

**Council of Governors
Public Meeting – Thursday 15 October 2026**

For a meeting to be held at, 10.30am – 1.00pm
in the Lecture Theatre, Willerby HU10 6ED

Quorum for business to be transacted – one third of those Governors occupying governor seats

Key duties of the Council of Governors are outlined in the terms of reference and include:

- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board
- Represent the views of the Trust members and the interests of the public
- Approve the appointments and remuneration of the Chair and Non-Executive Directors
- Approve the appointment of the Chief Executive and Trust Auditor
- Approve changes to the Trust Constitution, significant transactions and any proposed application for a merger, dissolution or separation
- Receive the Annual Report

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 16 July 2026	CF	Approve	√
4.	Actions Log, Workplan and Matters Arising	CF	Discuss	√
5.	Spotlight on a Service – Developments in our 0-19 services	Justine Rooke	Discuss	√
	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	√
9.	Patient and Carer Experience Annual Report	MD/KF	Discuss	√

	Governor Items			
10.	Council of Governor Sub-Groups Feedback inc Membership Engagement Activities • Appointment Terms & Conditions 15 September 2026 report • Engaging with Members 24 September 2026 report	TDo TDo	Note	√
11.	Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	TDo	Approve	√
	Performance & Delivery			
12.	Performance Report available in the latest set of Board papers via this link: https://www.humber.nhs.uk/media/1azl0dsm/public-board-papers-30-september-2026-v3.pdf	PB	Discuss	√
13.	Finance Report	PB	Discuss	√
	Corporate			
14.	Any Other Business	CF	Note	verbal
15.	Review of Meeting: • Has the Council of Governors focused on the right areas? • Did the quality of the papers enable Council of Governors members to perform their role effectively – did they enable the right level of discussion to occur? • Was debate allowed to flow and were all Council of Governors members encouraged to contribute? • Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)	CF	Note	verbal
16.	Date, Time and Venue of Next Meeting Thursday 21 January 2027, 9.30am – 11.30am via Microsoft Teams Thursday 15 April 2027, 9.30am – 12.15pm Lecture Theatre Willerby Hill			

Agenda Item 02

Title & Date of Meeting:	Council of Governors Public Meeting – Thursday 15 October 2026														
Title of Report:	Declarations of Interest														
Author/s:	Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.														
Key issues:															
Positive Assurances to Provide: Governor declarations updated		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): . N/A													
Key Risks/Areas of Focus: No matters to escalate.		Decisions Made: .N/A													
Alignment with the Three Shifts in the Long Term Plan (If not applicable please state)															
Hospital Community	to														
Analogue to Digital															
Sickness Prevention	to														

Governance and Assurance:				
Please indicate which committee or group this paper has previously been presented to:				
	Date		Date	
Appointments, Terms & Conditions Committee		Engaging with Members Group		
Trust Board		Other (please detail)		
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)				
√ 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				
Areas to include within the report:				
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>				
Public Exemption:				
Is the report exempt from public disclosure				Yes/No

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Vacant	•
	Isabel Carrick	• Son is leading a project on use of AI in adult social care employed by Hull University and Connexin
	Brian Swallow	• Member of Hull and East Yorkshire Mind • Member of Campus Health Centre Patient Participation Group.
	Vacant	
Elected – East Riding Public	Ted Burnside	• Volunteer at the Market Weighton GP Practice and a committee member of the surgery's patient group
	John Arthur	•
	Anthony Douglas	• Member of the Labour party • Trustee and treasurer for Fuse Youth services, a children's charity based in Bridlington • Director of Douglas Management Consultancy Ltd
	Kimberley Harmer	• Co/Founder & Chairman of Fuse Youth Services (Children and Young Peoples Charity that supports young people's mental health and wellbeing) • Member of Bridlington Health Forum • VCSE Youth Voice attendee at The Bridlington Strategy Steering Group of the HNY ICB. • VCSE Collaborative Member of HeySmile Humber & ERY • Governor Headlands Secondary School • Force IAG • Member Humberside Police • Clear Hold Build Strategy Member for Bridlington (VCSE Youth Voice) • Bridlington Youth Partnership Senior Member • Conservative Policy Forum Humber & Yorkshire Regional Ambassador

		• My brother in law also works as a manager in the maintenance team at Bridlington hospital. • I currently work as a Senior Caseworker, for the Member of Parliament for the Bridlington and The Wolds Charlie Dewhurst
	John Morton	• None
	Vacant	
Elected – Rest of England	Tim Durkin	• Member of Hull and East Yorkshire Mind • Member of (National) Mind • Associate Hospital Manager (AHM) for the Trust
Elected Whitby, Scarborough & Ryedale	Vacant	• None
Service User and Carer	Anthony Houfe	• Wife is the founder & Chair of Hidden Disabilities Charity
	Vacant	
Elected - Staff	Sara Bennett (clinical)	• Son works in the crisis team for Humber
	Sian Johnson (clinical)	• Married to the Clinical Director (Paul Johnson)
	Jon Duncan (non clinical)	• My partner Marie Dawson is employed by the Trust as Programme Manager
	Vacant	
	Dan Laughton (non clinical or Clinical)	• None
Appointed	Cllr Chambers (Hull City Council)	• None
	Councillor Jonathan Owen, East Riding of Yorkshire Council	• Cabinet Member of East Riding of Yorkshire Council • Partner Member of Humber & North Yorkshire ICB • Vice Chair of Humber & North Yorkshire ICB • Chair of East Riding Health & Wellbeing Board

	Professor Jacquie White Hull University	• I am employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing, midwifery and allied health activity within my role as Head of the School of Health Care • I am a Trustee of the Warren Youth Project Hull • I am a member of the Labour Party
	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
	Vacant, Humberside Fire & Rescue	•
	Simon Vickers, Humberside Police	•

**Minutes of the Council of Governors Public Meeting
held on
Thursday 16 July 2026 at 9:30am – 11:30am
Via MS Teams**

Present:

Rt Hon Caroline Flint, Trust Chair
 Tim Durkin, Rest of England Public Governor
 Tony Douglas, East Riding Public Governor
 Isabel Carrick, Hull Public Governor
 Sian Johnson, Staff Governor – Clinical
 Sara Bennett, Staff Governor – Clinical
 Dr Francis Odukwe, East Riding Public Governor
 Kimberley Harmer, East Riding Public Governor
 Brian Swallow, Hull Public Governor
 Marilyn Foster, Service User and Carer Governor
 Anthony Houfe, Service User and Carer Governor
 Dan Laughton, Staff Governor, Non-Clinical or Clinical
 Ted Burnside, East Riding Public Governor
 John Arthur, East Riding Public Governor

In Attendance:

Michele Moran, Chief Executive
 Peter Beckwith, Executive Director of Finance
 Stella Jackson, Head of Corporate Affairs
 Phillip Earnshaw, Non-Executive Director
 Keith Nurcombe, Non-Executive Director
 Kathryn Smart, Non-Executive Director
 Paul Johnson, Clinical Director (on behalf of Lynn Parkinson)
 Stephanie Poole, Non-Executive Director
 Carrie Wollerton, Non-Executive Director
 Andrew Brown, Non-Executive Director
 Mathew Handley, General Manager (for item 37/26)
 Laura Roberts, PA to Chair & Chief Executive (minutes)
 Katie Colrein, Membership Officer

Apologies:

Lynn Parkinson, Chief Operating Officer
 Jacquie White, Appointed Governor, University of Hull
 Cllr Linda Chambers, Appointed Governor, Hull City Council
 Cllr Jonathan Owen, Appointed Governor, East Riding of Yorkshire Council
 Simon Vickers, Appointed Governor, Humberside Police
 Emma Dallimore, Appointed Governor, Voluntary Sector
 John Duncan, Staff Governor - Non-Clinical
 John Morton, East Riding Public Governor

34/26	Declarations of Interest The Declarations of Interest report was noted. Governors are required to notify the Head of Corporate Affairs regarding any	
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	changes to their declarations of interest. If any items on the agenda present a potential conflict of interest, the Governor(s) should declare the interest and remove themselves from the meeting for that item. There were no further declarations made at the meeting.	
35/26	Minutes of the Meeting held on 16 April 2026 The minutes of the meetings held on 16 April 2026 were approved as an accurate record of the meeting subject to the following amendments: <u>29/26 - Council of Governor Sub-Groups Feedback inc Membership Engagement Activities</u> Should read: <i>The Hull & East Riding PACE workshop was noted, and it was reported that Isabel Carrick had attended.</i> <u>30/26 - Performance Report</u> Should read: <i>Kath Smart advised that internal audit would be reviewing sickness management policies and compliance, with findings and recommendations to be reported to the Audit Committee and the Council of Governors.</i>	
36/26	Actions Log, Workplan and Matters Arising The action log and workplan were noted. <u>Matters Arising</u> <u>Meeting papers</u> Tony Douglas raised concerns regarding the late receipt of meeting papers which had been sent by post and difficulty accessing performance information within the Board papers. Michele Moran apologised for the delay, explaining that staffing pressures had affected the distribution of papers. She reiterated the preference for electronic circulation due to security and information governance considerations. Caroline Flint acknowledged the concerns and confirmed that the matter would be reviewed. Isabel Carrick provided advice on navigating the electronic papers and clarified previous governor feedback regarding performance reporting. Members were reminded to follow Trust procedures for the secure disposal of any printed confidential documents. <u>05/26 - Spotlight on a Service – Child and Adolescent Mental Health Pathway and the Thrive approach.</u> The Trust Chair queried the wording of an action relating to the Children's and Thrive service, advising that it did not accurately reflect the discussion or intended outcome. She clarified that the purpose had been to explore how governors could support engagement with voluntary and community organisations. Paul Johnson agreed to review and clarify the action outside the	

	meeting to ensure it reflected the original discussion and intent. <u>Resolved:</u> The information was noted. To review and clarify action relating to item 05/26 - Spotlight on a Service – Child and Adolescent Mental Health Pathway and the Thrive approach.	PB
37/26	Spotlight on a Service – Focus on North Yorkshire Community services Matthew Handley presented an update on North Yorkshire Community Services, highlighting progress across urgent crisis response, neighbourhood health, intermediate care, digital transformation, quality improvement and workforce sustainability. Isabel Carrick asked about the activity levels within the Urgent Crisis Response pathway. Matthew Handley advised that the service was supporting approximately 160 patients per month. Tony Douglas asked about Virtual Ward capacity and the arrangements when occupancy levels were high. Matthew Handley explained that capacity could be flexed according to demand and geographical pressures, with alternative community services utilised where required. Tony Douglas also asked how the Trust was addressing digital exclusion. Matthew Handley advised that increased uptake of digital services released staff capacity to support patients requiring non-digital access. Marilyn Foster highlighted concerns regarding digital exclusion, particularly for older and housebound individuals. In response, Matthew Handley confirmed that digital services were provided on an opt-in basis and that support remained available for those unable to access services digitally. Tim Durkin asked about the geographical area covered by the services presented. Matthew Handley confirmed that the update related specifically to services provided in Scarborough, Ryedale, Whitby and Pocklington. Tim Durkin also queried whether reductions in acute hospital attendances generated financial benefits for acute providers and the Trust. Matthew Handley explained that the focus within the Integrated Care Board was on improving outcomes and financial sustainability across the whole system. Peter Beckwith and Paul Johnson added that work continued at system level to develop funding arrangements that better reflected care delivered within community settings. Ted Burnside asked about lessons learned from the transfer of primary care practices and how success would be evaluated. Matthew Handley advised that lessons learned were being reviewed and would inform future developments. Michele Moran confirmed that a formal evaluation would be undertaken against the original project objectives. Stephanie Poole welcomed the presentation and asked how the impact of community services on reducing demand for acute care was measured. Matthew Handley advised that activity and outcomes data were monitored to	

	assess the number of patients supported to remain at home and the resulting reduction in acute attendances and admissions. Kathryn Smart asked whether digital initiatives had improved efficiency, reduced DNA rates and supported waiting list management. Matthew Handley confirmed that measurable benefits had been realised, including improved productivity, increased patient contact and better utilisation of existing capacity. Andrew Brown asked about the implications of demand continuing to exceed capacity. Matthew Handley advised that this remained a risk rather than a current issue, with a range of initiatives in place to increase capacity and productivity. He expressed confidence that current approaches would support demand management in the short to medium term, whilst recognising the importance of continued partnership working across the wider health and care system. <u>Resolved:</u> The information was noted.	
38/26	Chair Report The Trust Chair presented her report and highlighted several key points contained within it. The Council of Governors noted with sadness the passing of Simon Mills, recently appointed as a Staff Governor, and was advised that condolences had been sent to his family on behalf of the Trust. The Council of Governors noted that the annual appraisal process for eligible Non-Executive Directors had been completed, with the exception of the most recently appointed members. The Chair's appraisal had been undertaken separately by the Senior Independent Director, with input from the Chair of the Appointments, Terms and Conditions Committee. The appraisal process had included a review of achievements against objectives and consideration of priorities for the year ahead. A full report had been submitted to the Appointments, Terms and Conditions Committee. An update was also provided on the recruitment of an Associate Non-Executive Director. Following previous approval by the Council of Governors, the Appointments, Terms and Conditions Committee had agreed to commence the recruitment process. Opportunities for regional networking, talent development and leadership progression highlighted would be explored. <u>Resolved</u> The Chair's Report and updates were noted	
39/26	Chief Executive's Report and Governors Questions to the Chief Executive The Chief Executive presented her report and highlighted a number of key developments across the Trust and wider NHS landscape. Governors noted the continued pace of change and challenge within the health system, alongside the ongoing visibility and engagement of the Executive Team. The Council of Governors received an update on the Gold Accreditation programme and noted the importance of maintaining the designation in support	

	of early intervention and prevention. It was recognised that the local partnership remained one of the few systems nationally to achieve this standard. An update was provided on national developments, including the appointment of the new Secretary of State and emerging discussions regarding the future direction of the NHS. The Governors also noted ongoing work relating to the development of a long term mental health strategy, with a greater focus on prevention, employment, education and early intervention. Governors received assurance regarding fire safety arrangements and noted that the Fire Service monitored compliance with fire regulations and processes. In discussing the recent fire incident at Malton, the Council of Governors recognised the support provided by local partners, including a nearby school which had assisted those affected by the evacuation. It was reported that investigations into the cause of the fire remained ongoing, with no official update available at the time of the meeting. Any findings would be shared when released through the relevant regional coordination arrangements. Tim Durkin commented on the potential impact of proposed national structural changes within the NHS and expressed concern regarding increasing centralisation. The Council of Governors also noted positive progress in staff flu vaccination uptake, with recognition given to the work undertaken to improve vaccination rates ahead of the forthcoming winter period. <u>Resolved:</u> The Council of Governors noted the Chief Executive's Report and the updates provided.	
40/26	Compliance with the Provider License – Annual Review Stella Jackson and Peter Beckwith introduced the annual report on Compliance with the NHS Provider Licence and highlighted the report sought to provide assurance that the Trust continued to meet the conditions of its licence. The Council of Governors were advised that the report was reviewed annually, supported by a comprehensive evidence base, and had been considered by the Board and Executive Management Team. During discussion, Governors sought clarification regarding the process for assuring compliance and the independent scrutiny applied. It was explained that responsibility for compliance rested with the Board and was supported through the Trust's governance framework, policies, procedures and systems of internal control. The report formed part of the Trust's ongoing assurance arrangements and demonstrated how licence conditions continued to be met. Governors noted that additional assurance was provided through external and independent sources, including internal audit, external audit, NHS England and Care Quality Commission oversight. It was highlighted that the Trust had received a significant assurance opinion from Internal Audit and that no concerns had been raised by regulators.	

	<u>Resolved:</u> The Council of Governors noted the report and the assurances provided.	
41/26	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback The respective Committee Chairs introduced the following reports and reiterated key points from within them. • Finance Committee • People and Organisational Development Committee • Quality Committee • Audit Committee • Mental Health Legislation Committee <u>Quality Committee</u> Isabel Carrick sought assurance regarding work being undertaken to address neurodevelopmental waiting lists for children, including ADHD assessments. The Chief Executive reported that progress had been made in discussions with the Integrated Care Board, with detailed due diligence currently being undertaken in relation to proposed funding arrangements, contract specifications and operational processes. The Council of Governors was advised that, subject to satisfactory agreement of the terms, additional funding could be transferred to the Trust to support improvements in the pathway. There were no other questions raised. <u>Resolved:</u> The Committee Assurance reports were noted.	
42/26	Trust Compliance with the Fit and Proper Person Test Framework 2025/26 The Council received the annual declaration regarding compliance with the Fit and Proper Person Test. It was reported that all required checks had been completed, and the Trust's declaration had been submitted. The outcomes had been shared with the Appointments, Terms and Conditions Committee. <u>Resolved:</u> The Council of Governors noted the report and no questions were raised.	
43/26	Annual Effectiveness Review of the Council of Governors including Terms of reference The Council of Governors received the annual effectiveness review of the Council of Governors, including its Terms of Reference. The Trust chair reported that responses had been received from 19 Governors and six Board members, and that the findings had been considered at a Governor briefing session held on 30 April 2026. The review demonstrated positive overall feedback, whilst also identifying areas for further reflection and development. The Trust Chair highlighted the importance of encouraging greater Governor participation in meetings and reminded members that support was available	

	from the Head of Corporate Affairs to assist Governors in understanding papers and developing appropriate questions. <u>Resolved:</u> The Council of Governors approved the report and the Terms of Reference.	
44/26	Annual Effectiveness Review for Appointment Terms & Conditions Committee including Terms of Reference MaryIn Foster introduced the report and advised that the annual review of the Terms of Reference had been undertaken and it had been agreed that no amendments were required. In addition, it was noted that the review of the Engaging Members Group had been completed and analysed, with the outcomes due to be discussed at a future meeting and subsequently reported to the Council of Governors. <u>Resolved:</u> The Council of Governors noted the updates provided.	
45/26	Council of Governor Sub-Groups Feedback inc Membership Engagement Activities - Appointment Terms & Conditions 21 May 2026 report Marilyn Foster provided an update on the Committee's activity. Governors noted that the annual appraisal process for Non-Executive Directors had been completed and considered by the Committee, with feedback indicating that the process had been positive and effective. The Chair of the Engaging Members Group advised that the Group had not met recently and that consideration would be given to its future activity. <u>Resolved:</u> The Council of Governors noted the updates provided.	
46/26	Patient Led Assessment of Care Environment Report (PLACE) Peter Beckwith introduced the report and provided an update on the Patient-Led Assessments of the Care Environment (PLACE) process. During discussion, Tim Durkin suggested that results for different wards or patient groups located within the same site should be reported separately where possible, noting that patient needs, facilities and environments could vary significantly between services. It was acknowledged that national reporting requirements might limit the extent to which data could be disaggregated; however, this would be explored further to determine whether additional local reporting could provide greater insight. The Trust Chair welcomed the suggestion and highlighted the value of ensuring that differences in performance between services were not obscured within aggregated results. Governors were advised that participation would be sought for the next cycle of PLACE assessments. The importance of Governor involvement in PLACE	

	visits was recognised, and arrangements would be made to circulate assessment dates and invite volunteers once confirmed. <u>Resolved:</u> The Council of Governors noted the report and updates provided.	
47/26	Performance Report Peter Beckwith presented the Performance Report and highlighted that the report had been refreshed to strengthen oversight and improve integration of commentary. Indicators had been grouped under the relevant Board committees to provide clearer accountability and assurance. Pete reported that the Trust had retained Segment 1 status within the national oversight framework for Quarter 4 and had risen to fourth place nationally, reflecting strong organisational performance, including across a number of community indicators. Isabel Carrick asked for the definition of a “clock stop”, it was agreed that a written explanation would be circulated following the meeting. <u>Resolved:</u> The Performance report and update were noted. To circulate the definition of ‘clock stop’ to the Council of Governors.	PB
48/26	Finance Report Peter Beckwith introduced the Finance Report and advised of the Trust’s financial performance for both 2025/26 and 2026/27. He reported that the Trust had achieved its forecast year-end surplus of £3m for 2025/26, which would support future capital investment ambitions. Pete added that the Trust had submitted a break-even plan for 2026/27, which had been assessed as compliant by NHS England. He highlighted that the Trust remained the only organisation in Humber and North Yorkshire with a compliant financial plan. Governors were advised that the Trust had reported a break-even position at Month 1, with a stable cash balance of £24m and continued strong performance against the Better Payment Practice Code. In response to Tim Durkin’s question regarding the reporting period, clarification was provided that the latest position reported to the Board was for April, with the detailed table reflecting the previous financial year-end position. <u>Resolved:</u> The Council of Governors noted the report and the assurances provided.	
49/26	Any other Business Marilyn Foster highlighted the challenges of reviewing documents electronically whilst participating in meetings, particularly when using a single laptop or small screen. It was acknowledged that, although paperless working was	

	encouraged, electronic access could present practical difficulties for some members. There was no other business raised or discussed.	
50/26	Review of Meeting The Chair invited comments regarding the meeting. Governors agreed the meeting had been effective. The meeting closed at 11:30am.	
51/26	Date, Time and Venue of Next Meeting Thursday 15 October 2026, 9.30am – 12.15pm Lecture Theatre Willerby Hill	

Signed..... Date

Chair

Council of Governors Work Plan 2026/27

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	15 Oct 26	14 Jan 27
Standing Items							
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓
Actions Log	Every Mtg	CF	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓
Spotlight on a Service	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	✗		✓		✓
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓	✓
Appointed Governor Focus	Every Mtg	??	✓	✓	✓	✓	✓
Performance & Delivery							
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Annual Items							
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		✓			

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	15 Oct 26	14 Jan 27
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	TDo		✓	✓	✓	
Formal Presentation of Accounts	Annually	PB	✓				✓
Annual Report (AMM)	Annually	SJ				✓	✓
Annual Accounts– Audit findings and conclusions	Annually	PB	✓				✓
Review of Constitution	Annually	SJ		✓			
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		✓			
AMM Minutes for approval	Annually	SJ				✓	
Meeting the Fit and Proper Person Framework Requirements	Annually	SJ			✓		
Compliance against the Provider License	Annually	PB & SJ			✓		
Council of Governors: Other Statutory Duties							
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	KP					
Approve the appointment of the Chief Executive (to approve – support)	As req						
Appointment of the external auditor (to ratify)	As req						

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	15 Oct 26	14 Jan 27
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			✓	✓	
Operating Plan	As req	PB		✓			
ICB – explanation regarding the ICB and Humber's Relationship with it – April 2025	Sue Symington		✓				
Trust response to the Nottingham Report		SS			✓		
Humber Primary Care Ltd		PB		✓			
Inpatient Redesign Project	As req					✓	
Spotlight Items:							
ED Streaming							
Adult Mental Health Crisis Team							
Primary Care Update							
Removed Items							

Action Log: Actions Arising from Public Council of Governor Meetings

Summary of actions from July 2026 meeting and update report on earlier actions due for delivery in October 2026						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
15/01/26	05/26	Spotlight on a Service – Child and Adolescent Mental Health Pathway and the Thrive approach	Governors and service leads to consider how they might engage voluntary groups and schools more effectively.	CAHMS Team / L Parkinson	October 2026 ~~April 2026~~	Completed, information circulated to Governors on 05/10/2026.
16/07/26	47/26	Performance Report	To circulate the definition of 'clock stop' to the Council of Governors.	P Beckwith	August 2026	Completed, information circulated.
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Membership Officer						

Title & Date of Meeting:	Council of Governors – Thursday 15 October 2026														
Title of Report:	Humber 0-19 Services														
Author/s:	Justine Rooke – General Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>x</td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss	x	To note		To ratify		For assurance			
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Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To present the background and current position of the 0-19 services for both Hull and East Riding. This presentation will outline the commissioned service and Healthy Child Programme. It will update Governors on the progress in delivering a universal public health service which offers all parents several contacts and the opportunity to improve child health outcomes. The public health assets which excel within this contract include improved breast figures, maternal mental health and support in SEND.														
Key issues:															
Positive Assurances to Provide: - Two of the best PH services in the country acknowledged by the Institute of Health Visiting. - Commissioners happy with results of service delivery. - Substantial progress against mandated contacts including an additional contact at 3-4 months. - Both services Baby Friendly Initiative Gold status.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Direct contract award offered from Hull CC - Current procurement for ER to be live in 2027.													
Key Risks/Areas of Focus: - East Riding has less finance available than Hull due to lower funded LA. - Procurement process in ER. - Increased safeguarding		Decisions Made:													
Alignment with the Three Shifts in the Long-Term Plan (If not applicable please state)															
Hospital to Community	This service works in communities and directly supports child health to prevent admission to hospital and support discharge. The service														

	works in the locations that children attend. 0-5 in homes and nurseries and the 5-19 in schools and colleges.
Analogue to Digital	The service is engaging with digital technologies such as Chat Health and Lexicom/ Accurex.
Sickness to Prevention	The Healthy Child Programme is the core service offer, a preventative service which helps families to stay healthy and prevents ill health. Its is universal in reach (available without an appointment in clinics and through duty lines) and personalised in response (offer bespoke and targeted interventions designed in collaboration with families and young people).

Governance and Assurance:				
Please indicate which committee or group this paper has previously been presented to:				
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)				
√ Tick those that apply				
Innovating Quality and Patient Safety			x	
Enhancing prevention, wellbeing and recovery			x	
Fostering integration, partnership and alliances			x	
Developing an effective and empowered workforce			x	
Maximising an efficient and sustainable organisation				
Promoting people, communities and social values			x	
Areas to include within the report:				
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>				
Public Exemption:				
Is the report exempt from public disclosure				No

Agenda 06

Title & Date of Meeting:	Council of Governors (CoG) Part I - 15 October 2026															
Title of Report:	Trust Chair’s Report															
Author/s:	Caroline Flint - Trust Chair															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td>X</td></tr><tr><td>To note</td><td>X</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>X</td><td></td><td></td></tr></table>				To approve		To discuss	X	To note	X	To ratify		For assurance	X		
To approve		To discuss	X													
To note	X	To ratify														
For assurance	X															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide updates on the Chair, Non-Executive Directors (NED) and Governor activities since the last Council of Governors’ Meeting															
Key issues:																
Positive Assurances to Provide: • The ATC discussed Succession Planning and Terms of Office for NEDs at the meeting on 15.09.26 with recommendations to CoG Part II on 15 October 2026. • The Chair and Lead Governor have developed Terms of Reference for a Governor Task and Finish group on Future Engagement and Governor Transition Task and Finish Group TOR to be agreed at the Engaging members group meeting on 24 September. • Humber Board is taking part in the first cohort of Trust Providers for NHS England’s Board Development Programme. • Humber Board has been increasing preparation for a Well Led Review in 2027, undertaking mock interviews by an external facilitator and CQC Bitesize briefings provided internally. Governors will be briefed on their role and participation.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): • Recruitment campaign planning underway for ANED and inclusion of a NED can be factored in. The ATC agreed the NED Specification should include strategic digital knowledge and skills. • Continuing development of the Trust’s Strategic Roadmap and preparations for a Humber Strategy refresh. • Future Statutory role of Governors – supported by Governor Task and Finish Group and enabling co-opting of Governors whose term expires in January 2027.														
Key Risks/Areas of Focus: • Financial and organisational challenges at System level in Humber North Yorkshire		Decisions Made: .														

Alignment with the Three Shifts in the Long-Term Plan (If not applicable please state)			
Hospital to Community	Engaging with local and regional partners		
Analogue to Digital	Ensuring Board has digital knowledge and Skills		
Sickness to Prevention	Engaging with local and regional partners and Board oversight		
Governance and Assurance:			
Please indicate which committee or group this paper has previously been presented to:			
	Date		Date
Appointments, Terms & Conditions Committee	150926	Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly Report to Council of Governors	
Trust Board			
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)			
√ 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	√		
Areas to include within the report:			
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>			√
Public Exemption:			
Is the report exempt from public disclosure			No

Trust Chair's Council of Governor's Report 15 October 2026

Governors Marilyn Foster and Julian Barnard have resigned. Marilyn stepped down as Lead Governor earlier this year but continued in her responsibilities as Appointments, Terms and Conditions Chair, as a PACE Governor and volunteer involved in other Humber activities. She has decided to reduce her volunteering workload but will continue to be active within the Market Weighton Practice and community. It has been a pleasure to work with Marilyn over some years now and on behalf of the Board and governors, we have sent her a bouquet and card.

Julian has been with us a shorter time but engaged with both formal CoG, development sessions, and the PLACE visits, for which he did the most visits of any other governor. His resignation due to ill health was confirmed by his wife. I will write to him expressing our thanks for his service.

Congratulations to Keith Nurcombe who has been offered the role Of Chair at Mid Yorkshire Teaching NHS Trust. Keith has made a positive impact to our Board, and our loss is Mid Yorkshire's gain. The Appointment and Terms and Conditions have recommended a NED be included in the recruitment campaign for an Associate Non-Executive Director.

Since returning from my leave at the end of August I have worked with your Lead Governor to work through establishing the draft terms of reference for the Future Engagement and Governor Transition Task and Finish Group for the Engaging Members Group (EMG). This action was agreed at the Council of Governors Meeting in July regarding the Health Bill proceeding through Parliament and Humber's PACE Review. At time of writing the EMG is due to meet on the 24 September where the terms of reference are to be agreed as well as receiving a presentation on the current Humber Review of PACE activities.

We also discussed whilst we have not proceeded with governor elections this Autumn, Humber would still like to co-opt governors ending their term in January who wish to maintain a role at Humber as we respect and value their contribution. I want to assure those governors interested that this does not mean you will not be able to take part in the activities you currently do, make views known in discussion or approving reports/actions. The only exception is on voting matters that are reserved for statutory governors like a merger or significant transaction which are few and far between.

Trust Board Strategic Development Meeting 26 August 2026

The agenda covered:

- The Annual Review of Risk Appetite
- Implementing Outcome Measures at the Trust (Patient Related Outcome Measures (PROMS) and Clinical Related Outcome Measures (CROM)
- The Provider Capability Process
- Well Led Bitesize Briefing on Organisational Culture

1.Chair's Activities Round Up

NHS England (NHSE) invited Humber to be in the first cohort of their new **Board Development Programme** for which they have established a consortium of facilitators led by Deloitte. Both Michele and I saw this as a positive opportunity for Board development and have met twice with Stephen Picken from Deloitte who will design our programme informed by a survey of Board members. This NHSE initiative is aimed at both supporting Boards but also to ensure that Boards can meet their obligations under the NHS 10-year plan to increase and sustain impact through continuous improvement and lead organisation-wide transformational state change with

stewardship, oversight and accountability. The first Board Day for the programme is on 28 October and over the course of the next 12 months will be the mainstay of our Board Development Plan.

NHS Northeast and Yorkshire Region (NEY) continue to run their Regional Roadshows for Provider CEOs and Chairs. Thanks to Pete Beckwith and Steph Poole for attending the one on 17 July and another will have taken place on 8 October. These events are an opportunity to receive high level presentations on what's happening regionally and nationally backed by high level data as well as network with system colleagues.

On the 20 July myself and Alison Flack Director of Strategy attended the **“Aligning Health Prosperity and Neighbourhood”** event organised by Hull and East Yorkshire Combined Authority (HEYCA) and Humber North Yorkshire Integrated Care Board (HNY ICB). The task was to explore how key partners can align to provide the best neighbourhood health model and build on good practice and delivery. The workshops showed me how much our community based services can offer.

I joined Michele Moran for her **CEO Challenge** on 22 July where she carried out a series of challenges to raise money for our charity Healthstars. One of the challenges was a penalty shootout at the Humber centre with patients taking part in goal. The England Squads have nothing to worry about from Michele and I. Always a fun event and another good example of how Michele supports our patients and staff.

At time of writing this paper the Annual Members Meeting is due to happen on 11 October and my visit to East Riding 0-19 Services on 6 October.

Internal meetings also included:

Complaints Catch Up with David Napier 4 August
Mental Health Legislation Committee 6 August
Appointments, Terms and Conditions Committee 15 September
Quality Committee 29 September
Annual Members Meeting 11 October

External meetings also included:

NHS Alliance Mental Health Chairs Network 2 September and 14 October

Non-Executive Director (NED) Visits

Caroline Flint 06.10.26 East Riding 0-19 Services

Board Unannounced Visits

NHS Alliance Mental Health Chairs Network 2 September

Board Unannounced Visits

Steph Poole & Pete Beckwith	08/09/26	Maister Court
Phil Earnshaw & Pete Beckwith	22/09/26	Townend Court
Caroline Flint	06/10/26	0-19 Anlaby Clinic

2. Governor Activities Round Up

Appointments, Terms and Conditions Committee (ATC) 15 September met to review NEDs succession planning and terms of office.

Engaging Members Group met on 24 September to discuss the establishment of a Future Engagement and Governor Transition Task and Finish Group.

Governor Development and Information:

Governor Briefings

30 July How we manage risk and the Board Assurance Framework (BAF)

24 September The Role of the Humber Youth Action Group

The next **Governor Briefing on 29 October** will receive a presentation on how Humber manages patient flow and demand.

Governor Development Session (GDS)

The next GDS on 12 November will focus on the new version of the performance Report and Patient Outcome Measures.

Agenda Item 07

Title & Date of Meeting:	Council of Governors Public Meeting – 15 October 2026														
Title of Report:	Chief Executive's Report														
Author/s:	Michele Moran - Chief Executive														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>✓</td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td>✓</td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss	✓	To note		To ratify	✓	For assurance			
To approve		To discuss	✓												
To note		To ratify	✓												
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide the Council of Governors with an update on local, regional and national issues.														
Key issues:															
Positive Assurances to Provide: Work contained within the report		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): Contained within the paper.													
Key Risks/Areas of Focus: Nothing to escalate		Decisions Made: None for this meeting.													
Alignment with the Three Shifts in the Long Term Plan (If not applicable please state)															
Hospital to Community	The report demonstrates strong alignment with the shift from hospital-based care to community-based care through investment in intermediate care, community mental health services, substance misuse services, admission avoidance initiatives and alternatives to inpatient care.														
Analogue to Digital	The report supports the shift from treatment to prevention through public health initiatives, workforce wellbeing programmes, vaccination campaigns, substance misuse prevention activity, and projects focused on reducing health inequalities and improving population health.														
Sickness to Prevention	The report aligns with the shift from analogue to digital through investment in digital transformation programmes, shared care records, data analytics, workforce digital systems, artificial intelligence governance and technology-enabled patient engagement														

Governance and Assurance:			
Please indicate which committee or group this paper has previously been presented to:			
		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Collaborative Committee		Other (please detail)
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)			
√ 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			✓
Areas to include within the report:			
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>			
Public Exemption:			
Is the report exempt from public disclosure			Yes/No

Chief Executive's Report

This report provides an overview of key developments, highlights of organisational achievements, developments across the wider health system, and national policy updates with potential implications for the Trust.

1. Leadership Visibility

Staff and Service Visits

During the reporting period, I have continued my programme of engagement visits across the Trust, visiting our:

- Addictions Services
- Children and Young People's Services
- School Nursing Teams
- Pharmacy Services
- Maples

These visits continue to provide valuable opportunities to hear directly from colleagues about their experiences and the challenges and successes within their services. Staff remain highly supportive and committed to the organisation and to delivering high-quality care for our communities.

A recurring issue raised during recent visits has been the impact of the prolonged hot weather and elevated room temperatures in some of our facilities. This has affected both staff and service users, and work is ongoing to explore potential mitigations and longer-term solutions.

Our staff engagement initiatives, including Meet Michele and Ask the Execs, continue to be well attended and provide important forums for open dialogue, feedback and organisational learning.

1.1 Around the Trust

Veteran Aware Reaccreditation

I am delighted to report that the Veterans Covenant Healthcare Alliance (VCHA) Steering Group has approved Humber Teaching NHS Foundation Trust's application for reaccreditation of its Veteran Aware Status.

This achievement reflects the Trust's ongoing commitment to supporting veterans, reservists and military families, ensuring that they receive appropriate recognition and access to services that meet their specific needs.

My thanks go to all colleagues involved in securing this important reaccreditation.

GMC National Training Survey 2026

The results of the General Medical Council (GMC) National Training Survey 2026 have been released and demonstrate exceptional performance by the Trust.

Key highlights include:

- Ranked 25th out of 224 UK trusts for resident doctor training, placing Humber in the top 11% nationally.
- Overall resident doctor satisfaction score of 85%, compared to a national average of 78.7%.
- No red outliers identified across any assessed domains.
- Ranked 1st nationally out of 220 UK trusts for trainer satisfaction.

These results represent a significant endorsement of the quality of education, supervision and support provided across the Trust and demonstrate the strength of our learning culture.

I would like to thank all colleagues involved in medical education, training and supervision for this outstanding achievement.

UNICEF Baby Friendly Recognition

I am pleased to report that the Hull 0-19 Integrated Public Health Nursing Service (IPHNS) has been named a finalist in the Institute of Health Visiting (IHV) Health Visiting Team of the Year Awards.

The nomination recognises the team's outstanding work to increase and normalise breastfeeding across Hull and reflects the positive impact being made through collaborative public health initiatives.

This recognition is a further example of the high-quality work taking place across our services and the positive outcomes being achieved for children and families.

Occupational Health Accreditation

The Trust's Occupational Health Service has successfully renewed its Safe Effective Quality Occupational Health Service (SEQOHS) accreditation.

The accreditation has been confirmed until 12 August 2027 and represents national recognition of the quality and effectiveness of the service provided to our workforce.

This achievement demonstrates the team's ongoing commitment to maintaining high standards, delivering effective services and supporting the health, wellbeing and attendance of our staff.

I would like to congratulate the Occupational Health team on this important accomplishment.

National Recognition of Humber's Workforce Health Improvement Programme

The Trust's workforce health improvement work has received significant national recognition following the invitation for Karen Phillips, Executive Director of People & OD, to participate as both a presenter and panellist at a national NHS workforce webinar hosted by the NHS Alliance on 10 September 2026. The invitation was extended in recognition of Humber's innovative and evidence-based approach to

improving workforce health, wellbeing and attendance through the Towards a Healthier Workforce programme.

The programme has attracted considerable interest from NHS organisations nationally due to its strong outcomes and distinctive approach, combining workforce analytics with a sustained focus on culture, compassionate leadership, manager capability, wellbeing and early intervention. Humber's work has been highlighted as an exemplar of how organisations can move beyond traditional sickness absence management and instead address the wider factors that influence workforce health and attendance.

The national webinar generated substantial positive feedback, with the Trust's approach receiving praise for the way it integrates workforce intelligence, cultural improvement and leadership accountability to deliver sustainable change. The session has subsequently resulted in a number of follow-up discussions with NHS organisations seeking to learn from Humber's methodology and explore how elements of the programme could be adapted within their own organisations. This national recognition reinforces Humber's position as a leading organisation in workforce improvement and reflects the impact of the Trust's commitment to creating a healthy, supportive and high-performing culture for colleagues. It also provides an important opportunity to continue sharing learning across the NHS while showcasing the achievements of teams and leaders across the organisation.

2. Around the System

Humber Health Partnership

The organisational review of the Humber Health Partnership, involving Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), has now concluded.

Since autumn 2025, the Partnership has undertaken a clinically led programme of work to understand and address the longstanding challenges facing both organisations. This culminated in the publication of a clinically led Improvement Plan earlier this year.

Supported by NHS England's Intensive Recovery Programme and independent review by Carnall Farrar, the organisational review considered whether a more integrated model or separate organisational arrangements would best support patients, staff and long-term sustainability.

The review concluded that the existing Group model should cease, with arrangements developed to re-establish a two-organisation model.

The outcome marks a significant development within the provider landscape across the Humber region and will require ongoing monitoring to understand any implications for partnership working and system-wide service delivery.

Tees, Esk and Wear Valleys NHS Foundation Trust

It has been confirmed that Judge John Potter will lead the independent inquiry into the deaths of three teenagers:

- Christine Harnett
- Nadia Shariff
- Emily Moore

All three young people died by suicide whilst under the care of Tees, Esk and Wear Valleys NHS Foundation Trust during 2019 and 2020.

The inquiry will examine the circumstances surrounding these deaths and the care provided, with findings expected to contribute to wider learning across mental health services nationally.

As a mental health provider, the Trust will continue to monitor developments and consider any lessons emerging from the inquiry that may strengthen our own services and approaches to patient safety.

3. National Update

Thirlwall Inquiry Report – September 26

The publication of the Thirlwall Inquiry is a significant moment for the NHS and reinforces the fundamental responsibilities of Boards in relation to patient safety, safeguarding, organisational culture, and speaking up. The report concludes that failures to act on concerns, insufficient curiosity, weak escalation processes, and poor organisational culture contributed to devastating harm. NHS England has made clear that the lessons extend beyond neonatal services and are relevant to every NHS provider and Integrated Care Board. NHS England has requested that all Trust and ICB Boards review the findings at a public Board meeting and seek assurance that similar failures could not occur within their own organisations. Boards are expected to consider whether current governance, safety, safeguarding, and speaking-up arrangements provide sufficient protection to patients and support for staff.

For a Mental Health and Community Trust, the report has particular relevance to:

- Strengthening safeguarding arrangements for children, young people, and vulnerable adults.
- Ensuring staff feel empowered and psychologically safe to raise concerns.
- Maintaining robust escalation, incident reporting, and learning systems.
- Board visibility and assurance regarding patient safety risks.
- Fostering a culture of openness, challenge, professional curiosity, and accountability.
- Supporting staff wellbeing, particularly in services caring for people with complex needs and significant vulnerability.

The Board notes the findings of the Thirlwall Inquiry, acknowledges the relevance of its recommendations to all healthcare settings, and commits to undertaking a Trust-wide review of safeguarding, patient safety, organisational culture, and speaking-up arrangements. The Board requests a detailed assurance and action plan to be presented through the Quality Committee and reported back within six months.

Government Devolution Agenda

The Government has published its "Rewiring the State" Cabinet Statement, setting out a significant programme of public sector reform centred on greater devolution of powers, funding and accountability from central government to local and regional leaders.

The proposed reforms aim to:

- Strengthen local institutions.
- Increase fiscal devolution.
- Improve integration of public services.
- Support economic growth.
- Enable more place-based approaches to improving population outcomes.

The statement signals a future operating environment in which local authorities, mayors and strategic authorities are expected to exercise greater influence over a range of public services, including health-related determinants such as housing, employment, transport, skills and prevention.

Of particular relevance to the NHS is the Government's stated intention to align key public service boundaries, including those of Integrated Care Boards (ICBs), with strategic authority boundaries before the end of the current Parliament.

For Humber and North Yorkshire ICB, this development reinforces the importance of ongoing boundary alignment discussions and may have implications for:

- Governance arrangements.
- Commissioning responsibilities.
- Strategic planning.
- Place-based partnerships.
- Relationships between providers, local authorities and strategic authorities.

The Government has also reiterated its ambition for increasingly integrated public services, with stronger collaboration across health, social care, education, policing, employment and voluntary sector partners.

These developments align closely with the direction of travel for neighbourhood health, prevention, reducing health inequalities and place-based partnership working.

Further detail is anticipated through:

- The forthcoming Devolution White Paper.
- Future Budget announcements.
- The Fiscal Devolution Roadmap.
- The Spending Review.

4. Director Updates

4.1 Interim Chief Operating Officer Update

4.1.2 Leadership Visibility

The Deputy Chief Operating Officer has been appointed as Interim Chief Operating Officer in the absence of the Chief Operating Officer.

4.1.3 Operational Position, Winter Review, Industrial Action and Service Planning

This update provides an overview of the Trust's current operational position, progress against 26/27 winter planning and operational planning progress, and the ongoing arrangements in place both within the Trust and across partner organisations to manage operational pressures and support service delivery.

Operational pressures continue to be monitored through our daily OPEL (Operational Pressures Escalation Levels) and sitrep reporting processes, enabling the timely identification of emerging pressures across services and a coordinated response where required. This provides a clear understanding of operational risk, supports effective communication with system partners, and enables the provision or receipt of mutual aid as appropriate. The Emergency Planning Team have a rolling programme of review of the triggers and action cards associated with each escalation level that are designed to prevent further escalation remain robust and effective. Escalation triggers remain in place to initiate a daily Executive Director level response when required. We continue to report daily through the national UECRAIDR system and are actively engaging with the Integrated Care Board (ICB) regarding proposed changes to the Opel reporting framework. The Trust is committed to fully supporting and engaging with the change process as it is developed and implemented by the ICB.

The Trust Winter Plan for 2026/27 has been approved at Executive Management Team and has been sent to the ICB and health system partners for feedback ahead of Trust Board submission at the end of September. A regional winter resilience exercise is taking place with all health system partners to work through plans and ensure a joined-up approach to planning and response during the winter period across all partners (through understanding of governance and escalation routes).

The annual operational planning process for 2027/28 has now moved into its second phase. During Quarter 1, a series of planning workshops were completed to review emerging service and system priorities and establish the approach to plan development. In Quarter 2, operational planning workshops are being undertaken across Divisions, bringing together clinical, operational and corporate colleagues to identify priorities, risks, opportunities and improvement ambitions for the year ahead.

The outputs from these workshops will form the objectives and key deliverables within divisional annual plans, ensuring alignment with Trust priorities, local service needs and wider system objectives. This collaborative approach supports the development of robust, deliverable plans informed by performance intelligence, workforce considerations and service improvement opportunities.

During Quarter 2, operational pressures across the Trust have remained moderate overall. The most significant challenge has been in relation to older adult bed availability, where sustained demand has created periods of increased operational pressure. Across Mental Health Services, escalation levels have predominantly remained at OPEL 3, reflecting ongoing system and capacity pressures, with

occasional periods at OPEL 2 when demand and service capacity have been more balanced. Similarly, the Community Division has operated between OPEL 2 and OPEL 3 throughout the quarter, demonstrating a generally stable position whilst maintaining the flexibility to respond to fluctuations in demand.

Across the Humber and North Yorkshire system, there have been signs of improvement in overall pressure levels during Quarter 2. Acute hospital partners across all localities have continued to experience operational pressures; however, these have predominantly been reported at OPEL 3, with only occasional escalation to OPEL 4. Whilst system demand remains significant, this represents a more stable position than has been experienced during periods of sustained escalation, and system partners continue to work collaboratively to manage pressures and support patient flow across health and care services.

There have been no further periods of industrial action due to Resident Doctors accepting a pay deal. However, there is now a mandate in place for consultants to take industrial action, no dates or further information have been received at this time.

The Trust declared a business continuity incident and subsequently a critical incident on Wednesday 8th July 2026 due to the evacuation of Malton Community Hospital. The Trust activated their Incident Response Plan and associated command and control structures to support patients, staff and system partners during this period. All staff involved worked extremely hard during this period to ensure patient safety was upheld and work is still ongoing to ensure full bed capacity is obtained at Fitzwilliam ward.

Thank you to all staff involved and the continued support all command and control levels are providing at this time.

Whilst the Trust has continued to manage significant demand for inpatient mental health services during Quarter 2, a temporary increase in inappropriate out of area placements for working-age adults was experienced as a result of capacity pressures within older adult services. Delays in discharge and reduced bed availability within older adult wards resulted in some older adult patients being cared for in adult mental health beds, reducing capacity available for working-age adults. This consequently led to an increase in inappropriate out of area placements for adult patients during the quarter. Since the implementation of additional support from East Riding of Yorkshire Council to strengthen discharge planning and facilitate more timely transfers of care, patient flow within older adult services has begun to improve. As a result, delayed discharges are reducing, bed capacity is being released more effectively, and the number of out of area placements is now showing signs of improvement. To support sustained progress, agreement has been reached with East Riding of Yorkshire Council to enhance social work provision on older adult inpatient wards, strengthening multidisciplinary discharge planning and helping to reduce delays associated with onward care arrangements. In addition, the proposal for four step-up older adult beds, supported by the Older Adult Crisis Intervention Team and the Older People's Acute Community Service Team, has been approved. Work is now due to commence on the development of Hawthorn Court to accommodate this provision. The additional capacity will provide an alternative to inpatient admission where appropriate, improve patient flow across the system, support timely discharge from acute wards, and further reduce reliance on out of area placements for both older adult and working-age adult patients.

The overall staff absence position has remained static from end of July to August with sickness at 5.8%

The National NHS Oversight Framework outcome for Quarter 1 has now been published, incorporating a revised set of indicators, some of which were anticipated and others that represent new measures for Trust performance assessment. The Trust has been assigned a high Segment 2 rating. Whilst this reflects a positive overall position and compares favourably with a number of similar providers that have experienced a deterioration in their segmentation under the revised framework, improvement actions are underway to address key areas of focus and support a return to Segment 1. These actions build on the Trust's existing programmes to improve operational performance, productivity, patient access and flow, supported by transformation, digital optimisation and service improvement initiatives. Performance against the Oversight Framework indicators continues to be closely monitored through established governance arrangements, with targeted improvement plans in place where required.

A planned visit to NHS 111, previously postponed due to the declaration of a critical incident, has now successfully taken place. In addition, colleagues from the Trust participated in a joint visit with North Yorkshire Council to review digital systems, operational processes and ways of working, with a particular focus on identifying learning and best practice that could support service improvement within the Trust.

The Trust's Project Management Office and BeDigital team are now working collaboratively to develop a structured schedule of visits to organisations that benchmark highly for their systems and processes, as well as those that have successfully implemented proven digital solutions. This programme is intended to support the identification and adoption of best practice, innovation and opportunities for service transformation across the Trust. An update on the learning, opportunities and outcomes arising from these visits and the wider programme of benchmarking activity will be provided as the programme progresses.

4.1.4 Community Directorate overview

Investment in Intermediate Care to Support Admission Avoidance and Flow
Additional funding has been secured to expand Intermediate Care services across North Yorkshire. This will provide more clinical capacity, strengthen rehabilitation and reablement, and help people leave hospital sooner. The investment supports delivery of the Intermediate Care Strategy, enabling more people to recover and regain their independence closer to home while easing pressure on hospital services.

Pulmonary Rehabilitation Retains Green Accreditation Status

The Pulmonary Rehabilitation Service has retained its Green Status accreditation, demonstrating that it continues to provide high-quality, evidence-based care. This reflects the service's strong clinical outcomes, positive patient experience and compliance with national standards. It provides assurance that people living with chronic respiratory conditions are receiving effective support to improve their health, independence and quality of life.

4.1.5 Mental Health Service Update

Mental health discharge delays have remained elevated during Quarter 2, reflecting ongoing challenges in securing timely onward care arrangements and maintaining patient flow across inpatient services. However, performance has stabilised during the quarter, with the number of patients who are clinically ready for discharge, including those with no criteria to reside, no longer increasing at the rate seen previously. In contrast, community services have seen a marked improvement in discharge performance, driven by strengthened discharge processes, closer partnership working and a continued focus on reducing delays. During Quarter 2, the strengthened discharge arrangements implemented with East Riding of Yorkshire Council have begun to deliver tangible benefits, contributing to improved patient flow and more timely progression of care. Collaborative work with North Yorkshire Council has also continued, with a focus on reducing response times to discharge requirements and supporting more effective system-wide coordination. Building on these developments, the Trust is embedding revised discharge processes and escalation arrangements to sustain improvements and further reduce delays across inpatient and community services.

Multi-agency discharge meetings remain established and continue to take place on a weekly basis for mental health inpatient services and fortnightly for community rehabilitation beds, providing oversight of complex discharges and supporting collaborative action to address barriers to timely discharge.

Older People's Community Mental Health Team (CMHT) has delivered a significant improvement in access and service responsiveness, reducing average referral-to-assessment waits by 50% despite a 40% increase in referral demand since April. Assessment-to-treatment waits have also reduced by a further 50% following a programme of pathway redesign and the introduction of the Community Treatment Service (CTS).

The CTS represents an innovative workforce and delivery model, utilising newly developed Band 3 and 4 roles to provide group-based behavioural activation interventions within community settings. This approach supports earlier access to care, enhances patient experience through peer-supported and trauma-informed delivery, and maximises workforce productivity. Strategically, the model aims to improve patient flow, reduce time spent on caseloads, and optimise the deployment of registered practitioners, enabling specialist resource to be targeted towards individuals with more complex and acute needs.

The Memory Assessment Service has implemented a series of pathway improvements focused on demand and waiting list management, creating a more sustainable and responsive service model. Early indicators demonstrate a consistent week-on-week reduction in patients waiting over 38 weeks. In addition, proactive engagement has been introduced at the point of referral, ensuring patients are connected earlier with community and voluntary sector (VCSE) partners, supporting wellbeing during the waiting period and strengthening the wider system response to growing demand.

Hull Community Mental Health progress has continued against the CMHT Improvement Plan during Quarter 2, with a particular focus on caseload management, waiting list oversight, workforce recruitment, digital enablement and

governance. Waiting list management arrangements have been strengthened, with weekly monitoring embedded, improved visibility of follow-up and medication review requirements, and an allocation trajectory now demonstrating the positive impact of additional resources and external support.

Leadership and governance arrangements have been enhanced through the establishment of regular improvement oversight meetings, appointment of a Waiting Well Coordinator and the development of dedicated digital and service management roles. Recruitment remains positive, with agency and substantive workforce plans progressing and additional external capacity due to commence in October. Digital developments continue to support improvement, including the implementation of business intelligence dashboards, enhanced reporting capability and the development of caseload and performance visualisation tools.

Early indicators suggest improvements in patient safety, performance management and organisational culture, supported by strengthened risk stratification processes, positive feedback from a mock CQC visit, reducing vacancy levels and continued focus on neighbourhood-based models of care.

4.1.6 Forensic Service Overview

Forensic Community: Introduction of a band 7 Speech and Language Therapy (SaLT) post across all forensic community - potential for innovation project in this regard.

Our forensic community team have introduced a clinical role which spans all-ages of community forensic provision. We recognise the importance of Speech and Language Therapy for both our youth and adult service users: over 60% of people in contact with the justice system have speech, language and communication needs (RCSLT, 2016), and we understand that improving the language, literacy and social skills for service users can have a significant impact on recidivism, improvements in independence, and quality of life.

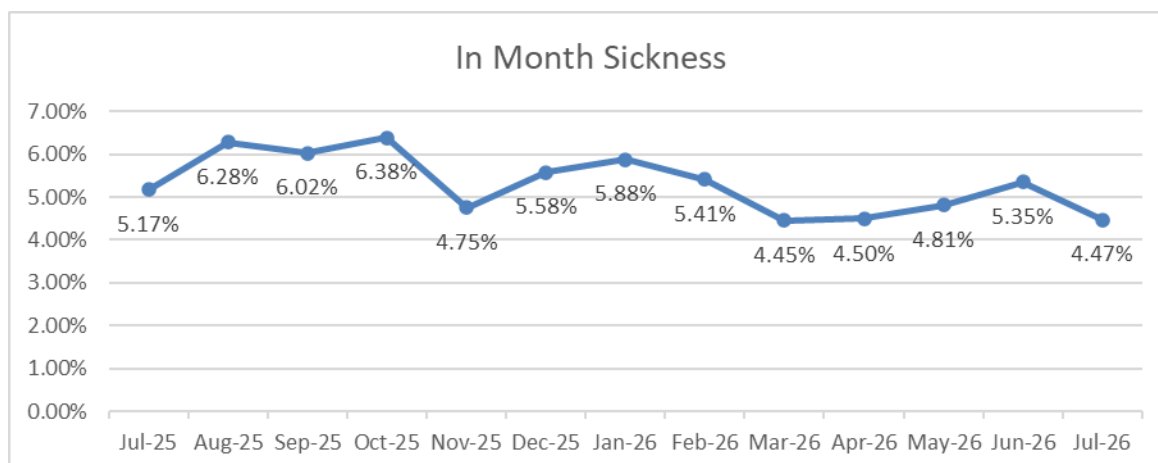
The new post will work with the Youth Justice Services in East Riding, there has already been an SaLT pilot in this service which was able to demonstrate a positive impact. In our adult Community Forensic Service the SaLT role will bring a richness to the MDT offer, enabling service users to access treatment and therapy as well as providing specialist SaLT assessment and intervention.

We know from the recommendations in Phase One of the Southport Report that we are going to be looking at the needs and services delivered to young people up to the age of 25, having team members working across the age groups will improve our transition support, particularly for service users with support needs relating to neurodevelopment. The SaLT will work closely with our transition lead improving the experience of young adults who may be engaging independently with services for the first time. We are looking forward to reporting on the progress and impact of the post.

Forensic inpatient well-being:

Service Managers have been working closely with Ward Managers and HR to ensure that staff are appropriately supported to promote well-being. We have focussed on

promoting a positive environment that supports health and well-being. We have also robustly managed absence to ensure a return to work from sickness/ absence when staff are fit to do so; we make referrals to appropriate services, including Occupational Health and the Wellbeing Team. Monthly sickness clinics, return-to-work interviews, reasonable adjustment, strengthened oversight and assurance (from a divisional sickness tracker) have all aided the improved performance, which we aim to maintain:



Forensic Division Admin:

The Forensic Division are scoping a review of their admin needs: The review will assess the structure, capacity and effectiveness of administrative support across Forensic Mental Health services, including inpatient and community services. It will identify gaps, duplication and inefficiencies, consider workload and role responsibilities, and explore opportunities to standardise processes and maximise the use of digital solutions, ensuring administrative resources are aligned to service needs and support the release of clinical time. We look forward to sharing the outcome at the end of the financial year.

Forensic Inpatient Event:

Our patients, involvement lead, professional groups and ward staff engaged together in a Humber's Got talent Event in August. Carers and corporate colleagues also attended to enjoy the show. We had excellent acts with comedy, music and even a 10-pin bowling show! The event was a huge success rounded off with burgers and hot dogs, veggie options and cake. Here's some feedback:

"...thank you and everyone involved for all your hard work in making Humber's Got Talent such a wonderful success. It was a real pleasure to attend the event. All the contestants were amazing. The event was so well organised, and seeing the participants' faces, their interactions and their enthusiasm was truly heart warming, and more than words can describe. It was also lovely to see staff supporting and interacting with patients in such a natural and relaxed way, while giving them the space and independence to enjoy themselves rather than being constantly on top of them. It would be wonderful to see something similar take place more often. Events like this can make such a positive difference to people and the wider community.

Carer, August 26

"The performers were so brave to get up and do what they did, and to showcase different talents. But honestly the best part of it for me was how the patients supported each other throughout, the hugs and handshakes, everyone cheering - and when X got a strike and the room erupted, I could have cried!" Health Stars

"Mixing the wards was good, there was a great atmosphere!" Service user August 26

"I just wanted to say what an excellent event Humber's Got Talent was today. The passion, enthusiasm and courage on display from both patients and staff was truly evident throughout the event. It was fantastic to see so much engagement and support for the participants, and the positive impact the event had on everyone involved." HR staff

4.1.7 Children's and Learning Disability Service Overview

Learning Disability services are delivering strong productivity with the most tangible success is within Learning Disability services, where several teams are performing above plan on NCCI productivity measures.

Waiting times for both children's and adult neurodiversity services continue to represent a significant area of operational pressure and challenge, with demand consistently exceeding commissioned capacity and there being no commissioned service for East Riding adult ADHD referrals. During the reporting period, the Integrated Care Board (ICB) issued a new service specification for an all-age neurodiversity service and identified funding to support its implementation. In response, the Neurodiversity Team has developed a comprehensive mobilisation plan and supporting activity plan aligned to the new specification. The plans set out a phased approach to implementation, reflecting the staged release of funding by the ICB and prioritising actions to improve access to assessment and treatment, reduce waiting times, and decrease reliance on Right to Choose referrals. The Division continues to work closely with the ICB to finalise delivery arrangements and ensure the service develops in line with commissioning expectations. A separate paper outlining the proposed model, mobilisation approach, and phased delivery plan will be presented to the Board. This represents a positive step towards establishing a more sustainable and equitable approach to meeting the growing demand for neurodiversity services across the region.

The Inspire Family Day Service is in the final stages of implementation and is scheduled to go live in September 2026. Good progress has been made across all project workstreams, including workforce, operational, digital, estates and governance elements, with the majority now complete or nearing completion.

Final preparations are underway to support a safe and effective launch, alongside continued stakeholder engagement and workforce development. The service will provide a day therapy alternative to inpatient admission for children, young people and families, improving outcomes and patient experience while reducing the need for inpatient care and associated costs.

4.1.8 – Multi-Agency Public Protection Arrangements (MAPPA) Assurance Update

The Mental Health Legislation Committee received the Trust's annual assurance report on compliance with Multi-Agency Public Protection Arrangements (MAPPA). MAPPA provides the framework through which criminal justice agencies and partner organisations work together to manage the risks posed by violent and sexual offenders and protect the public from serious harm. As a Duty to Cooperate agency, the Trust is required to identify individuals subject to MAPPA, share relevant information, and contribute to risk assessment and management processes. The Committee was assured that robust governance and operational arrangements remain in place to support the Trust in meeting these obligations.

The Trust continues to maintain a well-established MAPPA structure, led by the Forensic Division Clinical Lead acting as Operational Lead, supported by divisional MAPPA leads across services. Divisional leads attend Level 2 and Level 3 MAPPA meetings, provide oversight and quality assurance of referrals, and act as the link between MAPPA panels and clinical teams. Regular interface meetings between Trust representatives and the MAPPA Coordinator and Administrator continue to provide opportunities to review performance, discuss operational issues and ensure effective partnership working. The Trust remains actively engaged in the Strategic Management Board (SMB), Performance and Quality Assurance (PQA) Group, Criminal Justice Board and local MAPPA panels, with no concerns raised regarding attendance, engagement or compliance.

The Committee also noted a number of positive developments during the reporting period, including approval of a revised MAPPA Protocol, delivery of foundation-level MAPPA training in April 2026 attended by more than 80 staff, increased use of an automated electronic patient record (EPR) report to identify MAPPA patients, and continued communication through divisional networks and a dedicated intranet resource. The Trust has also contributed to the annual MAPPA report being produced by the Responsible Authority, including input on the implications of the Mental Health Act 2025 and its interface with the criminal justice system.

A re-audit undertaken in March and April 2026 reviewed 97 patients recorded as being subject to MAPPA across Mental Health, Forensic and Learning Disability Services. The audit demonstrated 100% compliance in the accurate recording of MAPPA status within the electronic patient record system and 100% compliance in maintaining current MAPPA alerts. Compliance was also high in relation to MAPPA reviews (95%), inclusion of MAPPA information within risk assessments (88%) and incorporation of MAPPA considerations within care plans, formulations and risk management plans (92%). This represented a significant improvement across all measures when compared with previous audit findings. Following the audit, all identified documentation gaps were addressed and patient records updated to ensure full compliance.

Further work is ongoing to strengthen assurance arrangements, including continued attendance at MAPPA governance meetings and a data validation exercise with partner agencies to reconcile Trust records with those held by the Responsible Authority. The Committee concluded that the Trust has effective governance, communication and partnership arrangements in place and received strong assurance that it continues to meet its responsibilities as a Duty to Cooperate agency. Feedback from both the MAPPA Coordinator and the Strategic Management Board remains positive, with no risks or concerns regarding the Trust's compliance with MAPPA processes currently identified.

4.2 Executive Director of Nursing, Quality and Professions / Caldicott Guardian

4.2.1 Leadership Visibility

Executive Director of Nursing, Quality and Professions Visit to East Riding Partnership – 12 August 26

On 12 August, the Executive Director of Nursing, Quality and Professions visited the East Riding Partnership, a collaboration between Humber Teaching NHS Foundation Trust, Alcohol and Drug Service (ADS) and Nacro. The partnership provides comprehensive, community-based substance misuse services across the East Riding of Yorkshire, delivering support for both adults and young people through hubs in Goole, Bridlington and Hull, alongside a range of satellite locations.

The visit provided an opportunity to meet with service leaders and members of the multidisciplinary team to gain a greater understanding of the breadth and impact of the service. Discussions highlighted the team's passion, commitment and expertise in supporting individuals affected by substance misuse, alongside the extensive range of programmes available to meet diverse needs.

The Executive Director met representatives from across the service, including nursing, social work, medical, healthcare support, recovery worker and peer mentor roles. The multidisciplinary nature of the workforce was identified as a key strength, enabling the delivery of personalised and holistic care.

The team outlined the range of interventions provided, including detoxification, stabilisation and maintenance therapies. The service's case management approach combines prescribed treatments with psychosocial interventions through individualised recovery plans designed to support long-term recovery and wellbeing.

Strong partnership working was evident throughout the service model. The team described close collaboration with primary care colleagues to broaden access to treatment and improve outcomes. This includes delivery of the Optimise Programme, which supports individuals to safely reduce or discontinue long-term prescribed medications where appropriate.

The visit also highlighted innovative programmes delivered by the partnership, including:

- Close working with the Criminal Justice Team to ensure continuity of care for individuals within, or transitioning from, the justice system.
- The Inclusion Health Team and Inclusion Health Bus, providing outreach services, health education, overdose prevention and needle exchange support to people experiencing homelessness and those recently released from prison.
- Parenting Under Pressure (PuP), which offers therapeutic support to parents experiencing substance misuse and associated challenges.

The Executive Director was particularly impressed by the service's proactive approach to horizon scanning and identifying emerging trends and risks associated with substance misuse. The team described how they monitor developments in drug

use patterns and maintain links with local communities and settings where new risks may emerge, supporting early intervention and prevention.

During discussions, opportunities were identified to strengthen collaboration between mental health and substance misuse services, particularly for individuals with co-occurring mental health and substance use needs. Support was offered to explore opportunities for multidisciplinary case review meetings to enhance integrated care planning and improve patient outcomes.

The use of technology was also discussed, with potential opportunities identified to further improve accessibility through the exploration of enhanced translation and interpretation solutions.

A key theme throughout the visit was the team's commitment to recovery-focused practice. Staff described recovery as a highly individual journey, recognising that successful outcomes vary according to personal circumstances and goals. The service adopts a person-centred approach that supports individuals to improve wellbeing, reduce harm, build resilience and strengthen support networks, alongside supporting those whose aim is abstinence from drugs or alcohol.

The visit provided strong assurance regarding the quality, innovation and compassion evident within the East Riding Partnership. The Executive Director observed a highly motivated and committed workforce, with a clear focus on improving outcomes and supporting individuals to achieve meaningful and sustainable recovery. The dedication, enthusiasm and pride demonstrated by the team were evident throughout the visit.

Long Service Staff Awards

On 30 July 2026, the Trust held a special Long Service Awards celebration to recognise and honour colleagues who have demonstrated many years of dedicated service. The event was attended by the Executive Director of Nursing, Quality and Professions, alongside the Chief Executive who personally presented awards to staff in recognition of their commitment, professionalism and contribution to patient care and services across the organisation. The celebration provided an opportunity to acknowledge the significant achievements and lasting impact of long-serving colleagues, whose dedication has helped shape and strengthen the Trust over many years. It was a memorable and heartfelt occasion, reflecting the organisation's appreciation for the invaluable contribution of its workforce and celebrating the collective experience, expertise and commitment of staff.

4.2.2 Caldicott Guardian Update

IG Audits

A series of Information Governance audits have taken place across the Forensic Directorate. The audits are to assess the effectiveness of information governance processes and operational practices.

This audit provided a valuable opportunity to assess Information Governance (IG) knowledge and awareness across ward teams by engaging with staff in a range of clinical and non-supervisory roles, rather than focusing solely on ward managers.

This approach enabled a broader understanding of how different staff groups perceive and apply IG principles and helped identify the most effective methods for communicating IG requirements across ward environments.

Good Information Governance practices were observed overall across all wards that were audited with area of notable good practice. Actions from the audits focus on broadening Information Governance knowledge beyond routine responsibilities, increasing awareness of recent developments and organisational guidance, and building confidence in applying Information Governance principles to less familiar or more complex scenarios.

Data Security and Protection Toolkit (DSPT)

The CAF-aligned DSPT is how the Trust measures its information governance and cyber security compliance. The Trust has published its DSPT and has achieved a 'Standards Met.' DSPT. Eight of the DSPT Outcomes were raised above the national expected minimum. The evidence for 12 x DSPT Outcomes were submitted for a mandatory independent audit. The audit confirmed the Trust has a comprehensive, effective and established IG framework with information governance and cyber assurance activities embedded within a structured work cycle and a structured Board led framework and clear accountability and governance arrangements in place. There was one low risk action arising from the audit which has now been completed.

Stopping Unlawful Access to Records Guidance

NHS England has recently strengthened its guidance on preventing unlawful access to health and care records. The guidance has been reviewed against current Trust processes, the review provided assurance that robust systems, policies and processes are in place to protect confidential information, supported by clear staff responsibilities, monitoring arrangements and ongoing awareness activities. The review has provided the opportunity to look at how these arrangements can be strengthened, an action plan is in place, progress will be monitored by the Information Governance Group.

Anti-Racist Network Update

Demand for Anti-Racist Practice training continues to increase across the Trust, with sessions being requested and delivered within a number of services including Intensive Support, Forensics, Townend Court and PICU. The training focuses on increasing awareness of racism, promoting anti-racist practice, encouraging individual and team reflection, and supporting staff to have open and constructive conversations about race and inclusion. The Executive Director of Nursing, Quality and Professions continues to actively support this work and the ongoing delivery of Anti-Racist Practice training as part of the Trust's commitment to creating an inclusive culture and embedding anti-racist principles across all services.

As part of Black History Month, the Anti-Racist Network will host a face-to-face event on 7 October 2026, bringing together staff from across the Trust and partner organisations for networking, peer support and shared learning. The event will feature external speakers and discussions focused on advancing anti-racist practice

and strengthening collective action to tackle racism within health and care settings. The Executive Director of Nursing, Quality and Professions will be attending the event in support of this important work and to reinforce the Trust's ongoing commitment to equality, diversity and inclusion.

4.2.3 Professional updates

Nursing

At the end of last month, the Chief Nursing Officer for England, brought together senior nursing and midwifery leaders from across the NHS, social care, the military, independent and voluntary sectors. These events are an important opportunity to come together as one leadership community, to focus on the priorities we share, have honest conversations about the challenges facing our professions, and identify where we can work collectively to improve care for the people and communities we serve.

The new Secretary of State for Health and Social Care, Yvette Cooper, was able to join us. Colleagues valued hearing directly from her about her priorities and her clear support for nursing and midwifery, recognising the vital contribution you make every day in all settings.

During her speech, the Secretary of State reiterated the importance of social care reform and the need to build a system that works better for people, families and staff. The Big Conversation on Care has now been launched, asking people across the country what they want and expect from a future National Care Service. This is a significant opportunity for nursing colleagues, and the people we support, to help shape the future of care. Please do take part and encourage others to get involved. In July, the Department of Health and Social Care opened a call for evidence on the use of the title 'nurse'. We know that patients and the public place enormous trust in registered nurses. By protecting the title of nurse, we can help maintain public confidence that care is being provided by professionals with the right education, skills and accountability, and this call for evidence is an opportunity to help shape how future protections for the title of nurse should work in practice. This has been shared across the nursing community within the Trust for views. We have begun some initial scoping work in preparation for any national recommendations.

In future we will need to increase planning for hotter summers as we do every year for winter. We are already looking ahead to and preparing for the winter months. Vaccination is one of the simplest and most effective ways we can help protect ourselves, our families, and our patients. As nursing professionals, we also play a vital role in promoting the importance of vaccination to our patients and local communities, and in protecting ourselves.

Social Work Update

Social Work services continue to make progress across a number of strategic and operational priorities. Joint work with Hull City Council has focused on securing a sustainable future model for Approved Mental Health Professional (AMHP) services,

including proposals to address current workforce and funding pressures and support the delivery of safe and effective statutory services.

Social work performance and delivery continue to be monitored through developing joint dashboard arrangements, with a focus on strengthening oversight of statutory responsibilities and supporting improvements in Care Act review activity. Workforce development remains a key priority, with three staff successfully securing places on AMHP training programmes commencing in September and further work underway to expand practice education capacity, support social work apprenticeships and develop newly qualified social workers through the Assessed and Supported Year in Employment programme. The Trust has also continued to influence social work practice more widely, with its approach to developing social work services being shared with Humber and North Yorkshire ICB colleagues and ongoing partnership work with NHS England, the Department of Health and Social Care, and Lancashire and South Cumbria NHS Foundation Trust to advance interprofessional learning, leadership development and trauma-informed practice.

Allied Health Professionals 2025-2026

Achievements at a Glance



4.3 Executive Director of People & Organisational Development (OD) Updates

4.3.1 Leadership Visibility

Addictions Services Visit – August 2026

The Executive Director of People & OD visited the Trust's Addictions Services and met with Simon and Lisa to gain an overview of the service, its outcomes and current challenges. The discussion highlighted increasing demand, driven in part by greater awareness of services and reduced stigma around accessing support. The service provides harm reduction, treatment and recovery support, working closely with primary care, public health, criminal justice and other partner organisations.

Staff described supporting individuals with complex needs, including substance dependency and co-existing mental health conditions, through multidisciplinary assessment and recovery pathways. Strong partnership working, outreach provision and engagement with young people were highlighted as particular strengths.

A key focus of the visit was staff wellbeing. Whilst colleagues manage significant caseloads and emotionally demanding work, there was a clear emphasis on supporting staff through regular clinical supervision, strong leadership and a positive team culture. Staff spoke positively about the support available to them and the visibility of local leadership. Turnover remains relatively stable, and leaders continue to prioritise staff wellbeing and professional development.

Overall, I was impressed by the commitment and professionalism of the team. The visit demonstrated the significant impact the service has on supporting recovery and improving lives, underpinned by strong partnership working, effective leadership and a supportive culture.

4.3.2 NHS Staff Standards

NHS England's NHS Staff Standards, published on 6 July 2026, introduce a mandatory national framework to strengthen staff experience and improve consistency across NHS organisations. The Standards cover six priority areas: line management, health and wellbeing, violence prevention and reduction, sexual safety, tackling racism, and flexible working. Compliance and progress will be monitored through the NHS Oversight Framework, with performance assessed against NHS Staff Survey indicators and workforce metrics.

The Standards align closely with Humber's existing priorities within *Being Humber*, the People Strategy and established programmes focused on wellbeing, inclusion, flexible working, sexual safety, violence prevention and leadership development. As a result, the Trust is well positioned to respond to the new requirements.

A comprehensive assessment against the Standards has been completed and reviewed by EMT. Work is now underway to establish a reporting framework and implementation plan, ensuring robust oversight through EMT, People Committee and Board. This will enable targeted action where required, provide assurance on progress and support delivery of measurable improvements against the national framework.

Overall, the Standards reinforce the national emphasis on staff experience as a key determinant of organisational performance. Humber has strong foundations in place and appropriate governance arrangements to support effective implementation and ongoing assurance.

4.3.3 NHS Leadership and Management Framework

NHS England has launched the NHS Leadership and Management Framework, introducing a national code of practice, leadership standards and management competencies for leaders and managers at all levels across the NHS. The framework provides a consistent approach to leadership expectations, development and accountability, and is supported by a range of resources including a self assessment tool. Additional development resources, enhanced feedback tools and modular learning programmes are expected to follow later this year.

In response, Humber is launching its new **Leadership and Management Skills Hub**, which will act as a single point of access for national NHS leadership resources alongside the Trust's existing leadership, management and talent development offers. This approach supports the commitments previously outlined to EMT regarding strengthening leadership capability, enhancing talent management pathways and embedding the Being Humber culture programme.

Work is underway to align Humber's current leadership and management development programmes with both the NHS Leadership and Management Code and the new Framework. This will ensure that national and local development offers complement one another, providing a coherent and consistent leadership journey rather than competing initiatives.

By bringing these resources together through the Skills Hub, the Trust will provide greater clarity for leaders and managers about the standards expected of them, the development opportunities available and the support required to succeed. This reinforces Humber's commitment to investing in leadership capability and creating the conditions for leaders and managers to thrive in the modern NHS, whilst continuing to deliver compassionate, inclusive and effective services for patients and communities.

4.3.7 Equality, Diversity and Inclusion

Disability Confident Leader

Following a successful independent assessment and third-party validation process, the Trust has been awarded Disability Confident Leader status, the highest level of the Government's Disability Confident scheme.

This recognition demonstrates our commitment to creating an inclusive workplace where disabled colleagues can thrive and confirms that our employment practices meet rigorous standards for attracting, recruiting, retaining and developing disabled talent. As a Disability Confident Leader, the Trust is expected not only to champion disability inclusion within our own organisation but also to share good practice, support other employers and act as an advocate for greater accessibility and equality across the wider health and care sector.

This achievement reflects the sustained efforts of colleagues across the Trust to foster a culture where diversity is valued, and everyone is empowered to contribute their best.

New Staff Network Chairs

Following a period of recruitment challenge in identifying suitable candidates to lead the Disability and LGBTQ+ Staff Networks, we are pleased to report that new Chairs have now been successfully appointed to both networks.

The appointments provide renewed leadership and momentum for these important colleague forums, which play a key role in promoting inclusion, supporting staff wellbeing, and ensuring that the voices and experiences of underrepresented groups help inform organisational priorities.

Both Chairs have now convened their inaugural network meetings, providing an opportunity to engage with members, establish priorities for the coming year, and begin developing action plans aligned to the Trust's equality, diversity and inclusion objectives. This represents a positive step forward in strengthening colleague engagement and maintaining effective staff network representation across the Trust.

Respect in Care Pilot Demonstrates Measurable Impact in Tackling Racism

The Trust is leading innovative work through its Respect in Care pilot, a quality improvement initiative designed to address racism experienced by staff on inpatient wards. Using a Quality Improvement (QI) methodology, the project has developed and tested an evidence-based intervention aimed at creating safer, more respectful environments for both staff and patients.

The pilot has demonstrated significant and measurable success, delivering rapid improvements within a short timeframe. Within three months, incidents of abuse reduced by 65%, falling from 102 to 36 incidents, while overall incidents decreased by 52%. These outcomes highlight the effectiveness of a structured, proactive approach to addressing racism and promoting respectful behaviours within clinical settings.

The benefits of the initiative have extended beyond incident reduction to positively impact workforce wellbeing and organisational resilience. Staff sickness rates reduced from 6% to 4%, alongside lower turnover levels and a 31% reduction in vacancy rates. These improvements demonstrate the strong link between creating inclusive, supportive working environments and achieving better workforce outcomes.

The success of the pilot provides a strong foundation for wider implementation across the Trust and offers valuable learning for other organisations seeking to address workplace racism. It reflects the Trust's commitment to embedding anti-racism within quality improvement practice and delivering meaningful, sustainable change that improves both staff experience and the quality of care provided.

Trust Celebration of South Asian Heritage Month

The Trust marked South Asian Heritage Month by celebrating the rich cultures, histories and contributions of colleagues with South Asian heritage. Throughout the month, a series of communications highlighted the experiences and achievements of staff from across the organisation, creating opportunities for learning, reflection and meaningful conversation.

A key feature of the celebration was the sharing of personal stories from staff members, who spoke about their cultural backgrounds, career journeys, and the importance of identity and belonging in the workplace. These inspiring accounts provided valuable insight into the diversity of experiences within the Trust and helped to promote greater understanding, appreciation and inclusion among colleagues.

Hear the Story Podcast Launch

The Trust has developed Hear the Story, a new podcast series that brings together the voices of colleagues and people with lived experience to explore how understanding individual stories can improve care and support better outcomes.

Created as part of the wider See the Story campaign, the podcast supports the work of the Trust's Care Culture and Equity Group by promoting trauma-informed care, reducing health inequalities, advancing the Patient and Carer Race Equality Framework (PCREF), and strengthening a culture of compassionate care. Through shared experiences and personal reflections, the series highlights how listening, understanding and responding to people's stories can make a meaningful difference to care experiences. Alongside the podcast, the campaign provides practical resources to help teams embed these principles into everyday practice and support more equitable, person-centred care.

Responding to the EHRC Code of Practice and Supreme Court Judgment

Following the publication of the Equality and Human Rights Commission (EHRC) Code of Practice in July, issued in response to the Supreme Court judgment, the Trust established a dedicated Task and Finish Group to review the guidance and consider its implications for the organisation.

The group has met to assess the potential impact on Trust policies, practices and staff support arrangements, ensuring that the organisation remains compliant with legal requirements while continuing to promote an inclusive and respectful environment for all colleagues and service users. A briefing paper has been drafted for the Executive Management Team, outlining the key considerations arising from the guidance, the expected implications for the Trust, and recommended actions to support implementation.

This work demonstrates the Trust's commitment to responding proactively to changes in the legal and regulatory landscape, providing clear leadership and guidance, and ensuring that Equality, Diversity and Inclusion principles remain embedded across the organisation. The ongoing review will help to support consistent practice, informed decision-making, and effective communication with staff as national guidance continues to develop.

4.3.8 People Experience

Developing a Multi-Generational Employee Value Proposition

Through research and a series of generation-based focus groups, colleagues shared their experiences, needs and desires and what helps them thrive at work at their particular stage of life and career. This led to 262 statements (each a story told by staff) in our own words across all 4 cohorts – Gen Z, Gen Y (millennials), Gen X and Gen Baby Boomers. There were clear reoccurring themes across all the cohorts – but the needs behind them were unique to each cohort. Interestingly the reoccurring themes were very similar, if not at times mirroring, the national research. Each statement was coded (counted) under the reoccurring themes

- Flexibility 38 (statements of needs and desires)
- Supportive Compassionate Managers 38
- Clear Communication and Involvement 38
- Development and progression opportunities 22
- Fairness and equity in treatment 12
- Well-being 29
- Connection with colleagues and sense of belonging to team at work 22

We have now moved into the second phase, with follow up cohort sessions focused on validating findings, exploring differences in needs across generations, and identifying each cohort's priority theme/top 3 statements and confirm a single practical action colleagues would like to see taken forward in 2026. A wider electronic survey has also been shared with all volunteers to ensure as many voices as possible contribute to shaping future priorities.

Early findings continue to reinforce the importance of compassionate leadership, meaningful career development, flexibility, psychological safety, and strong team connections.

2026 National Staff Survey

Preparations are underway for the 2026 National Staff Survey, which launches on 5 October and runs until 30 November. Following Humber's highest-ever response rate in 2025 (64%), the focus this year is to maintain or improve participation levels and with the ambition that every division achieves a response rate above 50%. A comprehensive and living and breathing communications campaign is underway. As in previous years, managers will play a key role in promoting the survey, supported by communications packs, promotional resources and real-time response rate reporting. The survey remains one of the Trust's most important mechanisms for understanding colleague experience, with results an important tool for local teams/departments to take ownership of their colleagues' experiences and Trust-wide initiatives.

2025 National Staff Survey – turning results into meaningful actions

Following the 2025 National Staff Survey, over 120 teams participated in local listening conversations focused on what would help colleagues feel more valued at work. The feedback identified a number of recurring Trust-wide themes;

- Communication, Engagement and Staff Voice
- Feedback, Recognition and Team Culture

- Managers Development and Support
- Leadership Visibility and Trust
- Leadership Culture and Behaviours
- Creating the Conditions for Teams to Thrive

Each theme has an executive-sponsored task and finish group established to develop and implement improvements based directly on colleague feedback. The groups in July and August have met to identify a combination of quick wins, medium-term improvements and longer-term actions, ensuring that staff voices continue to shape organisational priorities and tangible change across the Trust. An update paper is prepared and scheduled for EMT in October, with the next steps the EMT sponsors check-in with their group in October.

4.4 Executive Medical Director Updates

4.4.1 Leadership Viability

The Executive Medical Director continues to undertake regular visits to clinical teams across the Trust to strengthen engagement with frontline staff and gain direct insight into service delivery. Recent visits to the Avondale Unit included discussions with clinical teams regarding the management of significant incidents, staff wellbeing, psychological support, reflective practice and post-incident debriefing arrangements.

Time was also spent with teams in the Hull Community Mental Health Team based at the Waterloo Centre, alongside discussions with clinical and operational leaders regarding community mental health services. These visits provide valuable opportunities to review clinical pathways and operational processes, support continuous improvement in medicines management and patient safety, and ensure that service delivery remains focused on providing timely, safe and high-quality care for patients.

4.4.2 Medical Education

The Trust continues to demonstrate strong performance in medical education. The 2026 GMC National Training Survey reported positive outcomes across several indicators, including no reported patient safety or undermining concerns from doctors in training, performance within the top 10% of comparable UK training organisations, and a national first-place ranking from trainers for trainer experience. No areas requiring regulatory intervention were identified.

Progress continues against the NHS England 10-Point Plan for Improving Resident Doctor Working Lives, with the Trust approaching full compliance. The Trust has also been recognised externally for good practice and invited to share learning with other NHS providers.

The Trust remains committed to supporting the development of all medical staff. Recent development programmes for Specialty and Specialist (SAS) doctors have been well attended and positively evaluated, supporting career development, leadership capability and professional practice.

4.4.3 Medical Staffing

Work continues to enhance the experience of resident doctors through the development of policies covering annual leave, exception reporting and non-resident on-call arrangements. These policies have been developed in partnership with resident doctor representatives and are progressing through the Trust's governance processes.

4.4.4 Resident Doctor Workforce Expansion and Locally Employed Doctors

The Trust has received national guidance regarding the expansion of resident doctor training posts and the review of locally employed doctors. At present, the Trust is unable to support requests for additional training posts. Work is underway to review the medical workforce and financial models to ensure the organisation is well placed to consider future opportunities for training post expansion. The Trust does not currently employ any locally employed doctors (LED) and therefore the national guidance has no direct implications currently.

4.4.5 Medical Business

The Trust successfully completed its 2026 Revalidation and Appraisal Annual Organisation Audit, with no issues or concerns identified.

Preparations are underway for the 2027/28 medical job planning cycle to commence in October, aligned to the NHS England 90-Day Service-Level Planning Challenge. This work aims to strengthen service-level activity planning and ensure medical workforce deployment is informed by demand, capacity and service need, supporting effective workforce planning, improved productivity and the delivery of high-quality patient care

4.4.6 Mental Health Legislation

The Associate Hospital Manager (AHM) service continues to support the Trust's statutory obligations. Recruitment activity has strengthened the cohort, with additional appointments progressing through the relevant processes.

The Mental Health Legislation Team continues to experience workforce capacity pressures. These are being reviewed for longer-term resourcing requirements, with priority currently given to the delivery of core statutory functions.

4.4.7 Patient and Carer Experience

A review of the Trust's Patient and Carer Experience forums identified opportunities to strengthen engagement, improve flexibility and enhance the link between feedback and service improvement.

Work is underway to develop a future engagement model that supports greater involvement of patients, carers and communities in shaping services and aligns with wider NHS priorities.

In addition, governance arrangements supporting delivery of actions arising from the Community Mental Health Service User Survey have been strengthened. Improvement work continues to be co-produced with people with lived experience,

including pilot work within Hull Integrated Care Team for Older People (HICTOP) to inform future service improvements.

4.5 Executive Director of Finance, Resources, Estates and Digital Updates

4.5.1 Leadership Visibility

A series of site visits continue to be arranged with the senior Finance Directorate team to learn more about services and for services to learn more about the work of the directorate and for any questions on our portfolio to be raised.

Since the last Board meeting have visited Barts House Goole with Iain Omand and the Humber Centre with Rob Atkinson, I have also accompanied the Non-Executive Directors on unannounced visits at Maister Court (With Steph Poole) and Townend Court (With Phillip Earnshaw).

4.5.2 Cyber Security Updates

NHS Cyber Security Operations Centre (CSOC) release several alerts each month, these were referred to as CareCERT advisories but are now known as Cyber Alerts, the Trust must ensure that action is taken to deploy the remediation for each.

Alerts fall into two types of notification:

Cyber Alerts - The trust must ensure that action is taken to deploy the remediation for each Cyber Alert as soon as possible but within 10 working days.

High priority Cyber Alerts - any remediation patches must be deployed as soon as possible, and we must provide a response to CSOC within 48 hours to confirm that any remediation has been deployed.

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

Activity updated since the last board report

- Cyber Alerts issued during 2026: 102 (Including 15 in August)
- High Priority Cyber Alerts Issued during 2026: 22 (Including 2 in August)
- August Cyber Alerts with patch(s) NOT approved for deployment: 0
- August Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 1
- August Cyber Alerts not 100% deployed (due to devices still to check in): 0

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during September or October 2025

NHS Cyber Security Operations Centre (CSOC) release several alerts each month, these were referred to as CareCERT advisories but are now known as Cyber Alerts, the Trust must ensure that action is taken to deploy the remediation for each
Alerts fall into two types of notification

Cyber Alerts - The trust must ensure that action is taken to deploy the remediation for each Cyber Alert as soon as possible but within 10 working days.

High priority Cyber Alerts - any remediation patches must be deployed as soon as possible, and we must provide a response to CSOC within 48 hours to confirm that any remediation has been deployed.

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

Activity updated since the last board report

- Cyber Alerts issued during 2026: 102 (Including 15 in August)
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There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during September or October 2025

Servers:

There are 53 servers, 45 on-premises and 8 in Azure cloud running Windows Server 2022.

All servers are fully patched to August 2026.

The Trust's contractor Waterston provide a service to manage elements of the trust infrastructure, including management and quarterly restore testing of backups. Reports are provided and reviewed quarterly, and the latest report (July 2026) shows there are no issues to report.

4.5.4 Facilities Management Updates

Adult Inpatient Redesign Update

The Adult Mental Health Inpatient Redesign Programme continues to progress through the key design, planning, service-change assurance and enabling infrastructure workstreams required to deliver Phase 1 - a new 18-bed Acute Inpatient Unit at Willerby Hill.

Following a competitive procurement exercise through the NHS England ProCure23 (P23) Framework, Integrated Health Projects (IHP) has been appointed as Principal Supply Chain Partner (PSCP) to deliver RIBA Stage 4 Detailed Design and develop the final Phase 1 cost, with the intention, subject to affordability and the required approvals, to continue through to construction.

RIBA Stage 3 is complete, and the formal Stage 4 design commencement workshop took place on 11 September 2026. Staff and public planning engagement in August was well attended and generally positive.

The hybrid planning application remains targeted for November 2026, although additional bat survey requirements create a potential risk to determination. The refreshed PCBC is scheduled for Executive Project Board consideration on 14 September 2026, after which the programme will progress through Clinical Senate and wider NHS England service-change assurance. The next major milestones are planning submission in November 2026 and completion of RIBA Stage 4 design and final cost in December 2026.

Safety

Inaugural Fire Safety Group meeting held in September to align with the updated HTM 05-01; reporting to the Trust's H&S Group.

Responsible Person SOP for Fire, H&S and the new Martyn's Law (Terrorism Act) has been drafted for review at the September H&S Group.

Soft FM - Hotel Services

PLACE assessments have commenced for 2026.

Annual sharps audit being brought in house and led by waste manager.

New domestic monitoring system due to go live, this will be harmonised with other soft FM software platforms.

There is now a green waste skip at Willerby increasing the Trust's ability to recycle (*one of the first items to be put in it will be the burnt turf from the fire walk*).

4.5.5 PARTNERSHIPS AND STRATEGY

The Trust has been notified and received a letter of intention to award for the NOEPC Public Health Services Framework Procurement. The Trust submitted a response for 78 lines across 5 Lots, and we were successful on 77 of those lines.

The LD Cancer Screening Project has been nominated for an award for the Humber and North Yorkshire Cancer Alliance Excellence in Cancer Award for their accessible Lung Cancer video that was coproduced. The nomination is in the Championing the Patient Voice category.

Hull has approved the Trust's response to the SEND White Paper and the associated Experts at Hand expert health offer. Mobilisation is now progressing at pace, with the outcome from East Riding still awaited.

The Trust has submitted a bid to the Department for Environment, Food and Rural Affairs (DEFRA) to support Farmers Welfare across parts of N Yorkshire and East Riding. This is for £164k pa (3 years duration). The outcome is expected October 2026.

The Trust has been invited to apply for funding from the NHSE Health Inequalities Provider Accelerator Programme, which aims to increase healthy life expectancy in target areas. The Trust's project will commence in Autumn 2026 and will focus on community based, coproduced mental health prevention activity in East Hull.

4.5.6 Finance Updates

The Team is currently gathering evidence to support its application for Future Focussed Finance Level 2 accreditation (now banded at One NHS Finance Towards Excellence Accreditation). Level 2 accreditation means we don't just have a good finance team, we have an organisation with good financial management, financial understanding, partnership working and finance skills that are embedded more widely.

The Finance Team (Financial Services and Management Accounts) are planning a series of visits across Trust Sites with a particular focus on our inpatient units. Visits will have a focus on finance and support to understand our policies and procedures but will be an excellent opportunity for the team to meet frontline staff and support them in patient care.

5. Communications Update

See Appendix 1 & 2

6. Health Stars Update

See Appendix 3

Communications Board Report – July– August 2026

Strategy theme: Promoting people, communities, and social values

Project title	Strategic intent	Key activity during the reporting period	Progress and impact	Target outcomes by 2027
Shared Content Strategy	To improve the consistency, accessibility, and impact of content by coordinating how stories and messages are planned, created, and shared across channels.	Content planning meetings embedded as standard practice. Increased coordination around events and public health initiatives. Engagement rate is climbing towards target	415,000 content views during reporting period Average social media engagement rate of 6.28% percent, with a peak of 48 percent. Reduction in single use content, limited to one off announcements. 20 people focused stories suitable for press or social media published since April 2025. 251 social media posts published across the period, averaging 3,5 posts per day. This brings the yearly total to 1,373.	Sustained average social media engagement rate of 8%. No single use content outside exceptional announcements. Fully embedded content planning and logging process. A minimum of ten people focused press or social media stories published each year. Consistent weekday posting of three to twelve posts, excluding event days.
Health Inequalities	To reduce barriers to accessing information by improving the availability, accessibility, and inclusivity of patient communications.	Patient information library is live on the Trust website. Leaflet Library Humber Teaching NHS Foundation Trust	All managers have been contacted to submit leaflets under the new process. Stakeholders contacted to invite them to share resources. Patient Information Procedure has been reviewed to support and give guidance – approval via ODG.	Measurable increase in access to patient information, with usage KPIs set six months after launch. Accessibility checklist applied to all documents submitted through the Brand inbox.

Project title	Strategic intent	Key activity during the reporting period	Progress and impact	Target outcomes by 2027
		The Trust website is undergoing second phase of auditing for WCAG 2.	Additional development work commissioned to improve visibility of Choice & Medication library. All accessibility issues within the Humber website on previously existing pages have been rectified. Preparing to undergo final phase of WCAG audit testing. New Recite Me accessibility tool for trust website has been selected. YoY saving and improved features. Accessibility checklist is continuing to be well used by members of staff. Approvals process for brand has been streamlined significantly, encouraging engagement.	Month on month increase in the number of documents available in multiple accessible formats.

Strategy Theme: Developing an Effective and Empowered Workforce

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Cultural communications	To support a positive and inclusive culture through clear, compassionate internal communication, strengthen leadership visibility, improve message cascades, and	Activity continues to progress positively in support of the strategic aim of strengthening internal communication, staff engagement and access to	Improved access to information, support and opportunities to have their voice heard, with clearer and more engaging communications helping to maximise staff participation	New staff newsletter design, name, and editorial focus agreed by Executive Management Team. Sustained improvement in staff engagement with internal communications.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
	increase two way communication.	clear, timely and consistent information. Recent activity has focused on supporting key Trust-wide priorities. Refreshed communications and design assets have been developed for the NHS Staff Survey and staff flu vaccination programme to support awareness and participation. Work is also underway with Workforce colleagues to develop a new Staff Wellbeing Hub, bringing together access to staff support and resources in one place. Communications are also being developed to reinforce the Trust's No Excuse for Abuse framework, supporting a culture in which staff feel safe, respected and protected from bullying, harassment and unacceptable behaviour.	in key Trust initiatives. In particular, effective communications around the NHS Staff Survey will support the Trust in hearing from as many colleagues as possible, ensuring staff experiences and views can inform future improvements. Promoting the flu vaccination programme will help maximise uptake and support staff, patients and colleagues by reducing the risk of flu across our services. The new wellbeing and No Excuse for Abuse communications will also make it easier for staff to find appropriate support and understand the behaviours and protections expected across the organisation.	Continued year on year improvement in Staff Survey participation and feedback on communication and leadership visibility.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Communications training hub	To build confidence and capability across the organisation by sharing communications skills and expertise through accessible online and in person training.	Communications training booklet created. Media training has now been accessed by 73 staff across the Trust Working with EPRR Team to create bespoke Director on Call media training Media Training is now accessible on ESR and shows against staff's training records, legitimising the sessions and adding greater impact. Working with Medical Education Team to deliver media training to doctors	Increased access to consistent communications and media training materials. Improved visibility and sustainability of training through ESR, reducing reliance on ad hoc sessions. Strengthened protection for potential times of crisis.	Fully launched communications training hub combining digital and in person offer. Measurable increase in uptake of communications and media training. Improved staff confidence in local communication activity, reflected in feedback and reduced reactive demand on the communications team.
Humblebelievable recruitment campaign	To support recruitment and retention through a strong, consistent employer brand and an award winning, data led recruitment marketing campaign.	New creative developed including staff voices about what they like most about working at the Trust, embracing team ethos and Being Humber values. This is front and centre of September back-to-school/work life balance	Recruitment campaign performance maintained in line with same period in 2025/26. Ads simplified with stronger message toward how Humber 'does it differently', supportive environment, and	Sustained or improved recruitment campaign performance year on year. Nursing vacancy rate reduced to around 6% or below. Continued growth in jobs bulletin subscribers and engagement,

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		focused campaign, which has been set up and is now live. 	region-leading performance. We are different to others. Join Humber jobs bulletin subscriber base consistently sits at 2700, with an open rate consistently above 40%	supporting a strong recruitment pipeline.

Strategy Theme: Enhancing prevention, wellbeing and recovery.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Trauma-informed communications	To support the Trust's aspiration to embed a trauma-informed culture by recognising the impact of trauma, fostering safe and trusting communication, and adapting practices to support recovery and prevent re-traumatisation.	Ongoing promotion of podcast 1/2 Podcast episode 3 and 4 launched in September. Co-produced Trauma Informed Language Guide will be published in September. Combined with Style guide to create a 'How we Communicate Guide' incorporating Being Humber and our Trauma Informed approach.	Over 500 podcast listens on youtube. 9400+ views of clips on facebook 177 visits to intranet hub.	80% of materials submitted to the Brand inbox meet agreed trauma-informed communication standards by Q3 2027. Improved staff self-assessment of trauma-informed practice and community awareness by Q3 2027. Increased use of accessibility tools including ReachDeck and AccessAble to more than 60% by 2027.
Digital accessibility	To maintain a fully inclusive and accessible digital environment by implementing website accessibility audits and acting on recommendations, removing barriers to accessing digital communications.	Final phase of accreditation process underway. Initial actions from first accreditation process phase complete. Increased usage of Microsoft Sway newsletter templates and reduction in inaccessible formats.	Improved consistency and quality of accessible digital content. Tightening of guidelines and processes surrounding creating patient information.	AbilityNet accreditation achieved and maintained. Trust website named in the Top 30 NHS websites for accessibility. All Recommendations from accessibility audits implemented to meet web accessibility standards. Measurable increase in the percentage of digital content and platforms meeting accessibility requirements. Expanded accessibility resources available through the Brand Centre.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		More text templates and accessibility guidance added to Brand Centre. Patient information library launched.	Significant portion of pages within the trust website is of WCAG 2.2 standard.	

Communications Partner Projects

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Community and primary care – Virtual Ward referrals	Closed - project complete			
Mental health - Recovery and Wellbeing College bookings	Closed – project complete			
Forensic – recruitment	Closed – project complete			
Children’s and learning disabilities	To strengthen communications across children’s and learning disabilities services through a Communications Champions Forum, supporting consistent messaging and shared responses to local health priorities.	Continuation of potty training and immunisation campaigns with PR and NHSE materials.	100,000 views of campaign content. Three external facing stories have been produced and growing reactive and proactive communications channels continue.	Identify external facing stories and share through channels – aim for 3 external facing per year

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
			2,800 clicks to Connect website for advice on potty training	

Strategy Theme: Fostering Integration Partnerships and Alliances

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Cultivating collaboration and managing internal efficiencies	To strengthen collaboration, improve internal culture, and embed more sustainable ways of working within the communications function, supporting a resilient and future-ready service aligned to organisational priorities.	Action taken to address internal culture themes identified through team survey feedback – focused relationship strengthening in Q2 and now structured use of efficiency tools in Q3, which is spearheaded by Loren as our digital representative. Supporting Estates with their annual communications plan. Supporting QI with improved engagement through internal communications channels.	Increased focus on priority areas through clearer planning. Strategic approach to service-level communications and relation building. Positive feedback on communications involvement in Trust-wide projects. Higher levels of efficiency and collaboration due to introduction of shared digital tools across the team.	At least 80% overall team satisfaction. More than 60% of senior managers report feeling well supported by the communications team. At least 80% of team members report confidence in new processes and tools by year end.

Strategy theme: Optimising an efficient and sustainable organisation

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Strategic BeDigital Communications	To empower staff and communities to understand and confidently use digital tools, promote innovation and quality, and support the shift from analogue to digital in line with the national 10 Year Plan.	Communications support provided to Trust-wide BeDigital programmes, including Wayfinder and the NHS App appointments go live. Positive case studies from digital investment captured and shared. Supporting the Digital Team with their HSJ Digital Award submissions. Interweave communications support ongoing – recently shortlisted for the HTN Award for 'Partnership of the Year'.	Improved visibility and understanding of Trust-wide digital programmes and their benefits. Stronger narrative around the value of digital investment and innovation. Increased confidence among senior leaders through clearer reporting of digital communications impact aligned to organisational goals and the 10 Year Plan. External recognition of project progress and success. Strengthening of digital media relationships to support future innovation coverage.	See BeDigital Strategic Communications Plan 2026-28, which is in line with the Trust's Enabling Digital Strategy. See Interweave Communications Strategy 2025-27.

Strategy Theme: innovating for Quality & Patient Safety

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
CQC communications support	To support quality improvement and regulatory readiness by providing clear, timely communications aligned to CQC requirements and internal quality priorities.	Member of CQC well-led task & finish group. Well-led briefing pack designed with Clinical Governance. Full audit of website service pages completed	Board and governors supported for inspection readiness. Shared response plan to all inspections including Support teams to 'shine a light' on the things we are proud of, so inspectors can see the full picture of our services.	Sustained improvement across CQC self-assessment domains. Clear and consistent communications support embedded within quality governance structures. Improved organisational readiness and assurance ahead of inspection activity.
Freedom to Speak Up	To increase awareness, confidence, and appropriate use of the Freedom to Speak Up process, supporting a culture of openness, learning, and patient safety.	Plan for 2026/2027 by using staff survey results to help with planning for the next year. New intranet development to make ambassadors more visible. Book in to attending 2026 FTSU Meetings	Data from the staff survey will help inform relevant plans and decisions. Ensure consistent support and relationship building with the communications team. More visibility of FTSU and reporting procedure in staff facing areas.	Increase in the percentage of staff who report awareness of Freedom to Speak Up and understanding of the process through Staff Survey results. Increase in low-level Freedom to Speak Up reporting, indicating greater confidence to raise concerns early.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		New posters on staff sites		

Media Coverage



37 positive stories published in local/national media

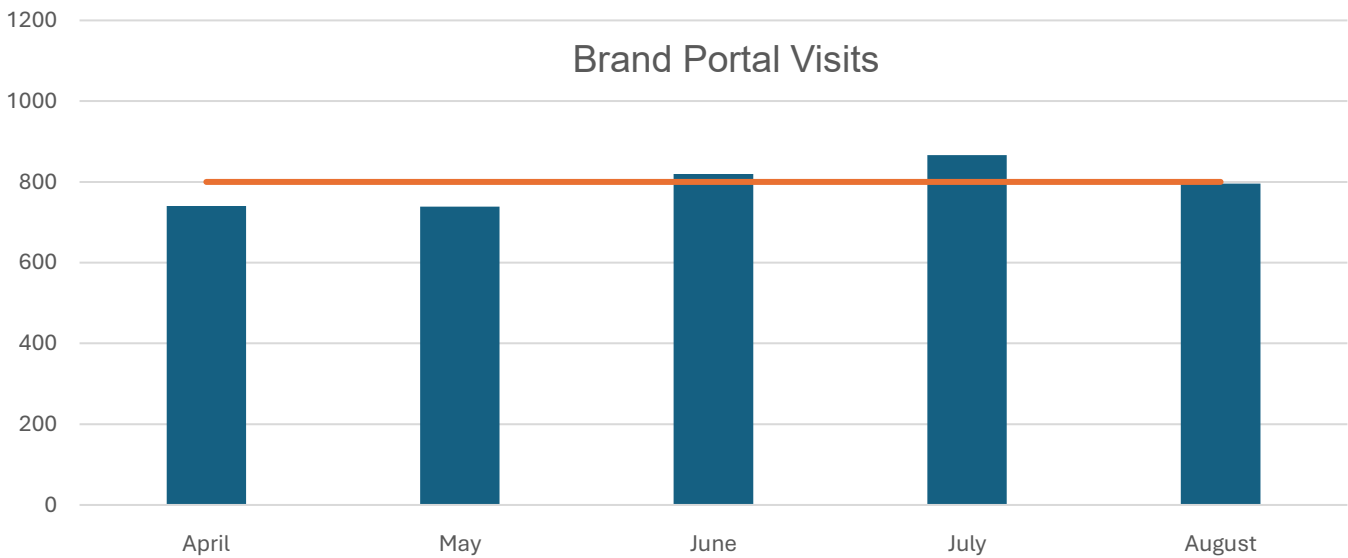


0 Negative stories published

Monthly target of 5 positive stories:
1 negative story

Media Pick Up Rate	Number of Items
Press releases issued	19
Published in national media	25
Published in local media	39
Total media mentions	47

Brand Management



Measuring the enquiries to the Brand inbox and visits to the brand website helps us understand if staff are engaging with the information and support, we offer.

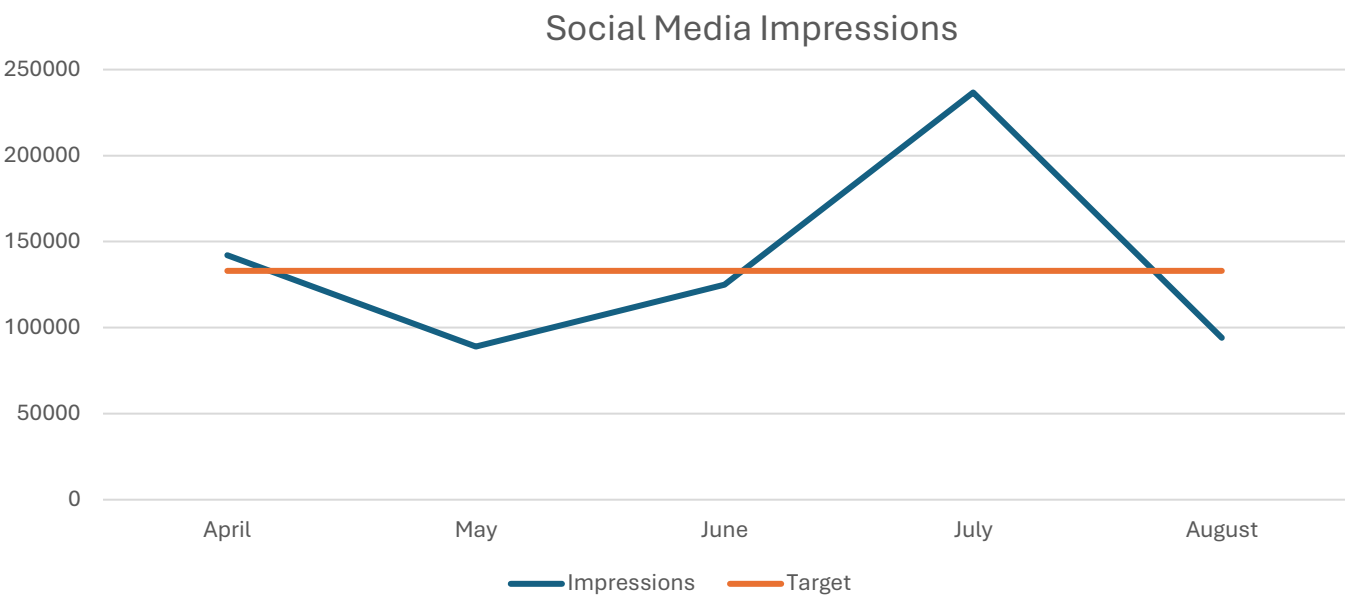
August is a significant month for staff annual leave so slight dip below target is not concerning. We continue to hold regular ‘Ask Emma’ sessions with our in-house Graphic Designer to build confidence and awareness of our Brand Portal and its resources.

Number of amend required on submission for approval of branded materials

Month	Approved	Target
July	75%	50% ✓
August	100%	50% ✓

Brand compliance is now measured by the number of amendment rounds required before approval. Fewer amendments indicate stronger adherence to Trust branding and more effective use of brand guidance.

Social Media



Social media performance is measured through engagement rate and impressions, giving a fuller picture of both audience interaction and reach. Social media impressions fell in August due to a seasonal dip in new website content surrounding holiday season, compared to the sharp increase in July produced by the announcement of the Adult Mental Health Redevelopment project.

Social Media Trends

Month	Engagement Rate (target 4%)	Audience Growth (Target 1.6%)	Followers gained YTD
April	6%	0.6%	121
May	3.90%	0.30%	219
June	5%	0.8%	365
July	7%	0.9%	519
August	4%	0.6%	640

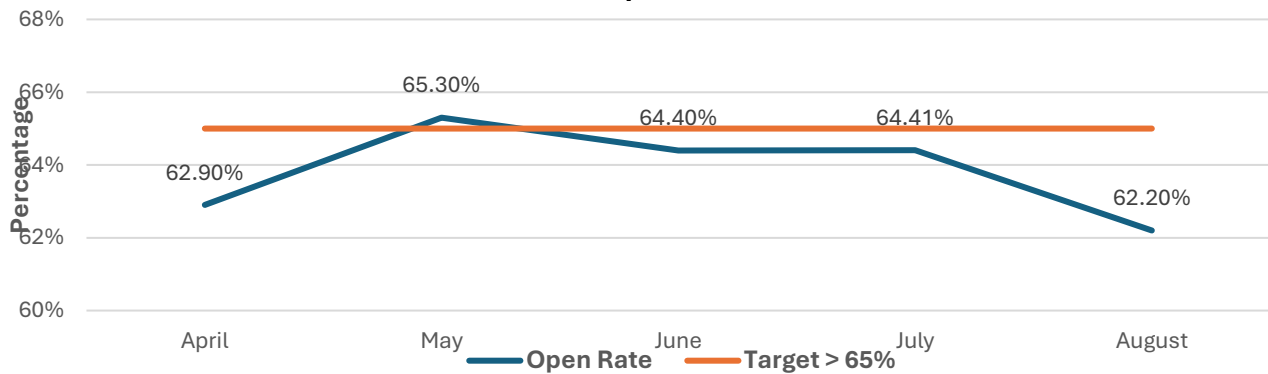
Social media performance remained strong overall, with engagement exceeding or meeting target. Strong engagement in July was noted due to the Adult Mental Health Redevelopment project.

Historically, audience growth is strongest during periods of increased campaign activity, including major recruitment campaigns, awards season and Trust events, with peaks typically seen in September, January and March.

Internal Communications

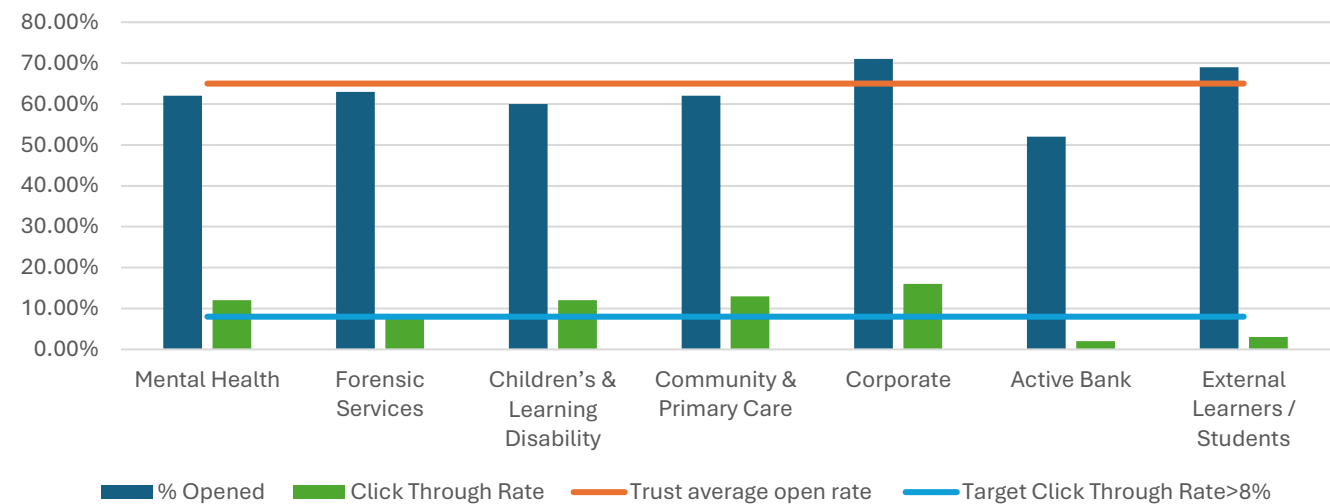
Internal communications KPIs remain unchanged to support year-on-year comparison. Performance continues to be strong overall, although email engagement dipped below target in July and August, likely reflecting lower staff availability during the summer leave period.

Global Open Rate

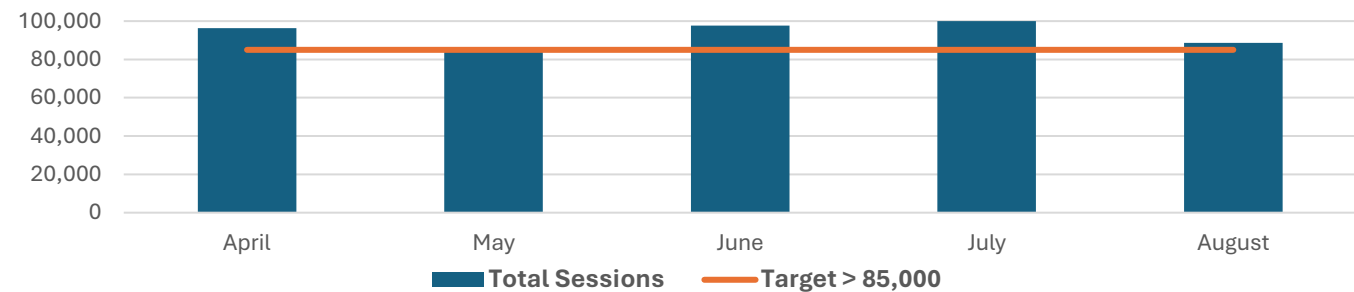


Global Open Rate & Click Through by Division

Open rates for clinical divisions were below target during the quarter; however, click-through rates remained strong at 13% and 11.95%, both well above the 8% target. This suggests that while overall reach was lower, the content continued to generate good engagement among staff who opened the emails.

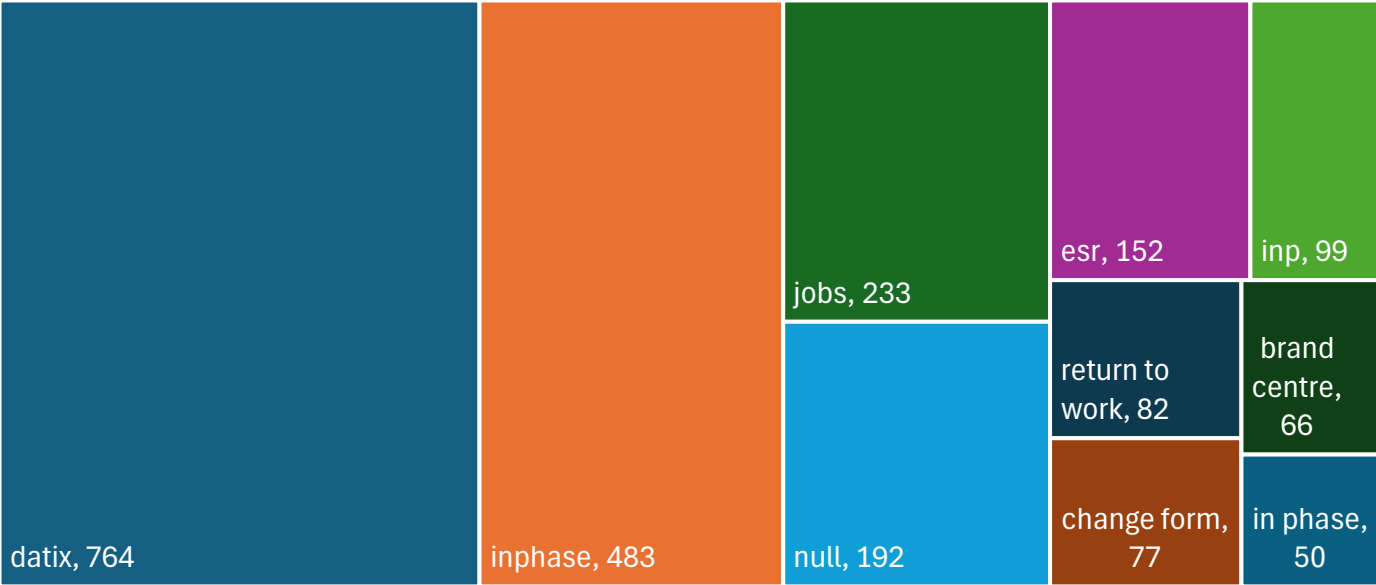


Intranet Sessions



Intranet sessions remained above the 85,000 monthly target. Unlike other internal communications measures, which dipped in August, intranet activity remained relatively strong, likely supported by increased interest in the mental health inpatient redevelopment announcement.

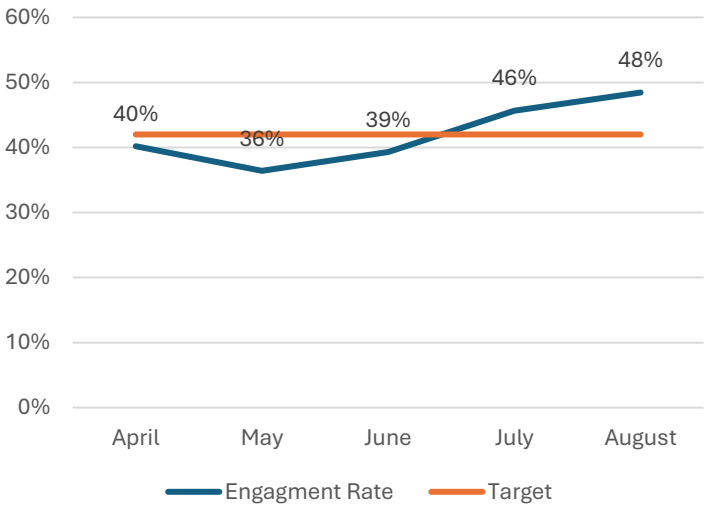
Intranet Search



Following the introduction of AI-powered intranet search, this visual provides insight into the information staff search for most frequently. The size of each block reflects search volume, enabling high-demand content to be identified at a glance and helping to inform ongoing improvements to navigation, content visibility and the overall search experience. InPhase-related searches featured prominently during the period, with 646 searches across common variations including “InPhase”, “in phase”, “inp” and “inph”. This reflects strong staff demand for access to the newly introduced system and reinforces the need to ensure it is easy to find through search and navigation.

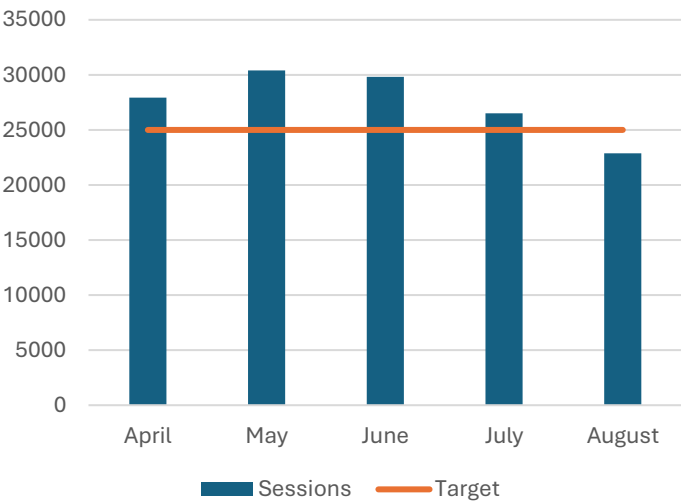
Website

Website Engagement Rate



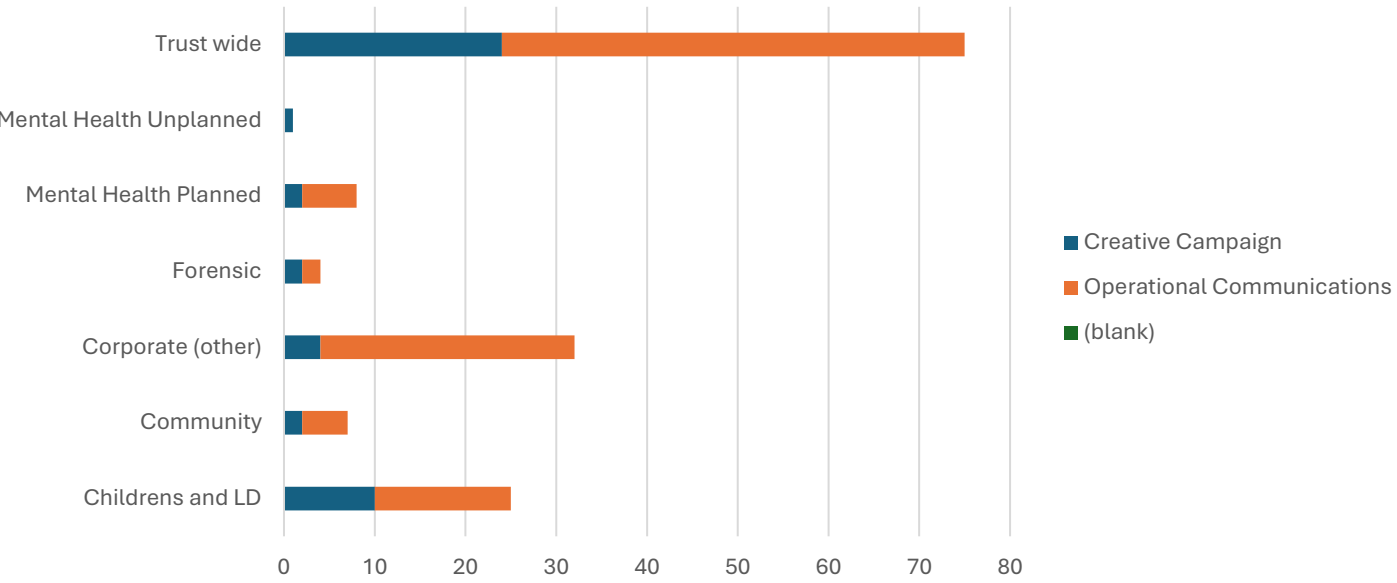
Website engagement improved during July and August, rising to 46% and 48% respectively and exceeding the 42% target for two consecutive months.

Website Sessions



Website sessions remained above the 25,000 monthly target from April to July, peaking at over 30,000 in May. Activity reduced over the summer, with August falling below target at around 23,000 sessions. Performance will continue to be monitored alongside ongoing website improvements.

Activity by Division



During the quarter, the Communications team managed 152 requests, a significant increase from 94 in the previous quarter (+62%). Operational communications continued to account for the majority of activity, with 107 requests (70%), up from 62, while creative campaigns increased from 32 to 45 requests. Trust-wide activity remained the largest area of demand, accounting for 75 requests – almost half of all activity. Corporate activity was also significant at 32 requests, while Children’s and Learning Disability generated the highest level of divisional demand (25 requests). Demand across other divisions remained comparatively low and will continue to be monitored to identify opportunities for proactive communications support.

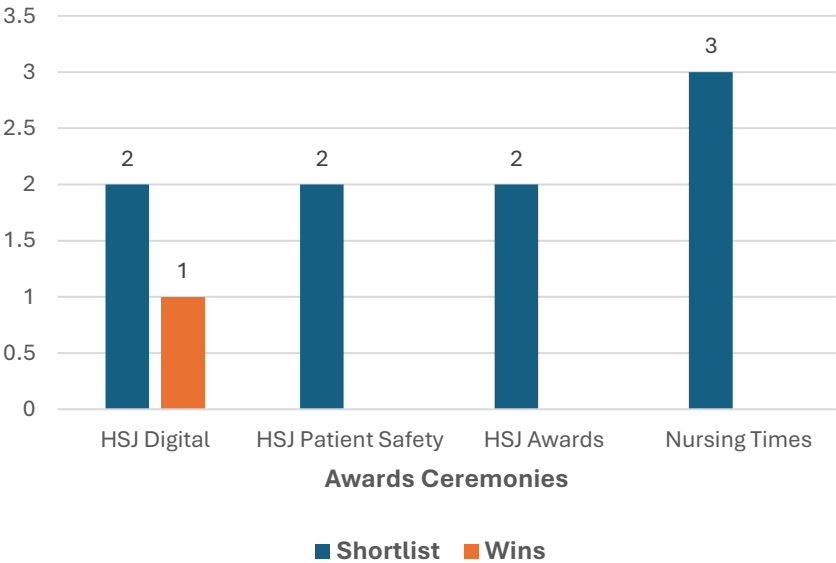
Awards

Since the last report, the HSJ Awards shortlist has been announced. We are proud to be shortlisted for Trust of the Year as well as to have Core Needs Project nominated for it’s fifth award this year!

HSJ Patient Safety Awards is held on 28th September. We are nominated for;

- Palliative & End of Life Safety Initiative of the Year, Bleed Support and Care Box.
- Patient Safety Pilot Project of the Year ,Core Needs Project.

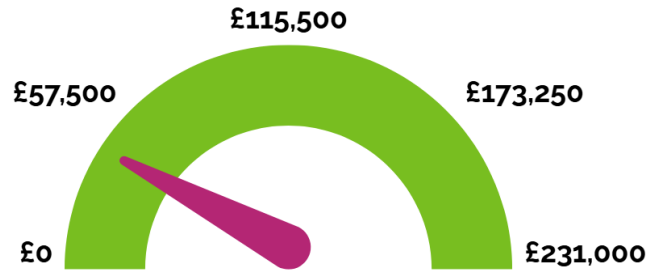
Award Nominations and Wins



Health Stars: Performance Dashboard

July/August 2026

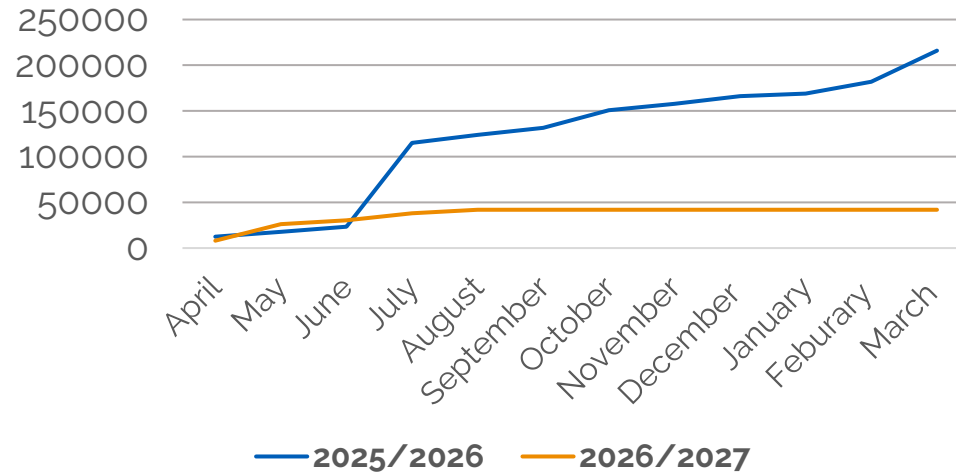
Funds raised to date



£41,914

Target: £231,000

Income by month



Fundraiser of the month

CEO Challenge

Michele Moran raised £2970 through her 'Challenge the CEO'



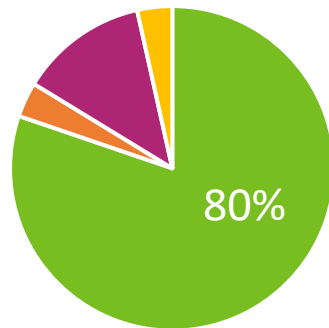
HIGHLIGHTS

- ★ 12 people took on the Yorkshire 3 Peaks and people did the Yorkshire 1 Peak and raised a total of £4173.
- ★ Attended the Skybet Ebor Community Sweepstake and won a donation of £1000.
- ★ Fiona Scott, Ward Clerk on Fitzwilliam Ward, organised a Bingo Night and raised £1136.

CHALLENGES

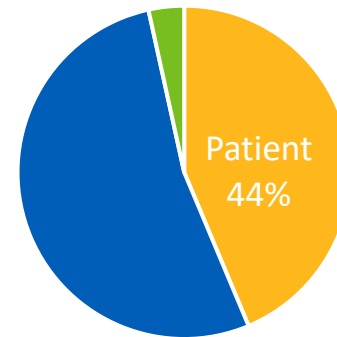
- ★ Corporate fundraising is difficult in the current economic climate.
- ★ Event sign-ups are slower than hoped.

Wishes approvals



Approved Declined In Progress Closed

Wish Benefit



Patient Staff Other



Total wishes received to date:

86

(2025/26 = 50)

Title & Date of Meeting:	Council of Governors Public Meeting – Thursday 15 October 2026														
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback														
Author/s:	Carrie Wollerton, Chair of People OD Committee Phil Earnshaw, Chair of Quality Committee Kath Smart, Chair of Audit Committee Steph Poole, Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">To approve</td><td style="width: 10%;"></td><td style="width: 40%;">To discuss</td><td style="width: 10%;"></td></tr> <tr> <td>To note</td><td style="text-align: center;">✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide 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: Details included in the reports from - Quality Committee - Mental Health Legislation Committee - Audit Committee - People OD Committee		Key Actions Commissioned/Work Underway: N/A													
Key Risks/Areas of Focus: No matters to escalate		Decisions Made: N/A													
Alignment with the Three Shifts in the Long Term Plan (If not applicable please state)															
Hospital to Community															
Analogue to Digital															
Sickness to Prevention															

Governance and Assurance:			
<i>Please indicate which committee or group this paper has previously been presented to:</i>			
	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Trust Board	30.09.26	Other (please detail)	
Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)</i>			
√ <i>Tick those that apply</i>			
Innovating Quality and Patient Safety			
Enhancing prevention, wellbeing and recovery			
Fostering integration, partnership and alliances			
Developing an effective and empowered workforce			
Maximising an efficient and sustainable organisation			
Promoting people, communities and social values			
Areas to include within the report:			
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>			
Public Exemption:			
Is the report exempt from public disclosure			Yes/No

Agenda Item 08a

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2026														
Title of Report:	People and Organisational Development Committee Board Assurance Report														
Author/s:	Carrie Wollerton, Non-Executive Director														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>√</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance	√		
To approve		To discuss													
To note	√	To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This paper provides an executive summary of the key discussions and outcomes from the People and Organisational Development Committee meeting held on 12 August 2026. The Committee operates as a formal sub-committee of the Trust Board and is responsible for providing assurance on matters relating to workforce, organisational development, and equality, diversity and inclusion (EDI). The report highlights key points for the Board's attention and consideration.														
Key issues:															
Positive Assurances to Provide: Overall workforce position is stable and well managed, with temporary staffing costs reduced, with establishment broadly aligned to plan, and Month 3 financial performance at breakeven. Safer staffing remains strong, with inpatient staffing arrangements providing assurance despite higher acuity, operational pressures and wider NHS workforce constraints. Mandatory training and appraisal compliance remain high Health and wellbeing interventions are delivering positive outcomes and Trust's EDI performance is strong. Freedom to Speak Up arrangements are effective, with the number of concerns raised increasing which suggests greater use of the mechanism. Internal audit also provided a Significant Assurance rating. Medical education remains positive, with endorsement from NHS England Education and		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): Sickness absence: targeted interventions in hotspot teams, strengthened return-to-work processes, revised sickness policy, Health and Wellbeing Conversations, Occupational Health/psychological support and the Rapid Response to Sickness Intervention Model. Recruitment and retention: targeted action on consultant and Occupational Therapy vacancies, stay conversations. Temporary staffing: implementation of the Bank and Agency Optimisation Plan. Stronger divisional accountability and integrated Finance/workforce reporting. Safe staffing: targeted staffing-model and establishment reviews, review of night staffing where required.													

Hull York Medical School and no issues requiring escalation. Employee relations remain well controlled, and no immediate patient safety concerns were identified through Guardian of Safe Working reporting.	EDI and culture: delivery of WRES, WDES and Gender Pay Gap action plans; Trans Inclusion Action Plan; roll out Respect in Care. FTSU and employee relations: increased ambassador visibility, triangulation meetings. Flu 2026 action plan implementation.
Key Risks/Areas of Focus: Sickness absence is the most significant workforce risk with rolling absence remaining around 5.5% against a 5% target. Around 70% is long-term sickness and Mental health accounts for 39% of FTE days lost and over half of Occupational Health referrals. All operational divisions remain above target. Recruitment and retention pressures remain concentrated in key groups, particularly Consultant vacancies at 20.7%. and Occupational Therapy vacancies at 16.4%. There is early-career attrition, with almost 40% of leavers leaving within two years. Work-life balance remains the principal reason for resignation. While EDI measures remain strong there are risks requiring sustained focus, particularly racial abuse, bullying and harassment by patients, presentism affecting disabled staff, potential disproportionality in employee relations/bank processes, and prolonged investigations/suspensions.	Decisions Made: Strong overall assurance was provided to the Committee that the Trust is making good progress towards a safe, effective, inclusive and sustainable workforce. The Committee approved the EDI Annual Report for publication as part of statutory reporting. The EDS22 Report was approved for submission. The Committee agreed that the priority now is delivery and demonstrable impact, particularly sustained improvements in sickness absence, retention, workforce resilience, temporary staffing reliance and staff experience. The Committee considered the meeting effective, with high-quality, evidence-based papers enabling meaningful scrutiny and informed decision-making.
Alignment with the Three Shifts in the Long Term Plan (If not applicable please state)	
Hospital to Community	The emphasis on prevention, early intervention, staff wellbeing and partnership working supports a shift towards care and support outside traditional hospital settings. Physical Health MOTs, Health and Wellbeing Conversations, Occupational Health interventions and work on health inequalities aim to identify issues earlier and prevent escalation. Collaboration with the ICB, NHS England Education and other partners including patients, volunteers and carers, also supports more integrated workforce and service planning across organisational boundaries.
Analogue to Digital	Workforce and operational transformation increasingly uses digital workforce intelligence, e-rostering, safer staffing dashboards, real-time flu monitoring and integrated finance/workforce reporting. These approaches support better use of data, more proactive workforce planning and improved decision-making. The development of digital approaches to rota monitoring and workforce reporting also supports greater efficiency and oversight.
Sickness to Prevention	The Health and Wellbeing programme moves beyond managing sickness once it occurs towards early identification, prevention and maintaining workforce health. Physical Health MOTs identify previously undetected conditions; wellbeing conversations and psychological support seek to prevent longer-term absence; and targeted interventions in hotspot teams aim to address underlying causes. The flu vaccination programme, data-led targeting and peer vaccination model similarly support prevention and workforce resilience.

Governance and Assurance:				
<i>Please indicate which committee or group this paper has previously been presented to:</i>				
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	
Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)</i>				
√ Tick those that apply				
Innovating Quality and Patient Safety				√
Enhancing prevention, wellbeing and recovery				√
Fostering integration, partnership and alliances				√
Developing an effective and empowered workforce				√
Maximising an efficient and sustainable organisation				√
Promoting people, communities and social values				√
Areas to include within the report:				
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>				√
Public Exemption:				
Is the report exempt from public disclosure				No

Committee Chair Assurance and Escalation Report:

1. Positive Assurances gained at the People and Organisational Development (POD) Committee meeting:

Health and wellbeing: Physical Health MOTs and one-to-one wellbeing support continue to provide meaningful preventative interventions. Repeat MOT data indicates improvement in health indicators for a significant proportion of attendees, while previously undetected health concerns are being identified and appropriately referred.

Workforce stability: Vacancy rates remain below the 9% target at 6.52%, while turnover remains comparatively favourable in several areas, and establishment remains closely aligned to plan.

Safer staffing: Overall assurance remains that inpatient staffing arrangements are safe and effective, with care hours per patient day generally meeting or exceeding recommended levels. Statutory training, supervision and workforce governance remain strong. Mandatory training and appraisal compliance remain strong at 94.7% and 95.1% respectively.

Temporary staffing: Agency expenditure has reduced by 33% and bank expenditure by 11% compared with the same period in 2025/26, supported by recruitment and workforce optimisation activity.

Finance and Workforce Controls Assurance: The Trust achieved a breakeven position at Month 3, consistent with the approved financial plan. The committee noted that the Trust's strong performance in reducing temporary staffing costs places it in a favourable position ahead of the introduction of new national oversight arrangements. Overall, the report provided assurance that workforce and financial performance remain stable and well managed.

Equality Diversity and Inclusion (EDI): Gender Pay Gap, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) performance is better than relevant national/Integrated Care Board (ICB) comparators, while Equality Delivery Standard (EDS22) performance has improved from the previous year. New staff network chairs have also been recruited. Committee were advised that there had been positive national recognition for the Trust's equality, diversity and inclusion work. The NHS Race and Health Observatory contacted the Trust after identifying its anti-racism work through Health Service Journal Award submissions and expressed an interest in featuring the organisation's work on its national Health Action Resource Platform. The platform highlights examples of good practice that other NHS organisations can learn from, particularly in relation to tackling racial and ethnic inequalities.

Committee received strong assurance that the Trust has effective EDI governance, strong leadership accountability and clear evidence of improving equality outcomes for both staff and patients.

Equality Human Rights Commission (EHRC) Code of Practice: Governance arrangements and Terms of Reference are established, with legal advice and supporting reviews underway. The EDI Policy and Equality Impact Assessment have been completed with Rainbow Alliance Network involvement.

Lord Mann Review: Committee received strong assurance that the Trust is well positioned to meet the requirements arising from the Lord Mann Review and to continue strengthening its approach to tackling discrimination and promoting an inclusive organisational culture.

Medical education: No issues or concerns require escalation, with positive endorsement from NHS England Education and Hull York Medical School.

Freedom to Speak Up (FTSU): Increased reporting indicates greater use of speak-up mechanisms, and with 97.42% Level 1 mandatory training compliance and significant assurance from internal audit, Committee were assured on the systems and processes in place. Committee welcomed the introduction of multidisciplinary case review meetings involving colleagues from Operations, POD and Nursing and

Quality. Work has already demonstrated benefits in identifying trends, areas of concern and potential hotspots within services. Noted as excellent triangulation of information.

Employee relations: Case volumes remain stable, Employment Tribunal exposure is low compared with peers, and there is evidence of improved timeliness and increased use of informal resolution.

Flu vaccination: The 2025/26 campaign achieved 66% frontline uptake representing improved performance, with data-led targeting and peer vaccinators contributing to improved accessibility.

Guardian of Safe Working: No exceptions were identified that raised an immediate patient safety concern, and there were no exceptions relating to attendance at educational sessions.

2. Key Risks/Concerns/Gaps in Assurance:

Sickness absence and staff wellbeing: This remains the most significant workforce risk, however a comprehensive programme of targeted interventions are underway.

Recruitment and retention: Overall workforce stability is positive, but risks remain concentrated in specific professions and services. Mitigating actions and plans are in place. The Trust have developed a triangulated approach which enables a broader understanding of workforce experience and identifies areas requiring targeted support.

Safer staffing and operational pressures: Overall staffing is safe, but some services continue to require targeted interventions such as targeted staffing model reviews and establishment reviews which are planned or in place as appropriate.

Temporary staffing and medical workforce: Temporary staffing costs are moving in the right direction, but medical agency utilisation and consultant vacancies remain important risks. The Bank and Agency Optimisation Plan provides a clear route to further reduction.

EDI and organisational culture: The overall EDI position is positive, but several cultural risks require sustained attention including areas also highlighted through the EDS22 return. Although the EDS22 return was an 'Achieving' rating, further improvement is required to reach the highest standard. The adoption of the IHRA working definition of antisemitism and the government definition of anti-Muslim hostility are important developments alongside continued delivery of the Respect in Care, Patient Carer Race Equality Framework (PCREF) and No Excuse for Abuse programmes.

3. Key Actions Commissioned/Work Underway:

The workforce programme is focused on building a healthy, resilient, inclusive and sustainable workforce, with action underway across sickness absence, recruitment and retention, staffing efficiency, culture and staff experience. Work is progressing to reduce sickness absence through targeted support to hotspot teams, stronger return-to-work arrangements, improved Health and Wellbeing Conversations and enhanced psychological and Occupational Health interventions. In parallel, efforts to improve recruitment and retention are addressing key vacancies, strengthening early-career retention and career progression, and using stay conversations and workforce intelligence to support longer-term workforce planning.

The programme also seeks to optimise staffing and reduce reliance on temporary workforce, through bank-first principles, improved rostering, establishment reviews and integrated finance and workforce reporting. Safe staffing remains a priority, with targeted staffing model business cases, reviews of night staffing, improved clinical supervision compliance and stronger safer staffing and red-flag reporting. Alongside this, the organisation continues to strengthen EDI, culture and staff experience through delivery of WRES, WDES, Gender Pay Gap and Trans Inclusion actions, Respect in Care, PCREF and Health Inequalities work, while further developing our staff networks.

A further focus is on speaking up, employee relations and just culture, including increasing access to Freedom to Speak Up, developing ambassadors, sharing learning and strengthening early resolution.

The 2026 Flu Campaign is being integrated into wider winter planning, with data-driven targeting of areas with historically low uptake, team-level dashboards, peer vaccinators and work to better understand and address vaccine hesitancy. Overall, the actions are designed to improve workforce stability, staff wellbeing and engagement while ensuring safe, effective and financially sustainable staffing.

4. Deep Dives, Thematic Reviews and Significant Reports

Key findings from the reports presented to the POD indicate that the Trust is making positive progress across workforce wellbeing, employee relations, speaking up and EDI, but significant challenges remain around sickness absence, retention and workforce experience.

Sickness absence remains above the 5% target, primarily driven by long-term sickness and mental health, although year-end monthly absence fell below target and remains below the national average for Mental Health Trusts. Return-to-work compliance has improved, with targeted interventions and Occupational Health support focused on hotspot areas. Turnover remains a concern, particularly among early-career staff and specific frontline and Band 5/support roles, with work-life balance the main reported reason for leaving. Actions are therefore focused on retention, career development, flexible working, onboarding and succession planning.

Employee relations casework is broadly stable, with low Employment Tribunal exposure and increasing use of informal resolution and Just Culture approaches. However, potential disproportionality affecting ethnically diverse bank workers, alongside prolonged investigations and complex cases, remains an area of focus. Freedom to Speak Up shows encouraging progress, with a significant increase in concerns raised and high mandatory training compliance, suggesting greater awareness and use of the process.

Safe working arrangements remain broadly assuring, with no immediate patient safety concerns identified through Guardian of Safe Working Hours reporting. The main opportunity is to improve engagement with rota monitoring and work intensity.

EDI performance is also positive and improving, with stronger WRES, WDES, Gender Pay Gap and EDS22 results, although racial abuse, bullying and harassment from patients, and presentism affecting disabled staff, remain important challenges.

Overall, the reports provide assurance that improvement activity is delivering progress, while highlighting the need for continued focus on absence, early-career retention, workforce experience, equitable treatment and staff wellbeing.

5. Strategic Alignment

The POD Committee reports demonstrate alignment with all five Trust strategic goals.

The work supports quality and patient safety through safer staffing, clinical supervision, mandatory training, e-rostering, Freedom to Speak Up and Just Culture, helping ensure safe care and organisational learning. It contributes to prevention, wellbeing and recovery through Health and Wellbeing initiatives, Occupational Health, mental health support, sickness absence interventions and flu vaccination, strengthening staff health and workforce resilience.

There is strong partnership and system alignment, with collaboration across NHS England Education, Hull York Medical School, the ICB, our community of volunteers, patients and carers and other partners on workforce planning, education, EDI and health inequalities. Most significantly, recruitment and retention, wellbeing, flexible working, career development, leadership, succession planning and EDI directly support the development of an effective, inclusive and empowered workforce.

Workforce planning, vacancy management, establishment reviews, improved rostering and reduced bank and agency reliance contribute to a more efficient and financially sustainable organisation. Overall, the suite of papers presented the POD demonstrates how workforce priorities are supporting safe care, staff wellbeing, partnership working, organisational culture and financial sustainability, while directly advancing the Trust's strategic objectives.

6. Chair's Overall Summary

The POD Committee provides strong overall assurance to the Board that the Trust is making good progress in developing a safe, effective, inclusive and sustainable workforce, with alignment to all five strategic goals.

There are particularly positive indicators in recruitment, workforce stability, mandatory training, appraisal compliance, safer staffing, medical education, EDI and temporary staffing reduction. Vacancy rates remain below target, agency and bank expenditure is reducing, and staffing arrangements across inpatient services continue to provide assurance around patient safety. The Health and Wellbeing programme, Freedom to Speak Up arrangements and EDI initiatives also demonstrate a continued focus on staff experience, prevention and organisational culture.

The deep dives and thematic reviews provide a balanced view, identifying areas where performance is improving but where further work is required. The most significant ongoing workforce challenges are sickness absence, long-term and mental health-related absence, early-career attrition, work-life balance, consultant vacancies, temporary staffing dependency and workforce pressures in specific services. Cultural risks, including racial abuse, bullying and harassment, presentism and potential disproportionality in employee relations processes, also require sustained attention.

A substantial programme of actions and improvement work is underway, including targeted sickness absence interventions, enhanced Occupational Health and wellbeing support, recruitment and retention initiatives, staffing model reviews, Bank and Agency optimisation, strengthened EDI programmes, Just Culture and Freedom to Speak Up activity, and improved workforce intelligence and reporting.

Agenda Item 08b

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2026														
Title of Report:	Quality Committee Chair Assurance and Escalation Report – August 2026														
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss													
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	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 on 20th August 2026 with a summary of key issues for the Board to note.														
Key issues:															
Positive Assurances to Provide: The Committee Received positive assurances through the following reports • BAF review and strategic Goal 2 Section Deep-Dive • CQC CMHT Update Report • Quality Insight Report • Quality Committee Risk Register Summary • Infection Control Annual Report 2025-26 • PACE (including complaints and feedback) Annual Report 2025-26 • Equality and Diversity (patients element) Annual Report 2025-26 • Safer Staffing Report • Quality Impact Assessment (QIA) Report		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): The Committee discussed work planned and underway including. • Development of a Trust implementation plan for the NHS Quality Strategy • Continued delivery and monitoring of the CMHT improvement workstreams • To Present future audit outcomes relating to clozapine physical health monitoring • Add regular CQC updates to the Quality Committee workplan													
Key Risks/Areas of Focus: The Committee agreed key areas of focus are • CMHT Improvement Programme • Waiting lists and patient flow within Strategic Goal 2 in the BAF • Falls Improvement work in Older Peoples Services • Health inequalities and the National Quality Strategy • Continued Deep-Dives on the BAF strategic goals		Decisions Made: The Quality Committee approved the following reports for presentation to Trust Board • Infection Control Annual Report • PACE (inc Complaints and Feedback) Annual Report.													



Alignment with the Three Shifts in the Long Term Plan (<i>If not applicable please state</i>)	
Hospital to Community	Strong focus on CMHT improvement, neighbourhood working, partnership arrangements, reducing out-of-area placements and supporting recovery within community settings
Analogue to Digital	Assurance received regarding compliance with information governance standards and implementation of recommendations arising from reviews of patient record access arrangements
Sickness to Prevention	Focus on prevention, wellbeing and recovery through Strategic Goal 2, infection prevention and control, physical health monitoring and reducing health inequalities

Governance and Assurance:				
<i>Please indicate which committee or group this paper has previously been presented to:</i>				
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	
Links to Strategic Goals (<i>please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links</i>)				
√ Tick those that apply				
Innovating Quality and Patient Safety				√
Enhancing prevention, wellbeing and recovery				√
Fostering integration, partnership and alliances				√
Developing an effective and empowered workforce				√
Maximising an efficient and sustainable organisation				√
Promoting people, communities and social values				
Areas to include within the report:				
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>				√
Public Exemption:				
Is the report exempt from public disclosure				No

Quality Committee Chair Assurance and Escalation Report: August 2026

1. Positive Assurances gained at the Committee meeting:

- **Quality & Patient Safety**
 - o The Committee received positive assurance regarding the Trust's quality governance arrangements, with 97.4% of incidents resulting in no or low harm, 224 active quality improvement projects, and full compliance with clinical policy and safeguarding training. Improvements were also reported in VTE compliance, complaints management, and incident reporting trends.
 - o The Committee noted significant progress against the Community Mental Health Team (CMHT) improvement programme following the CQC inspection. Improvements were evidenced through reduced waiting times, increased referral closures, strengthened risk stratification processes, enhanced multidisciplinary review arrangements and improved clozapine monitoring arrangements. Executive oversight is in place with weekly monitoring through the Executive Management Team.
- **Patient Experience.** Strong assurance was received regarding patient and carer engagement and co-production activity. The Committee recognised the continued growth of the Experts by Experience programme, co-production initiatives, improved feedback mechanisms and positive use of patient experience information to drive service improvement. The PACE Annual Report was approved for submission to Trust Board
- **People & Culture.** The Safer Staffing Report provided assurance that all inpatient wards continue to meet or exceed recommended staffing levels. Improvements in vacancy rates, sickness absence and bank workforce utilisation were reported, alongside ongoing recruitment activity within CMHT services.
- **Audit & Governance.**
 - o The Committee undertook a detailed review of Strategic Goal 2 within the Board Assurance Framework (BAF). Members challenged controls, assurance measures and risk mitigations and identified several enhancements to strengthen Board oversight, particularly regarding recovery, patient flow, trauma-informed practice, co-production and reduction of out-of-area placements.
 - o The Quality Impact Assessment (QIA) process provided positive assurance that robust governance controls are operating effectively, demonstrated by the rejection of a scheme where sufficient assurance could not be provided.
- **Digital & Data Quality.** The Committee received assurance that the Trust had undertaken a review against new national guidance on unlawful access to patient records, with positive findings reported and recommendations being managed through the Information Governance Group.
- **Partnerships & System Working.** Positive assurance was received regarding collaborative working with Integrated Care Boards, provider collaboratives, social care partners and neighbourhood teams. The Committee noted partnership activity aimed at reducing out-of-area placements, supporting recovery and addressing health inequalities.
- **Infection Prevention & Control.** The Annual Infection Prevention and Control Report provided strong assurance, demonstrating sustained performance with high compliance in hand hygiene and PPE standards, no trust-attributable infections or outbreaks during the reporting period, and successful delivery of key improvement programmes. The report was approved for submission to Trust Board.

2. Key Risks/Concerns/Gaps in Assurance:

- **Community Mental Health Team (CMHT) Improvement Programme.** Whilst improvements are evident, the Committee recognised the need to sustain improvement beyond the initial 90-day programme. Continued executive oversight is required to ensure improvements in waiting list management, physical health monitoring and workforce capacity remain embedded.
- **Waiting Lists and Patient Flow.** The Committee discussed the need to strengthen Board assurance around waiting list management, waiting well arrangements and monitoring of harms associated with delayed access to care. This remains a key focus within Strategic Goal 2 and associated risks.
- **Falls and Older People's Services.** Falls continue to represent a significant quality risk, particularly within older people's services. Improvement work is ongoing and continues to require close monitoring
- **Health Inequalities and National Quality Strategy.** The Committee acknowledged that whilst the Trust is in a strong position regarding patient safety and patient experience, further work is required to improve visibility, reporting and assurance regarding health inequalities in preparation for implementation of the new NHS Quality Strategy.
- **Board Assurance Framework.** The deep dive identified opportunities to strengthen assurance measures and controls relating to recovery-focused outcomes, patient and family involvement in care planning, trauma-informed practice and reduction of out-of-area placements. Further updates will be incorporated into the BAF

3. Key Actions Commissioned/Work Underway:

- Update the Board Assurance Framework for Strategic Goal 2 to reflect Committee discussions and agreed enhancements.
- Add regular CQC updates, mock inspection outputs and out-of-area placement trajectory reporting to the Quality Committee work programme.
- Continue delivery and monitoring of CMHT improvement workstreams, including waiting list management, physical health monitoring, workforce planning and patient safety initiatives.
- Present future audit outcomes relating to clozapine physical health monitoring to provide continued assurance regarding compliance improvements.
- Develop a Trust implementation plan for the NHS Quality Strategy, including workshops and a framework for monitoring quality, patient experience and health inequalities.
- Enhance reporting to identify areas with zero complaints or incidents to strengthen triangulation and assurance.

4. Deep Dives, Thematic Reviews and Significant Reports

- **Board Assurance Framework Deep Dive.** A detailed review of Strategic Goal 2 was undertaken. The Committee challenged the adequacy of controls, assurance measures and risk mitigations, resulting in several proposed enhancements to strengthen the quality of Board assurance. Key themes included recovery, out-of-area placements, employment support, waiting well processes, trauma-informed practice, patient involvement and partnership working.
- **CQC CMHT Improvement Update.** The Quality Committee has scrutinised performance, patient safety, workforce and medicines assurance in detail. The Committee has sought evidence of improvement trajectories, effectiveness of mitigations and sustainability of actions implemented. The Committee received assurance regarding the completion of medicine management actions and endorsed the CMHT Improvement Task Force and Recovery programmes and were given assurance that immediate patient safety concerns identified by the CQC have been addressed, whilst recognising that delivery of sustained improvement remains dependent upon workforce stabilisation and continued oversight through established governance arrangements. Evidence of improvement was presented across waiting list management, patient safety, workforce capacity and clozapine monitoring, supported by executive-led governance arrangements.
- **Annual Infection Prevention and Control Report.** The report demonstrated sustained compliance against key infection prevention standards, successful implementation of training innovations and completion of significant estates-related safety improvements. The Committee approved the report for Board submission.
- **Patient and Carer Experience Annual Report.** The Committee considered evidence of extensive co-production activity, increased patient engagement, effective management of complaints and

compliments, and developments in national patient experience initiatives. The Committee approved the report for Board submission.

- **Equality and Diversity Annual Report.** The Committee noted continuing progress in anti-racism work and equality initiatives, including the Respect Project and system-wide collaborative approaches to addressing discrimination and racial abuse.

5. Strategic Alignment

- **Innovating Quality & Patient Safety.** The meeting provided assurance regarding quality governance, incident management, CMHT improvement work, infection prevention and implementation planning for the NHS Quality Strategy.
- **Enhancing Prevention, Wellbeing & Recovery.** The Strategic Goal 2 deep dive focused on recovery, prevention, waiting well approaches, reducing out-of-area placements, trauma-informed care and empowering patients in their own recovery journeys.
- **Fostering Integration, Partnership & Alliances.** The Committee reviewed collaborative arrangements with Integrated Care Boards, local authority partners, provider collaboratives and community services to improve outcomes and reduce reliance on out-of-area care.
- **Developing an Effective & Empowered Workforce.** Assurance was received regarding safer staffing, workforce recruitment, improved sickness absence performance, supervision arrangements and staff development through quality improvement and infection prevention programmes.
- **Maximising an Efficient & Sustainable Organisation.** The Committee received assurance regarding robust Quality Impact Assessment processes, effective risk management, quality governance arrangements and oversight of improvement programmes designed to improve patient flow and service efficiency.

6. Chair's Overall Summary

The Committee received substantial assurance regarding the Trust's quality governance arrangements, patient safety performance, safer staffing, infection prevention and control, patient experience and ongoing response to the CMHT CQC improvement plans. Significant progress was evidenced across a number of quality indicators and improvement programmes, supported by strong executive oversight. The principal areas requiring continued monitoring relate to sustaining CMHT improvements beyond the initial recovery period, reducing waiting times and associated harms, strengthening assurance around health inequalities, and embedding the requirements of the emerging NHS Quality Strategy. The Committee undertook a valuable deep dive of Strategic Goal 2 within the Board Assurance Framework and commissioned several enhancements to strengthen Board assurance. No new risks were escalated to the Board or Risk Register at this meeting, although the agreed BAF updates will support stronger strategic oversight going forward.

Agenda Item 08c

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2026														
Title of Report:	Audit Committee Chairs Report to Board														
Author/s:	Kath Smart, Non-Executive Director														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss													
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To update the Board on the outcome of Audit Committee work and demonstrate Audit Committee is meeting its Terms of Reference														
Key issues:															
Positive Assurances to Provide: • Board Assurance Framework • Risk Management & Strategic Risk Register – • Risk Management Divisional Deep Dive – Mental Health division • Procurement processes & Direct Awards contracts • Insurances in place for the Trust • Declarations of Interest Process • Non-audit work by Mazars • Internal Audit Report - Losses and Special Payments • Internal Audit Report - Infection Prevention & Control • Internal Audit Report - Data Security and Protection Toolkit • Internal Audit Recommendations Closure rate		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): 1. Board Assurance Framework & Risk Management - target risks 2. Benchmarking reports on Cost Improvement Plan; DSPT; Root Cause Analysis and Clinical Stock Management 3. Audit Recommendations from all audits will be followed up by management 4. Business Continuity Plans & EPRR submission triangulation 5. Finance System – Oracle Fusion upgrade to be reviewed by Committee													

• Counter fraud assurances • Annual Report & Accounts	
Key Risks/Areas of Focus: 6. Digital Records Retention –Limited assurance 7. Digital Disruption – Limited Assurance 8. Travel Expenses – Limited assurance	Decisions Made: • Annual Reports and Accounts changes were approved
Alignment with the Three Shifts in the Long Term Plan <i>(If not applicable please state)</i>	
Hospital to Community	
Analogue to Digital	Audit Reports as detailed above (6-8)
Sickness to Prevention	

Governance and Assurance:			
<i>Please indicate which committee or group this paper has previously been presented to:</i>			
		Date	Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail)	
Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)</i>			
√ <i>Tick those that apply</i>			
Innovating Quality and Patient Safety			
Enhancing prevention, wellbeing and recovery			
Fostering integration, partnership and alliances			
Developing an effective and empowered workforce			
Maximising an efficient and sustainable organisation		√	
Promoting people, communities and social values			
Areas to include within the report:			
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>			
Public Exemption:			
Is the report exempt from public disclosure			No

Audit Committee Chair Assurance and Escalation Report: AC held 14 September 2026

1. Positive Assurances gained at the Committee meeting:

The Committee gained positive assurance in the following areas from management:-

1. Board Assurance Framework – The Board Assurance Framework has been updated and amended to reflect areas identified in the recent Internal Audit Report. Committee reviewed and supported the majority of the BAF, alongside testing if BAF 1 needed a review of its current risk given some of the challenges faced with waiting lists and CMHT CQC report, and what the impact of the Primary Care Transfer will be on the BAF.
2. Risk Management Strategic Risk Register – This was found to be satisfactory and supported by Audit Committee, with some work requested on ensuring the mitigating actions would reduce the risk to the desired effect.
3. Risk Management Divisional Deep Dive – Mental Health division presented their risk register which has 25 risks, with 12 risks above the 12+ level which the Committee focussed on. This gave good assurances on the risks the division are managing, including links to the Corporate Risks with the CMHT CQC Outcome and Sickness absence management, and more local safety risks with anti-ligature arrangements.
4. Procurement processes & Direct Awards contracts – The Committee were satisfied that all the listed direct awards and the procurement process appeared to be compliant with SFI requirements.
5. Insurances in place for the Trust - The Committee were satisfied that Insurance arrangements were satisfactory;
6. Declarations of Interest Process – The Committee noted the good progress on improving compliance with DoI, with only two decision makers yet to complete a declaration of interest return. Future monitoring was agreed for EMT twice yearly (with any exceptions escalated to the Committee) and Audit Committee annually.
7. Non-audit work by Mazars – It was confirmed no non-audit work had been carried out by Mazars
8. Internal Audit Report - Losses and Special Payments – Significant Assurance was gained in the arrangements for management approval, oversight, monitoring and reporting of losses and special payments;
9. Internal Audit Report - Infection Prevention & Control – High Assurance was given for the effectiveness and compliance of IP&C measures within the trust including rates of healthcare associated infections, hand hygiene, environmental cleanliness and timely isolation.
10. Internal Audit Report - Data Security and Protection Toolkit – Low Risk/ High Confidence in the arrangements for the cyber assessment framework

11. Internal Audit Recommendations Closure rate – 16 Audit Recommendations were tested by Audit Yorkshire and 100% verified as complete. Management follow up of outstanding audit recommendations showed the majority are moving towards completion, but some remained outstanding and Committee asked for clearer assurances on where management have concerns with implementation.
12. Counter fraud assurances given were positive in relation to fraud prevention and detection
13. Annual Report & Accounts – a number of minor changes to the previously approved annual report have been made following feedback from NHSE and the auditors. The changes are shown in Appendix A and the full annual report is available on the Board portal.

2. Key Risks/Concerns/Gaps in Assurance:

Audit Reports with Limited Assurance:-

14. Digital Records Retention – A limited assurance was assigned to the arrangements ensuring the trust are not keeping data for longer than necessary and information being kept is relevant / secure with a focus on HR records. 4 Recommendations agreed with improvements required HR digital records inventory; SOP's for retention and disposal processes & records
15. Digital Disruption – The audit reviewed the arrangements for business continuity and recovery plans in place in the event of digital disruption covering one corporate and two clinical services and assigned a limited assurance with 6 agreed recommendations. Improvements are required to be made to ensure BCP's are fully tested, debriefed and lessons learnt following testing exercises.
16. Travel Expenses – Limited assurance was given to this audit which assessed the accuracy, validity and compliance of travel expenses, with 7 recommendations being agreed by management. The recommendations cover process for late claims submitted; ensuring the IT system controls work appropriately including for duplicate payments; updating the Travel expenses policy; evidence of valid driving licenses on the IT system;

3. Key Actions Commissioned/Work Underway:

17. Board Assurance Framework & Risk Management – EMT are considering the use of target risk scores in the BAF
18. Benchmarking reports on Cost Improvement Plan; DSPT; Root Cause Analysis and Clinical Stock Management have been shared with EMT for information and appropriate action(s) where required
19. Audit Recommendations from all audits will be followed up by management, then evidenced & checked by Internal Audit. Committee requested clearer indication if there are concerns over any actions not implemented.
20. Business Continuity Plans & EPRR – Committee asked for triangulation between the Audit Report and the future EPRR assurance statement; and management to consider if any changes are required to the Risk Register / BAF.
21. Finance System – Oracle Fusion – The Committee requested oversight of the changes & any internal control implications for the new Finance system yet to be implemented

4. Deep Dives, Thematic Reviews and Significant Reports

All the audit Deep Dives are reported above in the relevant sections.

5. Strategic Alignment

The Internal Audit plan and Board Assurance Framework is relevant to Humbers strategic goals and delivers audits/ assurances across all the areas listed below.

- **Innovating Quality & Patient Safety:** Continuously improving service safety and quality.
- **Enhancing Prevention, Wellbeing & Recovery:** Focusing on early intervention and supporting recovery.
- **Fostering Integration, Partnership & Alliances:** Collaborating with regional partners to deliver integrated care.
- **Developing an Effective & Empowered Workforce:** Supporting staff through investment and a positive culture.
- **Maximising an Efficient & Sustainable Organisation:** Enhancing productivity and environmental sustainability.

6. Chair's Overall Summary

Feedback at the end of the meeting was positive in relation to the Risk Register Deep Dive (Mental health); Triangulated links between Corporate Risk Register, the BAF and Divisional risk on CMHT CQC outcome and Sickness absence; Good quality papers, although room for improvement in the length of the papers pack.

The Internal Audit plan remains on track for delivery, and those items which may affect the BAF are outlined in 1., 15, and 20. Above.

Appendix A – Summary of Amendments to the Annual Report 2025/26

The following amendments have been made to the Annual Report and Accounts following ratification by the Board on 1 July 2026:

- **Page 9 – Resident Doctors:** Additional narrative inserted within the foreword describing actions undertaken by the Trust to support the Resident Doctors 10-Year Plan.
- **Page 117 – Fair Pay Disclosures:** New Fair Pay Disclosure section inserted.
- **Page 122 – Pension Entitlements:** Addition of wording confirming that both Michele Moran and Peter Beckwith chose not to be covered by pension arrangements during the reporting year.
- **Page 122 – Pension Entitlements:** Amendments made to pension entitlement table headings to improve clarity and ensure consistency.
- **Page 122 – Pension Entitlements Footnote:** Additional explanatory wording added regarding the non-availability of a Cash Equivalent Transfer Value (CETV) quotation where an individual has exceeded the NHS Pension Scheme's normal retirement age.
- **Page 123 – Financial Performance:** Surplus figure corrected.
- **Page 124 – Fair Pay Disclosures:** Paragraph amended to read 'For employees of the Trust as a whole, the range of remuneration in 2025-26 was from £19,554 to £207,317 (2024-25 £16,816 to £199,343). This is a change between years of 2.87% (increase)'. The 2024/25 table was removed as this was not required.
- **Page 144 – Off-Payroll Arrangements:** Prior year (2024/25) data removed as not required by disclosure guidance.
- **Page 147 – Exit Packages:** Exit packages disclosure table repositioned to improve the flow and presentation of information within the report.

Agenda Item 08d

Title & Date of Meeting:	Trust Board Public Meeting – 30 September 2026														
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting on 6 August 2026														
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss													
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board. This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 6 August 2026														
Key issues:															
Positive Assurances to Provide: - Q1 activity remained within control limits, with reduced admissions and assurance received on out of area placements, tribunals, hearings and Section 17 leave. - Continued improvement in restrictive practice measures, including reduced restraint use, high training compliance and fewer missed seclusion reviews. - Assurance received on MHA 2025 implementation, advocacy arrangements and the Trust's proactive response to DoLS changes. - Strong MAPPA governance, partnership working and preparedness for early prisoner release arrangements. - No concerns identified within the Board Assurance Framework requiring escalation.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Review of all patients subject to DoLS following the June 2026 Supreme Court judgement, with policies, procedures and guidance being updated. - Continued preparation for MHA 2025 implementation through the Trust's internal project arrangements. - Ongoing improvement work on restrictive practices, including training compliance, restraint reduction standards, seclusion review compliance and Culture of Care Phase 2. - Further development of MHA benchmarking and comparative performance reporting. - Continued implementation of the Personalised Care Framework.													
Key Risks/Areas of Focus: No new issues were identified which require board attention at this time.		Decisions Made: - Received assurance across all agenda items, with no matters requiring Board escalation. - Agreed continued oversight of DoLS changes and MHA 2025 implementation.													

	- Supported ongoing restrictive practice improvement work and development of MHA benchmarking. - Agreed to consider Quality Committee oversight of out of area placement improvement plans. - Agreed future focus on detention prevention, equality, MHA reform and CQC Well-Led preparedness.
Alignment with the Three Shifts in the Long Term Plan (If not applicable please state)	
Hospital to Community	Focus on preventing detention, reducing restrictive interventions, supporting personalised care, improving discharge planning, reducing out of area placements, and the national move towards community-based support for people with learning disabilities.
Analogue to Digital	Increased use of digital reporting and monitoring, including automated EPR reports for MAPPA, data re-audits, benchmarking development, and improved use of performance data to support oversight and decision-making.
Sickness to Prevention	Emphasis on prevention from detention, recovery-focused care, restrictive practice reduction, Culture of Care initiatives, personalised care approaches, equality considerations, and proactive preparation for MHA and DoLS legislative changes.

Governance and Assurance:				
<i>Please indicate which committee or group this paper has previously been presented to:</i>				
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee	06/08/26	Operational Delivery Group	
	Collaborative Committee		Other (please detail)	
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)				
√ 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				√
Areas to include within the report:				
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>				√
Public Exemption:				
Is the report exempt from public disclosure				No

Committee Chair Assurance and Escalation Report: Mental Health Legislation Committee 6 August 2026

1. Positive Assurances gained at the Committee meeting:

Include a brief summary of areas where the Committee gained assurance (including areas they challenged and what's going well).

- Activity report for Q1 to end June 2026. Activity within control limits in all areas with a reduction in admissions in the quarter compared to last year. No patients under 18 years admitted to adult wards under a section. Issues raised by the committee included out of area placements; tribunal and hearing requests; s17 leave processes. Assurance was received in all these areas.
- Restrictive Practices Improvement Report Q1. De-escalation Management Intervention (DMI) training compliance has consistently remained above 85% compliance at 89%. Significant work has been undertaken to improve compliance with CTR disengagement training. Use of restraint has continued to reduce. Missed seclusion reviews have continued to reduce and work is ongoing to further strengthen compliance. An update was received on the Culture of Care programme. The committee raised issues regarding seclusion, which had increased in May, and segregation and received assurance regarding the robustness of procedures in these areas.
- Insight Report, including updates on Mental Health Act (MHA) 2025 implementation; Personalised Care Framework (PCF); CQC MHA visits (no new ones this quarter); Q4 and Q1 independent patient advocacy update; Deprivation of Liberty Safeguards (DoLS) changes (Supreme Court Ruling June 2026) and proactive response by the Trust.
- Multi Agency Public Protection Arrangements (MAPPA) – Robust mechanisms are in place to ensure good communication, governance and compliance with duty to co-operate. Appropriate internal and external meetings are attended and working relationships are positive. An additional MAPPA role has been introduced within Community Mental Health Services to further strengthen staff support and compliance. An automated report from the EPR is in regular use and data has been recently re-audited. The Trust is proactively seeking to validate data alongside partner agencies. The committee raised issues around the upcoming plans for early prisoner release and received assurance regarding planning and information sharing.
- Board Assurance Framework – No issues highlighted that required the committee's attention.

2. Key Risks/Concerns/Gaps in Assurance:

Briefly highlight issues requiring Board attention.

No new issues were identified which require board attention at this time.

3. Key Actions Commissioned/Work Underway:

Briefly summarise actions commissioned by the Trust or Committee, progress against previous actions, and any barriers:

- Deprivation of Liberty Safeguards (DoLS). Work is being done to review all patients subject to DoLS following the recent Supreme Court Judgement in June 2026. This involves a small number of patients within the Trust. Policies and procedures are under review, interim guidance has been circulated for all services and briefing session held with service leads.
- Mental Health Act (MHA) 2025 implementation is monitored by this committee, an internal Trust project has been initiated and will progress at pace once a code of practice is available in early 2027.
- Restrictive Practices Improvement Report - Continued focus on RRI training compliance, particularly Conflict Resolution Training (CRT)/Disengagement training which is currently below target. Work will continue with DMI Midlands to pilot the draft Restraint Reduction Network Standards. Continue to address missed seclusion reviews. Continue development of phase 2 of the Culture of Care programme, which will establish ward-based QI teams.
- Benchmarking and performance data - Continued exploration of the introduction of trust-level MHA benchmarking and comparative performance data nationally and regionally.
- Work to implement the Personalised Care Framework (PCF).

4. Deep Dives, Thematic Reviews and Significant Reports

Briefly summarise insights from any deep dives undertaken or major reports considered at the meeting.

Committee's annual development session. The majority of time at this meeting was scheduled to consider emerging issues and future priorities likely to impact the Committee's work over the next two years. These topics were introduced by subject specialists with time for discussion:

1. Prevention from detention, including the national move from hospital-based care towards community provision for people with learning disabilities.
2. Equality and diversity, including emerging national themes and implications for services.
3. Mental Health Act reforms and the Trust's preparations for anticipated legislative changes.

The Medical Director will lead a session at the next meeting on:

4. Care Quality Commission (CQC) Well-Led requirements, future priorities and organisational preparedness.

5. Strategic Alignment

Briefly explain how Committee discussions relate to Trust strategic goals.

For this meeting, the Committee's discussions relate to the following strategic goals:

- **Innovating Quality & Patient Safety:** Continuously improving service safety and quality.

The Committee received assurance regarding the effective operation of Mental Health Act processes, restrictive practice reduction initiatives, MAPPA arrangements and preparation for forthcoming legislative changes, all of which support the continued delivery of safe, high-quality care.

- **Enhancing Prevention, Wellbeing & Recovery:** Focusing on early intervention and supporting recovery.

Discussions regarding prevention from detention, restrictive practice reduction and personalised care approaches support the Trust's focus on improving recovery outcomes and reducing reliance on restrictive interventions.

- **Fostering Integration, Partnership & Alliances:** Collaborating with regional partners to deliver integrated care.

The committee received updates on how partnerships contribute to integrated mental health care through MAPPA, work with prisons and work with local authorities.

- **Developing an Effective & Empowered Workforce:** Supporting staff through investment and a positive culture.

Investment in restrictive practice training along with initiatives such as Culture of Care demonstrate support for staff in creating a positive working culture.

- **Maximising an Efficient & Sustainable Organisation:** Enhancing productivity and environmental sustainability.
- **Promoting People, Communities and Social Values**

The committee looked at work focused on improving prevention and hospital to community care for learning disabilities and also discussed the emerging themes around inequalities for MHA nationally and locally.

6. Chair's Overall Summary

Provide a clear and concise summary of the meeting (including details of any areas which require Board attention or which impact on the BAF/Risk Register).

Activity Report Q1 - Benchmarking performance

There is continued absence of nationally collected benchmarking and performance measures for Mental Health legislation. The Trust is showing leadership on this issue. The Medical Director is continuing to lead some work regionally to collect data. The Director of Nursing is looking at raising through MH and LD Chief Nurses Network also, with the possibility of a data sharing agreement.

Activity Report Q1 - Increase in Out of area placements June 2026

It was noted that in June, 9 new detained patients were placed out of area, an increase from 5 in May and 1 in April. The out-of-area placements are primarily affecting older adult services, particularly where dementia beds are under pressure. Delays in securing appropriate social care placements have contributed to prolonged occupancy of beds. The Trust is working with the local authority and has strengthened social work support to facilitate discharge planning. Some out of area placements remain necessary due to gender-specific bed requirements. Planned developments, including the female High Dependency Unit, are expected to support reductions in these placements. Consideration is to be given to Quality committee monitoring improvement plans in this area.

Deprivation of Liberty Safeguards (DoLS)

The recent Supreme Court judgement has changed the legal definition and application of DoLS such that an individual could lack capacity to consent to admission while still being capable of expressing valid wishes, feelings and consent in relation to aspects of their care and confinement. Work is underway to review existing Trust cases, in conjunction with local authority partners to ensure compliance. The Activity Report Q1 indicates a very small number of DoLS put in place (2 in June and 1 in April), mainly in older persons units. The Trust is taking a proactive approach whilst awaiting further national guidance. Assurance was gained from a local authority perspective, who advise that multi-agency working groups are established and specialist support is available to partner organisations throughout the transition period.

Committee annual development session

The Committee used the majority of time at the August meeting to discuss the three topics as above looking at what was on the horizon from MHA learning disabilities and equalities point of view. This future-focused session was thought to be a very useful innovation, enabling the committee to gain a fuller understanding of the issues and to gain assurance around the work already underway in the Trust. It also helped to identify future focus areas and oversight requirements.

Next meeting - 5 November 2026

Agenda Item 09

Title & Date of Meeting:	Council of Governors Meeting: 15 October 2026														
Title of Report:	Patient and Carer Experience Annual Report (2025/2026) including Complaints and Feedback														
Author/s:	• Lorna Barratt (Patient and Carer Experience Manager) • Mandy Dawley (Assistant Director of Patient and Carer Experience and Co-production) • David Napier (Complaints and Feedback Manager)														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To share the Patient and Carer Experience Annual Report (2025/2026) including Complaints and Feedback with the Council of Governors. A short film including highlights of the annual report will support this written document.														
Key issues:															
Positive Assurances to Provide: Positive Assurances to Provide: By listening to feedback, it is helping us to understand and influence our service provision as well as shape the services we deliver. Key highlights from the past year include: • The Friends and Family Test (FFT) continues to provide valuable insight into patient experience, with 19,591 responses received and 91.3% positive feedback, demonstrating continued high levels of satisfaction with services. Improved access to the FFT dashboard has enabled teams to use real-time data to inform quality improvement.	Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): • Community Mental Health Service User Survey 2025 results - Survey findings have been aligned with CQC improvement actions, with Trust and service-level groups overseeing delivery and PULSE surveys providing ongoing real-time feedback to monitor progress and identify emerging issues. • Continued delivery of the Patient and Carer Experience Five-Year Forward Plan (2023 to 2028), embedding the themes of Our Care, Our Partnerships and Our Workforce and Organisation. • Ongoing development and embedding of co-production, including expansion of the Experts														

• Significant progress has been made in embedding co-production through the Experts by Experience (EbE) programme, which has grown to 61 individuals contributing to 36 projects, ensuring lived experience is central to service design and improvement. • The Trust has strengthened its “You Said, We Did” approach, particularly within mental health inpatient services, resulting in tangible improvements to environments, staff visibility, care planning, and therapeutic provision. • This year we launched the refreshed Patient Stories Framework providing a more structured, trauma-informed and inclusive approach to capturing lived experiences, supporting both learning and service improvement. • This year we refreshed our Panel Volunteer Framework, to ensure that staff are provided with the right tools to fully support patients, service users and carers when they volunteer to be involved in Trust recruitment activities. • Since its launch in 2021, 145 pieces of work have been awarded with the co-production logo stamp and during the past 12 months there have been 58 pieces of work awarded. The logo demonstrates the tremendous effort that goes on behind the scenes to co-produce work. • There has been continued focus on Equality, Diversity and Inclusion, including delivery against EDI priorities, strengthening engagement with diverse communities, and improving accessibility of services and information. • The Trust continues to demonstrate a strong link between staff experience and patient experience, with staff survey results improving further in 2025, and the Trust outperforming regional peers across NHS People Promise themes. • During the past year the Trust has responded to a total of 509 complaints: 166 formal complaints and 343 informal complaints. For the previous year, the	by Experience programme and increased involvement in Quality Improvement activity. • Implementation of Equality, Diversity and Inclusion priorities (2025 to 2027), including improving co-production with minoritised communities and embedding trauma-informed approaches. • Continued work to improve access to and utilisation of the FFT dashboard and feedback mechanisms to support local quality improvement. • A review of Trust-wide Patient and Carer Experience forums has been completed and changes to the structure, content and delivery model will be implemented during 2026/27 based on feedback received from forum members and communities.
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Trust responded to a total of 502 complaints: 188 formal complaints and 314 informal complaints. Therefore, for the period 25/26 there has been a decrease of 22 formal complaints compared to the previous year. • Of the 166 formal complaints responded to, 31 (19%) were upheld, 55 (33%) were partly upheld and 80 (48%) were not upheld. • 52 of the Trusts 129 clinical teams (40%) have not received any formal or informal complaints in the last twelve months. For the previous year, 47 (35%) of the Trusts 133 clinical teams did not receive any formal or informal complaints. • During this year compliments have increased significantly to 718 (a 63% increase on the previous year), reflecting the compassionate care and commitment of staff across the organisation.	
Key Risks/Areas of Focus: • Ensuring continued improvement in response rates and engagement across all services, particularly where FFT or feedback mechanisms are underutilised. • Maintaining momentum in embedding co-production and ensuring it is consistently applied across all areas of the Trust.	Decisions Made: None
Alignment with the Three Shifts in the Long Term Plan (<i>If not applicable please state</i>)	
Hospital to Community	The annual report demonstrates the Trust's continued commitment to delivering care closer to home and strengthening community-based support. Examples include the development of peer support and recovery networks, social prescribing initiatives, community stroke support groups, enhanced partnerships with voluntary and community sector organisations, and increased involvement of patients and carers in the design and delivery of community services. Through co-production and stronger integrated working across Humber and North Yorkshire, the Trust is supporting people to access the right care, in the right place, at the right time.
Analogue to Digital	The report evidences increased use of digital tools to improve patient experience, engagement and service improvement. This includes significant uptake of digital Friends and Family Test feedback mechanisms, the Trust-wide FFT dashboard providing real-time intelligence for quality improvement, online surveys and pulse feedback tools, digital patient resources through the Connect website and Help Hub, survey landing pages, podcasts, and the use of digital platforms to support involvement, co-production and accessibility.

	These developments support the NHS ambition to use technology to enhance patient experience, improve access to information and drive continuous improvement.
Sickness to Prevention	The report reflects a strong focus on prevention, wellbeing and early intervention through partnership working, health promotion and engagement activity. Examples include learning disability cancer screening initiatives which have significantly increased screening uptake, safer inhalation programmes within addiction services, social prescribing support, wellbeing and recovery initiatives, domestic abuse awareness resources for young people, community health and wellbeing events, and work to address health inequalities across diverse communities. The Trust's approach to patient and carer involvement supports earlier intervention, improved self-management and healthier communities, aligning with the NHS ambition to move from treating illness to preventing it.

Governance and Assurance:			
Please indicate which committee or group this paper has previously been presented to:			
		Date	Date
Audit Committee			Remuneration & Nominations Committee
Quality Committee	20.8.26		People & Organisational Development Committee
Finance Committee			Executive Management Team
Mental Health Legislation Committee			Operational Delivery Group
Collaborative Committee			Other (please detail)
			QPaS – 16.7.26
			Trust Board – 30.9.26
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)			
√ 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			
Areas to include within the report:			
Please tick to confirm the following areas have been considered and addressed: Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity			
Public Exemption:			
Is the report exempt from public disclosure			Yes/No

Patient and Carer Experience

Annual Report (2025/2026) including Complaints and Feedback



Contents

1.0	Executive Summary.....	3
1.1	Patient and Carer Experience Five Year Forward Plan (2023 to 2028).....	5
2.0	Achievements during 2025-26.....	6
2.1	Trust-wide	6
2.2	Children’s and Young People’s Services.....	26
2.3	Community Services and Primary Care	31
2.4	Forensic Services	34
2.5	Learning Disabilities Services	38
2.6	Mental Health Services	40
3.0	Complaints and Feedback.....	43
4.0	Priorities for 2026/27	59

1.0 Executive Summary

As Medical Director for Humber Teaching NHS Foundation Trust, I'm pleased to share our Patient and Carer Experience (PACE) Annual Report (including Complaints and Feedback) for 2025/26. This report shows our ongoing commitment to putting patients, service users, carers and local communities at the centre of everything we do. It also highlights how listening to feedback and learning from it helps us improve the quality and safety of our care.

Over the past year, we have made good progress in delivering our PACE Five-Year Forward Plan (2023–2028). This plan focuses on three key areas: Our Care, Our Partnerships, and Our Workforce and Organisation. Together, these guide our aim to provide care that is personalised and shaped with the people who use our services.

Our Care: Listening and Acting on What Matters

We have improved how we gather and respond to feedback from patients. More people are sharing their views through the Friends and Family Test (FFT), with 19,591 responses this year – an increase of 3,182 completed surveys compared to the 16,409 received last year. We are pleased to share that over 91% of the respondents told us that they had a positive experience.

Just as important, we are using this feedback to make changes. Teams use our live FFT dashboard to identify themes to make improvements. We are strengthening our approach to act upon the feedback received using “You Said, We Did” ways of working; your feedback is leading to real improvements, such as better environments, more visible staff, and more involvement for patients in planning their care.

The Experts by Experience initiative has also grown significantly, with more than 60 people contributing to 36 projects. This means people with lived experience are increasingly helping to design, deliver and review our services.

We've also improved how we hear people's stories. Our updated and strengthened Patient Stories Framework helps us collect experiences in a way that is structured and person centred. This allows us to celebrate what works well and clearly identify where we need to improve.

Our Partnerships: Working Together to Reduce Inequalities

Working with partner organisations continues to be a strong part of our approach. Through programmes such as Veterans Aware, Equality, Diversity and Inclusion (EDI) work, and partnerships with community organisations, we are helping to reduce health inequalities and improve access to care.

Our engagement with different communities through forums, outreach and partnerships has helped us better understand the challenges people face. This has led to improvements such as more accessible information and resources that better reflect different cultural needs.

Our Workforce and Organisation: Supporting a Positive Culture

There is a strong link between staff experience and patient experience. Our 2025 staff survey shows continued improvements, including more staff feeling that patient care is the organisation's top priority.

We continue to perform well compared to similar organisations across NHS People Promise areas, reflecting a caring and supportive culture. Our Staff Champions of Patient Experience also play an important role in encouraging engagement and co-production across teams.

Quality Improvement work is closely linked to patient experience. More than half of our projects now involve patients and carers, showing that working together is becoming part of everyday practice which is leading to cultural change.

Complaints, Feedback and Learning

In 2025/26, the Trust responded to 509 complaints. The main themes were around patient care, communication and appointments. While the number of complaints has remained consistent compared with previous years, the feedback we receive provides valuable learning.

We are pleased to share that we have received a 63% increase in compliments, rising to 718 (compared to 440 received for the previous year), which reflects the kindness and dedication of our staff.

We have strengthened how we learn from feedback by putting clearer action plans in place, improving how we track progress and linking learning with patient safety data. Key areas we are focusing on include improving wait times, communication, and better co-ordination of care.

Looking Ahead

While we are proud of the progress we've made, we know there is more to do. We will continue to focus on strengthening co-production and clearly demonstrating outcomes as a result of "You Said, We Did" ways of working, reducing differences in experience between services

- improving timeliness, communication and coordination of care
- making services more inclusive and accessible
- embedding personalised and trauma-informed approaches

This report shows that listening to patients, service users, carers and communities is essential to providing safe and high-quality care.

Finally, I would like to thank our patients, service users, carers, partner organisations and staff for their ongoing support and commitment. Your continued dedication helps us to celebrate what is working well and where we need to continue to learn and improve to deliver better care.

1.1 Patient and Carer Experience Five Year Forward Plan (2023 to 2028)

The Patient and Carer Experience Five Year Forward Plan includes three outcomes (all of which underpin the six organisational goals) and are the focus for the Trust's patient and carer experience, engagement and involvement agenda. These include:



Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

The Trust values the lives, opinions and experiences of everyone and is dedicated to developing services that are right for our communities to effectively meet everyone's needs, whilst addressing health inequalities they may experience. It is so important to make sure that individuals and those who support them are not only included in the care journey to make informed decisions, but are also provided with opportunities to influence, shape and improve healthcare services.

Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Working together with our partner organisations to further strengthen existing relationships to understand and respond to the changing needs of our communities is a key priority for our Trust. We strive to continually improve our care by building strong alliances with our communities and partner organisations. We break down barriers to address health inequalities and ensure the best possible outcomes for our patient population.

Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

A happy workforce who are proud to work for the Trust is key to positive patient and carer experience and engagement. We equip our staff with the knowledge, skills and experience to genuinely co-produce services with our communities. Patient and carer experience and engagement informs our investments in services, estates and technologies to make sure no one is excluded.

2.0 Achievements during 2025-26

This report includes achievements made across the organisation to support the patient and carer experience and co-production agenda over the past twelve months. The achievements have been aligned to the three outcomes highlighted in the Trust's Patient and Carer Experience Five Year Forward plan (2023 to 2028) which link to the Trust's six strategic goals.

2.1 Trust-wide

Outcome 1 – Our Care

2.1.1 Trust Forums

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust Patient and Carer Experience forums across the geographical patch. The forums share the work taking place across the Trust and invite members to get involved with Trust activities. Forum members are given the opportunity to co-produce the agendas for each meeting. Please refer to our website for details of all our forums taking place: [Patient and Carer Experience | Humber Teaching NHS Foundation Trust](#)

In March 2026, a review of our forums was carried out to ensure that they were still meeting their purpose. "Your Voice Matters: Patient and Carer Experience Forum Marketplace and Event" sessions were held in Hull and East Riding, Scarborough and Ryedale and Whitby and District. Current forum members, along with members of the public who are not currently signed up to our forum membership, were invited to attend. Through varying forms of engagement including electronic surveys, tabletop discussions and paper-based feedback exercises, feedback determined that people felt that the forums would benefit from an update in terms of the strategic vision for the meetings, how they would operationally run moving forwards, what information is provided and how often the meetings are held.

During 2026/27, changes to how the forums are delivered will be made based on the feedback received from all engagement activities.

Why This Matters (Positive Impact) ...

The forums ensure that community voices are not only heard but acted upon. They help us deliver services that are shaped by real experiences, aligned with community needs, and provide opportunities for individuals to get involved with Trust activities.

2.1.2 Friends and Family Test

The Trust continues to collect feedback about all the services it provides using the Friends and Family Test (FFT) survey. The feedback we gather through our FFT offers valuable insight into people's experiences of our services. Our teams review the feedback to understand what is working well and to identify areas where improvements can be made.

A total of 19,591 completed surveys were received during this year, an increase of 3,182 completed surveys compared to the 16,409 received last year. Of the surveys completed this year, 91.3% confirmed they were happy with the overall service they received. 93.9% of respondents thought staff were friendly and helpful, 91.4% thought they were involved in their care and listened to, and 91.1% felt staff gave them enough information. The mode for completing the FFT survey was predominantly digital, with 92% of individuals completing the survey via the Trust website, and the remaining 8% completing a hard copy survey form.

All staff are able to access live FFT data for their teams through the FFT dashboard which shows how we are performing at an organisation, division and team level and includes:

- Number of survey forms received.
- Percentage of people who are satisfied with our services.
- Breakdown of positive, neutral, 'don't know' and negative responses.
- Qualitative feedback comments which are thematically analysed into one of ten themes and also divided into positive and negative sentiments.

Friends and Family Test Zero Reporting

The Trust continues to produce zero response reports for Friends and Family Test (FFT) every 6 months for each Division, asking for action updates for every zero-reporting team. This continues to provide assurance that an FFT approach for collecting feedback is embedded Trust wide.

The latest FFT zero reporting overall Divisional figures for the period October 2025 to March 2026 can be seen in the table below and highlights the continued improvement across the Trust in collecting FFT feedback.

Division	Number of Teams	No. of teams with zero FFT	% of teams with zero FFT responses
Children and Young People's Services	48	6	13%
Learning Disability Services	7	4	57%
Mental Health Services	69	7	10%
Community and Primary Care Services	36	6	17%
Forensic Services	12	3	25%
Trust wide	172	26	15%

During this latest reporting period of October 2025 to March 2026, there were only **26 teams out of 172 (15%)** who received no FFT response within that time period.

For the original pilot period of FFT zero reporting, which took place January to March 2024, of 176 teams with an FFT code, 93 teams (53%) did not receive any survey form responses. This means that in comparison to the pilot period, there has been a significant reduction of 38% in teams receiving zero responses to the FFT survey.

Work has now begun with each Division to ensure that access of the FFT dashboard is taking place across teams on a regular basis and that this is being utilised to identify Quality Improvement (QI) initiatives where negative themes are emerging.

Examples of QI projects because of FFT feedback include:

Addictions Services (East Riding Partnership):

- **You Said** "When I finish the Community Rehabilitation Programme, it would be nice to have extra after care with a Peer Mentor." **We Did:** We re-opened a building that gave us the opportunity to offer one-to-one peer support sessions that occur weekly for people leaving the programme after 12 weeks.

- **You Said** “Can you write a supporting letter for me? I am struggling to get to my current pharmacy for my prescription.” **We Did:** Arranged dispensing at other pharmacies for the service user’s convenience.

The examples above have led to positive change for individuals using our services including improved continuity of care through peer mentoring support after programme completion and increased flexibility in accessing medication through alternative pharmacy arrangements. These changes are helping to improve accessibility, support recovery, and respond more effectively to individual needs.

Why This Matters (Positive Impact) ...

This work has strengthened how teams use patient feedback to make improvements. Regular use of the FFT dashboard is helping services identify issues more quickly and turn feedback into meaningful QI activity.

2.1.3 Mental Health Inpatient Survey

Last year, the Mental Health Division and the Patient and Carer Experience (PACE) team worked together to launch a new Mental Health Inpatient Care Services Survey. The aim of the survey is to gather views from those who have been cared for on our Mental Health inpatient units. The original Trust survey underwent significant review by a working group which consisted of Experts by Experience, Peer Support Workers, staff members from the Division and staff members from the PACE Team.

Since its launch in October 2025, the survey has seen a significant increase in response rates, with 26 responses being received during the first 3 months. For the first 6 months of the new survey being live, 42 responses to the survey have been received (in comparison to 7 responses received for the old survey for the previous 6 months). Since the new survey went live, the inpatient units have done a significant amount of work to act upon the feedback received, ensuring that the patient voice is heard and that improvements are made on the back of it.

Here is some of the positive feedback received through the Mental Health Inpatient Care Services Survey:

- Most patients said that staff were friendly, respectful and easy to talk to
- Patients felt that staff listened to them, understood them and took their concerns seriously
- Patients said the explanations were clear and staff kept them updated about care
- Many people felt involved in planning their care and making decisions

Here are some of the areas for improvement identified by the Mental Health Inpatient Care Services Survey:

You Said	We Did
Feedback was received about Avondale around the bookshelf in the small lounge and the books that were available.	A new, larger, bookshelf was ordered and a communications request for any unwanted books lead to many books being dropped off at Miranda House.
Feedback was received about Mill View Lodge around Allied health professionals not always being visible on the ward.	Occupational therapies team and the activities workers have moved their base on to the ward rather than having an office off the ward, making them more accessible and visible to patients.
The STaRS Community team received some feedback from a patient that they didn't feel our care plan was created collaboratively enough.	A care planning session has taken place in a key worker meeting, it has been discussed in business meetings and supervision has been updated to include more effective case load management.
Feedback was received about Mill View Lodge around a request for a safe and calming space for activities and therapies.	A new summer house is being built in the garden, this will be a fully decorated and furnished, space where staff and patients can have therapy sessions and it can also be used as a quiet space away from the ward.
Patients felt the food at Mill View Lodge was bland and uninteresting.	Meetings have been held with Hotel Services within our Trust and with staff at Castle Hill Hospital. Castle Hill are reviewing the meals they provide. It has been agreed that for a trial, on speciality food nights (such as Eid), food will be prepared at the Trust's Humber Centre and brought to the ward.
Feedback was received from one patient on Avondale for some self-help books.	A wish was requested and granted through the Trust's Health Stars for a self-help book which was ordered and received.
Patients didn't feel that they got appropriate debriefs following incidents.	A co-produced debrief model has been created (Supportive Engagement – Post Incident Reflection) to support in ensuring patients get a person centred debrief whether involved or witness to incidents.



Co-produced debrief model for patients following incidents.

Why This Matters (Positive Impact) ...

The actions taken in response to patient feedback have delivered measurable improvements across our mental health inpatient services. Enhancements to ward environments, increased staff visibility, and more partnership care planning have strengthened the overall quality of care and improved patient experience.

Patients now benefit from more therapeutic spaces, better access to staff, clearer post-incident support, and more culturally appropriate food options. These changes have contributed to a safer, more responsive, and more person-centred service.

For the organisation, this work has reinforced a culture of listening and continuous quality improvement, strengthened patient engagement, and supported more effective multidisciplinary working. The “You Said, We Did” approach continues to demonstrate our commitment to acting on what matters most to the people who use our services.

2.1.4 Community Mental Health Service User Survey

Listening to and acting on feedback from people who use community mental health services remains central to the Trust’s approach to quality improvement. The NHS Community Mental Health Service User Survey continues to provide the main source of nationally benchmarked patient experience data.

The 2025 results indicate ongoing challenges in how services are experienced. While some aspects of care remain in line with national findings, areas for improvement include access, continuity of care, and support for wider wellbeing needs. Feedback also suggests that some people do not feel fully informed or involved, with variation in experience across services.

Actions following the 2024 survey focused on improving care planning, involvement in decision making and communication. Some improvement has been seen, but this has not yet been experienced consistently.

An example of an action is as follows:

You said: You were not always asked for your views about the quality of your care.

We did: As part of action planning, we introduced regular pulse surveys, available in digital and hard copy formats, to provide more frequent opportunities for feedback.

Why This Matters (Positive Impact) ...

This will enable more timely feedback and support services to respond more quickly, helping people feel listened to and involved in shaping their care.

Plans for 2026/27 focus on a continuation of action planning, to strengthen access, continuity, crisis support and wider wellbeing support, with progress monitored through routine feedback, including pulse surveys, and Trust governance processes.

2.1.5 Sharing of Patient, Service User and Carer Stories

This year we refreshed our Sharing of Patient, Service User and Carer Stories Framework, creating a clearer and more comprehensive toolkit to support staff and teams in listening to, understanding and learning from lived experience across the Trust.

The framework provides a structured and flexible approach to collecting and sharing experiences of care. By capturing both positive and challenging stories, it helps us identify what works well and where improvements can be made, supporting the Trust's involvement and engagement culture. The revised framework has been fully co-produced with people who have previously shared their stories, the staff who supported them, and teams who reflected on those experiences. Their experiences have helped create clearer guidance and stronger support processes for everyone involved in sharing or hearing stories. The framework embraces a wide range of ways people may choose to share their experiences. Its design ensures the approach is inclusive, trauma-informed and person-led, allowing individuals to choose what feels right and safe for them. All contributors are offered the chance to provide further feedback, such as testimonies or case studies, and are encouraged to take part in future involvement opportunities with the Trust.

Why This Matters (Positive Impact) ...

Nikki's story – 18 months on

Nikki attended Trust Board in September 2024 to share their experience as a service user. Eighteen months later, Nikki returned to Trust Board to describe their progression, demonstrating the impact of sustained patient and carer involvement.

Following initial involvement as an Expert by Experience, Nikki has progressed into a Lived Experience and Co-production Lead role within the Mental Health division. This reflects both personal recovery and the benefits of structured involvement opportunities. Through contributions to initiatives such as culture of care and trauma-informed practice, lived experience has been further embedded within service development and decision-making.

Nikki's story provides a clear example of how lived experience involvement can support service improvement, strengthen the workforce, and ensure services are shaped by those who use them.

2.1.6 Experts by Experience

The Trust has continued to strengthen its commitment to meaningful involvement through the Experts by Experience (EbE) initiative, enabling individuals to contribute to service development in line with national guidance and with appropriate recognition of their time and expertise.

Over the past year, our EbE database has grown to include **61** Experts by Experience, with **41** individuals being reimbursed for **1,162** hours of work across **36** projects and activities Trust wide.

EbEs played a key role in the co-produced redesign of strategic frameworks, including the Panel Volunteer framework and the approach to sharing patient stories. Their input ensured processes are accessible, inclusive and grounded in real experience, resulting in clearer guidance and a more consistent approach across services.

This work has also supported staff to better understand the value of lived experience and increased confidence in co-production, particularly in relation to involving individuals appropriately and ethically.

Working with Experts by Experience

April 2025 – March 2026

Over the past 12 months, our Experts by Experience (EbE) programme has grown significantly, strengthening how we involve our communities in shaping Trust services.



Just having EbEs in the service challenges the culture on inpatient wards. Staff begin to see EbEs as people rather than just patients, with skills and attributes outside of their current problems. This creates a recovery focussed environment where service users are given back choice and autonomy at a time when often this has been taken away
~ Staff member, Forensics



This year, 41 Experts by Experience were paid for a combined 1,162 hours of contribution, recognising and valuing the essential insight they bring to shaping and improving Trust services



Across the Trust, 36 projects, activities and pieces of work were approved this year for Expert by Experience involvement, highlighting our continued commitment to embedding lived experience in service development and improvement



My involvement gave me a sense of purpose and empowerment, knowing that my experiences could contribute to improving services for others. It also helped build my confidence and strengthened my ability to communicate my perspectives effectively. For the Trust, incorporating lived experience helps ensure that services are more person-centered, inclusive, and responsive to real needs ~ Expert by Experience



We continue to evaluate the impact of lived experience involvement through internal and external surveys, gathering rich qualitative and quantitative feedback that highlights the value and positive influence of working with Experts by Experience across the Trust.



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Experts by Experience infographic

Why This Matters (Positive Impact) ...

Three Humber Youth Action members, acting as Experts by Experience, supported a sensory audit at Inspire, the Children's Inpatient Unit. Using their lived experience, they assessed the building and suggested improvements across areas including classrooms, communal spaces, kitchen, bedrooms, and visiting areas.

"The three Experts by Experience had lived experience of neurodiversity, including ADHD and autism spectrum disorder, alongside varied experiences of CAMHS services across both community and inpatient settings. The Experts by Experience demonstrated strong passion and commitment throughout the process, with a shared dedication to improving services for young people. It is hoped that this work will contribute to meaningful improvements to the inpatient environment, making it more inclusive, supportive and therapeutic for young people with sensory processing differences, including those who are neurodiverse." – **Lydia, Advanced Occupational Therapist**

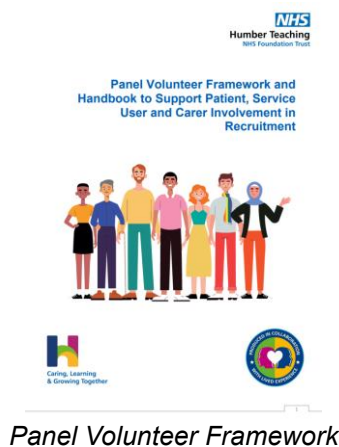
'Going on to inspire to do the sensory audit was a big step for me and something I feel really proud of. I feel thankful to have been given the opportunity to go back onto inspire after being a patient there to help the ward and make positive changes' – **Expert by Experience**

2.1.7 Panel Volunteer Framework

Within the last year we have refreshed our Panel Volunteer Framework, to ensure that staff are provided with the right tools to fully support patients, service users and carers when they volunteer to be involved in Trust recruitment activities. The revised framework provides a more comprehensive guide for staff to support Panel Volunteers through the process and also includes additional tools and resources that staff can use to ensure that our Panel Volunteers are as best informed as possible.

The revised framework, along with its new resources, have been fully co-produced with existing Panel Volunteers. Feedback was also sought from staff who have experience of supporting Panel Volunteers through the process. By co-producing with existing Panel Volunteers and listening to our staff, we have been able to strengthen the framework and produce a much clearer and concise guide.

The revised Panel Volunteer Framework was awarded the Co-production Logo Stamp in March 2026.



Why This Matters (Positive Impact) ...

By providing staff with clearer guidance and improved tools, we are better equipped to support patients, service users and carers who volunteer to take part in recruitment activity. Co-production with existing Panel Volunteers and feedback from staff has ensured the framework is practical, accessible and aligned with real experience. As a result, volunteers are better informed and more confident in their role, and staff are supported to deliver a more structured, transparent and values-based recruitment process. This work reinforces our commitment to meaningful involvement and ensures that lived experience continues to shape how we recruit our workforce.

2.1.8 Co-production Stamp

The co-production stamp first launched in 2021; since then 145 pieces of work have been awarded the stamp across the Trust. The stamp demonstrates the tremendous effort staff put in to ensure that work is developed alongside patients, service users, carers and those with lived experience. The stamp is a fantastic way to add value and recognition, and to showcase where co-production has taken place. During the past 12 months there have been 58 pieces of work awarded the stamp. Pieces of work that are awarded the stamp are then entered into a prize draw that takes place three times a year during our Staff Champion of Patient Experience Forums.

The Trust's Social Prescribing Team for NHS England and NHS Trust trainees were awarded the co-production stamp for online drop-in sessions and podcast material produced to support the wellbeing of doctors in training (and their families) who arrive to the UK from overseas. The team support with a myriad of challenges that can include help with finding accommodation; overcoming loneliness and isolation; adjustment to language, culture and communication; feelings of anxiety and overwhelm, and much more. Following the success of the sessions, consent has been given by all who attended for the group to be made into a stand-alone episode of the team's podcast series. This will be shared amongst existing clients and stakeholders as well as being used to promote the service going forward. Debbie Blake, Project Officer and Senior Social Prescriber within the team, said "Due to the nature of the funding process, our service is commissioned on a 12 month fixed term contract. Therefore, it is fundamental that we do everything we can to strengthen our offer and to strive for innovation and development in order to secure this essential support for our service users. Having the endorsement of the co-production stamp helps to support future contracts and the longevity of the service."

Why This Matters (Positive Impact) ...

The co-production logo stamp strengthens the credibility of projects, increases transparency, and demonstrates our commitment to embedding lived experience in service design. The stamp also supports teams by adding recognised value to their work by reinforcing a culture of meaningful involvement across the Trust.

2.1.9 Evaluating the Impact of Lived Experience Involvement

Internal and external surveys, co-produced with Experts by Experience, have been introduced to better understand the impact of lived experience involvement across the Trust. Feedback is gathered from staff, volunteers and service users involved in EbE activity, panel volunteering and the sharing of personal stories.

Why This Matters (Positive Impact) ...

Findings indicate a positive impact across staff practice, patient and carer experience, and organisational development. Staff report increased understanding of lived experience and greater confidence in co-production. In inpatient settings, this is reflected in a shift towards more recovery-focused approaches, with one staff member noting:

"Just having EbE's in the service challenges the culture, staff begin to see EbE's as people rather than just patients. This creates a recovery focussed environment where service users are given back choice and autonomy."

Patients and carers involved in EbE activity and panel volunteering report feeling listened to, valued and able to influence change. This is reflected in feedback from a panel volunteer:

"It was good to be a part of the process and to see how inclusive it was. Everyone had an equal voice in the room."

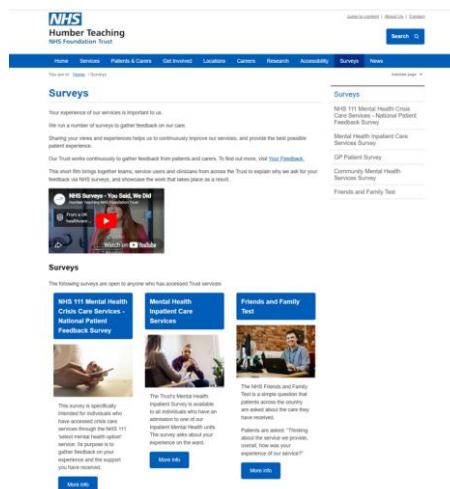
At an organisational level, lived experience has informed the development of key frameworks, improving clarity and consistency in practice and embedding patient voice within governance and service improvement. As one Expert by Experience reflected:

"The framework was truly co-designed and co-produced throughout..."

2.1.10 Survey Landing Page

The Trust continues to maintain and promote its Survey Landing Page, which provides a central, easy-to-navigate hub for all patient, service user, and carer surveys. This established resource supports our ongoing commitment to gathering meaningful feedback that informs service development and enhances the overall experience of those accessing our care.

By bringing all current surveys together in one accessible location on the Trust website, the Survey Landing Page helps individuals understand the purpose of each survey and how their views contribute to continuous improvement. Its ongoing use supports consistent collection of valuable insights, enabling teams across the Trust to identify areas for development and ensure services remain responsive to the needs of our communities. The Survey Landing Page remains a routine and vital tool in our approach to listening, learning, and improving care in partnership with patients, service users, and carers.



Survey Landing Page on Trust website

2.1.11 Experience of Care Framework

The Experience of Care Framework is a national NHS tool that helps organisations understand how people experience care and where improvements can be made. It focuses on listening to patients, service users, carers, staff and communities. The framework includes 88 questions across key areas such as leadership, organisational culture, feedback and learning, helping the Trust to reflect on what is working well and where changes are needed to improve experiences.

Over the past year, the Trust carried out a detailed review of all 88 questions, assessing how well we are doing in each area. This showed that we are performing strongly in most areas, with around 80 areas assessed as achieving or excelling. We identified 8 key areas where further improvement is needed, and these have become our priority actions. To ensure a joined-up approach, we are bringing together this work with our Improving Patient Care Together (IMPACT) programme within our new Quality Improvement (QI) Five Year Plan. We will take forward a detailed workplan aligned to six pledges, with the 8 priority Experience of Care actions fully embedded to drive meaningful improvements for patients, service users, carers and our communities.

Why This Matters (Positive Impact) ...

This work will help us continue to improve the care and support people receive by making sure we listen carefully to what matters most to patients and carers. By looking closely at feedback and experiences, we can better understand where we are doing well and where we need to make changes. The areas we have identified for improvement will help us focus on making care more inclusive, responsive and joined-up.

By bringing this work together into one clear improvement plan, we will be able to make changes more effectively and show how feedback is leading to real improvements. Over the next few years, patients, service users and carers should see continued improvements in how we listen, involve people in decisions about their care, and ensure everyone's experience is consistently positive and person-centred.

Outcome 2 – Our Partnerships

2.1.12 Veteran Aware Healthcare Alliance



The Trust is a Veteran Aware Healthcare organisation. We were originally accredited in May 2020 and were re-accredited in 2023 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).

We continue to support the Armed Forces Community by working towards our Veteran Aware Principles to enhance career opportunities and support for the Armed Forces Community and increase awareness and understanding within the Trust of the needs and contributions of the Armed Forces Community. Our principles demonstrate the Trust's strong commitment to making a positive difference to fulfilling the Armed Forces Covenant and supporting the wider Armed Forces Community.

In 2025, we are proud to have achieved Silver accreditation with the Armed Forces Employer Recognition Scheme, and have begun working towards achieving Gold.



Armed Forces Covenant Silver Award Ceremony October 2025 at York Racecourse

Why This Matters (Positive Impact) ...

Maintaining our Veteran Aware status through the VCHA ensures that attention remains focussed on this important community of patients, service users, carers, staff and the wider community, and provides additional drive to quality improvements for the cohort. The VCHA process requires executive-level oversight, which comes from our Medical Director.

Being part of the Veteran Aware programme helps us recognise and support veterans and Armed Forces families more effectively across our Trust. It makes sure their needs are understood and considered when we plan and improve services. This work helps us provide fairer, more personalised care by listening to veterans and their families and involving them in shaping services. It also means our staff are better trained and more confident in supporting people from the Armed Forces community. We are committed to being a supportive employer for veterans and their families, creating an inclusive culture where they feel valued. Overall, this helps us improve care, experience and support for both patients and staff, while showing our commitment to the Armed Forces community.

2.1.13 Accessible Information Standard

The Accessible Information Standard (AIS) Guidance aims to ensure people who have a disability, impairment or sensory loss can access information in a format they can understand and receive any communication support they need to access Trust services. The AIS has been updated and republished in June 2025, to incorporate statutory changes since its initial publication in 2016. The Trust AIS guidance has been reviewed and updated in line with AIS June 2025.

One of the key changes in the guidance is the requirement that patient communication needs are reviewed, to recognize that these may fluctuate, or change over time.

For the period April 2025 to March 2026, the Trust received and responded to 1 formal complaint, 0 informal complaints, and 0 compliments relating to people with a communication need under the AIS.

2.1.14 Equality, Diversity and Inclusion Priorities for Patients, Service Users and Carers (April 2025 to March 2027)

The Trust held the Equality, Diversity and Inclusion (EDI) Event in May 2025. The keynote speaker was Sarah Regan of the Hull and East Yorkshire Centre for the Deaf, who spoke and signed about some of the work carried out at the centre which has been empowering the local Deaf British Sign Language-using community for 170 years. She gave the audience a fascinating glimpse into the life, needs and challenges faced by this community, and shared some guidelines on communicating with Deaf people.

The audience were treated to a performance by the Hull Visual Choir, a signing adult choir aimed at bringing the Deaf and hearing community together which uses a mixture of British Sign Language and artistic license to make beautiful songs accessible to the Deaf people who have never experienced the power of song.



Hull Visual Choir Performing at the EDI Event

The Trust has made good progress to deliver on our four EDI priorities which were co-produced with patients, service users, carers, staff and partner organisations in a workshop in May 2023. The table below highlights a few examples of work undertaken.

You Said Your Priority from April 23 to March 25 was	We Did in 2025/26
1. To strengthen patient demographic data collection to tailor care that meets individual needs.	The Trust has implemented a new Electronic Patient Record across all areas which has enabled more consistent data collection and refreshed reporting processes. This includes a more visual dashboard to highlight where information is not complete.
2. To further enhance our faith offer to ensure inclusivity.	- Trust Chaplain, Reverend Eve Rose, continues to host services throughout the year, bringing people together virtually and physically for spiritual and pastoral support. - The Chaplain participated in the Lord Mayor's Celebration of Interfaith Working across Hull and the East Riding, at Hull's Guildhall. This supported the aim of strengthening relationships with other faith leaders and was a wonderful opportunity to learn more about community support offered in the area. - The chaplain has invited faith leaders to record podcasts discussing faith and spirituality. The first of these can be accessed through the Recovery Club Podcasts via the Recovery College which is open to anyone (free account login required). Topics covered to date include the Chaplain's path into her role, and a conversation with Imam Abid Salik which explored life as a Muslim and the importance of Ramadan. - From January 2026, a Faith and Spirituality Calendar of Events booklet is available to complement the Caring for People of Different Faiths booklet. This outlines key festivities and observances to support inclusivity and cultural awareness.
3. To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face	The Patient and Carer Experience (PACE) Team have been building links with the Humber All Nations Alliance (HANA) to improve understanding of the needs of communities who form part of this alliance.

and how we can support to overcome them.	- The PACE team has attended events such as the HANA International Fashion Show, the Peel Project Health Fair, and the Lord Mayor's Celebration of Interfaith Working across Hull and the East Riding as part of this work. - The Trust has worked to improve service for British Sign Language users and other Deaf people by working closely with the Hull and East Yorkshire Centre for the Deaf. This work continues into 2025/26.
4. To introduce cultural celebration weeks to educate and support people to understand cultural differences.	Podcasts are now being recorded (see 2) with a range of interviewees. This will provide a bank of resources for reference as needed.



Faith and Spirituality Calendar 2026



Why This Matters (Positive Impact) ...

Priority 1 - The change has moved the Trust from inconsistent and incomplete demographic data to a more standardised, visible, and actionable system, enabling better insight, more equitable care, and stronger decision-making.

Priority 2 - This work has strengthened the Trust's approach from a traditional chaplaincy offer to a more visible, inclusive, and community-connected faith and spirituality service, helping ensure care is respectful, culturally aware, and responsive to diverse needs.

Priority 3 - This work has moved the Trust from limited engagement to a more proactive, relationship-based approach, resulting in better insight, improved accessibility, and services that are increasingly shaped around the needs of diverse communities.

Priority 4 - This work has started to shift the approach from planned cultural events to a more sustainable, accessible learning model, helping build ongoing awareness, cultural competence, and a more inclusive culture across the Trust.

At the Equality, Diversity and Inclusion Event in May 2025, participants co-produced new priorities for the period 2025 - 2027.

Priority	We Did in 2025/26
Priority 1: Demonstrate how the Trust incorporates feedback and co-production, with increased use of “you said, we did”	We co-produced our Equality, Diversity and Inclusion (EDI) priorities at a Trust-wide event in May 2025, ensuring people with lived experience directly shaped our priorities. Experts by Experience were actively involved in developing key policies, including the Reasonable Adjustments policy, with a draft produced and further materials in development. These activities strengthen how feedback and co-production are embedded and visible across the Trust.
Priority 2: Increase co-production, particularly with minoritised groups	We strengthened co-production by working in partnership with diverse communities and people with lived experience. This included ongoing engagement with groups such as Humber All Nations Alliance, Hull and East Yorkshire Centre for the Deaf, Peel Project and Bora Shabaa, helping us better understand barriers to care. We reviewed and refreshed key resources (such as the “Why Ask?” booklet) with input from Experts by Experience and applied health literacy principles. We supported the procurement of improved interpretation and translation services, reflecting service user feedback. We promoted co-production across the organisation through events, conferences and targeted outreach, and expanded resources through the Recovery and Wellbeing College, including podcasts and materials on faith and cultural awareness. Work to improve support for people with communication needs included Deaf awareness resources, strengthened links with the Centre for the Deaf, and embedding these considerations into the Reasonable Adjustments policy.
Priority 3: Inclusive trauma-informed policies and training	We expanded trauma-informed practice by providing access to training through our Electronic Staff Record (ESR) and targeted programmes within services. The Trust’s Culture of Care programme delivered significant trauma-informed training across inpatient wards and more widely. Additional learning opportunities were introduced, including sessions addressing identified gaps such as understanding shame. This work has strengthened staff awareness and supports more compassionate, inclusive care for patients who have experienced trauma.

Why This Matters (Positive Impact) ...

Co-producing our EDI priorities and involving Experts by Experience in policy development has ensured our work is informed by lived experience meaning that the policies put in place meet the needs of the people using our services.

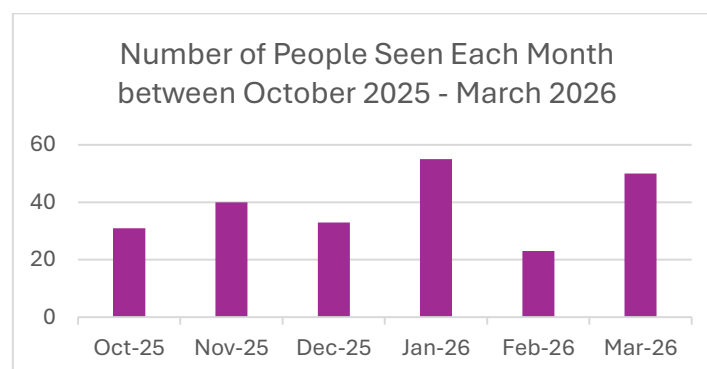
Strengthening co-production with diverse communities and Experts by Experience has improved understanding of barriers to care and led to more accessible, culturally appropriate resources and services. This includes better interpretation support, improved health information, and stronger recognition of communication needs.

Expanding trauma-informed practice through targeted training and the Culture of Care programme has increased staff awareness and understanding of trauma, enabling more compassionate and responsive care. This supports staff to better recognise and meet the needs of patients who have experienced trauma.

2.1.15 Chaplaincy at Fitzwilliam Ward – Malton Community Hospital

On 1st August 2025 an enhanced chaplaincy service offer began its provision by York and Scarborough Teaching Hospitals NHS Foundation Trust. The service aims to provide pastoral, spiritual and religious care services to our patients, carers and staff at the Fitzwilliam Ward, Malton Hospital. This service is an enhancement to the Trust's current chaplaincy offer, and feedback from staff since the service went live is that the service is being very well received.

During the six-month period of October 2025 to March 2026, **89 new referrals** were received into the Chaplaincy service at Fitzwilliam Ward, **201 visits were made to referred patients**, and **232 people were seen in total** (including family members). Activity levels fluctuated month-to-month but demonstrated an ongoing demand for chaplaincy presence within the ward.



Across the six-month period, chaplaincy support consistently focused on:

- **Pastoral listening and emotional support**
- **Prayer and blessings**
- **Support for families**, often alongside patient visits
- **Sacramental ministry**, including Holy Communion
- **Occasional end-of-life support**

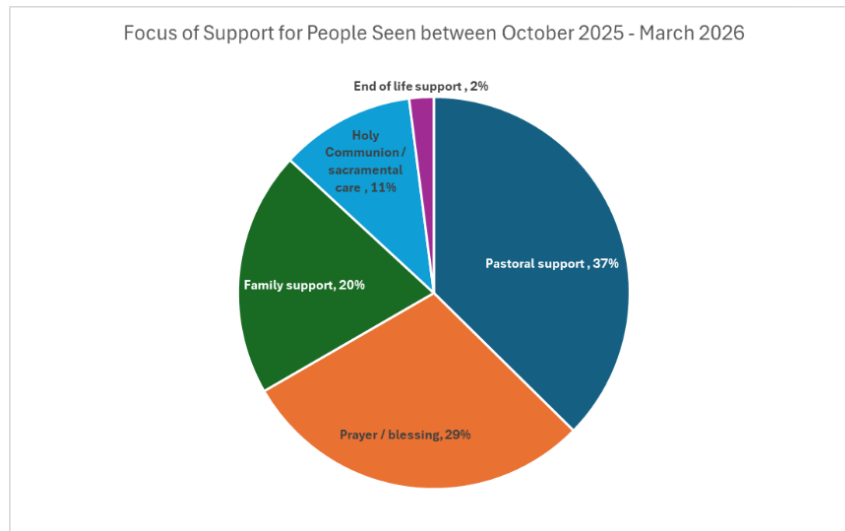


Chart - Focus of Support for People between Oct 2025 and March 2026

Why This Matters (Positive Impact) ...

The introduction of this chaplaincy provision on Fitzwilliam Ward at Malton Hospital has strengthened the Trust's existing chaplaincy services by offering consistent pastoral, spiritual and emotional support to patients, their families and, where appropriate, staff. The service supports individuals from a wide range of faith and belief backgrounds and makes an important contribution to addressing emotional and spiritual needs alongside clinical care.

There is clear evidence of a sustained and significant demand for chaplaincy support on Fitzwilliam Ward, with high levels of engagement throughout the reporting period and the number of visits frequently exceeding the number of referrals received.

"A Chaplain now comes onto the ward every Friday and goes round the patients, completing a form about what and who they have seen. The patients appreciate their input, some just like someone to talk to and some want specific chaplaincy support. We have good reports about them; very understanding and helpful and show a lot of patience. They have also seen patients on request and spoken to relatives (some lengthy conversations). Previously, the ward did not have any input from a chaplaincy service and it was difficult to access anyone to come. Now this is not a problem and they are available 24/7."

Nurse Manager – Malton Ward

Outcome 3 – Our Workforce and Organisation

2.1.16 Staff Champions of Patient Experience

The Trust has an established network of around 200 Staff Champions of Patient Experience (SCoPEs) across all services, whose role is to ensure the voices of patients, carers, and service users are heard and to promote good practice in patient experience.

Following feedback gathered at a SCoPE Forum in October 2024, a working group was formed in 2025 to review and strengthen the role. Through positive discussions, the group clarified expectations, benefits, and

commitments, explored whether the role name reflects its purpose, and began shaping future training offers in collaboration with SCoPEs.

This work has resulted in the development of a new promotional poster to better define the role, support recruitment, and improve understanding among existing members, with further co-produced improvements planned.



SCoPE Poster

Why This Matters (Positive Impact) ...

The work carried out has made the following difference to SCoPEs:

- **Clearer and more consistent SCoPE role** – Discussions clarified expectations, responsibilities, and benefits, leading to a more consistent understanding of the role across the Trust.
- **Stronger engagement and co-production** - Involving SCoPEs in shaping the role increases ownership, motivation, and alignment with what staff need to be effective champions.

2.1.17 Staff Experience alongside Patient Experience

There is an intrinsic link between colleagues' workplace experiences and the direct impact on patients and the standard of care they receive. If colleagues enjoy a positive work experience, feel part of a trusted and safe team and work together with patients to make a real difference, we know we have the right culture and that the Trust is a great place to work. A compassionate culture makes a real difference to how our patients, service users, their families and loved ones perceive the care we provide, and our staff survey is a meaningful way for us to measure whether we are getting this right and to frame our actions to be even better in the future.

Delivering outstanding patient care is always our top priority. We are particularly pleased that our 2025 score for the question, "Care of patients or service users is my organisation's top priority", has improved again and is now at its highest level to date. Although our scores on these measures have improved, scores across our benchmark group of similar trusts nationally have declined. This has strengthened our relative position and means we are now outperforming many comparable organisations. We are proud to be a leading Trust and we recognise that this is built on commitment and professionalism of our colleagues every day.

Building on these results, it's important to recognise just how strongly we continue to perform compared with other Trusts in our region. This year, we scored higher than other providers in our ICS region across every NHS People Promise theme and sub theme, at a time when the overall national picture has declined in almost every area. Our Advocacy score, which reflects whether colleagues feel patient care is the organisation's top priority, would recommend us as a place to work, and would be confident in the care provided to friends and family, remains one of our greatest strengths. When looking across the wider Northeast and Yorkshire region, including all ICS, Humber and North Yorkshire, North East and North Cumbria, South Yorkshire and West

Yorkshire, our overall Advocacy score placed us third out of 31 Trusts. These results underline the pride colleagues take in the care we provide and the confidence you have in the work we do together every day.

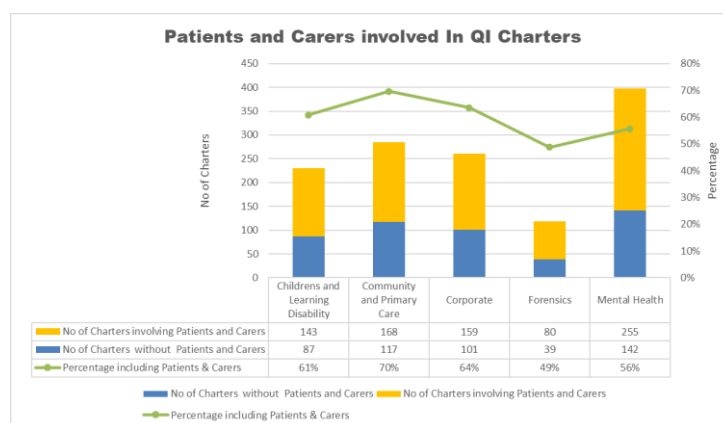
Question/Statement	2018	2019	2020	2021	2022	2023	2024	2025
Q6a. I feel that my role makes a difference to patients/service users	84.7%	87.8%	88.8%	86.87%	87.35%	88.25%	87.68%	88.30%
Q25a. Care of patients/service users is my organisation's top priority	64.1%	65.7%	75.6%	73.87%	75.58%	80.14%	80.87%	81.71%
Q25b. My organization acts on concerns raised by patients/service users	67.4%	66.4%	72.7%	74.5%	73.44%	77.50%	79.04%	80.72%
Q25c. I would recommend my organisation as a place to work	47.6%	49%	61%	59.45%	62.83%	66.98%	68.99%	70.45%
Q25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	60.5%	58.4%	66.8%	65.41%	65.25%	69.64%	71.66%	72.95%

2.1.18 Patient Experience to inform Quality Improvement

Quality Improvement (QI) and Patient and Carer Experience continue to work closely together. The Joint Strategy Group continues to ensure that both our patients, service users, carers and staff are fully involved in both agendas.

The QI charter continues to provide tracking of patient and carer involvement within QI activities across the Trust. The Trust achieved 54% for all teams and 70% for operational teams to co-produce activities with patients and carers - a 6% increase for all charters across the Trust.

The chart below breaks down the charters for each Division and Corporate Services into those activities which were developed with our patients and carers and those which were not.



In contrast, 97% of open and completed activities have indicated that the activity would benefit our patients, service users and carer

Why This Matters (Positive Impact) ...

Here are some examples of the difference made:

Innovate Brand and Hub Development

A number of our Patients and Carers supported the development of our Innovate brand and what they would like to see on the Innovation Hub.

Improvement Training

To raise awareness of the importance of including patients and carers in improvement activities, A short video of Staff, Peer Support Worker and an Expert by Experience talking about the benefits of including the Patient and Carer Voice in QI initiatives. This will form part of the new training offer that will be available in Quarter 1 of 2026-27. We currently have a working group supporting the development of a new animated film for Outcomes, Outputs and Benefits that will be available on both the Trust Innovation Hub and the Recovery College. A full review of all the QI training will be undertaken in Quarter 1 of 2026-27 and will include Patients and Carers.

Service User Expert by Experience Reps Forensic Services, Forensics

The project was established to develop a consistent process for identifying which service users are able to support different pieces of work. A task-and-finish group, made up of service users, designed the initial pilot and the documentation required to recruit the first cohort of representatives. This included the Service User Involvement Authorisation Form, which is used when an involvement opportunity is advertised at Humber Voices (the patient council meeting). The form enables service users to take ownership of their involvement by outlining why they wish to be involved, any potential difficulties they may experience, and how these could be managed. Service users then take the completed form, which includes full details of the opportunity, to their MDT meeting. This allows clinical staff to assess and manage any risks associated with the proposed involvement and formally sign off the activity.

Co-production of training for the Sensory Outreach Service, Childrens and Learning Disability

An expert by experience collaborated with the Outreach Service team to co-produce and deliver a comprehensive training package and create accompanying materials to educate school staff about understanding and supporting sensory differences in students. Our expert will provide lived experience of sensory differences at school and share strategies which have supported them.

2.2 Children's and Young People's Services

Outcome 1 – Our Care

2.2.1 Dynamic Support Register Animation, in collaboration with the Humber and North Yorkshire Dynamic Support Keyworker Service

Our Humber and North Yorkshire Dynamic Support Keyworker Service received feedback from service users who said that they often struggled to understand how the Dynamic Support Register (DSR) works, who is eligible and how it supports children, young people and their families. Keyworkers, together with three Humber Youth Action Group (HYAG) members recruited as Experts by Experience co-produced an animation for the Connect website that explains how the DSR works for children, young people and their families.

The animation is now publicly available on the Connect website, improving understanding for children, young people and their families. Service users now have a clearer, more engaging resource that supports informed involvement in their care and the DSR process.



Dynamic Support Register Logo

Why This Matters (Positive Impact) ...

Feedback identified that children, young people and families did not clearly understand the Dynamic Support Register (DSR). In response, the Humber and North Yorkshire Dynamic Support Keyworker Service co-produced an animation with Experts by Experience to explain the DSR.

The animation being available on the Connect website, has improved understanding of the DSR, reduced confusion, and enabled service users to feel more informed and confident in engaging with their care and the DSR process.

"I really like the new animation. It seems to hit just the right balance of realism, emotion and practical information. Congratulations to all involved." - **Lived Experience co-worker Health Improvement Team NHS England**

2.2.2 Co-produced Humber Youth Action Group Logo and Visual Identity and Values

In January 2025 the Humber Youth Action Group shared that they would like to review the groups' visual identity and formulate some shared values. During the year, a new logo and set of values was co-produced for the group which better reflects the group's current identity. A new induction process has also been created to provide stronger support for young people joining the group, this involves a one-to-one meeting with the group's facilitator to better understand each young person's individual needs and lived experience helping to better match them to meaningful projects.



Humber Youth Action Group Logo

Why This Matters (Positive Impact) ...

The new logo and values have given the group a clearer identity and helped young people feel more connected and included. The new induction process means young people get better support when they join, helping them feel understood and matched to projects that suit them. Overall, this has made the group more welcoming, supportive and engaging for its members.

2.2.3 Domestic Abuse Information Resources for Children and Young People

Feedback from young people told us that they would like more inclusive resources to support them to recognise the signs of unhealthy and abusive relationships. The Humber Youth Action Group (HYAG) co-produced along with our Trust's Safeguarding Team a set of posters that was shared within the community. Community Vision secured funding in 2025 to print the digital resources, enabling wider distribution across local schools, colleges, youth groups and Trust waiting areas.

In addition, HYAG members shaped the design and content of online resources on "The Help Hub", a resource on the Connect website, to ensure the webpage is accessible, relevant and young-person-friendly.



Information resource poster

Why This Matters (Positive Impact) ...

Young people now have clearer information to help them recognise unhealthy and abusive relationships. The posters, shared in schools, colleges and community settings, have reached more young people and raised awareness. The online Help Hub resources are now more accessible and relevant because they were shaped by young people themselves.

Overall, this work has improved awareness, made support easier to understand, and ensured resources better meet young people's needs.

2.2.4 Connect website – Help-Hub

When developing the Connect Website, which hosts our Children's and Adult Learning Disability Services, service users told us it was important to support our community in finding the right service and/or resource at the right time. Service users helped design the "Help Hub," which is a unique digital tool on the Connect website that provides signposting to a wide range of health topics. The resource includes links to Trust

services, information hosted on Connect, and external websites and online support tools. From June 1st 2025 to January 31st 2026, The Help Hub has had 1983 sessions and 1639 active (unique) users. Training has been provided to teams across the division so they can confidently signpost service users to this resource.

Why This Matters (Positive Impact) ...

The Help Hub has made it easier for people to find the right support when they need it, all in one place. It has been widely used, with nearly 2,000 visits and over 1,600 individual users, showing strong engagement. Staff training has also helped ensure more people are signposted to the resource. Overall, this has improved access to information, helped people get support more quickly, and made it easier to navigate services.

Outcome 2 – Our Partnerships

2.2.5 Humber NHS Cadet Programme

The Humber NHS Cadet Programme which is run in partnership with St John's Ambulance, gives young people the opportunity to access a tailored programme which aims to reach a diverse range of young people who have barriers to entering volunteering and/or a career in healthcare. As NHS Cadets, young people develop key skills, boost their self-confidence, and get to explore careers in the healthcare sector.

Why This Matters (Positive Impact) ...

Thirty young people graduated the third cohort in December 2025, many reporting that they feel more prepared and motivated to pursue a career in the NHS after engaging with staff and guest speakers from our Children's and Learning Disability Division.

"I thoroughly enjoyed Humber NHS Cadets, it was very interesting and highlighted topics such as manual handling that you wouldn't usually think about much but are quite important. Personally, I enjoyed learning about the variety of carers in the NHS and having the guest speakers join sessions and feel this really helped when exploring my options in further education. It was also excellent to meet the others participating in the sessions and the coordinators. In fact, I feel just working in this group helped me to develop my skills as I was able to see how others dealt with situations for example how the coordinator managed their time in a session. Overall, it is a fantastic programme and I would recommend it to anyone thinking of a career in healthcare or anyone who is unsure about what they would like to do after leaving education." - **Humber NHS Cadet Graduate**

"I want to thank every guest speaker who has attended, as their presence on our NHS Cadets Programme session is inspiring to the young people makes a significant impact. They're currently considering various roles within NHS, and having a good variety of backgrounds provides versatility on the roles across many fields. For example, having two different speakers covering mental health gave young people an insight that no role is fixed, but can have various people doing similar work. In addition to this, by having a Volunteer Manager, it highlighted that there are non-clinical roles within NHS England and can go for other roles if the clinical field was not an interest. Furthermore, the attendance of a Career Development Specialist will be even more impactful. Therefore, I would like to send the whole team's gratitude to the Trust for being proactive and supporting us on the NHS Cadet Programmes." - **Regional Lead - Humber NHS Cadet Programme**

2.2.6 Hull University Teaching Session with Humber Youth Action Group

Hull University invited the Humber Youth Action Group (HYAG) to support the delivery of training for third-year mental health nursing students. The session focused on sharing young people's experiences of accessing Child and Adolescent Mental Health Services (CAMHS) and wider mental health services and explored how nurses can adapt their practice to better support young people and their families.

Having the HYAG supporting the delivery of the training gave nursing students direct insight into young people's experiences of CAMHS and mental health services, improved students' confidence and skills in engaging with young people and helped students identify practical ways to adapt their practice to better support young people and families.

The collaboration also helped to build a stronger partnership between HYAG and Hull University and supported members to develop confidence, facilitation and co-design skills.



Photos from the teaching session

Why This Matters (Positive Impact) ...

Having the HYAG supporting the delivery of the training gave nursing students direct insight into young people's experiences of CAMHS and mental health services, improved students' confidence and skills in engaging with young people and helped students identify practical ways to adapt their practice to better support young people and families.

The collaboration also helped to build a stronger partnership between HYAG and Hull University and supported members to develop confidence, facilitation and co-design skills

"I really can't understate how much of an impact (positively!) days like today have. Knowing that I can use what happened to me to try to reduce the likelihood of other young people being impacted in the same way has quite honestly done more for me than any therapy ever has. It allows me to chip away at the narrative that my head has formed around the intentions of professionals and gives me back my voice so that even if I couldn't speak then, I can now and I know that I will be heard. That is a hugely liberating, hugely impactful thing. Thank you for facilitating that and for allowing me the time to build up to feeling able to give my thoughts and opinions without fear of being wrong or speaking out of turn." – **Humber Youth Action Group Member.**

Outcome 3 – Our Workforce and Organisation

2.2.7 Sensory Processing Service- Outreach Service

The Sensory Outreach Service is an extension of the Sensory Processing Service and is aimed at supporting students and staff in schools with sensory differences.

Grace (Expert by Experience) has been working with the service since September 2025 and has co-designed and co-produced Sensory Champions Training and Whole School Training and has provided guidance to the service on the recommendations they can make for young people with sensory processing differences. Whole School Training Sessions are a 1 hour session to give staff a practical overview of sensory processing and how it can shape the way children experience school. Sensory Champions Training is a more in-depth, 6-hour training for staff who will take on the role of “Sensory Champion” within their school. Champions will develop a deeper understanding of sensory processing and how it affects children’s learning, behaviour, and wellbeing.



Grace presenting

Why This Matters (Positive Impact) ...

“I am an Expert By Experience with the Sensory Outreach Team. As an Expert By Experience, my role is to support the service and bring ideas based on situations that I have personally experienced. This allows for the support to be specific and helpful, as it focuses on real difficulties that other students may face in schools. I personally think that the Outreach Service will support numerous children who struggle with sensory difficulties in schools. it also allows me to gain valuable experience and learn more about sensory processing. I really enjoy advocating for others based on my experiences and am hopeful that I can make a significant difference to children in schools.” – Grace, Expert by Experience

“Working with an Expert by Experience has been brilliant for the Sensory Processing Service and Sensory Outreach. Grace has been working with us to review website content, and to deliver our training packages to teachers. She has reviewed the content of our Sensory Champions training and has also presented at some of the training sessions.

Having an expert by experience makes our training so much more powerful; teachers are able to directly ask Grace about her school experience, which helps them to understand sensory differences. Grace also sheds light on how simple adjustments can have a tangible impact for pupils, which hopefully inspires teachers to leave our training motivated to make their learning environments as inclusive as possible. Our co-production work with Grace is ongoing. She is currently developing an animation to illustrate the impact of sensory differences in school, which will be published on the Connect website. We are also planning to co-produce resources specifically for teenagers and to collaborate with Grace on environmental support. This will involve Grace visiting schools alongside Occupational Therapists to help identify practical ways to make learning environments more sensory-friendly. It has been a pleasure working with Grace. She has provided many insights that have strengthened the work delivered by the Sensory Services and enriched our understanding of how sensory differences affect pupils.” – Staff Member – Sensory Outreach Team

2.2.8 Fundraising for Health Stars

The Humber Youth Action Group (HYAG) expressed an interest to start fundraising for Children's Services to help improve health outcomes and care for children, young people and their families. There are seven HYAG members registered as charity champions who co-produce fundraising initiatives with the Charity Manager and Engagement Lead to support our children's services. Since August 2025 we have hosted two fundraising events which have raised over £1500 for the Trust's Children's Services. These funds will support the redesign of Rivendell House, our East Riding Core Children and Adolescent Mental Health Services (CAMHS) building which is currently undergoing a major transformation which the HYAG are supporting alongside Experts by Experience.

Why This Matters (Positive Impact) ...

Young people are now more actively involved in raising funds to improve children's services. The fundraising events have generated over £1,500, which is helping to improve environments like Rivendell House. By working alongside staff as charity champions, young people have had a real say in how funds are raised and used.

Overall, this has increased young people's involvement, supported service improvements, and helped create better spaces and care for children and families.

"It was such a fun and meaningful experience, meeting new people while supporting a good cause that really matters. It was both enjoyable and rewarding, it felt great to have a good time while making a difference, with so many people willing to give and hear about what it was for." – **HYAG Member**

2.3 Community Services and Primary Care

Outcome 1 – Our Care

2.3.1 GP Practice Patient Information Booklets

Patient Participation Groups (PPGs) fed back that some patients needed a non-digital way to access information about GP services. In response, the Patient and Carer Experience Lead worked with practice staff and PPG members to update and improve a practice information booklet at Market Weighton, making it more detailed and tailored to local needs. This approach was then used to create similar booklets for other practices.

Although GP services are transferring to new providers, editable versions of the booklets will be shared so practices can continue to adapt them with their new teams.

Why This Matters (Positive Impact) ...

Patients who are not online now have a clear and accessible way to find information about their GP services. The booklets provide more detailed, locally relevant information, helping patients better understand what support is available and how to access it.

By involving PPGs, the resources better reflect patient needs and experiences.

2.3.2 Sharing a Patient Story – “A Message of Hope”

East Riding Partnership service user Karl was invited by the Trust’s senior management team to present his story to the Board in September 2025.

In his presentation, Karl reflected on his life, care experience and journey—from living with addiction to becoming a dedicated Peer Mentor. His story highlights that addiction can affect anyone and that recovery is always possible with the right support, determination and willingness to seek help. He shared his experience to inspire others and to showcase the vital work of the Drug and Alcohol Service.

Why This Matters (Positive Impact) ...

Karl is now an active volunteer Peer Mentor with the Trust, providing hope, encouragement and recovery support to people using Drug and Alcohol Services. He raises awareness of available support by sharing his lived experience and is exploring work with the Recovery and Wellbeing College, including developing podcasts for a wider audience.

2.3.3 East Riding Partnership – Peer Mentorship

The following feedback was received from service users of the East Riding Partnership:

“When I finish the Community Rehabilitation Programme it would be nice to have extra aftercare with a peer mentor.”

Why This Matters (Positive Impact) ...

In response, the Addictions team reopened a building to provide weekly one-to-one peer support sessions for those completing the 12-week programme.

The East Riding Partnership “You Said... We Did” initiative shows our commitment to listening to service users, valuing their feedback and making meaningful improvements. It ensures services are shaped by user views and continue to evolve based on what matters most to the public.

2.3.4 Scarborough Stroke Warriors

The Stroke Warriors Support Group was launched in September 2025 by Andrea, a patient of the Community Stroke Team. After experiencing a number of strokes, Andrea was determined not to let the experience define her. She sought to create a new focus after her stroke which meant she was no longer able to work. She identified a gap in local peer support in Scarborough. With guidance from the team, and in collaboration with the Divisional Patient and Carer Experience and Involvement Lead, Andrea established a local stroke support group. This included development of branding, promotional materials, a social media presence, and securing a venue.

Why This Matters (Positive Impact) ...

“In 2024, at the age of 52, I had four mini-strokes and an MCA infarct stroke, which affected my ability to communicate. Recovery was frightening and isolating, and I often felt self-conscious trying to speak to others. When I couldn’t find a local support group, I realised one was needed. With the support of the Community Services Stroke Team and the Patient and Carer Experience and Involvement Lead, I set up a group to support other stroke survivors who are facing the same challenges.”

Outcome 2 – Our Partnerships

2.3.4 Market Weighton Practice Patient Participation Group Health and Wellbeing Awareness Event

The division piloted a printed information booklet with Market Weighton Practice, which was then co-produced with the Patient Participation Group Action Planning Group to better meet local needs. This approach was extended to other practices, with editable, unbranded versions shared so they can continue to be adapted during the transition to new providers.

As an extension to the production of the information booklet, a community event attracted over 200 attendees, who explored local health and wellbeing services and took part in activities for all ages. Workshops and digital support were offered, including help with using the NHS App, accessing online consultations, and the launch of the updated booklet.

Overall, the event brought together services and the community to promote health, wellbeing and awareness in a welcoming, inclusive way.

Why This Matters (Positive Impact) ...

More patients can now access clear, useful information about their GP services. The booklet and event helped people better understand what support is available and how to access it, including digital options like the NHS App. The event brought together services and the community, increasing awareness of local health and wellbeing support and encouraging people to take a more active role in their health.

“The hosts were exceptionally friendly and welcoming. We attended with our two children and found everyone incredibly accommodating. The Cress Heads craft activity was a wonderful addition, keeping the children happily engaged while we explored the health and wellbeing stalls. It was a fantastic event that truly brought the whole community together.” – Event Attendee

2.3.5 Safer Inhalation Devices Awareness Project

The Safer Inhalation Pipes and Devices Awareness Project was launched with dedicated funding to promote safer inhalation practices. Free safer inhalation kits are provided through Addiction Services keyworkers, supporting safer substance use and reducing the risk of respiratory infections and blood borne viruses linked to shared or unsafe equipment. The initiative also acts as an engagement tool, encouraging access to health advice, support and treatment pathways. Staff have received specialist training in harm reduction, safe distribution and brief interventions, including safer use guidance, respiratory awareness and overdose prevention. Patients are also offered optional health checks, Blood Borne Virus (BBV) testing and referrals.

Equipment is issued on a one-per-person basis to minimise sharing risks, improve engagement, and strengthen connections with harder-to-reach groups. The project collects non-identifiable data on distribution, demographics, staff and patient feedback—already showing increased engagement.

Following evaluation, the project will work with service users and peer volunteers to co-produce awareness materials to encourage wider engagement with

Why This Matters (Positive Impact) ...

This project has made people safer by reducing injuries and the spread of infections. It has helped more people access support, especially those who may not have used services before, and allowed staff to offer advice, testing and referrals earlier. It has also built trust with harder-to-reach groups. Feedback has been positive, and what people have said is helping shape future improvements and awareness work.

Addiction Services.

Outcome 3 – Our Workforce and Organisation

2.3.6 Enhancing our Lived Experience Workforce

Across the division, Experts by Experience and volunteers are actively contributing to service design and improvement through co-produced projects, forums and community partnerships. At the same time, staff are being supported to lead this work through dedicated engagement leadership, structured quality improvement approaches and practical tools to gather and act on feedback.

Initiatives such as the Friends and Family Test quality improvement programme and the consistent use of “You Said, We Did” highlights how staff across the division are embedding patient experience into everyday practice, strengthening partnership working and supporting a culture where co-production is everyone’s responsibility.

Why This Matters (Positive Impact) ...

Involving people with lived experience compliments our workforce and brings another dimension to enable the organisation to be more person-centred. Having a dedicated Senior Patient and Carer Experience Involvement Lead enables staff to feel more confident and supported to listen to feedback and act on it, which has improved how services respond to patients and carers. Overall, this has led to improved patient experience, stronger relationships with our communities, and a more engaged and motivated workforce.

2.4 Forensic Services

Outcome 1 – Our Care

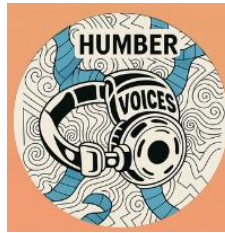
2.4.1 Service User Expert by Experience Ward Rep Pilot

Service users told us that they would like to refresh the role of the Service User Rep by developing a safe and supported paid Service User Rep role with clear responsibilities and role description. To support this they also wanted to include a fair interview process and T-shirts to identify reps when attending external events and carrying out the role within the service. As well as the development of the role, service users also told us that they would like more paid opportunities within the service.

In response to the feedback, we have now developed and implemented a fair and safe recruitment process, training and support structure. There are now nine paid Service User Reps across our forensic inpatient wards who are supporting the Humber Voices co-production group and bringing service user feedback from

ward to board. Our Health Stars charity have enhanced the role through providing reps with T-shirts and notepads which help to identify them.

An induction and training session was delivered to the first cohort of paid reps, one of whom is now paid to deliver the training to newly recruited Service User Rep



Humber Voices logo

Why This Matters (Positive Impact) ...

This has made the role clearer, fairer and paid, giving service users real opportunities to be involved. The nine paid reps receive training, support and are easier to recognise, which helps them feel more confident and valued. It has also created more chances for service users to develop, including helping to train new reps. Some service users told us how they feel about the refresh of the role:

"I feel more confident and less paranoid"

"It's helpful to keep busy rather than sat in my room ruminating"

"This seems to be just what I need"

"Being a rep allows me to reintegrate into the wider community and gain contacts with services that can help me in the future"

"It keeps me busy at times when there's 'nowt to do'"

"I'm getting used to getting involved with other people"

2.4.2 Ward Entrance Project

Service users told us that they would like to make the entrance to the Humber Centre look more inviting. As a result of this feedback, a service user with artistic skills was paid as an Expert by Experience to paint ward entrances making their living space feel less clinical and improving their experience of care.



Artwork from The Humber Centre

Why This Matters (Positive Impact) ...

This has made the environment feel more welcoming and less clinical, improving the look of ward entrances and helping service users feel more comfortable in their living space. It has also given a service user the chance to use their skills and be paid for their contribution, helping them feel valued and involved.

2.4.3 Implementation of Service User Involvement Authorisation Form

Feedback from service users told us that they wanted a better system in place for taking involvement opportunities through Multi-Disciplinary Team (MDT) meetings. As a result, a new form has been created to support the authorisation of service user participation in involvement opportunities ensuring involvement is supported and safe for all.

Why This Matters (Positive Impact) ...

This process is providing service users some autonomy where they can take opportunities that they would like to participate in, such as attending an external event to their MDT for approval. These opportunities are building confidence and supporting recovery.

Outcome 2 – Our Partnerships

2.4.4 Service User Led Events Group

During this year, a service user led events group was launched as a result of service user feedback showing that service users wanted to be involved in improving their seasonal events. The events group brings together staff and service users who work together to deliver fun engaging events across the service.

Service users have hosted an Armed Forces Appreciation Day which included a sponsored step challenge, a 10k sponsored walk to Risby Park and are working on a 'Humber's Got Talent' Event for Summer 2026. These fun and engaging events are improving service user experience, providing social opportunities and boosting morale across the service while raising money for our Health Stars charity.



Armed Forces Charity Event Poster

2.4.5 Humber Voices Newsletter

Why This Matters (Positive Impact) ...

This has improved service users' experience by giving them a voice in planning and running events they enjoy. It has created more social opportunities, helped people feel more connected, and boosted morale across the service. It has also supported teamwork between staff and service users, while raising money for charity.

Based on what service users told us they would like, a monthly newsletter, which is co-produced by services users and staff, is now distributed across the service.

Service users now feel better informed about involvement opportunities, events and service updates, such as new staff members in our recent addition of a 'meet the staff' section. The co-production group allows service users extra time to socialise with others while being creative. Each month they find a theme, jokes, facts and puzzles to include.



Humber Voices Newsletter

Why This Matters (Positive Impact) ...

This helps service users feel more informed about what is happening across the service, including events, opportunities and new staff. It has also created a space for people to come together, be creative and socialise, which supports wellbeing. By working together with staff, service users feel more involved and have a stronger voice in shaping the newsletter.

Outcome 3 – Our Workforce and Organisation

2.4.6 Refresh of the Staff Champion of Patient Experience role in Forensic Services

A Staff Champion of Patient Experience Relaunch Event was held and we have recruited nine additional staff members to the role to support with Involvement and Co-production across the service. This strengthens links to the strategic Patient and Carer Experience Team and helps to ensure that involvement, engagement and co-production are properly embedded in the service.

Why This Matters (Positive Impact) ...

This has strengthened involvement and co-production by increasing the number of staff supporting this work. It has improved links with the Patient and Carer Experience Team, helping to ensure that engagement and co-production are a consistent and embedded part of the service.

2.5 Learning Disabilities Services

Outcome 1 – Our Care

2.5.1 Experts by Experience

The Learning Disability service is placing co-production at the centre of its work, ensuring people with lived experience help shape services. This includes introducing a trust-wide approach to reasonable adjustments, working with children's services to create accessible infant feeding resources, and co-producing and delivering sign language training.

So far, eleven Experts by Experience have supported seven projects, contributing nearly 100 hours. This has strengthened inclusive practice, improved accessibility, and ensured services better meet the needs of people with learning disabilities and their families.

Why This Matters (Positive Impact) ...

This has helped to make services more inclusive and better tailored to people's needs by putting co-production at the centre. Because of collaborative work on specific projects there are now more usable resources for parents with learning disabilities, and better communication through sign language training. Involving Experts by Experience has ensured services are shaped by real insight, leading to more practical and meaningful improvements for service users and their families.

2.5.2 Co-production Group for Learning Disabilities Division

A weekly Patient Voice Group and a Community Co-Production Group have been set up in response to feedback from inpatients and the Learning Disability service. These groups provide a safe and supportive space for people to share their views, contribute ideas and work with staff to improve services.

Together, they have helped establish clear group values, agreements and a standard way of working. Around eight people with learning disabilities are now involved, taking part either one-to-one or in group depending on their needs. This has strengthened co-production, ensuring service users feel heard, involved and able to influence changes in their care.

Why This Matters (Positive Impact) ...

This has given people with learning disabilities a safe and supportive space to share their views and feel listened to. It has increased confidence and involvement, helping service users have a real say in their care and how services are run. The groups have strengthened co-production with staff, leading to clearer ways of working and more service improvements shaped by patient feedback.

Outcome 2 – Our Partnerships

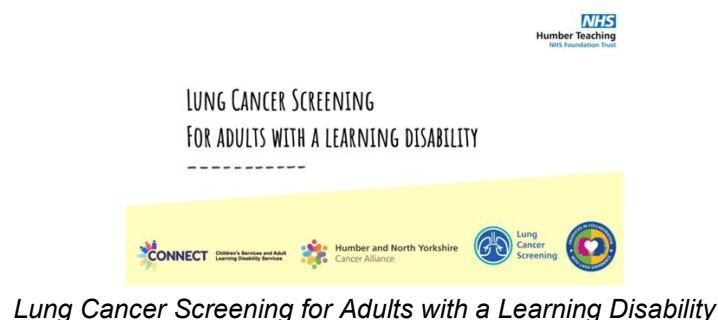
2.5.3 Learning Disabilities Cancer Screening Project

Patients with learning disabilities are less likely to attend important health screenings, increasing their risk of poor health outcomes. In response, this project created four accessible, co-produced videos on bowel, breast, cervical and lung screening, alongside awareness sessions for staff and resources to reduce anxiety at appointments.

Why This Matters (Positive Impact) ...

Since launching in October 2024, screening uptake in Bridlington has significantly improved, with bowel screening rising from 7 to 43 participants, breast from 0 to 26 participants, and cervical from 2 to 19 participants by September 2025.

The project has been widely recognised for its impact, including a Health Service Journal (HSJ) Award shortlist, a high commendation for championing the patient voice, a partnership award at the Humber NHS Staff Awards, and selection as a case study by the Humber and North Yorkshire Cancer Alliance.



Outcome 3 – Our Workforce and Organisation

2.5.4 Staff Champions of Patient Experience

Seventeen staff members have been recruited as Staff Champions of Patient Experience within the Learning Disability (LD) division, with representatives from each team. A survey helped shape how the group runs,

including meeting times, topics and frequency. The group meets every two months, led by the engagement lead, and focuses on co-production, sharing ideas, learning from guest speakers and offering peer support. Staff have also co-produced the group's values, helping to create a supportive and collaborative network across the service.

Why This Matters (Positive Impact) ...

This has created a stronger network of staff who are more confident and skilled in co-production and involvement. It has improved communication and sharing of ideas across teams, ensuring more consistent approaches within the LD service. Regular meetings and peer support have helped staff feel more connected and supported, leading to better engagement with service users and more meaningful involvement opportunities.

2.6 Mental Health Services

Outcome 1 – Our Care

2.6.1 Inpatient Voices Group and Inpatient Survey

Patients accessing care on our inpatient units wanted clearer processes for providing feedback. We developed a new inpatient survey that would be easier for patients to complete, reducing the number of questions whilst continuing to gather meaningful feedback about aspects of care that are important to our patients. The survey is adapted from one of the Culture of Care surveys which were co-produced with those with lived experience.

We also launched a new inpatient voice group, running once a month with participation encouraged from all wards across unplanned care.

Feedback received through the inpatient survey has increased with a plan in place to promote engagement with the survey across all wards in the division.

The inpatient voices group was launched in February 2026 with attendance from 5 wards at the first meeting. Direct feedback was heard from patients currently accessing care, enabling actions to be taken where possible.

Why This Matters (Positive Impact) ...

It is now easier for patients to give feedback by introducing a simpler survey that focuses on what matters most to them. As a result, more feedback is being collected and used to improve care. The new inpatient voice group has also given patients a direct way to share their experiences. Overall, it has strengthened patient voice and made it easier for services to listen and respond.

2.6.2 Culture of Care Initiative

The NHS England Culture of Care initiative aims to improve the environment on mental health inpatient wards for patients, carers and staff. Two wards have taken part in a quality improvement project, where staff are working with patients and Experts by Experience to develop and test ideas for change. Feedback has been collected through surveys, with positive responses to the changes being made.

Why This Matters (Positive Impact) ...

The Culture of Care initiative is strengthening trauma-informed practice by increasing staff knowledge, confidence, and consistency in responding to trauma. This is leading to more compassionate, person-centred care, improved patient experience on inpatient wards, and a more supportive and reflective staff culture that recognises and responds to the impact of trauma.

2.6.3 Support Groups – Homeless Mental Health Team

The Peer Support Worker in the Homeless Mental Health Team identified the need for a space for service users to come together and receive support from each other based on feedback from those known to the service. The individuals felt that more informal support in a group setting may be beneficial outside of clinical appointments.

As a result, two support groups have been set up; one for pre/post discharge support and one for housing sustainment support, running monthly. These groups are facilitated by Peer Support Workers currently supported by the Lived Experience Co-ordinator.

Why This Matters (Positive Impact) ...

Feedback from those accessing the groups have shared that attendance is enhancing their recovery, building confidence and social skills as well as supporting new connections.

The pre-post discharge group started out with only a few attendees and now has consistently high attendance. Those accessing the group have also been keen to get involved in other activities e.g. sharing an experience of care.

Outcome 2 – Our Partnerships

2.6.4 Hull University Teaching Sessions for Clinical Psychology Doctoral Students

Feedback received from students on the DClinPsych (doctoral degree to become a qualified clinical psychologist) was that by including Experts by Experience (EbEs) in teaching supported their learning. Three teaching sessions led by the Complex Emotional Needs Service (CENS) were co-delivered by those with lived experience. Feedback received on the teaching was very positive and specifically referenced the benefit of involving those with lived experience to bring the topics to life.

Why This Matters (Positive Impact) ...

Feedback shared by students included:

“EbEs were really helpful to make a tricky topic appear more ‘real’ and accessible.”

“I found it really helpful having the experts by experience in for this session and felt that their insights into how these things feel in practice were really important to consider.”

“Lived-experience perspectives as well as clinical insight were brilliant and provided a rich understanding.”

Outcome 3 – Our Workforce and Organisation

2.6.5 Trauma-informed Communications Guide for Staff

Staff asked for support to embed trauma-informed principles within written communications with patients, service users and carers. Workshops were held with patients, service users and carers to discuss their experiences of when communication felt safe/unsafe and to make suggestions for how staff can be more trauma-informed in their communication.

Why This Matters (Positive Impact) ...

The outcome of this project is a communications guide for staff covering suggestions for written and verbal communication accompanied by real experiences. The guide is still in the final stages of being developed.

3.0 Complaints and Feedback

During the past year (1 April 2025 to 31 March 2026), the Trust has responded to a total of 509 complaints: 166 formal complaints and 343 informal complaints. For the previous year, the Trust responded to a total of 502 complaints: 188 formal complaints and 314 informal complaints.

Of the 166 formal complaints responded to, 31 (19%) were upheld, 55 (33%) were partly upheld and 80 (48%) were not upheld. For the previous year, the Trust responded to 188 formal complaints of which 43 (23%) were upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld.

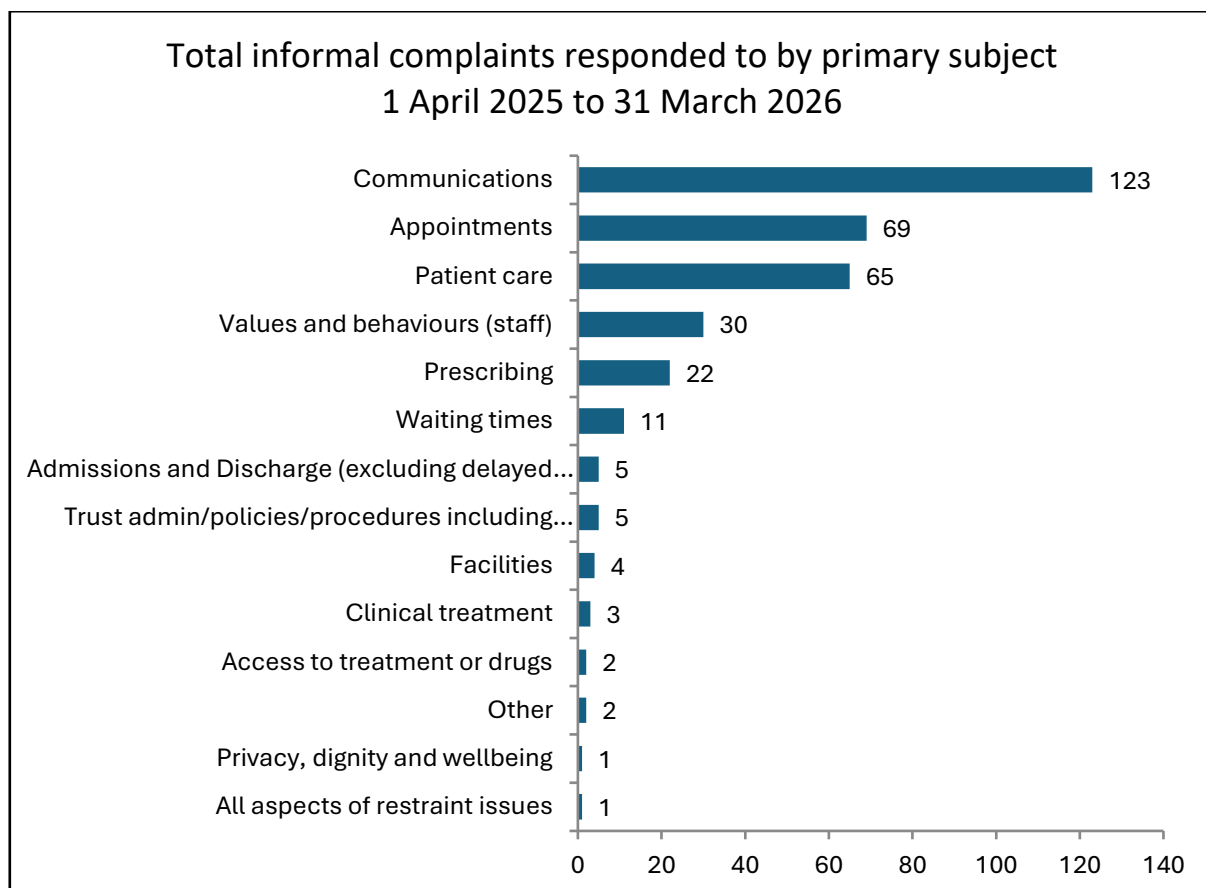
On comparing the 2 years there has been an overall increase of 7 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

The Trust implements actions because of formal complaints responded to which are upheld/partly upheld and lessons are learnt from feedback.

3.1. Informal Complaints

For the period 1 April 2025 to 31 March 2026, the Trust responded to 343 informal complaints. The primary subjects/themes are highlighted in Graph 1. For the previous year, the Trust responded to a total of 314 informal complaints.

The primary subjects/themes for informal complaints responded to for the period 1 April 2025 to 31 March 2026 are highlighted in Graph 1.



Graph 1

3.1.1 Informal Complaints Escalated to Formal Complaints

For the period 1 April 2025 to 31 March 2026, a total of 8 informal complaints have been escalated to formal complaints. For the same period last year, an identical total of 8 informal complaints were also escalated to formal complaints.

Here is a detailed analysis of informal complaints escalating to formal complaints for the past year.

Community Services and Primary Care – Humber Primary Care Practice

Primary subject: **Prescribing**

Reason for escalation: The complainant originally raised concerns regarding their mother's medication being stopped by the practice without prior warning. Following the sad death of their mother, the complainant escalated this to a formal complaint along with numerous other concerns regarding her care and treatment over an 18 month period.

Planned Care Mental Health Services – Hull Community Mental Health Team

Primary subject: **Waiting times**

Reason for escalation: The complainant originally raised concerns regarding the lack of allocated care coordinator support for their mother from the service, for which she had been waiting 18 months to date. Following a lack of acceptable response and resolution from the service, the complainant requested escalation to a formal complaint.

Unplanned Care Mental Health Services – PICU Ward

Primary subject: **Values and behaviours of staff**

Reason for escalation: The complainant originally raised concerns regarding their care and treatment on the ward, including the behaviour of multiple staff members. The service was subsequently unable to resolve these issues informally to the complainant's satisfaction, and they requested escalation to formal complaint.

Unplanned Care Mental Health Services – PICU Ward

Primary subject: **Prescribing**

Reason for escalation: The complainant originally raised concerns regarding the timely administration of medication while on the ward. The service was subsequently unable to resolve these issues informally to the complainant's satisfaction, and they requested escalation to formal complaint.

Planned Care Mental Health Services – PSYPHER

Primary subject: **Values and behaviours of staff**

Reason for escalation: The complainant originally raised a concern that their family member was informed of their discharge from the service when they had not given their consent for this information to be shared. The service was subsequently unable to resolve these issues informally to the complainant's satisfaction, and they requested escalation to formal complaint.

Community Services and Primary Care – King Street Medical Practice

Primary subject: **Communications**

Reason for escalation: The complainant originally raised concerns regarding their recent interactions with the practice, including the attitude of a staff member towards them, a delay in receiving test results and an alleged breach of their confidentiality. Following receipt of a letter sent directly from the practice, the complainant did not feel the issues had been sufficiently resolved and wished to escalate to a formal complaint.

Community Services and Primary Care – Market Weighton Practice

Primary subject: **Prescribing**

Reason for escalation: The complainant originally raised a concern that their medication had been stopped by the practice without prior warning. Although the issue was initially addressed by the practice and the

complainant was happy to close the complaint as informal, they subsequently requested escalation to a formal complaint as the promised resolution had not happened.

Planned Care Mental Health Services – Hull Community Mental Health Team

Primary subject: **Communication**

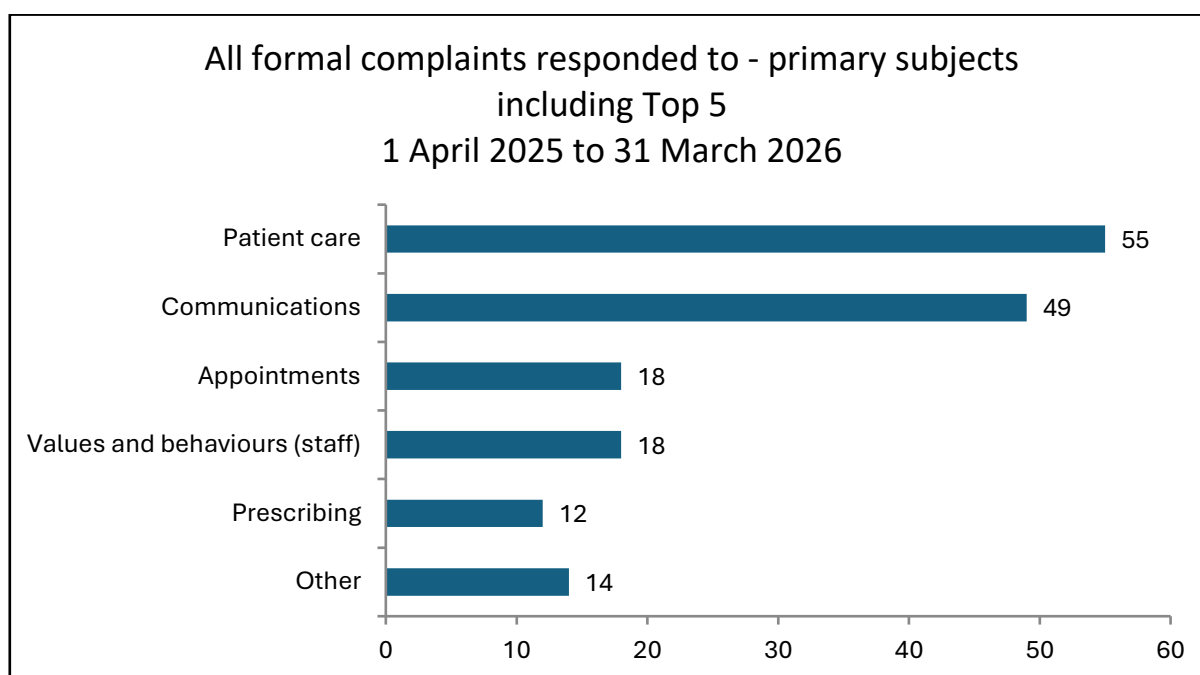
Reason for escalation: The complainant originally raised concerns over a lack of communication from the service. The service was unable to resolve the issues to the complainant's satisfaction on an informal basis, and they requested escalation to a formal complaint.

3.2 Formal Complaints

During the past year (1 April 2025 to 31 March 2026), the Trust received 204 formal complaints compared to 193 for the previous year.

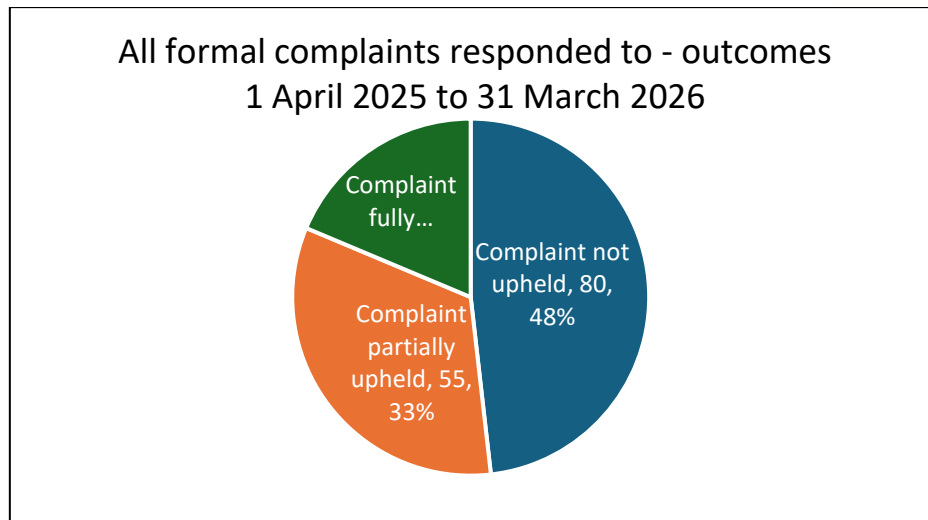
The Trust responded to **166** formal complaints which compares to **188** for the previous year (a decrease of **22** formal complaints). The Complaints and Feedback Manager considers that this position is due to both a continued overall reduction in complaints for Primary Care, and challenges in meeting the demand of an increase in complaints for the Mental Health Division, which have resulted in a backlog of complaint responses for approval.

The primary subjects/themes are highlighted in Graph 2.



Graph 2

Of the **166** formal complaints responded to, **31 (19%)** were upheld, **55 (33%)** were partly upheld and **80 (48%)** were not upheld. For the previous year, the Trust responded to **188** formal complaints of which **43 (23%)** were upheld, **70 (37%)** were partly upheld and **75 (40%)** were not upheld. The outcomes are highlighted in graph 3.

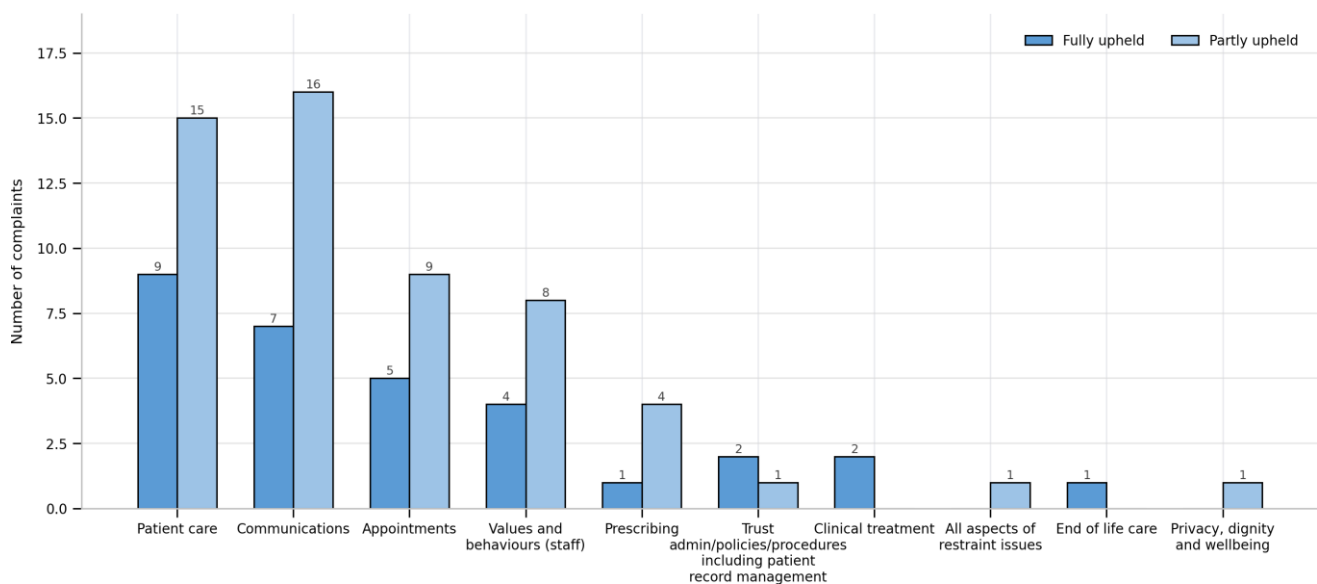


Graph 3

3.2.1 Themes and Trends

On analysis of the total number of formal complaints responded to during the twelve-month period from 1 April 2025 to 31 March 2026 where the outcome was either upheld or partly upheld, Graph 4 shows that patient care is the highest complaint subject for the Trust, followed by communications and then appointments.

Formal complaints responded to, fully upheld and partly upheld,
for 1 April 2025 to 31 March 2026

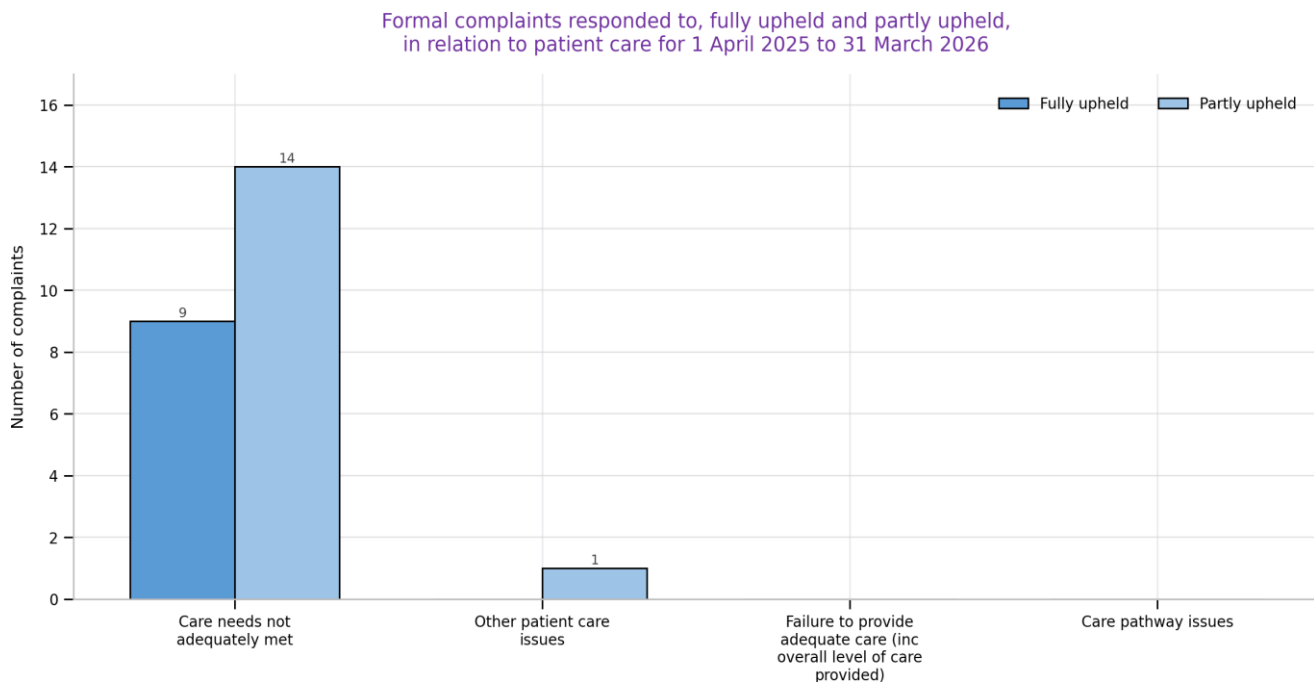


Graph 4

Analysis: Patient care: On closer review of the leading subject of patient care, Graph 5 (below) shows that care needs not adequately met continues to be the dominant sub-subject for the Trust. During the twelve-month period, there were 55 formal complaints responded to with patient care recorded as the primary subject. Of these, 9 were fully upheld and 15 were partly upheld following investigation, with the remaining 31 not upheld.

Of the 24 complaints that were fully or partly upheld, 9 (38%) related to Planned Mental Health Services, 6 (25%) to Community and Primary Care, 5 (21%) to Unplanned Mental Health Services, and 4 (17%) to Children's and Learning Disabilities Services.

Of these 24 fully and partly upheld complaints, 23 related specifically to care needs not adequately met. The strongest recurring issues within this group concerned delays in follow-up or review, uncertainty about who was responsible for ongoing care, and concerns that the level of support or intervention provided did not fully meet need. There was one further upheld complaint recorded as other patient care issues; therefore, no additional trend was identified from that complaint on its own.



Graph 5

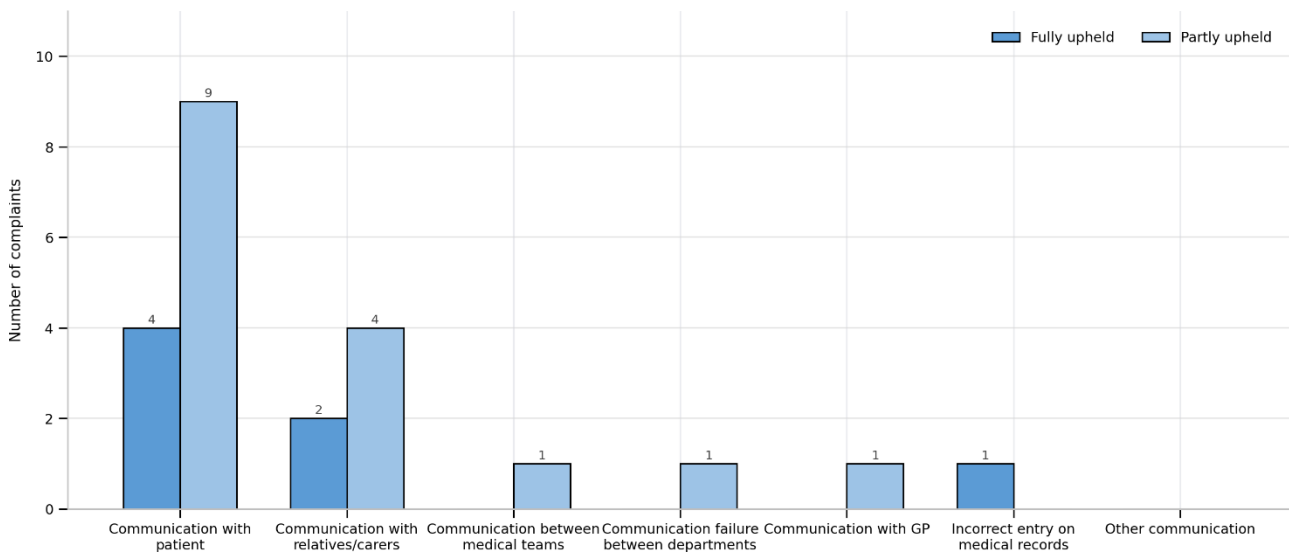
Analysis: Communications: On closer review of the second highest subject of communications, Graph 6 shows that communication with patient is the main sub-subject within this category, followed by communication with relatives/carers. During the twelve-month period, there were 49 formal complaints responded to with communications recorded as the primary subject. Of these, 7 were fully upheld and 16 were partly upheld following investigation, with the remaining 26 not upheld.

Of the 23 complaints that were fully or partly upheld, 10 (43%) related to Planned Mental Health Services, 5 (22%) to Unplanned Mental Health Services, 4 (17%) to Community and Primary Care, 3 (13%) to Children's and Learning Disabilities Services, and 1 (4%) to the Medical Directorate.

The main sub-subject trends show that 13 complaints had a sub subject of **communication with patient**, with common concerns about lack of timely updates, unclear explanations of care or next steps, and calls or messages not being returned promptly. A further 6 complaints related to **communication with relatives/carers**, most often where families felt they had not been kept informed or had difficulty obtaining clear, timely information.

The remaining upheld complaints were isolated across communication between teams, communication failure between departments, communication with GP, and incorrect entry on medical records, so no further consistent trend was observed.

Formal complaints responded to, fully upheld and partly upheld,
in relation to communications for 1 April 2025 to 31 March 2026



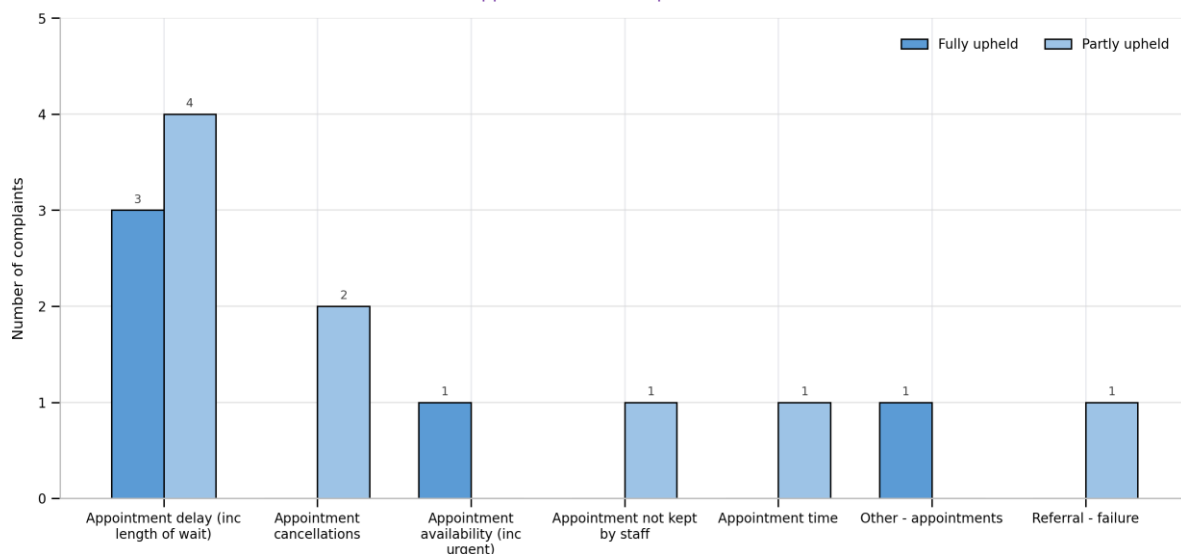
Graph 6

Analysis: Appointments: On closer review of the third highest subject of appointments, Graph 7 shows that **appointment delay (including length of wait)** is the leading sub-subject for the Trust, followed by appointment cancellations. During the twelve-month period, there were 18 formal complaints responded to with appointments recorded as the primary subject. Of these, 5 were fully upheld and 9 were partly upheld following investigation, with the remaining 4 not upheld.

Of the 14 complaints that were fully or partly upheld, 7 (50%) related to Planned Mental Health Services, 6 (43%) to Community and Primary Care, and 1 (7%) to Unplanned Mental Health Services.

The main sub-subject trends show that 7 complaints related to **appointment delay, including length of wait**. These complaints most often concerned long waits for assessment, treatment or follow-up appointments. A further 2 complaints related to **appointment cancellations**. The remaining upheld complaints were spread across isolated issues relating to appointment availability, appointments not kept by staff, appointment time, other appointment concerns and referral failure; therefore, no additional pattern was evident.

Formal complaints responded to, fully upheld and partly upheld,
in relation to appointments for 1 April 2025 to 31 March 2026



(Graph 7)

3.2.2 Learning Responses

Each complaint presents a new opportunity for learning and improvement in the Trust. For every formal complaint that has been either fully or partly upheld, an action plan is produced by the Investigating Manager and submitted with the final documentation; all actions are then moved onto an action tracker which is monitored by each division to ensure continuous improvement and transition into the day-to-day business of patient care.

The following are some of our learning responses because of the complaint and the subsequent investigation during the past year.

Theme 1: Patient care

Issues upheld	Learning responses
Planned Mental Health Services – The complainant did not receive clear follow-up after completing a 12-week programme and requests for medication review and therapy updates were not progressed, leaving uncertainty about next steps and available support.	The service has implemented an MDT tracking system for medication review requests, with urgent reviews flagged to the Consultant, Non-Medical Prescriber or Pharmacist. Service users also now receive written confirmation of waiting list placement and anticipated timescales.
Unplanned Mental Health Services – The complainant raised concerns that basic care needs, including support with personal hygiene, were not consistently reflected in care planning and that family concerns were not documented clearly enough.	The service has strengthened care planning standards so that personal hygiene needs and required staff actions are clearly documented. Where there are concerns about capacity in relation to personal care, mental capacity assessments are completed and recorded clearly, with the learning reinforced through team business meetings and documentation reviews.
Planned Mental Health Services – The complainant experienced delay and uncertainty because clinic correspondence was not uploaded in a timely way and referral tracking did not consistently identify a named clinician or clear pathway for follow-up.	The service has reinforced mandatory timescales for completion and upload of clinic letters, supported by administrative tracking and escalation for overdue correspondence. Referral tracking systems have also been strengthened so that a named clinician and pathway status are recorded on the electronic patient record for all active cases.

Theme 2: Communications

Issues upheld	Learning responses
Children's and Learning Disability Services – There was an inconsistent level of communication with the complainant from the service, particularly around the allocation of keyworkers and updates regarding changes to the external partner.	The service has developed and implemented a new multi-agency escalation process to support with the management and communication of clinically complex cases.
Planned Mental Health Services – The complainant's family repeatedly raised concerns about deterioration in mental health, but communication and handover arrangements were not robust enough when the allocated worker was absent.	The service has reviewed the structure and recording of its safety huddles to ensure continuity of discussion and action for patients presenting with risk or relapse concerns. The standard operating procedure for staff absence and caseload review has been reinforced to improve handover, monitoring and communication with families.

Unplanned Mental Health Services – The complainant felt that the practical implications of attending specialist psychotherapy, including access arrangements and treatment expectations, had not been clearly communicated at referral and acceptance stage.	The service has developed clearer patient and carer information about treatment options, practical access considerations and what the service offers. Updated information for referrers has also been introduced so that expectations and practical implications are discussed fully before a referral is accepted.
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Theme 3: Appointments

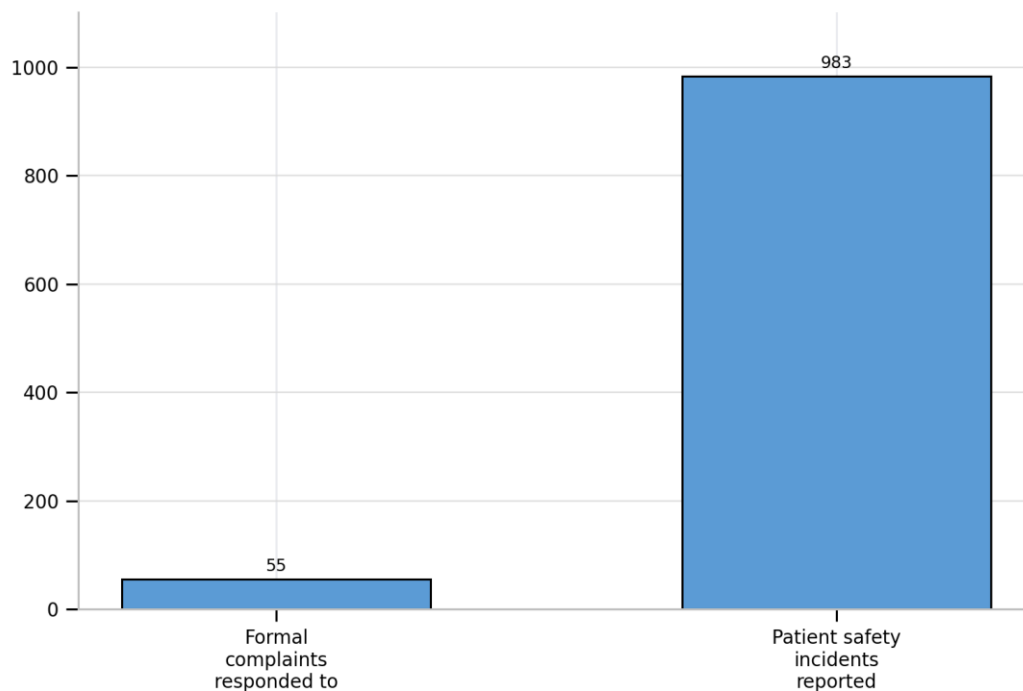
Issues upheld	Learning responses
Planned Mental Health Services – The complainant experienced delay in completion of assessment and diagnosis because a radiology re-report request had not progressed efficiently and patients were not kept clearly informed about the next step in the pathway.	Requests for imaging re-reporting are now reviewed at a scheduled weekly meeting between the Consultant Psychiatrist and Clinical Lead, with the request completed by a clinician. A patient letter is issued following formulation to explain the next stage in the diagnostic pathway, and an action tracker has been added to meeting agendas and notes to monitor outstanding actions.
Unplanned Mental Health Services – The complainant attended for an appointment only to find there was no record of it, following cancellation and rearrangement issues which had not been communicated clearly.	To improve reliability of appointment management, the service now contacts patients by telephone as well as by post when planned appointments are rearranged. The cancellation process and associated learning has been reviewed through the service business meeting, and the service's written and online information has been updated to explain the referral journey, service offer and appointment arrangements more clearly.
Primary Care – The complainant's child's vaccination appointments were delayed and repeat delays were not escalated quickly enough within the practice workflow.	The practice has strengthened oversight of time-critical appointments by adding any vaccination delays to the daily workflow and reminding the administration team of the urgency attached to childhood immunisation appointments. This is designed to support earlier escalation and reduce the risk of avoidable delay when clinic capacity changes at short notice.

3.2.3 Thematic Review of Patient Care Aligned to Patient Safety Incidents

To gain a more joined-up understanding of the top theme of patient care, we have undertaken a closer look at these complaints alongside patient safety incidents received for the same theme. This category is recorded for incidents as “Patient Care Problem”.

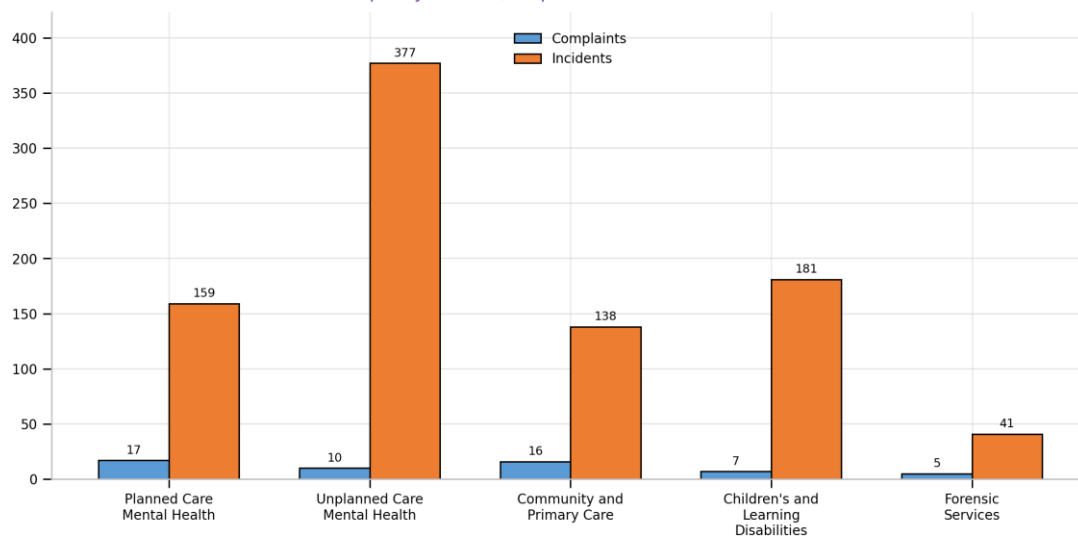
The total number of formal complaints responded to and incidents reported against the theme of patient care for 1 April 2025 to 31 March 2026 are compared in Graph 8 below, whilst Graph 9 demonstrates this split by clinical division.

Formal complaints responded to and incidents reported against the theme of patient care
1 April 2025 to 31 March 2026



(Graph 8)

Formal complaints responded to and incidents reported with a primary subject of patient care,
split by Division, 1 April 2025 to 31 March 2026



(Graph 9)

Analysis

Formal complaints with a primary subject of patient care – On critiquing the top subject of patient care, **care needs not adequately met** is the highest sub subject for the Trust during the period, with 23 formal complaints upheld or partly upheld. There was 1 other upheld complaint across the category, which was **other patient care issues**.

Of the 23 formal complaints upheld or partly upheld with the sub-subject of care needs not adequately met: 16 complaint narratives related to a lack or omission of care, follow-up or support provided by the services in question. 18 complaint narratives related to a delay in accessing care, review or support. 20 complaint narratives related to a care decision, pathway decision or discharge/treatment planning issue which the complainant was unhappy with. It must be noted that some formal complaints include more than one theme.

Patient safety incidents with a primary subject of patient care – On critiquing the top subject of patient care, **Delay in Patient Care / Treatment** is the highest sub category for the Trust during the period, with 177 incidents reported, followed by **Care Problem/Error - Other** with 111 incidents reported.

Of the 111 patient safety incidents with the sub-subject of Care Problem/Error - Other: 11 related to a delay in follow-up, monitoring or review; 43 related to missed appointments, referrals, visits, allocation or tasking processes; and approximately 7 were concerns raised by services regarding patient risk, behaviour or safeguarding issues rather than direct care provision. A number of incidents included more than one of these themes.

Of the 177 patient safety incidents with the sub-subject of Delay in Patient Care / Treatment: 16 related to shorter-term delays in review, follow-up or response; 10 related to longer-term waits, waiting list pressures or backlog themes; and approximately 5 referred to delays where contact, capacity or patient factors also affected progression of care. It must be noted that some incidents include more than one theme.

Summary

On comparing complaints and incidents against the theme of patient care more closely, two trends emerge consistently across both; a lack or omission of care, follow-up or support from the service(s) involved and/or a delay in receiving care, treatment or review. Although the totals of each are different, the broad themes remain closely aligned.

The Mental Health Division (Planned and Unplanned Care) accounts for the majority of formal complaints responded to and incidents reported on this theme. Within the complaints dataset, these two divisions account for 49% of patient care complaints. Within the incident dataset, using the amended Care Group field and excluding Corporate records from the clinical division comparison shown in Graph 9, the same two divisions account for 60% of patient care incidents.

The majority of complaints and incidents regarding delays in care continue to relate to mental health pathways, particularly around follow-up, allocation, review, community response and progression through treatment or assessment processes. Community and Primary Care Services also account for a significant proportion of activity, particularly where appointment, visit or referral processes have led to avoidable delay.

There remains a significant difference between the overall number of complaints responded to (55) and incidents reported (983) on this theme. This appears to be due in part to the fact that the incident dataset includes operational patient safety events across all care groups, including 87 incidents recorded under Corporate, whereas the complaint dataset relates only to complaints responded to.

3.2.4 Complaints and Feedback Complainant Survey

Following the closure of each complaint, the Complaints and Feedback Team send out a feedback survey to all formal and informal complainants. This anonymous questionnaire gives complainants an opportunity to comment on their experience of the complaint process and to provide insight into how we are doing from a patient/carer/public perspective. The survey is provided in a variety of formats including web link, hard copy and SMS text message.

During 2025/26, 26 responses were received to the survey (13 for formal complaints and 13 for informal complaints). This compares to 43 responses received during 2024/25 (22 for formal complaints and 21 for informal complaints), which is a decrease of 17 responses (40%).

Formal complaints:

- **77%** of respondents felt that making their complaint was a simple process.
- **38%** of respondents felt that their complaint was taken seriously and handled fairly.
- **54%** of respondents felt that the response was personal to them and specific to the nature of their complaint.
- **46%** of respondents felt that the response was clear and understandable and addressed their concerns, even if they did not agree with the outcome.
- **31%** of respondents felt that the learning/actions identified were appropriate to the outcome of their complaint.

Informal complaints:

- **77%** of respondents felt that making their complaint was a simple process.
- **54%** of respondents felt that their complaint was taken seriously and handled fairly.
- **62%** of respondents felt that the service listened to them and took their personal preferences into account.
- **69%** of respondents felt that the service addressed their concerns appropriately, even if they did not agree with the outcome.

Feedback during 2025/26 suggest that respondents valued ease of access to the process, prompt follow-up and personalised responses where these were provided. The main areas of challenge remained timeliness, clarity about outcomes, visible evidence of learning, and confidence that concerns would lead to meaningful change. All but one of the results across both surveys show improvement compared with last year's results; however, this should be interpreted in the context of a lower response rate.

We will continue to draw on this feedback to inform service improvement, complaints training and the ongoing development of the complaints process.

**A further question was introduced into the survey this year, which asks respondents whether they felt the response was compassionate and respectful of their viewpoint, regardless of the outcome. The data for this question has not been included due to being only a partial data set.*

3.3 Parliamentary and Health Service Ombudsman (PHSO)

Of the 166 formal complaints responded to from 1 April 2025 to 31 March 2026, 1 of the complainants have, to date, had their case considered by the Parliamentary and Health Service Ombudsman.

There are currently 2 further cases being considered by the Ombudsman which were closed during 2024/25.

1 detailed investigation by the Ombudsman, relating to a complaint from 2022, was closed during 2025/26 with the concerns not upheld following investigation. There are currently no other cases under detailed investigation by the Ombudsman.

3.4 Zero Informal and Formal Complaints

The total number of teams across the Trust where no formal or informal complaints were received during the reporting period (1 April 2025 to 31 March 2026) is 52 (40%) (out of 129 teams in scope). For the same period last year, 47 teams out of a possible 133 teams in scope (35%) did not receive any formal or informal complaints. This is an increase of 5% on the previous year.

The table below provides a further detailed analysis of the number of teams last year which received no formal or informal complaints.

Division	Teams in Scope	No. of Teams with zero Complaints	% of Teams with zero complaints
Children's and Learning Disabilities	40	23	58%
Community and Primary Care	28	12	43%
Corporate	4	1	25%
Forensic Services	8	3	38%
Mental Health Planned Care	24	4	17%
Mental Health Services Central	1	0	0%
Mental Health Unplanned Care	24	9	38%
Total	129	52	40%

3.4.1 Actions to Address Zero Complaints

To ensure our teams are communicating the complaints process to everyone as effectively as possible, whilst acknowledging an effective local resolution, here are some of the actions taken by the organisation during the past year to address where teams may have received zero complaints.

Working with services – The Complaints and Feedback Manager meets regularly with senior divisional and clinical staff as part of the oversight and approval processes for complaints and suggestions for improvements are identified and acted upon.

Training and presentations – As part of the Trust's complaints training package (see 3.6), staff are made aware of the zero complaints reporting process and the importance of the Trust complaints process being visible to patients and the public. The Complaints and Feedback Team has also given presentations on the complaints process at Trust stakeholder meetings and participated in the Trust Patient and Care Experience Forums. The team is scheduled to present at further meetings into the future.

Posters and leaflets – The Complaints and Feedback Team have worked directly with clinical teams and services to ensure that the Trust's complaints posters are available and on display across community and inpatient sites. The posters are designed to strengthen the local resolution process, ensure that positive feedback is also encouraged, and provide clear contact details for the different ways in which people can make a complaint, as well as signpost free and confidential support available from Independent Health Complaints Advocacies.

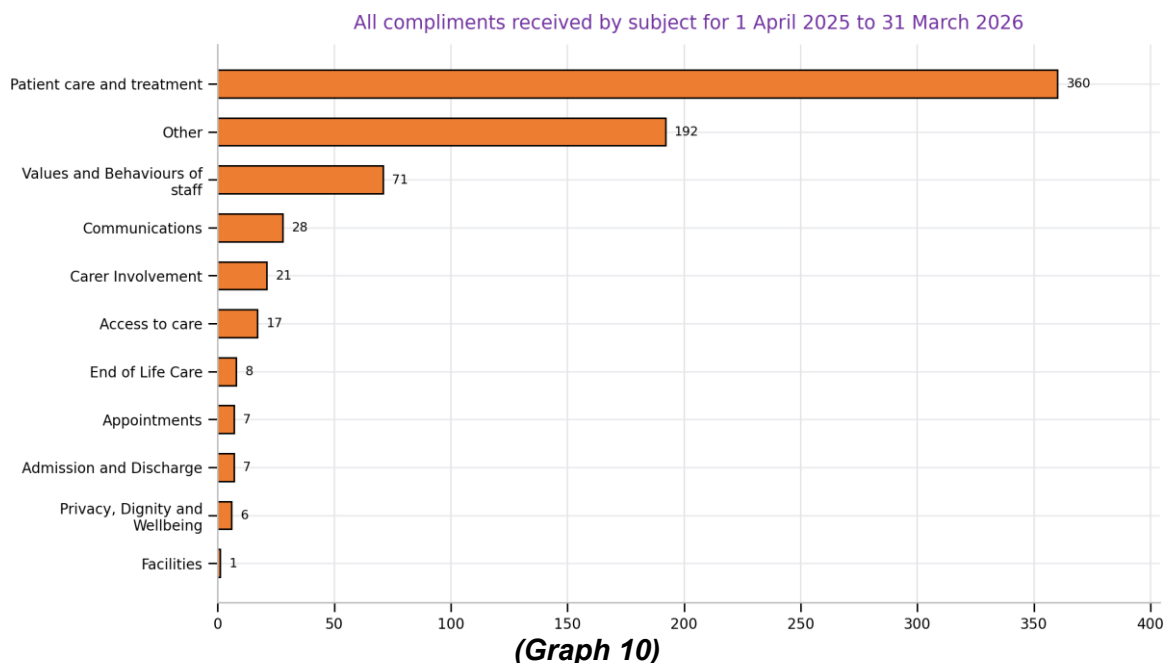
Peer reviews – Complaints are one of 8 performance indicators in peer reviews relating to stakeholder feedback and there is a question regarding complaints information for patients (environment/site visit), staff, team leaders and as part of the closed culture metrics. An estimated 105 reviewers have responded to these in last year's peer review cycle.

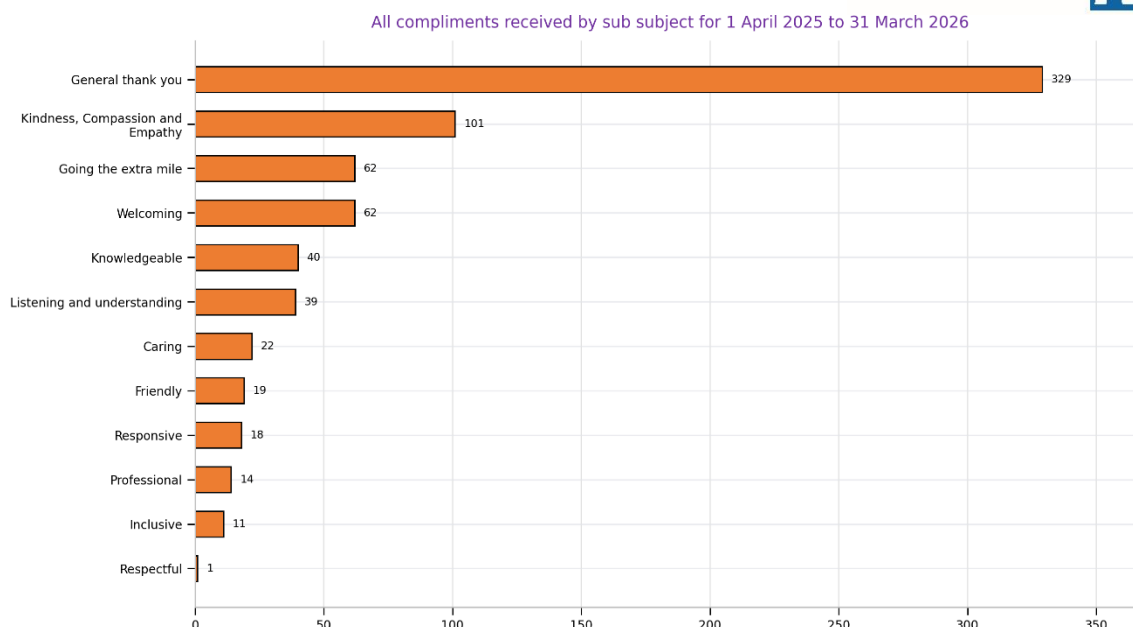
Accessible literature – The Complaints and Feedback Manager has received assurance from the Learning Disabilities division that easy read leaflets for making a formal complaint to the Trust are currently available within the Learning Disabilities community and inpatient settings. The division employs an Engagement Lead with a clinical background in Learning Disabilities who is working with patients and families to ensure they have a good understanding of the complaints process and to assist with resolving issues locally.

3.5 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful services they provide. The Trust received 718 compliments for the period 1 April 2025 to 31 March 2026, which compares to 440 compliments received for the previous year – an increase of 278 compliments. Graph 10 below informs on the type of compliment received and Graph 11 demonstrates this further by compliment sub subject.

The Complaints and Feedback Manager attributes this significant increase in compliments received to improvements made to the systems for recording and reporting feedback across the Trust, as well as continuing to encourage the recording of compliments amongst staff, including publicity material, internal communications, and training resources.





(Graph 11)

Analysis

Patient care and treatment is the highest compliment subject for the Trust during the period, with 360 compliments received. This is followed by Other with 192 compliments, then Values and Behaviours of staff with 71 compliments.

On reviewing compliment sub subjects, General thank you is the highest recurring theme for the Trust with 329 compliments received. This is followed by Kindness, Compassion and Empathy with 101 compliments. Going the extra mile and Welcoming were the next most common sub subjects, each with 62 compliments.

By division, Planned Mental Health Services received the highest number of compliments with 189 recorded, followed by Children's and Learning Disabilities with 146 and Unplanned Mental Health Services with 140. The Humber Recovery and Wellbeing College, which now sits under the Patient and Carer Experience Team within the Medical Directorate, also received a high volume of compliments with 125 recorded, reflecting the sustained positive feedback for the service's activity throughout the year. Compliments relating to the Recovery and Wellbeing College particularly emphasised inclusivity, confidence building, skill development and a welcoming atmosphere.

Across the compliment narratives, the strongest recurring themes are compassion, emotional support, staff listening and understanding, and practical help that made a meaningful difference to patients, carers and families. There is also a notable trend of compliments recognising staff who went above and beyond, alongside consistent feedback about welcoming and inclusive environments.

A number of compliments highlighted specific staff by name, often recognising continuity of care, person centred support, teamwork and the positive impact of tailored interventions.

Overall, the 2025/26 compliment dataset shows a marked increase of 278 compliments compared with the previous year (63%), with especially strong themes around patient care and treatment, kindness and compassion, and staff going the extra mile.

3.6 Complaints and Feedback Training Offer

The Complaints and Feedback Team are now offering an enhanced two-tier staff training package, designed to ensure that staff are informed with regular and up-to-date information about the complaints

process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns as they arise.

The **Complaints Awareness Training** course is a 30-minute session held over Microsoft Teams which was launched in September 2023 and runs on a bi-monthly basis. It is aimed at all staff in the organisation and is bookable via the Trust's e-learning system. The objective of the course is to provide staff with good awareness of the following:

- The different types of complaint.
- The different ways in which individuals can make a complaint.
- The complaints investigation process and how this works, including The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- The importance of local resolution, wherever this is possible.

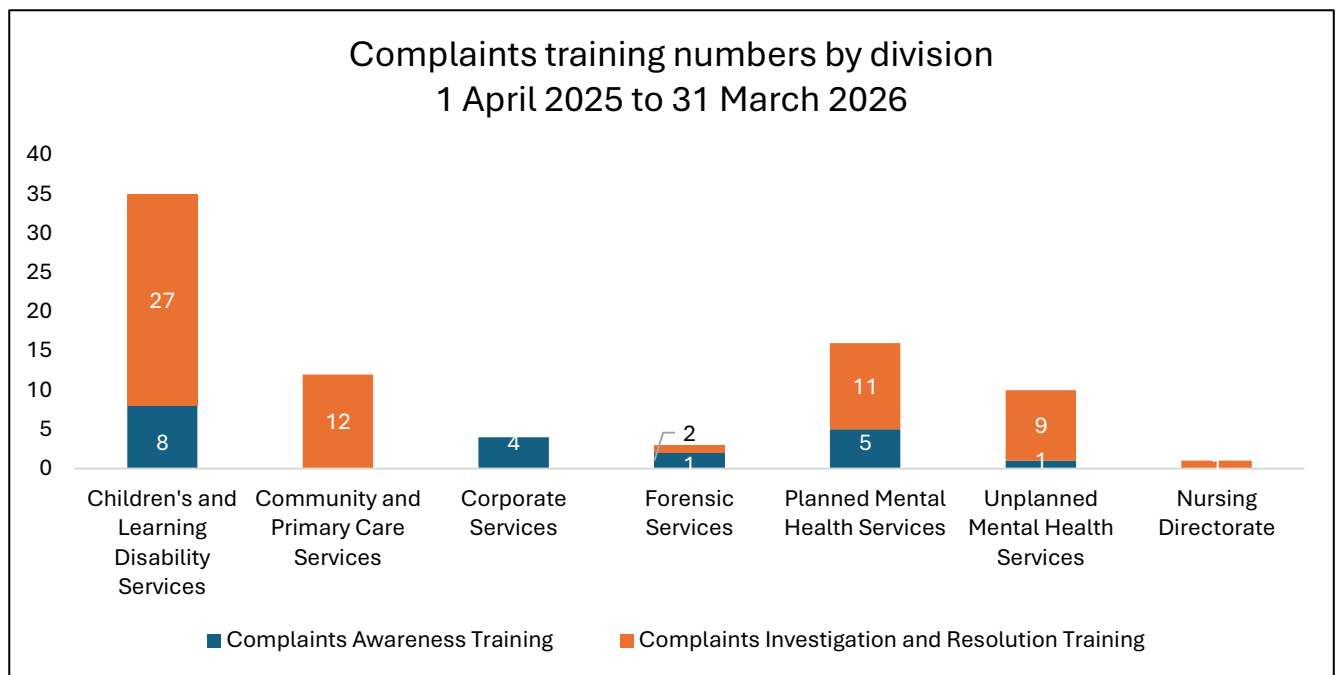
To strengthen the Complaints Awareness Training session, in accordance with the Zero Complaints actions (see 3.4.1) around ensuring patients and carers know how to make a complaint or raise a concern, the session now also includes a section on Zero Complaints and appropriate dissemination of complaints information to patients and colleagues.

Also, to strengthen the recording of compliments in our reporting, there is a section around what constitutes a compliment and a video on how to record a compliment.

The **Complaints Investigation and Resolution Training** course is a more in-depth session aimed at those staff who may lead on or support with formal complaint investigations. Sessions are booked via the Complaints and Feedback Team and can be held either virtually or face to face. The objectives of the course are to ensure that anyone involved with a formal complaint understands:

- The investigation process from beginning to end.
- What a good investigation looks like.
- The rules and process for gaining consent.
- Duty of candour and admitting when we get it wrong.
- The importance of a sincere apology.
- Alignment with Trust policies and procedures including Information Governance (IG), patient safety and safeguarding.

Our complaints training courses were accessed by a total of **81** staff during the year. Graph 12 informs on the number of staff per division who accessed the training.



(Graph 12)

4.0 Priorities for 2026/27

The table below includes a broad overview of some of the patient and carer experience, engagement and involvement priorities that will be delivered over the next twelve months and focuses on key Trust wide priorities together with a snapshot of the divisional priorities, most of which are included in the Patient and Carer Experience (PACE) Five Year Forward plan.

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Trustwide	We will review and redesign our Patient and Carer Experience (PACE) forums approach.		We will continue to support the wider Integrated Care System (ICS) and attend the Humber and North Yorkshire ICB (Integrated Care Board) Experience of Care Group to network and share Place and provider-based intelligence and insight across the system to inform quality improvement and share learning.		We will continue to strengthen our PACE training modules on the Recovery and Wellbeing College platform to reflect the evolving landscape.	
	We will continue to grow our Expert by Experience database.		We will continue to work in partnership with York and Scarborough Teaching Hospitals NHS Foundation Trust to deliver the joint Scarborough and Ryedale PACE Forum.		We will put robust measures in place to ensure staff identify carers and offering support where required.	
	We will increase the number of Quality Improvement Charters as a result of Friends and Family Test thematic analysis.		We will increase membership from our wider communities to our Trust Forums/Networks.		We will strengthen our approach to ensure every corporate and clinical team have an identified Staff Champion of Patient Experience	
	We will continue to support divisions with national survey action planning.		We will work towards renewing our Veterans Covenant Healthcare Alliance re-accreditation.			
	We will strengthen the process for evaluating qualitative feedback when people have been involved in Trust activities.		We will implement and embed the Trust's new interpretation and translation provision contract.			
	We will gather feedback to inform the next PACE Five Year Forward Plan 2028-2033					

	We will strengthen the approach for the You Said, We Did process across the Trust.		
Children's and Young People's Services	We will create a visual graphic of our Children's Services to provide a tool for understanding how our services work together and their care values.	We will continue to involve young people with Health Stars fundraising for our Children's Services.	We will increase young people's volunteering opportunities within the division.
	We will co-produce a PINS (Partnerships for Inclusion of Neurodiversity in Schools) video on the reasonable adjustments schools can make to support young people with Special Educational Needs and Disabilities	We will continue to work in partnership with Community Vision to support our Humber Youth Action Group members.	We will implement reasonable adjustments to children's therapy spaces to ensure they are welcoming, friendly and inclusive.
	We will launch a series of co-produced videos regarding postural care which will be released across services and with partner organisations and schools.		
	We will launch the Inspire Family Day Service to provide children and young people an alternative to inpatient admission and crisis services.		
Primary Care, Community Services and Addictions Services	We will work to increase the number of Patient and Carer Experience (PACE) Champions who attend all Trust PACE Forums.	We will develop new working relationships with Primary Care GP Practices and their relevant PPGs across the North Yorkshire region in order to enhance membership for the PACE forums for Scarborough and Ryedale and Whitby.	We will increase the number of Volunteers working in community hospitals and in community services.
	We will increase the number of Quality Improvement Charters completed.	We will develop quality improvement initiatives with Addictions Services and involve patients/service users in co-produced projects.	We will ensure that Staff Champions of Patient Experience are embedded in all teams and actively involved in the PACE agenda.
	We will increase the membership of the "Voice" forum in addictions services.		We will develop and increase the number of peer mentors and volunteers across Addictions services.

			Working with staff and patients/service users to develop involvement opportunities.
			We will ensure that panel volunteers are involved in shortlisting during staff recruitment processes as well as being involved and briefed in the interview process.
Forensic Services	We will establish a working group to explore improving The Dining Experience to ensure better use of the space for socialising during and outside of mealtimes.	We will partner with our Research team to conduct semi structured interviews across the service to understand where we are in relation to EDI across the service and what more can we do to improve.	We will complement our inpatient workforce through embedding Volunteering Roles for inpatient service users to improve experiences of care
	We will refresh and enhance our booklet for family, carers and service users to ensure the booklet is more accessible, up to date and incorporating safe and caring cultures ethos.	We will enhance our provision to include an onsite Barbers, co-producing the design alongside service users	We will embed a charter which has been co-produced which holds a shared vision and ethos of the service with involvement and co-production at the centre.
		We will implement an Involvement Mailing list to improve the communication of involvement opportunities and service user involvement updates.	
		Further exploration will have taken place to improve partnerships with friends, family and carers.	
Learning Disability Services	We will embed the Community Learning Disability Co-production Group and Townend Court patient voice group as standard practice by integrating it into governance, service development, and quality improvement processes ensuring a robust feedback loop with the management team	We will work in partnership with patients, carers, clinical teams and system partners to co-design and implement a Trust-wide approach to reasonable adjustments, ensuring that the needs of people requiring additional support are recognised, recorded and acted upon consistently across services.	We will strengthen the learning disability workforce by embedding expert-by-experience input into training packages such as speech and language training and Occupational Therapy Sensory Processing Animation, ensuring learning is informed by lived experience.

Mental Health Services	We will launch a campaign highlighting and celebrating ways that service users and carers can get involved in Adult Mental Health services	We will embed co-production within the Reducing Restrictive Interventions agenda.	We will scope the staff support needed across the division to develop a new co-production toolkit.
	We will develop divisional co-production branding and re-launch the adult mental health co-production group.	We will continue to support increased engagement with community partners around health inequalities and the impact these have on Mental Health.	We will continue to support the recruitment, retention and wellbeing of our Lived Experience workforce including Peer Support Workers
	We will embed co-production in the Community Mental Health Service User Survey action planning.		

This annual report is available in alternative languages and other formats including Braille, audio disc and large print by contacting us in the following ways:

**Humber Teaching NHS
Foundation Trust**

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700

Email: hnf-tr.contactus@nhs.net

If you would like any further information on how to get involved with the Trust, please contact the Patient and Carer Experience Team as follows:

**Humber Teaching NHS
Foundation Trust**

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 389167

Email: hnf-tr.patientandcarerexperience@nhs.net

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – Thursday 15 October 2026														
Title of Report:	Feedback for Governor Groups - Appointment Terms & Conditions Committee - Engaging with Members Group														
Author/s:	Tony Douglas Lead Governor, Acting Chair of Appointment Terms & Conditions Committee and Chair of Engaging with Members Group														
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">To approve</td><td style="width: 10%;"></td><td style="width: 40%;">To discuss</td><td style="width: 10%;"></td></tr> <tr> <td>To note</td><td style="text-align: center;">✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide 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: Provided in the report and verbal updates	Key Actions Commissioned/Work Underway: N/A														
Key Risks/Areas of Focus: No matters to escalate	Decisions Made: N/A														
Alignment with the Three Shifts in the Long Term Plan (If not applicable please state)															
Hospital to Community															
Analogue to Digital															
Sickness to Prevention															

Governance and Assurance:			
<i>Please indicate which committee or group this paper has previously been presented to:</i>			
	Date		Date
Appointments, Terms & Conditions Committee	15.09.26	Engaging with Members Group	24.09.26
Trust Board		Other (please detail)	
Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)</i>			
√ <i>Tick those that apply</i>			
Innovating Quality and Patient Safety			
Enhancing prevention, wellbeing and recovery			
Fostering integration, partnership and alliances			
Developing an effective and empowered workforce			
Maximising an efficient and sustainable organisation			
Promoting people, communities and social values			
Areas to include within the report:			
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>			
Public Exemption:			
Is the report exempt from public disclosure			Yes/No

Engaging with Members Group – 24 September 2026

- Considered the Annual Committee Effectiveness Review Report
- EWM group received a paper for approval “Future Engagement Arrangements: Patient and Carer Experience Review, NHS Reform and Governor Involvement” including terms of reference for a governor-led Task and Finish group. Governors asked several questions, and it was agreed further information, and a revised paper was needed for decision at another meeting.
- Discussed Governor involvement in the Annual Members Meeting

Chair Tony Douglas

Appointment Terms & Conditions Committee – 15 September 2026

- Reviewed succession planning arrangements for Non-Executive Directors and Chair and the balance of skills, knowledge, qualification, experience and diversity and arrangements in place to support succession planning for future Non-Executive Director appointments.
- Agreed the proposed approach to the forthcoming expiry of a Non-Executive Director terms of office and recruitment of a non-executive director vacancy.
- The Chair's term of office is to be reviewed at a future meeting.

Acting Chair Tony Douglas

Agenda Item 12

Title & Date of Meeting:	Council of Governors – 15th October 2026														
Title of Report:	Performance Update														
Author/s:	Peter Beckwith, Executive Director of Finance, Resources, Estates and Digital														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>☒</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss		To note	☒	To ratify		For assurance			
To approve		To discuss													
To note	☒	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.														
Key issues:															
Positive Assurances to Provide: - All aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate - The Trust have achieved National Oversight Framework segment 2 at Quarter 4. - Mandatory Training - Vacancies		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): Included in the Body of the Report													
Key Risks/Areas of Focus: Sickness Absence Rates		Decisions Made: The Council of Governors are asked to note the updates on performance.													
Alignment with the Three Shifts in the Long Term Plan (If not applicable please state)															
Hospital to Community	Indicators Reported as enablers for the shift - Virtual Ward, Urgent Care Response, Delayed Transfer of Care, 72-hour follow-up, Community Mental Health Team access, Liaison, crisis response, out-of-area placements														
Analogue to Digital	Virtual Ward supports digitally enabled monitoring and remote care														
Sickness to Prevention	Indicators Reported as enablers for the Shift - MHST, EIP, Talking														

	Therapies, CYP access, perinatal, IPS, 4-week waits																											
Governance and Assurance:																												
<i>Please indicate which committee or group this paper has previously been presented to:</i> <table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>People & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance Committee</td> <td>Qtrly</td> <td>Executive Management Team</td> <td>Mthly</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td>Mthly</td> </tr> <tr> <td>Collaborative Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>						Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		People & Organisational Development Committee		Finance Committee	Qtrly	Executive Management Team	Mthly	Mental Health Legislation Committee		Operational Delivery Group	Mthly	Collaborative Committee		Other (please detail)	
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Mental Health Legislation Committee		Operational Delivery Group	Mthly																									
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Maximising an efficient and sustainable organisation			✓																									
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Areas to include within the report:																												
Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>			✓																									
Public Exemption:																												
Is the report exempt from public disclosure			No																									

1 Introduction and Purpose

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

2 Background

Performance is reported monthly to both Executive Management Team and Organisational Delivery Group, as well as bi-monthly to the public board in the form of the Trust Performance Report, this information is also circulated to Governors and available on the Trust Website (link to all previous board papers below).

[Public Board Papers | Humber Teaching NHS Foundation Trust](#)

The August 2026 version of the Trust Performance report was presented at Septembers Public Board Meeting (*All indicators are aligned to the Trusts Strategic Goals, indicators have been grouped under either committee or operational delivery group with detailed commentary for each section*).

Information in the performance report is presented using Statistical Process Control Charts indicators are grouped against each of the groups in which oversight is aligned to, additionally all indicators are mapped against each of the Trusts Strategic Goals.

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

3 Performance Updates

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

3.1 National Oversight Framework

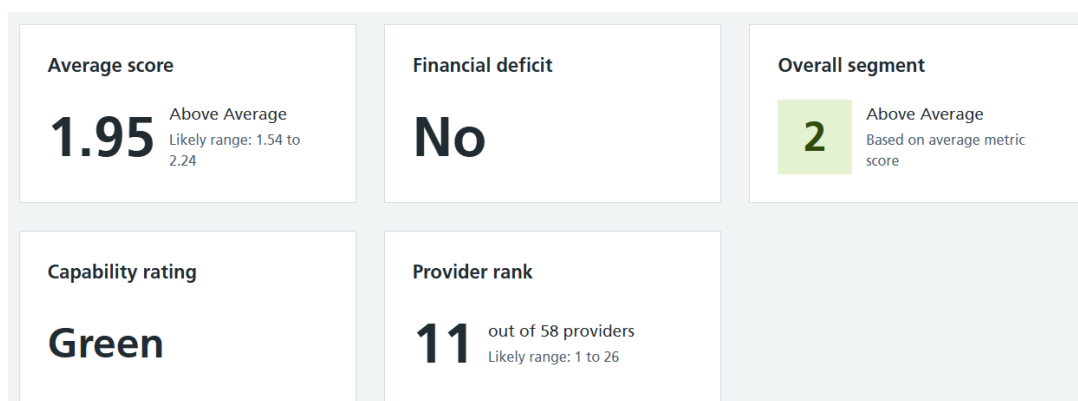
Scores by domain for each quarter of the 2025/26 National Oversight Framework are summarised in the table below:

Domain	Q1	Q2	Q3	Q4
Access to Services	3.27	2.83	1.49	1.00
Effectiveness and Experience	1.39	1.35	1.35	1.35
Patient Safety	2.23	2.10	1.90	1.38
People and Workforce	2.35	2.47	2.33	2.28
Productivity and Value for Money	2.25	2.77	2.77	2.76
Overall Score	2.22	2.21	1.91	1.79
Segmentation	2	2	1	1
Rank	22nd	19th	7th	4th

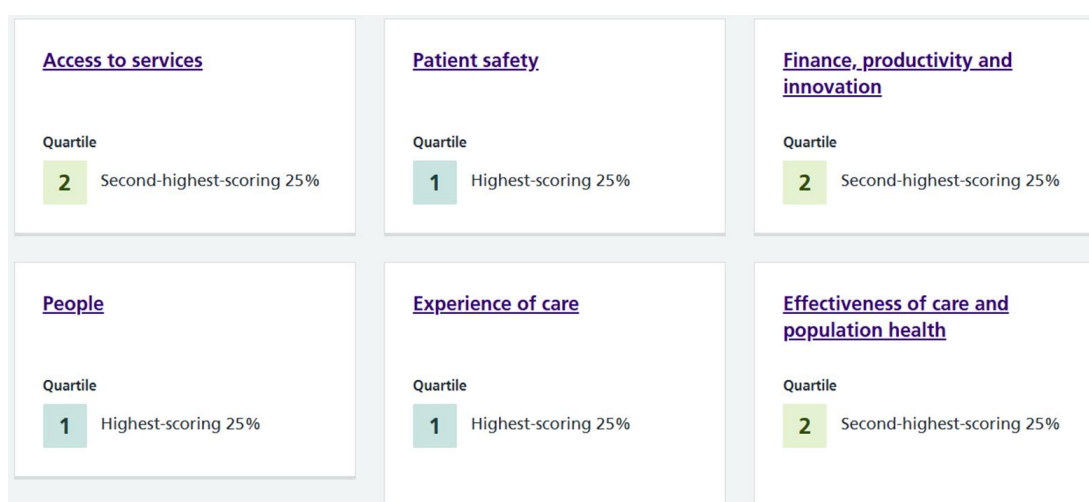
The NHS Oversight Framework 2026/27 results for Q1 have now been published, the Trust has moved into segment 2 missing the threshold for segment 1 by 0.01, the Trusts rank in

the League Table of 58 Mental Health and Community Trusts is 11th which means the Trust remains in the upper quartile.

For 2026/27, NHS England has changed how organisations are placed into segments. Instead of the previous approach to segments based on quartiles, segmentation is now based on fixed national thresholds. This means our change in segmentation reflects the new methodology for segmentation applies, had the previous methodology continued the Trust would have remained in segment 1.



A summary of the domains scores for Q1 appears in the table below:



3.2 72 Hour Follow Ups

Timely follow-up after discharge is a key component of safe, high-quality care and supports recovery, continuity and risk management.

As at the end of August 2026 Follow Ups completed within 72 hours of discharged achieved performance of 94.9% against a National Target of 80%.

This indicator now forms part of the NHS Oversight Framework in relation to Effectiveness of Care, for Q1 the Trust scored 1 for this indicator (which is the best score possible to achieve).

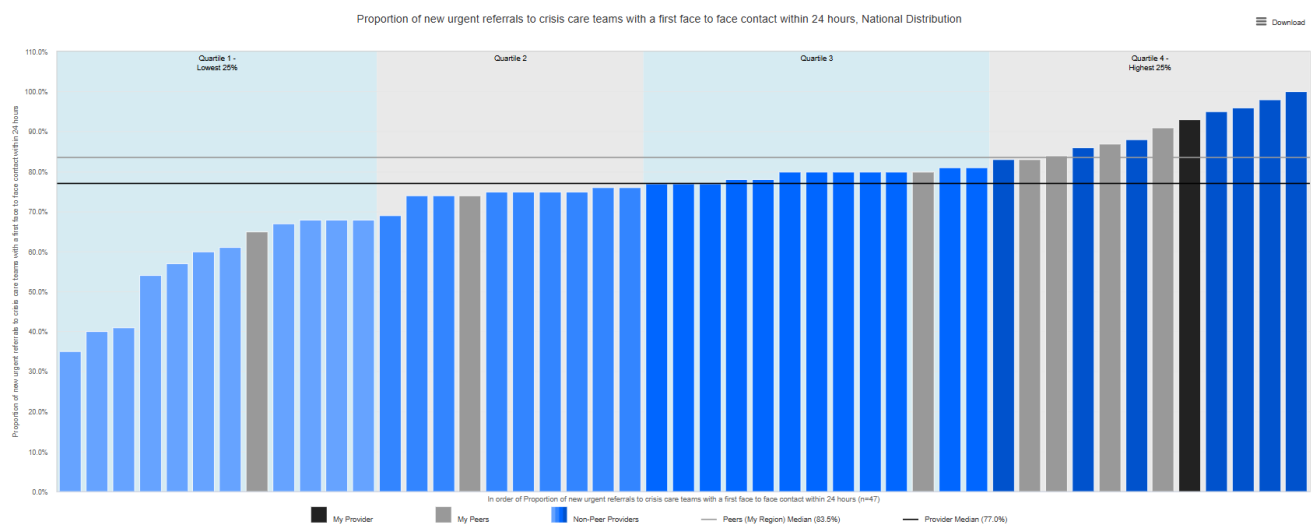
3.3 Mental Health Urgent Crisis Referrals

Mental Health Urgent Response referrals Face to Face within 24hours continues to achieve compliance against the 80% target, and close monitoring continues to further improve the position.

This indicator also forms part of the NHS Oversight Framework in relation to Patient Safety, for Q1 the Trust scored 1 for this indicator (which is the best score possible to achieve).

Comparative information in model health is shown in the graph below, performance as at the end of June 2026 was 93% for the Trust, this compared favourably with peers and provider averages (*The Trust ranked 5th out of 47 comparator trusts*)

Proportion of new urgent referrals to crisis care teams with a first face to face contact within 24 hours (Model Health)



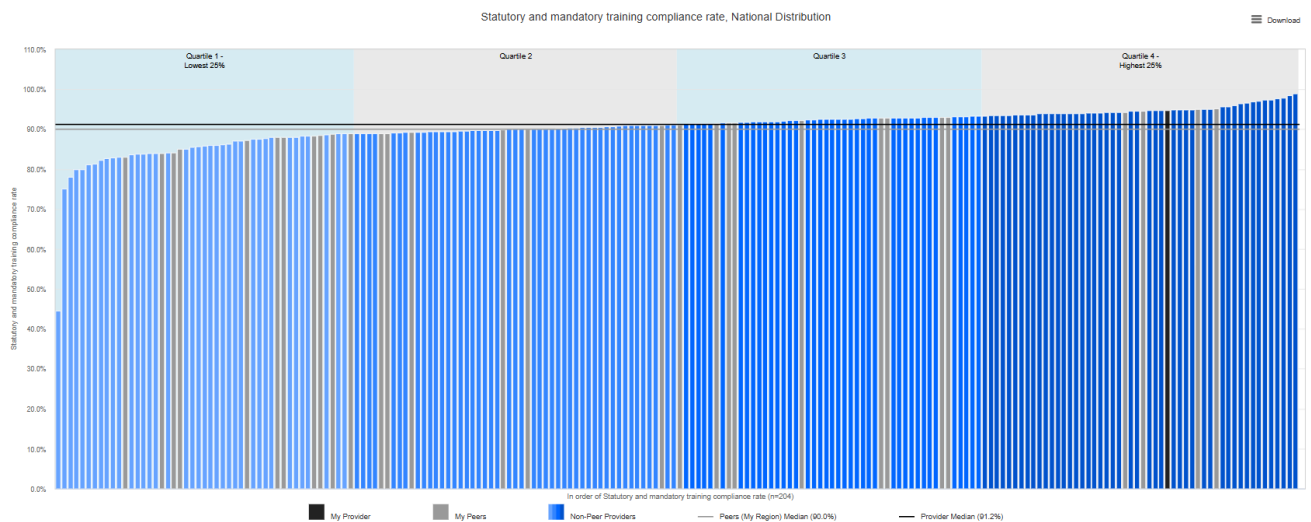
3.4 Mandatory Training

Mandatory training compliance remains high at 94.7%, significantly exceeding the Trust target and providing assurance that staff maintain the knowledge and skills required to deliver safe and effective care.

Model Health provides comparative information on the proportion of staff whose statutory and mandatory training record was up to date providing a common basis for comparing compliance rates across organisations.

As at the end of 2025/26 the Trust were reporting 94.8% compliance, which compares favourably against the National provider median (91.2%) and Peer median (90%).

The information from model health is summarised in the following graph:



3.5 Sickness Absence

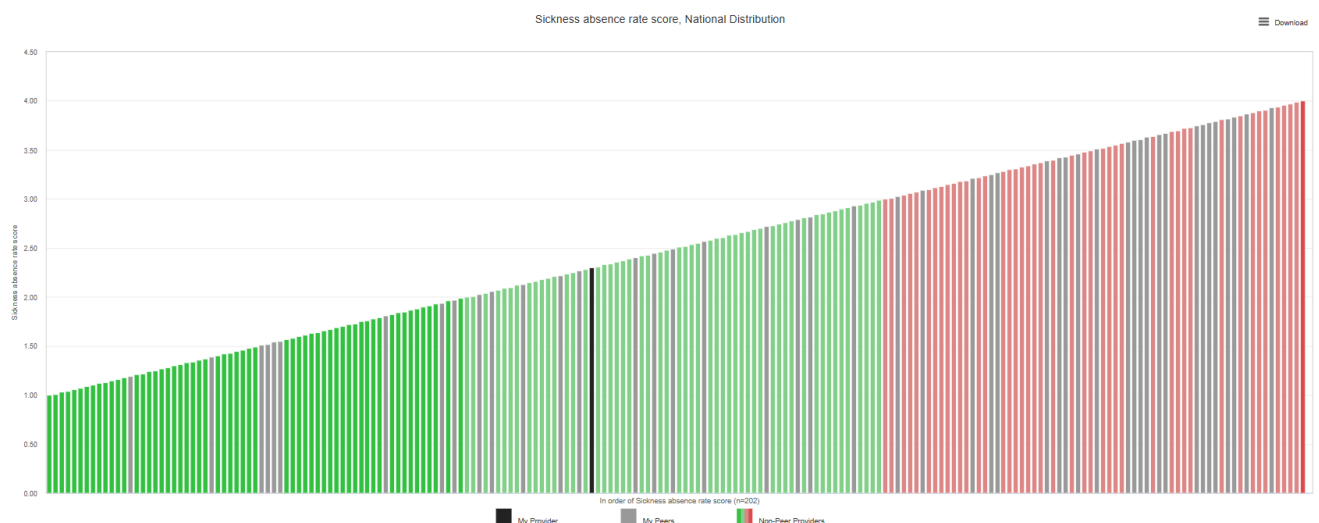
Sickness absence remains at 5.9%, above the Trust target, continuing to impact workforce capacity, service resilience and productivity across a number of inpatient and community services.

The continued implementation of the Working Towards a Healthier Workforce Plan and Rapid Response Sickness Absence Model is being used to address sickness hotspots, improve attendance and support workforce wellbeing.

The ongoing implementation of the revised Sickness Absence Policy, alongside enhanced management capability and support arrangements to promote earlier intervention and consistent application is also aimed at reducing the levels of sickness in the Trust.

Sickness also forms part of the NHS Oversight Framework, scores are based on the percentage of working days in the previous quarter where staff are sick and unable to work

Q1 Sickness Data – NHS Oversight Framework



3.6 Waiting Times

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge, where demand exceeds commissioned capacity across all areas and previous non recurrent investment has ceased.

Work is nearing completion with the ICB which over time see the ICB commission the whole pathway (acute and community) for Mental Health Learning Disability and Autism from main NHS providers.

A phased approach towards the implementation of an agreed model is proposed, this is linked to available financial resources.

Organisational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work across all services that are challenged by meeting over 52 week and 18 week waiting time standards. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis. Waiting times for services, excluding

Community waiting times form part of the NHS Oversight Framework (waits over 52 weeks), for quarter 1 the Trust had no patients above the 52 week target and attracted the best score on the framework of 1.

4. Recommendation

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

Agenda Item 13

Title & Date of Meeting:	Council of Governors – 15 th October 2026														
Title of Report:	Finance Report Month 5 (August 2026)														
Author/s:	Peter Beckwith, Executive Director of Finance, Resources, Estates and Digital														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>☒</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	☒	To ratify		For assurance			
To approve		To discuss													
To note	☒	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.														

Key issues:	
Positive Assurances to Provide: - The Trust recorded a breakeven position which is in line with the Regional NHSE planning target - The Cash position for the Trust remains strong. - The Better Payment Practice Code figures show achievement of 98.4%.	Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): Monthly reports on the finance position continue to be reported to EMT and ODG monthly and public board (Bi-monthly)
Key Risks/Areas of Focus: Nothing to escalate	Decisions Made: The Council of Governors are asked to note the Finance report and comment accordingly.

Alignment with the Three Shifts in the Long Term Plan (If not applicable please state)	
Hospital to Community	n/a
Analogue to Digital	n/a
Sickness to Prevention	n/a

Governance and Assurance:											
<i>Please indicate which committee or group this paper has previously been presented to:</i> <table border="1"> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations</td> <td></td> </tr> </table>					Date		Date	Audit Committee		Remuneration & Nominations	
	Date		Date								
Audit Committee		Remuneration & Nominations									

			Committee		
	Quality Committee		People & Organisational Development Committee		
	Finance Committee	Qtrly	Executive Management Team	Mthly	
	Mental Health Legislation Committee		Operational Delivery Group	Mthly	
	Collaborative Committee		Other (please detail)		

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)

✓ 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	✓

Areas to include within the report:

Please tick to confirm the following areas have been considered and addressed: <i>Patient Safety, Quality Impact, Risk, Legal, Compliance, Communication, Users and Carers, Inequalities, Collaboration, Equality and Diversity</i>	✓
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Public Exemption:

Is the report exempt from public disclosure	No
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FINANCE REPORT – August 2026

1. Executive Summary

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

2. Trust Position as at August 2026

The Trust's NHSE target for 2026/27 is a requirement to achieve a break-even budget for the year with a profile that is set at breakeven on a monthly basis.

Table 1 shows the reported financial position for the Trust up to the end of August 2026

The donated assets depreciation and Capital Grant Donation do not count against the Trust's financial control target, the Month 5 net variance to budget for these items is £0.016m resulting in a ledger position of £0.016m deficit.

Table 1: Reported I&E Position 2026/27

	May 2026 £000	June 2026 £000	July 2026 £000	August 2026 £000
Income	32,917	49,528	65,793	83,948
Less: Expenditure	31,653	46,604	62,564	79,906
EBITDA	1,264	2,924	3,229	4,042
Finance/Technical Items	1,270	2,934	3,241	4,057
Non Recurrent Income	-			
Ledger Position:	(6)	(10)	(12)	(15)
Excluded items:	(7)	(10)	(13)	(16)
Net Position Surplus/(Deficit)	1	-	1	1
EBITDA	3.8%	5.9%	4.9%	4.8%
Deficit (-%)/Surplus %	0.0%	0.0%	0.0%	0.0%

A more detailed summary of the income and expenditure position as at the end of August 2026 is shown at appendix A.

Key variances are explained in the following paragraphs:

2.1 Income

The Income position shows an overachievement of £0.786m as at August which is related to the YHCR invoices which have been forwarded to Partners.

2.2 Divisional Net Expenditure

The overall Divisional net expenditure position is showing a forecast overspend of £0.101m.

2.2.1 Children's and Learning Disability (£0.085m Forecast underspend)

Children's services are forecast to be £0.085m underspent. The biggest underspends are forecast in the 0-19 and Universal Children's Services.

For Early Intervention Services the forecast assumes that the funding flows to the Trust MHST Wave 15 and that the final 6 months of funding is released for the Wave 11 EMHPs.

The Neuro position is currently overspent because of non-recurrent investment to support waiting list pressures.

Learning disability services are currently £0.202m overspent and forecast to end the year with a £0.084m overspend. With the decline in patient numbers at Townend the clinical model is being reviewed, and savings are expected, bringing the service back in line with budget for the 2nd half of the financial year.

New investment in Mental Health Support Teams and the Inspire Day Service means income and pay variances will be forecast until the new budgets are set up.

3.2.2 Community and Addictions (breakeven)

The Division is currently forecasting to break even to the annual budget.

Within the overall divisional position, Addictions Services are reporting a favourable variance of £0.148m.

Pay-related pressures across several services, including the Scarborough and Ryedale Core Teams, Diabetes, Malton Ward & Community Management, continue to be offset by underspends within UCR, Whitby Core and the Stroke Service. Safer staffing reviews undertaken across the core nursing teams have identified opportunities to realign workforce resources, contributing to a reduction in pay variances within Scarborough and Whitby services.

Following the temporary reduction in bed capacity on Malton Ward as a result of the fire, staff have been redeployed to support pressures in other services, maximising the use of substantive workforce capacity and reducing reliance on bank staffing.

The Division continues to progress its agreed BRS through established governance arrangements, maintaining a focus on financial recovery while ensuring safer staffing and the long-term sustainability of services.

3.2.3 Mental Health (£0.268m overspend)

The Mental Health Division is currently forecasting an overspend of £0.268m, primarily driven by cost pressures within Older People's Unplanned Mental Health Services.

Inpatient services continue to experience increased staffing costs associated with maintaining safe patient care, including enhanced therapeutic observations and support for patients with more complex needs. A proportion of this pressure is linked to delays in patient discharge where suitable social care placements are not immediately available, resulting in extended lengths of stay.

The Division is also managing a financial pressure within the Care Home Liaison Service following the withdrawal of Better Care Fund funding from East Riding of Yorkshire Council, which had supported the service since 2023/24.

In response, the Division has commenced a comprehensive review of Older People's Unplanned Mental Health Services to ensure resources are aligned to demand and service requirements. This work is being undertaken alongside ongoing discussions and due diligence regarding the potential transfer of Older People Out of Area funding from the ICB, which may provide a degree of financial mitigation in future periods.

Whilst these pressures remain a risk to the forecast position, they are currently being partially offset through other savings across planned mental health services and continued budgetary oversight. The Division will continue to monitor expenditure closely and identify further opportunities to reduce the forecast variance as the year progresses.

3.2.4 Forensic (£0.082m underspend)

Year to date the Forensic Division is £0.128m underspent, this is driven by pay savings from vacancies, predominately in community teams. To date pay is underspent by £0.106m.

Vacancy savings in the community teams are forecast to continue and offset pressures in inpatient services due to high patient acuity. The current run rate on pay is not expected to continue as the forecast reflects the recent recruitment in admin across the division and the appointment of additional newly qualified nurses. There is also an allowance for winter pressures, which along with the recent recruitment results in a forecast pay underspend of £0.015m.

Non pay is forecast to have the biggest favourable variance (£0.046m) due to expected savings on travel, training and security.

Medium Secure Inpatient Medics have previously been highlighted as an area of pressure due to the use of agency and the cost of additional PAs. The successful appointment of the agency medic into a Trust locum position will help bring the costs for this staff group back in line with budget.

3.2.5 Corporate Services (£1.553m underspend)

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £1.553m, the main factor being items held centrally to offset pressures.

4. Cash

The Trust has held the following cash balances during the reporting period:

Table 2: Cash Balance

	May 2026 £000	June 2026 £000	July 2026 £000	August 2026 £000
Government Banking Service	20,503	18,701	19,556	29,752
Nat West	102	229	130	28
Petty Cash	22	21	22	22
Net Position	20,627	18,951	19,708	29,802

There is a timing issue in terms of the ledger stating the position at £29.802m as this doesn't reflect the month 5 Salaries of £8.500m and Payment run of £0.463m being deducted from the actual cash position. This would bring the amount to £20.839m.

The cash balance is held in the Government Banking Service account earning interest of 3.64% and avoiding a PDC dividend charge for each day it remains in the account.

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 3. The current position is 98.9% for non-NHS and 90.0% for NHS with an overall total of 98.4%. Work is constantly ongoing to maintain this position with targeted support to managers.

Table 3: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	11,166	36,366
Total bills paid within target	11,047	35,211
Percentage of bills paid within target	98.9%	96.8%
NHS		
Total bills paid	728	12,944
Total bills paid within target	655	12,804
Percentage of bills paid within target	90.0%	98.9%
TOTAL		
Total bills paid	11,894	49,310
Total bills paid within target	11,702	48,015
Percentage of bills paid within target	98.4%	97.4%

6. Recommendations

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

Appendix A
I&E Position as at the end of August 2026

	26/27 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	194,348	81,003	81,112	108	194,348	194,348	-
YHCR	5,180	2,158	2,836	678	5,180	5,351	171
Total Income	199,529	83,162	83,948	786	199,529	199,700	171
<u>Clinical Services</u>							
Children's & Learning Disability	47,810	19,799	19,656	143	47,810	47,725	85
Community and Addictions	22,173	9,247	9,540	(293)	22,173	22,173	0
Mental Health	62,410	25,952	26,291	(340)	62,410	62,677	(268)
Forensic Services	14,728	6,136	6,008	128	14,728	14,647	82
	147,121	61,133	61,495	(362)	147,121	147,222	(101)
<u>Corporate Services</u>							
	44,686	19,241	18,411	831	44,686	43,134	1,553
Total Expenditure	191,807	80,375	79,906	469	191,807	190,356	1,451
EBITDA	7,722	2,787	4,042	1,255	7,722	9,344	1,622
Depreciation	5,591	2,330	2,350	(21)	5,591	5,644	(53)
YHCR Amortisation	1,157	482	659	(177)	1,157	1,157	0
Interest	(1,136)	(474)	(498)	24	(1,136)	(1,126)	(10)
IFRS 16	1,788	745	771	(26)	1,788	1,847	(59)
PDC Dividends Payable	1,822	759	759	(0)	1,822	1,822	-
Operating Total	(1,500)	(1,055)	(0)	1,055	(1,500)	0	1,500
BRS	(1,500)	(1,055)	-	(1,055)	(1,500)	-	(1,500)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Non Recurrent Income							
Operating Total	0	(0)	(0)	(0)	0	0	0
<i>Excluded from Control Total</i>							
Donated Depreciation	39	16	16	(0)	39	39	(0)
	(39)	(16)	(16)	(0)	(39)	(39)	0
Ledger Position	(39)	(16)	(16)	(0)	(39)	(39)	(0)
EBITDA %	3.9%	3.4%	4.8%		3.9%	4.7%	
Surplus %	-0.8%	-1.3%	0.0%		-0.8%	0.0%	