# Council of Governors
## Public Meeting – Thursday 18 April 2024

2.00pm – 4.30pm, The Lecture Theatre, Beverley Road, Willerby, HU10 6ED

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

|  |  | Lead | Action | Report Format |
|---|---|---|---|---|
| **Standing Items** | | | | |
| 1. | Apologies for Absence – Jacquie White, Phil Earnshaw, Pete Beckwith | CF | Note | verbal |
| 2. | Declarations of Interest | CF | Note | √ |
| 3. | Minutes of the Meeting held on 18 January 2024 | CF | Approve | √ |
| 4. | Actions Log, Workplan and Matters Arising | CF | Discuss | √ |
| 5. | Humber Services Spotlight: The Individual Placement and Support Team | KF | Note | √ |
| **Board Report Backs** | | | | |
| 6. | Chair's Report | CF | Discuss | √ |
| 7. | Chief Executive's Report and Governors Questions to the Chief Executive | MM | Discuss | √ |
| 8. | Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback | NEDs | Discuss | √ |
| **Governor Items** | | | | |
| 9. | Appointed Governor Feedback – Jon Henderson, Humberside Fire and Rescue | JH | Discuss | verbal |
| 10. | NED Recruitment Update 2024 | CF | Note | √ |
| 11. | Governors Questions – topical issues not already covered or discussion re any questions received in advance. | All | Discuss | verbal |
| **Performance & Delivery** | | | | |
| 12. | Performance Update | IO | Discuss | √ |

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| 13. | Finance Report | IO | Discuss | √ |
| | **Corporate** | | | |
| 14. | Patient Led Assessment of the Care Environment (PLACE) | IO | Note | √ |
| 15. | Any Other Business | CF | Note | verbal |
| 16. | Review of the Meeting – Being Humber | CF | Note | verbal |
| 17. | **Date, Time and Venue of Next Meeting**<br>Thursday 18 July 2024, 2.00pm by Microsoft Teams | | | |



**Caring, Learning & Growing Together**

| Title & Date of Meeting: | Council of Governors Public Meeting – 18 April 2024 |
|---|---|
| Title of Report: | Declarations of Interest |
| Author/s: | Caroline Flint<br>Trust Chair |

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

| Purpose of Paper:<br>*:* | To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register. |
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Key Issues within the report:

| **Positive Assurances to Provide:**<br>• Governor declarations updated | **Key Actions Commissioned/Work Underway:**<br>• N/A |
|---|---|
| **Key Risks/Areas of Focus:**<br>• No matters to escalate | **Decisions Made:**<br>• N/A |

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

**Monitoring and assurance framework summary:**

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

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

# Governors' Declaration of Interests

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

| | | • Volunteer for Stakeholder Panel Interviewing<br>• ICS/Kings Fund Steering Committee |
|---|---|---|
| **Elected - Staff** | Vacant (clinical) | |
| | William Taylor (clinical) | • Member of Unite the Union<br>• Wife is an employee of Humberside Police force |
| | Jon Duncan (non clinical) | • I am in a relationship and live together with a member of staff in the organisation – Marie Dawson Senior Project Manager |
| | Sharon Nobbs (non clinical) | • None |
| | Vacant (non clinical) | |
| **Appointed** | Cllr Chambers (Hull City Council) | • None |
| | Councillor David Tucker, East Riding of Yorkshire Council | • None |
| | Professor Jacquie White Hull University | • Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity within my role as Head of the school of nursing and midwifery<br>• lead research and knowledge exchange activity and write grants. Current activity includes working with the Chief Pharmacist to development a research bid related to the role of Pharmacy Technicians across the Trust.<br>• Trustee of the Warren Youth Project Hull<br>• Member of the Labour Party<br>• Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies). |
| | Emma Dallimore, Voluntary Sector | • Employee of Hull and East Yorkshire Mind which supplies various services to the Trust including Support Line, Crisis |

| | | pad, Children's Safe Space, peer support workers, children's psychological wellbeing and counsellors. I also sit on the CMHT transformation partnership board and attend various other Trust meetings |
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| | Jonathan Henderson, Humberside Fire & Rescue | • None |
| | Gary Foster, Humberside Police | • None |

## Minutes of the Council of Governors Public Meeting held on
## Thursday 18 January 2024 by Microsoft Teams

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| **Present:** | Rt Hon Caroline Flint, Chair |
| | Michele Moran, Chief Executive |
| | Cllr Linda Chambers, Appointed Governor, Hull City Council |
| | Sue Cooper, East Riding Public Governor |
| | Emma Dallimore, Appointed Governor Voluntary Services |
| | Tony Douglas, East Riding Public Governor |
| | Marilyn Foster, Patient and Carer Governor |
| | Patrick Hargreaves, Hull Public Governor |
| | Jon Henderson, Appointed Governor, Humberside Fire & Rescue |
| | Anthony Houfe, Service User and Carer Public Governor |
| | John Morton, East Riding Public Governor |
| | Sharon Nobbs, Staff Governor |
| | Doff Pollard, Whitby, Scarborough and Ryedale Public Governor/ Lead Governor |
| | Brian Swallow, Hull Public Governor |
| | Will Taylor, Staff Governor |
| | Jacquie White, Appointed Governor, Hull University |
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| **In Attendance:** | Francis Patton, Non-Executive Director/SID |
| | Stuart McKinnon-Evans, Non-Executive Director |
| | Mike Smith, Non-Executive Director |
| | Priyanka Perera, Associate Non-Executive Director |
| | Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer |
| | Pete Beckwith, Director of Finance |
| | Matthew Handley, General Manager Community and Primary Care Division and Paula Phillips, General Manager, Forensic Services Division (for item 05/24) |
| | Gavin Barker, Audit Director Mazars, (for item 06/24) |
| | Stella Jackson, Head of Corporate Affairs |
| | Katie Colrein, Membership Officer |
| | James Collier, Communications Team |
| | Jenny Jones, Trust Secretary |
| | |
| **Apologies:** | John Cunnington, East Riding Public Governor |
| | Tim Durkin, Rest of England Public Governor |
| | Paul French, Appointed Governor Humberside Police |
| | Joanne Gardner, Staff Governor |
| | Dominic Kelly, East Riding Public Governor |

**Caring, Learning & Growing Together**

Ruth Marsden, East Riding Public Governor
Tom Nicklin, Staff Governor
Phil Earnshaw, Non-Executive Director
Dean Royles, Non-Executive Director
David Smith, Associate Non-Executive Director

The Chair welcomed everyone to the meeting.

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| 01/24 | **Declarations of Interest**<br>Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they should declare the interest and remove themselves from the meeting for that item. |
| 02/24 | **Minutes of the Meeting held on 19 October 2023**<br>The minutes of the meeting held on 19 October were agreed as a correct record. |
| 03/24 | **Matters Arising and Actions Log**<br>The action log was noted. |
| 04/24 | **Annual Members Meeting (AMM) 18 October 2023 Minutes**<br>The minutes from the AMM were presented for information.<br><br>**Resolved:** The minutes were noted |
| 05/24 | **Staff Story – Staff Survey – Turning Intent into Action**<br>Matthew Handley and Paula Phillips attended the meeting for this item. Their story demonstrated the journey to improve staff engagement regarding the 2023 staff survey and the ambitions for addressing this year's results once released.<br><br>Brian Swallow asked if any incentives were offered to encourage staff to complete the survey. The Chief Executive confirmed this had been offered in line with Treasure rules. As the survey is confidential Quality Health administered a random free prize draw.<br><br>Emma Dallimore noted the improved results. She recognised the actions being taken to improve results and suggested that consideration be given to how staff feel and whether they felt supported to complete the survey. Matthew explained that some staff were happy with the way things were and felt they did not need to complete it. He agreed that we should not have to make concerted efforts for staff to complete the survey in an ideal world, but it was needed to ensure the response rate was reasonable.<br><br>Anthony Houfe congratulated the Divisions on the work they had done to improve the position. He asked if any particular issues had been raised during the roadshows. Paula reported that staff said they were happy in their work and did not need to complete the survey to express this. Others had concerns that the survey would not be confidential and that any comments made would be identifiable.<br><br>Marilyn Foster asked if there was a reason that primary care uptake was so low. Matthew responded that when he started with the Trust, primary care was less engaged, but had improved and this was evident in terms of the staff survey response |

| | rates. He was hopeful that this year's results would show further improvement.

There had been more visibility, engagement and listening with staff which was important and would continue.

**Resolved:**  The update was noted. |
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| 06/24 | **Annual Accounts**
The audited annual accounts for 2022-23 financial year were presented for information. Pete Beckwith reported that the accounts had been submitted to NHS England.  They had been delayed due to factors outside the Trust's control that related to the audit of the Local Government Pension Scheme.  No material changes were made to the accounts from the unaudited accounts submitted in June 2023. The accounts were completed on a going concern basis.

The Trust ended the financial year with a strong cash position.  It paid the majority of supplier invoices in line with the Better Payment Practice Code and £2 million efficiency savings were delivered on a recurrent basis.  The organisation had no external borrowing and invested £11 million in the capital programme.

Gavin Barker from Mazars, the Trust's independent auditor confirmed that the audit had taken longer due to the pensions issue mentioned.  A report was received at the Audit Committee's November meeting and the audit had been finalised on 20 December 2023.

The audit did not highlight any exceptions and an unqualified conclusion regarding the financial statements was issued.  As part of the audit the Annual Report and Annual Governance Statement were reviewed, and no issues identified.  No significant weaknesses were identified during the audit and this was positively reflected in the report.

Gavin thanked Pete and his team for their professionalism and work during the audit.

Doff Pollard referred to the Audit Completion Report and queried why the issues highlighted in section four regarding IFRS 16 had not been referred to in the follow up letter.  Pete explained that from an assurance perspective no material mis-statements were in place when the accounts were submitted.  IFRS 16 referred to leases and as a consequence valuations for property calculations were revised to ensure this regulation was met. Gavin explained that IFRS 16 was an issue for the country not just the Trust.  The follow up letter would be checked to ensure explanation of this was included.

The Trust Chair thanked Gavin for joining the meeting.

**Resolved:**  The reports were noted |
| 07/24 | **Chair's Report**
The Chair presented her report which was taken as read.  She expressed her condolences to the family of Sam Muzaffar, a previous Lead Governor/Governor for East Riding.

New Governors would join the Council of Governors on 1 February.  An induction session would take place that day and existing Governors were welcome to attend. |

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| | The Trust Chair thanked the Governors who were leaving at the end of January (Doff Pollard, Sue Cooper, John Cunnington and Tom Nicklin) for their contributions and support to the Council of Governors.

Expressions of Interest for the Lead Governor role had been requested. This person would be a point of contact for NHS England should that organisation wish to contact the Council of Governors. Only one nomination was received from Marilyn Foster. Governors supported the appointment of Marilyn as the new Lead Governor for the period 1 February 2024 to 31 January 2025.

Paul French, the appointed Governor from Humberside Police, had moved on to a new role and a new representative would be identified in due course.

**Resolved:** The report was noted |
| 08/24 | **Chief Executive's Report and Governor Questions to the Chief Executive**
The Chief Executive presented her report which was taken as read. Highlights included:

- Right Care Right Person work with Humberside Police. Filming would be taking place at the end of the month for the toolkit that had been developed and was being rolled out nationally.
- Kirsten Bingham was awarded Social Worker of the Year. Congratulations were expressed to Kirsten.
- Details of staff awards winners were included in the report alongside Directors and wider system updates.
- Staff survey results were embargoed, and data would be available to the organisation in the coming weeks.
- Respect Campaign which was part of the Being Humber Behavioural standards

No questions were raised by Governors to the Chief Executive.

**Resolved:** The report was noted. |
| 09/24 | **Non-Executive Director (NED) Chairs of Sub Committees Assurance Reports and Feedback**
The assurance reports from the Sub Committees of the Board were provided for information and taken as read.

**Finance and Investment Committee**
Francis Patton explained that the report in the papers related to a meeting held on 10 January. A further meeting had been held recently. At the meeting there was a good degree of confidence around the financial forecast with good controls in place. Planning for 24/25 was in progress and a discussion was held on the Digital Strategy. The financial position for all of the NHS was a concern.

**Mental Health Legislation Committee**
The report from the last meeting was presented by Mike Smith. He reported that real live data for restrictive interventions was received and discussed. Other areas of discussion included: |

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| | • Further exploration around what is required for half of the NEDs to be trained as Associate Hospital Managers (AHM) as recommended by the Rapid Review.<br>• Section 2 of the Mental Health Act used appropriately.<br><br>**Audit Committee**<br>The internal audit programme was on track and on plan.  One audit report provided limited assurance regarding feedback from service users.  Work was ongoing to progress the actions. Good examples of leadership were being seen across the Trust for Information Governance (IG) and assurance.<br><br>**Charitable Funds Committee**<br>Stuart McKinnon-Evans informed Governors that the charity would be brought in-house this year.  Fundraising campaigns would be refreshed.  Doff Pollard found the development session helpful and suggested that engagement with Patient and Carer Experience forums could help support fundraising.  Pete Beckwith explained that the Communications Team would take over the lead for this area and would take this suggestion on board.<br><br>**Collaborative Committee**<br>There was a positive sense of development and evolution in this area.  The number of young people requiring eating disorder and out of area placements was reducing and a continued reduction in the medium secure population.  Financial pressures were being seen around packages of care for Child and Adolescent Mental Health Services (CAMHS) and adult eating disorders.  The workstreams were reviewing their priorities.<br><br><u>**Resolved:**  The reports and verbal updates were noted</u> |
| 10/24 | **Council of Governor Governor Sub-Groups Feedback**<br>The report was taken as read.  Doff Pollard explained that an Engaging with Members meeting had been held recently, but the November meeting had been interesting and was attended by voluntary services representatives.  A helpful briefing had been provided by Lynn Parkinson and the discussion at the October Council meeting regarding volunteer recruitment had been progressed.<br><br>Marilyn Foster commented that it was good to see the programme.  The Patient and Carer Experience (PACE) team had made a video of the different ways to be involved.  It was believed this could be promoted more widely than.<br><br>It was noted that Tony Douglas would be taking over as the Chair of the Engaging with Members Group from 1 February 2024.<br><br>Emma Dallimore highlighted that within the voluntary sector it was becoming increasingly difficult to find volunteers.  Her organisation was looking at a way to bring everyone together centrally to encourage people to volunteer which could include the NHS.<br><br>Work was progressing with staff governors to hold online drop-in sessions.  The Head of Corporate Affairs would be taking this forward with the staff governors.<br><br><u>**Resolved:**  The report and verbal updates were noted.</u> |
| 11/24 | **Proposed Changes to the Appointment, Terms and Conditions Committee (ATC)** |

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| | **Terms of Reference**<br>At its meeting on 21 November 2023, the Appointment, Terms and Conditions Committee discussed the membership of the Committee and future Chairing arrangements. The Committee agreed to recommend to the Council of Governors proposed changes to the terms and conditions of the Committee to enable:<br><br>• Up to 6 Public and/or Service User/Carer Governors to become members of the Committee.<br>• A Public or Service User/Carer Governor to Chair the Committee.<br><br>Sue Cooper presented the draft terms of reference which contained proposed changes and asked the Council of Governors to consider and approve the changes.<br><br>The Council of Governors approved the changes. It was then confirmed that Marilyn Foster would become the new chair of the Committee from 1 February 2024.<br><br>**Resolved:** <u>The changes to the terms of reference were approved.</u> |
| 12/24 | **Results of the Membership Cleanse**<br>The Membership Plan, agreed by the Engaging with Members Group in January 2023, contained an action to ensure existing Public and Service User/Carer members were asked if they wished to remain a member of the Trust (through a database cleanse).<br><br>The report detailed the results of the membership cleanse and the outcome of subsequent discussion at the Engaging with Members Group regarding the representativeness of the membership.<br><br>It was clarified that the data collated was required by Monitor originally. Some socio-economic information was available which could be shared. The Trust Chair felt this was an opportunity to look a this and suggested a simple survey to members asking for more details including LGBTQ+ and inclusion. Stella Jackson would look at taking this forward.<br><br>The Chair also suggested that the volunteering video be shared with members.<br><br>**Resolved:** <u>The report was noted.</u><br><u>The Head of Corporate Affairs and Chief Executive to consider whether a survey should be sent to members requesting information about protected characteristics data</u><br>**Action SJ** |
| 13/24 | **Governors Questions**<br><br>**Business Cards**<br>John Morton asked about business cards for Governors. It was reported that governors could request business cards from the Membership Officer. The card provided details of the governor generic e- mail address and also featured advice on where to signpost queries. |
| 14/24 | **Performance Update**<br>Pete Beckwith presented the report at the end of October 2023. Given the environment the organisation was operating in, performance was positive and strong. Sickness and occupied bed days (OBD) were flagging on the safer staffing dashboard, but Care Hours Per Patient Per Day (CHPPD) performance was good. The |

| | improvement in Talking Therapies was pleasing to see and some improvement noted with out of area usage.

Will Taylor had a query about successful completion of treatment data. It was agreed he would e mail Pete Beckwith with his question for the Business Intelligence team to respond to.

Marilyn Foster asked whether there would be a greater focus on prevention as she felt the way forward was to promote self-care and self-management to encourage prevention. The Trust Chair reported that discussions across the Integrated Care Board (ICB) and Integrated Care System (ICS) were focussing on this area. Lynn Parkinson agreed this was the way forward and reported mental health and 0-19 was the focus not just from a national perspective but also from a social care and education perspective. Services were promoting the prevention and recovery agenda which would make a difference to people lives if done correctly. Emma Dallimore commented that the NHS could not do this alone and that whole system involvement was required.

**Resolved:** The report was noted |
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| 15/24 | **Finance Update**
The report presented provided a summary of financial performance for the Trust for the 3-month period September – November 2023. The report was taken as read. Pete Beckwith pointed out that the figures included in the report had not yet been to Board but had been discussed at the Finance and Investment Committee and the Executive Management Team meetings.

Under the ICB planning process the Trust was required to achieve a break-even position for the year, this requirement was maintained following the recent 2023/24 Half 2 reset exercise where additional resources were allocated to the Trust (£0.780m) in relation to reported pressures, 8/12ths of this additional funding has been allocated into the Month 8 position reported.

A healthy cash position and strong performance on the Best Practice Payment Code was reported.

**Resolved:** The report was noted. |
| 16/24 | **Annual Operational Planning Cycle**
The report outlined the proposed approach to support the triangulation of the Operational Plan, the Workforce Plan and the Financial Plan for each Division to produce a comprehensive Annual Operational Plan. There was no requirement to produce an operational plan, but the intention was to build on the success of service and Divisional planning processes.

**Resolved:** The report was noted. |
| 17/24 | **Annual Declarations**
The report provided evidence of how the Trust continued to meet the terms of its Licence, elements of the NHS Act and its Constitution and was taken as read.

**Resolved:** The report was noted. |

| 18/24 | **Any Other Business**<br>No other business was raised |
|---|---|
| 19/24 | **Review of the Meeting – Being Humber**<br>It was agreed the meeting had been delivered in the Being Humber style.  Papers were provided in forms requested. |
| 20/24 | **Date and Time of Next Meeting**<br>Thursday 18 April 2024, 2.00pm in the Lecture Theatre, Willerby |

Signed……………………………………………………………………………. Date
<div align="center">Chair</div>

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

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|---|---|---|---|---|---|---|
| unused | | | | | | |

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

Caring, Learning
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**from the Membership Officer**

# Council of Governors Work Plan 2024/25 v4

| Council of Governors Meeting Dates:<br><br>Reports: | Frequency | LEAD | 18 Jan 2024 | 18 April 2024 | 18 July 2024 | 17 Oct 2024 | Xx Jan 2025 |
|---|---|---|---|---|---|---|---|
| **Standing Items** | | | | | | | |
| Minutes of the Last Meeting | Every Mtg | CF | ✔ | ✔ | ✔ | ✔ | ✔ |
| Actions List | Every Mtg | CF | ✔ | ✔ | ✔ | ✔ | ✔ |
| Chair's Report | Every Mtg | CF | ✔ | ✔ | ✔ | ✔ | ✔ |
| Chief Executives Report inc updates from Directors | Every Mtg | MM | ✔ | ✔ | ✔ | ✔ | ✔ |
| Patient /Staff Story presentation | Every Mtg | KF/KP | ✔ | ✔ | ✔ | ✔ | ✔ |
| NEDs Chairs of Sub Committees Assurance Reports & Feedback | Every Mtg | NEDs | ✔ | ✔ | ✔ | ✔ | ✔ |
| Patient Led Assessment of Care Environment Report (PLACE) | Annually | PB | | ✔ | | | |
| **Corporate** | | | | | | | |
| Review of Constitution | Annually | SJ | | | ✔ | | |
| Review of Council of Governors Workplan | Every Mtg | CF | ✔ | ✔ | ✔ | ✔ | ✔ |
| Fit and Proper Persons Compliance Report | Annually | CF | | | | | |
| Annual Declarations Report | Annual | SJ | ✔ | | | | ✔ |
| **Performance & Delivery** | | | | | | | |
| Finance Report | Every Mtg | PB | ✔ | ✔ | ✔ | ✔ | ✔ |
| Performance Report | Every Mtg | PB | ✔ | ✔ | ✔ | ✔ | ✔ |
| **Governors** | | | | | | | |

| Council of Governors Meeting Dates:<br><br>Reports: | Frequency | LEAD | 18 Jan 2024 | 18 April 2024 | 18 July 2024 | 17 Oct 2024 | Xx Jan 2025 |
|---|---|---|---|---|---|---|---|
| Feedback from Governor Groups/Governor Activity | Every Mtg | All | ✔ | ✔ | ✔ | ✔ | ✔ |
| Governors Questions | Every Mtg | All | ✔ | ✔ | ✔ | ✔ | ✔ |
| Annual Effectiveness Review of the Council of Governors including Terms of reference | Annually | CF | | | ✔ | | |
| Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference | Annually | MF | | | ✔ | | |
| Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval | Annually | TDo | | ✔ | | | |
| Formal Presentation of Accounts | Annually | PB | ✔ | | | | ✔ |
| Annual Report if available | Annually | SJ | | | | ✔ | |
| Annual Accounts– Audit findings and conclusions | Annually | PB | | | | ✔ | |
| Outcome of the FPPT for Non-Executive Director Board members (including the Chair) will be presented to the Council of Governors for information | Annually | CF | | | ✔ | | |
| Receive Feedback on the Trust Chair and Non-Executive Directors Appraisals | Annually | CF | | | ✔ | | |
| Declarations for the Provider License (inc under Declarations item) | Annually | SJ | ✔ | | | | ✔ |
| **Council of Governors Statutory Duties** | | | | | | | |
| Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee | As req | KP | | | | | |
| Presentation of the Annual Report and Accounts and any report on them (to receive) | Annually | AMM | | | | | |

| Council of Governors Meeting Dates:<br><br>Reports: | Frequency | LEAD | 18 Jan 2024 | 18 April 2024 | 18 July 2024 | 17 Oct 2024 | Xx Jan 2025 |
|---|---|---|---|---|---|---|---|
| Approve the appointment of the Chief Executive (to approve – support) | As req | | | | | | |
| Appointment of the external auditor (to ratify) | As req | | | | | | |
| Approval of an application for a merger with or acquisition of another FT or NHS Trust | As req | | | | | | |
| Approval of an application for the dissolution of the FT | As req | | | | | | |
| **Council of Governors Non-Statutory Duties** | | | | | | | |
| Non-Executive Director and Governor Visits | As req | | | | | | |
| Receive the Membership Plan | As req | SJ | | | | | |
| Agree with the Audit Committee the process for appointment /removal of the external auditor | As req | | | | | | |
| Be consulted on the appointment of the Senior Independent Director | As req | CF | | | | | |
| Agree the process for the appointment of the Chair of the Trust and the other NEDs (link to AT&C) | As req | | | | | | |
| **Added items** | | | | | | | |
| Patient and Carer Experience Annual Report | Annual | KF/MD | | | | ✔ | |
| | | | | | | | |
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| Council of Governors Meeting Dates:<br><br>Reports: | Frequency | LEAD | 18 Jan 2024 | 18 April 2024 | 18 July 2024 | 17 Oct 2024 | Xx Jan 2025 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| **Removed Items** | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Title & Date of Meeting: | Council of Governors – Thursday 18th April 2024 |
|---|---|
| Title of Report: | Patient Story – "Spotlight on the Individual Placement and Support (IPS) Team" |
| Author/s: | Emma – Service User<br><br>Les Motherby – IPS Team Lead |

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

| Purpose of Paper: | Emma will tell her story to the Council of Governors to share with them her experience of the support given to her by the Trust's IPS team and the impact it has had on her. The key messages that Emma would like to share are as follows:<br><br>• That IPS support is patient-led and person-centred<br>• How 'In Work Support' promotes the sustainment of employment<br>• How paid work is therapeutic and accelerates recovery |
|---|---|

**Key Issues within the report:**

| **Positive Assurances to Provide:**<br>• The positive experience of a person who has received support from the IPS team. | **Key Actions Commissioned/Work Underway:**<br>• N/A |
|---|---|

| **Key Risks/Areas of Focus:**<br>• None | **Decisions Made:**<br>• 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) | ✓ 18.4.24 |

**Caring, Learning & Growing Together**

**Monitoring and assurance framework summary:**

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

| Title & Date of Meeting: | Council of Governors Public Meeting – 18 April 2024 | | | |
|---|---|---|---|---|
| Title of Report: | Chair's Report | | | |
| Author/s: | Rt Hon Caroline Flint<br>Trust Chair | | | |
| Recommendation: | To approve | | To discuss | |
| | To note | ✓ | To ratify | |
| | For assurance | | | |
| Purpose of Paper: | To provide updates on the Chair, Non-Executive and Governor activities since the last Council meeting. | | | |

Key Issues within the report:

| **Positive Assurances to Provide:** | **Key Actions Commissioned/Work Underway:** |
|---|---|
| • Update from the last Board Strategic Development meeting.<br>• New Governor Induction and development event for governors and Board members.<br>• Observed Collaborative Committee<br>• Visits to Humber services | • Evaluation of Governor/Board Development event<br>• Governor Briefing on International Recruitment being arranged.<br>• Governor Elections 2024 timetable and publicity campaign being developed.<br>• Annual Member' Meeting date confirmed. |
| **Key Risks/Areas of Focus:**<br>Reduced governor numbers following Governor Maureen Bristow's resignation for personal reasons and ten governor vacancies to elect in the Autumn. | **Decisions Made:**<br>• N/A |

| Governance: | | Date | | Date |
|---|---|---|---|---|
| | Appointments, Terms & Conditions Committee | | Engaging with Members Group | |
| | Finance, Audit, Strategy and Quality Governor Group | | Other (please detail) Quarterly report to Council | 18.1.24 |
| | Trust Board | | | |

**Monitoring and assurance framework summary:**

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

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

**The HSJ (Health Service Journal)** have officially announced Humber is the top performing trust for recommended as a place to work with an improvement of 18.2% since 2019 which is great. Thanks to all our staff for completing the National Staff Survey.

**I would like to take this opportunity to thank Trust Secretary Jenny Jones for her service to Humber and the NHS. Jenny will be retiring at the end of May so this will be her last Council of Governors meeting. Jenny does a huge amount to support governors' meetings and activities, with Katie, as well as being PA to myself and Michele Moran – which is a lot! I am sure you'd like to join me in wishing Jenny the very best for her retirement.**

Sadly, **Maureen Bristow newly elected governor for Hull** has resigned for personal reasons. Both Lead Governor Marilyn Foster and I have sent her our best wishes. Because there were no other candidates in competition, we can't fill this position until the next round of elections and we are not able to co-opt.

However, I am pleased to welcome **Superintendent Gary Foster as our Appointed Governor for Humberside Police Service.** Gary is the new OPS Superintendent for Hull and East Riding. Our best wishes to Paul French who takes up a new post as Chief Supt for South Bank Local Policing Command

**Elections 2024 - For this year's campaign we will be going out for 9 Governors in the following constituencies:**

| | |
|---|---|
| 3 Staff | Sharon Nobbs is eligible to re-stand in the elections and there are 2 current vacancies. |
| 3 East Riding | Tony Douglas, Ruth Marsden and John Morton are eligible to re-stand in the elections |
| 2 Hull | Patrick Hargreaves is eligible to re-stand in the elections and the second vacancy is due to the resignation of Maureen Bristow. |

1 Whitby, Scarborough and Ryedale – currently vacant

Plans are being developed for the publicity with nominations opening the day before the Annual Members Meeting which is taking place on the 26 September 2024. Last year governors asked that the Annual Members' Meeting be used to promote the governor elections vacancies and this will provide a good opportunity to publicise the elections and encourage members to come along and find out about the role. Like last year we hope governors will staff a stand in the Humber services marketplace.

1.    **Trust Board Strategic Development Meeting 28 February 2024**

- **Social Media Checks for People Undertaking Board Level Roles were discussed** as part of the Fit and Proper Person Test Framework requirements. It was agreed NHSE should be asked to consider an objective test similar to that for doctors. The Head of Corporate Affairs has contacted the NHS Providers Company Secretaries Network lead to request that this suggestion be shared with NHS England.

- **Provider Collaborative Update -** three models are being considered. The Board agreed that any new model should lead to improved outcomes for patients and service users, and we would adopt a position prior to any discussions with management consultants.

- **Hill Dickinson Sector Updates -** Presentations on developments regarding the Provider Selection Regime, Provider Collaboration models and a significant number of PCNs incorporating.  The Board supported a further update on this evolution during a future Primary Care discussion.

- **Planning and Productivity Update –** it was agreed that only those trusts that had created the deficit at system level should be required to pay it back. Board members were concerned that nationally the proposal is to reduce the workforce when the Long-Term Workforce Plan required growth.  Whilst the Trust had grown its workforce, there were good reasons for doing so and it had still delivered a breakeven position.

- **EDI Objectives Update -** Potential collective Board and individual Board member EDI objectives were discussed. EMT will consider the proposals including the potential for Committee Chairs to consider whether appropriate EDI data is being considered during Committee meetings.

- **2023 Staff Survey Results -** Board welcomed the improvement in the Trust's score whilst recognising the importance of sustaining focus on patient care and safety as the Trust's number one priority.

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

## 2.     Chair's Activities Round Up

**For International Women's Day 2024 (IWD2024)** the theme was "Inspiring Conversation" and I took part in a session with Gemma Cartman on Humber's coaching and mentoring opportunities with Humber staff.

I joined a session with our **Humber Adult Autism Diagnostic Service (HAAD)** virtually as part of **Neurodiversity Celebration Week** which was very interesting and well attended by other staff who wanted to know more about referrals.

**The Associate Non-Executive Director (ANED) Programme has been** updated for David Smith and Priyanka Perera with Mike Smith a mentor for David and Francis Patton for Priyanka. Both have taken part in governor provided activities.

I attended the **Collaborative Committee in March** and was impressed by the quality of papers and discussion by participants led by NED Chair Stuart McKinnon-Evans.

Arising from discussions between Provider Chairs and Humber, North Yorkshire (HNY) Integrated Care Board (ICB) Chair Sue Symington **the first Discover and Develop Event for Chairs and Non-Executive Directors (NEDs) took place.** Everyone felt it a worthwhile event for NEDs development and relationship building across our system area and contributing to more integrated services and collaborative working. Two more are planned for 2024.

**HNY Extraordinary Meeting of NHS System Chairs and Chief Executives** met to discuss deficit reduction and achieving balanced accounts across HNY in February and March. This is a helpful opportunity for Trust Chairs with our Chief Executives to meet with our ICB counterparts and senior ICB staff to understand better the ICB's plans and contribute.

**Visits**

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

- Millview Court (unannounced) Cottingham with Chief Operating Officer (COO) Lynn Parkinson.
- Memory Clinic - Coltman St Hull.
- West End Child and Adolescent Mental Health Services (CAMHS) and Neuro Diversity Teams.
- Catch up with David Napier who leads our Complaints Team.
- Perinatal Mental Health Services Team for Hull, East Riding and North and North-East Lincolnshire.

**External meetings included:**
Humber and North Yorkshire (HNY) Provider Chairs
HNY Extraordinary Meeting of NHS System Chairs and CEO's
HNY ICS Discover and Develop Event for Chairs and NEDs
Yorkshire and Humber Chairs' Meeting
NHS Confederation Mental Health Chairs Network
NHS Confederation Chairs' Group
NHS Providers Chair/CEO Network
East Riding Health and Well Bing Board

**NEDS/Governors Visits**

**There have been four NED/ED unannounced visits to:**

Westlands        6 March        Priyanka Perera and Kwame Fofie
Townend Court    19 March       Karen Phillips and Priyanka Perera

Malton Hospital      9 April        Lynn Parkinson & Dean Royles

**There has been one Director/NED/Governor knowledge visit to:**

Maister Court      20 March      Pete Beckwith and Kimberley Harmer

## 3.      Governors

**The Appointment, Terms and Conditions (ATC) Committee (24.01.24)** agreed the planning outlines for the 2024 NED Recruitment Campaign. I have provided an update paper for the Council of Governors' meeting on the 18 April 2024. The Committee also reviewed and updated the ATC workplan and discussed the Associate Non-Executive Directors progress and succession planning. This was the Chair Sue Cooper's last meeting as her time as a Governor came to an end on 31 January 2024.  **We thanked Sue for her support and work with the Committee and wished her well for the future. Governor Marilyn Foster** is the new Chair.

**The New Governors' Induction (01.02.24)** in person at the Mercure Hotel was a good opportunity to meet in person and support new governors with different levels of knowledge about the NHS and the governors' role.

**Governor/Board Development Day (14.03.24)** At the end of 2023 Governors with Board members agreed that we would all benefit from an opportunity to refresh and develop our mutual understanding of our respective roles and as importantly get to know one another better. A good mix of colleagues attended in person led by our external facilitator Susan Young. The brief was to support learning, interaction and have some fun.

The attendance and feedback on the day was good and we have sent an evaluation form to all participants including asking if another joint event would be welcome later in the year. **In agreement with Lead Governor Marilyn Foster, we have submitted a good practice case study for use at the NHS Providers Governor Focus Conference in July.**

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

- **25 January 2024** - Following a request from **Governor Brian Swallow** a well-received presentation on mental health legislation and deprivation of liberty orders was given.
- **29 February 2024** – Chief Executive Michele Moran briefed on the industrial action impact on services and the development of a Humber mental health team in the Emergency Department of Hull University Foundation Trust.
- **28 March 2024 - Governor Tony Douglas** asked for a briefing on International Recruitment and Trust support for individuals which is being arranged hopefully for April's date. **Governor Kimberley Harmer** fed back on Bridlington people's concerns about primary care access. This has been notified to the Chief Executive as an advance question to b responded to at April's Council of Governors' meeting.

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

**The next Governor Briefing is on 25 April 0900-1000.**

**NHS Providers Governors' Focus Conference 9 July 2024 –** we have five places and delighted governors Marilyn Foster, John Duncan, Ted Burnside, Kimberley Harmer have been registered along with Stella Jackson.

**Trust Chair Caroline Flint 05/04/2024**

| Title & Date of Meeting: | Council of Governors Public Meeting – 18 April 2024 | | | |
|---|---|---|---|---|
| Title of Report: | Chief Executive's Report | | | |
| Author/s: | Name: Michele Moran<br>Title: Chief Executive | | | |
| Recommendation: | To approve | | To discuss | |
| | To note | ✓ | To ratify | |
| | For assurance | | | |
| Purpose of Paper: | To provide the Council of Governors with an update on local, regional and national issues. | | | |

**Key Issues within the report:**

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

| Governance: | | Date | | Date |
|---|---|---|---|---|
| | Appointments, Terms & Conditions Committee | | Engaging with Members Group | |
| | Finance, Audit, Strategy and Quality Governor Group | | Other (please detail) Quarterly report to Council | 18.4.24 |
| | Trust Board | | | |

**Monitoring and assurance framework summary:**

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

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

<div align="center">**Chief Executive's Report**</div>

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

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

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

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

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

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

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

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

Shortlisted were;

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

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

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

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

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

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

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

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

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

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

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

### 2 Around the Integrated Care System

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

### 2.2 Hull York Medical School
Each year the Hull York Medical School Teaching Excellence Awards are held to recognise the significant contribution made by our clinical tutors across our NHS partner organisations to our medical education. Led by students, with the support of the schools Marketing and Communications Team, this is an important event in their calendar. The

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

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

## 3  Director Updates

## 3.1 Chief Operating Officer Update

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

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

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

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

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

There has recently been a full update to the national MAPPA guidance. The new guidance is now embedded in our Trust protocol, work has been undertaken to communicate this to our staff. A full review of our Trust protocol is scheduled to take place later in the year. A national consultation is currently underway about the Duty To Cooperate chapter of the national guidance, when this is finalised any relevant changes will be reflected in the

Trusts protocol. The referral flowchart to screen for MAPPA eligibility is also being updated and final changes are being made to ensure that it is suitable for all our divisions. Staff can access all the relevant and current guidance via our intranet site:

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

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

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

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

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

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

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

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

https://affectedbycrime.com/

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

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

- Pine view- this was a support visit following an assault on members of staff by a patient.
- Forensic Single Point of Access where the morning was spent talking to staff and a consultation was observed. The team were very respectful of each other and valued the high levels of expertise individuals had. They also adopted a coaching and supportive role to newer staff as part of succession planning. There was evidence

of reflection, peer discussion and checking out understanding and decision making. Clearly very focused on risk and assessing this, ensuring people are signposted or referred appropriately by professionals contacting the service.

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

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

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

### 3.2.2  Government Review into Mental Health Services

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

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

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

**The impact of out of area placements on the safety of mental health patients, focusing on:**
- Identifying factors which contribute to the use of out of area placements.
- Evaluating how the needs of local MH inpatient service users are identified by ICBs/Trusts and how this enables appropriate local provision.
- Considering how local providers maintain oversight of their patients that are out of area, including how they support patients to return to appropriate services within their local area.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### 3.4 Medical Director Updates

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

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

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

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

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

### 3.5 Director of Finance Updates

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

### 3.5.2 Digital Updates

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

### 3.5.3 Estates and Hotel Services Updates

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

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

**Development**
- Trust HQ Demolition: Asbestos removal complete, soft strip internal demolition underway, comms and photo opportunity on 26 March (before main building demolition starts).
- Townend Court environment improvements: Decoration works, ceiling replacements and flooring are now complete at Townend Court (Willow & Lilac Wards, and common areas).  Remaining area of work is to redecorate nurse station on Lilac, which needs to be undertaken during evening hours.
- Pineview Refurbishment Works: Refurbishment works commenced late February, with works programmed for completion late April 24
- Humber Centre: Derwent patients relocated to Darley ward to enable work to commence on ward improvements. Works to Derwent due to complete in May 2024, then progressing onto Ouse.
- Granville Court: Comms website live to inform staff and family members of plans and timescales for the redevelopment.  Staff, resident and family engagement session in the process of being planned to discuss the plans.
- First phase of Salix works complete to improve the thermal properties of the building fabric at Alfred Bean and Hornsea Hospital.
- Accessibility Audits completed across the Trust estate, with accessibility guides in review prior to publication.

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

### 3.6 Head of Corporate Affairs Updates

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

the network to propose that the GMC guidance produced for doctors regarding social media be utilised.

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

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

| | |
|---|---|
| **Charity Commission Barred Trusties List check** | This is an online check performed by the external company and requires no action from you. |
| **Companies House Barred Directors List check** | This is an online check performed by the external company and requires no action from you. |
| **Financial Background check** | A third-party provider will undertake these credit and insolvency checks. |
| **Employment tribunal judgement check** | This is an online check performed by the external company and requires no action from you. |
| **Self-Attestation** | You will be required to read, sign and return the self-attestation form. |

## 4 Communications Update

- **Service Support**

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

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

| **Division** | **Campaigns/Projects this month** |
|---|---|
| Mental Health (Planned/Unplanned) | - National Rebrand of Emotional Wellbeing Service (rollout)<br>- CLEAR project (CAMHS)<br>- PRW Rebrand<br>- Person Centred Care Planning |
| Community & Primary Care | - Virtual Ward |
| Children's and Learning Disabilities | - Divisional website development<br><br>- Safer sleep<br><br>- Granville Court Build Programme<br><br>- Unintentional injuries team |

| | |
|---|---|
| | - IPHNS awards<br><br>- I-Thrive conference |
| Forensic | - Estates work<br><br>- Comms attendance at Forensic Accountability Review |

- **Team Relaunch**

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

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

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

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

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

- **Granville Court Build Development**

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

- **General Practice Website Developments**

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

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

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

- **Brand Updates**

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

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

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

- **Annual Reports**

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

We have moved the production timeline for the 23/24 Social Values report to be in line with the annual report to be launched at a new summer market place event this year. The 2022/23 Social Values report was launched in January. It was promoted on our website, stakeholder newsletter, via stakeholder internal communications and partner external newsletters. The report has been viewed online over 200 times since launch.

**Social Media**

- **Recruitment advertising**

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

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

- **Staff Stories**

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

- **Media Coverage**

**Alarm Baby Distress Scale**
On Monday 18th March, Health Visitors from the Trust met with representatives from the Royal Foundation to discuss the Alarm Baby Distress Scale (ADBB). Our Health Visitors were part of an initial trial and received training in how to use the ADBB to highlight relational withdrawal in infants at around their 6-8 week checks. There was coverage from [Sky](#) , the [Telegraph](#) and [Nursery World](#).

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

- **Awareness Days**

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

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

## Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter (Humber Happenings)**

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

- **Electronic Patient Record Project**

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

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

## Theme 3: Developing an effective and empowered workforce

- **Humbelievable**

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

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

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

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

- **Media Training**

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

- **28 Days of Wellbeing**

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

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

- **Staff Survey 2023 Results**

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

- **People Strategy**

We worked in partnership with the HR and Workforce team to create a short film to launch the People Strategy. The video is led by our people for our people and shares why

Humber is already a great place to work and grow your career as well as our aspirations for the future.

- **Intranet Staff Engagement Project**

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

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

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

## Theme 5: Innovating for quality and patient safety

- **NHS Communicate Awards – Highly Commended**

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

- **HSJ Digital Awards – Two shortlisted**

We are celebrating nominations for;

- Optimising Clinical Pathways through Digital, Hybrid Neurodiversity Assessments

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

## Theme 6: Optimising an efficient and sustainable organisation

- **Interweave**

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

- **InPhase**

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

**Measures of Success**

| Theme 1: Promoting people, communities, and social values | | | |
|---|---|---|---|
| KPI | Measure of success by 2025 | Benchmark | This month |
| | | | |

| Positive Media Stories published | Positive vs negative coverage maintained at 5:1 | 5 stories covered by media per month | 9 positive stories covered by media |
| --- | --- | --- | --- |
| | | | 0 negative stories covered by media |
| Visits to Brand Portal | Up 20% to 696 sessions | 415 | 464 |
| Facebook engagement rate | 2% | 2.69% | 5.7%% |
| Twitter engagement rate | 2% | 4% | 2.7%% |
| LinkedIn follower growth | + 4.3% | Target 2872 followers | 150 new followers – 4,601 total |

| Theme 2: Enhancing prevention, wellbeing and recovery | | | |
| --- | --- | --- | --- |
| **KPI** | **Measure of success by 2025** | **Benchmark** | **This month** |
| Stakeholder newsletter open rate | 20% | 35.71% | 23% |
| Increase subscribers | Increase by 30% p/a | 88 | 134 - 50% Increase |

| Theme 3: Developing an effective and empowered workforce | | | |
| --- | --- | --- | --- |
| **KPI** | **Measure of success by 2025** | **Benchmark** | **This month** |
| Intranet bounce rate reduced | < 50% | 57.36% | 57.48% |
| Intranet sessions maintain at current level | 77,101 sessions p/m | 77,101 | 96,474 |
| Global click through rate (CTR) increase | 7% | 11.4% | 9.8% |
| Staff engagement event programme | Engage 10% of staff in each event (2023/24) | First staff engagement event attracted 10% of staff (360) | |

| | 20% (24/25) | | |
|---|---|---|---|
| | Post event satisfaction survey results in upper quartile (73%+) | Industry standards used for benchmark | |

| Theme 5: Innovating for quality and patient safety | | |
|---|---|---|
| **KPI** | **Measure of success** | **Progress to date** |
| Awards nominations | 4 national/2 local shortlists annually | Awaiting entries. |

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

### 5 Health Stars Update

The Trust Board (as corporate trustee) agreed to a proposal to bring the charity back in house in November 2023. The contract with Hey Smile Foundation terminates on the 31st March 2024.

The decision was based on performance against Key Performance Indicators (KPI's) as well as a desire to bring clinical and corporate teams closer to our charitable objectives.

To ensure a safe transfer in house, a charitable funds transition group has been established. The group has been meeting bi-weekly and assurance/escalation is taken to the Executive Management Team (EMT) after each meeting.

The charity will sit within the communications department under the leadership of the Deputy Director of Communications and Charitable Funds with executive lead remaining with the Trusts Director of Finance.

A Charity Manager has now been recruited and will be supported by a part-time Communications Co-ordinator and a Management Account in the finance team.

**Post Transition Priorities**
Following a successful transfer, the team are working with colleagues across the Trust to ensure we are ready to reopen to 'wishes' – the way that staff apply for charitable funding, by 1st May. These priorities are;

- Closing all live wishes to allow for a new process to come online with the aim of reducing the administrative burden on the Charity Manager to allow for more proactive fundraising.
- Create an automated online wish process that supports a process with multiple approval points to grant wishes quicker and improved the experience for staff and fundguardians.
- Update the Health Stars website to create a new 'shop front' for the charity with a focus on fund raising as well as wish granting.

A charity strategy will be taken to the next Charitable Funds Committee and through the Operational Delivery Group (ODG) to agree the priorities and direction of Health Stars. This has been developed through significant staff engagement. Further engagement will be then done through the Patient and Carer experience forums.

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

| Title & Date of Meeting: | Council of Governors Public Meeting – 18 April 2024 |
|---|---|
| Title of Report: | Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback |
| Author/s: | Phillip Earnshaw, Chair of Quality Committee<br>Mike Smith, Chair of Mental Health Legislation Committee<br>Stuart McKinnon-Evans, Chair of Audit Committee, Charitable Funds Committee and Collaborative Committee |

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

| Purpose of Paper: | To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting |
|---|---|

**Key Issues within the report:**

| **Positive Assurances to Provide:**<br>Details included in the reports from<br><br>• Quality Committee<br>• Mental Health Legislation Committee<br>• Audit Committee<br>• Charitable Funds Committee<br>• Collaborative Committee | **Key Actions Commissioned/Work Underway:**<br>• N/A |
|---|---|
| **Key Risks/Areas of Focus:**<br>• No matters to escalate | **Decisions Made:**<br>• N/A |

| Governance: | | Date | | Date |
|---|---|---|---|---|
| | Appointments, Terms & Conditions Committee | | Engaging with Members Group | |
| | Finance, Audit, Strategy and Quality Governor Group | | Other (please detail) Quarterly report to Council | ✓ |
| | Trust Board | March 24 | | |

**Monitoring and assurance framework summary:**

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

| Title & Date of Meeting: | Trust Board Public Meeting – 27 March 2024 | | | |
|---|---|---|---|---|
| Title of Report: | Quality Committee Board Assurance Report – March 2024 | | | |
| Author/s: | Dr Phillip Earnshaw, Non-Executive Director, and Chair of Quality Committee | | | |
| Recommendation: | To approve | | To discuss | |
| | To note | | To ratify | |
| | For assurance | X | | |
| Purpose of Paper: | The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the Quality Committee held on 7 March 2024, with a summary of key issues for the Board to note. | | | |

Key Issues within the report:

**Positive Assurance to Provide:**
It was agreed positive assurances were received from the following reports: -
- Patient Safety Governance internal audit report, which received significant assurance with no recommendations.
- The Triage of Patients Needs within Mental Health Services- the Committee were assured in respect of the processes in place and the oversight of triage by senior staff.
- Patient and Carer Experience. The Trust have achieved the standards required to be a Veteran Aware organization. 41 pieces of work had achieved the co production stamp by the end of September 2023 and the Trust had 23 applications from people who wished to join the experts by experience bank. The Committee were updated on the work underway to address the areas identified in the 2022 Community Mental Health Service User survey. All improvement actions have been completed which provides assurance in respect of the mechanisms in place for service user engagement.
- Annual Ligature Report- the Committee were updated on the ligature audits undertaken and in particular the key piece of work to install door top alarms, which arose from the national learning on ligature points. The Committee noted the swift response from estates and clinical teams to replace the

**Key Actions Commissioned/Work Underway:**
- Sexual Safety- The Committee received a presentation on the work being undertaken in respect of sexual safety across the Trust. The self-assessment undertaken in response to signing up to the NHS Sexual Safety Charter identified that arrangements were in place to evidence all commitments in the charter could be met. In addition, the Trust has in place robust arrangements in respect of reporting incidents, oversight by the Safeguarding Team, procedures in place to manage allegations against staff and appropriate referrals to the police and social care. Further areas of development work which are being led by the Sexual Safety Group which reports to QPaS , are training, continued awareness raising and the development of support using a trauma informed approach to people who have experienced a sexual safety incident.
- The Independent Review of Greater Manchester Mental Health Foundation Trust has been published and a progress report on the work the Trust has undertaken in respect of mitigating closed cultures will be reported to the

| | |
|---|---|
| ensuite doors, and the Committee noted the work undertaken to eliminate fixed anchor points. <br>• The Committee reviewed the final draft of the Mental Inpatient Redesign Pre-Consultation Business Case noting we are keeping this ready to develop into a full business case as soon as the route to the capital is identified. | March Board. <br><br>• Prison Healthcare. The Committee were informed about the new contracts for Full Sutton and Millsike Prison and the mobilisation plan in place. Meetings are in place to promote joint working, governance, and oversight, Currently work is underway develop the patient safety incident reporting system, and how the approach can be streamlined with TEWV, to ensure learning is maximised and duplication minimised. |

**Key Risks/Areas of Focus:**

• An area of focus was in response to CQC targeted, responsive assessments of Humber Primary Care and Market Weighton GP practices. Both had maintained the overall rating of Good as this was a focused assessment, however the rating for both in respect of responsiveness was requires improvement. There is a detailed action plan in place for Humber primary care due to the noted Regulation Breach due to patient access concerns raised via the national patient survey. In addition, a report was presented to the Committee on Quality and Primary Care and the ongoing improvement efforts regarding accessibility were noted by the Committee. A further update report will be presented to the Committee in May 2024.

**Decisions Made:**

• The Committee Effectiveness report will be finalised to include the feedback on the effectiveness of the Committee in respect of the quality of papers, the presentation by attendees and the improved correlation between the Quality Committee and Workforce Committee.

| Governance: | | Date | | Date |
|---|---|---|---|---|
| | Audit Committee | | Remuneration & Nominations Committee | |
| | Quality Committee | | Workforce & Organisational Development Committee | |
| | Finance & Investment Committee | | Executive Management Team | |
| | Mental Health Legislation Committee | | Operational Delivery Group | |
| | Charitable Funds Committee | | Collaborative Committee | |
| | | | Other (please detail) **Report produced for the Trust Board** | 11/3/24 |

**Monitoring and assurance framework summary:**

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

## Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 7 March 2024 are as follows: -

The minutes of the meeting held on the 14 December 2023 were agreed as a true record and the action log approved. The Quality Committee assurance report was noted, and the updated work plan noted. PE declared a low-level interest for item 11, due to connections with Spectrum CIC, one of the provider partners.

**Discussion items**

**Presentation – Sexual Safety**
The presentation outlined that the Trust signed up to the NHS Sexual Safety Charter in October 2022 and can demonstrate that it meets all the 10 commitments in that charter. Information was shared regarding incidents reported and that these are monitored via a bi-monthly report to QPaS and the Safeguarding Learning Forum. On average 14.6 incidents are reported each month, 90% of incidents reported are categorised as no harm. The data informs us that most sexual safety incidents occur in mixed sex environments, and are in respect of sexual activity directed towards another person and that this is predominantly female staff by male patients. Incidents are reviewed daily through the safety huddle and the Safeguarding Team are involved in the review of all incidents and where necessary will consider those where more action is required to ensure patient and staff safety is maintained.

A Sexual Safety working Group is in place and QPaS have approved the terms of reference for the group. The sexual safety group is working on how we can further train and support staff and patients who report sexual safety incidents in either the inpatient area or in the community.

**Quality Insight Report**
The key headlines from the report were presented which included the publication of the review into Greater Manchester Mental Health Foundation Trust and the recommendations from that review. In addition, the Government have commissioned a review of Mental Health Services by the Healthcare Services Safety Investigations Body, the reviews will focus on 4 key areas. There is also a special review commissioned into Nottinghamshire Healthcare Foundation Trust following the deaths of 3 people by a patient under their care. Areas of learning from these reviews will be monitored and where necessary a review of local arrangements will be undertaken and reported through to the Committee.

The result of the Patient Safety Governance internal audit was presented, the audit reported significant assurance on the work undertaken in respect of processes regarding reviews and ensuring learning from reviews is identified and embedded. No recommendations were made.

CQC targeted, responsive assessments of Humber Primary Care and Market Weighton Practice were undertaken in 2024. Both practices received requires improvement ratings for this part of the CQC assessment, however the overall rating of Good still remains. HPC has a regulation breach in relation to patient access. An action plan is in place and work is ongoing to address the 1 must and 3 should do actions identified in the report.

Consistent levels of incident reporting remain in place with the vast majority of incidents resulting in no harm.

**Quality Committee Risk Register and BAF Summary**
The Committee reviewed the risk register and BAF, noting the 16 quality risks rated nine or above, confirming these have been discussed in the accountability reviews, taken through each divisional governance meeting and are discussed in each QPaS meeting.  The Committee focused on Prevention, Wellbeing and Recovery were the Chief Officer explained the highest risk pertained to waiting lists. The Committee were updated on the work underway to address this risk including with liaising with Commissioners where necessary regarding capacity and resources.

**Triage of Patients Needs within Mental Health Services**
The Committee were provided with a report which outlined the triage processes in mental health, how patients are triaged, by whom and the oversight processes in place. The Committee were also informed of the ongoing development work on triage to achieve the aspiration of no wrong door for referrals and the development work underway. The Committee were assured by the report and of the processes in place.

**Prison Healthcare: Quality Oversight**
The Committee heard how the Trust is currently working in partnership with TEWV for the contract for Humber and Hull prisons and that we have two new contracts for Full Sutton and Millsike Prisons, again in partnership with TEWV. The Committee were informed that we provide secondary care elements of psychology and psychiatry to the service. Currently the clinical governance and patient safety arrangements are being reviewed and there is a clinical service manager in post dedicated to overseeing these contracts. The Committee reflected that there are risks within prisons pertinent to these areas and due diligence in respect of governance and oversight was essential.

**Patient and Carer Experience Six Monthly Report (April- September 2023)**
The Committee noted the key highlights from the report which were the re-accreditation received as a Veterans Aware organisation, 41 pieces of work have achieved the co production stamp, there

were 23 applications to join the expert by experience bank and that the actions to address the Community Mental Health Service User Survey have all been addressed. Information on 'you said we did' will be included on the website.

**Annual Ligature Report**
The report was presented to the Committee with information on audits undertaken and the findings. Over the last two years there has been significant work undertaken to eliminate fixed anchor points and there has been a swift response from estates working with the Clinical Teams.

**Committee Effectiveness Report**
The report will be finalised and outline the maturity of the Committee, evidenced by the quality of papers presented, the improved correlation between the Committee and the Workforce Committee, the focus on the BAF and presentations on key areas such as sexual safety.

**Final Draft of the Mental Health Inpatient Redesign Pre-Consultation Business Case**
The paper has previously been presented to the Committee and an update was provided. The work requested by the Trust Board in July 2023 on engagement with stakeholders and bed modelling has been completed. The Committee noted the work that has been undertaken and suggested that the business case may be further strengthened by including how the plans can enhance productivity, through the use of technology.

**Quality and Primary Care Update**
The report outlined the work undertaken to address the 2023 GP survey results and in particular improved efforts to enhance access to care. It was recognised that whilst there has been some localised improvements, certain practices have encountered challenges related to accessibility, as evidenced in the themes from complaints and feedback. GP Practices are engaged in an appointment care improvement programme, launched approximately 12 months ago. The Committee heard how Practices are well positioned to potentially witness improved results for 2024 but that it is recognised that a complete shift in patient perception and usage patterns regarding new methods of delivering accessibility and appointments will take time to materialize. 15 community volunteers are providing support to patients in using the new technologies to make appointments.

**QPaS minutes summary**
The minutes and key headlines were noted. Depth of discussion regarding the approval of clinical policies was noted.

| Title & Date of Meeting: | Trust Public Board Meeting – 27th March 2024 |
|---|---|
| Title of Report: | Mental Health Legislation Committee Assurance Report following meeting of 01st February 2024 |
| Author/s: | Name:        Michael Smith<br>Title:        Non-Executive Director and Chair of Mental Health Legislation Committee |

| Recommendation: | | | | | |
|---|---|---|---|---|---|
| | To approve | | | To discuss | |
| | To note | | √ | To ratify | |
| | For assurance | | | | |

| Purpose of Paper: | The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board<br><br>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 01st February 2024. |
|---|---|

**Key Issues within the report:**

**Positive Assurance to Provide:**
- Committee assured regarding Reducing Restrictive Interventions (RRI) report:
  - October and November increase in violence and aggression; December data showed decrease for both violence and aggression and restraint to within normal parameters.
  - Quarter on quarter reduction in seclusion which is being consider alongside increase in restraint.
  - Increasing network of people with lived experience.
  - Improvement in missed seclusion reviews but still an area RRI group is working on.
- Committee received Safewards presentation - Ongoing Safewards initiatives such as 'ATM' cards, which supports reducing restrictive practices and interventions.
- MHL performance report within normal variations:
  - Section 4 applied – shows as zero for last 11 months.
  - S136 working group looking at how to

**Key Actions Commissioned/Work Underway:**
- S136 T&F group ongoing exploring options of reducing numbers of detentions as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Work also focussing on patient experience in terms of S136. Committee to be kept updated on progress.
- Received update on completion of Z48 (capacity to consent to treatment form) - Two junior Doctors have volunteered to take on the re-audit of consent to treatment. Meeting held to discuss terms of reference.

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| | |
|---|---|
| <ul><li>reduce the use of S136.<ul><li>Benchmarking data proved helpful but going forward will be useful to correlate detentions against bed numbers. Work on out of area bed use across MH providers in our ICS is taking place through the mental health, LD and autism collaborative and we are fully engaged in this programme.</li><li>S2 and S3 numbers from June 2022 to June 2023 very similar to comparable Trust.</li></ul></li><li>Committee received report on Right Care Right Person:<ul><li>S136 waiting time for police in the suite reduced from 3.5 hours to 45 mins</li><li>Robust mechanisms in place to escalate incidents where any patient safety concerns arise and the principles of RCRP are not adhered to. These are raised with Crisis Care Concordat to make sure we get it right.</li></ul></li><li>Committee noted Insight report, in particular Baroness Hollins report and Humber response to national recommendations regarding people with learning disability or autistic people who are subject to seclusion and segregation.</li><li>All mental health legislation related policies / procedures / guidance up to date.</li><li>MHLSG (Mental Health Legislation Steering group) minutes noted. Committee was assured good discussion and debate, and good attendance both internal and external – meeting quorate for the last year.</li><li>MHLSG subgroups and CQC MHA visits updates report noted.</li></ul> | |
| **Key Risks/Areas of Focus:**<ul><li>Delayed discharges from secure beds – Trust is doing everything we can to consider how we expedite discharge and all viable alternatives have been looked at – provide quarterly update at MHLC for assurance that we have looked at everything for the patients delayed in order to achieve those timely discharges – information to be collated in the insight report.</li></ul> | **Decisions Made:**<ul><li>N/A</li></ul> |

| | | Date | | Date |
|---|---|---|---|---|
| | Audit Committee | | Remuneration & Nominations Committee | |

| Governance: | Quality Committee | | Workforce & Organisational Development Committee | |
|---|---|---|---|---|
| | Finance & Investment Committee | | Executive Management Team | |
| | Mental Health Legislation Committee | 01.02.24 | Operational Delivery Group | |
| | Charitable Funds Committee | | Collaborative Committee | |
| | | | Other (please detail) Report produced for the Trust Board | |

**Monitoring and assurance framework summary:**

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

**Committee Assurance Report – Key Issues**

- Committee received presentation on Safewards:
  - Safewards is one of the quality priorities – borne out of RRI approach – inter-relate to each other.
  - Audits are being redone looking at how to triangulate with RRI – making data graphs more inclusive.
  - Learning Disability and Forensic services have concentrated on Positive Behaviour Support Plans (PBS) whereas other divisions who are further on with focus on safewards – there is room for both.
  - Increasing embedding of safewards in Forensic and Learning Disability Services over the next year – timescale for getting pledges in by end of Q4.
  - Healthstars equipment acquired for relaxation rooms – take to EMT to allocate budget.
  - 'ATM' cards for patients – 3 interventions to try before using PRN medication – various techniques - whatever works for a particular patient.
  - Family and carers involved – Safewards lead is working on PBS plans part of co-

production group, work has co-production stamp.

- Insight report: - The paper covers key Publications; Policy highlights and summaries of relevant reports and papers as follows:
  - o Putting into practice the principles of the Mental Health Act reforms: a national QI programme - Medical Director receives coaching once a month and PICU staff receive weekly coaching sessions looking at different ways of supporting patients from diverse backgrounds. Also looking at ways to embed learning across the Trust.
  - o Restraint Reduction Network (RRN) Blanket Restrictions Resource Toolkit – update
  - o Baroness Hollins final report '*My Heart Breaks'* published 08.11.23 - Independent Care (Education) and Treatment Review 2019 to 2023. The report summarised findings about the national use of long-term segregation for autistic people and those with a learning disability.  In terms of the recommendations, Humber already report to Commissioners and the CQC on use of seclusion and segregation and there are very robust monitoring mechanisms in place for anyone restricted in this way.

- Committee noted and assured MHL performance report within normal variations. Zero Section 4 applied for last 11 months.  Benchmarking data, although not to be relied upon for comparisons, proved helpful but going forward will be useful to correlate detentions against bed numbers. Work on out of area bed use across MH providers in our ICS is taking place through the mental health, LD and autism collaborative and we are fully engaged in this programme. Work ongoing looking at the data for MHA assessment requests; AMHPs (Approved Mental Health Professional) report high numbers of requests but only around 40% of those are actually detained.

- Committee noted S136 working group looking at how to reduce the use of S136, along with report on Right Care Right Person (RCRP):
  - o RCRP has the right principles (what is best for the patient)
  - o MOU (Memorandum of Understanding) in place to make sure everyone works to the same principles.
  - o Robust mechanisms in place to escalate concerns on identifying instances where staff stray from those principles and raise with Crisis Care Concordat to make sure the partners get it right for patients
  - o Has had impact on S136 – police leaving within an hour; Protocol in place for when it is appropriate for police to remain.
  - o Commitment to showcase learning to other regions from Humberside perspective.
  - o Importance of collaboration of partnership working is the active ingredient.

- Received quarter 3 report on Reducing Restrictive Interventions:
  - o October and November saw significant increase in violence and aggression episodes above upper control limit; December data showed decrease for both violence and aggression and restraint to within normal parameters.
  - o Quarter on quarter reduction in seclusion; which would correspond with increase in restraint as against use of seclusion – safewards will help reduce going forward. Increase in restraints can be attributed to small number of the same complex patients.
  - o Increasing network of people with lived experience.
  - o Improvement in missed seclusion reviews but still an area RRI group is working on.
  - o Slight increase in training compliance – working to get over 85%.
  - o Key actions next quarter:

- Training
- Use of force policy review
- Piloting use of safety pods on Avondale and S136 suite
- RRI quality improvement plan review
- Prone restraint – whilst majority are administration of medication, we continue to monitor and are looking at other appropriate plans in place as alternative to have medication in prone position.

- All mental health legislation related policies/procedures/guidance up to date, some currently under review.

- MHLSG (Mental Health Legislation Steering group) minutes noted – good discussion and debate, and good attendance both internal and external – meeting quorate for the last year.

- MHLSG subgroups and CQC MHA visits updates report noted. Issue raised by Associate Hospital Managers regarding service users delayed in secure beds – Trust is doing everything we can to consider how we expedite discharge and all viable alternatives have been looked at – potential for a quarterly update at MHLC for assurance that we have looked at everything for the patients delayed in order to achieve those timely discharges – information to be collated in the insight report.

| Title & Date of Meeting: | Trust Board Public Meeting – 27 March 2024 |
|---|---|
| Title of Report: | Assurance Report from February 13 2024 Audit Committee |
| Author/s: | Stuart McKinnon-Evans, Committee Chair |

| Recommendation: | | | | |
|---|---|---|---|---|
| | To approve | | To discuss | |
| | To note | | To ratify | |
| | For assurance | | | |

| Purpose of Paper: | To inform the Trust Board of the outcome of the Audit Committee of February 13 2024 |
|---|---|

**Key Issues within the report:**

. **Positive Assurance to Provide:**

- Procurement processes and activity, including single tender waivers, are operating to expected norms, including compliance with the additional spending controls imposed by ICB (visibility of procurement over £10K)
- Lease arrangements are in place for the majority of relevant properties, with tolerable residual risk as work continues
- The Trust has appropriate insurance in place for 2024/25, with the Clinical Negligence premium of £1.07m down from last year's £1.15m
- The Board Assurance Framework for "Fostering integration, partnership, and alliances" shows an acceptable level of progress and residual risk, at a score of 8
- Growing evidence of positive impact and outcomes from the specialised provider collaborative
- Assurance gained about how risk management is undertaken in Children and LD Division, and how staff are involved in the identification, reporting, review and mitigation of risks. Good evidence of issues management when risks crystallise
- Internal audit programme 2023/24: all KPIs

**Key Actions Commissioned/Work Underway:**
- Implementation of new Provider Selection Regime is underway, which will need to modified reporting re tender waivers
- New risks will be added to the Trust-wide register relating to estates, financial stability and digitalisation (already discussed at EMT)
- Effectiveness and Terms of Reference Review will be completed for next meeting
- Forthcoming retirement of experienced Mazar's auditor will mean transition to a new manager
- To consider the future membership of the Committee, in view of the upcoming departure of two experienced NEDs.
- Check the status of all surveys being used to assess implementation of the Trust's strategy.

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being achieved and on track to complete. Patient safety governance received significant assurance. Excellent track record in ensuring audit recommendations are implemented.
- Counter Fraud programme for 2023/24 is on track
- The 2022/23 accounts are now fully closed. A positive VFM report was received across all themes: financial sustainability; governance; and improving economy, efficiency and effectiveness.
- The external guests to the Committee made most complimentary remarks about our work.

| **Key Risks/Areas of Focus:** | **Decisions Made:** |
|---|---|
| <ul><li>At Trust level, the salient risks still relate to workforce and waiting times, despite the existing controls and actions being taken</li><li>The Children and LD Division risk register holds 10 risks rated 9 or more. They have a common theme of demand outstripping capacity; in most cases the risks have crystallised into issues being managed</li><li>A disappointing and unacceptable low assurance is the outcome of the internal audit of the management of service users' money and property at Westlands. It found a weak control and poor culture persisted, even despite a suspected theft in March 2022, after which the service user was reimbursed £1,200 under the losses and special payments procedure.</li></ul>Procedural weaknesses were also found at PICU. A remediating action plan is already underway | <ul><li>Endorsed recent single waiver tender decisions</li><li>Endorsed a rescheduling of the Fit and Proper Persons audit into Q1 2024/25</li><li>Reviewed and approved the 2024/25 Internal Audit Plan, including: an additional 15 days on EPR; more work to assure that recommendations implemented are firmly in place; and to ensure an audit of system-level working is carried out no later than in the 2025/26 programme</li><li>Welcomed the finalisation of 2022/23 external audit opinion</li><li>Endorsed the continued Counter-Fraud work</li></ul> |

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

**Monitoring and assurance framework summary:**

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

**Committee Assurance Report – Key Issues**

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

**Single Tender Waivers/Procurement Update**: The single tender waiver controls continue to operate, with 35 previously reported waivers totalling £11.1m being monitored. 6 further waivers with a value of £1.1m has been approved in the last quarter, for reasons of specialism and or continuity.  The Committee endorsed the waivers, following several clarifications on them. The Procurement Report detailed the volume and value of purchasing in the year to date, and the controls system in place for expenditure handled outside the purchase order regime. No concerns were noted. Current issues being managed: additional ICB controls on purchases over £10K; the planned end of PPE stock; implementation of new grounds maintenance service; more emphasis on improving the social value and carbon impact of procurement decisions; implementation of the new Provider Selection Regime; and the move to a new procurement portal Atamis.

**Leases:** Audit recommended that the Trust have agreements in place for all leases. All but 8 of 32 properties have appropriate agreements in place; these 8 relate to mainly NHS properties. The Committee sought assurance about residual risks and concluded this work, which arose from an external audit recommendation, is well controlled.

**Insurance provision 2024/25:** A detailed report on all insurance provisions was received and endorsed. The Clinical Negligence premium is £1.07m, down from £1.15m in the previous year. Benchmarking shows the Trust's premium is acceptable.  Other premiums were noted.

**Review of Committee Effectiveness and Terms of Reference:** The Committee agreed the

format/process for the annual effectiveness review. Questions were raised about some wording and definitions of membership in the ToR. The upcoming departure of two very experienced NEDs was noted, with the need to define a transition (not only at this Committee).

**Board Assurance Framework at Q4**: The BAF page on "fostering partnerships and alliances" was considered, the discussion covering the now many positive assurances on the dashboard, as well as the gaps. Many of the positive assurance tend to relate to enabling activity, rather than results/impact/outcomes of the work. Some actions were overdue, but one these was the survey of stakeholders, which was considered at this meeting. After consideration, the Committee agreed the current rating of 8 for progress and residual risk, which is inside the tolerable range defined for this goal.

**Trust-wide risk register:** The corporate risk register was considered. No material changes were made since the last Board meeting, where it was reported that EMT propose to include new risks relating to estates, financial sustainability, and digitalisation at Trust level. The salient risks of availability of clinical/care human resources, and waiting times, are still proving hard to mitigate.

**A deep-dive into the Childrens and Learning D risk register**: We heard in detail about the highest residual risks (rated 9+). Worryingly, there are now 10, all of which describe a set of risks that have materialised as issues, rather than circumstances that could happen. They relate to: Core CAMHS long waiting times; Children's therapies (equipment shorfalls); Speech/language therapy (lengthening waiting lists; and insufficient capacity to undertake assessments due to demand for acute neonatal feeding assessments); Children's Universal Services (unable to meet CLA needs WHAT IS THIS?); Learning Disability (capacity to tackle dysphagia demand); Hull Core CAHMS (local authority lack of capacity, with associated safeguarding concerns); Early Intervention service (lack of capacity in SMASH (Social Medication and Self Help) programme; Neurodiversity (waiting list for ADHD); Inspire (shortage of nurse in CAMHS inpatient unit.

A common theme in these risks insufficient capacity to match demand; many of them have also crystallised as issues now being managed. Capacity and demand analysis has become sophisticated enough to allow management to fine-tune resource deployment and predict trends. The Committee heard that some levels of demand are plateauing, though neurodiversity demand continues to rise. Business continuity arrangements are established. To some extent then, these risks are being tolerated, with concomitant drop in performance levels being accepted.

**Benefits of Provider Collaborative:** An informative and detailed report on the impact of the specialised provider collaborative was welcomed. Positive outcomes include steady improvements on bed days, out of area placements, as well as qualitative example of case management and applied research. These outcomes could be incorporated in the Board Assurance framework data.

**Trust Strategy Survey:** 9 people responded to a survey about collaborative working, providing qualitative data on what is working well, and where improvements can be made. The conclusion drawn was that, despite the low turnout, the survey set a good baseline for future surveying

**Internal Audit 2023/24 Programme:** The assurance levels for two completed reports were: patient safety governance (significant); service users money and property at PICU and Westlands (low). The latter was discussed in some detail, considering process and procedures, compliance, forms in use, and culture. The review identified that a weak control and poor culture persisted, even despite a suspected theft in March 2022, after which the service user was reimbursed £1,200 under the losses and special payments procedure. A remediating plan is already being implemented, and the Committee was assured that management were responding firmly to the findings. The audit will be rerun in the 2024/25 programme at other locations.

34 follow-up recommendations were completed since the last report, with just one outstanding,

which is stellar performance in the view of Audit Yorkshire. An amendment to the plan was agreed (Fit and Proper Persons Regulations audit must now be included, deferring the audit on Digitalisation Transformation). 68% of the plan is complete in terms of days input, and is on track to be fully implemented and all KPIs hit, which was welcomed by the Committee.

A report benchmarking 34 providers' performance on salary overpayments was considered. Humber's performance is mid-table, with consistent performance (c £40K overpayments per 1,000 WTE), noting a slight improvement in 2023 compared to previous year).

**Internal Audit Plan 2024/25:** The proposed plan was the result of the normal combination of risk assessments, discussion with Executive and NEDs, reflection on findings of recent audits, and inclusion of must-do items. The Committee discussed the balance of input across themes, the change in input days from the 2023/24 programme, and considered the reserve list. It was noted that an audit of system working would be useful, though given the still emerging sets of relationships, it would be more valuable to hold of until the 2025/26 cycle. The planned days will be increased by 15 to 223, to allow an audit of EPR/digitalisation, to be funded by the EPR Project. The Committee approved the plan.

**Counter Fraud**: The Committee received the report on Counter Fraud activity to in Q3 of 2023/24. Once again, the Committee noted the activity undertaken across the themes of: inform and involve (including monthly newsletters; masterclasses attended by 49 staff so far this year); prevent and deter (including use of data matching through the National Fraud Initiative to identify potential employment and supplier-related anomalies); investigations (no new referrals in the period); and fraud risk assessment. We heard of 6 duplicate payments being reviewed. The year's activity is on track to be completed, with 80% of the planned days consumed to 17/1/24.

**External Audit progress:** Mazars updated the Committee on in-year progress, and highlighted the company's sector and wider reviews. We are in currently in the hiatus between reporting cycles. The experienced audit manager Ross Woodley who has led the Humber accounts is retiring. The Committee thanked Ross for his expertise, constructive style and intelligent reporting. The Audit Director will confirm the transition to the new team.

**External Audit Opinion:** Mazars presented their completed VFM audit for 2023/24. They could only complete this once the external audit of the Local Government Pension Scheme had been signed off in December 2023. This completes the 2023/24 reporting round. The findings and conclusions across all the themes were positive: financial sustainability; governance; and improving economy, efficiency and effectiveness.

**Changes to Contracts:** No changes to contracts were notified.

Finally, the Committee undertook a brief self-assessment against **"Being Humber"**, concluding that indeed we had been. The external guests to the Committee made most complimentary remarks about our work.

| Title & Date of Meeting: | Trust Board Public Meeting – 27 March 2024 | | |
|---|---|---|---|
| Title of Report: | Assurance Report from Charitable Funds Committee of 20 February 2024 | | |
| Author/s: | Stuart McKinnon-Evans, Chair of Committee | | |
| Recommendation: | To approve | | To discuss | |
| | To note | X | To ratify | |
| | For assurance | | | |
| Purpose of Paper: | Through this report, the Charitable Funds Committee provides information and assurance to the Board as Corporate Trustee, from its 20 February 2024 meeting. | | |

Key Issues within the report:

**Positive Assurance to Provide:**

- 2 KPIs (expenditure budget; response to wishes received) are green
- Three main fundraising campaigns are in play: CAMHS Waiting Room; Malton Day Room; and Cardio Walls (mental and physical), with a 12-18 month timeline
- £18K grants secured (including a stop-press £9,750 from Morrisons Foundation)
- All resident patients received a donated Christmas gift to unwrap
- Current/upcoming events were noted
- The Whitby Fund Zone position has been reviewed, and funds paid over by the Trust, eradicating the deficit, to provide a surplus of £35K.

**Key Actions Commissioned/Work Underway:**

- Pipeline of c £35,500 grant applications awaiting outcome
- Approaches to supermarket community champions; Malton League of Friends; Malton Town Council; Malton and Norton Rotary
- Transition to in-house arrangements going to plan for completion by 31/3/2024
- Regular discussion in Operations between Fund Guardians

**Caring, Learning & Growing Together**

| Key Risks/Areas of Focus: | Decisions Made: |
|---|---|

**Key Risks/Areas of Focus:**

- The KPI for fundraising remains red, and the target will not be achieved
- There remains insufficient evidence of staff engagement with Health Stars (due to poor survey response rate)
- 38 wishes have been granted so far this year, compared to 134 submitted. 18 were withdrawn, and 27 declined, leaving 51 still in progress.

**Decisions Made:**

- To overhaul reporting to the Committee, once all activities are in house
- To consider options for the future of the Committee, as part of Trust-wide governance refresh.

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

**Monitoring and assurance framework summary:**

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

## Committee Assurance Report – Key Issues

The Committee discussed forward-looking and retrospective information.

**Work Plan:** the work plan was accepted.

**Transition Plan:** The plan to transfer all charitable funds activity in house is in play and due to complete on time by 31/3/2024.

**Effectiveness Review**: Members had an initial discussion about effectiveness, pending completion of the annual questionnaire. There will be a governance-led discussion about whether this Committee adopts a new format, with all Board members as corporate trustee to meet on an ad-hoc basis, to consider reporting from the to-be-established operational group; or to retain this committee as is, to receive such reporting, on way to corporate trustee discussion.

**Funding Approval**: No project approvals were required.

**Insight Report**: The Insight Report was discussed:

- Whitby Bricks appeal, with on-site meeting regarding next stages
- Fundraising appeals: not yet launched, but in progress, with working titles: Malton Dementia Facility; Cardio Walls; and CAMHS Waiting Area Morrisons £9,750
- Successful grant applications: £5K for allotment/gardening; £3K for cardio walls. Applications for £15k were unsuccessful. Stop-press confirmation that Morrison have awarded £9,750 for cardio walls.  Pipeline awaiting response totals £35,500, of which 3 totalling £11,500 were submitted in 2024
- Future Grant Opportunities were noted
- Progress against operations and fundraising plan were noted
- Wishes: 38 wishes have been granted so far this year, compared to 134 submitted. 18 were withdrawn, and 27 declined, leaving 51 still in progress. The current system will pause for transition to in house. The DoF reported work in hand to review in detail existing wishes, pending implementation of a revised Circle of Wishes system.

Recent fund-raising for a mural at Avondale appeared to bypass the normal charitable funds channels.  Fact-finding is underway by DoF, which will report back to next meeting.

**Finance report:** Recent performance remained poor: in the 3 months to January, income was just £20,000, with direct expenditure on charitable activities £6,200. Operating expenditure, dominated by the Smile contract charge, was £22,200.  As a result, the net deficit for the quarter was £5,000. We requested cumulative YTD information in future reporting.

The Committee considered the status of the fund zones. Total balances stood at £353,000. The Committee welcomed the review and funding of the Whitby fund, which means that fund is now in surplus. Despite now regular discussions between the fund zone managers and the central team, the Committee still cannot yet conclude that there is a clear plan to utilise the funds already raised, and asked for further planning work, including considering whether funds could be vired/merged between zones (which the Committee would need to approve).

**Charity's Annual Report and Accounts 2022/23:** The Committee noted that the accounts have now been completed and submitted.

**Risk Register:** The risk register was discussed. The Committee welcomes the substantial review, and provided feedback, suggesting that: the scoring needs to be refreshed, better to show the

distinction between inherent and residual risk; that the risk of not meeting fundraising targets should be the highest residual risk; to add a risk of not utilising funds raised (£335K in balances), with actions for Fund Guardians to have and report on spending plans.

| Title & Date of Meeting: | Trust Board Public Meeting – 27 March 2024 | | | |
|---|---|---|---|---|
| Title of Report: | Collaborative Committee Assurance Report | | | |
| Author/s: | Stuart McKinnon-Evans <br><br> Non-Exec Director – Chair of Collaborative Committee | | | |
| Recommendation: | To approve | | To discuss | |
| | To note | ✓ | To ratify | |
| | For assurance | | | |
| Purpose of Paper: | This paper provides an executive summary of discussions held at the meeting on Friday 1 March 2024 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note. | | | |

**Key Issues within the report:**

**Positive Assurance to Provide:**

- All 3 workstreams have held workshops with HNY ICS health and social care partners and provider services and developed new priorities for 2024/25.
- EDITT team – funded from 1 year NHS E funding the service commenced January 2024 and has already prevented 3 admissions of CAMHS patients by providing intensive home support.
- Deep Dive completed into all Enhanced Packages of Care to provide assurance all are clinically appropriate and financially accurate.
- Annual Effectiveness review undertaken as part of HTFT overall Committee Governance.

**Key Actions Commissioned/Work Underway:**

- Agreement of outcome and timescales for the 3 work stream priorities.
- Due to the lack of NHS Planning guidelines once the planning guidelines have been shared it was agreed that the 2024/25 financial budget will need to be signed off and a separate meeting will be held.

**Caring, Learning & Growing Together**

<table>
<tr>
<td colspan="2"><strong>Key Risks/Areas of Focus:</strong><br><br>• Financial pressures on Enhanced Packages of care – due to increased complexity of CAMHS and AED patients.<br>• Clinically Ready for Discharge has increased in Adult Secure</td>
<td colspan="2"><strong>Decisions Made:</strong><br><br>• Collaborative Committee Annual Work Plan – reviewed and agreed.<br>• Collaborative Committee Terms of Reference – reviewed and agreed.<br>• ToR for Provider Collaborative Oversight Group (PCOG) and its sub-committees ratified following approval at PCOG.</td>
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<td rowspan="7">Governance:</td>
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<td>Audit Committee</td>
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<td>Other (please detail)<br>Report produced for the Trust Board</td>
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**Monitoring and assurance framework summary:**

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

| Committee Assurance Report – Key Issues |
|---|

This report has been developed and is shared with the Humber Teaching NHS Foundation Trust Board (HTFT) to provide assurance of the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of planning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HNY region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

- Child and Adolescent Mental Health In-Patient services
- Adult Low and Medium Secure services
- Adult Eating Disorder In-Patient services.

The meeting on  1 March 2024 *was quorate*, and was attended by Caroline Flint, HTFT Chair. The meeting discussed the following matters:

## Insight Report

Highlights from the report
- Contracting update – despite the lack of NHS E Planning guidelines – initial discussions have been held with all sub-contract providers and contracting plans based on 2023/24 contracting and activity.
- Phase 2 of Specialised Provider Collaborative – Perinatal and Forensic Community CAMHS   - Perinatal go live likely to be 1 October 2021 and Forensic Community CAMHS April 2024.
- New governance structure at NHS England for MH, LD and Autism – schematic and information shared at the meeting.
- New draft guidance on CAMHS has been shared by NHS England and self-assessment has been completed and submitted by the CPaQT to NHS England
- Quality Maturity Framework – annual review and assessment undertaken and submitted to NHS England.
- Specialised Commissioning – delegation to ICB – 2-year contract awarded to HNY PC and likely transition to ICS from 2026.

## Annual Effectiveness Review

Members have reviewed the draft and shared comments.  It was agreed to add to the effective review -
work at system level and include outcomes which we want to achieve and can monitor:
- Reduce out of area bed usage.
- In area improved alternatives to hospital pathways
- Reduce use of in-patient admissions overall

noted that membership of the committee will change due to change in Non-Executive Directors.

**Work Stream Updates**

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

**1   CAMHS**

- Continued overspend in the CAMHS inpatient budget.
- There is an increase in CYP that are clinically ready for discharge – awaiting social care packages of care.
- There are 3 young people out of area in a PICU setting – highest number in 2 years.
- There are difficulties recruiting to some posts for the new Mill Lodge Day care service.
- There continues to be a high demand for NG tube feeding under restraint.
- Earlier indicators show that the new Eating Disorders Intensive Treatment Team (EDITT)service is preventing admissions.
- Out of area bed usage for eating disorders remains low.
- Agreed that a plan is required for the temporarily closed PICU at Inspire, CPaQT have requested a business case and proposals from HTFT.  New development would need to reflect the new CAMHS guidance issued by NHS E in 2023.

**2   Adult Eating Disorder**

- There are no CRFD patients.
- OOA bed usage has decreased due to several discharges in January 2024.
- Continued increase in complexity of AED referrals.
- There is a predicted overspend of the AED inpatient budget which remains on the risk register.
- 24/25 priorities agreed at last workstream meeting.
- Attendance continues at national AED meetings.
- Day care referral process finalised.
- There are currently 2 CYP in CAMHS inpatient units approaching transition age to adult services.

**3   Adult Secure**

- HNY patient population (Med and low) has decreased to 136.
- HNY secure care providers average Length of stay continues to be lower than in January 2022
- A current priority for CPAQT, case managers and clinical lead is to reduce CRFD. Plans are in place to review cases as well as responsibilities regarding escalation.
- Clinical Lead is establishing workstream groups to focus on pathway development, focusing on the admission, discharge and clinical models. To include.
  - Male LDA
  - Male PD
  - Prison Transfers
  - Women's
- Service specification and SOP for the Y&H Involvement team is underway with a deadline of end of the March 2024 for completion.
- HNY Adult Secure workstream priority refresh is currently being finalised.
- HNY Operational Group have carried out an effectiveness review and reviewed their ToR.
- Decision has been made by NHSE to allow the use of the Draft Community Forensic service specification to aid with the review of HNY Community Forensic Services.

## Risk Register

- CAMHS financial pressure – remains as risk 12.
- AED financial pressure – remains as risk 12.
- Meeting discussed considering a new risk regarding the external pressure and wider system financial pressures.

## Quality Improvement and Assurance

- PSIRF – all providers moving from Serious Incident – 3 moved over and 2 to move in March 2024.  ToR for Quality Assurance and Improvement have been updated to reflect the new PSIRF guidelines.
- Quality Assurance meeting with NHS England – positive assurance following presentation shared by CPaQT.
- Cheswold Park in S Yorkshire rated inadequate by CQC – close monitoring of all HNY patients placed that the hospital  8 HNY patients at the hospital all with discharge pathways by end of 2024.
- Ellern Meade in S Yorkshire rated inadequate by CQC due to concerns raised by Case Managers and families looking to move both patients in the next few weeks.
- Noted that a patient has been in Long Term segregation for over 400 weeks – patient witing transfer to Rampton (High Secure).  Noted that whilst the patient has been in LTS for a long term the impact of the care has been positive and may result in the patient not requiring transfer to High Secure.

## Finance

The year-to-date budget at the end of month 10 is £52m, against which the expenditure is also £52m.  However, pressure on bed and prices and inflation awarded to independent sector providers by NHS England; the 5 large Independent Sector Providers have nationally negotiated inflation uplift by NHS England.   2023/24 end of year forecast is in line with budget.

|  | Adult Eating Disorder | Adult Secure | CAMHS | Enhanced Packages | Infrastructure | Contingency | Total |
|---|---|---|---|---|---|---|---|
| Budget | 2,404 | 32,903 | 11,653 | 2,408 | 984 | 1,646 | 51,998 |
| Actual | 2,812 | 32,662 | 11,758 | 3,842 | 928 |  | 52,001 |
| Variance | (408) | 242 | (105) | (1,434) | 56 | 1,646 | (3) |

To NHS England on a quarterly basis, we report against the contract values for each service. The financial split is notably different to the way the budget is allocated and a summary for month 10 is shown below for information.

|  | Adult Eating Disorder | Adult Secure | CAMHS | Total |
|---|---|---|---|---|
| **NHS E Funding** | **2,427** | **38,987** | **10,583** | **51,997** |
| Workstream Cost | 2,812 | 32,662 | 11,758 | 47,231 |
| Enhanced Packages | 147 | 1,483 | 2,213 | 3,842 |
| Infrastructure | 42 | 747 | 139 | 928 |
| **Total Cost** | **3,000** | **34,891** | **14,110** | **52,001** |
| Variance | (573) | 4,096 | (3,528) | (4) |

Enhanced Packages of Care costs have increased considerably, there has been a deep dive into all EPOC, and all packages of care are reviewed weekly and monthly with finance leads for financial planning.  Findings from the deep dive and a report has been shared with Risk and Gain share partners and PCOG.

There has been a national increase of EPOC, and it is early indication is that it is due to increased use of Bank and agency staff by providers and increased acuity and complexity of patient presentation.

## Collaborative Committee Annual Work Plan

Approved at the meeting.

## Collaborative Committee Terms of Reference
Reviewed and agreed at the meeting.

## Operating Budget and 2024/25 financial plan
Due to the lack of NHS Planning guidelines once the planning guidelines have been shared it was agreed that the budget will need to be signed off and a separate meeting will be held.

## Papers Ratified at the Collaborative Committee

As the Specialised Provider Collaborative governance for committees mirrors the lead provider all committee and sub-group Terms of Reference have been reviewed in December and January and were all approved at PCOG in February:

- Clinical Strategy & Reference Group ToR
- PSIRF Provider Implementation Support Group ToR
- Provider Collaborative Patient Safety and Learning ToR
- Quality Assurance & Improvement Group ToR
- Adult Secure Specialised Service Workstream ToR
- CAMHS Inpatient Workstream ToR
- AED Inpatient Workstream ToR
- Risk and Gain Share ToR
- Risk and Gain Share Principles
- Provider Collaborative Oversight Group ToR

| Title & Date of Meeting: | Council of Governors Public Meeting 18 April 2024 | | | |
|---|---|---|---|---|
| Title of Report: | Non-Executive Director (NED) Recruitment Campaign 2024 | | | |
| Author/s: | Rt Hon Caroline Flint<br>Trust Chair | | | |

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

| Purpose of Paper: | To provide an update on the NED Recruitment Campaign 2024 to replace Francis Patton and Mike Smith who come to the end of their terms of office at the end of August 2024. |
|---|---|

**Key Issues within the report:**

| **Positive Assurances to Provide:** | **Key Actions Commissioned/Work Underway:** |
|---|---|
| • Early discussion and action on this recruitment campaign has put us in a strong position for moving forward. | • Recruitment timetable being finalised.<br>• Recruitment agencies have been briefed and will submit tenders by 14 April 2024.<br>• Recruitment Pack, Job Description etc finalised. |
| **Key Risks/Areas of Focus:** | **Decisions Made:** |
| • Managing handover from outgoing NEDs<br>• Timetable slipping<br>• Not getting appointable candidates | • The Appointments, Terms and Conditions Committee approved the plans outlined for the recruitment campaign at its meeting on 24 January 2024. |

| Governance: | | Date | | Date |
|---|---|---|---|---|
| | Appointments, Terms & Conditions Committee | 24.01.24 | Engaging with Members Group | |
| | | | Other (please detail) Quarterly report to Council | ✓ |
| | Trust Board | | | |

**Monitoring and assurance framework summary:**

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

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**Non-Executive Director (NED) Recruitment Campaign 2024 Update**

**Background**

1.  At the ATC meeting on 24 January 2024 a plan was agreed which included a draft timetable outlining the process for the recruitment of two NEDs to replace Francis Patton and Mike Smith whose terms end in August.

2.  The timescale begins in April and ends in July seeking approval of the Council of Governors at its 18 July meeting which allows for a handover with the existing NEDs. As we are replacing two very experienced NEDs it was agreed this should be reflected in the job specification to maintain a strong NED team.

3.  As before, we would seek to encourage candidates from our Humber service areas and who can offer diversity to the Board.

4.  It was agreed that Karen Phillips would meet with potential agencies to discuss the scope and remit of the role and to ensure any agency could meet the timetable. Confirmation of who would be undertaking the various actions would be agreed as part of this.  Lessons learned from previous recruitment campaigns had been included in the plan.

**Next Steps**

5.  Karen Phillips has briefed 5 recruitment agencies and they have a deadline of 14 April 2024 to submit their proposals. The Recruitment Pack, Job Description, Person Specification, Advert haves been finalised and discussion is underway on Humber recruitment publicity.

6.  The timetable is working to shortlist towards the end of June and interview in the first week of July. All dates will be included in the recruitment pack and on publicity so candidates are fully aware of the dates should they be successfully shortlisted. Karen Phillips and I have agreed there is no need for longlisting and shortlisting as it just adds in more time and numbers are likely to be manageable. Also, having only shortlisting worked well for the Associate Non-Executive Directors recruitment campaign.

7.  We are planning an interview panel composed of myself, a NED, ATC Chair Marilyn Foster and another ATC governor with the Chief Executive observing. We will also have support from human resources and the Board Support Unit. We are planning for two stakeholder panels one of Non-Executive Directors and Executive Directors and the other Governors and Patient/Service Users. They will be online and operate as a carousel alongside the interviews which will be in person.

8.  Should the interview panel agree two successful candidates it is planned that the Council of Governors meeting on 18 July will receive a paper to consider approving their recommendations. There are risks that the timetable may slip and an Extraordinary Council of Governors meeting for this business only may have to be arranged. This may also have implications for the NEDs who finish at the end of

August. In this situation I may seek Governor approval to extend by a short time their term to enable a smooth handover. Hopefully this won't be necessary.

**Caroline Flint - Trust Chair**

| Title & Date of Meeting: | Council of Governors Public Meeting – 18th April 2024 | | | |
|---|---|---|---|---|
| Title of Report: | Trust Performance Report – February 2024 | | | |
| Author/s: | Name: Peter Beckwith/Richard Voakes<br>Title: Director of Finance/Business Intelligence Lead | | | |
| Recommendation: | To approve | | To discuss | |
| | To note | ☑ | To ratify | |
| | For assurance | | | |
| Purpose of Paper: | This purpose of this report is to inform on the current levels of performance as at the end of February 2024.<br><br>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format. | | | |

**Key Issues within the report:**

| **Positive Assurances to Provide:** | **Key Actions Commissioned/Work Underway:** |
|---|---|
| • Mandatory Training – compliance overall remains high in February at 94.6%<br>• Vacancies are at lower control limit at 7.1%<br>• Clinical Supervision remains above target at 91.4%.<br>• Talking Therapies performance has been maintained and continues to improve. | • Service specification work to include indicative activity plans is progressing and will for part of the 2024/25 contract negotiations and planning round.<br>• Proposals have been developed with Place to address Older Adult bed requirements, this utilises VCSE and discussions are ongoing.<br>• A project has commenced to review PICU capacity across the ICB to address this area of pressure.<br>• EIP service have reviewed a range of efficiency initiatives that will adapt for the changing levels of referral level and the impact on performance when volumes are at a lower level. |
| **Key Risks/Areas of Focus:** | **Decisions Made:** |
| • Sickness is flagging in the safer staffing dashboard – commentary is on the dashboard.<br>• Waiting Times trajectories continue to be an area of focus<br>• Our of Area Placements for PICU and Older organic adult placements have continued, this is a know area of pressure. | • None (report is to note) |

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| | | | | | |
|---|---|---|---|---|---|
| • High volumes of caseload are impacting the ability to meet the 2 week EIP standard. | | | | | |

| Governance: | | Date | | Date |
|---|---|---|---|---|
| | Appointments, Terms & Conditions Committee | | Engaging with Members Group | |
| | Finance, Audit, Strategy and Quality Governor Group | | Other (please detail) Quarterly report to Council | 18.4.24 |
| | Trust Board | | | |

**Monitoring and assurance framework summary:**

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

**NHS**
**Humber Teaching**
**NHS Foundation Trust**

# TRUST PERFORMANCE REPORT

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

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

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

**Caring, Learning and Growing**

# Humber Teaching NHS Foundation Trust
## Trust Performance Report

| For the period ending: | **February 2024** |
|---|---|

| **Purpose** | This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022.  A sample of the strategic goals are represented in this report.  Particular attention is drawn to the use of Statistical Process Control Charts (SPC). |
|---|---|
| **What are SPCs?** | SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average.  SPC averages are best plotted over a minimum of 12 data points.  The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set. <br><br>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. <br><br>They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL).  These lines fall either side of the mean/average.  They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.  Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be.  SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time.  An example of an SPC chart with an exception is below: |
| **Example SPC Chart** | S – statistical, because we use some statistical concepts to help us understand processes. <br><br>P – process, because we deliver our work through processes ie how we do things. <br><br>C – control, by this we mean predictable.  |

| **Strategic Goal 1** | Innovating Quality and Patient Safety | **Strategic Goal 4** | Developing an effective and empowered workforce |
|---|---|---|---|
| **Strategic Goal 2** | Enhancing prevention, wellbeing and recovery | **Strategic Goal 5** | Maximising an efficient and sustainable organisation |
| **Strategic Goal 3** | Fostering integration, partnership and alliances | **Strategic Goal 6** | Promoting people, communities and social values |
| **Key Indicators** | The following is a list of indicators highlighted within this report and the Goal to which they are set against.  Other than the Safer Staffing dashboard, each indicator uses SPC charts | | |

# Humber Teaching NHS Foundation Trust
## Trust Performance Report

| For the period ending: | **February 2024** | |
|---|---|---|

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

# Humber Teaching NHS Foundation Trust
## Trust Performance Report

| For the period ending: | **February 2024** |
|---|---|

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

# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

**For the period ending:** **February 2024**

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 85% | 80% | 94.6% |

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

### Mandatory Training - Overall Compliance



Legend: Target, In Month, CL (Mean), UCL, LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# Goal 1 : Innovating Quality and Patient Safety

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

**For the period ending:** February 2024

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

### All Vacancies as a percentage of Trustwide Establishment %



### Nursing Vacancy as a percentage of Nursing Establishment



### Consultant Vacancies as a percentage of Consultant Establishment

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

**For the period ending:** February 2024

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



Number of Incidents per 10,000 Contacts - Trustwide

Legend: In Month, CL (Mean), UCL, LCL



Percentage of Incidents of Harm Free Care

Legend: In Month, CL (Mean), UCL, LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# Goal 1 : Innovating Quality and Patient Safety

**For the period ending:** **February 2024**

| | Target: | Amber: | Trustwide current month stands at: |
|---|---|---|---|
| | 0 | 0 | 164 |

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



Number of Incidents per 10,000 contacts
CHLD



Number of Incidents per 10,000 contacts
Primary Care and Community



Number of Incidents per 10,000 contacts
Mental Health Planned



Number of Incidents per 10,000 contacts
Mental Health Unplanned



Number of Incidents per 10,000 contacts
Forensic Services
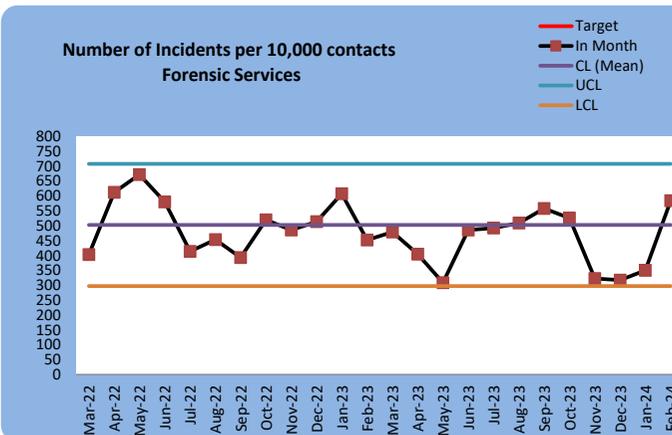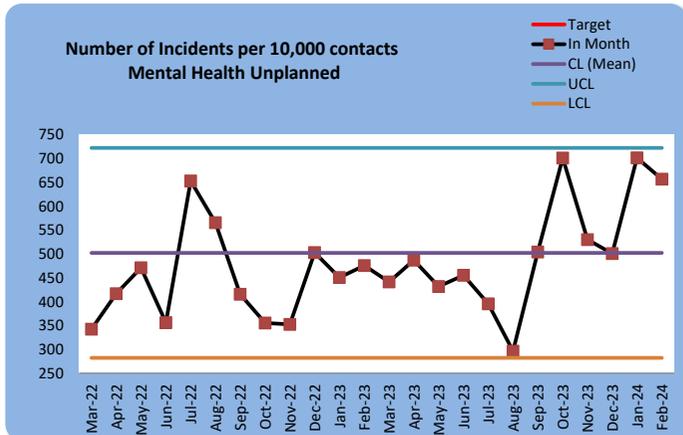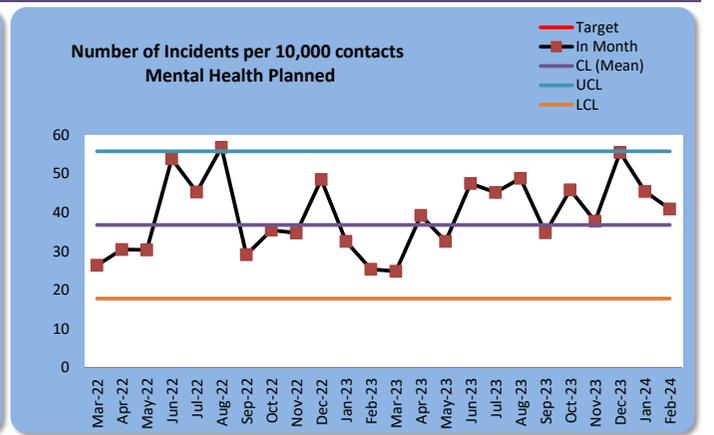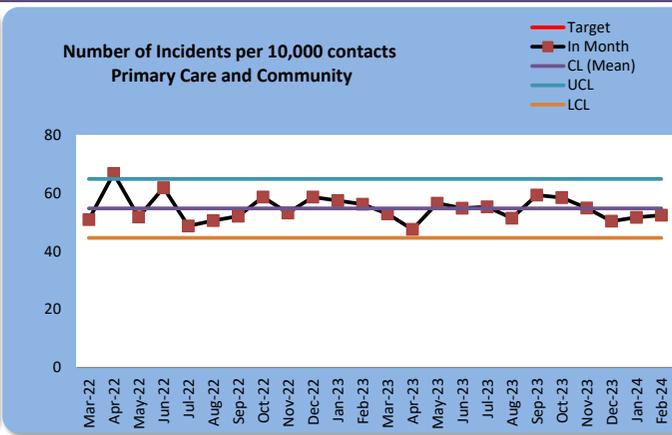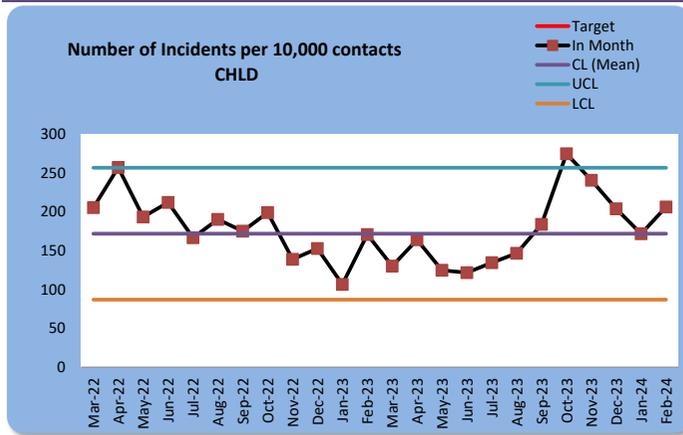
### Current Month per Division

| Children and Learning Disability | 206 |
|---|---|
| Primary Care and Community | 52 |
| Mental Health Planned | 41 |
| Mental Health Unplanned | 657 |
| Forensic Services | 584 |

### Incident Analysis

| | Jan-24 | Feb-24 |
|---|---|---|
| Never Events | 0 | 0 |
| % of Harm Free Care | 99.4% | 99.5% |
| % of Incidents reported in Severe Harm or Death | 0.9% | 0.7% |

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

**For the period ending:**       **February 2024**

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 85% | 80% | 91.4% |

| Indicator Title | Description/Rationale | | KPI Type |
|---|---|---|---|
| **Clinical Supervision** | Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks | **Executive Lead**<br>**Hilary Gledhill** | WL 9a |
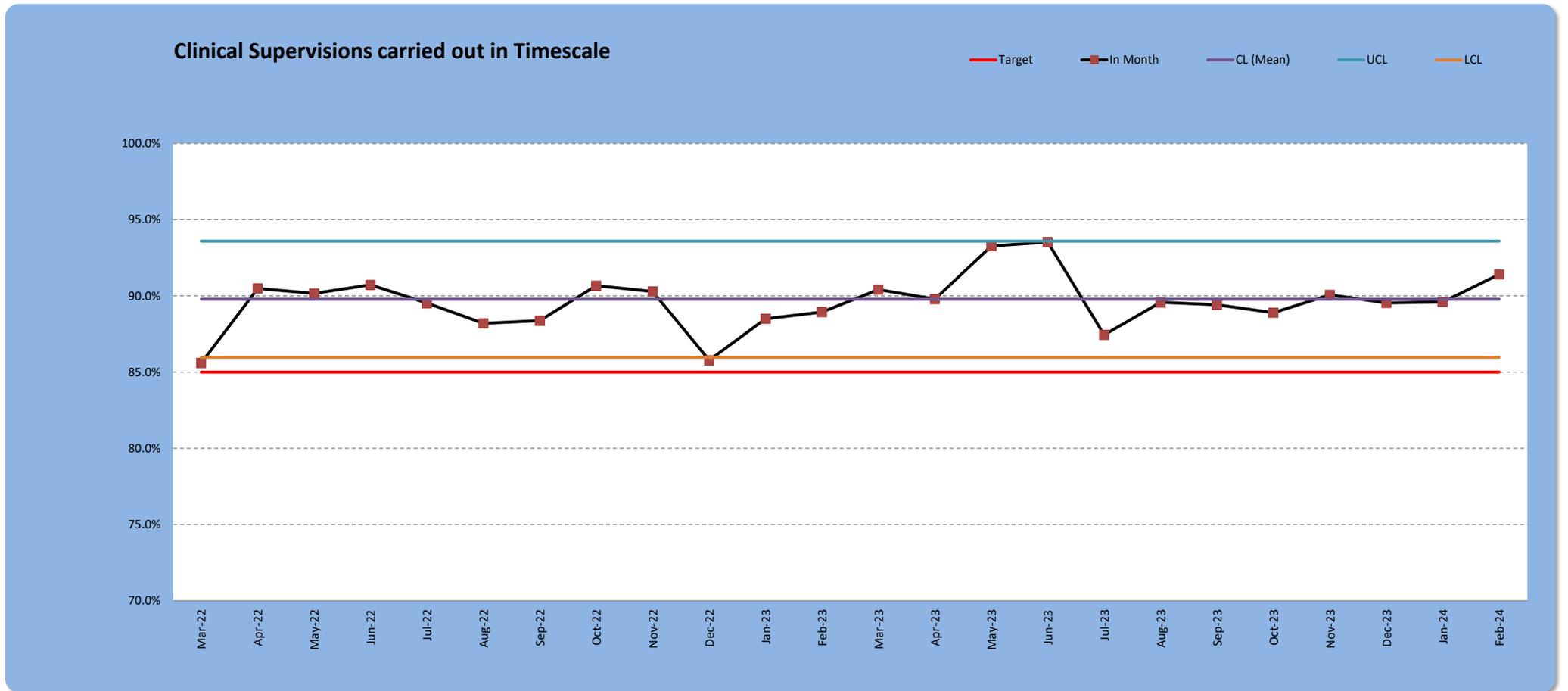
**Clinical Supervisions carried out in Timescale**

Legend: ─── Target   ─■─ In Month   ─── CL (Mean)   ─── UCL   ─── LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

**Staffing and Quality Indicators**

| Contract Period: | 2023-24 |
|---|---|
| Reporting Month: | Jan-24 |

Shown one month in arrears

**NHS Humber Teaching NHS Foundation Trust**

| Speciality | Ward | Speciality | WTE | OBDs (including leave) | CHPPD Hours (Nurse) | Bank % Filled | Improvement | Agency % Filled | Improvement | Day Registered | Day Un Registered | Night Registered | Night Un Registered | Staffing Incidents (Poor Staffing Levels) | Incidents of Physical Violence / Aggression | Complaints (Upheld/ partly upheld) | Failed S17 Leave | Clinical Supervision | Mandatory Training (ALL) | Mandatory Training (ILS) | Mandatory Training (BLS) | Sickness Levels (clinical) | WTE Vacancies (RNs only) | Dec-23 | Jan-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adult MH | Avondale | Adult MH Assessment | 28.8 | 79% | 11.3 | 16.8% ⬆ | | 4.8% ⬇ | | 92% | 121% | 97% | 100% | 0 | 24 | 4 | 0 | 77.4% | 93.1% | 100.0% | 76.5% | 8.2% | 3.0 | 2 | 1 |
| | New Bridges | Adult MH Treatment (M) | 40.6 | 98% | 7.5 | 11.2% ⬆ | | 0.0% ⬆ | | 73% | 90% | 86% | 110% | 2 | 47 | 2 | 0 | 86.4% | 96.2% | 76.2% | 95.5% | 13.9% | -1.6 | 2 | 3 |
| | Westlands | Adult MH Treatment (F) | 38.1 | 90% | 9.8 | 28.1% ⬆ | | 7.1% ⬆ | | 87% | 80% | 94% | 120% | 3 | 69 | 3 | 3 | 90.3% | 87.8% | 50.0% | 86.4% | 6.8% | 1.6 | 3 | 2 |
| | Mill View Court | Adult MH Treatment | 29.6 | 94% | 9.2 | 17.6% ⬇ | | 14.1% ⬇ | | 104% | 115% | 87% | 158% | 3 | 42 | 1 | 1 | 87.9% | 93.0% | 87.5% | 81.3% | 5.2% | 1.0 | 1 | 1 |
| | STARS | Adult MH Rehabilitation | 40.4 | 88% | 30.8 | 18.8% ⬆ | | 0.6% ⬆ | | 73% | 195% | 100% | 100% | 1 | 5 | 0 | 0 | 66.7% | 95.7% | 76.9% | 82.6% | 9.3% | 0.5 | 2 | 3 |
| | PICU | Adult MH Acute Intensive | 30.2 | 82% | 19.2 | 33.2% ⬇ | | 8.5% ⬇ | | 98% | 86% | 102% | 111% | 1 | 138 | 1 | 0 | 86.2% | 94.9% | 85.7% | 100.0% | 5.2% | 4.7 | 0 | 1 |
| OP MH | Maister Lodge | Older People Dementia Treatment | 34.4 | 66% | 18.4 | 16.0% ⬇ | | 0.0% ⬆ | | 95% | 106% | 100% | 129% | 0 | 54 | 2 | 0 | 100.0% | 92.8% | 100.0% | 91.7% | 11.5% | -0.8 | 0 | 1 |
| | Mill View Lodge | Older People Treatment | 30.8 | 94% | 18.4 | 17.7% ⬇ | | 5.0% ⬆ | | 89% | 86% | 100% | 150% | 1 | 33 | 0 | 0 | 94.1% | 95.3% | 85.7% | 90.0% | 3.6% | 4.0 | 0 | 1 |
| Child & LD | Maister Court | Older People Treatment | 15.5 | 108% | 15.5 | 31.1% ⬇ | | 1.0% ⬆ | | 85% | 92% | 100% | 106% | 1 | 11 | 0 | 0 | 92.9% | 95.4% | 57.1% | 100.0% | 3.1% | 0.8 | 3 | 2 |
| | Pine View | Forensic Low Secure | 30.1 | 81% | 9.2 | 23.9% ⬆ | | 0.0% ➡ | | 90% | 88% | 71% | 110% | 0 | 3 | 1 | 15 | 100.0% | 98.5% | 100.0% | 88.9% | 9.3% | 1.2 | 2 | 2 |
| | Derwent | Forensic Medium Secure | 22.9 | 80% | 19.0 | 40.4% ⬇ | | 0.0% ➡ | | 96% | 91% | 100% | 125% | 2 | 15 | 1 | 0 | 95.7% | 95.1% | 88.9% | 92.9% | 1.5% | 1.0 | 0 | 0 |
| | Ouse | Forensic Medium Secure | 23.3 | 71% | 9.7 | 10.6% ⬆ | | 0.0% ⬆ | | 100% | 89% | 94% | 102% | 1 | 5 | 0 | 2 | 100.0% | 93.4% | 80.0% | 80.0% | 12.2% | 0.6 | 2 | 1 |
| | Swale | Personality Disorder Medium Secure | 24.5 | 73% | 11.0 | 34.1% ⬇ | | 0.0% ➡ | | 57% | 106% | 87% | 100% | 5 | 4 | 2 | 7 | 90.5% | 95.9% | 75.0% | 93.8% | 11.8% | 4.0 | 1 | 2 |
| | Ullswater | Learning Disability Medium Secure | 29.2 | 67% | 18.0 | 27.4% ⬆ | | 0.0% ➡ | | 103% | 139% | 97% | 166% | 15 | 20 | 0 | 9 | 96.6% | 92.0% | 63.6% | 95.0% | 4.9% | -0.1 | 2 | 1 |
| | Townend Court | Learning Disability | 37.6 | 82% | 32.5 | 30.4% ⬆ | | 0.0% ➡ | | 82% | 87% | 103% | 101% | 7 | 387 | 3 | 0 | 81.5% | 93.6% | 81.8% | 77.3% | 14.9% | 3.0 | 2 | 1 |
| | Inspire | CAMHS | 10.0 | 75% | 27.0 | 19.0% ⬆ | | 5.3% ⬇ | | 91% | 107% | 96% | 108% | 1 | 23 | 2 | 0 | 86.5% | 79.2% | 66.7% | 75.0% | 12.2% | 0.0 | 1 | 1 |
| | Granville Court | Learning Disability Nursing Care | 55.3 | 80% | 18.0 | 30.7% ⬆ | | 0.7% ⬆ | | 101% | 102% | 100% | 106% | 2 | 5 | 0 | 0 | 95.2% | 92.6% | 100.0% | 97.6% | 9.4% | 0.2 | 1 | 1 |
| CH | Whitby Hospital | Physical Health Community Hospital | 44.8 | 92% | 8.0 | 3.1% ⬇ | | 0.0% ➡ | | 89% | 79% | 100% | 98% | 1 | 1 | 0 | 0 | 83.8% | 94.3% | 100.0% | 81.8% | 9.6% | 0.4 | 3 | 2 |
| | Malton Hospital | Physical Health Community Hospital | 29.9 | 94% | 6.4 | 19.2% ⬇ | | 0.3% ⬆ | | 100% | 65% | 127% | 67% | 0 | 0 | 2 | 0 | 100.0% | 94.7% | 87.5% | 85.7% | 8.3% | -1.6 | 4 | 4 |

| | |
|---|---|
| **Staffing and Quality Indicators** | |
| Contract Period: | **2023-24** |
| Reporting Month: | **Jan-24** |

**NHS Humber Teaching NHS Foundation Trust**

**Exception Reporting and Operational Commentary**

### Safer Staffing Dashboard Narrative : Jan

Sickness rates remain high with 15 units flagging red, which is up slightly from 14 the previous month.

There are no units with 5 red flags.

All units have achieved their CHPPD target with the exception of Malton and Newbridges which is slightly below target. Both units have high OBDs.

Mandatory training (all) is above 85% for all units with the exception of Inspire. Compliance with ILS/BLS has been consistently strong, however a small number of units have dropped below the target threshold for ILS. This position has improved with ILS compliance for Westlands and Maister Court above 70%, Inspire 79% and Ullswater 90% on 1st March.

Clinical supervision remains in a strong position with the majority of units above 85%. Ouse and Ullswater dropped below the target for December however are now above the target threshold. STaRs supervision compliance has dropped below target however their 6-month position remains strong.

The RN fill rates for Swale, Newbridges and STaRs are below the target threshold and this has been escalated to the matrons, clinical divisional leads and the e-roster team.

**The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:**
Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

| Red RAG | Green RAG | Units applied (Note:  Some thresholds were changed for June data (Townend, Ullswater and Malton) |
|---|---|---|
| <=4.3 | >=5.3 | STaRS |
| <=5.3 | >=6.3 | Pine view, Ouse |
| <=5.9 | >=6.9 | Malton |
| <=7 | >=8 | New Bridges, Westlands, Mill View Court, Swale, Whitby |
| <=8 | >=9 | Avondale |
| <=9.3 | >=10.3 | Maister Lodge, Maister Court, Derwent, Inspire, Granville |
| <=10.5 | >=11.5 | Mill View Lodge |
| <=11.0 | >=12.0 | Ullswater |
| <=15.6 | >=16.6 | PICU |
| <=27.0 | >=28.0 | Towend Court |

**Registered Nurse Vacancy Rates (Rolling 12 months)**

| Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11.10% | 11.50% | 13.40% | 13.60% | 14.10% | 14.21% | 13.85% | 13.67% | 13.50% | 12.10% | 11.04% | 11.25% |

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

| | Nov-23 | Dec-23 | Jan-24 |
|---|---|---|---|
| Maister Lodge | 5 | 8 | 1 |
| Millview Lodge | 5 | 6 | 3 |
| Malton IPU | 0 | 6 | 4 |
| Whitby IPU | 1 | 3 | 2 |

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

# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 90% | 80% | 91.0% |

**For the period ending:** February 2024

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

### Friends and Family - Recommendation - Trustwide



### Friends and Family - Recommendation - GP



### Friends and Family - Recommendation - Non GP

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:**   **February 2024**

| Target: | Amber: | Current month stands at: |
|---|---|---|
| 90% | 80% | 95.0% |

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



**Friends and Family - Involvement (Non GP Services only)**

Legend: Target — In Month — CL (Mean) — UCL — LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:**    **February 2024**

| | Target: | Amber: | Current month for 72 hour stands at: |
|---|---|---|---|
| | 80% | 60% | 93.8% |

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



72 Hour Follow Ups — Target, In Month, CL (Mean), UCL, LCL



CPA 7 Day Follow Ups — Target, In Month, CL (Mean), UCL, LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:** February 2024

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 95% | 85% | 95.7% |

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



CPA Reviews

Legend: Target — In Month — CL (Mean) — UCL — LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:**     **February 2024**

| Target: | Amber: | Current month stands at: |
|---------|--------|--------------------------|
| n/a | n/a | 502 |

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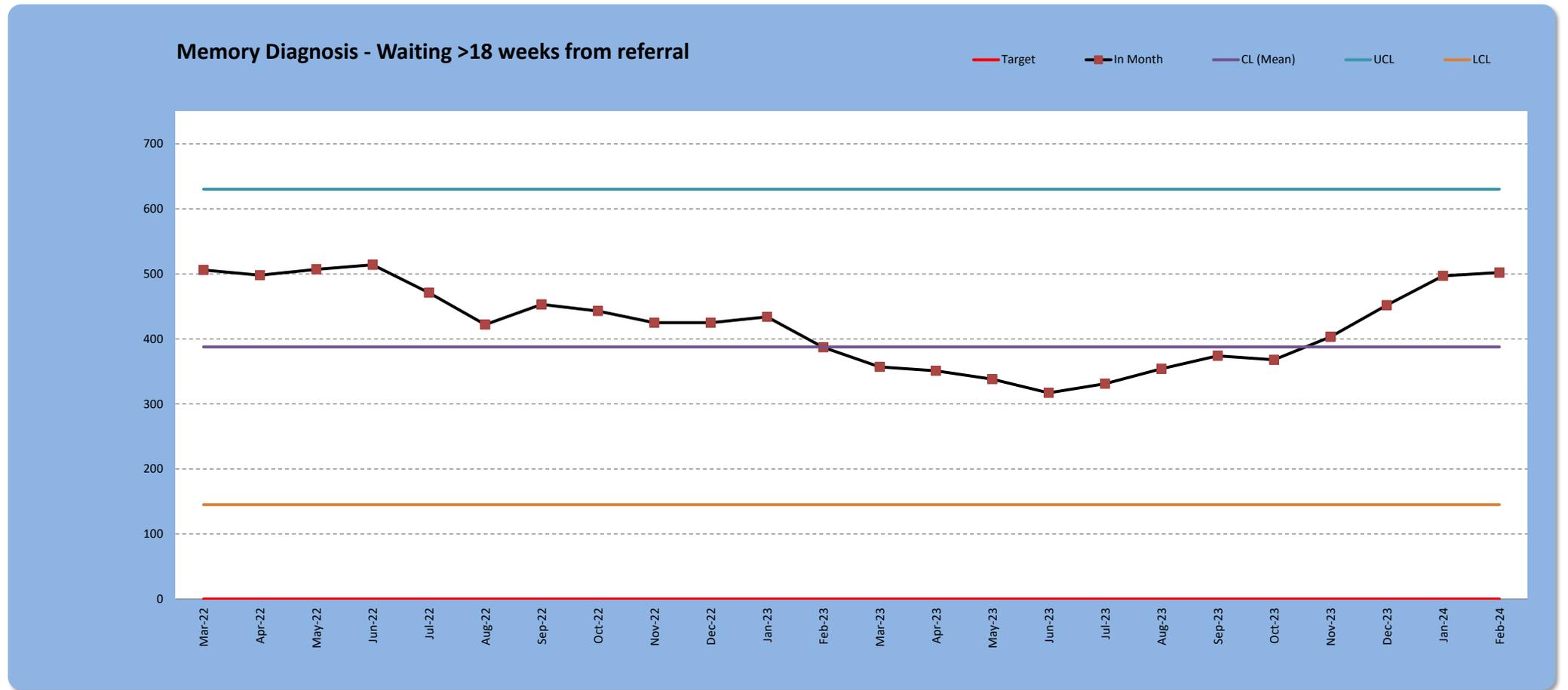
**Memory Diagnosis - Waiting >18 weeks from referral**

Legend: Target — In Month — CL (Mean) — UCL — LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:** **February 2024**

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 95% | 85% | 81.9% |

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



RTT Waits - Complete

Legend: Target, In Month, CL (Mean), UCL, LCL

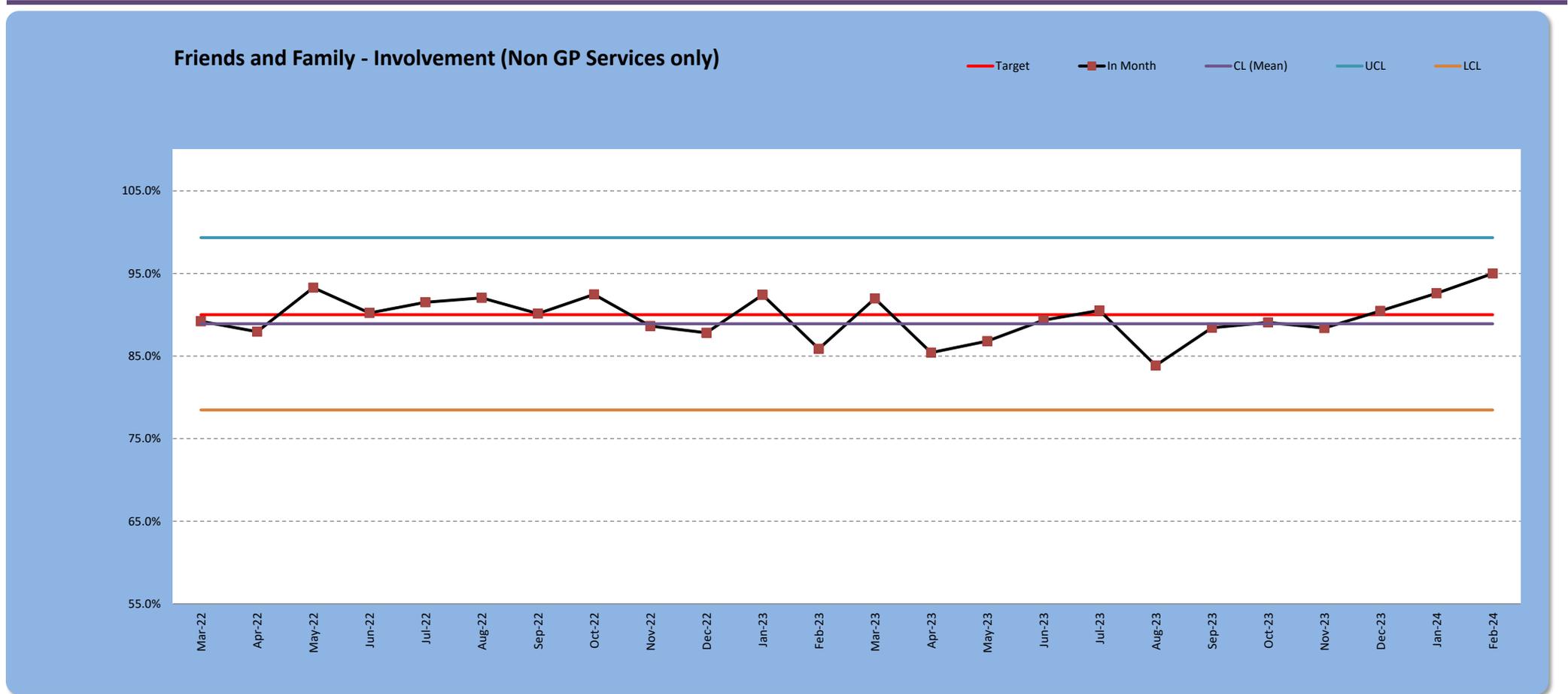**Please refer to the accompanying front sheet/report for any relevant commentary**
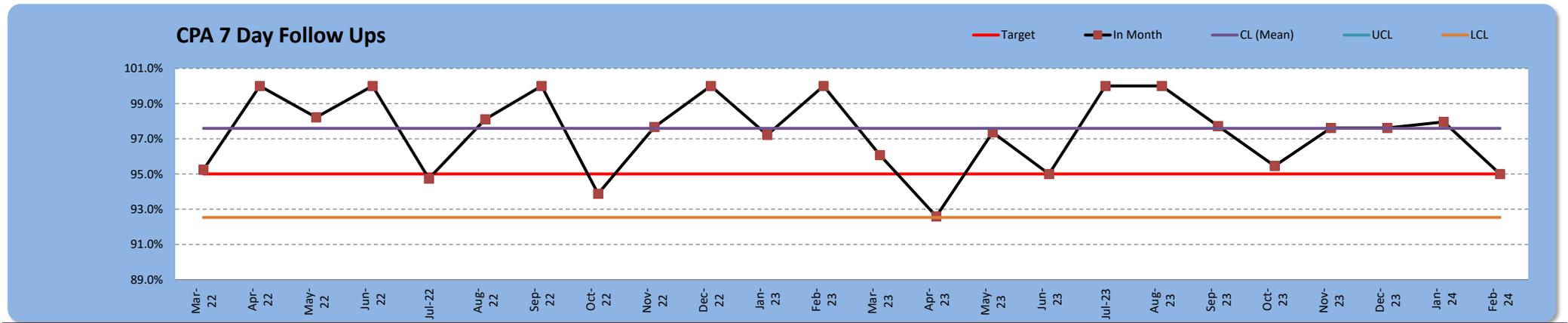
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:** **February 2024**

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 92% | 85% | 63.2% |

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



RTT Waits - Incomplete

Legend: Target — In Month — CL (Mean) — UCL — LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**
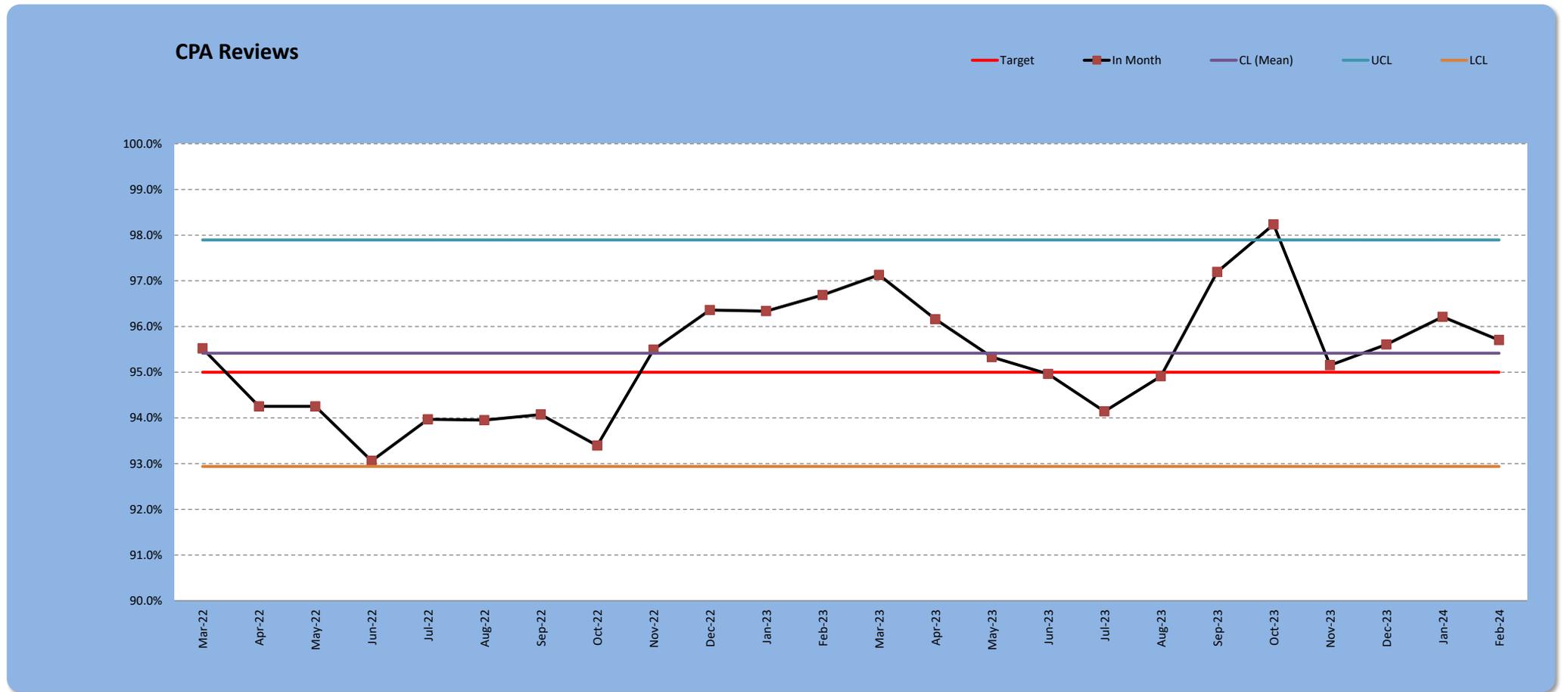
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:** February 2024

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 0 | 0 | 141 |

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



**Number of patients waiting 52 weeks for treatment (excluding ASD & ADHD for Paediatrics and Adults)**

Legend: Target (0), In Month, CL (Mean), UCL, LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:** **February 2024**

| Target: | Amber: | Current month stands at: |
|---|---|---|
| 0 | 0 | 386 |

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

### Number of patients waiting 52 weeks for assessment and Diagnosis - Adult ASD

Target (0) — In Month — CL (Mean) — UCL — LCL



### Number of patients waiting 52 weeks for assessment and Diagnosis - Adult ADHD

Target (0) — In Month — CL (Mean) — UCL — LCL

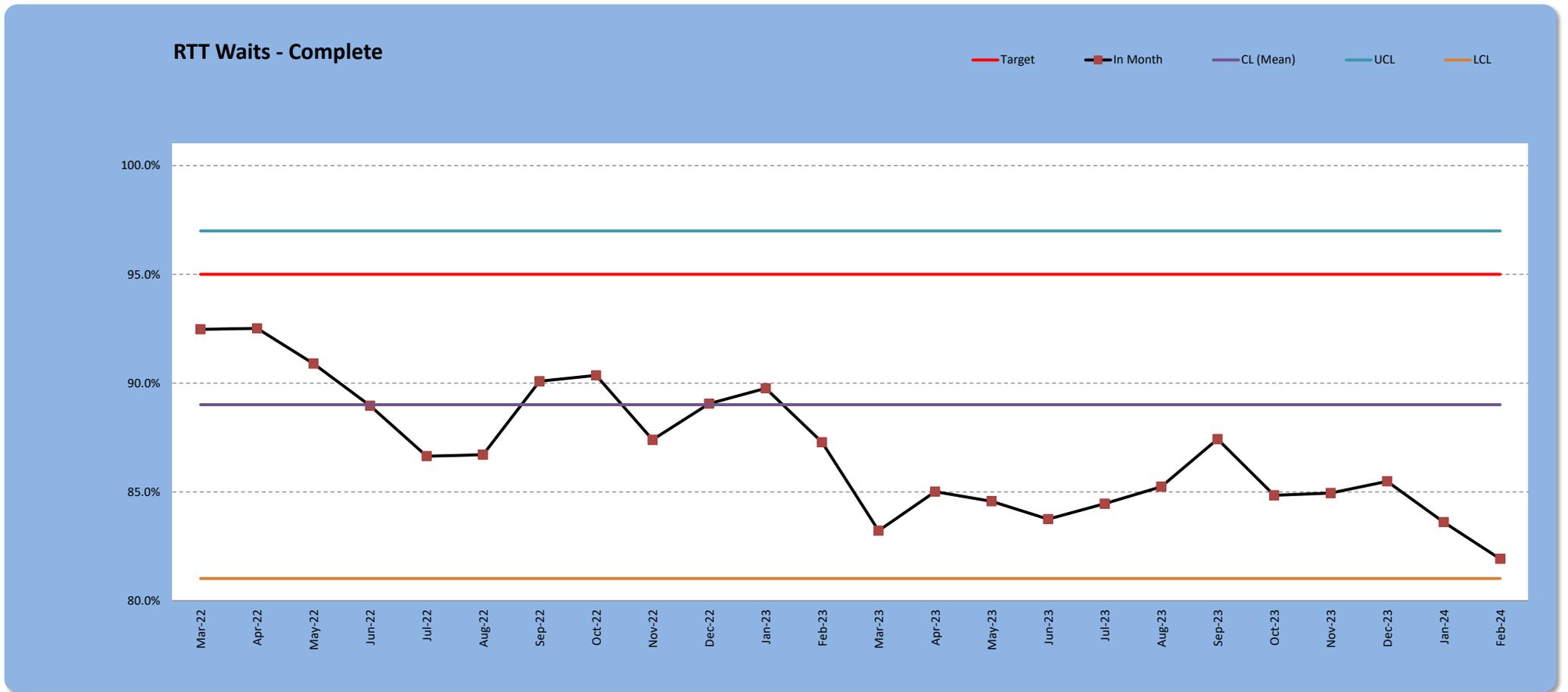**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:**  **February 2024**

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 0 | 0 | 469 |

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

### Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ASD



### Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ADHD



**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery
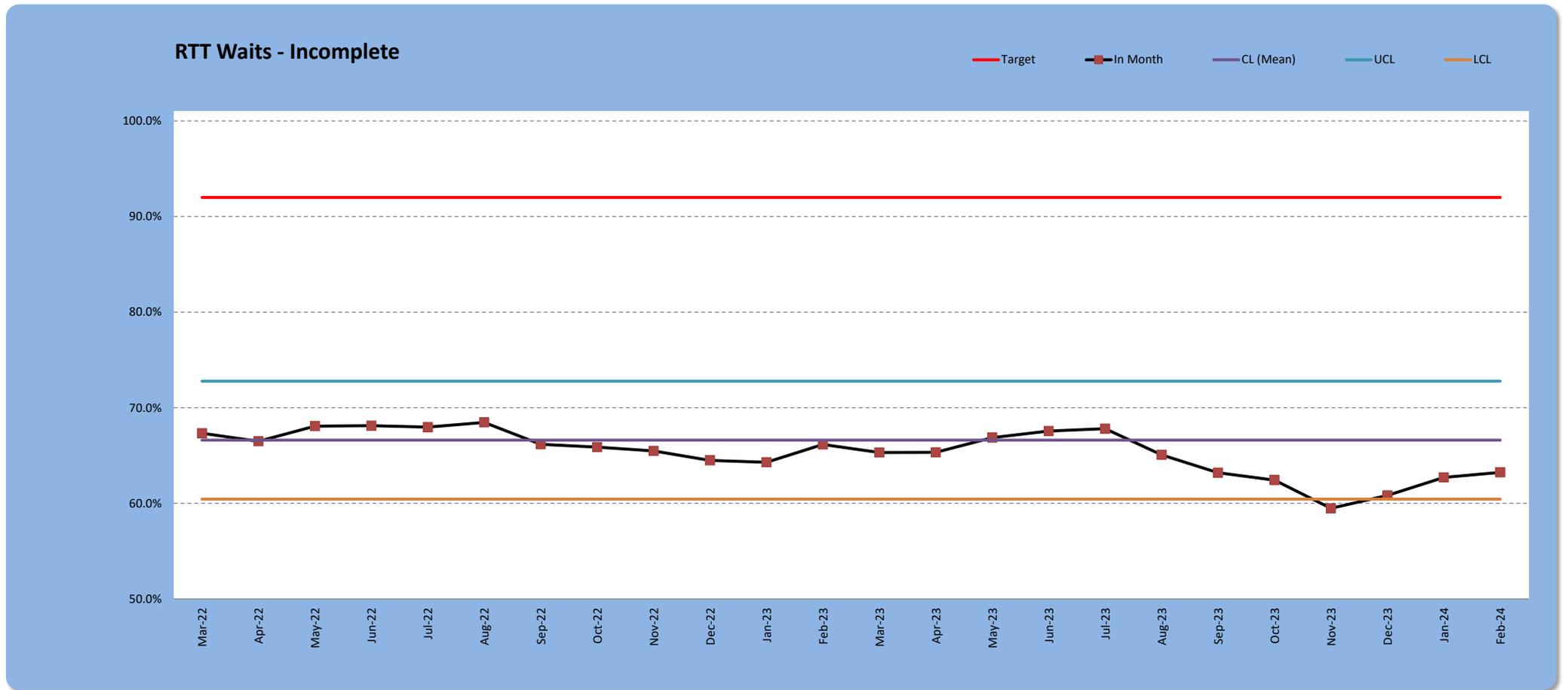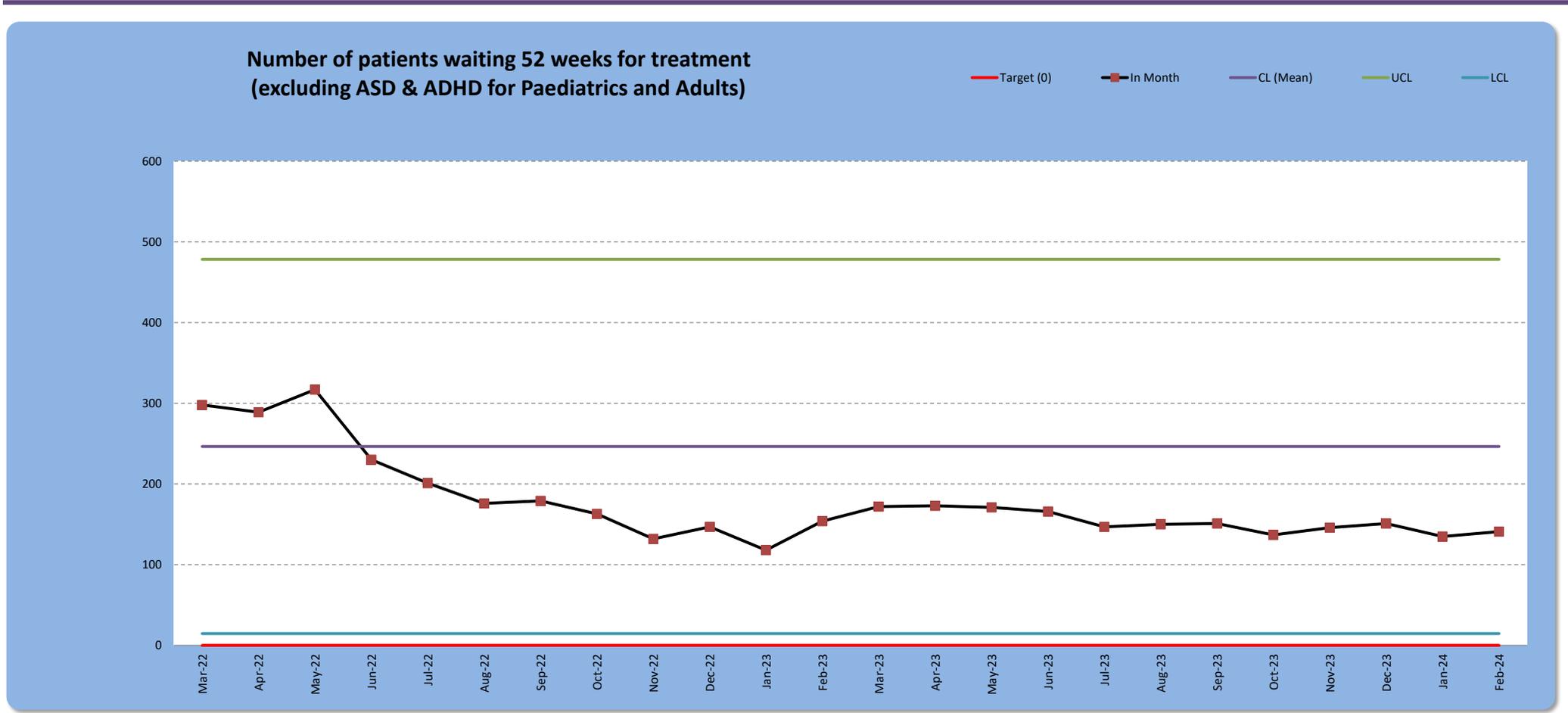
**For the period ending:** February 2024

| Target: | Amber: | Current month stands at: |
|---|---|---|
| 0 | 0 | 0 |

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

**Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS**

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**
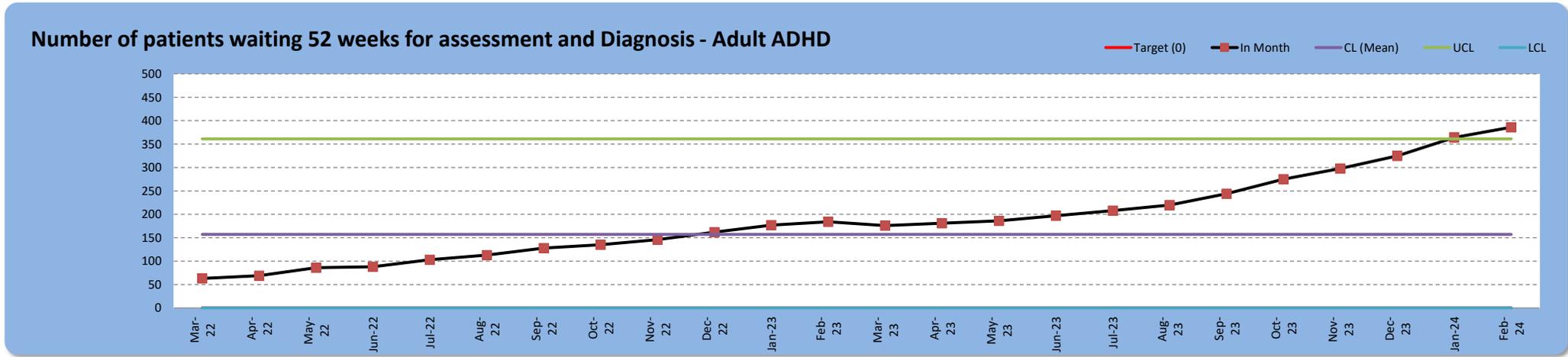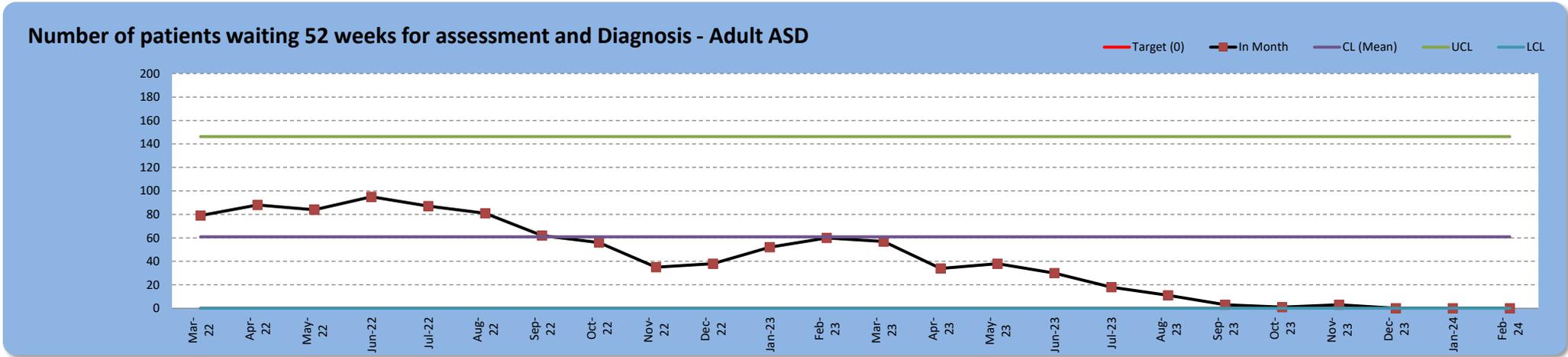
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:**         **February 2024**

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 60% | 55% | 12.5% |

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



EIP - Seen within 14 days

Legend: Target, In Month, CL (Mean), UCL, LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**
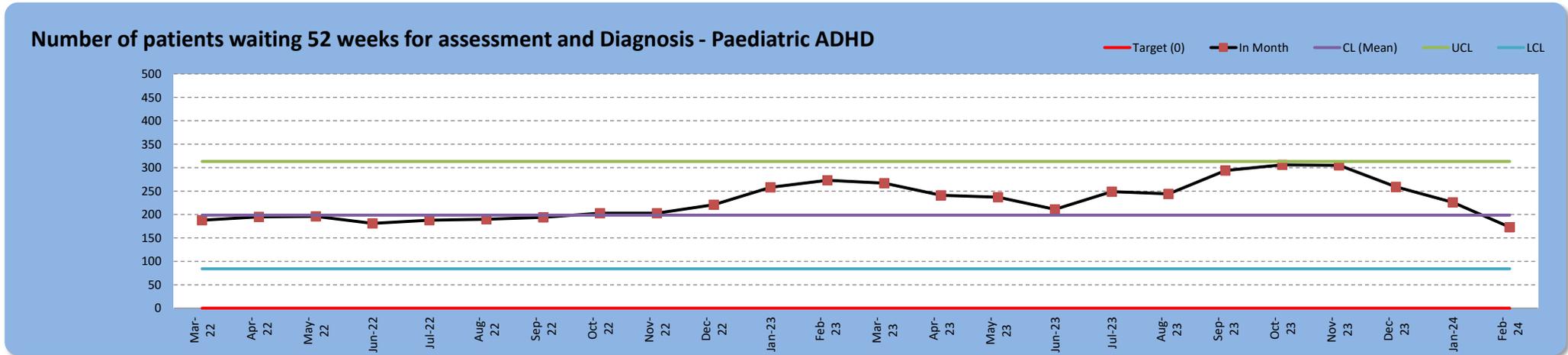
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:** **February 2024**

| | Target: | Amber: | Current month 6 weeks stands at: | Target: | Amber: | Current month 18 weeks stands at: |
|---|---|---|---|---|---|---|
| | 75% | 70% | 93.6% | 95% | 85% | 99.6% |

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

### NHS East Riding Talking Therapies - 6 weeks

Target — In Month — CL (Mean) — UCL — LCL



### NHS East Riding Talking Therapies - 18 weeks

Target — In Month — CL (Mean) — UCL — LCL

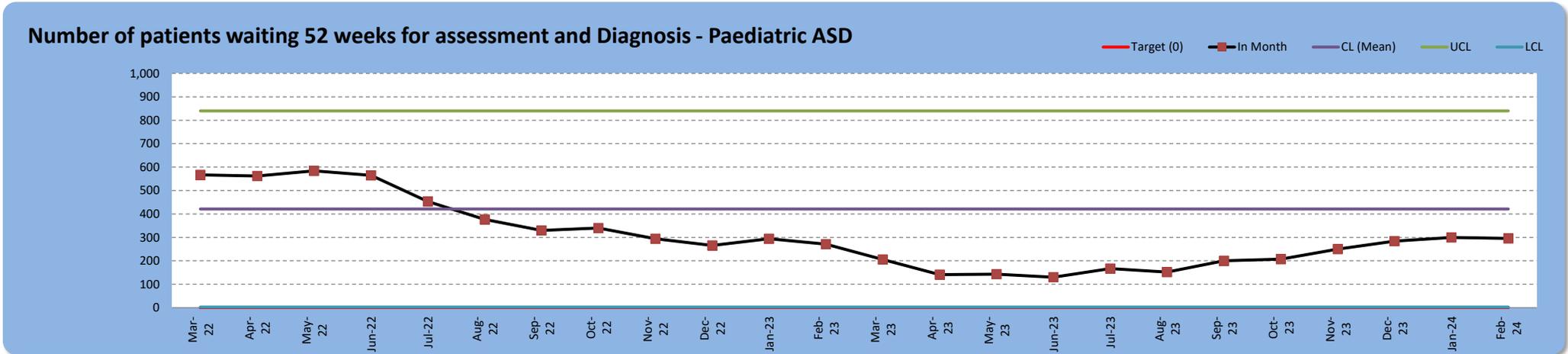**Please refer to the accompanying front sheet/report for any relevant commentary**
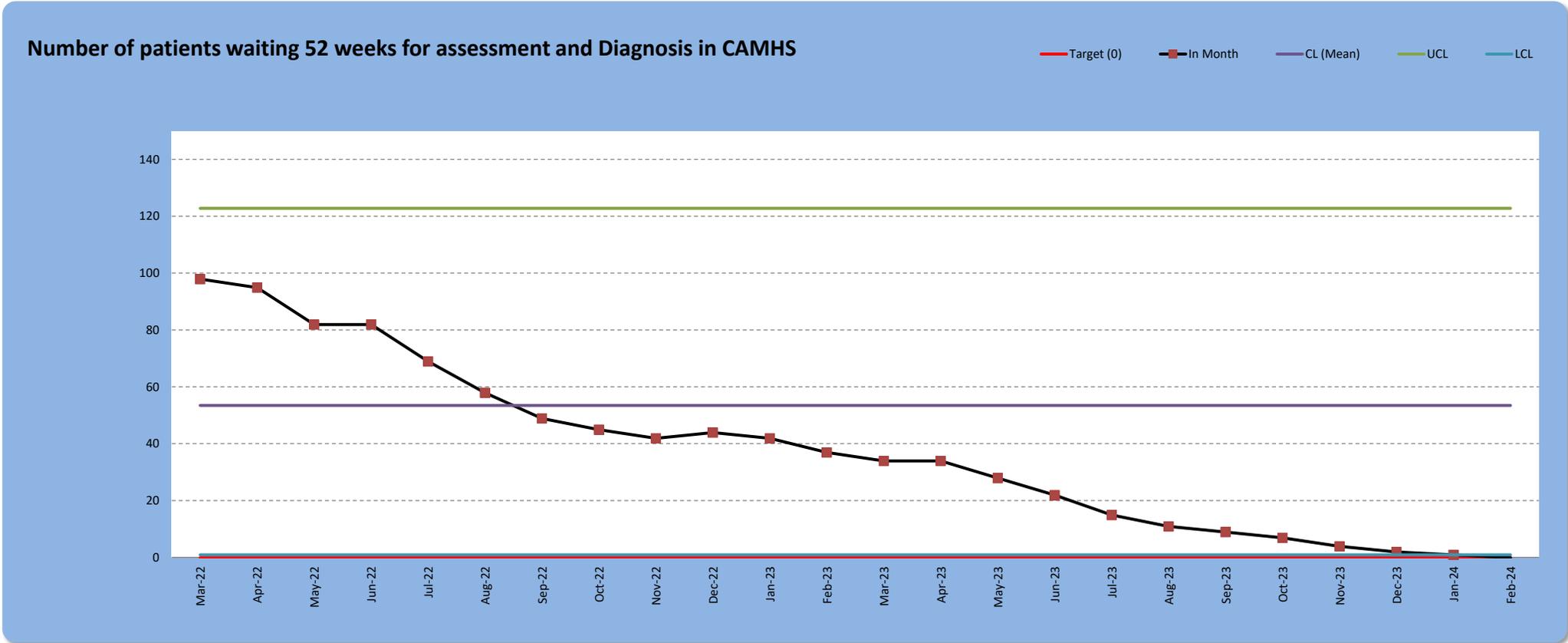
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:** February 2024

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | 50% | 45% | 64.1% |

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



NHS East Riding Talking Therapies - Moving to Recovery

Legend: Target — In Month — CL (Mean) — UCL — LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**
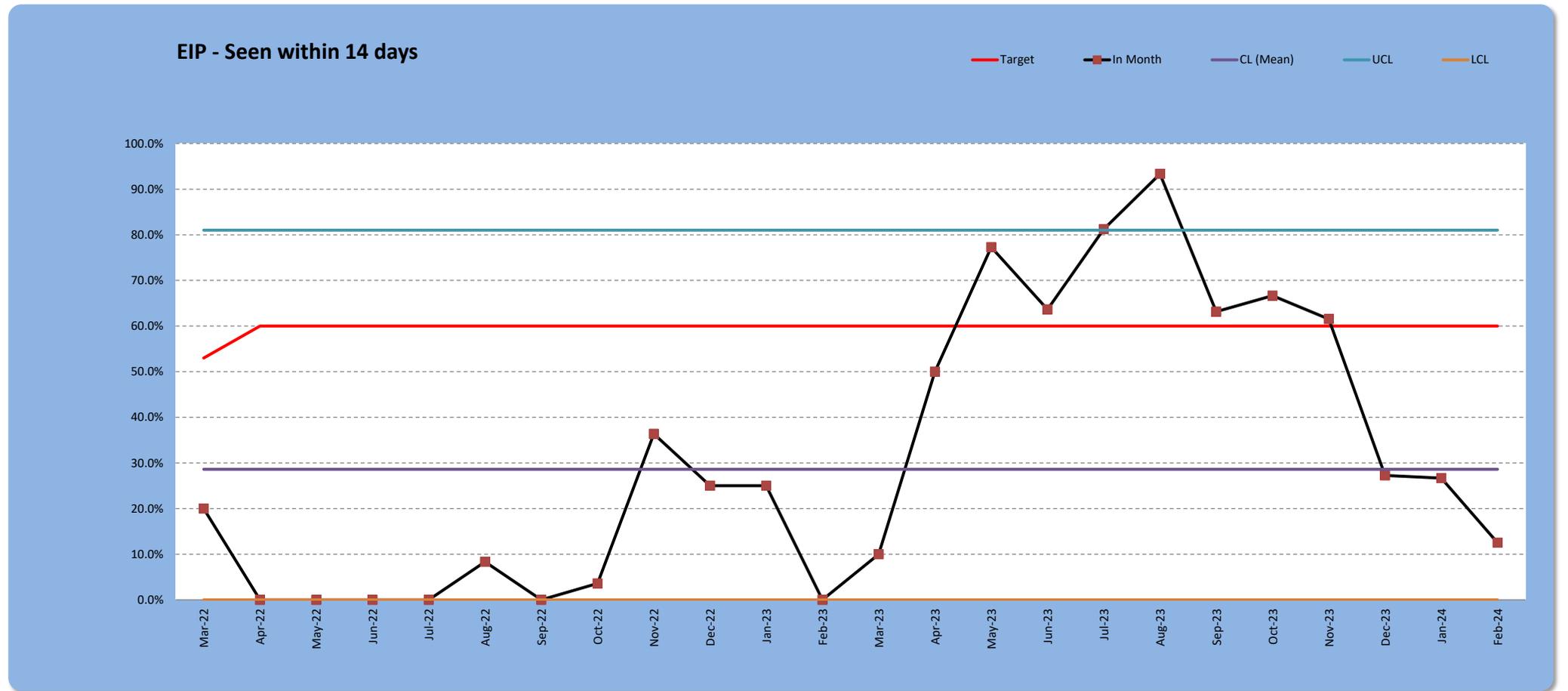
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:** February 2024

| | Target: | Amber: | Current month stands at: |
|---|---|---|---|
| | TBC | TBC | 7620 |

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



CMHT Access

Legend: In Month, CL (Mean), UCL, LCL

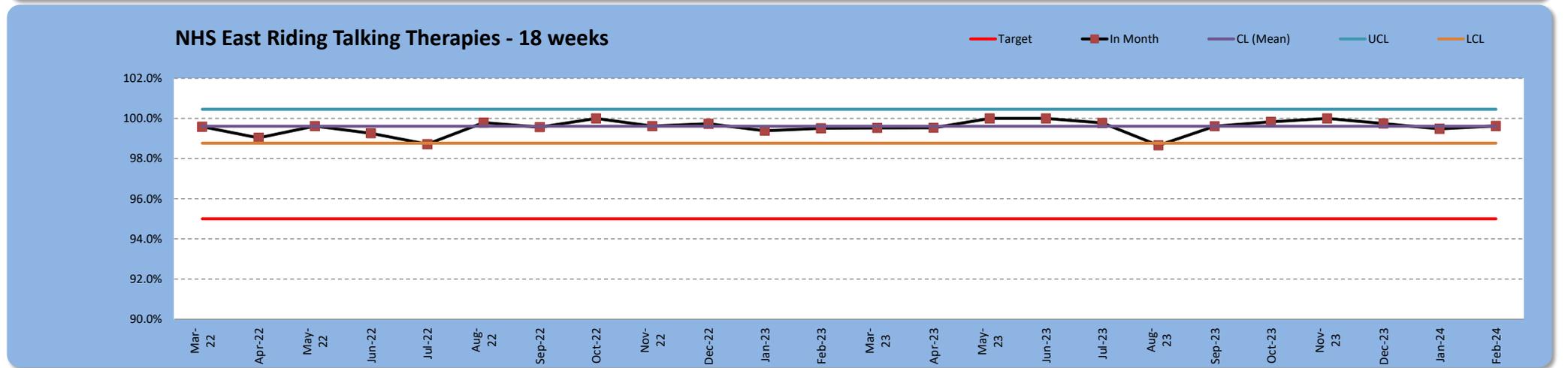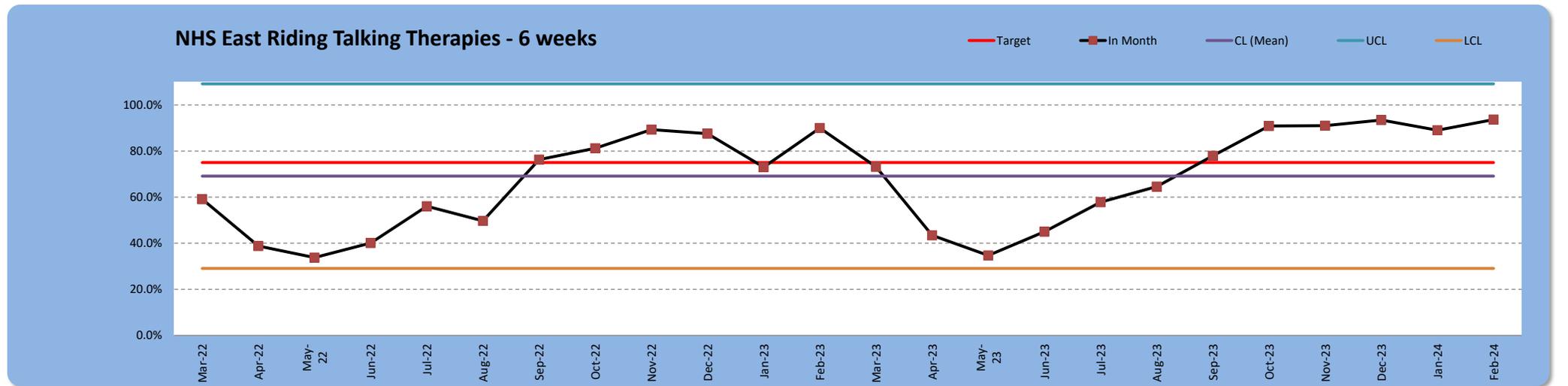**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:**     **February 2024**

| Target: | Amber: | Current month stands at: |
|---------|--------|--------------------------|
| TBC | TBC | 5820 |

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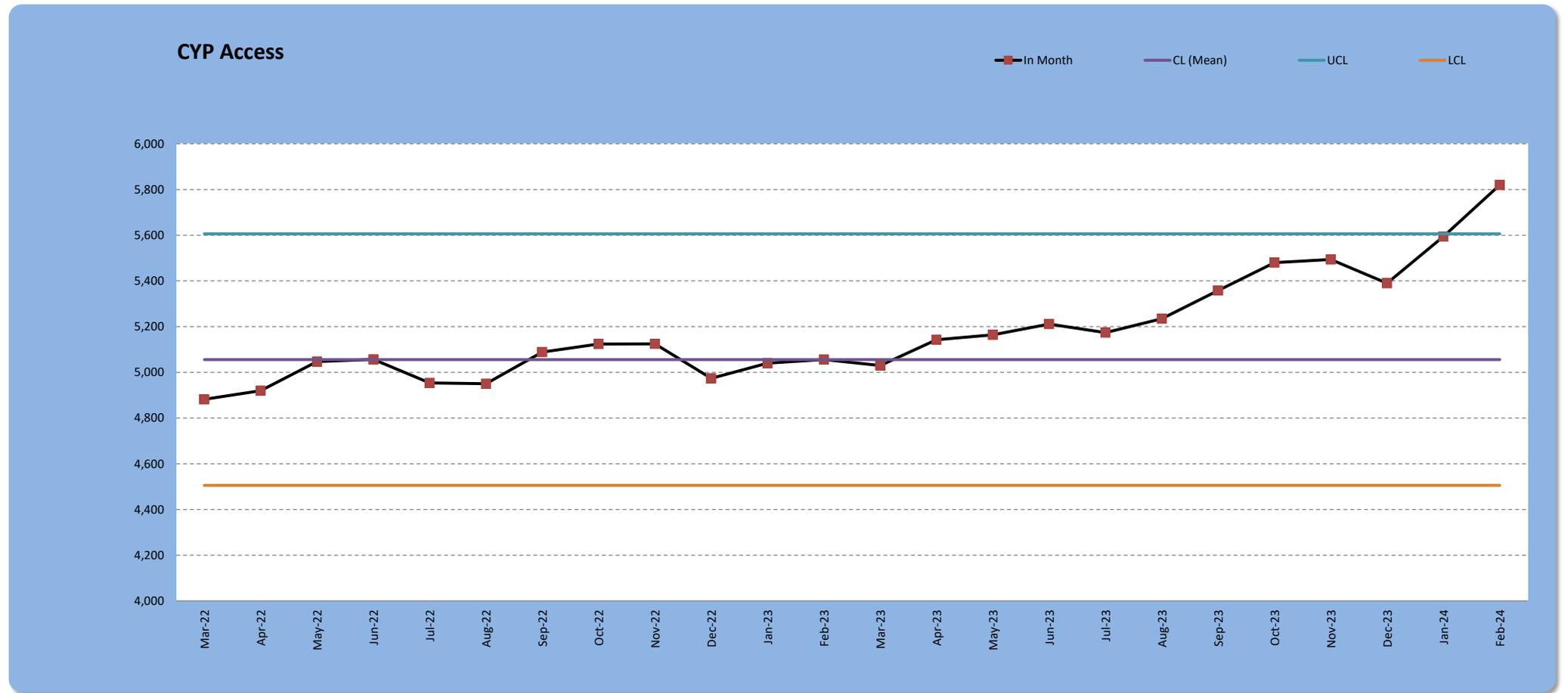


CYP Access — In Month, CL (Mean), UCL, LCL

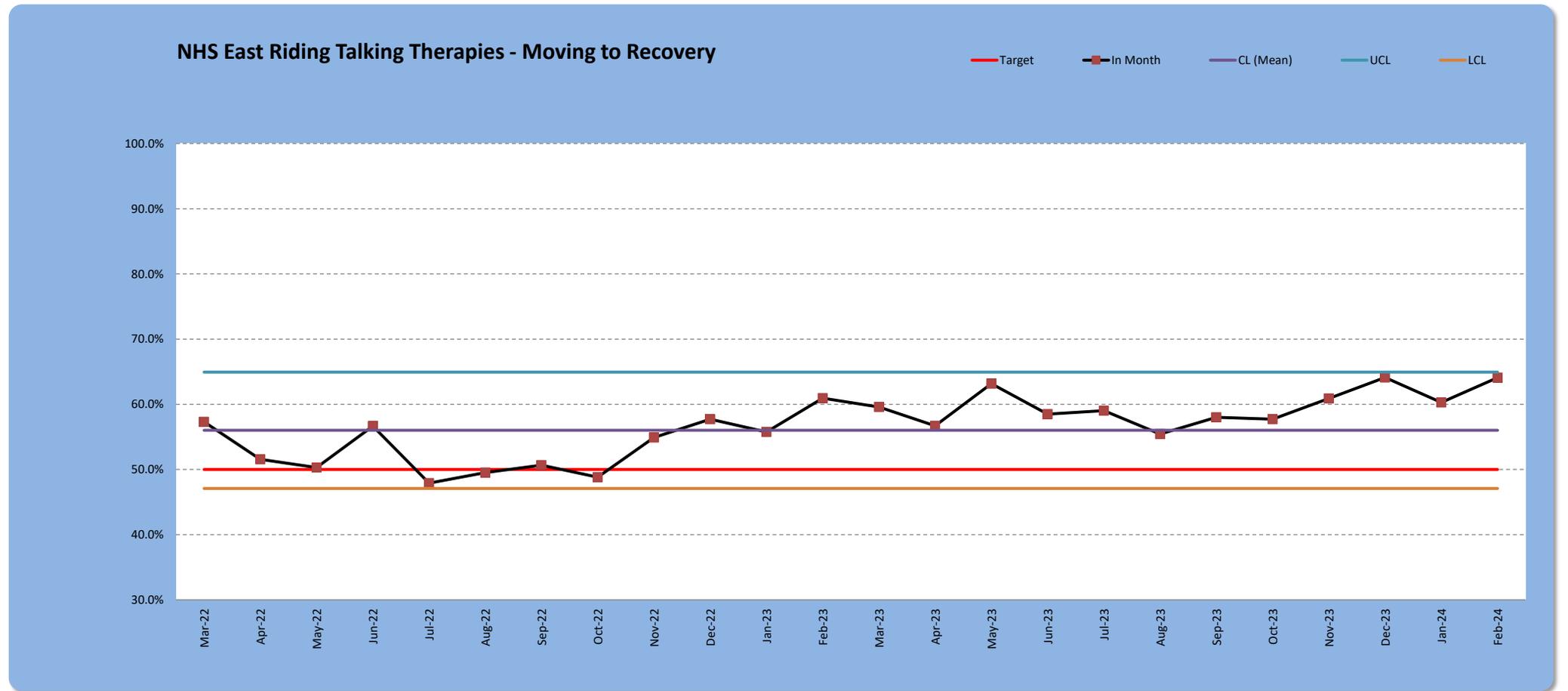**Please refer to the accompanying front sheet/report for any relevant commentary**
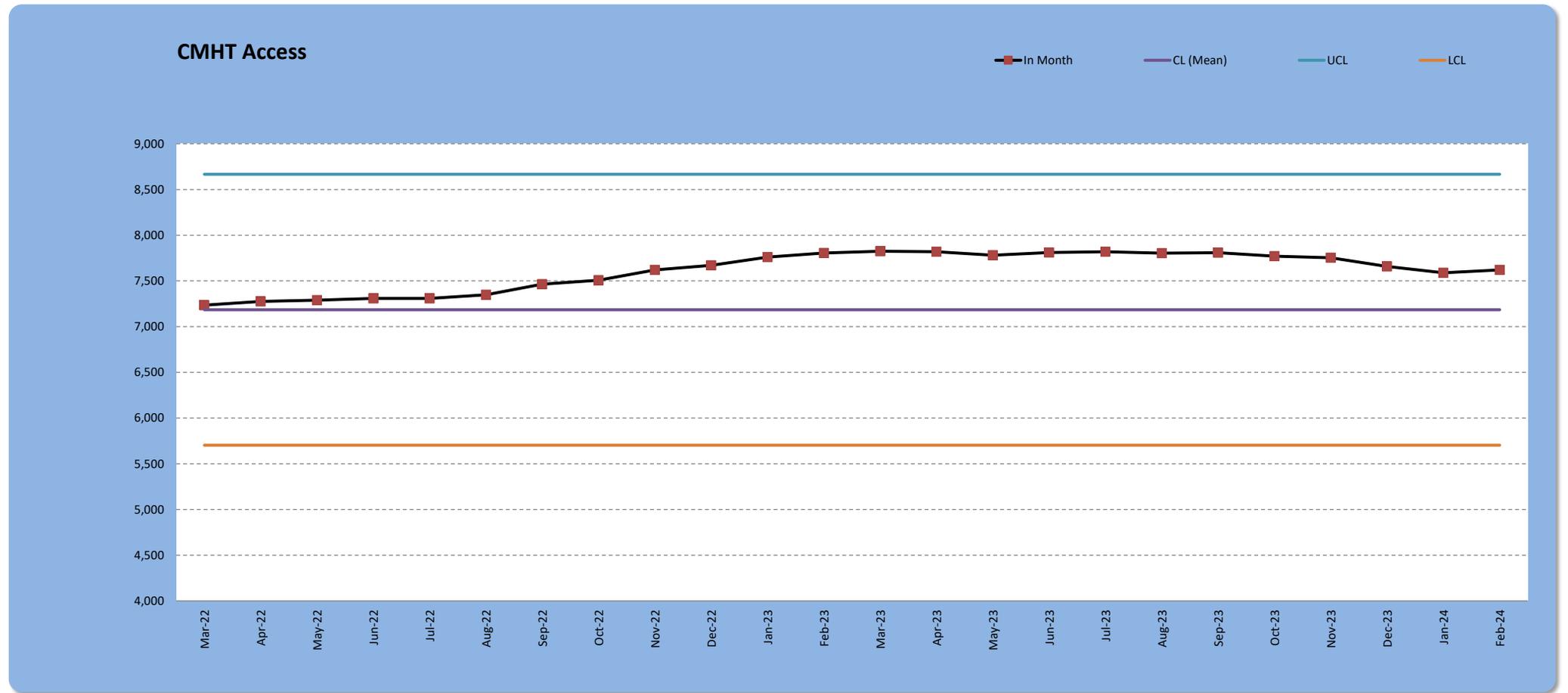
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

**For the period ending:**     **February 2024**

| Target: | Amber: | Current month stands at: |
|---------|--------|--------------------------|
| TBC | TBC | 561 |

| Indicator Title | Description/Rationale | | KPI Type |
|-----------------|----------------------|---|----------|
| **Perinatal Access - rolling 12 months** | Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months *(Hull and East Riding only)* | **Executive Lead** **Lynn Parkinson** | MHS91 |
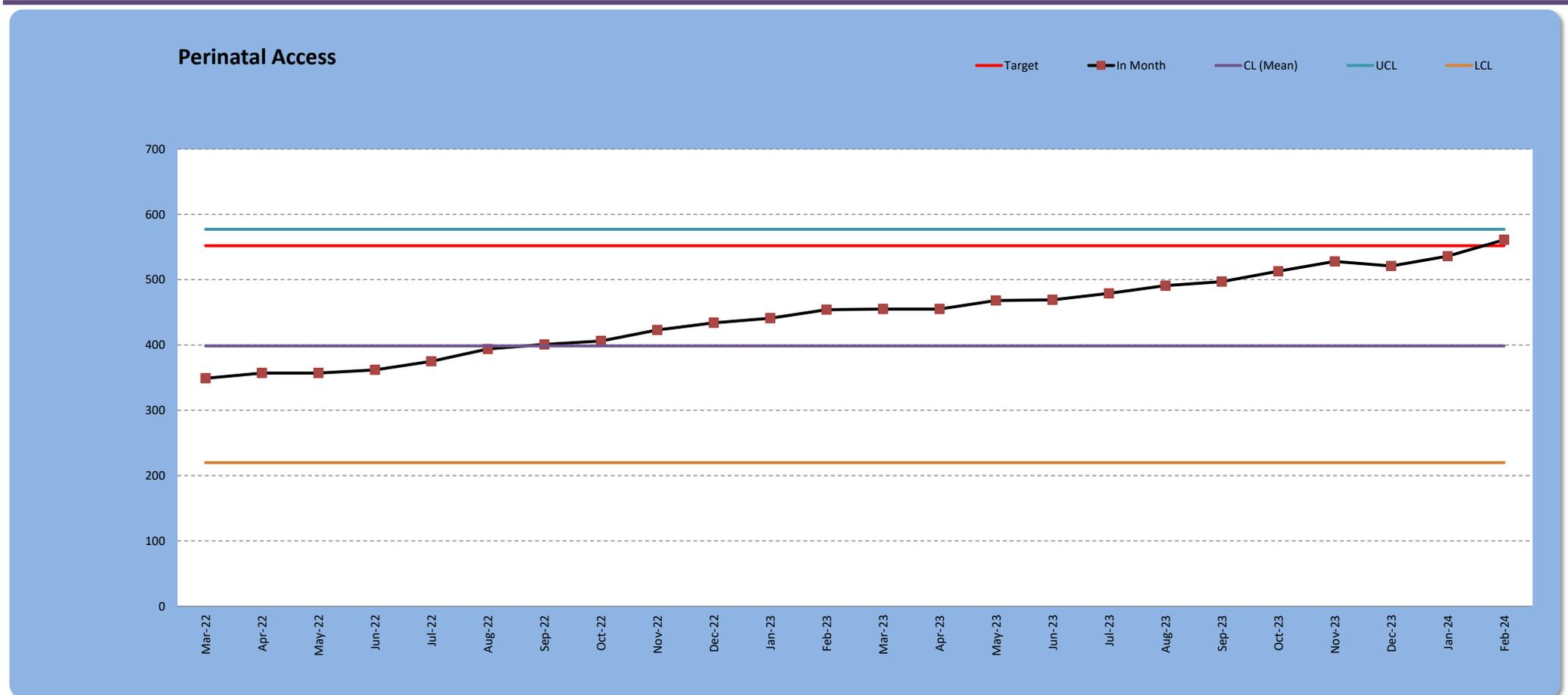


**Perinatal Access**

Legend: Target — In Month — CL (Mean) — UCL — LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 3 : Fostering Integration, Partnership and Alliances

**For the period ending:** February 2024

| | Target: | Amber: | Patients OoA within month: |
|---|---|---|---|
| | 0 | 0 | 11 |

| Split: | # days | # patients |
|---|---|---|
| **Adult** | 0 | 0 |
| **OP** | 78 | 4 |
| **PICU** | 146 | 7 |

**KPI Type**

| Indicator Title | Description/Rationale | Executive Lead<br>Lynn Parkinson | ST 4b |
|---|---|---|---|
| Out of Area Placements | Number of days that Trust patients were placed in out of area wards | | |



Out of Area Placements - Days

Legend: —Target  —■—In Month  —CL (Mean)  —UCL  —LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 3 : Fostering Integration, Partnership and Alliances

**For the period ending:** February 2024

| Indicator Title | Description/Rationale | | KPI Type |
|---|---|---|---|
| **Out of Area Placements** | Number of days that Trust patients were placed in out of area wards - split by service | **Executive Lead**<br>**Lynn Parkinson** | ST 4 split |
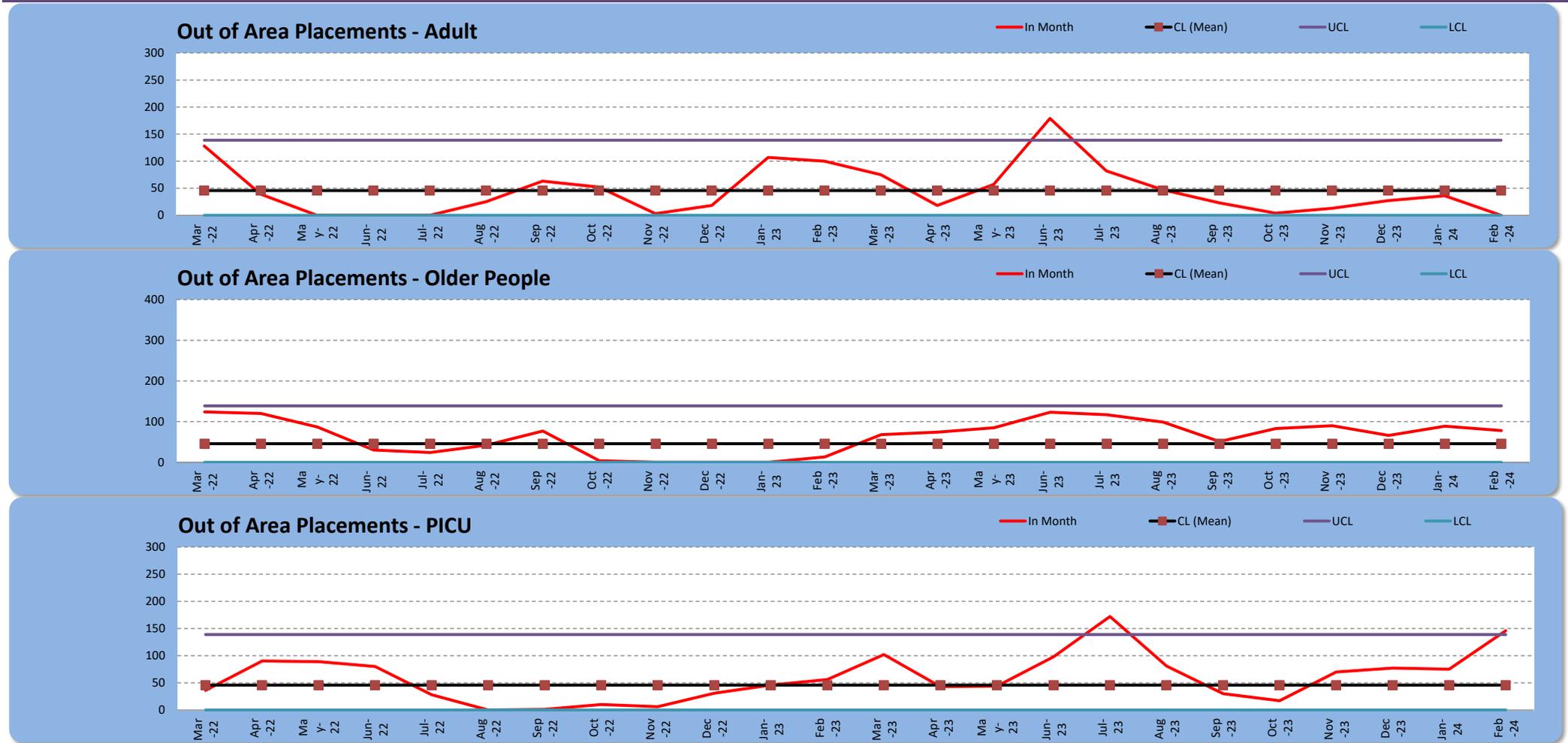
### Out of Area Placements - Adult

In Month — CL (Mean) — UCL — LCL



### Out of Area Placements - Older People

In Month — CL (Mean) — UCL — LCL



### Out of Area Placements - PICU

In Month — CL (Mean) — UCL — LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 3 : Fostering Integration, Partnership and Alliances

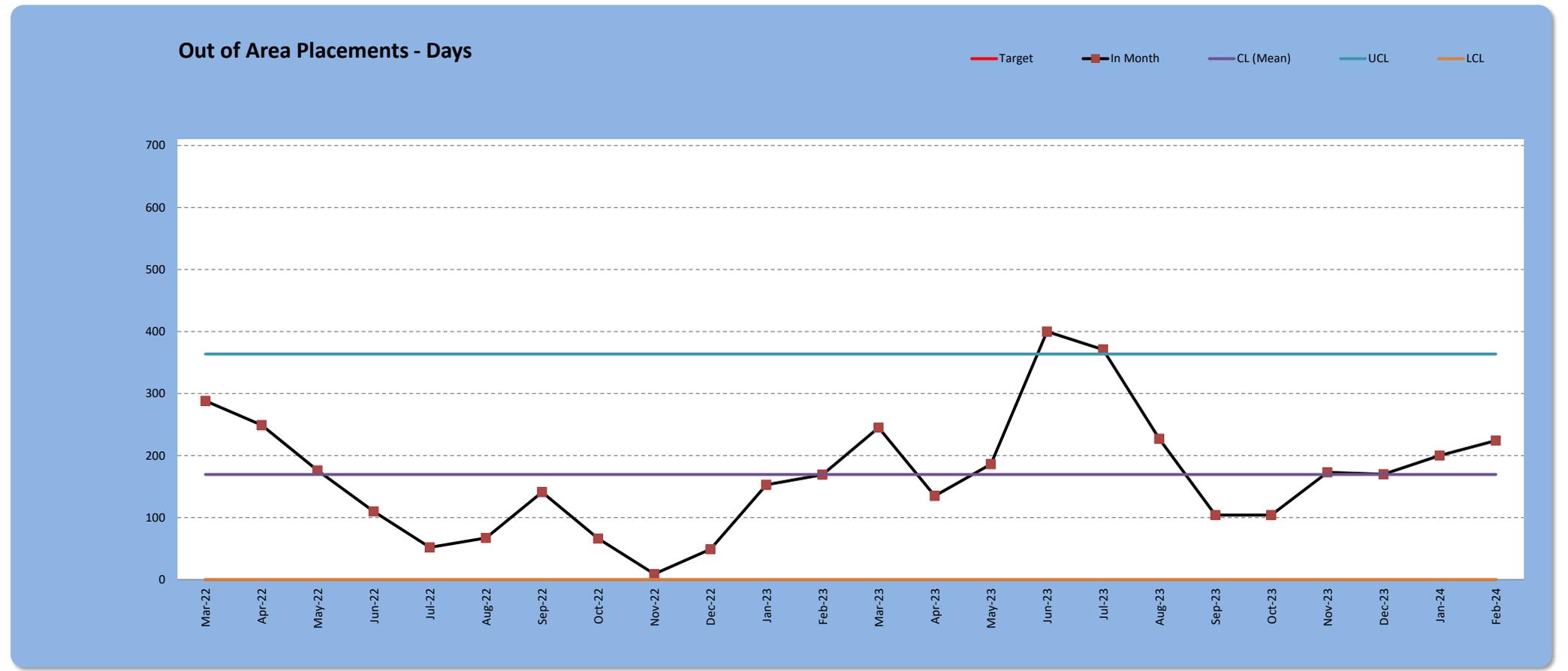**For the period ending:** February 2024

| Target: | Amber: | Current month stands at: |
|---------|--------|--------------------------|
| 7.5% | 7.0% | 7.7% |

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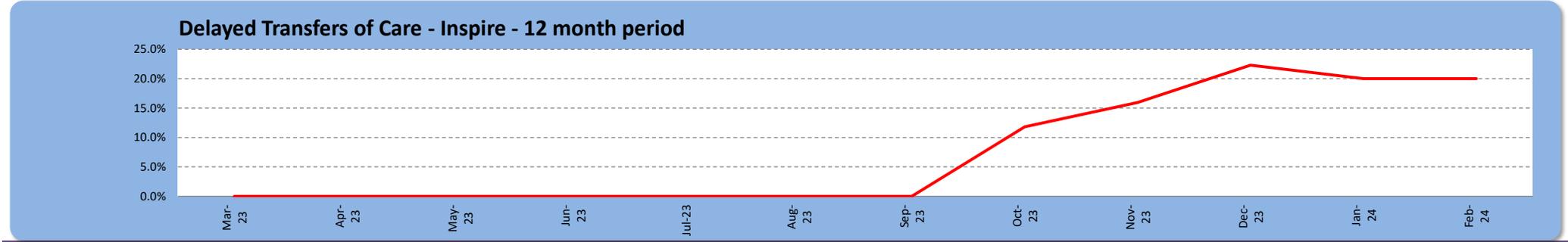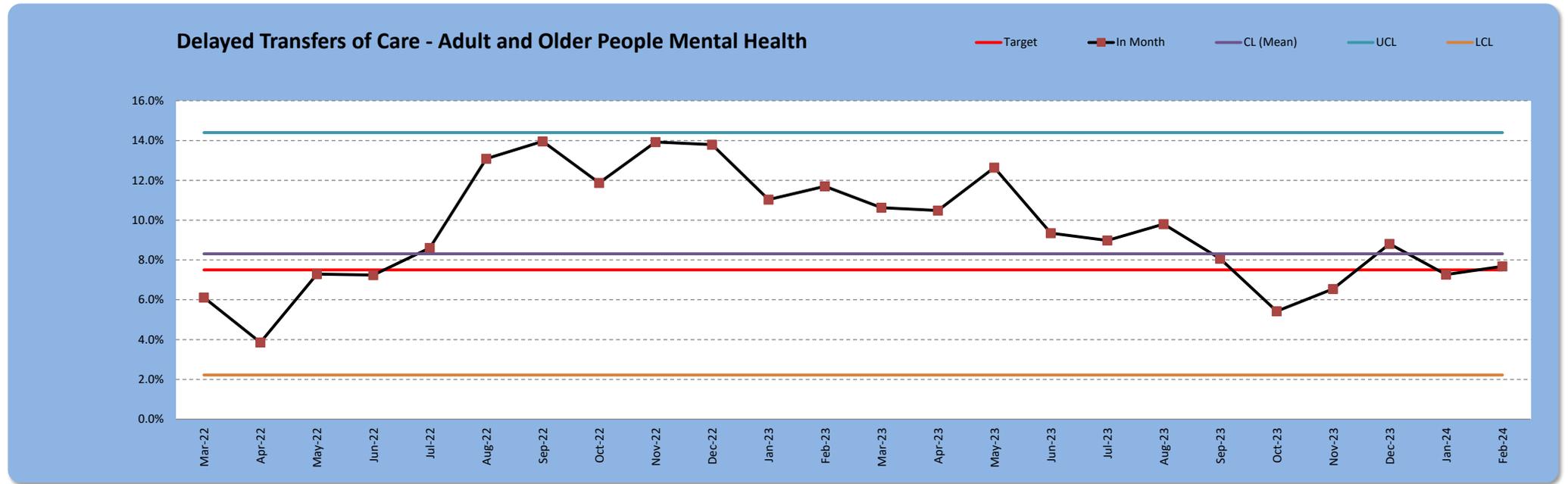


Delayed Transfers of Care - Adult and Older People Mental Health



Delayed Transfers of Care - Inspire - 12 month period

**Please refer to the accompanying front sheet/report for any relevant commentary**

# PI RETURN FORM 2023-24

## Goal 4 : Developing an Effective and Empowered Workforce

**For the period ending:** February 2024

| Target: | Amber: | Current month stands at: |
|---|---|---|
| 5.0% | 5.2% | 5.3% |

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



**Total Sickness Absence**

Legend: Target, In Month, CL (Mean), UCL, LCL, Excluding Covid



**Total Sickness Absence (Rolling 12 months)**

Legend: Target, In Month, Excluding Covid, CL (Mean), UCL, LCL

**Please refer to the accompanying front sheet/report for any relevant commentary**
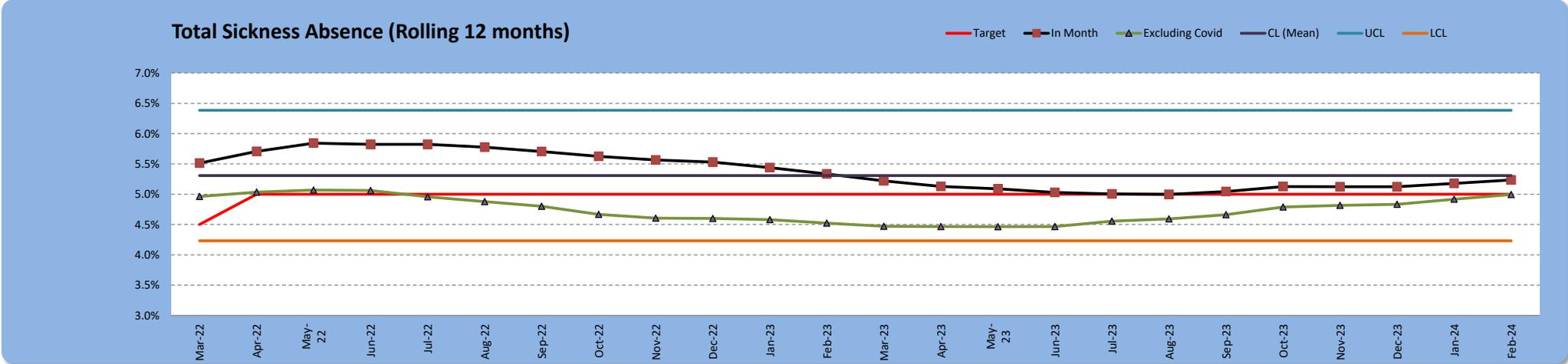
# PI RETURN FORM 2023-24

## Goal 4 : Developing an Effective and Empowered Workforce

**For the period ending:** **February 2024**

| | Target: | Amber: | Current month stands at: | Target: | Amber: | Rolling figure stands at: |
|---|---|---|---|---|---|---|
| | 0.8% | 0.7% | 0.8% | 10% | 9% | 12% |

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



Staff Turnover - Monthly



Staff Turnover - Rolling 12 months

**Please refer to the accompanying front sheet/report for any relevant commentary**

**NHS**
**Humber Teaching**
**NHS Foundation Trust**
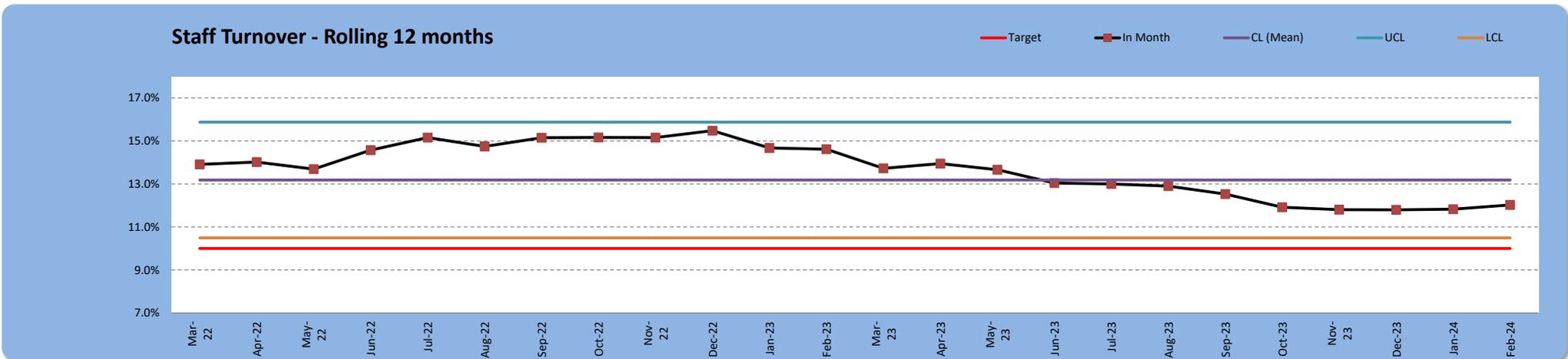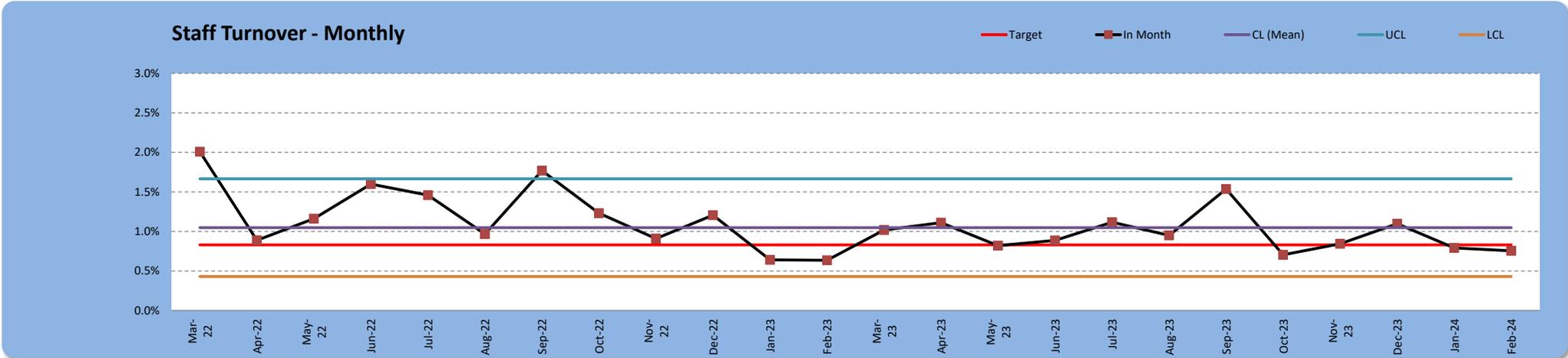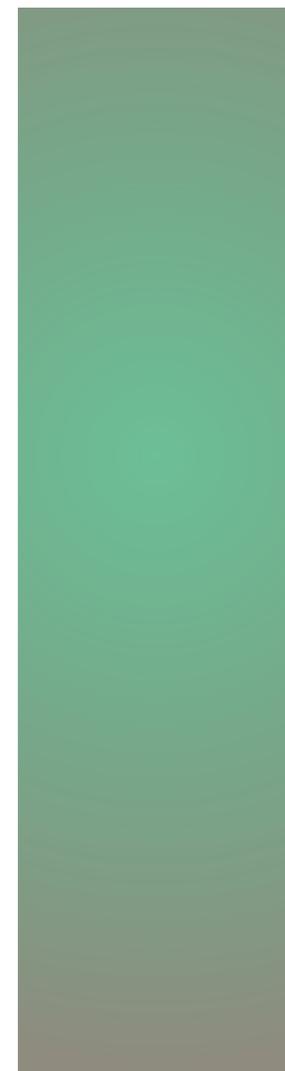
Executive Team:

| | |
|---:|:---|
| Chief Executive: | Michele Moran |
| Chair: | Caroline Flint |
| Chief Operating Officer: | Lynn Parkinson |
| Director of Finance: | Peter Beckwith |
| Director of Workforce and Organisational Development: | Steve McGowan |
| Medical Director: | Kwame Fofie |
| Director of Nursing: | Hilary Gledhill |

**Issue Date:**     15/03/2024

Caring, Learning
& Growing Together

| Title & Date of Meeting: | Council of Governors Public Meeting – 18th April 2024 | | | |
|---|---|---|---|---|
| Title of Report: | Finance Report February 2024 | | | |
| Author/s: | Name: Peter Beckwith<br>Title: Director of Finance | | | |
| Recommendation: | To approve | | To discuss | |
| | To note | ✓ | To ratify | |
| | For assurance | | | |
| | The Council of Governors are asked to note the Finance report and comment accordingly. | | | |
| Purpose of Paper: | This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period December 2023 to February 2024.<br><br>This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought. | | | |

Key Issues within the report:

**Positive Assurances to Provide:**
- The Trust achieved a breakeven position at the end of Month 11.
- The Trust are forecasting to deliver a break even position for the year.
- The cash balance at the end of Month 11 was £25.158m.
- The Better Payment Practice Code figures show achievement of 92.9%.

**Key Actions Commissioned/Work Underway:**
- Work on year end and accounts continues.

**Key Risks/Areas of Focus:**
- None.

**Decisions Made:**
- The Council of Governors are asked to note the Finance report and comment accordingly.

| Governance: | | Date | | Date |
|---|---|---|---|---|
| | Appointments, Terms & Conditions Committee | | Engaging with Members Group | |
| | Finance, Audit, Strategy | | Other (please detail) | 18.4.24 |

Caring, Learning & Growing Together

| | and Quality Governor Group | | Quarterly report to Council | | |
|---|---|---|---|---|---|
| | Trust Board | | | | |

**Monitoring and assurance framework summary:**

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

**Council of Governors**
**Finance Update Report (February 2024)**

## 1.      Introduction

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period December 2023 to February 2024.

## 2.      System Context

### 2.1    System Month 10 Position

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

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

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

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

*Table: ICS Financial Position Month 10*

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

The ICS are continuing to forecast the planned £30m deficit plus £5.8m of Industrial Action costs incurred in December 2023 and January 2024.

Following a full review of risks and mitigations at the end of January 2024 the system has residual risk of £4.2m that will require management and mitigation to deliver this forecast.

**2.2    Cash Support**

NHS England have wrote to the ICB to confirm that the planned deficit for the year (£30m) will be the subject of cash funding released into the ICB, this funding is expected to be released to the bottom line which should then return the ICS to a breakeven position.

The current view in relation to cash and organisation positions, is that if the ICS is in balance overall that each organisation in the ICS should also be in financial balance and the distribution of non recurrent resource should be used to achieve this outcome.

This non recurrent funding will be excluded from any assessment of the ICS financial performance for the year and as such will still form part of the business rules and be repayable in 2025/26 and future years, alongside previous deficits.

The current indication is that £20m of deficit will be repayable by the ICS in 2025/26, this is the equivalent of 0.5% of the allocation.

**2.    Trust Position as at 29th February 2024**

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

Table 1 shows for the period ended to 29th February 2024 the Trust recorded a breakeven position, consistent with its submitted plan.

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

| | | December 2023 £000 | January 2024 £000 | February 2024 £000 |
|---|---|---|---|---|
| | | | | |
| Income | | 141,402 | 141,883 | 155,659 |
| *Less: Expenditure* | | 134,589 | 134,145 | 146,789 |
| **EBITDA** | | **6,813** | **7,738** | **8,870** |
| | | | | |
| Finance/Technical Items | | 6,834 | 7,090 | 10,359 |
| | | | | |
| **Ledger Position:** | | **(21)** | **648** | **(1,489)** |
| Excluded items: | | (21) | 648 | (1,489) |
| **Net Position Surplus/(Deficit)** | | **-** | **-** | **-** |
| | | | | |
| **EBITDA** | | **4.8%** | **5.5%** | **5.7%** |
| **Deficit (-%)/Surplus %** | | **0.0%** | **0.0%** | **0.0%** |

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

Key variances are explained in the following paragraphs:

### 2.1 Children's and Learning Disability

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

### 2.2 Community and Primary Care

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

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

### 2.3 Mental Health

The division is showing an overspend of £1.566m. There are pressures within the Unplanned service division within Inpatient Units due to the acuity of patients and delayed transfers of care which require increased safer staffing

numbers and within the Adult Mental Health Crisis Team due to the increasing demand on the service and the need to cover vacancies with Agency or additional subcontracted support. Within the Planned service there are pressures regarding Medical Staffing and the use of Agency Medics.

**2.4    Forensic Services**

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

**2.5    Corporate Services Expenditure**

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

**2.6    Forecast**

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

**3.    Cash**

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

Cash balances across the reporting period are summarised below:

<span style="color:red">**Table 2:  Cash Balance**</span>

| | | December 2023 £000 | January 2024 £000 | February 2024 £000 |
|---|---|---|---|---|
| Government Banking Service | | 27,730 | 24,471 | 25,133 |
| Nat West | | 6 | 80 | (8) |
| Petty Cash | | 34 | 34 | 34 |
| **Net Position** | | **27,770** | **24,585** | **25,159** |

## 5. Better Payment Practice Code (BPPC)

The BPPC figures are shown in the Table below. The current position is 92.9% for Non NHS and 93.8% for NHS.

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

**Table 3: Better Payment Practice Code**

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

## 6. Recommendations

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

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

| Title & Date of Meeting: | Council of Governors Public Meeting– 18th April 2024 | | | |
|---|---|---|---|---|
| Title of Report: | 2023 PLACE Results | | | |
| Author/s: | Peter Beckwith, Director of Finance<br>Jayne Morgan, Patient Environment Manager | | | |
| Recommendation: | To approve | | To discuss | |
| | To note | √ | To ratify | |
| | For assurance | | | |
| Purpose of Paper: | The purpose of this report is to provide the Council of Governors with the results from the 2023 Patient Led Assessment of the Care Environment (PLACE) and a summary of the actions being taken. | | | |

**Key Issues within the report:**

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

| Governance: | | Date | | Date |
|---|---|---|---|---|
| | Appointments, Terms & Conditions Committee | | Engaging with Members Group | |
| | Finance, Audit, Strategy and Quality Governor Group | | Other (please detail) Quarterly report to Council | 18.4.24 |
| | Trust Board | | | |

**Monitoring and assurance framework summary:**

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

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

## 1 Introduction and Purpose

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

## 2 Background

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

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

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

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

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

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

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

## 3 Process

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

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

## 4 National Results

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

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

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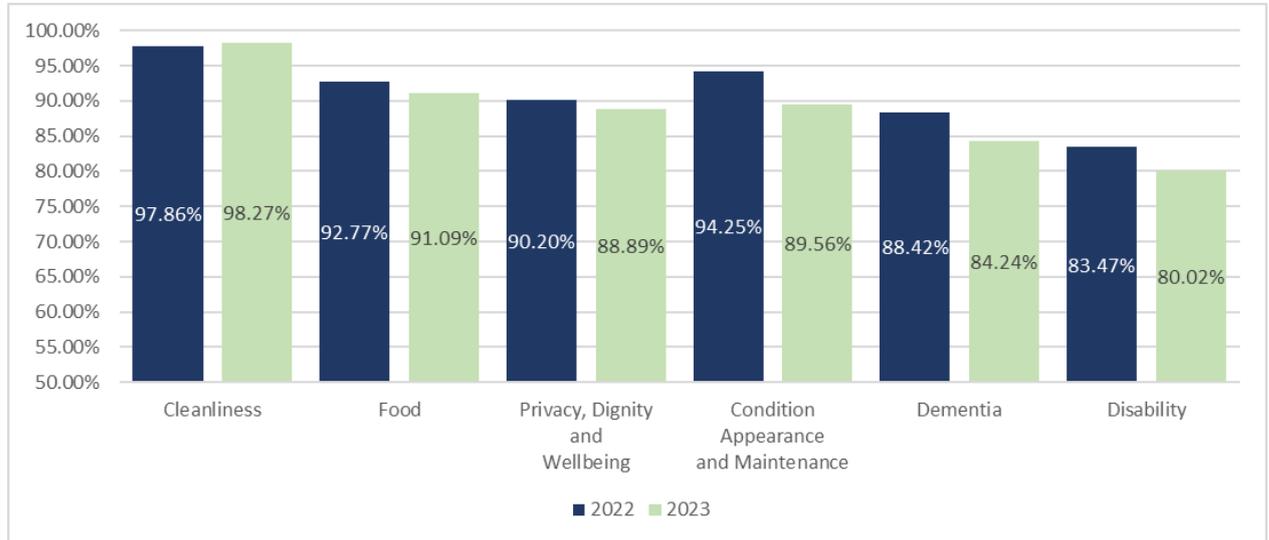


## 5 Organisational Scores

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

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

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

### 5.1    Food

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

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

### 5.2    Condition, Appearance and Maintenance

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

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

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

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

### 6       Next Steps

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

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

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

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

### 7       Recommendation

The Council of Governors are asked to note the report and actions been taken.

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

# NHS
## Humber Teaching
### NHS Foundation Trust

# BEING
# HUMBER

**Caring, Learning
& Growing Together**

# Our Behavioural
# Standards

# WHY HAVE BEHAVIOURAL STANDARDS?

We want Humber Teaching NHS Foundation Trust to be 'a provider of high quality services' and 'a great place to work'.

**As an organisation we are committed to Caring, Learning and Growing and passionate about supporting our colleagues to be healthy, engaged and empowered to make a difference. Everyone who works for the Trust plays a part in achieving this.**

This framework sets out the behaviours expected of all colleagues which are not explicitly described in our job description. The personal skills and attributes around 'how' we are expected to approach our work should be combined with professional and technical skills to inform every action we take.

# OUR MISSION, VISION AND VALUES

## OUR MISSION

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

## OUR VISION

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

## OUR VALUES

**Caring** for people whilst ensuring they are always at the heart of everything we do.

**Learning** and using proven research as a basis for delivering safe, effective and integrated care.

**Growing** our reputation for being a provider of high-quality services and a great place to work.

## OUR GOALS

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

# EXPECTATIONS AT A GLANCE

- BE OPEN AND HONEST
- BE PROUD OF THE ROLE YOU DO AND HOW THIS CONTRIBUTES TO PATIENT CARE
- VALUE THE CONTRIBUTION OF EVERYONE
- BE FRIENDLY AND WELCOMING
- SHARE LEARNING WITH OTHERS
- RECOGNISE DIVERSITY AND CELEBRATE THIS
- TEAM WORKING ACROSS ALL AREAS
- SEEK OUT AND ACT ON FEEDBACK
- ENSURE ALL OUR ACTIONS CONTRIBUTE TO SAFE CARE AND A SAFE WORKING ENVIRONMENT
- COMMUNICATE EFFECTIVELY: LISTEN TO OTHERS AND SEEK CLARITY WHEN NEEDED
- PUT PATIENTS AT THE CENTRE OF ALL WE DO
- SHOW SUPPORT TO BOTH COLLEAGUES AND PATIENTS
- RESPECT SHOWN TO EVERYONE

| WHAT WE EXPECT TO SEE AND HEAR | WHAT WE DON'T EXPECT TO SEE AND HEAR |
|---|---|
| **Being friendly and welcoming** | **Unfriendly behaviour and ignoring people** |
| Simply introduce yourself. | No introductions, including avoiding eye contact with individuals. |
| • Explaining who you are and telling them your role helps to put people at ease<br>• Smiling, making eye contact, using open body language and appropriate tone of voice helps in building rapport with people | • Closed body language where you appear unapproachable and rude<br>• This can make people feel vulnerable and invisible. It is inappropriate to ignore people even if you are not the person they need to speak to. It creates a bad impression |
| **Respect shown to and for everyone** | **Disrespectful behaviour including that which constitutes bullying, harassment or discrimination** |
| Show empathy, put yourself in their shoes (patients and colleagues) to try to see things from their perspective i.e., understand how they are feeling, their roles and pressures. | Ignoring what the other person is saying and showing no regard for how they are feeling or their perspective. |
| • Talk directly with people about their care and any issues you are dealing with<br>• Use appropriate language<br>• Treat others as they wish to be treated<br>• Have an awareness of the different cultural needs and beliefs and provide appropriate resources and support | • Gossiping and talking about people 'behind their back' or talking over people<br>• Aggressive behaviour<br>• Any behaviour which is humiliating or offensive to others and constitutes bullying or harassment<br>• Any use of bad language |

| WHAT WE EXPECT TO SEE AND HEAR | WHAT WE DON'T EXPECT TO SEE AND HEAR |
|---|---|
| **Act professionally always**<br><br>Present yourself in a professional way, in how you speak to people and your dress code.<br><br>• Follow our Trust policies<br>• Make sure confidentiality is always maintained, be aware of where you're having conversations and the information you have access to<br>• Speak up and escalate concerns appropriately, either about unsafe practice or inappropriate behaviour<br>• Be open to challenge and welcome feedback from others<br>• Regularly review your performance against feedback to ensure you are doing the best in your role and working within current practices | **Unprofessionalism**<br><br>Being disrespectful to people. Not following the appropriate dress code.<br><br>• Inappropriate conduct or failure to follow policies and processes causes undue worry for patients and colleagues<br>• Breaching confidentiality by discussing patient or colleagues information including leaving documentation visible on desks or in an open environment<br>• Criticising others for speaking up on behalf of patient safety and any inappropriate behaviour<br>• Ignoring feedback provided and refusing to take issues on board or make changes to behaviour<br>• Continue to work as you have done rather than reviewing performance and ensuring you are working within current practices<br>• Bringing personal issues into the workplace and letting them interfere with your work |

| WHAT WE EXPECT TO SEE AND HEAR | WHAT WE DON'T EXPECT TO SEE AND HEAR |
|---|---|
| **Put patients at the centre of all we do**<br><br>Care is provided at the right time, by the right people in the right way.<br><br>• Patients are involved in decisions about their care<br>• Time taken to really care<br>• Time taken to really listen to patients and respond to their needs<br>• Engage with the patient's family or carer<br>• Care provided with compassion and empathy<br>• Information provided to patients in a timely way, keeping them updated about what is happening with their care<br>• Engage with all members of the multi-disciplinary team to provide care<br>• Focus on quality of care being given and seek assistance when required | **Patients are not seen as important**<br><br>Patients and families are ignored and treated unfairly.<br><br>• Decisions are made for patients without their involvement<br>• Apathy, lack of compassion giving the impression you don't care and saying you are too busy to help<br>• A lack of communication with the patient and their family or carer/s<br>• Putting individual agendas before patient care<br>• Lack of or no information provided to patients, so they are left wondering what is happening<br>• Your mood affecting how you treat patients<br>• Ignoring other team members involved in the patients care, not working together or passing on essential information regarding the care |
| **Value the contribution of everyone in the team**<br><br>Value and recognise, through praise, the contribution everyone makes to the team<br><br>• Share compliments - tell people when they have done a good job and make sure you pass on compliments you have heard and received<br>• Recognise good practice and behaviour<br>• Acknowledge ideas and encourage individuals to try new ways of working and practising<br>• Celebrate success of everyone<br>• Provide feedback to colleagues when things are going well and when they aren't | **Colleagues are not valued**<br><br>Ignore and fail to recognise the contribution everyone makes to the team<br><br>• Compliments are not shared, and feedback not given to team members<br>• Ideas are either dismissed or not encouraged<br>• Feedback only given when things aren't going well and given in public, causing humiliation<br>• Patronising and judgemental behaviour, including belittling team members<br>• Ignoring the achievements and successes made by the team and team members |

| WHAT WE EXPECT TO SEE AND HEAR | WHAT WE DON'T EXPECT TO SEE AND HEAR |
| --- | --- |
| **Effective communication** | **Ineffective communication** |
| Communicate effectively in face-to-face, telephone and written interactions. | Communication is unclear or blunt and lacks empathy. |
| • Show empathy and understanding of your message and consider how it will be taken on board<br>• Keep people informed ensuring communication is timely, is delivered using the most appropriate method and language people understand<br>• Active listening, take time to really listen so the person talking to you really knows you are hearing what they have to say<br>• Show patience and understanding, take time to really understand what someone is trying to tell you so we can take intelligent action as a result<br>• Encourage everyone to have a voice<br>• Give everyone a chance to ask all their questions, remembering there is no such thing as a 'daft question'<br>• To make the most of virtual meetings I have my camera on and participate to the best of my ability | • People are not kept informed, and communication is done in a way which is easiest for you<br>• Jargon, abbreviations, terminology, and language is used which people may not understand<br>• No time taken to listen<br>• No opportunity given for questions which may leave people feeling anxious or unclear<br>• Interrupting people inappropriately in interactions |
| **Open and honest in your actions** | **Being dishonest** |
| • Take responsibility for your own work and tasks<br>• Take responsibility for your own actions<br>• Honesty when things go wrong, take ownership and accountability<br>• Keep promises you make following them through | • Blaming others when things go wrong, taking no ownership for your actions<br>• Failing to keep promises or make empty promises |

# Contact us

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