the Community Diagnostic Centres. Our North Yorkshire community services are considering the impact of the plan on their service provision for example, patient initiated follow up, remote monitoring and neighbourhood hubs. The Trusts Performance and Productivity group is identifying the areas of the plan that could be related to our patient pathways with over 18 week waiting times, including mental health and how they could be addressed and implemented. 														

Key Risks/Areas of Focus: <ul style="list-style-type: none"> • Risks to delivery of this plan will primarily sit in our wider system with our ICB and system partners. • Performance and financial risks to the ICB and wider system could impact the Trust and we will need to monitor that. 	Decisions Made: <ul style="list-style-type: none"> • The Trust Board are asked to note this summary of the Reforming Elective Care for Patients plan and support the actions being taken to address it. 																								
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	<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 & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>People & 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)	
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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 <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	

NHS England Plan - Reforming Elective Care for Patients

1. Introduction

The purpose of this paper is to provide a summary overview of the national plan to reform elective care for patients. This plan is focussed on acute care pathways, however it includes requirements for changes by primary care and community based services. Whilst this plan does not address waiting times for mental health pathways, it does provide opportunity to consider how the approach set out could be applied to them.

Dame Emily Lawson, Chief Operating Officer and Sir James Mackey, National Director of Elective Recover from NHS England wrote to Trust Chief Executives and Chairs on 6th January 2025. This letter advised of the publication of the plan [Reforming elective care for patients](#). This plan sets out the shared approach to delivering the commitment made in the government's **Plan for Change** document to meet the NHS Constitution access standard for elective care by March 2029, as well as continuing progress on cancer diagnosis and treatment. The plan sets out the streams of work which enables delivery and will include agreeing revenue and capital allocations for April 2026 to March 2029 as part of the Spending Review. Ahead of the next financial year, they asked all ICBs and acute trusts to take the following steps:

- name an existing director who will be responsible for improving the experience of care, and the experience of waiting for care.
- review and improve operational processes that affect how patients and their carers receive correspondence and access information on wait times.
- make customer care training available to non-clinical staff with patient-facing roles and ensure take up of training already available on the e-Referral Service to support effective referral, booking and waiting list management processes.

As a first step, by March 2026 the percentage of patients waiting less than 18 weeks for elective treatment will be 65% nationally. Every trust will need to deliver a minimum 5 percentage point improvement by March 2026. This should be funded from within total system allocations, and plans for doing so should form part of system plans for the financial year, which will need to be assured by all provider boards.

NHS England will work with Trusts and ICB's to:

- support the optimisation of Advice and Guidance, including by implementing changes to the payment scheme to support GP practices to manage in the community those who do not need secondary care.
- continue to roll out patient initiated follow-up and remote monitoring in appropriate pathways, to avoid unnecessary attendances.
- NHS England will continue to realign its resources to support productivity and operational improvement, including: updating the finance and payment scheme to reflect elective priorities and running a capital incentive scheme for providers who improve the most in meeting RTT (referral to treatment) standards.
- further developing the NHS IMPACT Clinical and Operational Excellence Programme, to provide training for at least 8,000 clinical and operational leaders,

and to spread proven improvement approaches for elective reform.

- strengthening elective performance oversight, including through tiering and the new NHS Oversight and Assessment Framework.
- developing clear standards and metrics for the administrative and operational delivery of elective care.
- developing expectations for local clinic templates and job planning, to clearly set out the types and balance of activity clinicians should be undertaking, including sessions within the community.
- extend adoption of the Federated Data Platform to 85% of all secondary care trusts, to maximise the benefits seen in early adopters from waiting list validation, scheduling and theatre optimization.
- support more consistent use of the independent sector to increase capacity and choice for patients.
- continue working towards greater connectivity between the e-Referral System, patient engagement portals and the NHS App, so patients have more control over their appointments and to improve the productivity of clinic booking.
- continue to support the delivery of new community diagnostic centres and surgical hubs, including working with you to optimise their productivity.

2. Reforming Elective Care for Patients – Summary of the Plan

In October 2024 the waiting list stood at 7.5 million pathways with 6.3 million patients waiting. More than two fifths exceeding the 18-week constitutional standard for treatment, affecting both health outcomes and public confidence in the NHS. The plan sets out an ambition to meet the 18 – week standard and reform elective care by March 2029. It will focus on improving cancer waiting time standards and other critical diagnostic timelines and deliver care that is timely, digital-first, and personalised. It has a patient centred vision to make elective care more patient focussed emphasising convenience, choice and transparency. In summary the plan sets out a number of key priorities:

Empowering patients by giving them more choice and control, and by establishing the standards they can expect to make their experience of planned NHS care as smooth, supportive and convenient as possible. Including:

- Patients will have enhanced autonomy to choose their care provider and appointment times via the NHS App and the Manage Your Referral website.
- NHS England will publish standards that patients can expect for elective care by September 2025.
- Deliver care that is timely, digital-first, and personalised.

Reforming delivery by working more productively, consistently – and in many cases differently – to deliver more elective care. Including:

- Increase capacity by providing 40,000 additional appointments per week in the first year.
- Utilising the 170 community diagnostic centres (CDC's) due to be available by the end of March 2025

- All CDC's and hospital based diagnostic centres to be available 12 hours per day 7 days per week.
- Optimise surgical hubs that focus on high-volume, low-complexity surgeries like cataracts and hip replacements to alleviate pressure on hospitals.
- Establish a new partnership agreement with private providers to reduce waiting lists for specialties like gynaecology and ENT.
- Use artificial intelligence (AI) and automation for triaging referrals, scheduling appointments, and predicting missed visits.

Delivering care in the right place to make sure patients receive their care from skilled healthcare professionals in the right setting. Including:

- Ensure both primary care and secondary care are funded to deliver Advice and Guidance (A&G),
- Systems to work with their providers to develop clear and accessible pathway referral criteria, including for pre-referral investigations carried out in diagnostic settings and which are visible to referrers, by July 2025
- Uphold patients' rights to choice. NHS E will set clear expectations in April 2025 that ensure referral assessment services and clinical assessment services offer patient choice.
- Embedding neighbourhood health approaches for example Children and young people hub models are reducing new patient hospital appointments by 39%. These hubs also provide scope for a further 42% of appointments to be moved from hospital settings to GPs through earlier specialist intervention.
- Scale up digital monitoring for long-term conditions, reducing the need for unnecessary follow-up visits and saving up to 500,000 appointments annually by 2026/27.
- Use tools like the Health Equity and Referral to Treatment tool to prioritise underserved populations.

Aligning funding, performance oversight and delivery standards, with clear responsibilities and incentives for reform, robust and regular oversight of performance, and clear expectations for how elective care will be delivered at a local level to drive reform, improvement and productivity. Including:

- Increase the proportion of patients meeting the 18-week standard to 65% by March 2026 and 92% by 2029.
- Through the new NHS Oversight and Assessment Framework, elective, cancer and diagnostics performance will be assessed through an enhanced, dedicated tiering process. This will identify and support the most challenged providers.
- Apply GIRFT (getting it right first time) handbooks and NHS Impact productivity guides.
- NHS England will establish a Task and Finish Group to work in partnership with clinical and operational staff, to set out by September 2025 clear expectations for administrative practice and operational management in the delivery of elective care.
- Funding will increasingly "follow the patient," rewarding organisations that improve waiting times and productivity, NHS tariffs will be adjusted for specialties with the largest waiting lists, such as gynaecology and ENT, payment models will be developed for new care pathways like remote monitoring and validation by 2026/27.

3. Conclusions

This reform plan highlights a shift towards digital transformation, equity in access, and sustainable healthcare delivery. If successfully implemented, it aims to restore confidence in the NHS, modernise elective care, and achieve key constitutional standards by 2029. This plan is focused primarily on acute care elective pathways but it does need to be considered by the Trust and this is being taken forward by:

- The Community and Primary Care Division are identifying the areas of the plan that specifically relate their services. Primary Care for example needs to look at the optimisation of Advice and Guidance and changed referral pathways for diagnostic testing via the Community Diagnostic Centres.
- Our North Yorkshire community services are considering the impact of the plan on their service provision for example, patient initiated follow up, remote monitoring and neighbourhood hubs.
- The Trusts Performance and Productivity group is identifying the areas of the plan that could be related to our patient pathways with over 18 week waiting times, including mental health and how they could be addressed and implemented.

The Chief Operating Officer will be the director responsible for leading this work for the Trust.

The Trust Board are asked to note this summary of the Reforming Elective Care for Patients plan and support the actions being taken to address it.

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025															
Title of Report:	Finance Report Month 9 (December 2024)															
Author/s:	Peter Beckwith Director of Finance															
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">To approve</td> <td style="width: 10%;"></td> <td style="width: 50%;">To discuss</td> <td style="width: 10%;"></td> </tr> <tr> <td>To note</td> <td style="text-align: center;">✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table> <p>Trust Board are asked to note the Finance report for December 2024 and comment accordingly.</p>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	<p>This report is being presented to the Board to provide the financial position for the Trust as at the 31 December 2024 (Month 9).</p> <p>The report provides assurance regarding financial performance, key financial targets, and objectives</p>															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> The cash balance at the end of Month 9 was £21.605m. The Better Payment Practice Code figures show achievement of 90.9%. Agency expenditure year to date at Month 9 is £4.661m, which is £1.284m below the same period in the previous year 			Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Work continues with the ICB in relation to Pay Award shortfalls and income assumptions. An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team. The Mental Health Division is on target to achieve the 2024/25 outturn position agreed in the recovery plan and expects to achieve a balanced budget in 2025/26 													
Matters of Concern or Key Risks: <ul style="list-style-type: none"> The Trust recorded a deficit of £1.925m which is £0.465m above the agreed ICS planning target of £1.460m and reflects the AfC pay award funding gap. 			Decisions Made: <ul style="list-style-type: none"> The Board are asked to note the Finance report for December 2024. 													
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	√			
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Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

FINANCE REPORT – December 2024

1. Introduction

This report is being circulated to The Board to present the financial position for the Trust as at 31 December 2024 (Month 9). The report provides assurance regarding financial performance, key financial targets, and objectives.

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

2. ICS Context

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

At month 8 the ICB was reporting a balanced position, providers within the ICS are reporting an adverse variance of £13m against a year to date deficit plan of £25m, as per the table below:

ICS providers Month 8 Position

Organisation	2024/25 Plan £'000	Year to Date Position			Forecast Outturn	
		YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	FOT £'000	FOT Variance £'000
Harrogate and District NHS FT						
Income	362,426	238,932	248,648	9,716	373,495	11,069
Agency	(5,000)	(3,328)	(2,651)	677	(3,284)	1,716
Other pay	(258,921)	(173,127)	(181,707)	(8,580)	(268,283)	(9,362)
Pay	(263,921)	(176,455)	(184,358)	(7,903)	(271,567)	(7,646)
Non-Pay	(93,559)	(62,768)	(71,120)	(8,352)	(98,605)	(5,046)
Non Operating Items (exc. gains on disposal)	(4,946)	(3,336)	(2,105)	1,231	(3,323)	1,624
Provider Surplus/(Deficit)	0	(3,627)	(8,935)	(5,308)	0	0
Hull University Teaching Hospitals NHS Trust						
Income	891,491	595,633	623,071	27,438	935,312	43,821
Agency	(10,358)	(6,904)	(10,090)	(3,186)	(11,727)	(1,369)
Other pay	(499,357)	(333,532)	(351,074)	(17,542)	(526,858)	(27,501)
Pay	(509,715)	(340,436)	(361,164)	(20,728)	(538,585)	(28,870)
Non-Pay	(365,092)	(256,575)	(264,155)	(7,580)	(379,521)	(14,429)
Non Operating Items (exc. gains on disposal)	(16,684)	(11,127)	(11,524)	(398)	(17,206)	(522)
Provider Surplus/(Deficit)	0	(12,505)	(13,772)	(1,267)	0	0
Humber Teaching NHS FT						
Income	256,424	170,333	175,563	5,230	266,602	10,178
Agency	(5,583)	(4,287)	(4,392)	(105)	(5,891)	(308)
Other pay	(161,175)	(107,678)	(110,931)	(3,253)	(167,093)	(5,918)
Pay	(166,758)	(111,965)	(115,323)	(3,358)	(172,984)	(6,226)
Non-Pay	(88,804)	(60,088)	(62,347)	(2,259)	(92,904)	(4,100)
Non Operating Items (exc. gains on disposal)	(862)	(247)	(273)	(26)	(714)	148
Provider Surplus/(Deficit)	0	(1,967)	(2,380)	(413)	0	(0)
Northern Lincolnshire and Goole NHS FT						
Income	594,738	398,043	394,195	(3,848)	591,863	(2,875)
Agency	(14,962)	(11,404)	(10,936)	468	(16,268)	(1,306)
Other pay	(385,515)	(261,364)	(259,808)	1,556	(383,930)	1,585
Pay	(400,477)	(272,768)	(270,744)	2,024	(400,198)	279
Non-Pay	(186,990)	(123,876)	(125,091)	(1,215)	(186,482)	508
Non Operating Items (exc. gains on disposal)	(7,271)	(4,816)	(2,573)	2,243	(5,183)	2,088
Provider Surplus/(Deficit)	0	(3,417)	(4,213)	(796)	0	0
York and Scarborough Teaching Hospitals NHS FT						
Income	788,068	528,055	566,968	38,913	839,603	51,535
Agency	(16,015)	(10,710)	(10,749)	(39)	(15,916)	99
Other pay	(504,451)	(339,340)	(357,829)	(18,489)	(520,755)	(16,304)
Pay	(520,466)	(350,050)	(368,578)	(18,528)	(536,671)	(16,205)
Non-Pay	(255,450)	(173,468)	(200,824)	(27,356)	(294,198)	(38,748)
Non Operating Items (exc. gains on disposal)	(12,152)	(8,096)	(6,097)	1,999	(8,734)	3,418
Provider Surplus/(Deficit)	0	(3,559)	(8,531)	(4,972)	0	0
TOTAL ICS PROVIDER SURPLUS/(DEFICIT)	0	(25,075)	(37,831)	(12,756)	0	(0)

The month 8 plan and actual expenditure exceeds the full year planned deficit as most planned efficiencies/mitigating actions are phased into the last quarter of 2024/25. The risk/challenge of delivering the financial plan has been quantified at circa £64m.

Organisations are developing financial recovery plans where there is still a risk/challenge to delivery that will input into an overall system recovery plan and will include:

- The external review already undertaken and how the possible opportunities identified from this are being taken forward.
- A detailed forecast with key assumptions and a detailed review of risks, mitigations, and opportunities.
- The grip & control measures that have been implemented and evidence of ongoing monitoring and compliance (including those from the planning closedown appendix).
- Balance sheet review (which is currently underway).
- How the financial plan could be achieved including any further opportunities for savings that need to be agreed and progressed.

3 Trust Position as at 31 December 2024

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

Table 1 shows for the period ended to 31st December 2024 the Trust recorded a deficit of £1.925m which is £0.465m higher than the ICS target, this relates to a shortfall in the NHS funded element of Agenda for Change pay award (*Full year pressure of £0.620m*).

The forecast outturn position is a break-even position which remains consistent with the agreed plan, details of which are also summarised in Table 1.

There remains risk to delivery of the current forecast being:

- The current plan assumes £0.933m of income from the ICB in the last quarter of 2024/25, this was a planning assumption made by all providers and whilst the ICB have given recent confirmation this will be received it has still to be transacted.
- The Trust has also calculated that the pay award funding for the NHS element of the Agenda for Change pay award is £0.620m below the required position, non recurrent resource has been secured for this financial year.

The non recurrent nature of the 2 transactions above means there is a total recurrent risk of £1.553m to be factored into the planning round.

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

	24/25 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	177,716	132,782	132,690	(93)	177,716	177,835	119
YHCR	4,010	3,007	3,491	484	4,010	4,010	(0)
Total Income	181,726	135,790	136,181	391	181,726	181,844	119
<u>Clinical Services</u>							
Children's & Learning Disability	42,863	32,040	31,875	165	42,863	42,779	84
Community & Primary Care	20,930	15,696	15,521	175	20,930	21,146	(215)
Mental Health	57,322	42,826	43,814	(988)	57,322	58,566	(1,244)
Forensic Services	13,631	10,114	10,284	(170)	13,631	13,740	(109)
	134,747	100,676	101,495	(818)	134,747	136,230	(1,483)
<u>Corporate Services</u>							
	40,350	30,237	30,178	59	40,350	37,441	2,909
Total Expenditure	175,097	130,914	131,673	(759)	175,097	173,671	1,426
EBITDA	6,629	4,876	4,508	(368)	6,629	8,174	1,545
Depreciation	4,995	3,746	3,861	(114)	4,995	5,147	(152)
YHCR Amortisation	1,157	868	868	(0)	1,157	1,157	(0)
Interest	(1,468)	(1,101)	(1,289)	188	(1,468)	(1,640)	172
IFRS 16	1,479	1,109	1,252	(143)	1,479	1,658	(179)
PDC Dividends Payable	1,966	1,475	1,360	115	1,966	1,851	115
Operating Total	(1,500)	(1,221)	(1,544)	(323)	(1,500)	0	1,500
BRS	(1,500)	239	382	(143)	(1,500)	-	(1,500)
Operating Total	(0)	(1,460)	(1,926)	(466)	(0)	0	0
Excluded from Control Total							
Grant Income	-	-	(37)	37	-	(788)	788
Donated Depreciation	22	16	30	(13)	22	40	(18)
	(22)	(1,476)	(1,918)	(442)	(22)	749	770
Excluded							
Commissioning	-	(0)	0	(0)	-	(0)	0
Ledger Position	(22)	(1,476)	(1,918)	(442)	(22)	749	770
EBITDA %	3.6%	3.6%	3.3%		3.6%	4.5%	
Surplus %	-0.8%	-0.9%	-1.1%		-0.8%	0.0%	

2.2 Income

Income overall is showing a forecast overachievement of £0.119m which is marginally ahead of target and matched by expenditure.

2.3 Divisional Expenditure

The overall operational divisional net expenditure position is showing a forecast overspend of £1.483m.

2.3.1 Children's and Learning Disability

Children's and LD is forecasting an underspend of £0.084m.

Pressures across the Division are due to the use of Agency Medics and Nurses at Inspire and Agency Nurses at Townend Court to cover staff absences and vacancies. The admission of a challenging patient to Townend Court has meant that staff numbers have needed to be increased on every shift to manage the acuity. The ICB have been approached with a request to support some of this financial pressure, if agreed, it will improve the forecast position for the division.

The forecast for the division has improved due to agreement by the specialist provider collaborative to continue to fund the intensive Eating Disorder team which was originally a one-year pilot. This equates to £0.180m

There has also been a reduction in the forecast cost of agency medics due to one psychiatrist moving onto a Trust contract and a reduction in hours for another doctor.

2.3.2 Community and Primary Care

Community and Primary Care is forecasting an overspend of £0.215m.

The overspend forecast is due to Primary Care which is forecasting an overspend of £0.492m which is mainly due to patients choosing to move away from Humber Primary Care reducing the income received. This is offset by a forecast underspend on Community Services of £0.277m, £0.183m of which is a result of vacancies, mainly on newly commissioned services such as the Virtual Ward, Urgent Community Response & Intermediate Care.

There are risks associated with the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts. There is a pressure of £0.133m on non pay expenditure mainly because of demand for continence products (£0.215m adverse variance to budget).

2.3.3 Mental Health

The Mental Health Division are forecasting a overspend of £1.244m

Since Month 4, due to the level of forecast outturn pressure highlighted in the first quarter of the financial year, the Division has been following an Executive approved recovery plan. The Division is currently forecast to outturn in line with the agreed plan with an overspend of £1.244m.

Whilst the Division will meet the recovery plan overall target, this is because of an overachievement on the Planned side of the Division to offset an underachievement on the Unplanned side.

The recovery plan has implemented additional controls to ensure further scrutiny and approval of rostered staffing levels above the budgeted establishment within Inpatient units. There are several factors which are still impacting on the units to balance back to budgeted establishment:

- Continuing high levels of sickness absence.
- High number of patients with high level acuity requiring one or two members of staff to support individually.

- Newly Qualified Nurses being given 2 weeks on the ward without being included in safer staffing numbers to support integration.

The Unplanned area will be replacing one of the standard placement agency medics with another direct engagement agency medic that will reduce costs however, two standard placement agency medics remain.

The Planned area of the Division has offset the slippage firstly through management of the vacancy position and secondly through accelerating the replacement of Agency medics. It is anticipated that this area will have no agency medics by the end for the first half of 2025-26.

The Division continues to review budgets and identify any further opportunities to reduce the forecast overspend position for 2024-25.

2.3.4 Forensic

The Forensic Division are forecasting a overspend of £0.109m

The Forensic Division is forecasting an overspend mainly due to the increased staffing levels needed to support highly acute patients on the wards. The use of agency to cover medical gaps also contributes to the overspend.

The forecast has improved because an enhanced package of care has been negotiated for Derwent Ward (£0.186m to date, backdated to the beginning of September).

There has also been a reduction of agency medical time into the prison contracts which has improved the forecast outturn. Notice has been given to a full-time agency psychiatrist and a part time agency doctor with substantive medics covering the required time through additional sessions.

2.3.5 Corporate Services

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £2.909m, the main factor being items held centrally to offset pressures.

3. Cash

As at the end of Month 9 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	21,452
Nat West Commercial Account	126
Petty cash	27
Total	21,605

4. Agency

Actual agency expenditure year to date at Month 9 is £4.661m, which is £1.284m 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	Nov-24 £000	Dec-24 £000	Total £000
Consultant	32	739	336	493	450	406	462	296	200	3,413
Nursing	115	135	98	232	144	119	120	77	66	1,106
AHPs/Clinical Support	19	14	6	41	(16)	27	34	2	3	129
Administration & Clerical	2	2	3	2	2	1	1	-	-	14
Grand Total	169	890	442	767	580	553	617	375	268	4,661

Table 3 shows the agency spend by staff type by month, the majority (73%) of expenditure relates to Consultants.

Off framework Agency Expenditure was £0.318m year to date at the end of Month 9 and no expenditure since September.

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 4. The current position is 91.3% for non-NHS and 80.1% 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	£
NON NHS		
Total bills paid	28,752	88,325
Total bills paid within target	26,252	82,066
Percentage of bills paid within target	91.3%	92.9%
NHS		
Total bills paid	1,037	23,299
Total bills paid within target	831	21,255
Percentage of bills paid within target	80.1%	91.2%
TOTAL		
Total bills paid	29,789	111,624
Total bills paid within target	27,083	103,321
Percentage of bills paid within target	90.9%	92.6%

6. Recommendations

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

Humber and North Yorkshire Integrated Care System Financial Recovery Support 2024/25

Actions Checklist

Theme	Focus area	Actions	Owner	Due date	Date completed	ICB	All CICs	HDFT	HHP	Humber	Y&SHFT	
Grip and Control	Discretionary spend	Develop and identify standardised lists of product categories that fall under discretionary spending – “Control” and “Stop” items.				✓	✓	✓	✓	✓	✓	
		Facilitate discussions with each organisation to ensure agreement on the standardised lists.				✓	✓	✓	✓	✓	✓	
		Identify and document the current volume of spend against these categories to establish a baseline for monitoring and control				✓	✓	✓	✓	✓	✓	
		Implement a unified policy across all trusts including CICs to prohibit spending against the identified discretionary categories				✓	✓	✓	✓	✓	✓	
		List and policy signed off at CFO group				✓	✓	✓	✓	✓	✓	
		Communicate this policy effectively to all relevant stakeholders.				✓	✓	✓	✓	✓	✓	
		Establish a monitoring system to track the impact of the new policy on non-pay spending				✓	✓	✓	✓	✓	✓	
		Track impact via System Engine Room										
	Vacancy control	Develop a comprehensive system-wide policy that addresses vacancy control on a distributed management basis ie first review at local vacancy control panel and second review system level.					✓	✓	✓	✓	✓	✓
		Sign off of the policy at CFO/ HRD group					✓	✓	✓	✓	✓	✓
		Policy is communicated effectively to each trust for consistent implementation					✓	✓	✓	✓	✓	✓
		Set up key performance indicators (KPIs) to monitor the impact of the new policy					✓	✓	✓	✓	✓	✓
		Track impact via System Engine Room					✓					

Theme	Focus area	Actions	Owner	Due date	Date completed	ICB	All CICs	HDFT	HHP	Humber	Y&SHFT	
	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						✓	✓	✓	✓	✓
		Create a shared rate card for bank rates and Agenda for Change (AfC) overtime across the Integrated Care System					✓	✓	✓	✓	✓	✓

Theme	Focus area	Actions	Owner	Due date	Date completed	ICB	All CICs	HDFT	HHP	Humber	Y&SHFT	
		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				✓						
	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						✓	✓	✓		✓

Theme	Focus area	Actions	Owner	Due date	Date completed	ICB	All CICs	HDFT	HHP	Humber	Y&SHFT
		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	1.Trauma & Orthopaedics (T&O):									
		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.					✓	✓	✓		✓
		2.Ophthalmology:									
		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				✓	✓	✓	✓		✓

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025															
Title of Report:	Standing Orders, Scheme of Delegation and Standing Financial Instructions															
Author/s:	Peter Beckwith, Director of Finance															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>X</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	X	To discuss		To note		To ratify		For assurance			
To approve	X	To discuss														
To note		To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this paper is to request Board approval to proposed changes to the Trust's Scheme of Delegation including details of the impact on how goods and services are procured across the Trust and reflect changes to governance arrangements in respect of charitable funds															
Key Issues within the report:																
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:														
<ul style="list-style-type: none"> That the procurement of goods and services is monitored by the Trust's Contracting and Procurement Team and reported regularly to Audit Committee. 		<ul style="list-style-type: none"> To review the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions. That the impact of these changes will be closely monitored 														
Key Risks/Areas of Focus:		Decisions Made:														
<ul style="list-style-type: none"> None 		<ul style="list-style-type: none"> To approve the recommendations to SFI's for adoption from 1st Feb 2025. 														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		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	

Standing Orders, Scheme of Delegation and Standing Financial Instructions (SFIs)

1 Introduction and Purpose

The purpose of this paper is to request Board approval to proposed changes to the Trust's Scheme of Delegation including details of the impact on how goods and services are procured across the Trust and reflect changes to governance arrangements in respect of charitable funds.

2 Procurement Thresholds

The Trust's Standing Orders, Scheme of Delegation and SFIs detail the processes to be followed when procuring goods, works, healthcare and non-healthcare services. These processes are accompanied by a scheme of budgetary delegation (Section C, Part G) which detail the financial thresholds above and below which goods, works and services (outside scope of PSR) are procured by means of either direct award, quotation or tendering.

These financial thresholds ensure that goods and services are procured by means of fair and transparent processes and in accordance with procurement law. Procurement law has recently changed significantly following introduction of the Provider Selection Regime (PSR) and is set for further wide-ranging transformation with the introduction of the Procurement Act which received Royal Assent on 26 October 2023 and will now come into force on 24 February 2025.

The Trust's financial thresholds have not been reviewed or updated for many years and the financial thresholds have not kept pace with price inflation. This means, for example, that the purchase of relatively minor estates works (eg a single door or window) now need to be procured following a competitive tendering process. The introduction of new procurement law has provided a timely opportunity for the Trust to review and refresh these thresholds.

2.1 Financial thresholds governing quotation and tendering procedures

In view of the above, it is proposed that Section C, Part G of the Trust's Scheme of Delegation be updated to incorporate the new thresholds detailed in Para 1.2.2 below:

2.2 Current financial thresholds *

Value (annual)	Process
Up to £9,999	At discretion of budget holder/Purchasing officer
£10,000 to £49,999	3 or more quotes or non-competitive quotation only in permissible circumstances
£50,000 to £249,999	3 or more competitive tenders
£250,000 to £750,000	5 or more competitive tenders
Over £750,000	6 or more competitive tenders

2.3 Proposed financial thresholds

Value (annual) Note: If total contract value exceeds the relevant Procurement Act threshold then formal tendering procedures must be followed	Process
Up to £9,999	At discretion of budget holder/Purchasing officer
£10,000 to £74,999 (Goods & Services)	3 or more quotes or non-competitive quotation only in permissible circumstances
£10,000 to £249,999 (Works)	3 or more quotes
£75,000 up to Procurement Act threshold (Goods & Services)	Local tendering process
£250,000 up to Procurement Act threshold (Works)	Local tendering process
For any Goods, Services and Works above Procurement Act threshold	Formal tendering process in accordance with Procurement Act

** The above applies to contracts for goods, non-health care services and works unless using a framework agreement (SFI 21.1.2 applies) compliantly in which case the above do not apply.*

The main impact of these changes are to the procurement of ‘works’ and will mean that a far greater proportion of items can be purchased following receipt of 3 or more quotations rather than having to follow resource intensive tendering processes. The financial threshold for tendering ‘works’ under the new Procurement Act is around £5m and therefore it is considered a reasonable request to raise our local Trust threshold to £250,000; still well below the mandated threshold. Moreover, the Trust uses a process known as ‘Quick Quotes’ for obtaining quotations which is a highly transparent and inclusive process, similar to a tendering process although less resource intensive to administer.

If the above thresholds are adopted, the Trust’s Contracting and Procurement team will monitor procurement activity and will take action in the event goods and services are being procured outside due process. The Trust’s Audit Committee also take a keen interest in procurement spend and receive a detailed quarterly report.

2.4 Single Tender Waivers (STW)

There is an existing mechanism in place whereby the Chief Executive can waive the requirement to tender. In the event these changes to financial thresholds are approved and ratified, the STW template will need to be updated accordingly.

Importantly, the ability to waiver the requirement to tender only applies to goods and services with a financial value below those stated in procurement law. The Trust does not have authority to waive procurement law.

3 Charitable Funds

Following board approval to disband the Charitable funds Committee the following changes are proposed to reflect the revised governance arrangements.

- Removal of Section 4.8.4 (which references the Charitable Funds Committee (Page 23 and 24))
- Removal of reference to the Charitable Funds Committee in the Scheme of Delegation (Page 40)

The following is proposed amendments to the expenditure table (Page 63)

Expenditure on Charitable and Endowment Funds	
Up to £4,999	Fund Manager, Health Stars Charity/Fundraising Manager
Over £5,000* *Any expenditure over £5,000 is subject to procurement rules and budgetary delegation set out above and elsewhere in the SFIs	Fund Manager, Director of Finance and Charitable Funds Committee Executive Management Team.
Over £25,000	Fund Manager, Director of Finance and Charitable Funds Committee (reported to Trust Board for information within Chairs Assurance Report) Trust Board as Corporate Trustee.
Over £100,000	Trust Board as Corporate Trustees

4 Recommendation

The recommendation is for Board approval for the proposed changes to SFI's.

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025		
Title of Report:	Trust Performance Report – October 2024		
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead		
Recommendation:	To approve	<input checked="" type="checkbox"/>	To receive & discuss
	For information/To note	<input checked="" type="checkbox"/>	To ratify
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>This purpose of this report is to inform on the current levels of performance as at the end of 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>		
Key Issues within the report:			
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:	
<ul style="list-style-type: none"> Mandatory Training – the Trust maintained a strong position against the Trust target of 85%, reporting current compliance at 94.2% The overall trust vacancy position is 6.9%, consultant vacancies remain above target but continue to report an improving position. The Nursing vacancy rate was reported at the lowest level in recent history at 5.30% (November data) Clinical Supervision continues to perform above target, in month performance was recorded at 91.5%. 12 Month CPA Review performance has been strong in month with actual performance at 98.7%. 		<ul style="list-style-type: none"> In response to the high levels of sickness absence reported in inpatient areas, a bespoke targeted intervention is being delivered collaboratively between operational areas and the People team, across five inpatient settings. This work is being reported into EMT and the People & OD Committee. This is being reviewed in relation to the Trust Wide Risk Register Service Development Funding has recently been confirmed by the Integrated Care Board, this will enable recruitment to increase the Acute 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. Scheduled estate works have now been completed to significantly improve the PICU seclusion suite which is also temporarily impacting on patient flow. 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. We are awaiting the planning guidance for 2025/26 but the work on capacity and demand will continue to inform the operational planning discussions taking place with commissioners.

Matters of Concern or Key Risks:

- The increase in the incidents per 10,000 contacts indicator is directly linked to the harm free indicator in that there was a reduction in the number of contacts (November and December) with a slight increase in the number of incidents, the rate per 10,000 contacts therefore increased. The reduction in the number of total clinical contacts from October to November was a reduction of 4581 a drop of 7.6% between the months, with incident reporting increasing from 1369 incidents to 1418 (49 additional incidents / 3.6% increase in reporting rate).
- In terms of reported severity / level of harm for the month we consistently sit around the 99% mark for this indicator month on month (*a high% of low/zero harm should be perceived as a positive*)
- Sickness absence has been above target for 5 consecutive months, with specific work undertaken to focus on inpatient sickness absence which is showing the highest prevalence of sickness.
- Safer Staffing Dashboard – there are no units with 5 or more Red flags however 15 units are flagging red for sickness in January - detailed commentary is provided in the dashboard.
- Waiting times for both children’s and adult neurodiversity services continues to be the most significant area of pressure and challenge.
- There has been a reduction in the use of Out of Area placements since October, the majority of days relate to older people and PICU for which solutions are being actively progressed to reduce usage.

Decisions Made:

- None (report is to note)

Governance:

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				
	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:

Dec-24

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust Trust Performance Report

For the period ending: **December 2024**

<p>Purpose</p>	<p>This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).</p>																																																																																													
<p>What are SPCs?</p>	<p>SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set.</p> <p>The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference.</p> <p>They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:</p>																																																																																													
<p>Example SPC Chart</p>	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <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> </div> <div style="flex: 2;"> <table border="1" style="margin-top: 10px;"> <caption>Approximate data from the SPC chart</caption> <thead> <tr> <th>Month</th> <th>In Month (%)</th> <th>Target (%)</th> <th>CL (Mean) (%)</th> <th>UCL (%)</th> <th>LCL (%)</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>May-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jun-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jul-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Aug-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Sep-22</td><td>95</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Oct-22</td><td>88</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Nov-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Dec-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jan-23</td><td>50</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Feb-23</td><td>95</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Mar-23</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Apr-23</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>May-23</td><td>88</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> </tbody> </table> </div> </div>				Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)	Apr-22	90	80	90	95	65	May-22	92	80	90	95	65	Jun-22	90	80	90	95	65	Jul-22	90	80	90	95	65	Aug-22	90	80	90	95	65	Sep-22	95	80	90	95	65	Oct-22	88	80	90	95	65	Nov-22	92	80	90	95	65	Dec-22	92	80	90	95	65	Jan-23	50	80	90	95	65	Feb-23	95	80	90	95	65	Mar-23	90	80	90	95	65	Apr-23	90	80	90	95	65	May-23	88	80	90	95	65
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<p>Strategic Goal 1</p>	<p>Innovating Quality and Patient Safety</p>		<p>Strategic Goal 4</p>	<p>Developing an effective and empowered workforce</p>																																																																																										
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<p>Key Indicators</p>	<p>The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts</p>																																																																																													

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **December 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: **December 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)

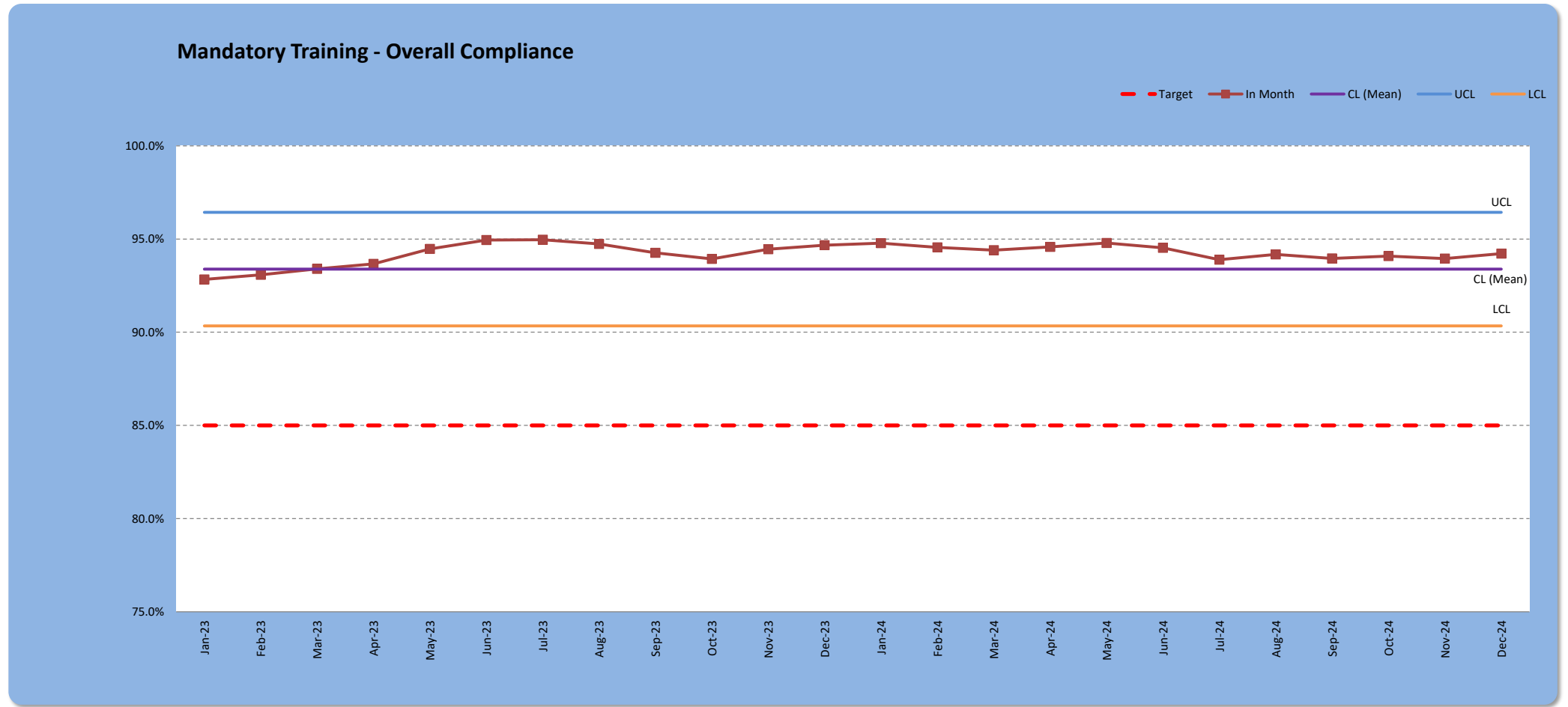
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 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



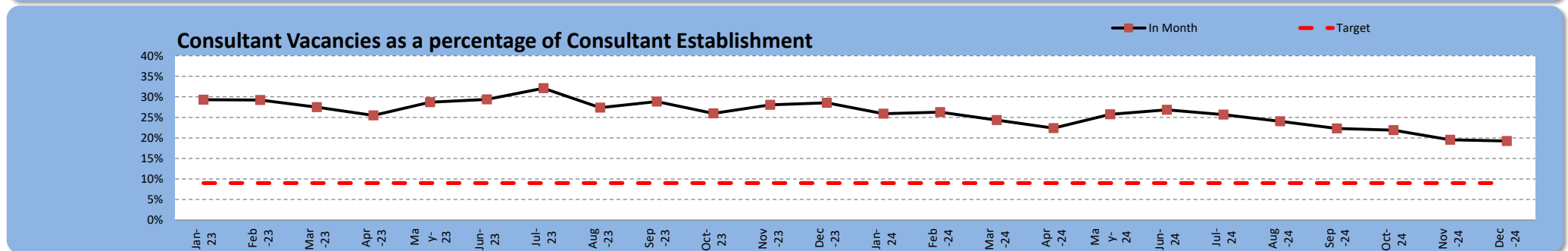
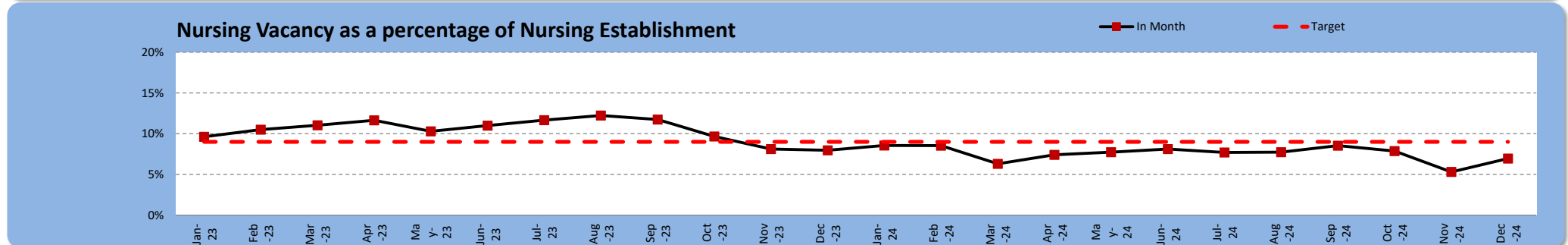
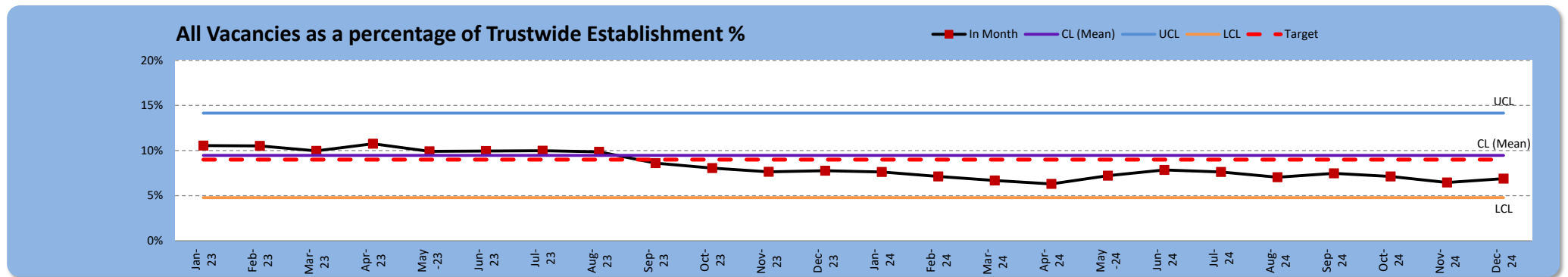
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
N/A	N/A	6.9%

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



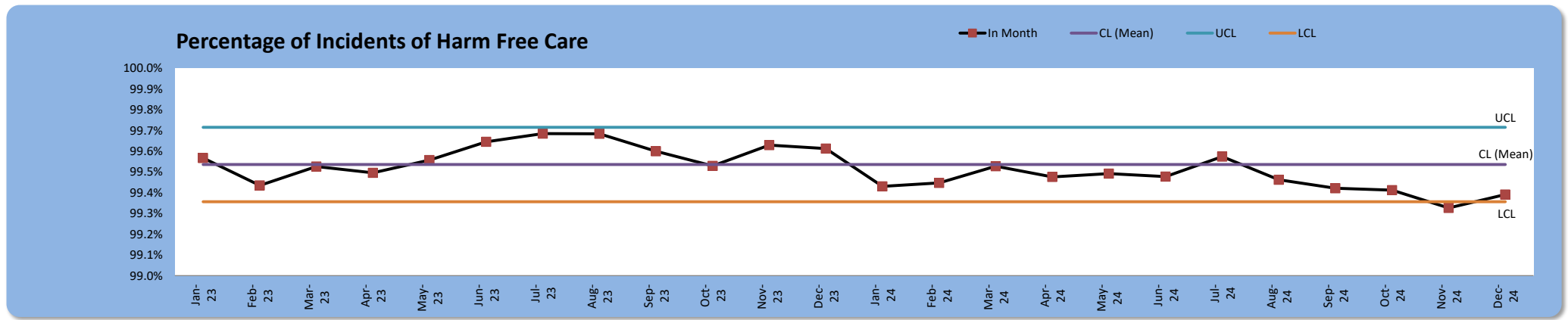
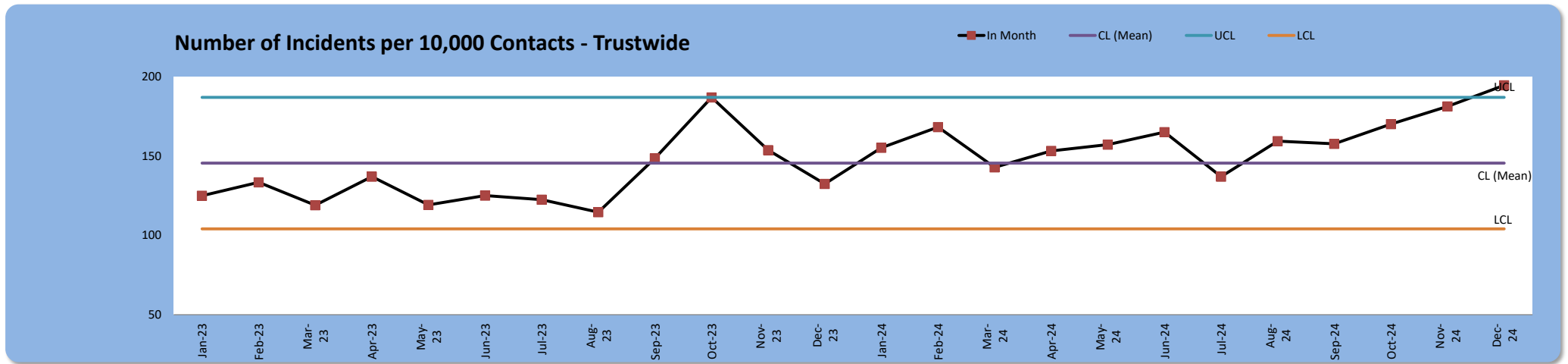
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 2024**

Target:	Amber:	Trustwide current month stands at:
0	0	195

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



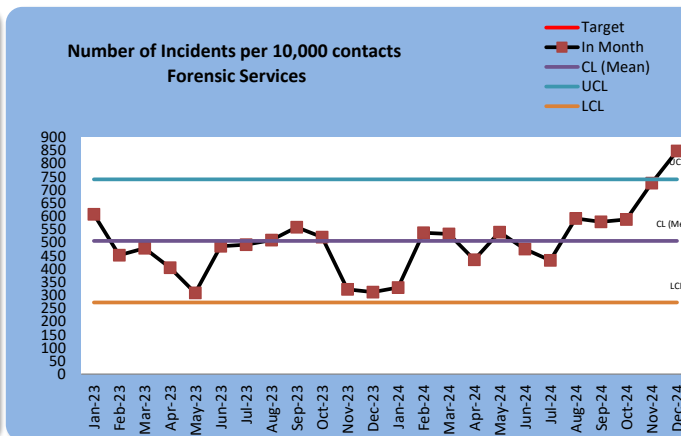
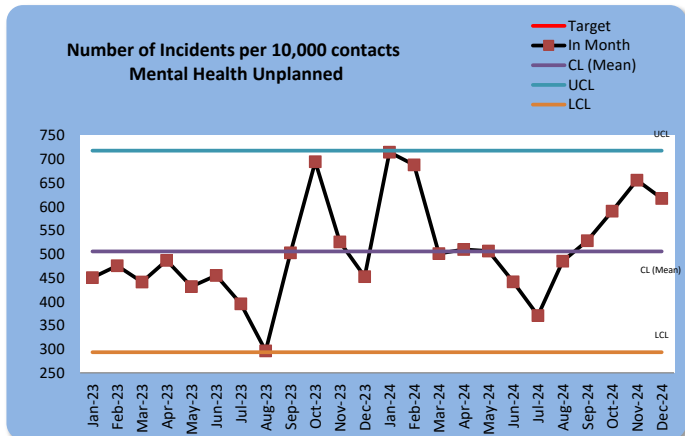
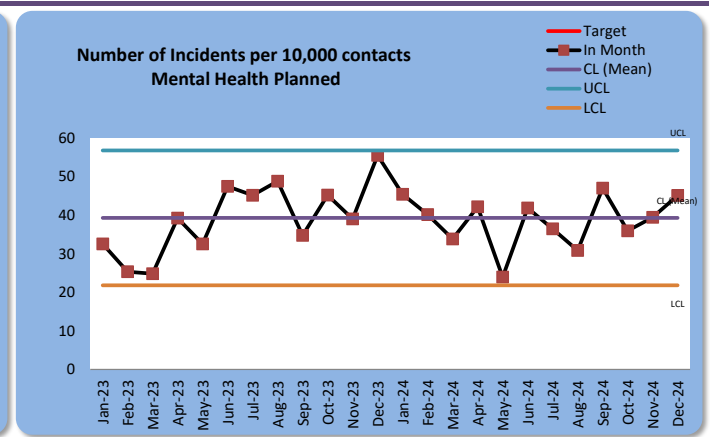
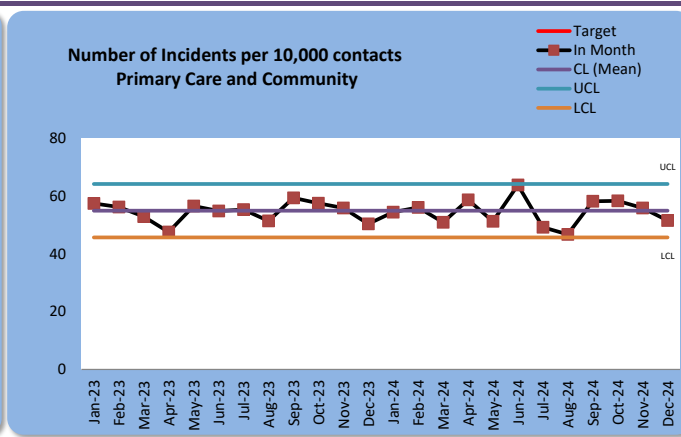
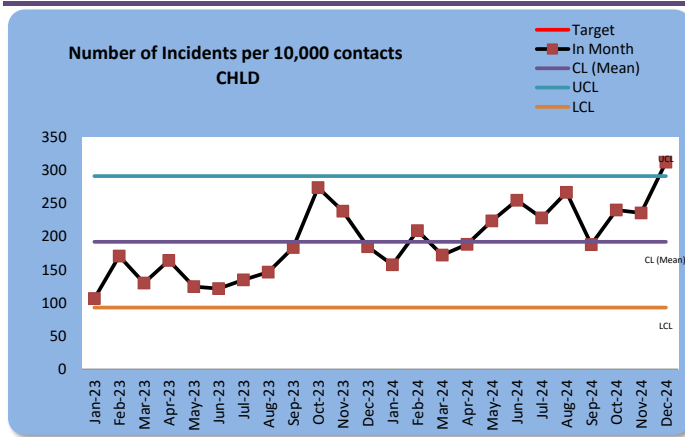
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 2024**

Target:	Amber:	Trustwide current month stands at:
0	0	195

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	312
Primary Care and Community	51
Mental Health Planned	45
Mental Health Unplanned	617
Forensic Services	848

Incident Analysis

	Nov-24	Dec-24
Never Events	0	0
% of Harm Free Care	99.3%	99.4%
% of Incidents reported in Severe Harm or Death	0.5%	0.5%

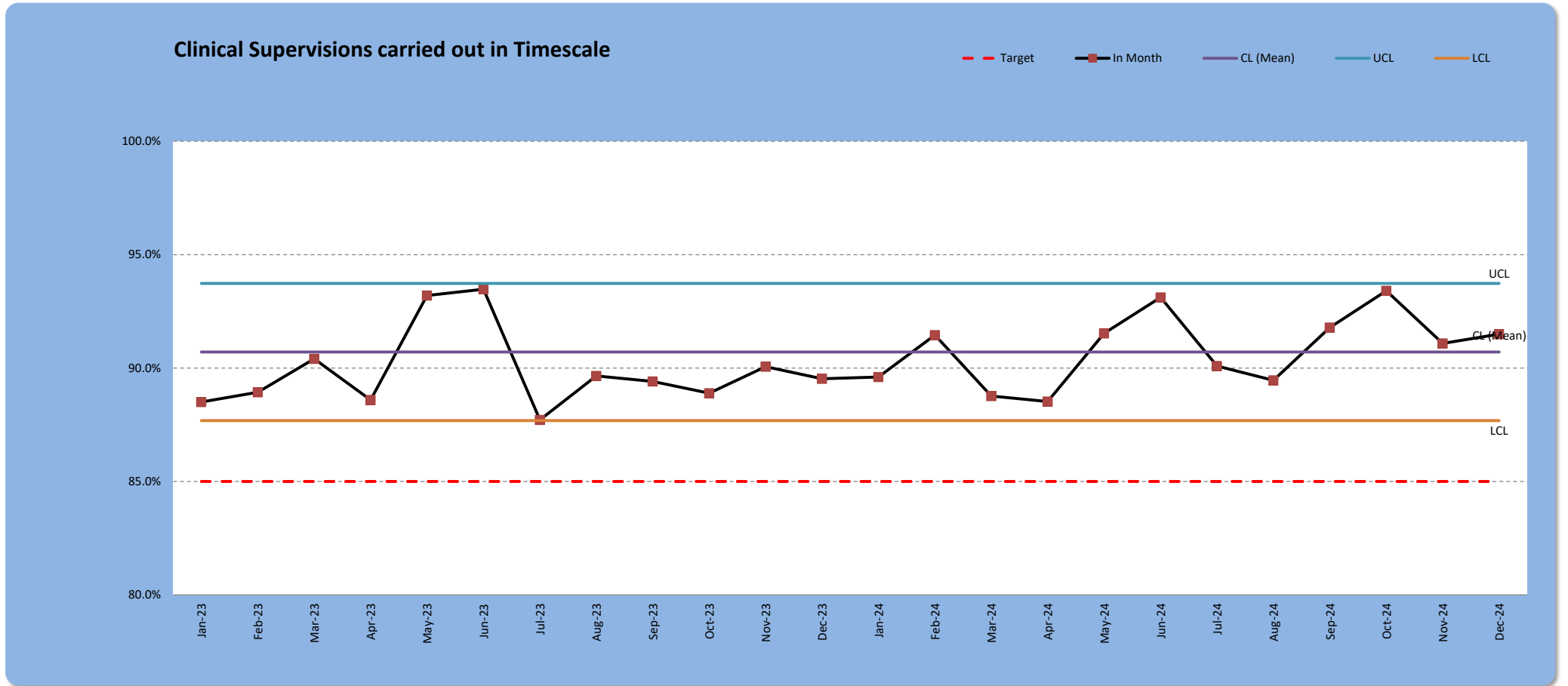
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
85%	80%	91.5%

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



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Speciality	Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (YTD)										Indicator Totals	
	Ward	Speciality	WTE	OBDS (including leave)	CHPPD Hours (Nurse)	Improvement	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Oct-24	Nov-24
											Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	31.4	72%	12.0	↑	14.2%	↑	2.9%	↓	95%	108%	97%	107%	0	29	4	0	90.3%	90.4%	85.7%	93.8%	6.7%	2.0	2	1
	New Bridges	Adult MH Treatment (M)	36.6	99%	7.5	↑	17.6%	↑	0.9%	↑	93%	98%	75%	122%	1	32	1	0	100.0%	93.9%	94.4%	90.0%	7.0%	-1.0	2	2
	Westlands	Adult MH Treatment (F)	37.0	95%	9.1	↑	27.8%	↓	4.7%	↓	97%	88%	95%	131%	2	46	3	0	86.1%	88.8%	82.4%	68.4%	7.7%	-1.0	3	2
	Mill View Court	Adult MH Treatment	32.0	103%	9.8	↑	33.2%	↓	8.4%	↑	96%	135%	83%	166%	4	27	1	0	93.8%	90.0%	72.2%	71.4%	5.8%	0.8	3	2
	STARS	Adult MH Rehabilitation	16.8	100%	15.9	↓	26.4%	↓	2.4%	↓	114%	84%	98%	100%	1	5	0	0	77.8%	93.2%	66.7%	92.3%	12.1%	1.0	3	2
OP/MH	PICU	Adult MH Acute Intensive	33.3	53%	30.4	↑	19.6%	↑	4.4%	↓	79%	94%	88%	98%	0	61	1	2	80.6%	91.5%	93.3%	95.0%	3.4%	1.6	1	0
	Maister Lodge	Older People Dementia Treatment	33.6	56%	20.4	↑	14.6%	↓	0.0%	↑	79%	101%	110%	107%	1	96	0	0	N/R	94.8%	100.0%	78.3%	8.0%	0.5	1	2
	Mill View Lodge	Older People Treatment	31.8	95%	15.2	↑	9.6%	↑	5.0%	↑	79%	77%	100%	100%	0	10	0	0	N/R	97.0%	84.6%	85.0%	7.0%	4.0	1	3
	Maister Court	Older People Treatment	15.4	103%	15.9	↑	35.5%	↑	1.6%	↑	86%	85%	100%	99%	0	6	0	0	N/R	92.7%	80.0%	90.0%	7.8%	2.2	2	3
	Pine View	Forensic Low Secure	27.8	77%	9.5	↓	35.0%	↑	0.0%	→	102%	73%	83%	102%	2	1	0	8	100.0%	91.1%	91.7%	75.0%	14.2%	0.9	1	2
Child & LD	Derwent	Forensic Medium Secure	28.9	87%	20.2	↑	41.4%	↓	0.0%	→	105%	99%	99%	165%	8	15	0	0	72.0%	94.4%	75.0%	83.3%	11.6%	-1.0	1	2
	Ouse	Forensic Medium Secure	25.6	82%	8.1	↓	17.4%	↑	0.0%	→	86%	95%	104%	97%	2	3	2	0	95.5%	95.0%	90.9%	93.8%	9.0%	-0.8	2	1
	Swale	Personality Disorder Medium Secure	28.5	87%	8.7	↑	27.7%	↓	0.0%	→	82%	98%	104%	93%	3	4	2	0	96.3%	97.9%	91.7%	100.0%	9.9%	-1.0	1	1
	Ullswater (10 Beds)	Learning Disability Medium Secure	28.2	90%	14.5	↓	36.4%	↑	0.0%	→	94%	145%	104%	129%	3	25	1	2	93.1%	92.9%	100.0%	66.7%	14.2%	-1.1	3	1
	Townend Court	Learning Disability	49.3	36%	47.5	↓	17.5%	↓	3.0%	↑	63%	109%	88%	105%	7	475	0	0	95.1%	88.0%	69.2%	64.7%	14.1%	1.4	4	3
GH	Inspire	CAMHS	50.0	58%	36.1	↑	8.8%	↑	6.5%	↑	103%	99%	97%	112%	1	14	0	0	88.2%	92.9%	94.7%	82.1%	4.5%	-1.5	0	0
	Granville Court	Learning Disability Nursing Care	52.1	73%	20.0	↑	27.0%	↓	0.0%	→	135%	100%	109%	115%	0	2	0	0	95.7%	96.4%	78.6%	95.0%	11.4%	-1.4	1	1
	Whitby Hospital	Physical Health Community Hospital	31.9	83%	9.0	↑	2.6%	↑	0.0%	→	82%	86%	100%	100%	6	1	0	0	92.5%	92.1%	76.5%	66.7%	3.4%	1.3	1	0
Malton Hospital	Physical Health Community Hospital	32.8	86%	7.4	↑	17.9%	↓	0.0%	→	83%	94%	107%	93%	1	1	1	0	100.0%	89.0%	93.3%	82.4%	4.4%	-0.3	1	0	

Key	Target met	Within 5% of target	Target not met
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HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Nov

15 units are flagging red for sickness in November, up from 14 in October which was the lowest since June. The number of units with sickness rates above 10% has reduced from 10 in October to 6 in November, with no units above 15% for the second month. A sickness intervention plan has been developed to address high sickness across the Humber Centre.

There are no units with 5 red flags.

2 units are slightly below the CHPPD but are within 5% of the target (Newbridge's, Malton) and Whitby has improved their position from October.

There were 6 units with RN day fill rates below 75% in October with a further 11 below the target threshold however this position has improved in November with 1 unit under 75% (TEC – with a low bed occupancy) and 8 other units slightly below the target.

Mandatory training (all) is above 85% for all units. TEC remain below the lower threshold for BLS, but STARS have improved to above 90%. Westlands, MVC and Swale are slightly under target in November.

Overall compliance with clinical supervision is strong. Derwent flagging under the lower threshold and 3 nil return (Maister Lodge, MVL and Maister Court). Whitby has recovered their position above 90%.

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)

Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
11.04%	11.25%	11.00%	9.56%	9.10%	9.59%	9.66%	10.20%	10.28%	8.92%	6.80%	6.30%

Slips/Trips and Falls (Rolling 3 months)

	Sep-24	Oct-24	Nov-24
Maister Lodge	8	4	8
Millview Lodge	2	11	3
Malton IPU	0	2	4
Whitby IPU	1	8	3

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

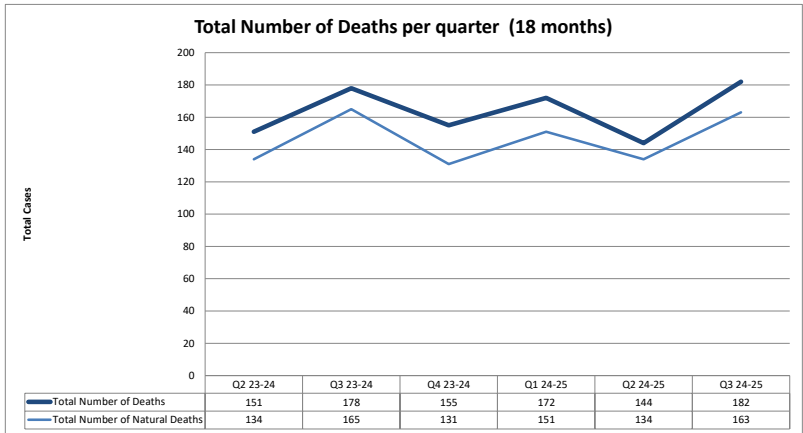
Quality Dashboard

Description : Learning from Mortality Reviews

Summary of total number of deaths and total number of cases reviewed under the 'Patient Safety Incident' Framework or Mortality Review

Total Number of Deaths and Deaths Reviewed (does not include patients with identified Learning Disabilities)

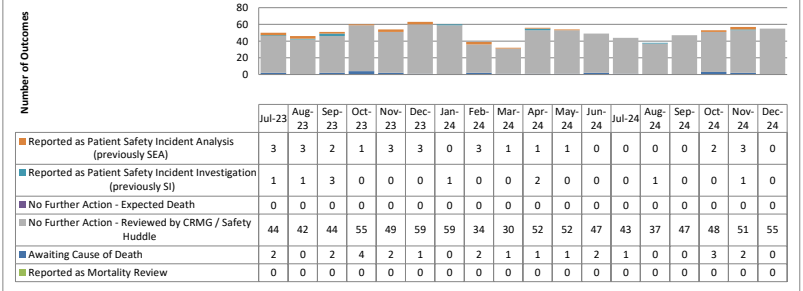
	Q3 23-24	Q4 23-24	Q1 24-25	Q2 24-25	Q3 24-25	Last 12 months
Total Number of Deaths	178	155	172	144	182	653
Total Number of Natural Deaths	165	131	151	134	163	579
Proportion of Natural Deaths	92.7%	84.5%	87.8%	93.1%	89.6%	88.7%
Total Number of Deaths - Community Hospitals	25	14	29	22	22	87
Total Number of Deaths - MH Inpatients	2	1	6	1	0	8
Total Number of Deaths - LD Inpatients	0	2	0	0	0	2
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	61	54	53	53	73	233
Total Number of Deaths - Addictions	14	9	13	3	7	32
Total Number of Deaths - MH Community	83	81	66	62	77	286



Review Process

Reported as Mortality Review	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	163	123	151	127	154	555
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Patient Safety Incident Investigation (previously SI)	0	1	2	1	1	5
Reported as Patient Safety Incident Analysis (previously SEA)	7	4	2	0	5	11
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	0	3	0	1	0	4
Swarm Huddle	0	0	0	0	0	0
Total Deaths Reviewed	170	131	155	129	160	575
Awaiting Cause of Death	7	3	4	1	5	13
Not Yet Reported	1	21	12	13	17	63

Outcome of Death Reviews (over the last 18 months)



Summary of total number of Learning Disability deaths and total number of cases reviewed under the LeDeR Review methodology

Total Number of Deaths, Deaths reviewed and Deaths Deemed Avoidable for patients with identified Learning Disabilities)

Number of Deaths in Inpatients (LD)	0	2	0	0	0	2
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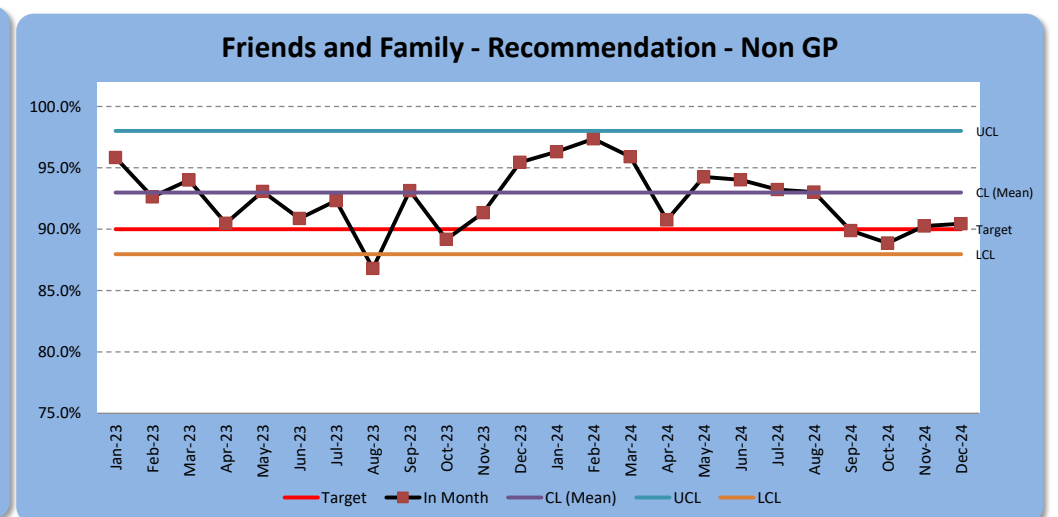
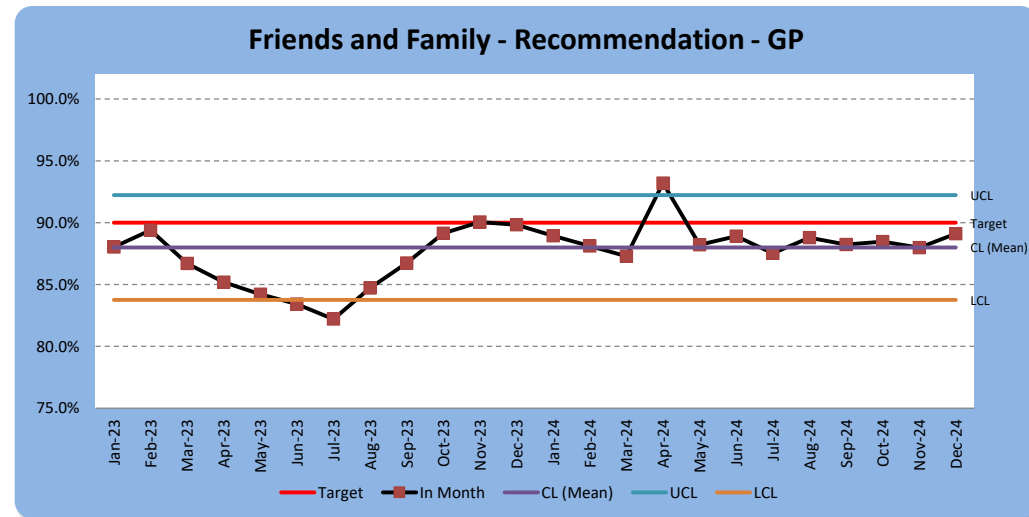
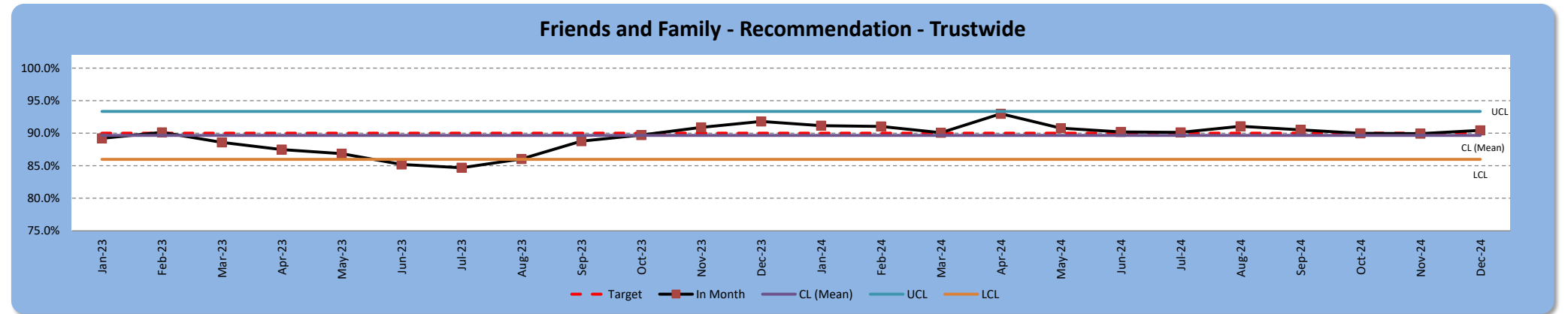
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	90.4%

For the period ending: **December 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 %



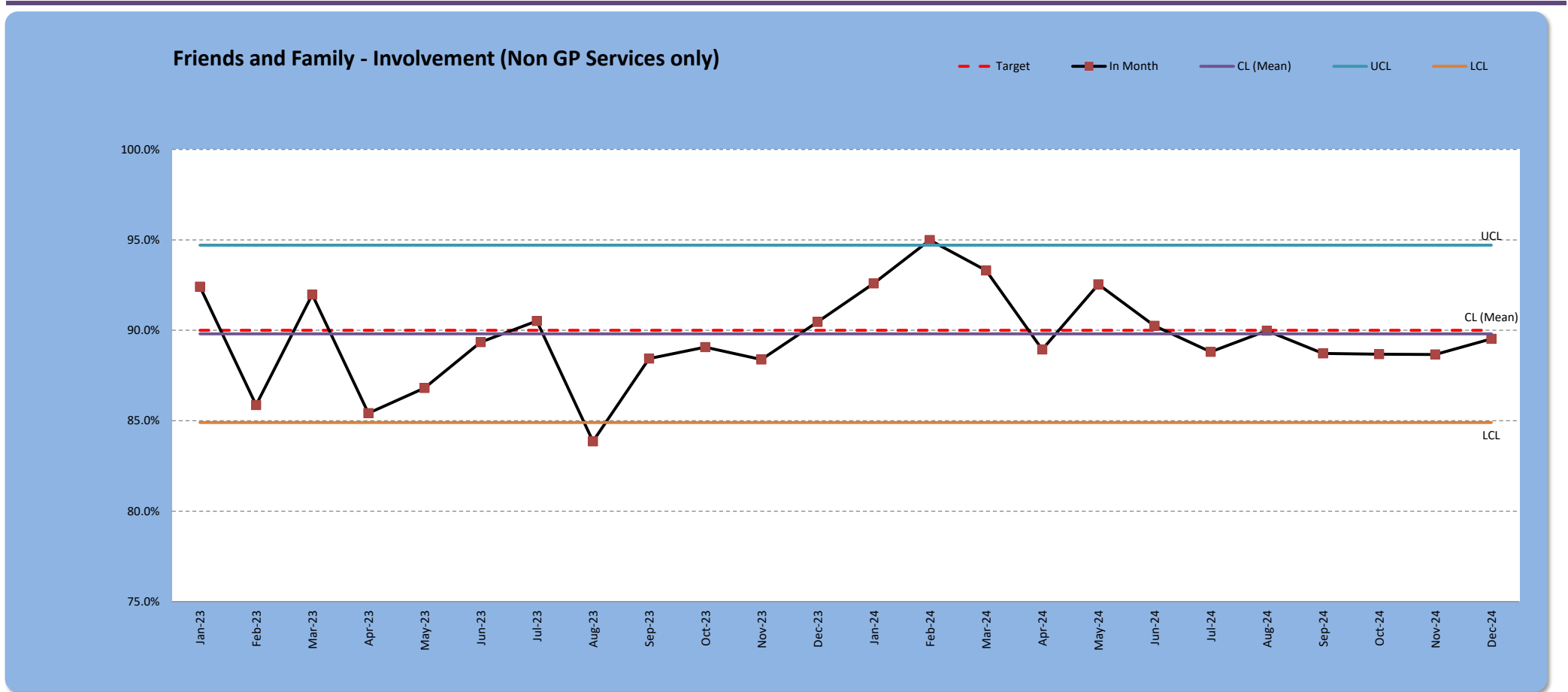
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
90%	80%	89.5%

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 %



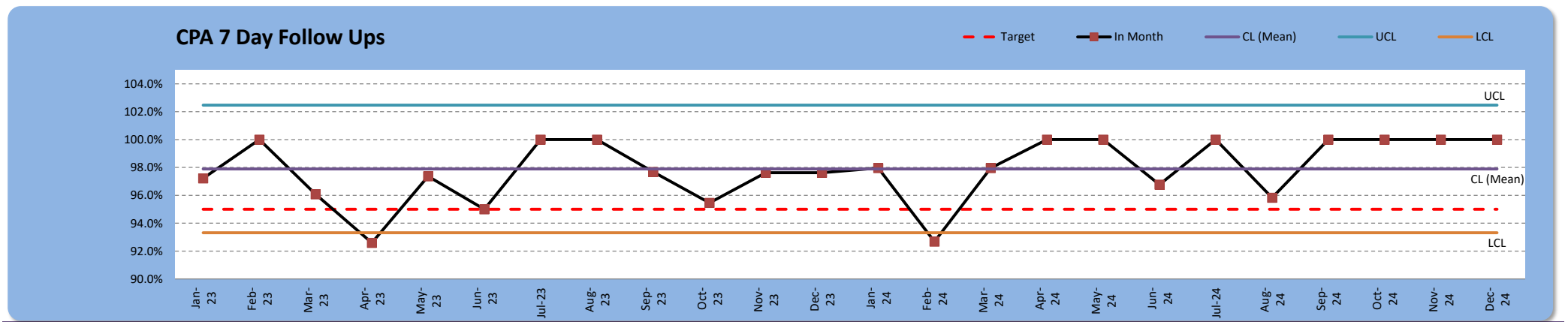
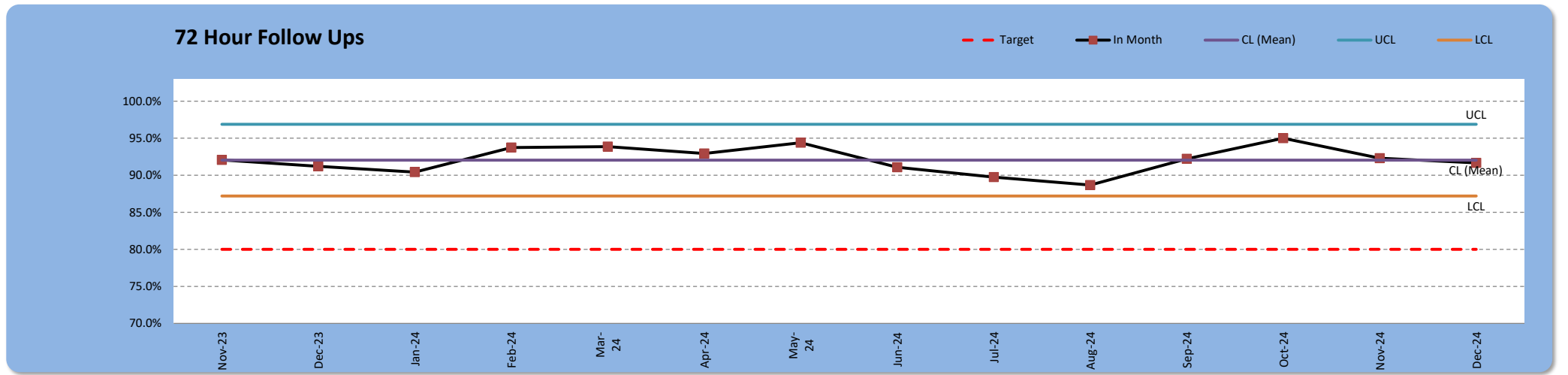
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	91.7%

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



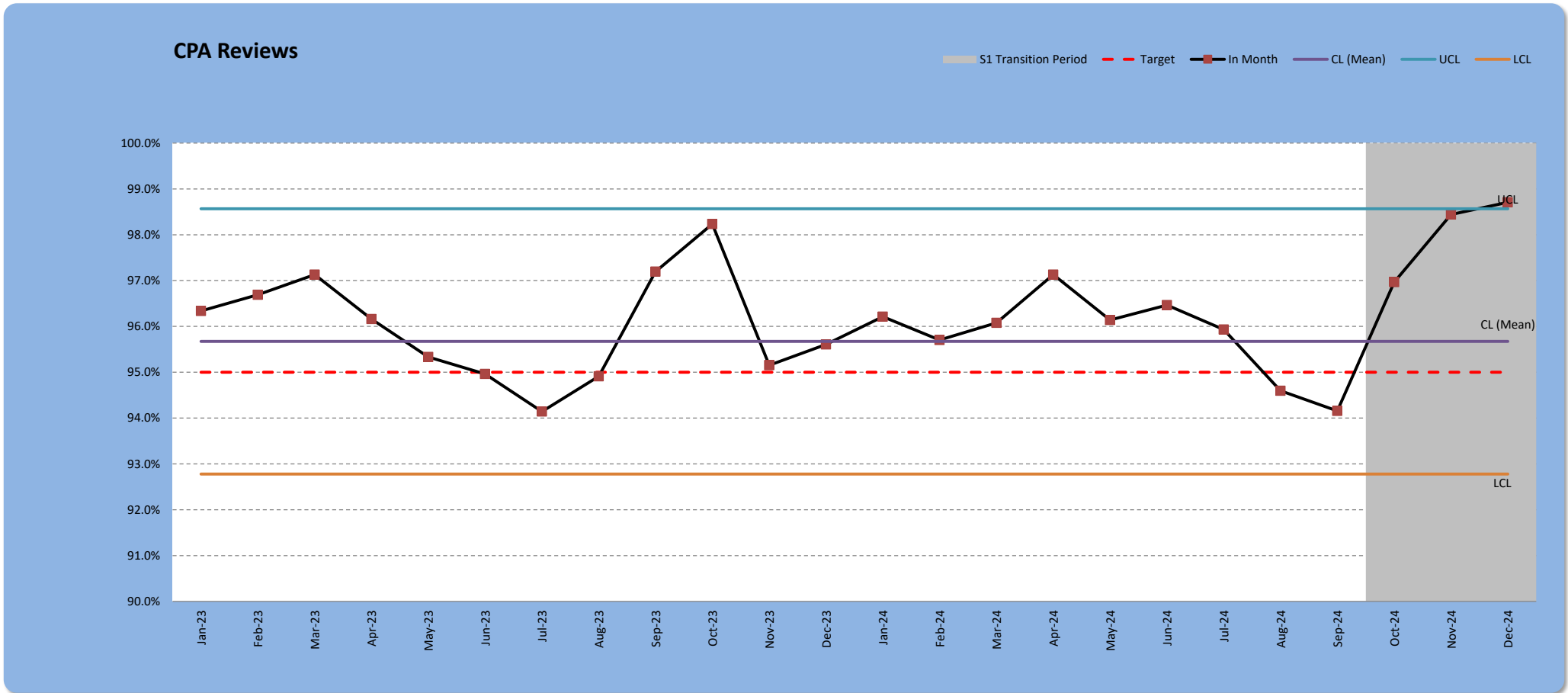
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
95%	85%	98.7%

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

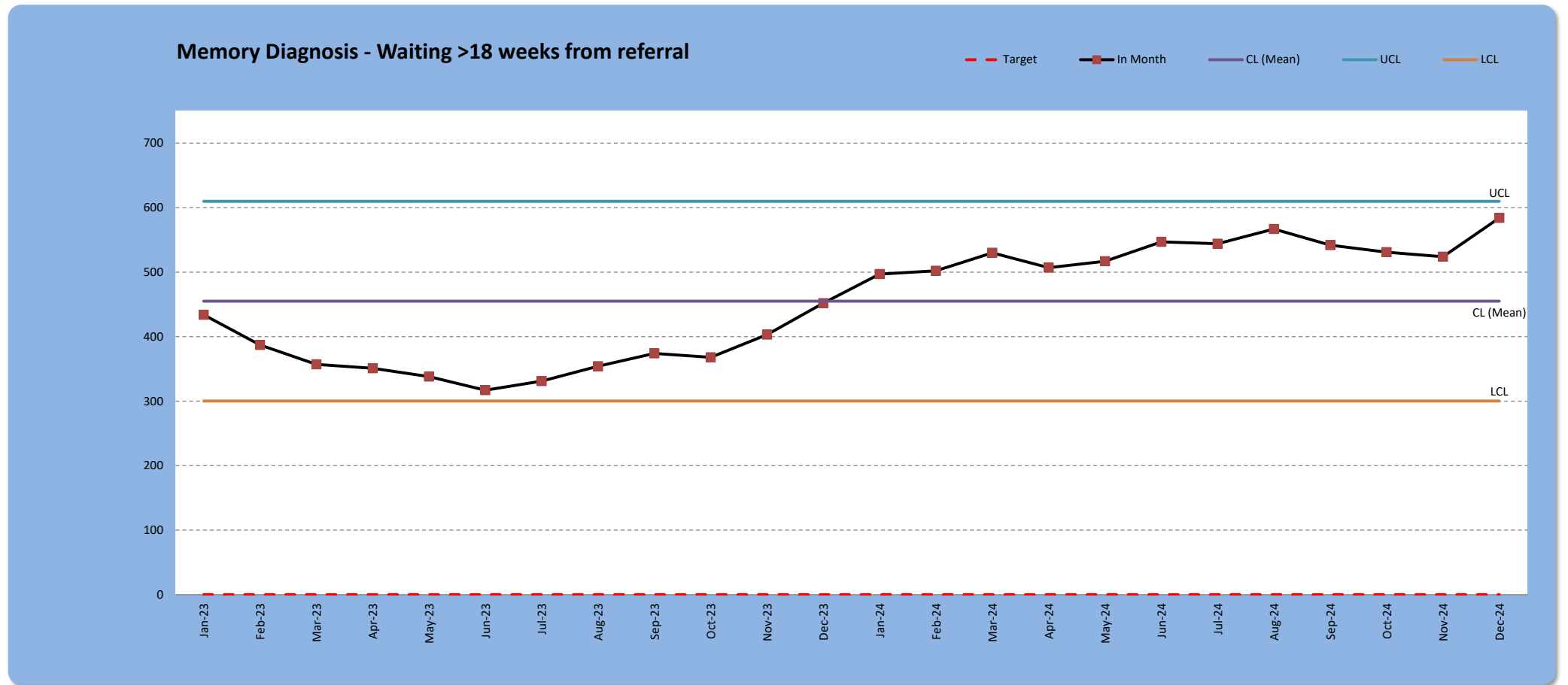
For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
n/a	n/a	584

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

Executive Lead
Lynn Parkinson

KPI Type
MemAssWL



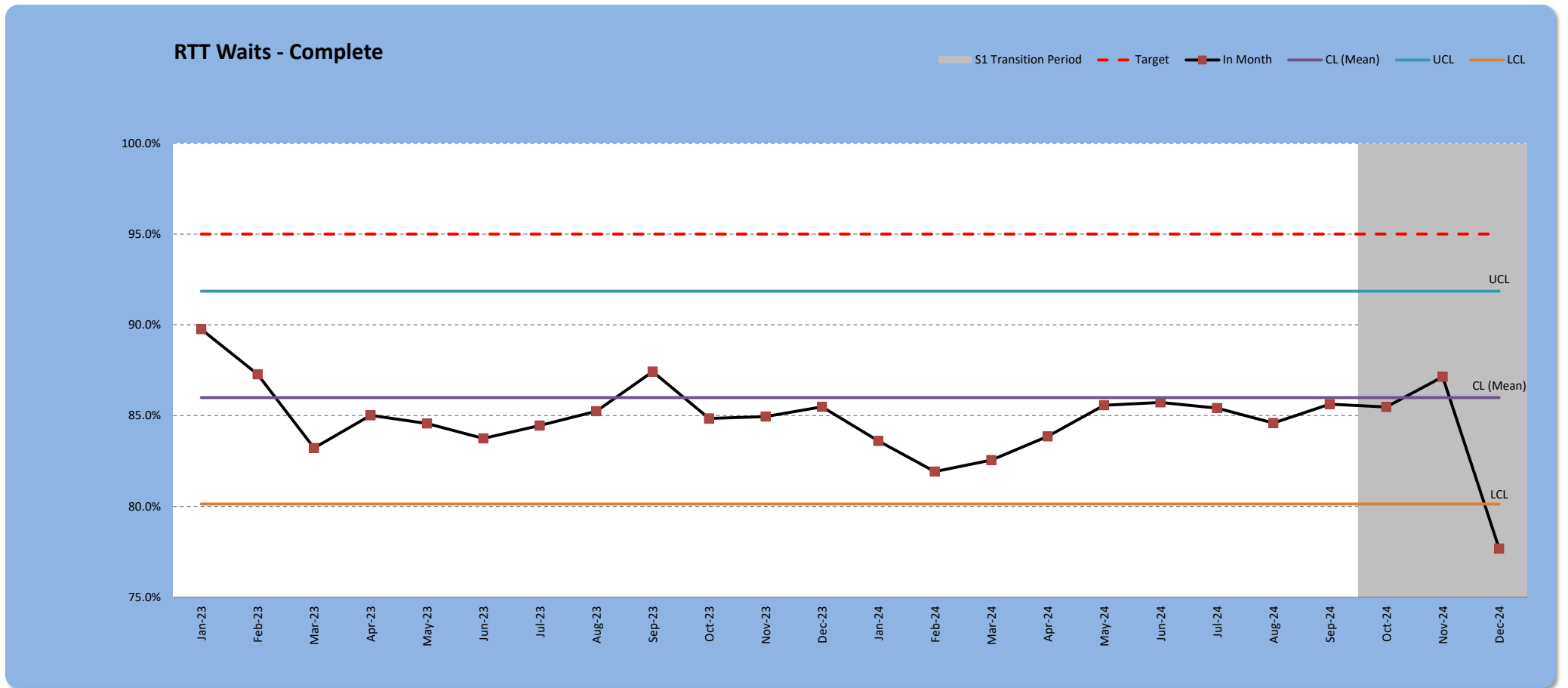
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
95%	85%	77.7%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson	OP 20



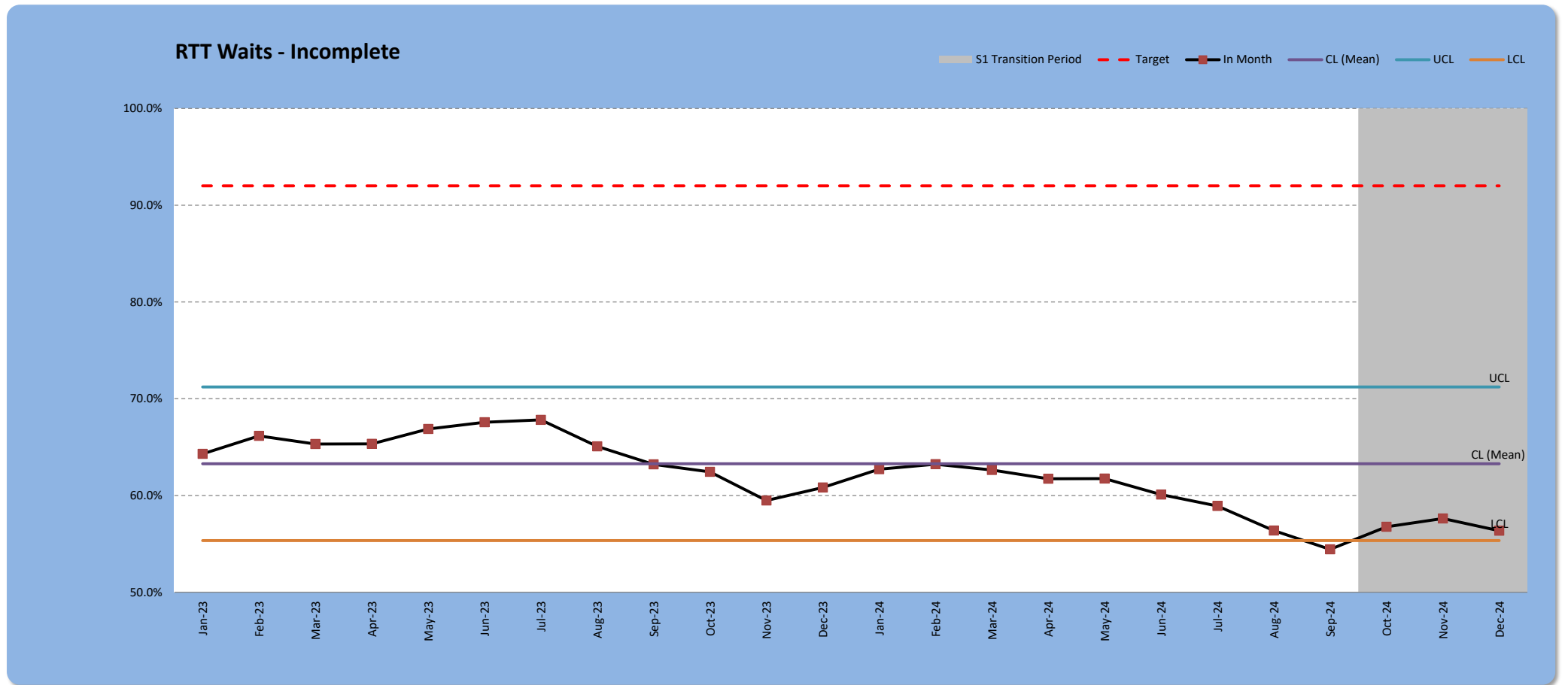
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
92%	85%	56.4%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	Lynn Parkinson	OP 21



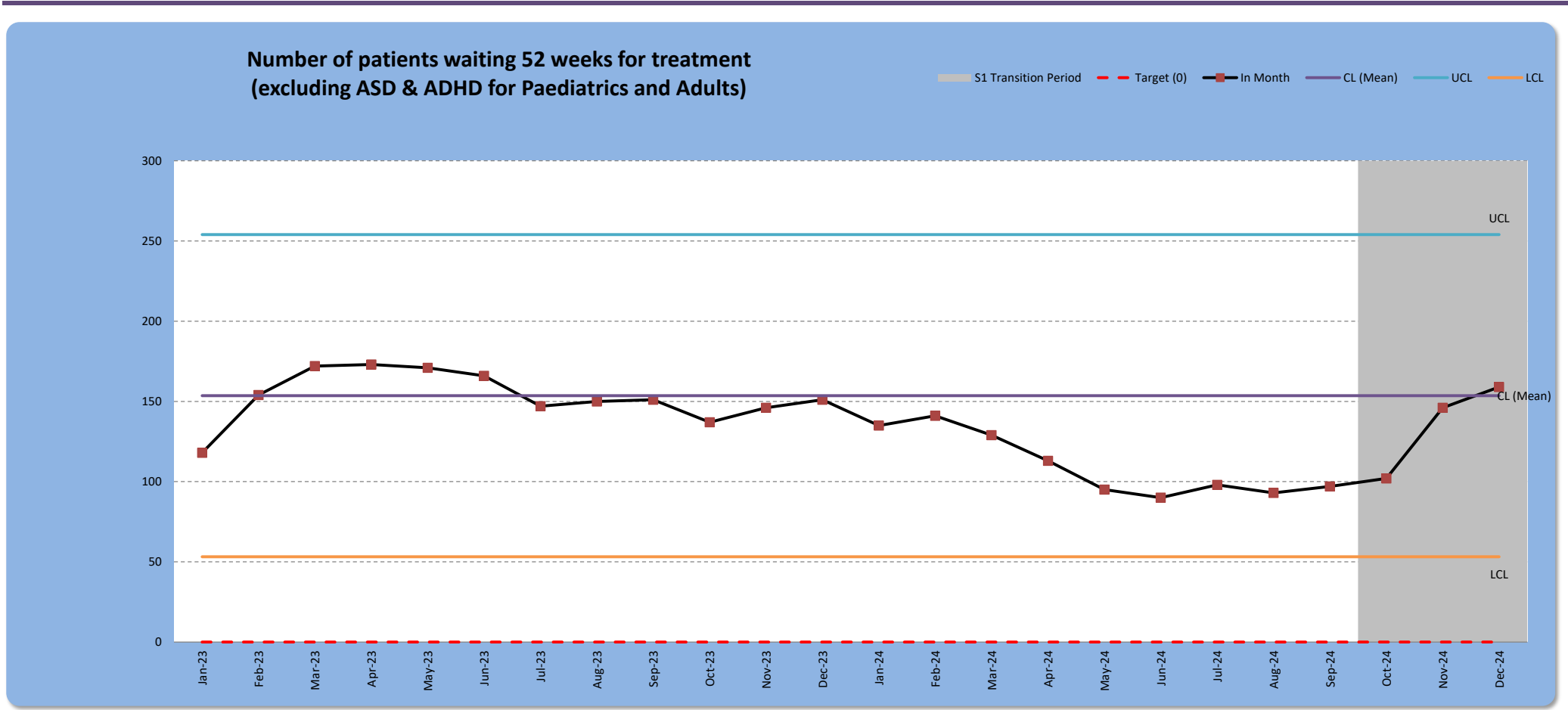
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
0	0	159

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



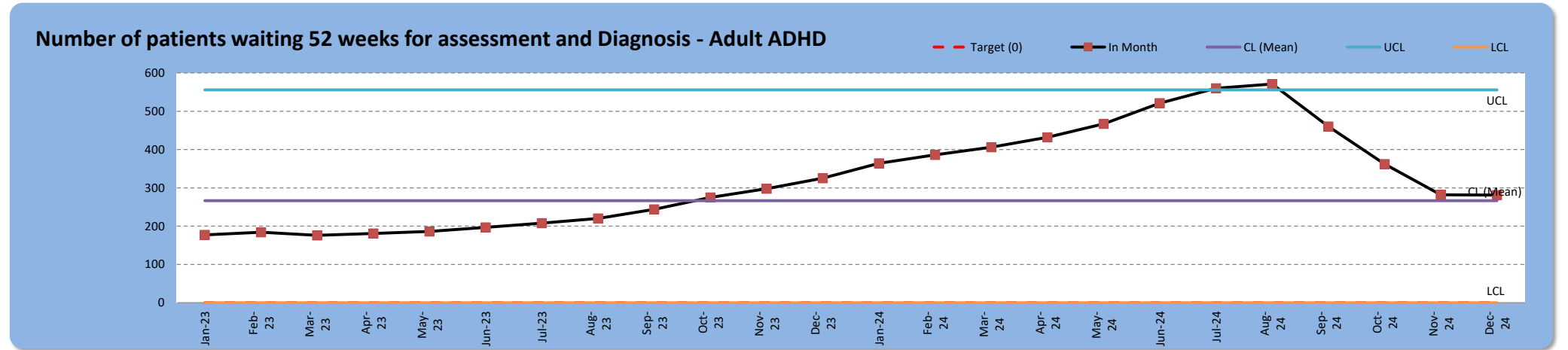
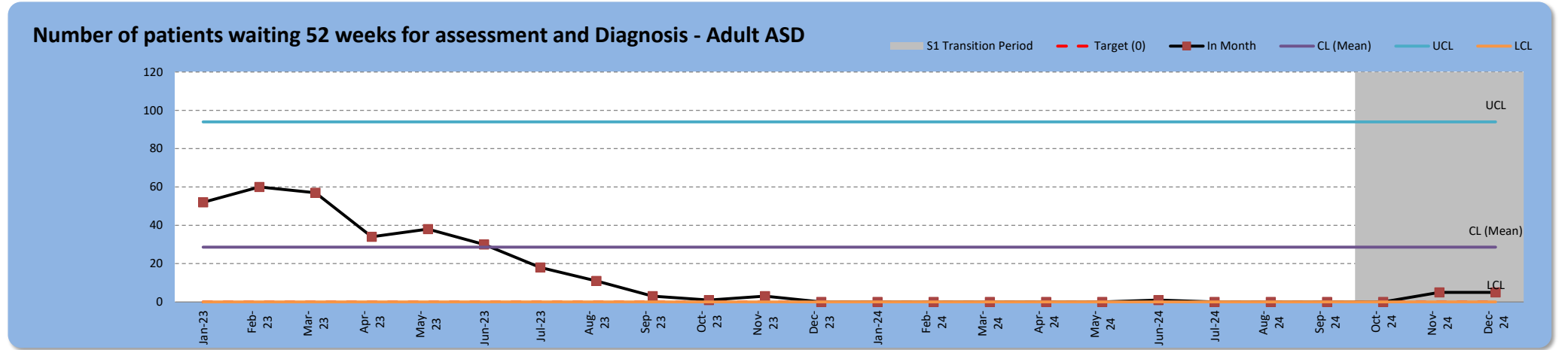
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
0	0	286

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



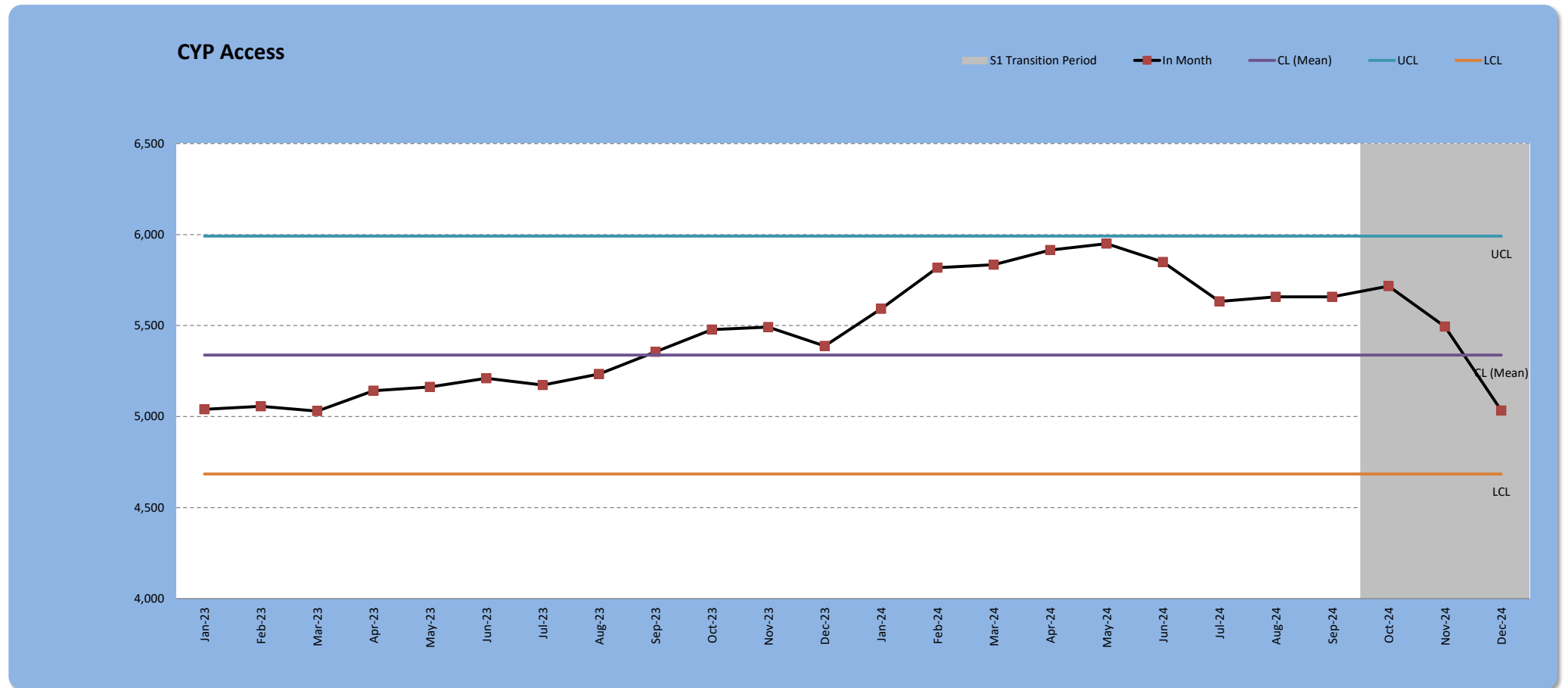
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
TBC	TBC	5033

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes ADHD but excludes ASD and LD (National Guidance)</i>	Lynn Parkinson	MHS95.2



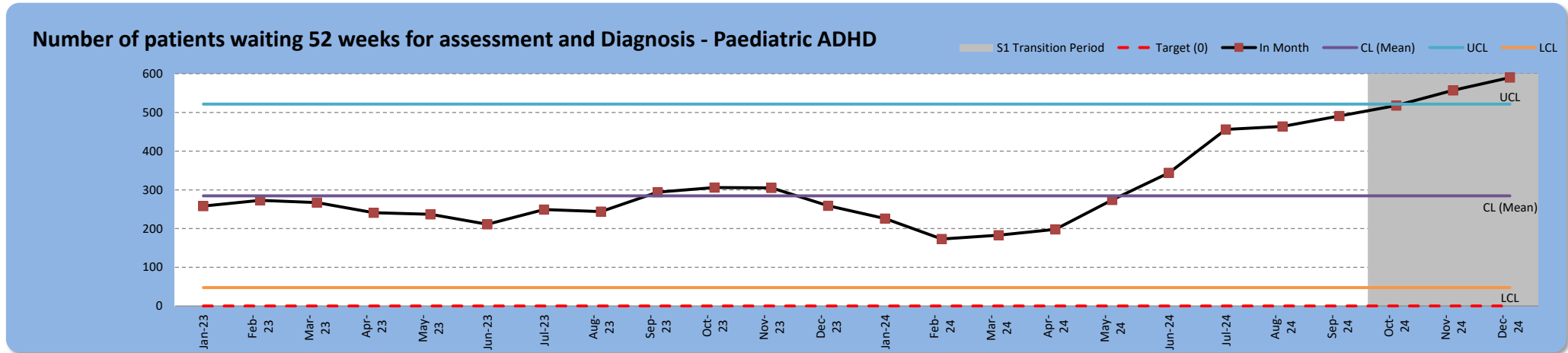
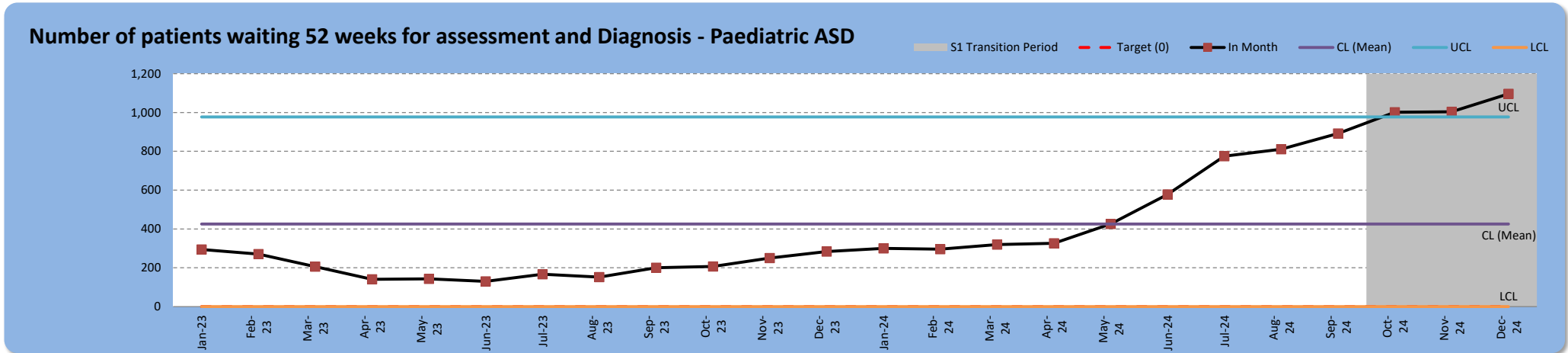
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
0	0	1686

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



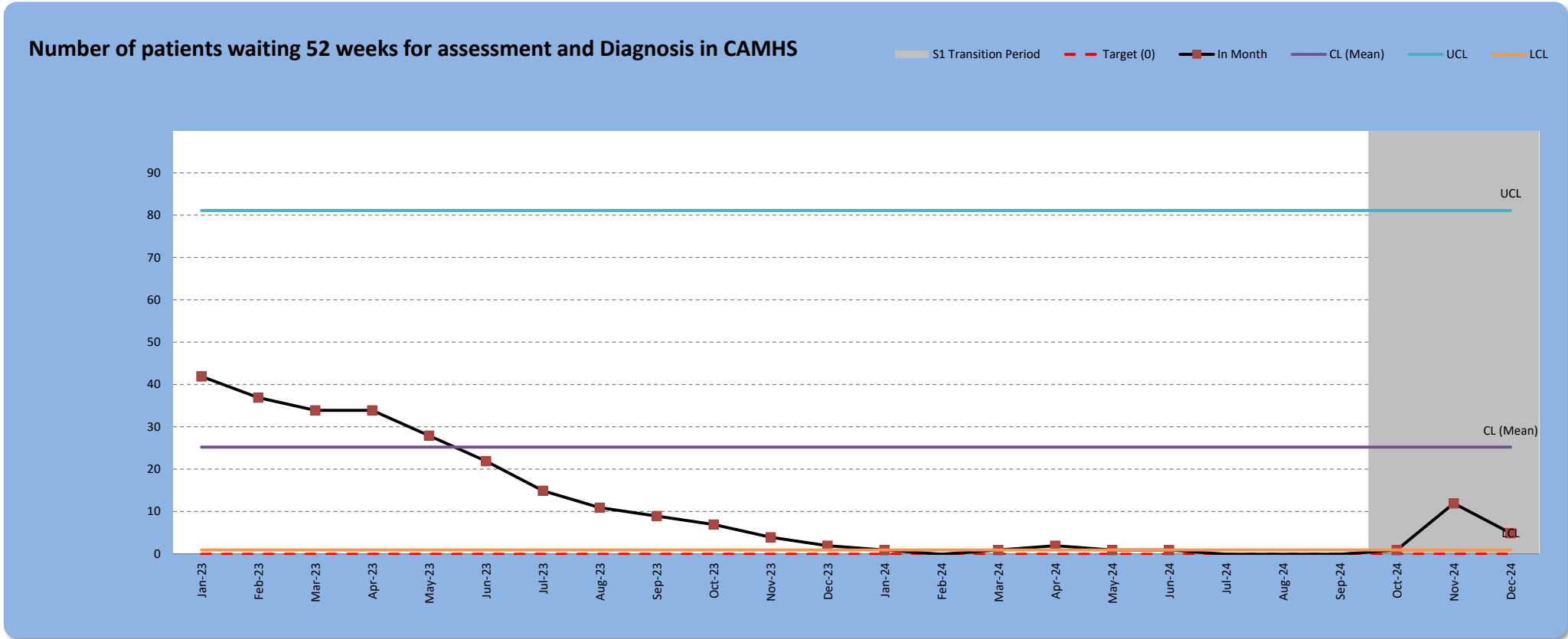
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
0	0	5

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



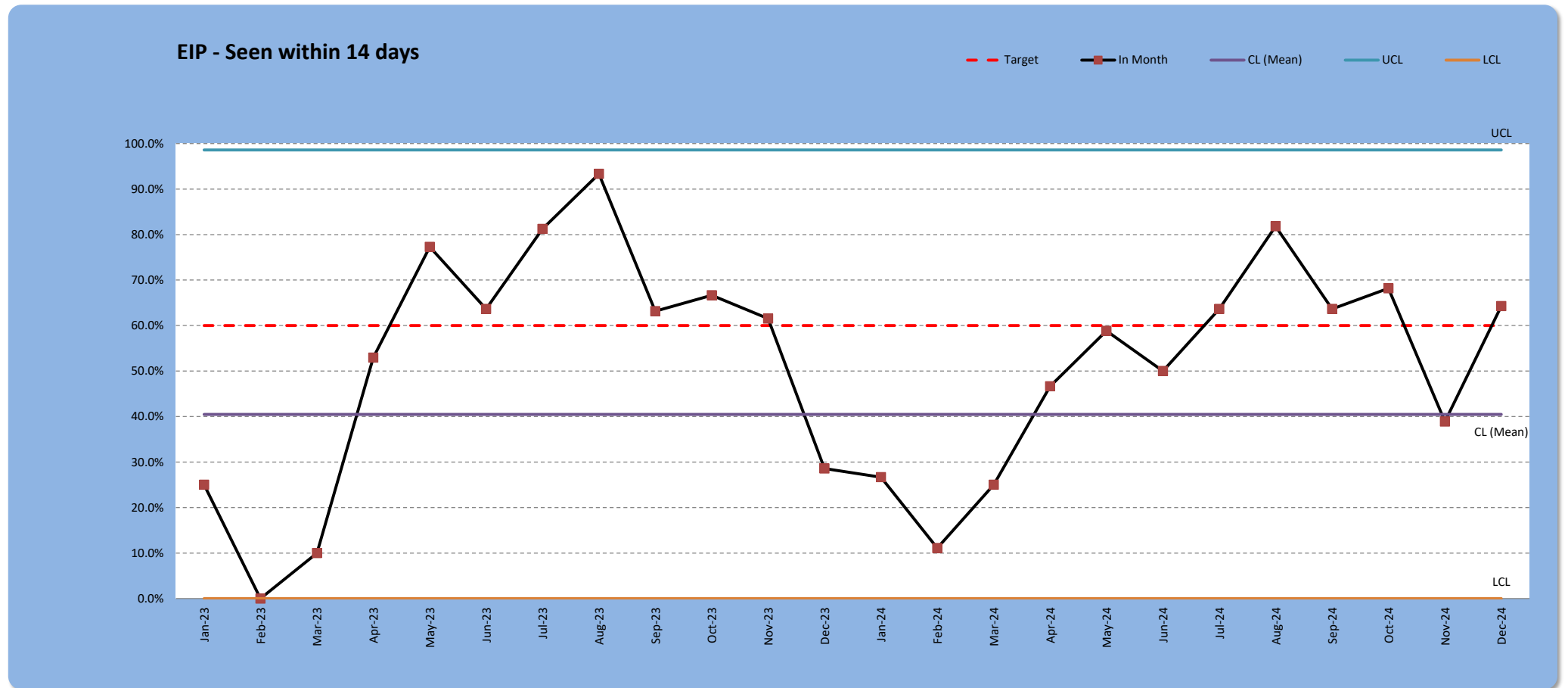
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
60%	55%	64.3%

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



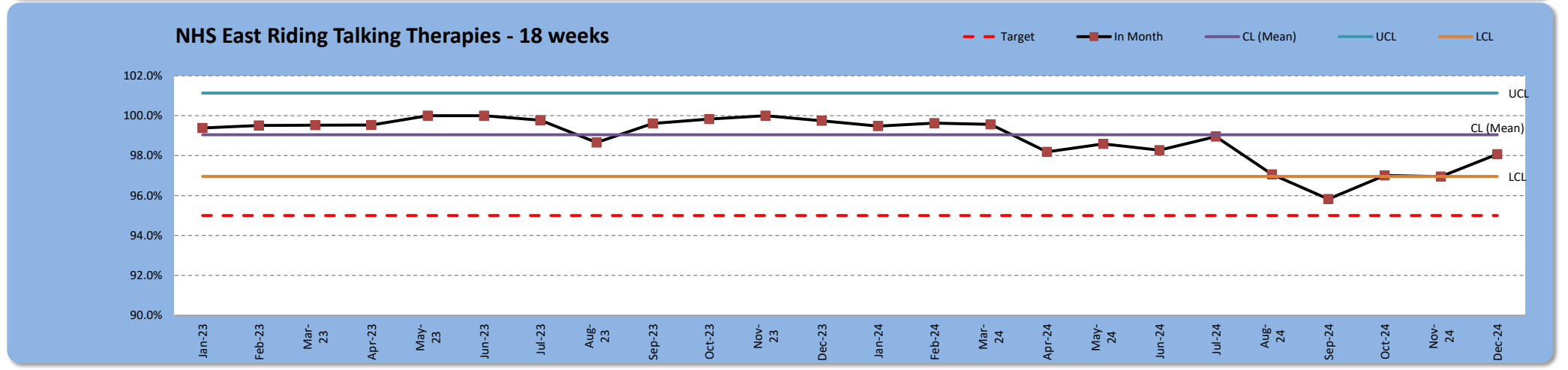
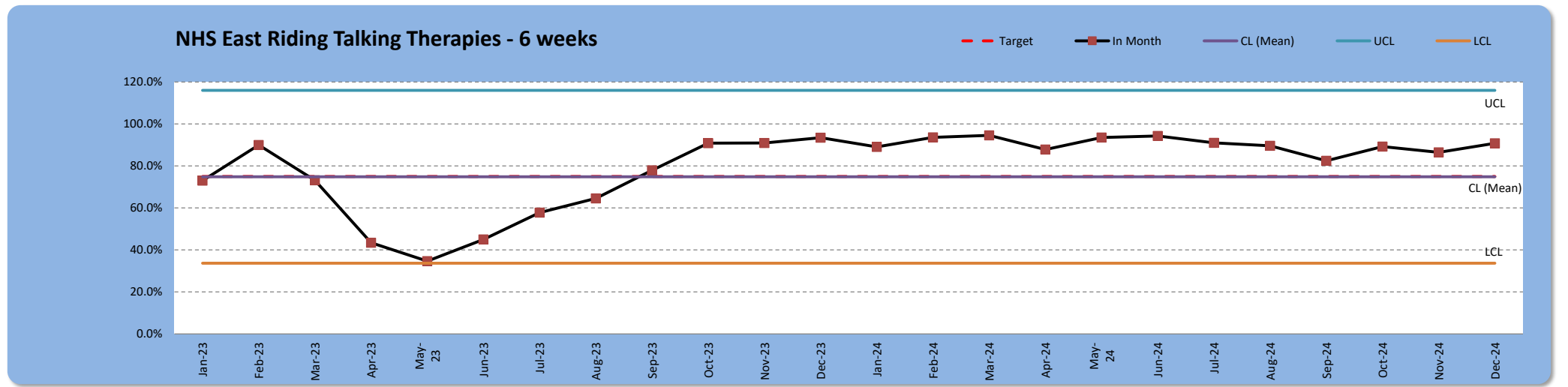
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	90.8%	95%	85%	98.1%

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



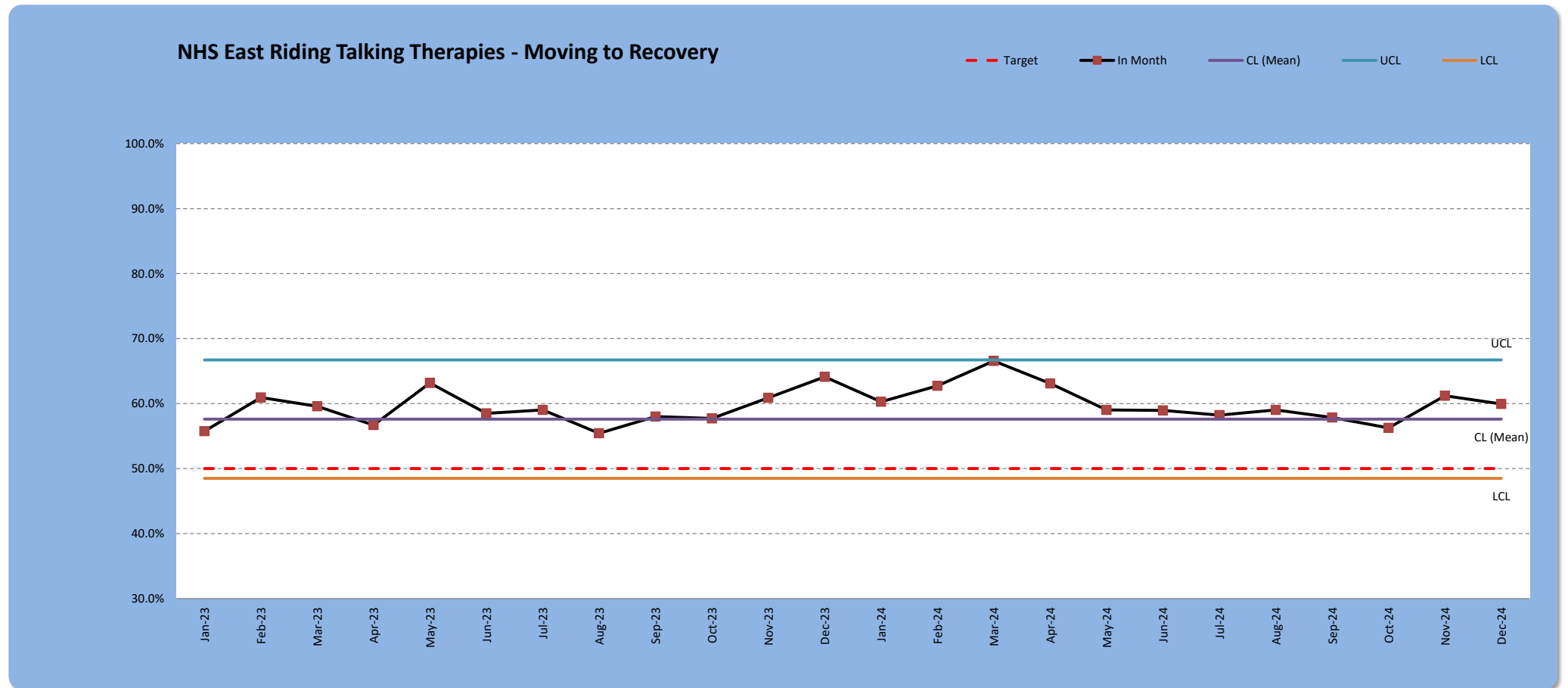
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
50%	45%	59.9%

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



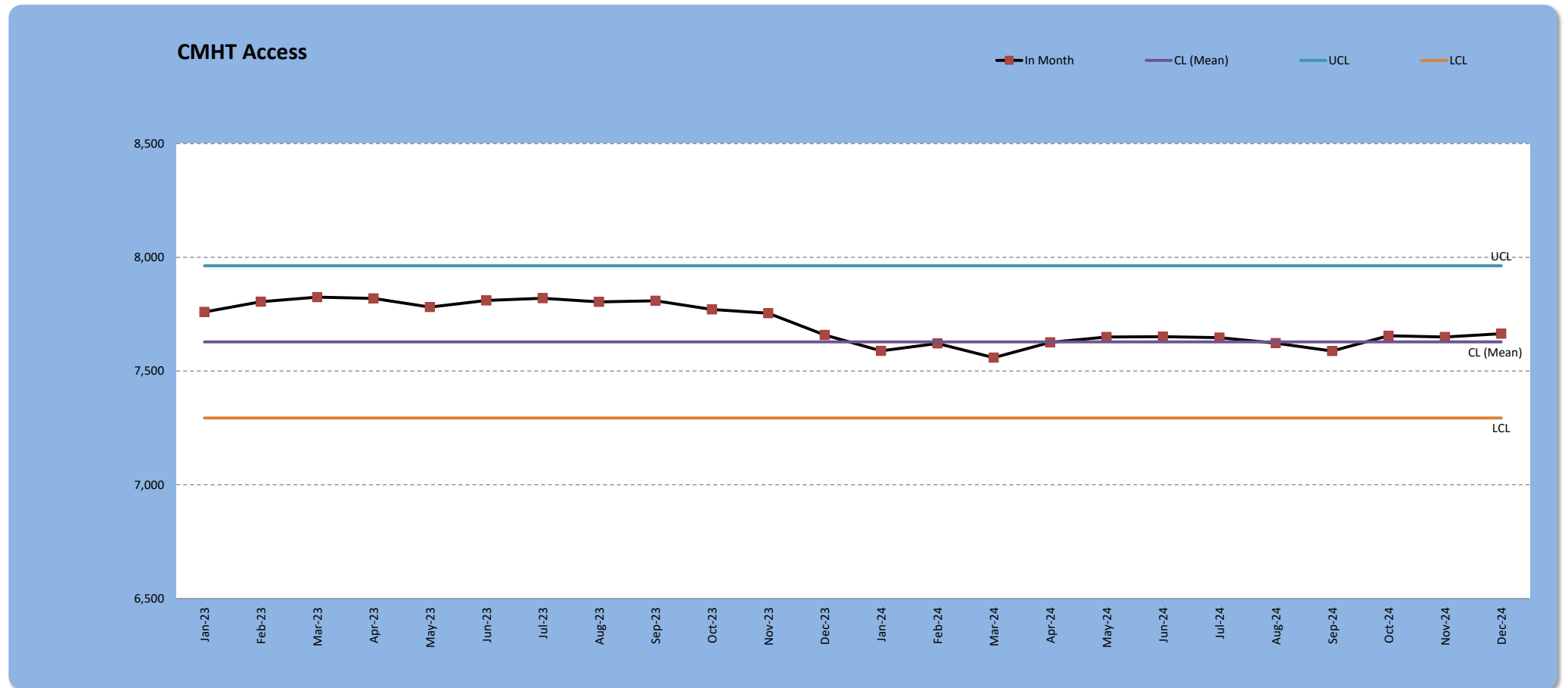
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
TBC	TBC	7664

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

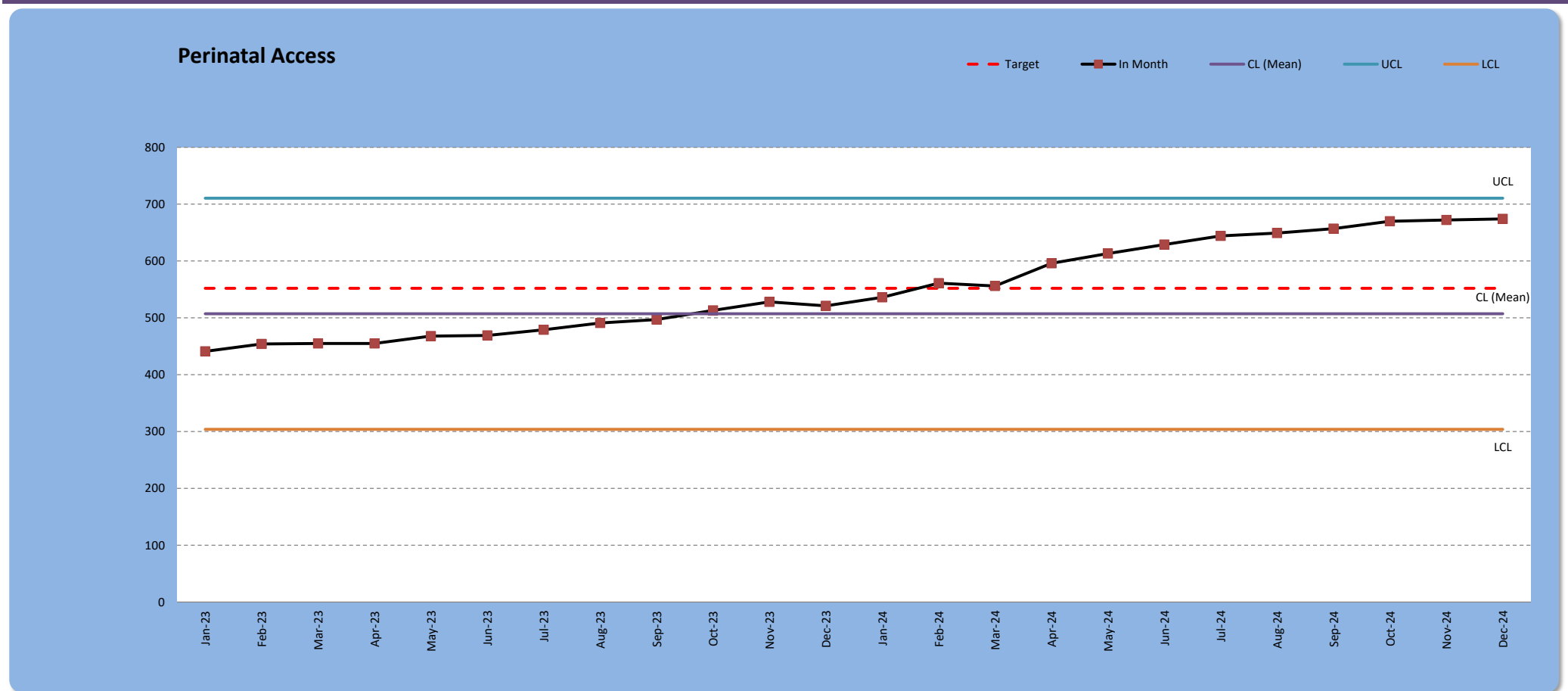
For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
TBC	TBC	674

Indicator Title	Description/Rationale
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>

Executive Lead
Lynn Parkinson

KPI Type
MHS91.1



PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **December 2024**

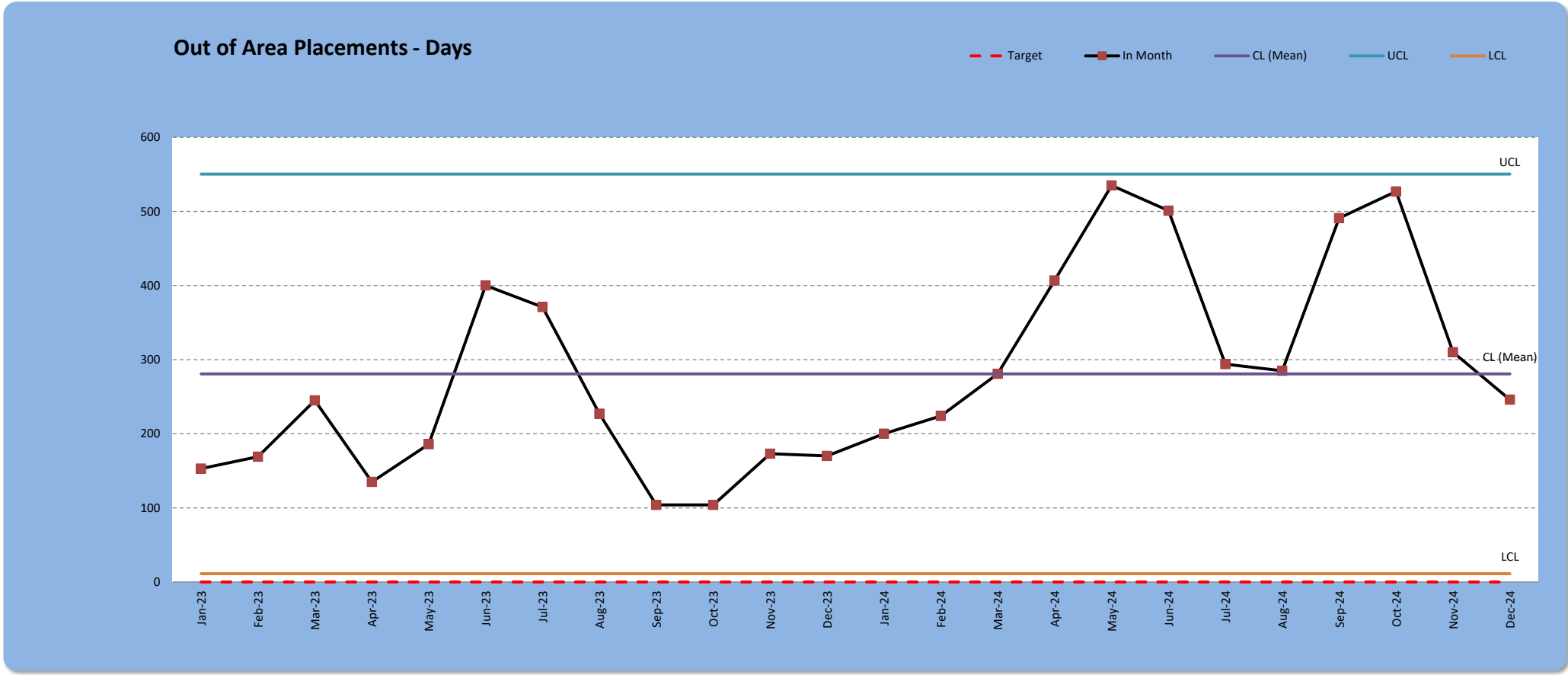
Target:	Amber:	Patients OoA within month:
0	0	14

Split	# days	# patients
Adult	39	3
OP	107	6
PICU	100	5

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: **December 2024**

Split for Current month:

Dec-24	
39	Adult
107	OP
100	PICU
246	Total

Indicator Title **Description/Rationale**

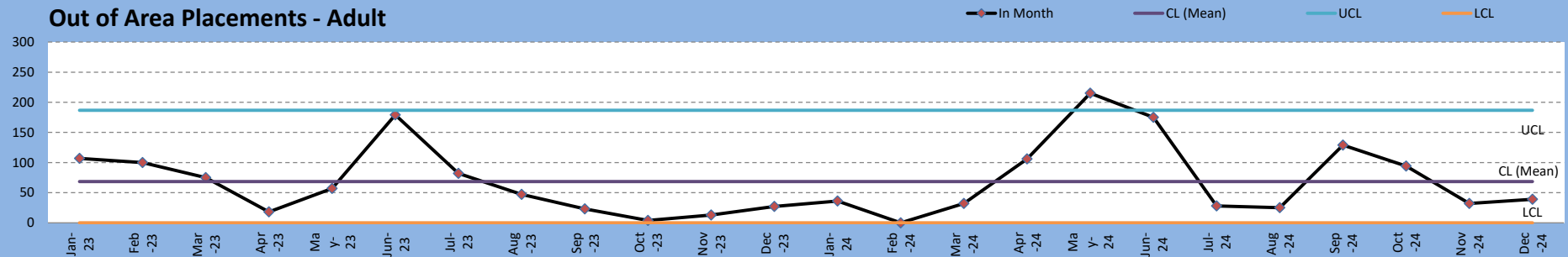
Out of Area Placements Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead
Lynn Parkinson

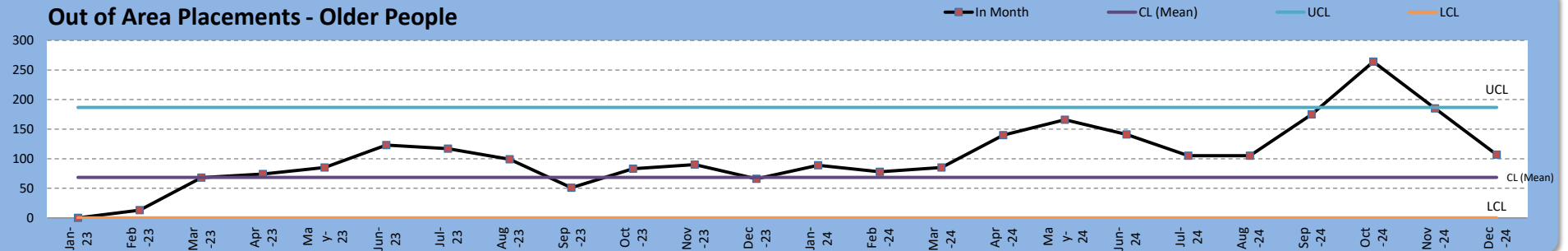
KPI Type

ST 4 split

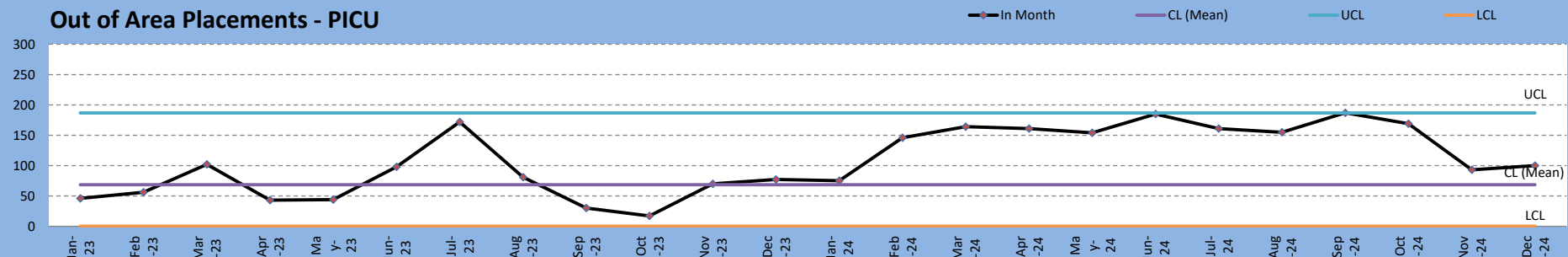
Out of Area Placements - Adult



Out of Area Placements - Older People



Out of Area Placements - PICU



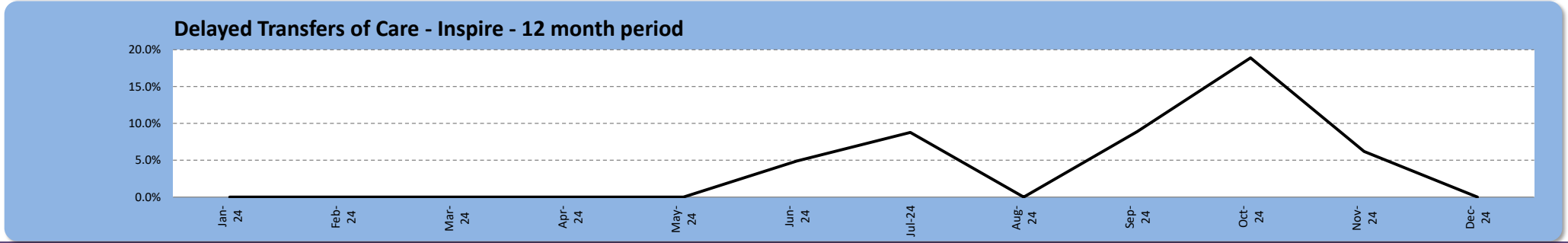
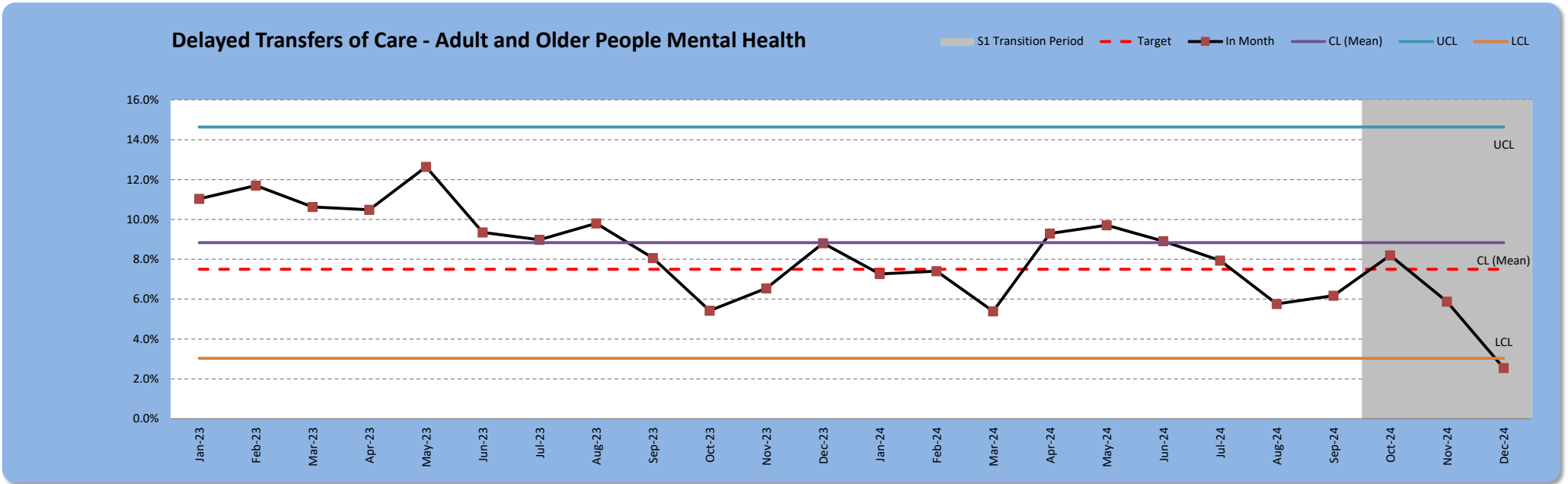
PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **December 2024**

Target:	Amber:	Current month stands at:
7.5%	7.0%	2.5%

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

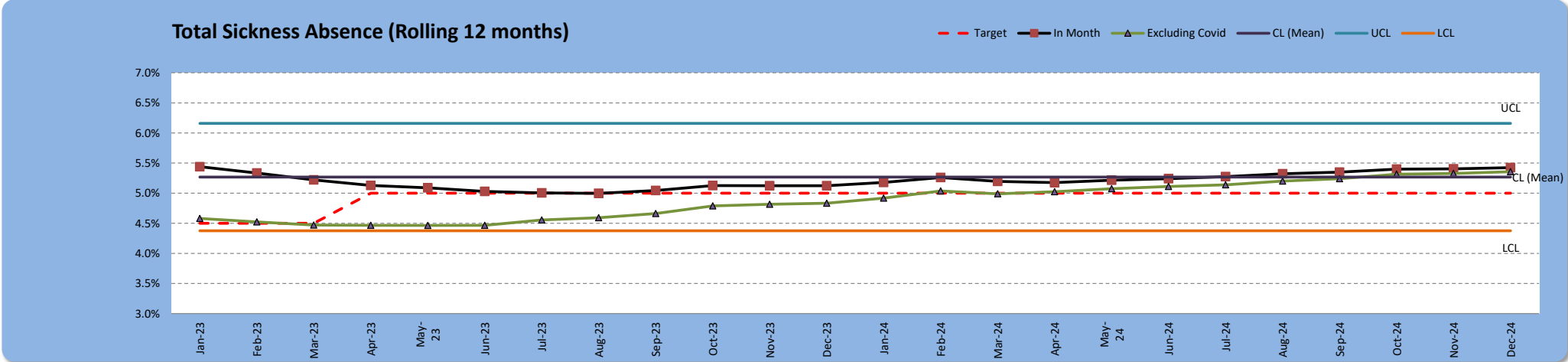
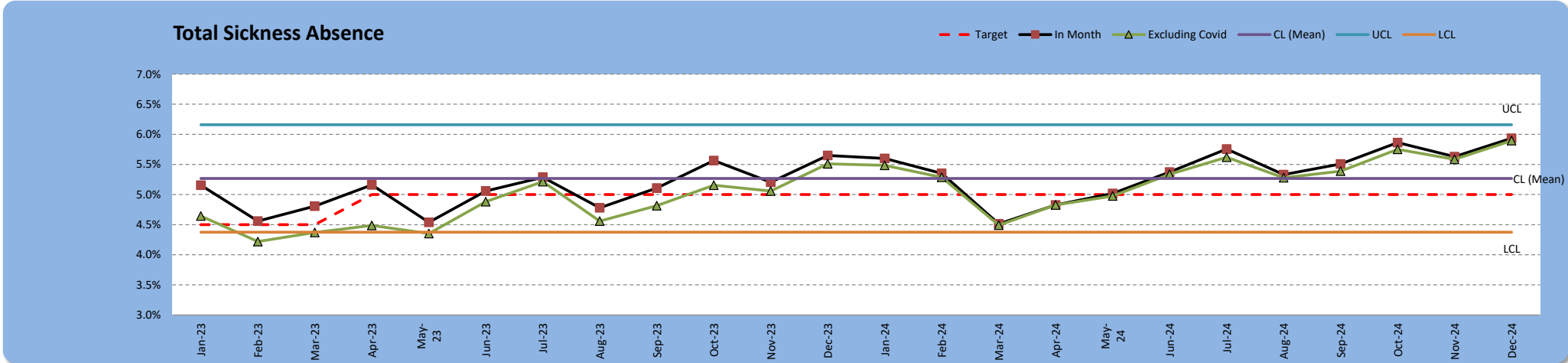
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

December 2024

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.9%

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	



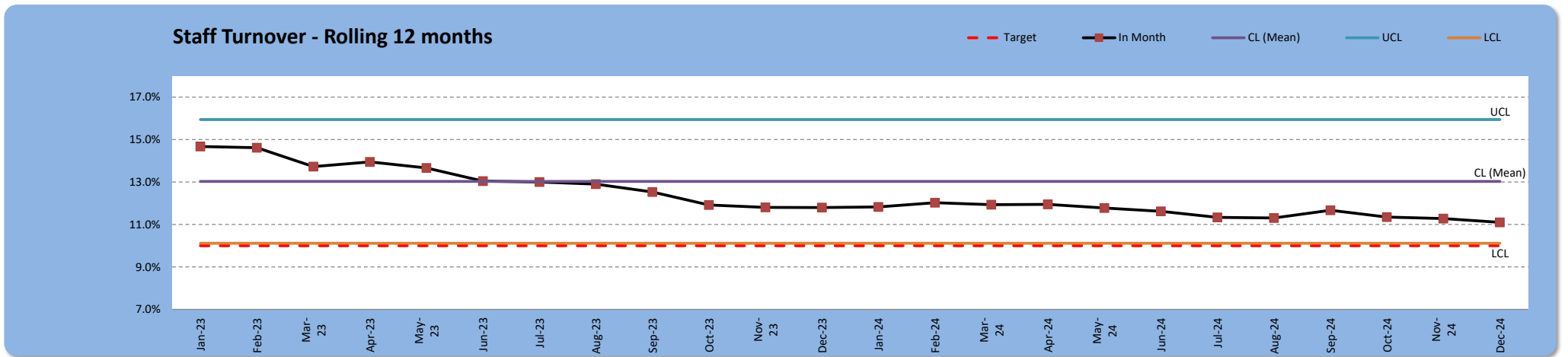
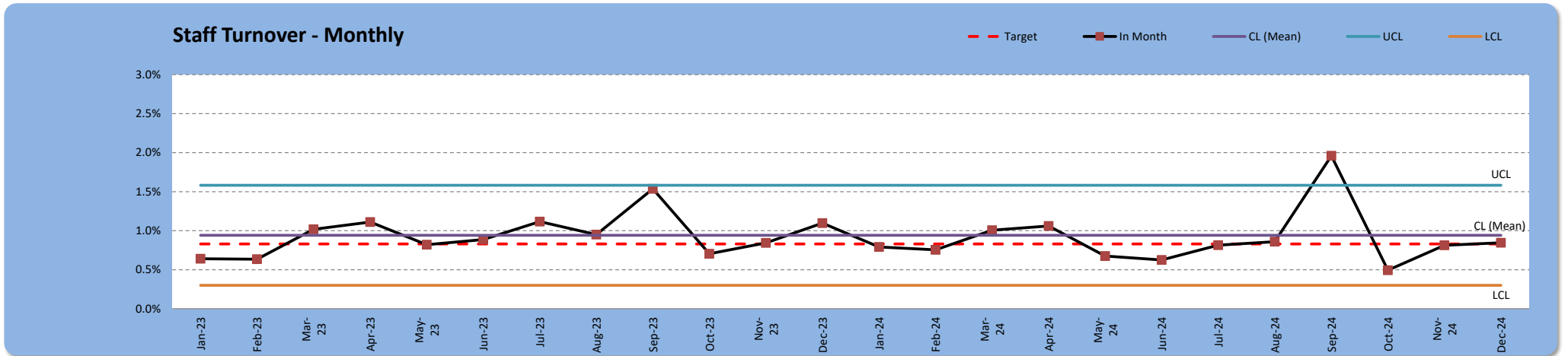
PI RETURN FORM 2024-25

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **December 2024**

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	0.8%	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



Humber Teaching
NHS Foundation Trust



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: 14/01/2025

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025														
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (April - Sept 2024)														
Author/s:	Hilary Gledhill, Director of Nursing, AHP and Social Care Professionals Sadie Milner: Patient Safety and Practice Development Lead Tracy Flanagan Assistant Director of Nursing and Quality														
Recommendation:	<table border="1" data-bbox="539 696 1516 801"> <tr> <td data-bbox="539 696 935 732">To approve</td> <td data-bbox="935 696 1031 732"></td> <td data-bbox="1031 696 1410 732">To discuss</td> <td data-bbox="1410 696 1516 732"></td> </tr> <tr> <td data-bbox="539 732 935 768">To note</td> <td data-bbox="935 732 1031 768"></td> <td data-bbox="1031 732 1410 768">To ratify</td> <td data-bbox="1410 732 1516 768"></td> </tr> <tr> <td data-bbox="539 768 935 801">For assurance</td> <td data-bbox="935 768 1031 801">√</td> <td data-bbox="1031 768 1410 801"></td> <td data-bbox="1410 768 1516 801"></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>This report presents the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covers the period Apr-Sept 2024. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit.</p> <p>The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect.</p>														
Key Issues within the report:															
<ul style="list-style-type: none"> All units achieved good assurance with no unit with more than 2 red flags. 															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> All units achieved good assurance – maintained position from previous reporting period. The majority of units are maintaining good and safe fill rates. CHPPD in all areas remains above the previously agreed targets except for Malton and Newbridges who were slightly below target threshold. Incidents reporting remains consistent with vast majority no harm/low harm. Training compliance and supervision remains strong across most units. Strong CHPPD performance (upper quartile) when benchmarked regionally 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> The staffing model on nights in the Humber Centre has been reviewed – increased RN cover to 7 across the service on nights. Annual Self-assessment completed. EMT received deep dive into sickness. License obtained for the revised SNCT which can be used at Malton and Whitby following training by NHSE License agreement completed for the Community Nursing Safer Staffing Tool with plan to roll out in 2025. 														

and nationally				
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> Sickness remains a challenge. Increase in self-harm incidents at TEC and PICU, Ullswater but reduction noted at Westlands and MVC, MVL, Inspire 		<ul style="list-style-type: none"> EMT requested the safe staffing report be reviewed by the productivity group 		
Governance:		Date	Date	
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	14/01/25
	Mental Health Legislation Committee		Operational Delivery Group	23/12/24
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Six Month Review of Safer Staffing

1.0 Introduction and Purpose

This report aims to provide assurance that the Trust is meeting the reporting requirements as outlined in the 'Developing Workforce Safeguards' (NHSI Oct 2018). By implementing the recommendations outlined in 'Developing Workforce Safeguards' along with effective governance, boards can be assured that their workforce decisions will promote patient safety and comply with the Care Quality Commission (CQC) fundamental standards and the board's statutory duties (NHSI, 2018)

In addition to an effective annual workforce plan, monthly safer staffing dashboards, Trusts are also required to adopt a triangulated approach as part of their safer staffing establishment reviews. An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board twice a year, in accordance with NQB guidance. This must also be linked to professional judgement and outcomes.

This report also acknowledges the 'Delivering and Monitoring Safe Staffing in Mental Health and Learning Disability Services assurance framework for COVID 19', 'Nursing Workforce Standards: supporting a safe and effective workforce' (Royal College of Nursing 2021) and the 'Rapid Review into Data on Mental Health Inpatient Settings' published by the DoH in June 2023. Following review of the findings and recommendations of this report our safer staffing reviews not only triangulate dependency/acuity data, professional judgement and outcomes but also include key safety issues as outlined in the 'safety issues framework'.

The safe staffing internal audit completed in 2023 provided significant assurance that the Safer Staffing Framework effectively manages, and controls risks maintaining patient safety standards.

This report presents the findings of the safer staffing establishment reviews across our inpatient units for the period 1st April 2024 to 30th Sept 2024 bringing together the results of staffing reviews and benchmarking data in relation to Care Hours Per Patient Day.

2.0 Care Hours Per Patient Day

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing care information with other staff and departments. It covers both temporary and permanent care staff.

By itself, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective, or responsive. It should therefore be considered alongside measures of quality and safety (NHSE).

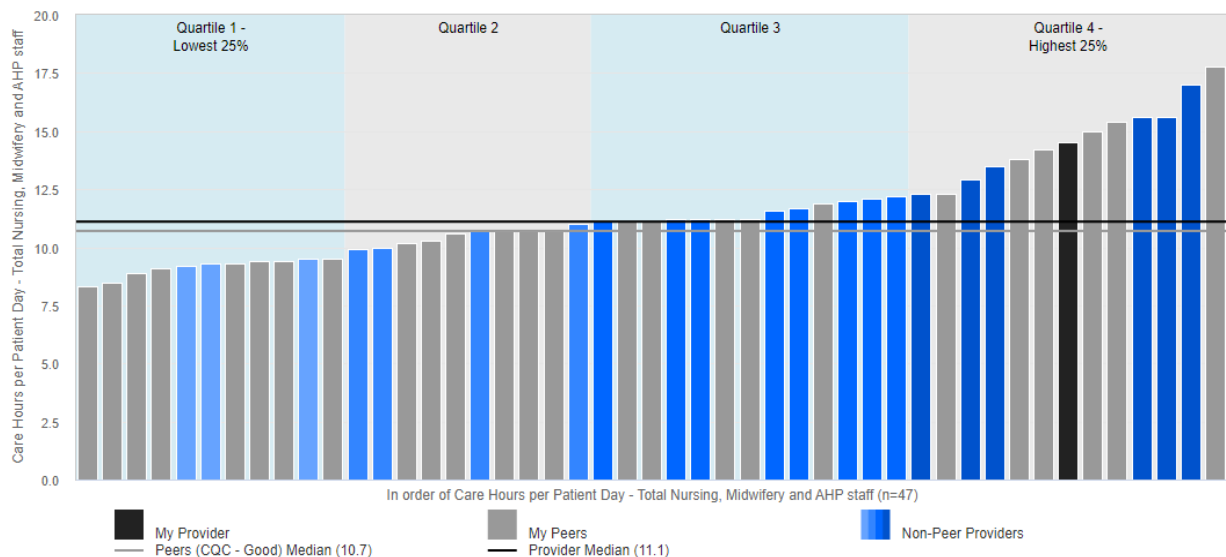
2.1 CHPPD (Care Hours per Patient Day) - benchmarking data previous 18 months

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services external to the Trust. The most recent data was published in August 2024 and shows that the Trust continues to perform well against our regional peers and nationally.

	Data period	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Humber Trust	Aug 23	12.5	4.1	8.3	0
	Feb 24	14.6	4.3	10.2	0
	Aug 24	14.5	4.3	10.2	0
Peer average	Aug 23	10.7	3.4	6.8	0.1
	Feb 24	10.5	3.6	6.7	0.1
	Aug 24	11.1	3.7	7.3	0
National average	Aug 23	11.1	3.4	7.3	0.1
	Feb 24	10.5	3.6	7.0	0.1
	Aug 24	11.1	3.7	7.3	0

Care Hours per Patient Day - Total Nursing, Midwifery and AHP staff, National Distribution

[Download](#)



The Trust overall has maintained higher than average levels of CHPPD, reported at 14.5 in August 2024. CHPPD at an organisational level in relation to registered nurses has also been benchmarked against the national and peer data and the Trust have remained above both medians.

These figures provide assurance that at an organisational level we are performing well regionally and nationally. The benchmarking data is available via the Model Health System. The CHPPD data is available at organisational, service and ward level. However, it is difficult to benchmark with confidence at ward level as it does not reflect the specialist nature of some of our services. For examples our Humber Centre wards can be benchmarked against forensic services, but the model health system data does not differentiate between low, medium, and high security and acute, treatment and rehabilitation pathways in mental health. Equally the community services data only pulls from 3 peers within this cohort, so the reliability is limited (Aug 2024).

At the previous round of reviews EMT requested we review the CHPPD for the Community Hospitals given there was no validated tool for Community Hospitals. This position has changed and having met with the NHSE safer staffing lead we have received the Safer Nursing Care Tool license and will receive training in the early part of 2025 following which we will be able to review the CHPPD for this area.

3.0 Safer Staffing Establishment Review Methodology

The Assistant Director of Nursing and Quality and the Patient Safety and Practice Development Lead have undertaken a desk top exercise to review the safer staffing data and performance against key safer staffing indicators including fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures including sickness, supervision, and training. Vacancies and use of bank and agency are noted. Friends and Family Test (FFT) and reported safer staffing and patient safety incidents are reviewed. This is then considered alongside professional judgement. Face to face and MS teams safer staffing reviews have subsequently taken place with all teams; service managers; matrons, e-roster team and their finance leads to review their safer staffing data and their establishments. Where evidence-based tools are available, patient dependency data was collected for 21-28 days during October.

4.0 Limitations:

There is no validation tool for use at Townend Court learning disability unit. For Ullswater the medium secure MHOST was used but this presents limitations. Malton and Whitby do not have a validated evidence based tool for calculating their CHPPD. Model Health System data has been used as a benchmark however, this also has limitations as there are only 3 other providers which submit data to the model health system on which we can benchmark our community wards.

A revised version of the Safer Nursing Care Tool (SNCT) has recently been published and following consultation with NHSE the Trust applied for the license in November following this round of dependency data collection.

The validity of all tools can be compromised by low patient numbers. On units with less than 8-12 patients this can result in inaccurate calculations. The MHOST guidance recommends professional judgement should be used in such cases.

5.0 Assurance Overview

Once the safer staffing reviews have been completed an indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance measures that flag below minimum target as follows:

- **Low assurance** where 5 or more indicators are below the minimum target.
- **Adequate assurance** where 3-4 indicators are below the minimum target
- **Good assurance** where 2 or less indicators are below the minimum target

Reporting period	Low assurance	Adequate assurance	Good assurance
April 2022- September 2022	0	3 (Townend Court/Inspire/ /Swale)	16
October 2022 -March 2023	0	3 (Townend Court/Malton/Mill View Lodge)	16
April 2023 – September 2023	0	1 (Mill View Lodge)	18
October 2023 -March 2024	0	0	19
Apr 2024 -Sept 2024	0	0	19

6.0 Safer Staffing Establishment Review by Ward

The following section outlines the safer staffing establishment reviews by ward and is presented by division. The quality indicators are based on six-month averages.

*R-CHPPD = Recommended CHPPD based on the acuity/dependence data using the MHOST tool following 21 days data collection. *CHPPD Hours = average CHPPD over the 6-month period.

*Cancelled Section 17 leave due to staff shortage.

6.1 Mental Health Division

Avondale	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	% Training	Medication Incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	28.9	90%	99%	9.2	11.1	75%	24%	27%	10.1%	89%	89%	92%	29	0	37	138
		95%	100%													
Oct 23 Mar 24	29.1	95%	104%	9.1	11.6	73%	27%	25%	6.5%	94%	89%	91%	35	0	29	136
		95%	98%													
Apr 23 Sep 23	29.8	88%	92%	6.7	11.5	73%	28%	18%	3.0%	97%	90%	91%	4	0	38	68
		95%	99%													
Oct 22 Mar 23	29.0	89%	84%	6.8	11.3	76%	28%	25%	5.1%	88%	85%	94%	11	0	38	92
		94%	100%													

Establishment review 26-11-24	
<p>Quality measures – exceptions</p> <p>There was 1 staffing level related incident reported during this period. No harm. 56 responses to FFT with 99% reporting that they felt safe and confident in our service. Appraisals – 100% compliant (not including 1 x LTS) Reduction in medication incidents – 1 low harm, 28 no harm. Self-harm incidents remain consistent with previous reporting period – 1 reported as moderate as patients required assessment at the acute hospital. 137 no harm/low harm. V&A incident (verbal/physical and non-physical) remain consistent with previous reporting periods – all reported as no/low harm</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD based on this round of dependency data is 9.2 compared to 9.1 at the previous round and current CHPPD target set at 9.0 and this is consistently met. Recommended WTE as per MHOST = 23.6. Total Budgeted Establishment (WTE) = 36.95 Nursing Budgeted Establishment = 29.95 (not including band 7) Staffing challenges: Newly qualified RMNs. No HCA vacancies. 1x RMN vacancy. Band 7 psychologist remains vacant. 1x long term sickness (none nursing). 3 staff due to commence mat leave.</p>
<p>Outcome and recommendations: Good assurance with 1 red flag for sickness. No changes to CHPPD or budgeted establishment recommended at this stage. The current budgeted establishment supports minimum staffing levels of 5 on days and 5 on nights and supports the delivery of the target CHPPD.</p>	

Maister Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	% Training	Medication	Falls	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	16.9	87%	96%	5.0	16.9	94%	32%	11%	9.1%	100%	93%	93%	18	12	0	9	0
		98%	107%														
Oct 23 Mar 24	15.5	88%	94%	5.5	16.6	96%	35%	11%	5.6%	100%	85%	95%	16	20	0	14	1
		100%	110%														
Apr 23 Sep 23	17.4	111%	100%	6.1	17.3	95%	30%	6%	2.7%	100%	94%	95%	13	17	0	10	4
		100%	110%														
Oct 22 Mar 23	17.6	147%	94%	5.3	18.3	85%	28%	4%	5.4%	100%	96%	97%	7	3	0	1	6
		110%	101%														

Establishment review 14-11-24

Quality measures – exceptions

0 staffing level incidents reported.
5 responses to FFT with 100% reporting that they felt safe and confident in our service.
Appraisals 100% compliant (not including 1x LTS, 1x mat leave)
18 medication incidents – all no harm.
Reduction in falls incidents – all no harm/low harm
Reduction in V&A incidents – all reported as no harm

Professional judgement comments

Recommended CHPPD based on this round of dependency data is 5.0 compared to 5.5 at the previous round and Current CHPPD target set at 10.3 and this is consistently met. Recommended WTE = 5.9.
In cases where the ward has less than 8 beds and the tool does not recommend enough staff to safely cover the ward the MHOST guidance recommends professional judgement should be used.
Total Budgeted Establishment (WTE) = 20.85. Nursing Budgeted Establishment = 17.25 (not including band 7)
Staffing challenges – 1 Band 3 LTS, 2x Band 2 apprentices with 1 currently on mat leave requiring backfill, Band 3 due to commence mat leave in Jan, Band 6 vacancy. APOT supporting discharge planning. Awaiting B2 to commence.

Outcome and recommendations: Good assurance with 2 red flags for OBDs and sickness however low bed base so high bed occupancy expected. The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed with shortfalls covered by band 7s. No changes to CHPPD or budgeted establishment recommended. The current establishment supports minimum staffing levels of 3 on days and 3 on nights and supports the delivery of the target CHPPD.

Maister Lodge	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	34.8	92%	110%	14.6	16.2	75%	21%	5%	5.4%	100	97%	93%	10	46	0	79	2
		100%	121%														
Oct 23 Mar 24	34.9	104%	100%	7.5	21.3	56%	17%	-9%	7.1%	100	98%	92%	17	36	0	44	1
		100%	113%														
Apr 23 Sep 23	35.9	89%	98%	8.4	19.6	60%	20%	1%	4.9%	100	99%	94%	7	43	0	27	0
		100%	109%														
Oct 22 Mar 23	35.7	85%	99%	10.3	14.5	77%	23%	7%	8.2%	100	99%	95%	7	36	0	30	0
		103%	110%														

Establishment review 14-11-24	
<p>Quality measures – exceptions</p> <p>0 Staffing level incident reported during this period. 7 responses to the FFT with 100% reporting that they felt safe and confident in our service. Appraisals – 1 outstanding Decrease in medication incidents – all no harm/low harm incidents. Increase in falls – All no harm/low harm incidents. 2 self-harm incidents – both low harm. Increase in V&A incidents – all no harm low harm.</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD based on this round of dependency data is 14.6 compared to 7.5 at the previous round. Current CHPPD target set at 10.3 and this is consistently met. Recommended WTE = 26.6 Total Budgeted Establishment (WTE) = 37.7. Nursing Budgeted Establishment = 32.9 (not including band 7) Staffing challenges: Many patients are at high risk of falls and due to the environment/ward layout staff are required to cover zonal observations to reduce risk. Additional shifts are added in times of higher acuity. Temporary increase to 6 on nights to support increase in acuity however now back to 5 on nights. This has impacted on the overspend. 1x band 4 long term sick. 1 Band 5 and 1 Band 4 in preceptorship.</p>
<p>Outcome and recommendations: Good assurance with 1 red flag for sickness. The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. No changes to CHPPD or budgeted establishment recommended at this stage however this will be reviewed following a further round of dependency data as this review indicated an increase in recommended CHPPD. NHSE recommend two reviews prior to recommending any changes. A further review of the Band 5 budgeted establishment is required.</p>	

Mill View Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sep 24	29.5	86%	99%	10.2	8.6	86%	28%	21%	14.6%	100	94%	92%	16	7	0	29	73
		86%	109%														
Oct 23 Mar 24	28.8	102%	104%	8.3	9.2	83%	28%	11%	6.4%	100	92%	94%	30	15	1	20	98
		96%	115%														
Apr 23 Sep 23	27.3	92%	91%	6.8	8.4	88%	25%	17%	5.5%	83%	82%	94%	19	9	0	46	48
		96%	109%														
Oct 22 Mar 23	28.2	93%	88%	9.7	8.8	84%	36%	30%	7.2%	88%	98%	93%	9	9	0	22	105
		93%	104%														

Establishment review 27-11-24	
<p>Quality measures – exceptions</p> <p>0 staffing level incident reported. 7 responses to FFT with 100% reporting that they felt safe and confident in our service. Appraisals – 1 outstanding (not including 2 LTS) Reduction in medication and falls incidents – all reported as no harm/low harm. Reduction in self-harm incidents –1 reported as moderate as patients required assessment at the acute hospital. 72 = no harm/low harm. V&A incidents – all reported as no harm/low harm.</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD based on this round of dependency data has risen from 10.2 from 8.3 at the previous review, however there was 1 patient on 1:1 at HRI for the entire period of data collection. Current CHPPD target set at 8.0 and this is consistently met. Recommended WTE = 36.0. Total Budgeted Establishment (WTE) = 36.0. Nursing Budgeted Establishment = 28.0 (not including 2x Band 7s). Current staffing challenges: Additional staff brought in to cover 1:1 which is impacting overspend and predicted to continue until January. Staffing affected by LTS however staff have recently returned to work. Currently 1xHCA and 1x Band 6 remains on LTS. 1x HCA on mat leave. Bank and agency spend reflective of sickness/vacancies and backfill for TNAs. 2x NQ nurses commenced in Sept and in preceptorship. 2x TNAs in 2nd year. Appears to be a discrepancy with RN fill rates which requires further review with the E-roster team as additional staff covering 1:1s.</p>
<p>Outcome and recommendations: Good assurance with 1 red flags for sickness. No changes to CHPPD or budgeted establishment recommended. Whilst there appears to be an increase in recommended CHPPD this may be skewed by the 1:1 at HRI therefore additional dependency data collection is required, review in 6 months. The current establishment supports minimum staffing levels of 5 on days and 4 on nights and supports the delivery of the target CHPPD.</p>	

Mill View Lodge	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sep 24	30.2	79%	76%	7.2	15.8	81%	19%	39%	4.6%	100	81%	97%	4	14	0	23	1
		100%	103%														
Oct 23 Mar 24	29.5	82%	81%	4.7	17.1	79%	21%	36%	5.0%	100	87%	96%	14	22	0	31	16
		114%	131%														
Apr23 Sep 23	21.7	66%	77%	6.1	13.6	92%	39%	40%	4.7%	100	74%	94%	9	8	0	6	3
		102%	133%														
Oct 22 Mar 23	23.5	69%	86%	4.6	16.6	83%	47%	3%	10.2%	87	69%	97%	15	20	0	20	3
		107%	156%														

Establishment review 14-11-24

Quality measures – exceptions

0 staffing level related incidents reported.
8 responses to FFT with 95% reporting that they felt safe and confident in our service.
Appraisals 100% - 0 outstanding. Supervision had recovered to 93% by October.
Reduction in falls – all reported as no harm/low harm.
Reduction in Self-harm incidents – no harm
Reduction in medication incidents all reported as no harm/low harm.
Reduction in V&A incident since last reporting period - all no harm/low harm

Professional judgement comments

Recommended CHPPD based on this round of dependency data is 7.2 compared to 4.7 at the previous round. Current CHPPD target set at 11.5 and this is consistently met. Recommended WTE 14.4. Low bed base impacts reliability of the tool. Total Budgeted Establishment (WTE) = 34.5. Nursing Budgeted Establishment = 28.3 (not including band 7)
Staffing challenges: 2x newly qualified nurses started September, currently 5.4 of 8.4 in post. Overall LTS rate peaked at 3.4% in Sept however this has reduced to 2.9% by Oct. 1x over established on B3 HCAs however 1x HCA due to leave.
Work is being undertaken to increase to 10 beds (planned completion early 2025).

Outcome and recommendations: Good assurance with no red flags which is an improved position. Bank and agency spend has reduced further. There is sufficient budget to cover the shift pattern of 5, 4, 4 plus a twilight. No changes to CHPPD or budgeted establishment recommended at this stage. Fill rates on days require further exploration however had risen to over 80% by August and this has remained consistent.

New bridges	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sep 24	39.1	83%	97%	6.4	7.8	94%	20%	1%	7.5%	100	89%	95%	14	0	47	12
		82%	104%													
Oct 23 Mar 24	40.4	82%	85%	5.4	8.0	91%	15%	-11%	11.1%	100	87%	99%	8	1	26	15
		88%	102%													
Apr23 Sep 23	41.1	77%	84%	5.6	7.8	94%	14%	-9%	4.6%	100	89%	99%	12	0	93	5
		96%	103%													
Oct 22 Mar 23	41.2	79%	83%	5.6	8.0	92%	17%	3%	6.0%	100	78%	97%	8	0	33	3
		90%	100%													

Establishment review 26-11-24	
<p>Quality measures – exceptions 0 staffing level incidents reported during this period. 20 responses to FFT with 95% reporting that they felt safe and confident in our service. Appraisals 100% - 0 outstanding Increase in reporting for medication incidents – all no harm. Self-harm incidents – 1 moderate harm as patient required treatment at the acute. IIR completed. 11 no harm/low harm. V&A incidents – all reported as no harm/low harm.</p>	<p>Professional judgement comments Recommended CHPPD is 6.4 compared to 5.4 at the previous reporting period. Current CHPPD target set at 8.0 which has not consistently been met. Peer median is 11.79 (Aug 2024). Whilst high OBDs impact CHPPD the recommended CHPPD using the MHOST has been consistently below 8.0 for 4 consecutive reviews. Current establishment supports CHPPD of 7.9. Recommended WTE = 26.6. Total Budgeted Establishment (WTE) = 42.9. Nursing Budgeted Establishment = 33.9 (not including 2x band 7). Staffing challenges: 1x B6 and B4 seconded to other wards, 1x HCA LTS. 1x preceptee, 2x RNs mat leave (B5 and B6), 1x B5 seconded to B6 post. Pressures due to high bed occupancy, mat leave and sickness.</p>
<p>Outcome and recommendations Good assurance with 2 red flag for sickness and OBDs. It was noted at the previous review that whilst a target CHPPD 8.0 was more in line with peer median (noting limitations), local data collection suggests a lower dependency however this is only the second period since we completed the interrater reliability MHOST training, and it is recommended that we strengthen the validation process of the data via the matron at the next data collection period before proposing any changes to CHPPD or BE. The high OBD is also impacting the ward's ability to meet their target CHPPD. The current budgeted establishment supports the minimum staffing levels.</p>	

PICU	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	29.1	85%	105%	13.4	20.4	87%	45%	43%	5.0%	100	90%	94%	23	1	98	112
		93%	114%													
Oct 23 Mar 24	31.4	98%	98%	12.0	20.8	76%	42%	29%	3.7%	100	90%	95%	18	0	136	43
		97%	118%													
Apr 23 Sep 23	29.8	86%	117%	14.6	22.6	72%	50%	33%	9.5%	86	91%	91%	5	0	118	27
		95%	129%													
Oct 22 Mar 23	32.1	84%	106%	15.0	24.1	70%	54%	26%	11.1%	83	100%	86%	5	0	151	37
		95%	130%													

Establishment review 26-11-24	
<p>Quality measures – exceptions 1 staffing level incident reported during this period. No harm 2 responses to FFT with 100% reporting that they felt safe and confident in our service. Appraisals 100% - 0 outstanding Increase in medication incidents – 22 no harm, 1 low harm. Reduction in V&A – all no harm/low harm. Significant Increase in self-harm incidents – no moderates or above. 99 incidents related to 1 patient. All reviewed and appropriate managed and escalated.</p>	<p>Professional judgement comments Recommended CHPPD is 13.4 compared to 12.0 in May and 14.6 in Nov 2023. Recommended WTE = 23. Total Budgeted Establishment (WTE) = 45.2. Nursing Budgeted Establishment = 39.2 (not including 2x band 7) Staffing challenges: During this reporting period patient on 2:1 and a patient on secure pathway led to increase in staffing to 8. 1:1 can be accommodated with 7 staff. At the time of the review there were no staff on mat leave or LTS. Band 6 acting into Band 7 – not backfilled. 1 Band 6 seconded to STaRs. With the 3x new B5s will be slightly over established (0.4). 1 new Nurse Associate. Following last review RN establishment was reviewed - 0.6 B5 and 1.0 B6 reduced with B3 budgeted establishment increased from 24.1 to 26.6 to cover the required planned hours of 2 RNs on days, not 3.</p>
<p>Outcome and recommendations: Good assurance with no red flags. The ward is safely staffed and the CHPPD target, previously set at 16.6, is consistently being met over time. The current budgeted establishment covers the current shift pattern of 7 on long days and 6 on night. No changes to safe staffing levels or CHPPD recommended.</p>	

STaRS	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	18.7	68%	80%	No data	20.0	84%	32%	16%	11.6%	100	86%	94%	9	0	6	7
		100%	101%													
Oct 23 Mar 24	39.3	70%	117%	No data	29.9	81%	32%	15%	10.2%	NR	84%	95%	11	0	7	2
		102%	101%													
Apr23 Sep 23	37.1	78%	129%	3.9	27.7	90%	36%	11%	13.1%	NR	86%	93%	12	0	3	1
		100%	100%													
Oct 22 Mar 23	39.1	64%	108%	4.3	23.8	97%	26%	-4%	12.6%	NR	77%	93%	8	0	1	2
		100%	100%													

Establishment review 27-11-24

Quality measures – exceptions

2 staffing level incidents reported during this period. No harm.
 2 responses to FFT with 100% reporting that they felt safe and confident in our service.
 Appraisals – 1 outstanding
 Self-harm, medication, and V&A incidents – all low/no harm.
 RN fill rates impacted by duty shift. All shifts have been covered by a RN but when using staff from other units this is not always reflected on the rota which also impacts the RN fill rate.

Professional judgement comments

Dependency data was not collected during this reporting period however MHOST is less reliable for wards were there is a small bed base. Quality indicators were reviewed, and a professional judgement discussion was held.
 Total Budgeted Establishment (WTE) = 20.7 (ward) The community and ward budgets were split on 1st April 2024.
 Nursing Budgeted Establishment = 20.7 (Band 7 is on the community budget)
 Staffing challenges: currently no LTS but there has been some LTS during this reporting period. Vacancies and LTS have impacted Bank/agency spend. B6 currently working at Westlands. 3 vacancies, (1 RN, 2 HCAs). Difficulties covering break due to 1 RN on duty however cover is sought from community team.

Outcome and recommendations: Good assurance with 2 red flag sickness and RN daytime fill rates. The ward is safely staffed and the CHPPD target, previously set at 5.3, is consistently being met over time. The current budgeted establishment supports minimum staffing levels of 4 on days and 3 on nights and the delivery of the target CHPPD. No changes to budgeted establishment or CHPPD recommended.

Westlands	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	36.4	90%	83%	7.9	9.7	78%	35%	2%	7.8%	100	89%	95%	27	0	57	520
		94%	108%													
Oct 23 Mar 24	37.1	79%	78%	8.9	9.8	79%	38%	13%	9.2%	NR	85%	88%	22	12	53	734
		93%	107%													
Apr23 Sep 23	35.9	81%	83%	7.0	9.1	87%	35%	16%	8.3%	100	85%	91%	18	2	56	191
		96%	106%													
Oct 22 Mar 23	35.8	86%	80%	6.1	8.8	86%	38%	11%	9.3%	NR	84%	94%	15	0	44	233
		96%	103%													

Establishment review 27-11-24	
<p>Quality measures – exceptions</p> <p>0 staffing level incidents. 4 responses to FFT with 100% reporting that they felt safe and confident in our service. Appraisals 100% - 0 outstanding Medication incident have increased slightly – 26 no harm, 1 low harm. V&A incidents – 3 low harm, 54 no harm. Amendments to the demand template have corrected the discrepancy in the fill rates since the previous review. Self-harm incident remain high, however a significant reduction during this reporting period – majority no harm low harm, and 3 moderate harm due to assessment /treatment at the acute. Sickness has improved. Long terms sickness 2% at the end of this reporting period.</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD is 7.9 compared to 8.9 in the previous reporting period. Noted that the last reported period the increase in R-CHPPD was due to 1:1. Recommended WTE = 28.8 Total Budgeted establishment (WTE) = 41.47. Nursing Budgeted Establishment = 32.86 (excluding band 7s) Staffing challenges: Ongoing challenges due to absences due to suspension/sickness/mat leave. Impacting bank and agency spend. NA recently completed training. 1x B3 and 1x B6 on LTS. 1x B5 maternity leave. Good day time cover with additional AHP support. Currently over-established on Band 4s undertaking degree apprenticeship with currently no B5 vacancies. Deputy Charge Nurse and Charge Nurse support daytime shortages. Noted that most incidents occur during the evening and looking to include a long day to cover Twilight shift – currently considering through staff consultation.</p>
<p>Outcome and recommendations: Good assurance with only 1 red flag (sickness). The ward is safely staffed and the CHPPD target, previously set at 8.0, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD of 8.0 and the shift pattern of 6 on long days and 5 on nights. No changes to budgeted establishment or CHPPD recommended. Considering covering a twilight shift with a long day.</p>	

6.2 Children and Learning Disability Division

Townend Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave *	V&A	Self-harm
Apr 24 Sept 24	43.5	75%	92%	NA	44.8	33%	47%	17%	22.5%	100	86%	83%	19	0	422	459
		139%	120%													
Oct 23 Mar 24	36.7	78%	85%	NA	34.2	38%	36%	23%	14.1%	NR	76%	93%	18	1	400	373
		102%	100%													
Apr23 Sep 23	36.6	75%	87%	NA	31.0	82%	38%	26%	17.7%	NR	76%	92%	25	0	107	30
		81%	106%													
Oct 22 Mar 23	36.5	67%	75%	NA	28.1	81%	30%	20%	6.6%	100	59%	97%	28	0	113	20
		53%	98%													

Establishment review 13-11-24	
<p>Quality measures – exceptions</p> <p>6 staffing level shortages reported, all reported as no harm. Day time RN fill rates continue to be impacted by high levels of sickness. Numbers have been increased to 2 registered on a night. 2 responses to FFT with 100% reporting that they felt safe and confident in our service. Appraisals – 1 outstanding (LTS removed)</p>	<p>Professional judgement comments</p> <p>There is no evidence based approved tool for use in this clinical setting. The bed occupancy is also low which makes dependency data less reliable. Model Health System peer median is 30.07 CHPPD (Aug 24). Current target set at 10.3. Total Budgeted establishment (WTE) = 42.27 Nursing budgeted establishment = 36.27 (excluding Band 7)</p>

<p>Sickness peaked in May at 24.4%, this had fallen to 12.5% in Sept with 8.5% LTS. Medication incident – 1 low harm, 18 no harm Self-harm incidents – 428 incidents related to 1 patients, all no harm/low harm. Incidents of violence and aggression have remained high – all no harm/low harm. harm.</p>	<p>Staffing challenges: High use of agency for both registered and unregistered staff with a significant projected overspend. Peri-team created from TEC and Inspire to cover across sites to tackle agency spend resulting in being over established on HCAs. Recent recruit due to go on mat leave. 4x B2 health and social care apprentices, 1x RNLD apprentice. New starters impacting ILS/BLS compliance in Sept. Fully recruited except for B6 OT. QIA completed to convert pharmacy tech (0.8) into nursing post. Additional RN on night shift to support a shift pattern of 8 on LDs (2Q) and 7 on night (2 Q).</p>
<p>Outcome and recommendations: Good assurance with 2 red flags for RN fill rates on days and sickness which has continued to be a challenge, but improvements in sickness rates noted by the end of this reporting period. Sickness and vacancies have impacted bank and agency spend. Increase in safe staffing levels to 2Q on nights. CHPPD remains high, supported in part due to lower bed occupancy and is in line with peer median. No changes to budgeted establishment recommended at this stage however this will need to be kept under review as TEC and Inspire develop a peripatetic team to support additional cover across the division.</p>	

Granville Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Apr 24 Sept 24	56.0	108%	106%	NA	18.5	80%	29%	-1%	6.9%	NR	92%	94%	9	8	0
		108%	109%												
Oct 23 Mar 24	52.4	103%	100%	NA	17.5	84%	38%	2%	9.3%	NR	93%	95%	13	11	0
		108%	107%												
Apr 23 Sep 23	46.8	104%	96%	NA	16.8	90%	46%	2%	6.9%	NR	91%	93%	31	23	0
		107%	107%												
Oct 22 Mar 23	48.0	111%	92%	NA	16.4	88%	42%	4%	9.1%	NR	90%	94%	30	14	1
		106%	99%												

Establishment review 12-11-24	
<p>Quality measures – exceptions 1 staffing level incidents – no harm. Appraisals 100% The team do not use the friends and family test as it does not meet the needs of the service however the team do seek regular feedback from families. All falls/medication incidents reported as no harm/low harm. No pressure ulcers acquired in our care. Long term sickness 3.5% in Sept.</p>	<p>Professional judgement comments There is currently no evidenced based tool for residential care homes on which to recommend the number of WTEs or CHPPD. Total Budgeted Establishment (WTE) = 62.45 Staffing challenges: Band 6 seconded into Band 7 registered manager post. Additional Band 5 to cover EPOC. Due to move to Hawthorne Court. 3 x LTS, Band 7, B3 and care worker, 1 care worker on mat leave. 2x apprentice B3 – 1 currently on placement at TEC.</p>
<p>Outcome and recommendations: Good assurance with 1 red flag for sickness. Granville Court is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern. No changes to budgeted establishment or CHPPD are recommended following this review. Staffing levels will need to be considered during relocation to Hawthorne Court</p>	

Inspire	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	46.0	93%	102%	30.4	20.6	74%	31%	-8%	14.1%	NR	85%	89%	27	0	9	69
		92%	105%													
Oct 23 Mar 24	45.3	93%	104%	21.6	26.6	61%	30%	-5%	12.0%	NR	89%	86%	38	0	26	94
		96%	113%													
Apr23 Sep 23	44.1	98%	105%	29.0	30.4	55%	16%	-6%	12.1%	NR	90%	98%	33	0	37	208
		91%	110%													
Oct 22 Mar 23	49.2	87%	102%	25.7	29.3	60%	18%	10%	10%	NR	85%	88%	16	0	22	428
		130%	134%													

Establishment review 27-11-24

Quality measures – exceptions

1 staffing level incidents reported - No harm.
 No FFT returns however the team proactively seek feedback from the young people. A quarterly report is provided to the provider collaborative.
 Appraisals – 2 outstanding (LTS/Mar leave removed)
 Medication incidents – all no harm. Further reduction in Self-harm and V&A incidents – all no harm/low harm
 Had a significant amount of sickness during this reporting period however LTS has now resolved with LTS down to 1.5% in Oct

Professional judgement comments

Recommended CHPPD is 30.4 compared to 21.6 in in the previous period. The R-CHPPD and R-WTE less reliable due to low numbers of patients – average of 4.4 during this data collection period. Model Health System Peer Median was 23.3 Mar 2024 - has increased to 29.97 in Aug 24. Recommended WTE = 31.8. Total budgeted establishment (WTE) = 33. Over established since closure of Nova (37.5 WTE). Nursing budgeted establishment = 29.0 (excluding 4x Band 7s – 2.5 in post).
 Staffing challenges: Increase in YP with eating disorders which requires staffing resource for intensive meal support, NG feeding. This increase in dependency is reflected in this round of dependency data collection. 2x B6 vacancies covered by 2x B5 acting B6. 2x TNA due to qualify in the next year. Agency used for senior trainees and locum consultant impacting overspend. 2 HCAs supporting the peri-team which covers Inspire and TEC.

Outcome and recommendations

Good assurance with 1 red flag for sickness which had improved by the end of the reporting period. The ward is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. Whilst this round of dependency data may indicate an increase in dependency the R-CHPPD is not reliable due to low bed base. Staff report the ward feeling safe. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern of 6 on days and 5 on nights. No changes to budgeted establishment or CHPPD are recommended following this review.

6.3 Primary Care and Community Services Division

Malton	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Apr 24 Sept 24	30.4	95%	87%	NA	7.4	88%	17%	5%	6.1%	100	100%	86%	15	21	5
		109%	100%												
Oct 23 Mar 24	31.3	95%	86%	NA	6.8	93%	18%	-6%	5.2%	95	100%	89%	10	23	5
		118%	98%												
Apr 23 Sep 23	32.4	90%	89%	NA	7.5	87%	12%	-16%	4.8%	NR	100%	93%	9	15	5
		122%	102%												
Oct 22 Mar 23	34.2	96%	87%	NA	6.9	92%	9%	-17%	5.9%	89	99%	91%	11	26	4
		117%	101%												

* R-CHPPD= The modified SNCT tool does not recommend CHPPD. Malton do not have an evidence-based tool on which to base the CHPPD therefore the national organisational CHPPD median model hospital data is used as a benchmark. *CHPPD Hours = average CHPPD over the 6-month period

Establishment review 25-11-24	
<p>Quality measures – exceptions</p> <p>0 staffing level incident</p> <p>28 responses to FFT with 100% reporting that they felt safe in our care.</p> <p>Appraisals 0 outstanding (LTS and Mat leave removed)</p> <p>LTS 2.5% in Sept</p> <p>5 pressure ulcers acquired in our care – all low harm/Category 2.</p> <p>Medication incidents – all no or low harm. Falls incidents – 1 reported as moderate as required assessment at the acute hospital.</p>	<p>Professional judgement comments</p> <p>To date there has not been a validated tool on which to make recommendations for the CHPPD therefore unable to recommend a reliable CHPPD target or recommend the number of WTE using a triangulated approach. The model health system peer median continues to provide limited data on which to establish an accurate CHPPD with only 3 other community trusts submitting CHPPD data. The model health system data peer median CHPPD was 7.92 in Mar 24 and 6.31 in August. The CHPPD is currently set at 8.0 however this has not been consistently met over time, however this has improved since the previous reporting period, due to lower OBD. Patient acuity/dependence is comparable to Whitby, but Malton have a larger bed base and fewer HCAs. They currently run on the same shift pattern as Whitby (7 early, 5 late, 4 nights) but are unable to achieve 3 RNs on the late shift. Total budgeted establishment = 33.86. Nursing budgeted establishment = 28.61 (excluding 1.6 x band 7)</p> <p>The ward currently has a budget for 14.88 WTE RNs (Band 5 x 11.6, Band 6 x 3.28). There are 10.73 Band 2 and 3.0 Band 3 WTE HCAs within the BE.</p> <p>Staffing challenges: Patient acuity is high. LTS has been a challenge during this reporting period but has significantly improved. Previously over established due to international nurse recruitment however some staff have recently left/reduced hours.</p>
<p>Outcome and recommendations: Following the previous review, a recommendation was made to review the budgeted establishment. It is recognised that the current budgeted establishment may not support a third RN on the late shift and whilst there are 5 staff on duty this is 2 x RNs and 3x HCA. Following review of the quality measures and a professional judgment discussion there is good assurance that the ward is safely staffed and that key performance targets are being met however sickness has been a challenge. EMT previously requested a review the CHPPD. Malton are not achieving the CHPPD set by the Trust but are benchmarking against the peer median. We have the license for the revised SNCT to enable more accurate recommendations for CHPPD and WTEs and following interrater reliability training, data collection will take place prior to the next review. HCAs skill mix to be reviewed as there is a high proportion of Band 2 compared to Band 3.</p>	

Whitby	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Apr 24 Sept 24	38.1	85%	82%	NA	9.8	88%	2%	-8%	6.9%	100	82%	94%	9	11	2
		103%	100%												
Oct 23 Mar 24	44.1	91%	83%	NA	8.4	90%	2%	-6%	8.5%	95	100%	89%	16	12	7
		101%	100%												
Apr23 Sep 23	47.9	106%	91%	NA	9.1	86%	1%	-18%	8.1%	96	93%	92%	27	10	2
		104%	101%												
Oct 22 Mar 23	44.4	91%	88%	NA	8.2	94%	5%	-7%	9.1%	100	90%	84%	10	15	7
		100%	99%												

* R-CHPPD= The modified SNCT tool does not recommend CHPPD. Whitby do not have an evidence-based tool on which to base the CHPPD therefore the national organisational CHPPD median model hospital data is used as a benchmark. *CHPPD Hours = average CHPPD over the 6-month period

Establishment review 25-11-24	
<p>Quality measures – exceptions</p> <p>3 staffing level incidents – all no harm. 23 responses to FFT with 100% reporting that they felt safe in our care. Appraisals 0 outstanding (Mat leave removed) Clinical supervision has fallen just below the target threshold. No LTS by Sept. 2 pressure ulcers acquired in our care – low harm/Category 2 Reduction in medication incidents – all no or low harm. 12 falls related incidents – 2 severe harm due to sustaining fractures. Both investigated. Additional deep dive into fall related incident – report due at QPaS.</p>	<p>Professional judgement comments</p> <p>To date there has not been a validated tool on which to make recommendations for the CHPPD therefore unable to recommend a reliable CHPPD target or recommend the number of WTE using a triangulated approach. The model health system peer median continues to provide limited data on which to establish an accurate CHPPD with only 3 other community trusts submitting CHPPD data. The model health system data peer median CHPPD was 7.92 in Mar 24 and 6.31 in August. The CHPPD is currently set at 8.0 and this has consistently been achieved over time. Total Budgeted Establishment = 40.27 WTE. Nursing Budgeted Establishment = 29.45 WTE (excluding 1.4 Bands 7s). In addition, 2x Band 8a WTE Advanced Nurse Practitioners (BE). There are 14.84 Band 2 and 1.8 Band 3 WTE HCAs within the BE. Over established on Band 5's (0.6). Staffing challenges: Challenges covering shifts due to sickness absence, lack of available bank cover therefore ward staff are covering extra shifts. 1 B2 vacancy. Band 5 mat leave. Supervision has been a challenge with target threshold not met for 4 consecutive months.</p>
<p>Outcome and recommendations: Good assurance with one red flag for sickness which has shown some improvement since the review in May 2024. The ward is safely staffed and the CHPPD target, previously set at 8.0, is consistently being met over time. The current budgeted establishment supports the shift patterns of 7 early, 5 late, 4 nights. No changes to budgeted establishment or CHPPD are recommended following this review however the skill mix requires a review as there are a high number of Band 2 HCAs compared to Band 3s. Following consultation with NHSE an application for the license for the revised Safer Nursing Care Tool was submitted. This evidence based tool will be used to measure patient acuity/dependency and will provide a more reliable recommendation of the number of WTE and CHPPD. A cohort of staff will be trained in the use of the tool to ensure interrater reliability prior to the next round of data collection in May 2025. Two rounds of data collection will be required prior any recommended changes in BE or CHPPD.</p>	

6.4 Forensic Services Division

Additional information outlining reported staff level shortages is covered in Section 6.4.1

Derwent	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	26.5	82%	83%	7.2	16.7	73%	32%	0%	4.9%	NR	96%	95%	4	0	26	1
		103%	110%													
Oct 23 Mar 24	23.0	95%	86%	10.1	17.1	80%	42%	8%	4.2%	100	94%	95%	1	0	38	5
		97%	119%													
Apr23 Sep 23	22.8	90%	70%	9.9	13.1	84%	28%	22%	7.2%	NR	89%	95%	2	0	24	6
		91%	101%													
Oct 22 Mar 23	24.4	91%	83%	14.2	13.8	78%	26%	11%	9.4%	NR	93%	95%	2	0	29	0
		80%	103%													

Establishment review 19-11-24	
<p>Quality measures – exceptions Sickness had risen slightly peaking in May however this has reduced to 4.3% by Oct. Appraisals 100% V&A – 1 low harm, 25 no harm. 1x attempted Self harm – no harm. The ward sometimes works on less staff when it is safe to do so – this is reflected in the overall day time fill rates. Prioritising covering night shift shortfalls.</p>	<p>Professional judgement comments Recommended CHPPD is 7.2 during this 21 day data collection period however the team report that acuity has gone up in recent weeks, new admissions/increased patient engagements. R-CHPPD was 10.1 at the previous reporting period and the target CHPPD is set at 10.3 which is consistently met over time. Model Health System Peer median 11.79 (Aug 24). Recommended WTE = 25.1. Total Budgeted establishment (WTE) = 28.13 Nursing budgeted establishment = 25.13 (excluding 2x Band 7s) Staffing challenges: Increase in referrals/admission and visits to conduct assessments. Increased levels of engagements with temporary increase in staffing to support this. LTS Band 6 and Band 5 – 1 work related injury (RIDDOR). Activity worker mat leave. 1 degree apprentice and 1x TNA.</p>
<p>Outcome and recommendations: Good assurance with no red flags. The CHPPD target, previously set at 10.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 6 on long days and on 4 nights (1 RN) and staffing is being managed flexibly to meet the requirements of the ward. No changes to budgeted establishment or CHPPD recommended.</p>	

Ouse	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	23.2	84%	102%	4.5	11.7	68%	31%	9%	9.5%	NR	93%	94%	6	0	6	2
		106%	134%													
Oct 23 Mar 24	23.8	86%	89%	5.3	9.4	69%	15%	8%	12.4%	100	88%	94%	3	0	4	0
		92%	108%													
Apr23 Sep 23	23.9	78%	94%	9.5	10.0	75%	21%	23%	7.5%	NR	91%	95%	2	2	14	0
		100%	126%													
Oct 22 Mar 23	24.4	106%	119%	5.3	11.3	82%	29%	21%	5.0%	NR	89%	96%	5	4	13	1
		100%	172%													

Establishment review 19-11-24	
<p>Quality measures – exceptions Appraisals 0 outstanding (LTS removed) Sickness both short term and long terms absence remain consistently high. Medication, Self-harm, V&A incidents – all low harm/no harm</p>	<p>Professional judgement comments Recommended CHPPD is 4.5 compared to 5.3 in the previous reporting period. Model Health System Peer median 11.79 (Aug 24). Recommended WTE = 11.7 Total Budgeted establishment (WTE) = 25.44 Nursing budgeted establishment = 22.44 (excluding 2x Band 7s) Staffing challenges: Due to ward refurbishment the ward has been split over two with the requirements for additional staff cover during this period (May – Sept) – increase in bank during this period. 3 staff have recently returned from LTS. 1x due to go on maternity leave. Band 6 returned from Pine View. 1x TNA. The team noted the positive impact of the activity worker.</p>
<p>Outcome and recommendations: Good assurance with 1 red flag for sickness. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 5 on long days and on 3 nights (1 RN). No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

Pine view	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	30.6	95%	94%	5.2	10.4	73%	28%	-2%	11.4%	100	96%	95%	8	7	6	0
		85%	95%													
Oct 23 Mar 24	29.7	95%	91%	6.1	9.1	82%	27%	12%	8.4%	NR	99%	97%	14	6	2	1
		59%	93%													
Apr23 Sep 23	30.0	87%	88%	5.3	8.1	88%	20%	15%	5.1%	100	99%	98%	11	8	4	0
		62%	89%													
Oct 22 Mar 23	31.0	101%	90%	5.9	9.5	76%	15%	4%	8.6%	80	100%	95%	18	13	10	0
		69%	87%													

Establishment review 19-11-24	
<p>Quality measures – exceptions Fill rates - Pine view has 2 RNs on a night shift as it is a standalone, with 1 RN on each ward at the Humber Centre plus duty nurse = 7 on nights in total. The 2nd RN does on occasion get moved to cover short falls at the Humber Centre however RN fill rates on nights have improved. 10 responses to FFT with 100% reporting that they felt safe in our care. Appraisals 0 outstanding (mat leave and LTS removed) Sickness has increased over the 6 month period with a high proportion of LTS – this is being assertively managed. 1x staff due to retire on ill health. 7 cancelled section 17 leave due to staffing levels. Medication and V&A incidents – all reported as no harm</p>	<p>Professional judgement comments Recommended CHPPD using the MHOST medium secure tool is 5.2 <i>compared to 6.1</i> the previous reporting period. Data was not collected for the full 21 days (17) which may result in less accurate results. Current target CHPPD 6.3. Recommended WTE = 17.2. Total Budgeted establishment (WTE) = 33.62 Nursing budgeted establishment = 28.82 (excluding 2x Band 7s) Staffing challenges: Standalone unit requiring DMI team. Pregnancy (reduced patient contact) and 4x staff on maternity leave, 1 HCA HR process, Band 7 moved to Ouse and 1 on mat leave. Upskilling band 6s to support shortfall and B7 secondment being advertised. 1xTNA. Band 5 on LTS since Feb, 3x HCAs on LTS.</p>
<p>Outcome and recommendations: Good assurance with 1 red flags for sickness. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 6 on long days and on 5 nights (2 RNs). No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

Swale	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr 24 Sept 24	29.4	84%	95%	5.5	10.1	80%	24%	2%	5.4%	94	95%	94%	9	0	4	2
		110%	93%													
Oct 23 Mar 24	25.2	71%	90%	5.1	10.8	72%	34%	31%	8.0%	96	90%	92%	12	6	8	1
		83%	92%													
Apr23 Sep 23	26.2	71%	92%	No data	11.4	69%	28%	17%	8.4%	100	89%	97%	8	7	21	8
		96%	92%													
Oct 22 Mar 23	26.2	81%	94%	7.6	10.3	77%	27%	23%	6.9%	100	93%	96%	8	8	28	9
		102%	89%													

Establishment review 04-12-24

Quality measures – exceptions

33 responses to FFT with 100% reporting that they felt safe and confident in our service.

Appraisals 0 outstanding (mat leave removed)

Sickness has improved the majority of which is short terms absences.

Medication and V&A incidents – all no harm.

Self-harm – no harm/low harm

Professional judgement comments

Recommended CHPPD using the MHOST medium secure tool is 5.5 compared to 5.1 in May 2023. No data collection in November 2023. Model Health System peer median 11.81. Current local target 10.3 consistently achieved.

Recommended WTE = 16.9

Total Budgeted establishment (WTE) = 31.82

Nursing budgeted establishment = 28.82 (excluding 2x Band 7s)

Staffing challenges: Support for international nurses and newly qualified nurse. Band 6 LTS. Band 3 vacancy 1.82 WTE. 1x RN on maternity leave B6 – backfilled. Acuity has remained lower this reporting period but significant investment in managing relational risk through staff presence, but this is not reflected as formal 1:1 and therefore not accounted for in the dependency data. Patient group engage well with staff, and are actively involved in ward activities, minimal incidents reported. Additional workload associated with discharge. Forensic Nurse Specialist due to leave – reviewing role.

Outcome and recommendations

Good assurance with 1 red flag for sickness. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met. The current budgeted establishment supports the shift patterns of 6 on long days and on 5 nights (1 RN). No changes to budgeted establishment or CHPPD are recommended following this review.

Ullswater	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
April 24 Sept 24	29.3	91%	132%	13.5	17.2	69%	41%	-1%	13.5%	NR	95%	89%	7	2	84	22
		111%	138%													
Oct 23 Mar 24	29.1	99%	119%	12.9	17.1	67%	33%	-1%	7.1%	0%	88%	96%	2	2	82	6
		97%	143%													
Apr23 Sep 23	26.1	66%	104%	15.3	15.8	61%	28%	27%	12.4%	NR	97%	94%	3	8	68	25
		97%	108%													
Oct 22 Mar 23	26.2	100%	119%	NA	20.6	52%	27%	31%	10.2%	NR	97%	95%	4	4	69	34
		95%	125%													

Establishment review 19-11-24**Quality measures – exceptions**

2 cancelled section 17 leave, both reported as due to staffing level shortages.
 Appraisals 0 outstanding (mat leave and LTS removed)
 V&A incidents – 13 low harm, 71 no harm.
 Medication and self-harm incidents – all no harm/low harm.
 Increase in sickness with high proportion of LTS during this reporting period which was noted to have improved (LTS 3.4% Oct)
 FFT Nil return - Ullswater have a plan in place to support improved responses and will ask patients to complete the FFT following their MDT review meeting. Wards at the HC will also report when patients decline to complete FFT.

Professional judgement comments

Using the MHOST tool a recommended CHPPD is 13.5 compared to 12.9 in May 24 (using MSU MHOST). Model Health System peer median is 13.13 (Aug 24). Current target 10.3 which is consistently met. Recommended WTE = 25.4. Total Budgeted Establishment (WTE) = 28.13
 Nursing budgeted establishment = 25.13 (excluding 2x Band 7s)
 Staffing challenges: Planned hours = 5 on days and 4 on nights however consistently requiring 7 on days and 5 on nights to support 2:1 for which there is EPOC funding for extra staff (1 days/1 night), overspend due to extra staff on days but plan to reduce to 6 on days in January. 1x mat leave, 2x preceptees, 1x HR process, sickness leading to increase in bank use.

Outcome and recommendations

Good assurance with 1 red flags for sickness. The CHPPD target, previously set at 10.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 5 on long days and on 4 nights (1 RN) however additional staff required supported in part by EPOC. No changes to CHPPD or BE recommended however this needs to be kept under review.

Section 6.4.1 Humber Centre Safe Staffing Incidents (Apr – Sept):

21 incidents of staffing shortfalls reported across the Humber Centre during this 6 month reporting period. 20 reported as no harm 1x low harm. Further analysis of the incidents shows:

- 12 impacted night shift cover
- 10 related to short notice sickness/cancellation of shift
- 4 emergency transfer of patients to HRI due to physical health requiring additional staffing resource, resulting in reduced staffing number across the Humber Centre

Incidents of reduced cover:

- Emergency transfer of patient to HRI on a 4:1 escort during the night – 3 wards left with shortfalls (PV -2, Swale -2 and Ullswater -1)
- Emergency transfer of patient to HRI on 3:1 escort – 3 wards left with shortfalls (Derwent -1, Swale -2, Ullswater -2)
- Short notice cancellation of shift resulting in no RN cover from midnight to 7.30am (Swale).
- No duty manager cover due to sickness on 1 occasion.
- Qualified nurse unwell on shift. Swale Band 6 covered the ward covering two wards (staff guidance in place re the RN role and responsibilities should these exceptional circumstances occur to maintain staff and patient safety).
- Short notice sickness on night shift staffing reduced to 3 from 5 at Pine View (1 RN and 2 HCAs) on two occasions.
- Swale reduced from 5 to 3 on night shift due to backfilling shortages on other wards and further occasion reduced to 4.
- Reduced to 4 from 6 due to supporting patient at HRI, with one patient on 2:1 in LTS and remaining 2 staff (females) covering the ward.

Impact of staff shortages:

- Engagement levels impacted.

- Staff breaks not taken.
- Reduced activities/care delivery impacted.
- Section 17 leave cancelled.
- Staff remaining on constant engagements for extended periods.
- Staff unable to attend training and staff reflective sessions.

Registered Nurse cover on nights has been increased across the Humber Centre from 6 to 7 to support short notice sickness cover however this can be a challenge at times when patients require escorting to HRI for emergency treatment out of hours, sometimes requiring 3+ staff.

7.0 Summary:

- High sickness rates have continued to be a challenge across the majority of inpatient units.
- Following review of key performance measures, all wards demonstrate good assurance with no ward with more than 2 red flags over the 6 month average.
- We continue to benchmark positively against our peers when comparing data from the Model Health System
- Incident reporting continues to demonstrate a positive reporting culture with a high proportion of no harm and low harm incidents.
- Appraisals, supervision, and training compliance is high.
- Humber Centre have increased RN cover on nights across the unit from 6 to 7 (since May 2024) to ensure additional RN cover across all wards should there be short notice absence. They have reviewed and updated their Duty Nurse Standard Operating Procedure to provide additional guidance if, in exceptional circumstances due to short notice absence 1 RN is covering more than one ward:
 - Duty Nurse responsibilities including risks and clinical requirements.
 - RN support when covering more than one ward – frequency of visits and support outside of required interventions (i.e. in addition to medication rounds)
 - Escalation and reporting

8.0 Update on Actions from previous report

- EMT requested a deep dive into sickness absence - EMT received a detailed report regarding sickness absence on 5th November 2024 and a focused piece of work is being undertaken by the HR Team and Operations review sickness across inpatient units and to provide enhanced support to those teams with rising sickness rates with a focus on health and well-being and the experience of those returning to work.
- Annual Self-assessment using the chief nurse assurance format from NHSE has been completed Sept 2024
- The roll out of the Community Nursing Safer Staffing Tool (CNSST) was paused by NHSE subject to additional testing and revisions. This has recently been relaunched and HTFT have license agreement completed by the Director of Nursing.

9.0 Recommendations and Next Steps

- EMT requested the safer staffing report be reviewed by the productivity group and that future reports, whilst continuing to focus on quality and safety, also reflect productivity.
- Implement the SNCT in 2025 for Malton and Whitby wards. Training will be provided by NHSE early 2025 followed by two rounds of dependency data collection.

- Implementation of the Community Nursing Safer Staffing Tool during 2025 following additional training.
- Whilst overall fill rates generally appear strong for this reporting period, following review with the E-roster team a number of anomalies are emerging which may be impacting RN fill rates ie.
 - B4 Nursing Associate role categorised as unregistered but are the second qualified in some areas – further consideration required as to how they are captured on the planned hours.
 - B4 newly qualified nurses upgrading to B5 during the roster period.

These will require further exploration at the next review if a pattern emerges.

Agenda Item 14

Board Strategic Development Meeting

Agenda

26 February 2025, 9.30 am – 3.30 pm
Multi-use Room, Trust Headquarters

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	9.30
2.	Notes from 18 December 2024 Meeting and Action Log	CF	Note	✓	9.35
3.	CQC Well Led – Generic Approach and What Well Led Looks Like (Helen Higgs from Audit Yorkshire)	HG	Discuss	✓	9.40
4.	Insightful Board	HG	Discuss	✓	11.40
	Lunch with Communications Colleagues				12.15
5.	Budget Reduction Strategy	PB	Discuss	✓	13.15
6.	Mental Health Host Provider Update	PB	Discuss	verbal	14:15
7.	Date, Time and Venue of Next Meeting				
	<ul style="list-style-type: none"> 30 April 2024, Multi-Use Room, Trust Headquarters 				

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025		
Title of Report:	Finance Committee Assurance Report - Chair's Log		
Author/s:	Keith Nurcombe, Chair		
Recommendation:	To approve	x	To receive & discuss
	For information/To note		To ratify
			x
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:			
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> Trust position is still off plan with deficit of £1,146 driven by AFC pay award funding gap. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> BAF review from EMT around risk moving forward especially around 2025/2026. 		
Positive Assurance to Provide: <ul style="list-style-type: none"> Balance sheet remains unchanged for the organisation which is really positive Ahead of plan for Green Plan and decarbonisation entering the last year of the current plan. 	Decisions Made: <ul style="list-style-type: none"> Agree special Finance Committee meeting for end of Feb 2025 to look at Financial Planning and to recommend a plan to board in March (financial planning guidance not out so current work is somewhat speculative). 		

Governance: Please indicate which committee or group		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) Report produced for the Trust Board	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
x	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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 21st January 2025 were:

- Accounts for 2023/2024 finally coming to board for sign off after small changes based on accounting of local government pension scheme elements – no material change to the final number as provisions are in place.
- Addition of workforce summary plan coming to Finance Assurance Committee was welcomed, and this will not be a standing item for the committee.
- Significant debt reduction work has been completed, there are a couple of significant debts still outstanding (local authority and one supplier) but these are being managed and overall trade debtors has fallen month of month.
- BRS is on plan with the exception of mental health provision (-£220k) but EMT are targeting an end of year position on budget. This has been caused by no additional funding and an over reliance on new opportunities which have not been realised.
- BRS and planning for 2025/2026 has made significant progress albeit without planning guidance at this stage but likely to be a 1% decrease in budgets – to be discussed in more details end of Feb Finance Committee meeting so that a recommended plan can be discussed before coming to the March board meeting. This will also need to include the creation of a potential list of unpalatable options which may need to be considered depending on 25/26 budgets and system financial strain.
- Regarding IR35 compliance, it was reported at the previous Finance Committee meeting that 11 agency workers were subject to IR35, but this has since been reduced to two. It was noted that the Consultant Plan is proving to have a positive effect.
- New funding allocation has been received for Shared Care Record as part of NSH England's aim for one shared care record, missed current paper but review will be provided at next Finance meeting in April.
- EPR Gant chart will be updated and progressed for next Finance meeting to demonstrate progress on the programme, which to date has been excellent.

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2025														
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 Thursday 5 December 2024 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.														
Key Issues within the report:															
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> On patient safety and quality of care, all providers have “routine monitoring” status, with strong evidence of the monitoring regime being effective. Patient Safety Incident Response Framework (PSIRF): all providers now transitioned. Risks across all 3 workstreams are now scored 9 or below. 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 and AED). Caseloads are steady, and out of area placements are being appropriately managed. Across all three workstreams, this year’s developmental actions are on track. A stakeholder event on eating disorders across all ages took place in October. 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Work with NHS England and the ICS regarding future contracting and hosting of Specialised Provider Collaborative. Key actions from the HNY PC Bed modelling have been identified in the annual workshop, currently being worked up. 													

Key Risks/Areas of Focus: <ul style="list-style-type: none"> 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. 	Decisions Made: <ul style="list-style-type: none"> EDITT business case supported. Patient Safety and Learning proposal supported.
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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	5.12.24	Other (please detail) Report produced for the Trust Board		

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

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 5.12.2024 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.
- All age eating disorder workshop held in York 15.10.2024.
- All providers have now switched over from the Serious Incident Framework to Patient Safety Incident Response Framework (PSIRF).
- Work with NHS England and the ICS regarding future contracting and hosting of Specialised Provider Collaborative.
- EDiTT team – due to significant positive impact of the service agree to extend provision until 31 March 2025, PCOG support for recurrent funding.

Risk Register

- All risks are below 12.
- CAMHS and AED financial pressure has reduced.

Work Stream Updates

Detailed Business Intelligence reports were shared at the meeting, highlights from each workstream report detailed below:

1 CAMHS

- CAMHS financial position has significantly improved since Q1 of 2024/25.
- The number of out of area placements for children with eating disorders remains low.
- There are currently no CYP requiring NGT feeding at Inspire or Mill Lodge.
- A system wide meeting has taken place on 24.10.24 in relation to the NHSE draft commissioning guidance and new service specification.
- All age eating disorder workshop held in York 15.10.2024.

- The CAMHS inpatient workstream have supported the business case for recurrent funding for the EDIT Team. The decision was supported at PCOG on 20 November 2024.
- There are 2 children who are Clinically Ready for Discharge (CRFD) – both having escalation meetings to support discharge from hospital.

2 Adult Eating Disorder

- There are currently no patients waiting for admission.
- There are no patients Clinically Read for Discharge (CRFD).
- All age eating disorder workshop held in York 15.10.2024.
- Number of out of area patients remains at 3.
- Number of HNY patients in HNY units is greater than the number of beds commissioned.

3 Adult Secure

- HNY patient population (Med and low) remains at 130.
- HNY secure care providers average Length of stay continues to be lower than in January 2022.
- CRFD – The number of service users who are CRFD remains at 15.
- Annual bed modelling workshop was held on the 4 September 2024. Key actions from the HNY PC Bed modelling have been identified in the annual workshop, currently being worked up.
- South West Yorkshire Partnership Foundation Trust have now exchanged contracts to take over the services at Cheswold park Hospital.
- CPaQT liaising with ICB BI in relation to SPA reporting data.
- CPaQT meeting with PDS on the 20 September to discuss future service provision.

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.

Finance

- Adult Eating Disorder and CAMHS show an improved financial position compared to 23-24 because of the decrease in demand for beds to date.
- New EPOC have resulted in a forecast pressure against this area.

Effectiveness Review

- Collaborative Committee Annual Effectiveness review will be circulated to Committee members after Collaborative Committee, responses requested by 31 January.

Collaborative Committee ToR

- ToR shared in meeting any comments from Collaborative Committee members to be shared to Mel Bradbury.

EDITT business case

- Support was given within Collaborative Committee to support proposal of EDIT business Case.

Patient Safety Paper

- Support was given to the proposed changes for patient safety in the HNY Specialised Provider Collaborative.