

Trust Board Meeting Wednesday 29 July 2026 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 29 July 2026, via Microsoft Teams

Quorum for business to be transacted – at least one third of the whole number of the Chair and Board members (including at least one Executive Director and one Non-Executive Director).

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

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

- Consider whether any items on this agenda will pose a risk to achievement of the strategic objectives as identified in the Board Assurance Framework

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 27 May 2026	CF	Approve	√
4.	Action Log, Matters Arising and Work Plan	CF	Discuss	√
5.	Service Story – Child and Adolescent Mental Health Pathway and the Thrive approach (Justine Rooke, General Manager attending)	CJ	Discuss	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report • Including policies to ratify	MM	Discuss/Ratify	√
8.	Publications and Highlights Report	MM	Note	√

	Patient Safety and Quality			
9.	Freedom to Speak Up Annual Report and Six Month Update (Alison Flack, Freedom to Speak Up Guardian attending)	AF/MM	Approve	√
	Building a Shared Purpose and Vision			
10.	Digital Governance - Internal Audit Report - Terms of Reference	PB	Approve	√
11.	Digital Enabling Strategy (Lee Rickles, Chief Information Officer attending)	PB	Discuss	√
12.	Learning from Deaths – Mortality Report	KF	Note	√
13.	Multi-Professional Strategy	SS	Approve	√
	Investing in People and Culture			
14.	Gender Pay Gap Report (John Duncan, Workforce Equality, Diversity and Inclusion Partner attending)	VM	Approve	√
15.	WDES Report (John Duncan, Workforce Equality, Diversity and Inclusion Partner attending)	VM	Approve	√
16.	WRES Report (John Duncan, Workforce Equality, Diversity and Inclusion Partner attending)	VM	Approve	√
17.	Social Values Report	KF	Approve	√
	Developing Leadership Behaviours			
18.	Front Line Managers – Developing our People	KP	<i>Discuss</i>	√
	Embedding Improvement into Management Systems and Processes			
19.	Finance Report	PB	Note	√
20.	Performance Report	PB	Discuss	√
21.	Collaborative Committee Terms of Reference	SJ	Approve	√
	Assurance Committee Reports			
22.	Finance Committee Assurance Report	KN	Assurance	verbal

23.	People & Organisational Development Committee Assurance Report	CW	Assurance	√
24.	Collaborative Committee Assurance Report	SP	Assurance	√
25.	Quality Committee Assurance Report	PE	Assurance	√
26.	August Board Strategic Development Meeting Agenda	CF	Note	√
27.	a) Items to Escalate including to the High Level Risk Register & for Communication. b) Has anything on the agenda contributed to or improved the Board Assurance Framework position?	CF	Note	verbal
28.	Any Other Urgent Business	CF	Note	verbal
29.	Review of Meeting – Being Humber • Has the Board focused on the right areas? • Did the quality of the papers enable Board members to perform their role effectively – did they enable the right level of discussion to occur? • Was debate allowed to flow and were all Board members encouraged to contribute? • Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)	CF	Discuss	verbal
30.	Exclusion of Members of the Public from the Part II Meeting			
31.	Date, Time and Venue of Next Meeting Wednesday 30 September 2026, 9.30am via Microsoft Teams			

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026			
Title of Report:	Declarations of Interest			
Author/s:	Rt Hon Caroline Flint Trust Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations: • None			
Key Issues within the report:				
Positive Assurances to Provide: • Updated declarations		Key Actions Commissioned/Work Underway: • N/A		
Key Risks/Areas of Focus: • No issues to note		Decisions Made: • N/A		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Monthly Board report	✓ 27.05.26

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

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• IMAS partner • Humber and North Yorkshire ICB Board Member (voting) • Co-opted Parish Councillor – Bamford with Thornhill • Member of the Charitable Funds Corporate body
Mr Peter Beckwith, Executive Director of Finance (Voting Member)	• Trustee of Heath Stars, and Executive Lead for Humber Teaching NHS Foundation Trust • Son is a Resident Doctor at University Hospitals Sussex NHS Foundation Trust • Daughter is employee of the Trust • Member of the Charitable Funds Corporate body
Dr Kwame Opoku-Fofie, Executive Medical Director (Voting member)	• Director of Bluewaters Healthcare Limited • Spouse is Director of Bluewaters Healthcare Limited • Spouse is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust • Executive Lead for The Trust Research Department – which receives grant and funding to the department • Spouse is Clinical Director Harthill Primary Care Network (PCN) • Member of the Charitable Funds Corporate body
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	• Son works for Labour MP as Communications Lead • Son works for Department of Health and Social Care • Member of the Charitable Funds Corporate body
Mrs Karen Phillips, Executive Director of People and Organisational Development	• Member of the NHS Professionals Strategic Advisory Board • Member of the Charitable Funds Corporate body
Mrs Sarah Smyth, Executive Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	• Member of the Charitable Funds Corporate body
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Energy Security and Net Zero (DESNZ) • Member of the Charitable Funds Corporate body
Mr Andrew Brown, Non-Executive Director (Voting Member)	• Chairman of Welcome to Whiby CIC • Director of Nanotime LTD

	• Daughter is partner in Brown and Asquith Therapies, which provides Mental Health Support Services • Daughter is Associate for Aspire Psychological Services, based in Darlington • Daughter is senior lecturer in Social Work for Tees University. • Friend is a Director and Shareholder in the Ethos Partnership which provides consultancy services to some NHS trusts • Member of the Charitable Funds Corporate body
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	• Director of Conexus GP Federation • Owner of Phillip Earnshaw Ltd • Trustee of Prince of Wales Hospice • Five Towns PCN Clinical Director • Board Member of Wakefield District Health & Care Partnership • Chair and Trustee Smawthorne Community Project is a local charity in Castleford • Member of the Charitable Funds Corporate body
Mr Keith Nurcombe, Non-Executive Director (Voting Member)	• Director of Dietary Assessments LTD • Director of WMSG (Part of West Midlands Combined Authority • Crown representative – Cabinet Office – UK Government • Chair of the Avalon Group • Chair of Derbyshire Health United (CIC) • Member of the Charitable Funds Corporate body
Ms Stephanie Poole, Non-Executive Director (Voting Member)	• Husband is a Trustee of Yorkshire Coast Sight Support (YCSSL), a registered charity • Member of the Charitable Funds Corporate body
Ms Kathryn Smart, Non-Executive Director (Voting Member)	• Doncaster & Bassetlaw NHS FT – Non-Executive Director / Deputy Chair and Audit Chair • Incommunities Ltd, Bradford – Non-Executive Director / Audit Chair • St Leger Homes, Doncaster – Co-opted Board member • Associate Hospital Manager – Rotherham Doncaster and South Humber NHS Foundation Trust • Member of the Charitable Funds Corporate body
Ms Caroline Wollerton, Non-Executive Director (Voting Member)	• Non-Executive Director at Locala CIC • Daughter is a Clinical Nurse Specialist at Tees, Esk and Wear Valleys NHS Foundation Trust • Daughter is the owner of the Yorkshire ADHD Assessment Clinic • Member of the Charitable Funds Corporate body

Trust Board Meeting

Minutes of the Public Trust Board Meeting

held on Wednesday 27 May 2026
09:30am – 12:30pm via Microsoft Teams

Present:

Rt Hon Caroline Flint, Chair
Mrs Michele Moran, Chief Executive
Mrs Vickie Murray, Deputy Director of People and Organisational Development (on behalf of Mrs Karen Phillips)
Dr Kwame Fofie, Executive Medical Director
Mrs Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer
Mr Peter Beckwith, Executive Director of Finance
Mrs Sarah Smyth, Executive Director of Nursing, Quality and Professions
Ms Stephanie Poole, Non-Executive Director
Mr Andrew Brown, Non-Executive Director
Mrs Caroline Wollerton, Non-Executive Director
Mrs Kathryn Smart, Non-Executive Director
Mr Keith Nurcombe, Non-Executive Director
Dr Phillip Earnshaw, Non-Executive Director

In Attendance:

Mrs Stella Jackson, Head of Corporate Affairs (Minutes)
Mr Oliver Sims, Corporate Risk and Incident Manager (for agenda item 9 `Board Assurance Framework Update)
Mr Jez Simmons, IQVIA (for agenda item 14 `Staff Survey Presentation to Board')

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

53/26	Service Story: Forensics – Swale Ward With respect to protecting the patient's anonymity, this service story was told prior to the Board meeting starting. A patient (A) spoke about their experience of being a Forensic Services patient and about their involvement in improving activities. The story highlighted the Trust's participation in the NHS England Culture of Care programme. Positive outcomes had been achieved with the support of service users and experts by experience. Lynn Parkinson invited A to meet with her to consider what further steps could be taken by the Trust to improve the activities offered.	

	Trust Board thanked A and the members of staff that accompanied them for sharing the story.	
54/26	Apologies Apologies were received from Mrs Karen Phillips, Executive Director of People and Organisational Development. Vickie Murray attended the meeting on her behalf.	
55/26	Declarations of Interest The declarations were noted. Board members have been made aware that any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the person should declare the interest and remove themselves from the meeting for that item.	
56/26	Minutes of the Meeting held on 25 March 2026 The minutes of the meeting held on 25 March 2026 were taken as read. <u>Resolved:</u> The minutes of the meeting held on 25.03.2026 were approved as a true and accurate record of the meeting.	
57/26	Action Log, Matters Arising and Workplan 2025/26 The workplan for 2025/26 was noted. Updates to the action log were noted. There were no matters arising from the minutes of the meeting held on 25 March 2026.	
58/26	Chair's Report The Trust Chair introduced her report which provided updates on the Chair, Non-Executive Directors (NEDs) and Governor activities since the last Public Board meeting. <u>Resolved: The Chair's report was noted</u>	
59/26	Chief Executive's Report The Chief Executive introduced the report and highlighted the following key points: • The infant feeding team (Health Visitors) had maintained their Gold accreditation status from UNICEF for the seventh year running. • There had been a number of recent personnel changes across the system and nationally. • A lot of work had been undertaken around primary and community care. Mental Health would be particularly busy over the next 12 months. • Planning had commenced for winter. • A significant piece of work had been undertaken to transform the Child and Adolescent Mental Health Service pathway.	

	• The Trust continued to focus on work needed to reduce sickness absence levels. • Much good work had and continued to be undertaken by the Health Stars charity. • The Chief Executive Officer challenge would take place in July. The Chief Operating Officer then gave an update regarding winter planning, operational levels and work underway to reduce mental health out of area placements. She concluded by informing the Board that robust business continuity plans were in place should Junior Doctors vote in favour of industrial action in the near future. Steph Poole requested that the Board receive updates regarding new Mental Health workstreams coming out of the centre. Michele Moran reported the updates would be provided via the Chief Executive Report or separate reports as appropriate. Steph Poole asked for information regarding work underway to free up mental health beds within the Trust. In response, Lynn reported that the Trust was working closely with the ICB and local authority to determine what further steps could be taken to reduce the blockages to discharge, in a timely way. Patients were waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Kath Smart asked whether there was an opportunity for the Trust to pursue specialised provider status. Lynn reported the Trust was reviewing all specialised placements and was considering how this might be addressed by the Trust or in collaboration with other providers. Kath Smart then referred to the Sickness Absence Management policy and asked what support would be given to teams and managers to implement policy requirements. Vickie Murray responded that a training module was being developed as were 'How To' guides. The requirements within the policy would also be highlighted at Induction. Phillip Earnshaw noted the Ten-Year Plan placed much emphasis on the NHS app and asked what steps the Trust was taking to progress this opportunity. Michele Moran reported work around Interweave and Way Finder was being progressed. Peter Beckwith added the Trust was the host provider for Interweave and was in advanced dialogue with NHS England regarding the development of a single electronic patient record. In response to a question from Phillip Earnshaw, Kwame Fofie reported NHS England had issued guidance regarding the unexpected disclosure of significant results via the NHS App. The risk of the Trust doing so was low as the Trust did not operate patient engagement portals or automated result-sharing systems. The Chair queried the sickness absence figures within the report, noting that one section stated this was 6.2% and another section stated this was decreasing. In response, Lynn Parkinson reported the 6.2% figure included people on maternity leave. She added there had been a slight increase in the sickness absence figure during April but this had reduced in May.	

	Kath Smart then reported she had undertaken a visit to the Communications team and had found the staff to be extremely motivated and committed. The following policies were ratified by the Board: • Social Media and Website • Bullying and Harassment Resolution • Disciplinary • Sexual Misconduct • Recruitment and Selection • Document Control • Patient Safety Incident Response Framework • Entry and Exit for Non-Secure Mental Health and Learning Disability Inpatient Units • Inpatient Leave • Sickness Absence Management <u>Resolved: Trust Board noted the update</u>	
60/26	Publications and Highlights Report The Chief Executive introduced the report which notified the Board of recent publications and policy since the March 2026 Board meeting. Phillip Earnshaw believed it would prove beneficial to obtain an update regarding how the Trust manages transitions from adolescent into adult services and Michele Moran proposed that this update be forwarded to the Quality Committee for assurance purposes. <u>Resolved: The Publications and Highlights Report was noted. Head of Corporate Affairs to request that an item be added to the Quality Committee workplan regarding the management of transitions from adolescent into adult services in the Trust.</u>	SJ
61/26	Board Assurance Framework Update The Chief Executive reported the format of the Board Assurance Framework (BAF) had been refreshed to reflect feedback from the Internal Audit review. Oliver Sims then introduced the paper and informed the Board the BAF would be on each Board agenda in future to ensure the Board considered whether items discussed at the meetings impacted on the BAF in any way. The Chair queried the meaning of 'next check point due' references within the refreshed document. Oliver reported this had been added to reflect feedback from the internal audit review that a number of actions detailed in the previous iterations seemed to be static. It was intended that updates against actions would be included in the refreshed version. Kath Smart informed the Board the refreshed format had been well received at the Audit Committee meeting. The Committee had highlighted the importance of other Board committees considering whether the risk levels were still appropriate when reviewing the document in future as a	

	comment had been made in the internal audit that the risk scores appeared static. Sarah Smyth reported the front sheet to the BAF would, in future, incorporate questions for the committees to consider. This would ensure a consistent approach to consideration of the BAF by each committee. Any issues arising from the review of the BAF would be escalated to the Board in the usual way. <u>Resolved: Trust Board noted the Board Assurance Framework.</u>	
62/26	Risk Management Enabling Strategy Annual Report The Executive Director of Nursing, Quality and Professions introduced the Risk Management Enabling Strategy which was designed to support delivery of the Trust Strategy. The document provided an update on the implementation of the Trust Risk Management Enabling Strategy and the delivery of its risk management ambitions. Sarah added that in future this report would be combined with the Risk Register Annual Report to reduce duplication. Oliver Sims then informed the Board that an update against delivery of the Enabling Strategy would be provided at the November Audit Committee meeting. The Chair queried whether a consistent approach to the discussion of risks was followed at team meetings through, for instance, the completion of a template. In response, Oliver reported the Datix system was intended to support the reviews. Metrics were built into this system which enabled any areas of concerns to be picked up and addressed. The risks were also tracked through the Operational Delivery Group. Sarah Smyth added that should any areas (particularly inpatient areas) not flag any risks, then this would be an area of focus for assurance purposes. <u>Resolved: Trust Board noted the Risk Management Enabling Strategy Annual Report</u>	
63/26	Insightful Board Update The Executive Director of Nursing, Quality and Professions introduced the report which provided an update regarding compliance against the Insightful Board domains and the CQC Well-Led quality statements. The report also provided details of work underway to prepare for a CQC Well-Led inspection. Sarah added it was proposed that the remaining actions were factored into committee workplans and this report closed. Kath Smart referred to the People and OD: Lived Experience action which highlighted this had been picked up by the Patient and Carer Experience (PACE) team and closed. She did not believe the narrative regarding the reason for closure of the action was as thorough as other closed action narrative. Sarah agreed to look into this. Carrie Wollerton asked whether advocacy was being progressed across physical as well as mental health services. In response, Sarah Smyth reported the chairs of the Mental Health Legislation Committee and the	

	Quality Committee had met to consider which Committee should monitor advocacy across the Trust. It had been agreed the Mental Health Legislation Committee would do so. Sarah also made a commitment to strengthen references to advocacy within the Complaints Annual Report. <u>Resolved: The Insightful Board Update was noted. Executive Director of Nursing to request a more detailed narrative of the close down action regarding Lived Experience and to share this with the Board via email.</u>	SS
64/26	Antimicrobial Stewardship Progress Update and Infection Prevention & Control Board Assurance Framework 2025–26 Self-Assessment The Executive Medical Director introduced a paper which provided an update on the actions arising from the NHS England letter (November 2025), “<i>Act now: protect our present, secure our future.</i>” All required actions had been fully implemented. <u>Resolved: Trust Board approved the report.</u>	
65/26	Annual Emergency Preparedness, Resilience and Response (EPRR) Annual Report The Chief Operating Officer introduced the report which provided an overview of the EPRR programme and activities over the last 12 months. It also contained details regarding the Trust’s compliance with the NHSE EPRR Core Standards. Steph Poole noted the improved position since the last report and welcomed the progress made. The Board expressed its thanks to the EPRR team for the work undertaken to move the Trust to its current position. <u>Resolved: Trust Board noted the EPRR Annual Report.</u>	
66/26	Staff Survey Presentation to Board Jez Simmons from IQVIA joined the meeting and gave a presentation regarding the Trust’s Staff Survey results. The presentation: • Outlined the background to the presentation results • Outlined why staff engagement mattered, the methodology used to obtain the results and the response rate. • Provided details regarding the survey results. • Outlined a number of recommendations and next steps. Vickie Murray added the Trust’s response rate was good when compared nationally and she highlighted the positive feedback received which also compared favourably. Kath Smart noted staff experience scores varied depending on their line management experiences and queried whether managers were given the tools and techniques to be good leaders. In response, Michele Moran reported this was being picked up as part of a wider piece of work around leadership.	

	<u>Resolved: Trust Board noted the Staff Survey presentation.</u>	
67/26	Resident Doctors Ten Point Plan Update, Board Assurance Framework and Next Steps The Executive Medical Director introduced a paper which presented the Trust's progress in implementing the NHS England <i>10 Point Plan to Improve Resident Doctors' Working Lives</i>. The paper outlined that 96% compliance had been achieved with strong performance against most domains. The Associated Board Assurance Framework was also presented. <u>Resolved: Trust Board noted the report.</u>	
68/26	Fit and Proper Person Compliance The Chair introduced the annual Fit and Proper Person Compliance report and confirmed that all members of the Board continued to be fit and proper. The outcomes of the assessment for Non-Executive Directors would be shared with the Council of Governors and the annual declaration had now been forwarded to Fiona Edwards at the ICB. <u>Resolved: Trust Board noted the report.</u>	
69/26	Annual Committee Effectiveness and Terms of Reference Review The Head of Corporate Affairs introduced the Annual Committee Effectiveness and Terms of Reference Review report. Stella reported that all committees had completed and considered a self-assessment and this confirmed they were working effectively with no key areas of development highlighted. A number of committees had considered and agreed additional areas of future focus and workplans had been reviewed and updated. <u>Resolved: Trust Board noted the update and approved the terms of reference of each of the committees as highlighted in the report.</u>	
70/26	Trust Board Effectiveness and Terms of Reference Review The Chair introduced the Trust Board Effectiveness and Terms of Reference Review paper and reported the review had confirmed the Board was working effectively. Improvements to papers had been made over the year following consideration of these at a Board Awayday. A number of changes were proposed to the terms of reference, as detailed in the paper. <u>Resolved: Trust Board noted the report and approved the proposed changes to the terms of reference.</u>	
71/26	Finance Report The Executive Director of Finance introduced a report which provided the financial position for the Trust as at the 30 April 2026 (Month 1). The cash	

	balance at the end of April remained stable at £24.405 million and Better Payment Performance was positive at 99.6%. <u>Resolved: Trust Board noted the Finance report.</u>	
72/26	Performance Report The Executive Director of Finance introduced the Performance report which contained information regarding levels of performance as at the end of April 2026. A finance section would be added to the next iteration of the report. Performance against the current National Oversight Framework was attached at appendix 2. Proposed metrics for 2026/27 were attached at Appendix 3. Peter informed the Board the Trust was in Segment 1 of the National Oversight Framework and there had been improvements in the Patient Safety and Access to Services domains. Sickness absence remained an area of focus. Steph Poole believed the division of the report into committee themes was helpful. She queried whether the report would be considered by the committees prior to Board. Peter Beckwith responded the reports were considered at Operational Delivery Group meetings and Executive Management Team meetings. They would also be forwarded to committee meetings in accordance with the current meeting cycle/schedule. Steph then asked for further information regarding the 'clock stop' process. Lynn Parkinson gave an example that the clock would stop on 104 week waits when an outcome measure was recorded on the electronic patient record (EPR). Kath Smart requested that the finance section incorporate information (potentially via a KPI) regarding capital versus planned delivery, as well as information regarding Cost Improvement Programme delivery. Kath then queried what plans were in place to address clinical supervision and sickness absence challenges. Sarah Smyth reported it had not been possible to submit the clinical supervision data by the deadline date which was impacting on the performance results. She added a recovery plan was in place regarding Basic and Intermediate Life Support where the absence of a staff member had impacted on delivery of required training. In terms of safer staffing, work was underway to ensure senior staff were included on rotas at Whitby and results had started to improve. A robust improvement plan had been produced to address challenges at Whitby and a mock inspection had been undertaken. The Chair believed the new format to be beneficial and invited Non-Executive Directors to consider how it might be improved further. <u>Resolved: Trust Board noted the performance as at the end of April and that work was taking place via the Executive Management Team to further refine the report.</u>	

73/26	Risk Register Update The Executive Director of Nursing, Quality and Professions introduced the report which provided an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in March 2026. The Executive Management Team had requested that the Operational Delivery Group regularly review older risks and those where there had been no movement over a period of six months. <u>Resolved: Trust Board noted the Risk Register update.</u>	
74/26	Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions The Head of Corporate Affairs introduced a report containing proposed changes to the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions as highlighted in the paper and through track changes in the Standing Orders (attached at Appendix A). <u>Resolved: Trust Board approved the proposed changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions document.</u>	
75/26	Report on the Use of the Trust Seal The Chief Executive introduced the report which highlighted the occasions when the Trust Seal had been used during the period 1 April 2025 to 31 March 2026. During this period, the Seal had been used on six occasions as detailed in the paper. <u>Resolved: Trust Board noted the report.</u>	
76/26	Compliance with the New Provider License The Head of Corporate Affairs introduced the report which provided evidence of how the Trust continued to meet the terms of its Provider Licence, elements of the NHS Act and its Constitution. The evidence had been considered by the Executive Management Team and changes were highlighted in red text, track changes or strike through. The Report would be shared with Governors for information at the July Council of Governors meeting. <u>Resolved: Trust Board noted the report.</u>	
77/26	Review of Constitution The Head of Corporate Affairs introduced a report which highlighted the Constitution had last been subject to a thorough review in 2023 (to ensure it remained fit for purpose following the commencement of the Health and Care Act 2022) and that since then, minor changes had been made in 2025. No further changes were proposed in 2026 and the Council of Governors did not request any changes when they considered a paper regarding the Constitution on 16 April 2026. <u>Resolved: Trust Board noted the paper.</u>	

78/26	Finance Committee Assurance Report Keith Nurcombe (Chair of the Finance Committee) introduced the report and reported the Committee had been assured regarding the areas discussed at the meeting. There were no matters to escalate to the Board. <u>Resolved: Trust Board noted the Finance Committee Assurance Report.</u>	
79/26	People and Organisational Development Committee Assurance Report Carrie Wollerton (Chair of the People and Organisational Development Committee) introduced the report and highlighted the Committee had been assured that Trust performance across a number of People related areas was effective. Staff engagement was strong and workforce metrics were positive. Preparation had begun for forthcoming legislative changes. Sickness absence, the quality of appraisal conversations, staff feeling valued, reducing burn-out, strengthening staff confidence to speak up and musculoskeletal issues were key areas of focus. Recruitment and retention had improved significantly although some specialist recruitment challenges remained. <u>Resolved: Trust Board noted the People and Organisational Development Assurance Report.</u>	
80/26	Quality Committee Assurance Report Phillip Earnshaw (Chair of the Quality Committee) introduced the report and informed Board members there had been an increased focus on outcomes, triangulation of data and ensuring patient involvement. Safer staffing results had been reviewed as had the Multi Professional Strategy. Overall, the Committee was assured the Trust was providing safe and effective care to patients and service users. <u>Resolved: Trust Board noted the Quality Committee Assurance Report.</u>	
81/26	Audit Committee Assurance Report Kath Smart (Audit Committee Chair) introduced the report and informed Board colleagues a number of audits had been undertaken and significant assurance had been provided (including audits of the Board Assurance Framework and Risk Management). It was envisaged the Head of Internal Audit would provide a significant assurance opinion to the Trust. External Auditors were currently undertaking year end financial due diligence work and the Annual Report and Accounts were due to be forwarded to the June meeting of the Audit Committee for approval (on behalf of the Board) and ratified at July Board. <u>Resolved: Trust Board noted the Audit Committee Assurance Report.</u>	

82/26	Mental Health Legislation Committee Assurance Report Steph Poole (Chair of the Mental Health Legislation Committee) introduced the report and informed the Board assurances had been received regarding the Mental Health Act and Mental Capacity Act. There were no issues to escalate. <u>Resolved: Trust Board noted the Mental Health Legislation Committee Assurance Report</u>	
83/26	July Strategic Board Development Meeting Agenda The July Strategic Board Development Meeting agenda was noted .	
84/26	Items to escalate including the High Level Risk Register and for Communication, any issues relevant to the Board Assurance Framework There were no issues to escalate to the High Level Risk Register or Board Assurance Framework. No key communication message were identified.	
85/26	Any Other Business There were no other items of business.	
86/26	Review of the meeting – Being Humber The Board agreed there had been focused and relevant/interesting topics for discussion. The meeting had been conducted in accordance with the Trust's Being Humber behavioural framework. The meeting concluded at 1.00 pm.	
87/26	Exclusion of Members of the Public from the Part II Meeting It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. The meeting concluded at 12:30pm.	
88/26	Date, Time and Venue of Next Meeting 29 July 2026, 9.30am via Microsoft Teams	

Signed Date

Chair

Agenda Item 4

Action Log: Actions Arising from Public Trust Board Meetings

Summary of actions from May 2026 Board meeting and update report on earlier actions due for delivery in July 2026 <i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
25.03.2026	35/26	EPR Optimisation Update	Continue oversight of EPR optimisation workplan and ensure regular reporting of 6 and 12month review cycles.	LP	September 2026	Not yet due.
25.03.2026	31/26	Chief Executives Report	Review Systm1 task policy information when received.	PE	June 2026	Board has approved the Policy and it has been widely circulated alongside SOPs. Due to be presented at Clinical Oversight Group on 22 nd July 2026 and an update will be provided to the Quality Committee on 20 th August 2026.
	30/26	Chairs Report	Quality Committee Chair to undertake planned visit to Townend Court (following the CQC inspection)	PE	July 2026	Visit rescheduled for 16 th September 2026.
25.03.2026	31/26	Chief Executives Report	Ensure concerns regarding the current funding allocation approach towards MH Trusts are formally recorded/escalated.	KN	May 2026	This was undertaken through Finance Committee escalation report at the last meeting in term of concerns about mental health funding being used to support wider system issues.
25.03.2026	41/26	Risk Register Update	Meet with Oliver Sims to conduct a review of the ICB risk register and assess system risks and plans.	MM	June 2026	ICB risks are being reviewed – action complete

27.05.2026	63/26	Insightful Board Update	more detailed narrative of the close down action regarding Lived Experience to be shared with the Board via email.	SS/SJ	June 2026	Circulated via email – action complete.
27.5.26	60/20	Publications and Highlights Report	Item be added to the Quality Committee workplan regarding the management of transitions from adolescent into adult services in the Trust.	SJ	May 2026	Request made that this be added to the Quality Committee workplan.
25.03.2026	35/26	EPR Optimisation Update	Provide a benefits realisation paper on EPR optimisation to the Board.	LP	September 2026	Added to the workplan – action to be closed on action log.

25.03.2026	33/26	PLACE Results	Continue monitoring and reporting on Estates responsiveness and maintenance performance. Progress improvements to catering provision at Mill View, including recruitment of a Catering Manager. Progress lease arrangements to support estate improvements (e.g. dementia/memory care areas).	PB	June 2026	Estates responsiveness and maintenance performance is reported via the H&S Group as a standing agenda item. A performance dashboard is presented at each of these meetings. Action to be closed. Designer has been commissioned to develop a proposal to increase the size of the current dispensing kitchen and facilitate a commercial kitchen facility. This will enable Humber Teaching NHS Foundation Trust to bring the catering provision in house, as the catering provision is currently provided by the acute Trust. The Catering Manager position is being reviewed due to not successfully appointing to the role in the previous recruitment exercise. Action to be closed. This action relates to Malton Hospital and Fitzwilliam Ward specifically. Negotiations continue with York LLP to progress with the development of a lease for the accommodation. York LLP have however approved works to be progressed to improve the environment and associated dementia friendly spaces. Wraps to bedroom doors and a corridor wayfinding seating area were installed in March 2026. Works to provide a dementia friendly room have been commissioned, with works to progress this planned to commence at the end of May 2026. Action to be closed
25.03.2026	3426	Executive Briefing – Townend Court	Provide ongoing updates on Townend Court action plan through operational groups and Quality Committee.	SS		Completed. The Townend updates will be through the Insight report which goes to Quality Committee.
25.03.2026	37/26	Board Member Appraisal Process 2026	Circulate Board appraisal documentation, including MS Forms and stakeholder lists, to CF and Board members.	KP		Completed.

25.03.2026	38/26	Humber & NY Integrated Care System	Provide future Provider Collaborative reports with comparative data and progress tracking for key initiatives.	AF		Future reports will include this information.
25.03.2026	31/26	Chief Executives Report	1. Review additional documentation on the Board appraisal process (to be circulated by Karen).	MM	Action completed.	
			2. Formally raise/system log concerns regarding funding arrangements impacting mental health trusts.		Action completed.	
	30/26	Chairs Report	3. Ensure feedback from NED visits is shared with CF and incorporated into Board reporting.		Action completed.	

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

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report

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

Board Public Workplan April 2026/March 2027 (v7)

Chair of Board: Caroline Flint
Executive Lead: Michele Moran

Board Dates:-	Strategic Headings	LEAD	27 May 2026	29 Jul 2026	30 Sep 2026	25 Nov 2026	27 Jan 2027	31 Mar 2027
Reports:								
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Workplan	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors Updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM	x		x	x		x
Quarterly Items								
Finance Committee Assurance Report	Assur Comm	KN	x	x		x	x	
People & Organisational Development Committee	Assur Comm	CW	x	x	x	x		x
Quality Committee Assurance Report	Assur Comm	PE	x		x	x	x	x
Mental Health Legislation Committee Assurance Report	Assur Comm	SP	x		x	x		x
Audit Committee Assurance Report	Assur Comm	KS	x		x	x		x
Collaborative Committee Report	Assur Comm	SP		x		x	x	x
High Level Risk Register (March, May, September, November)	Corporate	SS	x		x	x		x
Communications Plan Quarterly Update – Included in CEO Report) (January, May July and November)	Corporate	RK/MM	x (from 2026)	x		x	x	
Learning from Deaths Report	Quality			x				
Six Monthly and Annual Agenda Items								
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report (March, September from 2026)	Corporate	SS			x			x
Suicide and Self-harm Strategic Plan (next due September 2025 – moved to November)	Strategy	KF			x	x		
Recovery Framework Update (from 2026)	Strategy	LP						

Board Dates:-	Strategic Headings	LEAD	27 May 2026	29 Jul 2026	30 Sep 2026	25 Nov 2026	27 Jan 2027	31 Mar 2027
Reports:								
Patient and Carer Experience Forward Plan (2023 to 2028 – next due September 2028)	Strategy	KF						
Presentation of Annual Community Survey Results	Corporate	KF		✖				
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			
Infection Control (Enabling) Plan (five yearly – next due in Sept 2028)	Strategy	SS						
Infection Prevention Control Annual Report	Quality	SS			x			
Safeguarding Annual Report	Quality	SS			x			
People Enabling Strategy	Strategy	KP						x
Going Concern Assessment	Corporate	PB	x					
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards	Corporate	LP				x		
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	PB						x
NHS England - Annual Self-Assessment for Placement Providers	Quality	KP			x			
Annual Operating Plan	Strategy	PB						x
Freedom to Speak Up Annual Report (and Six Month Update)	Corporate	MM		x			6 month update	
Risk Management Enabling Strategy Annual Report	Quality	SS	x	✖				
Report on the Use of the Trust Seal	Corporate	MM	x					
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ	x					
Charitable Funds Annual Accounts	Corporate	PB					X Separate meeting of Trustees	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	Corporate	KF			x			
Gender Pay Gap	Corporate	KP		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board (via Committee Chair report)	Corporate	KP		x				
WRES Report - reports into Workforce Committee with report to Board (via Committee Chair report)	Corporate	KP		x				

Board Dates:-	Strategic Headings	LEAD	27 May 2026	29 Jul 2026	30 Sep 2026	25 Nov 2026	27 Jan 2027	31 Mar 2027
Reports:								
Board Effectiveness and Terms of Reference Review	Corporate	CF	x					
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	SJ	x					
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM					x	
Fit and Proper Person Compliance	Corporate	CF	x					
Winter Plan	Corporate	LP			x			
Compliance with the New Provider License	Corporate	SJ	x					
Staff Survey Presentation to Board (IQVIA attending)	Corporate	KP	x					
Staff Survey Progress Report	Corporate	KP			x			
Review of the Constitution	Corporate	SJ	x	*				
EDS22 Report (for approval)	Corporate	KP			x			
Auditors Letter	Corporate	PB				x		
Annual Members Meeting Minutes	Corporate	CF				x		
Risk Management Enabling Strategy Annual Report	Corporate	SS	x					x
Health Inequalities Six Monthly Update (March and September)	Corporate	KF			x			x
Strategic Board Development Agenda	Corporate	CF	x	x	x	x	x	x
Annual Operating Plan	Corporate	PB					x	
Multi-Professional Enabling Strategy	Quality	SS	x					
Digital Enabling Strategy	Corporate	PB		x			6-monthly update	
Digital Governance	Corporate	PB		x				
Adhoc/future Items								
Freedom to Speak Up Strategy 2024-2027 (next due May 2027)	Corporate	MM						
Review of Committee Membership and NED Champions (part of Chair report)	Corporate	CF			x			
Insightful Board Update	Corporate	SS/SJ	x					
Mental Health Inpatient Redesign and Granville Court Development Progress Update (requested at the April Strategic Board Development meeting)	Corporate	PB				x		
Antimicrobial Resistance (performance against national AMC targets, benchmarking for Antimicrobial utilisation and resistance and key concerns/immediate actions)	Quality	KF	x					
Resident Doctors Ten Point Plan Update, Board Assurance Framework and Next Steps	Corporate	KF	x					
EPR Optimisation Benefits	Corporate	LP			x			

Board Dates:-	Strategic Headings	LEAD	27 May 2026	29 Jul 2026	30 Sep 2026	25 Nov 2026	27 Jan 2027	31 Mar 2027
Reports:								
NHS Staff Standards	Corporate	KP			x			
NHS Leadership and Management Framework	Corporate	KP			x			
Learning from visits to other industries report back	Strategy	CJ			x			
Deleted /Removed Items								

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026														
Title of Report:	Child and Adolescent Mental Health Service (CAMHS) Pathway Redesign and Thrive Framework														
Author/s:	Justine Rooke, General 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 EMT clear in this section:</i>	The purpose of the presentation is to outline and update the Board on the implementation of plans to redesign the CAMHS pathways. This presentation will outline the progress achieved in creating a 'One Team Approach' with seamless service provision to enhance patient safety, productivity and service user and family experience.														
Key Issues within the report:															
Positive Assurances to Provide: Updates will be provided on the below areas: - The progress and impact of the 'One Team Approach' MDT's in preventing referrals revolving between services. - Qualitative and quantitative measures of progress. - Contact Point alignment to the CAMHS intake team and Mental Health in Schools Teams. - Crisis calls going through to crisis team and inclusive of 111. - Update on progress of CAMHS day service. - How accessibility to services has been improved and health inequalities addressed. - Progression towards reaching the 4 weeks wait standard. - Positive service user feedback and HYAG co production. - Final evaluations of the CLEAR New Model of Care.		Key Actions Commissioned/Work Underway: - Five work streams are in progress which underpin this project. - Project Management Office (PMO) support continues to track progress and capture benefits realisation and positive outcomes. - Implementation of the CLEAR model and support for neuro inclusive practice. - Productivity and performance being monitored, and clinical outcomes tracked. - Workforce review occurring whilst transformation in train. - Evidence by Experience recruitment from HYAG to support co-production and evaluation of change. - Work continues to support wider system and to engage both LA's and partners in change. - Estates work continues to complement the 'One Team Approach' by co location of senior leads and use of the App to support booking to clinical spaces. - Graphic artist working up a design to support CYP and families navigate the service easier.													

• Collaboration with the Dynamic Keyworker service to prevent inpatient admission in young people with LDA. • Working with external providers and voluntary sector contracts. • Work to address neuro-inclusion.				
Key Risks/Areas of Focus: • Transformational pilot areas running alongside current service may cause perception of high workload. • Current systemic assessment process not sustained by current model. • Harmonising of Hull and ER CAMHS teams.		Decisions Made: • N/A		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Trust Chair's report															
Author/s:	Rt Hon Caroline Flint															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>√</td></tr> <tr> <td>To note</td><td>√</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>				To approve		To discuss	√	To note	√	To ratify		For assurance	√		
To approve		To discuss	√													
To note	√	To ratify														
For assurance	√															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide updates on the Chair, Non-Executive Directors (NED) and Governor activities since the last Public Board Meeting.															
Key Issues within the report:																
Positive Assurances to Provide: - Completion of 2025/26 Chair, NEDs and Chief Executive Appraisal round - Well attended Council of Governors' meeting and development events - External engagement with key players at ICB and Regional level as well as local MPs		Key Actions Commissioned/Work Underway: - Board Preparations for a CQC inspection and Well Led Review - Recruitment Campaign to recruit an Associate Non- Executive Director (ANED) - Strategic Roadmap - Future Statutory Role of Governors														
Key Risks/Areas of Focus: CQC Preparation and System Engagement		Decisions Made: Board agreed, due to the proposed legislation regarding the future statutory role of governors, to postpone the next round of governor elections this Autumn. (Strategic Board Development Meeting 1 July 2026)														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail)													

Monitoring and assurance framework summary:

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

Trust Chair's Board Report 29 July 2026

It is with sadness we heard that Staff Governor Simon Mills recently died. A card has been sent to his family.

ICB Chair and Chief Executive visited Humber on 6 July to meet members of the Board and hear from a range of our community-based services in a marketplace arrangement in the Lecture Theatre. **On the 9 July** representatives from the NHS Alliance (merged NHS Providers and Confederation) received the same programme including a visit to our service in the Emergency Department at Hull Royal. Both organisations were impressed with what they saw and heard. Thanks to all the staff who took part representing themselves and Humber so well.

Appraisal 2025-26 Round

The appraisal took place for the Chair on 2 June conducted by the Senior Independent Director (SID) Steph Poole and the Appointments, Terms and Conditions Committee (ATC) Chair Governor Marilyn Foster.

The Non-Executive Director (NED) appraisals for Steph Poole, Phil Earnshaw, Keith Nurcombe and Kath Smart were undertaken on the 16 June with the Chair and Governor Marilyn Foster.

Separate reports from the Chair and SID have been provided to the Appointments, Terms and Conditions Committee on 15 July. The required Chair/NED Appraisal proformas to NHS England will be completed and sent by Steph and myself.

The Chief Executive's appraisal took place on the 18 June with the Chair and Senior Independent Director (SID) Steph Poole, and a report will be made to the Remunerations and Nominations Committee.

Trust Board Strategic Development Meeting 1 July 2026

We took business items on the Annual Report and Accounts 25-26 and Quality Accounts. Discussed follow up from the April meeting and our 5-year Strategic Roadmap. Audit Yorkshire presented on findings and themes from their Board Assurance Framework (BAF) and risk management benchmarking audit.

Governors Isabel Carrick and Tim Durkin joined us for a discussion on the future statutory role of governors. Humber will continue to maintain the engagement of our governors and their statutory role pending the outcome of legislation. Revised patient, public and stakeholder engagements will be developed by the Trust aligned to the NHS Ten Year. Board agreed, due to the proposed legislation regarding the future statutory role of governors, to postpone the next round of governor elections this Autumn.

Board received Well-Led Bitesize Briefings on Workforce, Equality Diversity and Inclusion and Sexual Safety.

Clinical and non-clinical apprentices from across the Trust and the HR staff that support them joined us over a sandwich lunch.

1. Chair's Activities Round Up

NHS Alliance Expo 2026 10-11 June 2026 – attended sessions on ICBs, Purposeful Curiosity, Unlocking Productivity, heard from Jim Mackey and Dr Penny Dash and I chaired a panel on Neighbour Health.

Aligning Health, Prosperity and Our Neighbourhoods Event 20th July, 2026 – myself and the Director of Strategy Alison Flack attended this third roundtable organised by the Hull and East Yorkshire Combined Authority and the NHS Humber and North Yorkshire Integrated Care Board to identify how public, private and voluntary organisations could collaborate and contribute better to creating work opportunities, especially for young people, providing the right support and health interventions where appropriate.

Chief Executive Officer (CEO) Challenge 22 July 2026 – each year Michele Moran undertakes a challenge to raise money for some of the extras we can provide to staff and patients through our charity Health Stars. At the time of writing this report the event is due to happen and unlike previous years Michele does not know what the challenge or challenges maybe but I'm sure she will rise to the occasion. I'm looking forward to joining her and undertaking a few myself.

North East and Yorkshire Regional Leadership Event 17 July 2026 – my thanks to Steph Poole and Pete Beckwith who attended this event on mine and Michele Moran's behalf.

Internal meetings also included:

Quality Committee 4 June 2026

People and Organisational Committee 18 June 2026

Council of Governors 16 July 2026

Ask the Board 16 July 2026

External meetings also included:

NHS Alliance Mental Health Chairs Network 8 Jul 2026

Non-Executive Director (NED) Visits

Caroline Flint	28.04.26	Pine View – Forensic Services
Caroline Flint	02.06.26	Townend Court Community Services with Tim Durkin
Caroline Flint	08.07.26	Complaints Team
Kath Smart	20.05.26	Communications Team & Health stars
Kath Smart	03.06.26	Goole Health Trainers
Kath Smart	06.06.26	Volunteers
Phil Earnshaw	30.06.26	0-19 Hull Integrated Public Health Nursing Service

Unannounced (with Executive Director)

Carrie Wollerton & Kwame Fofie	29.04.26	Humber Centre
Caroline Flint & Kwame Fofie	02.06.26	Mill View Lodge
Caroline Flint & Kwame Fofie	07.07.26	PICU & Avondale

Governor Activities Round Up

Appointments, Terms and Conditions Committee (ATC) 15 July met and received reports on the Chair and NEDs appraisals; Compliance with the Fit and Proper Person Test (FPPT) Framework, Review of Time Commitment for NEDs and Chair and Recruitment Campaign for Associate NED which the Council of Governors has already approved in principle.

Council of Governors (COG) 16 July met and received reports on Compliance with the Provider License, Assurance reports from Non-Executive Directors, Trust Compliance with the Fit and Proper Person Test Framework 2025-2, Annual Effectiveness Review, Patient Led Assessment of Care Environment (PLACE) report alongside standing items. In Part II a briefing was provided on the proposed legislative changes to the role of governors and Humber's plans.

Governor Development and Information:

Governor Briefings

28 May 2026	Current Patient Safety Initiatives and Outcome
25 Jun 2026	Quality and Patient Safety Priorities

The next Governor Briefing is on 30 July.

Governor Development Session – 2 July 2026 - covered:

- Integrated Care System (ICS) and Humber's Role (How the Trust fits into the Humber and North Yorkshire ICS, what collaboration means in practice, How system pressures influence Board decisions).
- CQC Inspection Update

Agenda Item 07

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026				
Title of Report:	Chief Executive's Report				
Author/s:	Michele Moran Chief Executive				
Recommendation:	To approve			To discuss	✓
	To note			To ratify	✓
	For assurance				
Purpose of Paper:	To provide the Board with an update on local, regional and national issues. Areas of note include: Ratification of policies for: • Leave Policy • Redeployment Policy • Accommodation Policy Ratification of Associated Hospital Manager reappointments.				
Key Issues within the report:					
Positive Assurances to Provide: • Work contained within the report			Key Actions Commissioned/Work Underway: • Contained within the paper		
Key Risks/Areas of Focus: • Nothing to escalate			Decisions Made: • Ratification of Policies		
Governance:		Date		Date	
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		People & Organisational Development Committee		
	Finance Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Collaborative Committee		Other (please detail) Monthly report to Board		

Monitoring and assurance framework summary:

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

Chief Executive's Report

1 Policies for Approval

Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Leave	26/05/2026	Executive Director of People and Organisational Development	Changes to the policy have been made in line with the new Employment Rights Act.
Redeployment	09/06/2026	Executive Director of People and Organisational Development	The purpose of this new policy is to support the redeployment of employees into suitable alternative employment and to mitigate the need for redundancy or avoid dismissal on the grounds of ill-health capability or dismissal on the grounds of performance capability.
Accommodation	14/07/2026	Executive Director of Finance	This new policy provides a framework for the allocation, management, review and reallocation of Trust accommodation (excluding inpatient accommodation), to ensure estate assets are utilised appropriately and aligned to Trust priorities, statutory requirements, Trust Estates Strategy and Green Plan.

2. Leadership Visibility

I have spent time in corporate service, Proud development cohorts and clinical services. It is a busy time as always for staff, but they are amazing and hold patient care central to all that they do.

The patient safety conference, long service award and explore Humber (for school young people interested in health and social care) were all well attended.

I also cut the cake on the 78 birthday of the NHS. Presently I haven't completed my challenge, but I am hoping that went well! Presently I have raised over £2,000 for Health Stars.

2.1 Around the Trust

Care Quality Commission (CQC) - update

We are pleased to share that following the Care Quality Commission (CQC) inspection of our Mental Health Crisis Services and Health-Based Places of Safety (HBPoS), the service has been rated **GOOD** overall, maintaining the rating achieved at the previous inspection in 2019.

What the CQC Found:

The inspection highlighted many strengths across the service, including:

- Compassionate, caring and responsive staff who were highly praised by patients and carers.
- Strong multidisciplinary working and effective risk management processes.
- A positive safety culture with robust incident reporting, learning and governance arrangements.
- Visible and supportive leadership with staff reporting a positive team culture and feeling valued.
- Effective partnership working with primary care, local authorities, emergency services and community partners.

Patients described the care they received as "fantastic" and spoke positively about the kindness, compassion and professionalism of staff.

Areas for Improvement

Whilst the CQC found some areas for improvement within the Health-Based Places of Safety, such as limited therapeutic features within the environment and the absence of a call bell system, the Trust has already made good progress in addressing these. This has included the installation of clocks and review of wider environmental improvements.

This report reflects the dedication, compassion and professionalism demonstrated by colleagues across our crisis services every day. We would like to thank all staff involved for their commitment to delivering safe, effective and person-centred care. The findings provide a strong platform on which to continue improving services for our patients and communities.

The Care Quality Commission (CQC) continues to recover and reset its regulatory model following significant operational challenges identified in 2024/25. The organisation is now in a rebuild phase, with a focus on increasing inspection activity, improving consistency, and redesigning its assessment framework. This work includes:

- **Recovery of inspection activity**
 - CQC has prioritised restoring core regulatory functions following previous backlogs and delays.
 - The organisation aims to deliver 9,000 assessments by September 2026, representing a significant increase in inspection activity.
 - Backlogs in registration and reporting are improving, supported by increased staffing and process simplification.
- **Major reform of the assessment framework**
 - CQC is undertaking a fundamental redesign of its regulatory approach, moving away from the single assessment framework.
 - New sector specific frameworks (including mental health and community services) will define what “good” looks like more clearly.
 - The five key questions (Safe, Effective, Caring, Responsive, Well-led) will remain unchanged.
 - A pilot of the new framework is expected following the consultation in 2026.
- **Shift in regulatory approach with greater emphasis on**
 - Sector expertise through dedicated Chief Inspectors.
 - Professional judgement, rather than complex scoring systems.
 - Clearer rating characteristics to define performance levels.
- **Ongoing transformation and improvement programme**
 - CQC is implementing a multi-year transformation (to 2028), including:
 - Redesign of regulatory processes.
 - Improvements to digital systems and provider portal.
 - Enhanced use of data and intelligence.
 - This follows independent reviews which identified:
 - Inconsistent inspections
 - IT system failures
 - Reduced provider confidence in regulation

We should expect more frequent and timely inspections, with ratings increasingly reflective of current performance. The potential change in how ratings are determined, will require Humber Teaching NHS Foundation Trust to ensure strong, evidence-based assurance relying more heavily on quality-of-care evidence, outcomes, and narrative, not just compliance documentation.

Nationally, the CQC is stabilising and increasing regulatory oversight, and although the regulatory model is evolving, the core standards of quality and safety will remain unchanged. The Trust is maintaining a proactive approach to regulatory compliance and quality improvement to ensure services are consistently safe, effective, and inspection ready.

The Trust continues to meet with CQC, and the last meeting focused on an update to CQC on the Trust Patient Safety Incident Response Framework (PSIRF) journey, an update on the action plan following the inspection at Townend Court. CQC gave an update on the current well led process.

May Walk this Way

The results of the walking campaign have been confirmed, and the highlights are as follows:

72 individuals and 56 teams took part, equating to 391 staff members,
In terms of clinical/corporate split, please see breakdown here:
For individual signups:

1. Clinical – 56%
2. Corporate – 34%
3. Mixed- 10%

For team signups:

1. Clinical- 54%
2. Corporate – 42%
3. Mixed- 4%

We ask for a general activity/exercise level when an individual signs up, 1 being inactive and 5 being very active, 87% of individual entrants taking part have marked themselves as 3 or below, so I think our angle of 'moving more' and encouraging participation of any level has helped encourage those members of the team that seem to be generally less active to partake.

Feedback from colleagues:

*1. This is motivating a lot of people to do more activity, so that's brilliant. Excellent photo of the week too. Real achievement.
I'm not doing huge amounts of additional kms as I'm focussing on cold, open water swims – I'm exceedingly slow! But it's getting me out there more and I'm adding on a little walk around the lake afterwards too which I wasn't doing before.
Nice to be part of an activity team too.*

2. I've managed to use this to keep up to 20k steps a day even on holiday so am proud of this:) thanks for the initiative. It's been a push but very motivational

3. I just wanted to say that this has been fab – I did it as part of a team, and really enjoyed seeing others' updates, including pictures of their dogs they were walking, or views from a hike, but it also really made me move more! ..on days when I'm working from home and don't go to the gym, it really made me get out for a walk to keep my steps up.

Job Title

From 1st August 2026 the Executive Director of Finance's Job Title will be changed to 'Executive Director of Finance, Resources, Estates and Digital' in response to the recent digital governance review and to reflect the director's portfolio in a transparent manner.

3. Around the System

Provider Leadership Group

Following conversations with the Chief Executives within the system, a leadership Group has been developed:

The proposed Provider Leadership Group will comprise the CEOs across York and Scarborough THFT, Humber Health Partnership, Harrogate and District FT, Humber FT, City Health Partnership, and Yorkshire Ambulance Service.

The group will enable provider CEOs to act with collective voice in responding to national, regional and system issues including;

1. Identifying common areas of work where there is benefit in working at scale to target efficiencies or where united leadership is required.
2. Providing a forum for shared planning and aligned decision making supporting the delivery of high-quality sustainable services.
3. Providing a clear route for provider system leadership, including provider to provider issue resolution and escalation and for coherent provider advice to NHSE, ICB or wider system/stakeholders.
4. Supporting the effective use of resources, driving digital enablement, and ensuring sharing of best practice and learning across providers.

The Provider Leadership Group held the first meeting on 13th July 2026, and considered the areas below for further scoping and development of proposals:

1. Transforming People's Services (moving to the new Targeted Operating Model).
2. Workforce planning and talent management.
3. Estates and capital infrastructure.
4. Wholly Owned subsidiary opportunities.
5. Income diversification.
6. Digital Transformation.
7. New models of care and triage.
8. Cross site provider transport (drugs/ samples).

Initial discussion from the 13th July identified the following priority areas for scoping:

1. Provision of wholly owned subsidiaries
2. Estate and capital planning and latent capacity (aligned to 10-year capital planning framework published recently).
3. Transforming People Services /HR Target Operating Model provider readiness and Occupational Health opportunities.

The provider collaborative teams will support the Provider Leadership Group and associated programmes.

4. National Update

Care Quality Commission (CQC)

The CQC have announced that Emily Miles has been appointed Chief Executive of the Care Quality Commission (CQC). Emily joins CQC from her current role as Director General for Food, Farming and Biosecurity at the Department of Environment, Food and Rural Affairs, and will take up the role in the autumn from interim Chief Executive Dr Arun Chopra. Arun will be returning to his substantive role of Chief Inspector of Mental Health.

New Secretary of State

Following the appointment of a new Prime Minister a new Secretary of State for Health has been appointed:

Rt Hon Yvette Cooper MP is the new Secretary of State for Health and Social Care.

New Health Minister

Hull's Rt Hon Dame Diana Johnson DBE has been announced as the new Minister of State at the Department of Health and Social Care.

National Mental Health Stretch Targets

Following work by the national Chief Executive CEO group (which I am part of) and agreement by the wider Mental Health CEOS.

The following targets have been agreed; these will initially be monitored by ICBS not the NHSE.

1. Eliminate inappropriate Out of Area Placements (OAPs) - 95% reduction by March 2027
2. Reduce 12-hour ED breaches for patients already known to MH services - Lowest possible 12-hour breach level
3. Improve Children and Young People (CYP) waiting times - 50% seen within 4 weeks by March 2027

5. Director Updates

5.1 Chief Operating Officer Update

5.1.2 Leadership Visibility

The Deputy Chief Operating Officer and Clinical Director are deputising in the absence of the Chief Operating Officer and continue to undertake a programme of scheduled visits to inpatient units and community teams. These visits provide an opportunity to discuss current operational challenges, review areas of transformational change, and identify and address any barriers to progress.

Feedback from staff has been overwhelmingly positive, with teams demonstrating strong motivation and commitment to service improvement. Visits have taken place at Malton and Whitby, with further visits scheduled across a range of community and inpatient services over the coming weeks.

5.1.3 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 UEC-RAIDR 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 has commenced its annual winter planning programme, with a series of workshops held across both clinical and corporate divisions to develop a comprehensive Winter 2026/27 plan. This work has been informed by system priorities, lessons learned from Winter 2025/26, and the identification of successful initiatives and best practice that can be built upon. In addition, a winter planning exercise has been undertaken to test organisational readiness against a range of potential scenarios that may be encountered during Winter 2026/27, ensuring that appropriate mitigation and response arrangements are in place. We are working closely with system partners to ensure that our plans align with wider system objectives and priorities, and that the Trust's planning and governance processes are fully integrated with system planning timelines and decision-making arrangements.

The annual operational planning process for 2027/28 is now commencing, with a programme of divisional planning workshops being established to review emerging service and system priorities and shape future operational plans. These workshops bring together a broad range of internal stakeholders from clinical, operational and corporate services to ensure that priorities, risks, opportunities and proposed actions are considered from multiple perspectives and are fully aligned across services. This collaborative approach supports the triangulation of intelligence, performance data, workforce considerations and service improvement opportunities, enabling the development of coherent and deliverable plans that respond to both local needs and wider system objectives. The outputs from these workshops will inform divisional service plans and contribute to the Trust's overall operational planning and priority-setting process.

During Quarter 1, 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 1. 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.

A further period of industrial action by the BMA resident doctors was scheduled to take place from 07.00 on 15th June until 06:59 hours on 19th June. Our emergency planning arrangements were utilised to plan for and manage the period of action. The UK Government made a revised offer to resolve the dispute over jobs and pay. The UK RDC executive committee voted to call off the strike action that had been scheduled to take place 15 – 19 June and give members the opportunity to have their say on the offer which has now been accepted.

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 referrals. During the reporting period, the Integrated Care Board (ICB) has developed and issued a service specification for ADHD services and has identified funding to support the delivery of an all-age ADHD service. The proposed model aims to improve access to assessment and treatment, reduce waiting times, and decrease reliance on Right to Choose referrals. In response, the Division is developing a service proposal aligned to the specification and is actively engaging with the ICB to determine the future service model and implementation arrangements. This represents a positive step towards establishing a more sustainable approach to meeting the growing demand for neurodiversity services across the region.

The Trust has continued to maintain zero inappropriate out of area placements for working-age adult mental health patients throughout Quarter 1, reflecting effective management of available inpatient capacity within these services. However, overall performance in relation to bed flow and capacity remains challenging, particularly within older adult services, where pressures on inpatient beds and delays in discharge continue to impact operational effectiveness. To support improvements in patient flow, 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, a proposal is being developed for consideration by the Executive Management Team (EMT) for the provision of four step-up older adult beds, supported by the Older Adult Crisis Intervention Team and the Older Peoples Acute Community Service Team. This proposal aims to increase local capacity, provide an alternative to inpatient admission where appropriate, and support the reduction of out of area placements for older adults.

Out of area placements associated with Psychiatric Intensive Care Unit (PICU) capacity continue to be a significant area of focus. The Trust is progressing a phased programme of work to develop an expanded PICU and a dedicated Female High Dependency Unit (HDU) at Townend Court. Phase 1, which involves enabling works to relocate the Learning Disability inpatient provision within Townend Court and

create purpose-designed accommodation for those services, is expected to be completed by the end of July 2026. This will facilitate the subsequent phases of the programme. Phase 2, the development of a dedicated Female HDU, is anticipated to be completed by the end of Quarter 3 2026/27, while Phase 3, the expansion of the male PICU provision at Miranda House, is expected to be completed by the end of Quarter 4 2026/27. Alongside this capital programme, intensive work continues to improve mental health patient flow and maximise the effective use of inpatient capacity in order to reduce the demand for out of area placements and improve patient experience and outcomes.

The overall staff absence position has improved from May to the end of June with sickness at 5.8% (in addition to 1.98% maternity leave).

The number of patients who are clinically ready for discharge, including those with no criteria to reside, has begun to reduce during Quarter 1, reflecting improvements in discharge processes and partnership working. Positive progress has been made with East Riding of Yorkshire Council to strengthen social work input into discharge planning and actions, supporting more timely progression of care and reducing delays for patients awaiting onward arrangements. Work is also ongoing with North Yorkshire Council to improve the timeliness of responses to discharge requirements and further support patient flow. Alongside this, the Trust continues to explore additional opportunities to strengthen discharge planning, decision-making and escalation processes across 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.

Operational recovery, productivity and performance improvement continue to be key priorities across all Divisions, particularly in services where access and waiting times remain challenging. Divisions are progressing a range of transformation, service redesign and improvement programmes aligned to their service plans, with progress reported through the Operational Delivery Group and overseen by the Executive Management Team. These programmes are informed by capacity and demand modelling, sector benchmarking and service intelligence, and are supported by Quality Improvement methodologies where appropriate to deliver sustainable improvements in patient outcomes, access and operational effectiveness.

Targeted action continues to improve performance against the operational measures within the NHS Oversight Framework and the expectations set out in the NHS Planning Framework. Oversight is provided through the Performance and Productivity Group, with progress reported via the Organisational Delivery Group and escalated to the Executive Management Team where required. A programme of Gateway Reviews has also been undertaken across a number of services where productivity and performance have been identified as priority areas, providing additional scrutiny, challenge and support to ensure improvement plans are robust and deliver measurable benefits. Alongside this, there remains a strong focus on efficiency and productivity, including work to reduce the Trust's National Cost Collection Index. Services with costs above the Trust's target are required to deliver targeted improvement plans, with transformation programmes expected to

demonstrate clear productivity, efficiency and value-for-money benefits whilst maintaining quality and patient safety.

Digital optimisation continues to be a key priority for the Trust, with ongoing work focused on maximising the value of our digital systems, improving user experience and supporting service efficiency and productivity. As part of this programme, a series of visits to partner organisations and industry leaders are being undertaken to identify best practice, explore innovative approaches and inform future digital development.

A planned visit to NHS 111 was postponed due to the declaration of a critical incident, which required operational leadership and focus to remain on site. Further engagement is continuing through a visit to North Yorkshire Council and a visit to Alder Hey Children's Hospital scheduled for 15 July 2026. An update on the learning and outcomes from these visits, together with the rescheduled NHS 111 visit, will be provided to a future Trust Board meeting once the programme of visits has been completed.

5.1.4 Community Directorate overview

Nationally Leading Urgent Community Response Performance

North Yorkshire Community Services has been ranked 1st out of 38 providers nationally for Urgent Community Response performance. This reflects the strength of integrated community teams and effective partnership working, helping people receive rapid assessment and treatment at home where appropriate. Community services also continue to perform strongly against RTT standards, achieving 91.8% and maintaining no patients waiting more than 52 weeks. This demonstrates timely access to care while supporting admission avoidance and reducing pressure on acute services.

HSJ Patient Safety Award Shortlist – Bleed Support and Care Box

The Trust has been shortlisted for an HSJ Patient Safety Award in the *Palliative and End of Life Safety Initiative of the Year* category for its Bleed Support and Care Box. Developed by the Palliative and End of Life Care team, the initiative was created in response to learning from a patient safety incident and provides practical support for patients and families at risk of catastrophic bleeding. National shortlisting recognises both the quality of the initiative and the impact it is having on patient safety and care at the end of life.

Completion of Community Nursing Safer Staffing Review

The Community Nursing Staffing Tool (CNSST) review has now concluded across North Yorkshire Community Services. The review assessed staffing levels against patient demand and care needs, providing assurance that current establishments have been independently tested using a recognised national methodology. The findings will help inform future workforce planning and ensure services remain aligned to patient need as demand continues to change

5.1.5 Mental Health Service Update

Early Intervention for Psychosis Service (PSYPHER) Briefing Overview

The Humber Early Intervention for Psychosis Service (PSYPHER) provides specialist assessment, treatment and recovery-focused support for individuals aged 14 to 35 experiencing a first episode of psychosis, as well as those identified as being at ultra-high risk of developing psychosis. The service delivers evidence-based interventions in line with national Early Intervention in Psychosis (EIP) standards, with the aim of reducing the impact of psychosis, supporting recovery, and improving long-term outcomes for service users and their families.

Background

Psychosis is a serious mental health condition that can affect how an individual perceives reality. Symptoms can include hallucinations, delusional beliefs, disorganised thinking, difficulties with concentration and communication, emotional withdrawal, and reduced motivation. As psychosis typically develops gradually, evidence demonstrates that delays in accessing treatment are associated with poorer outcomes, including increased symptom severity, reduced likelihood of recovery, greater social exclusion, and higher rates of crisis presentations and hospital admission.

Early intervention is therefore critical. The service focuses on identifying and supporting individuals as early as possible following the onset of psychotic symptoms, helping them to recover, remain connected to education, employment and social networks, and reduce the longer-term impact of illness.

Service Model

PSYPHER operates as a multidisciplinary team comprising psychiatrists, nurses, social workers, clinical psychologists, cognitive behavioural therapists, family intervention practitioners, wellbeing practitioners, support time and recovery workers and administrative staff. The service works closely with employment and vocational support providers to assist individuals in achieving educational and employment goals.

Recognising that engagement can be challenging during periods of acute distress, the team adopts a flexible and assertive outreach approach, supporting individuals and their families for up to three years where required.

The service delivers the full range of interventions recommended through the National Clinical Audit of Psychosis (NCAP), including:

- Comprehensive assessment and diagnosis.
- Antipsychotic medication management and monitoring.
- Cognitive Behavioural Therapy for Psychosis (CBTp).
- Family interventions and family support programmes.
- Physical health monitoring and lifestyle advice.
- Crisis and safety planning.
- Recovery-focused care planning.
- Social, wellbeing and functional recovery groups designed to reduce isolation and improve independence.

Prevention and Early Identification

In addition to supporting individuals experiencing a first episode of psychosis, PSYPHER delivers an At-Risk Mental State (ARMS) pathway for young people and adults aged 14 to 35 who are assessed as being at increased risk of developing psychosis. This preventative approach focuses on reducing distress, improving understanding of mental health difficulties, increasing resilience and hope, and supporting individuals to address factors that may contribute to progression towards psychosis.

Benefits and Outcomes

Evidence demonstrates that effective Early Intervention in Psychosis services can:

- Improve clinical, social and personal recovery outcomes.
- Reduce the severity and duration of symptoms.
- Support families and carers to adapt and manage challenges effectively.
- Increase patient and family satisfaction with services.
- Reduce long-term reliance on antipsychotic medication.
- Reduce demand on inpatient, urgent care and emergency services.
- Improve educational, vocational and social outcomes.
- Deliver long-term value through reduced NHS costs and improved population wellbeing.

Service Ambition

The overall aim of PSYPHER is to provide timely, person-centred and evidence-based support that enables individuals and their families to understand and manage psychosis-related experiences, reduce distress, improve everyday functioning and achieve sustained recovery. The service seeks to support people in developing the skills, confidence and resilience to live well and independently, minimising the need for ongoing specialist mental health intervention.

Community Mental Health Teams

A comprehensive programme of improvement is underway across Community Mental Health Teams (CMHTs) to enhance service effectiveness, strengthen clinical oversight, improve patient access, and ensure available resources are utilised as efficiently as possible. This work is being driven by increasing demand for community mental health services, workforce challenges, and the need to provide timely, responsive and recovery-focused care.

Service Improvement Priorities

A key area of focus is the review and improvement of patient allocation processes to ensure referrals are managed consistently and patients are matched to the most appropriate practitioner and intervention at the earliest opportunity. Alongside this, significant work is being undertaken to strengthen caseload management arrangements, ensuring caseloads are regularly reviewed, balanced appropriately across teams, and focused on those patients requiring ongoing specialist intervention.

The Division is also implementing a range of service improvement initiatives designed to increase capacity and improve the experience of care. This includes the introduction of Patient Initiated Follow-Up (PIFU) approaches, enabling patients to access support when they need it most while reducing unnecessary routine appointments. The implementation of PIFU is expected to support greater patient autonomy, improve access for those requiring active intervention, and create additional clinical capacity within teams. In addition, a standardised approach has been introduced to ensure patients are 'waiting well', with teams maintaining regular contact with individuals awaiting assessment or intervention, providing updates, monitoring for any changes in clinical need, and ensuring that risks are identified and responded to in a timely manner.

Work is also progressing to improve operational and clinical oversight across services through enhanced performance monitoring, clearer management information, and strengthened governance arrangements. This will support earlier identification of capacity pressures, variations in demand, and opportunities for service improvement.

Recognising the impact that sickness absence, vacancies and workforce turnover can have on service delivery, teams are actively reviewing staffing models and workforce deployment to identify opportunities to increase resilience and maintain service capacity. This includes the development of approaches to better manage periods of reduced staffing availability while ensuring patient safety and continuity of care remain priorities.

Alongside operational improvements, a range of initiatives are being introduced to support workforce recruitment and retention. These include targeted recruitment campaigns and actions to improve staff wellbeing, support and engagement. The aim is to attract and retain skilled professionals, reduce vacancy levels, improve workforce stability and ensure CMHTs are well positioned to meet current and future service demand.

Collectively, these initiatives are intended to deliver:

- Improved patient allocation and timeliness of access to care.
- More effective and clinically appropriate caseload management.
- Increased service capacity through new models of care, including Patient Initiated Follow-Up.
- Enhanced operational and clinical oversight.
- Greater resilience during periods of sickness absence and workforce pressures.
- Improved recruitment, retention and workforce stability.
- Better patient experience, outcomes and access to community mental health services.

This programme of work will continue throughout 2026/27 and forms an important component of the wider community mental health transformation and productivity agenda.

Crisis Team

The Crisis Team celebrated its success in achieving a good rating from the CQC following a review of the service.

5.1.7 Forensic Service Overview

The Forensic Division continues to focus on improving productivity, strengthening pathways of care, enhancing forensic social work provision, and maintaining a strong focus on safety and quality. A number of initiatives are underway to support service improvement, workforce planning, patient flow and the delivery of high-quality forensic services across both inpatient and community settings.

Efficiency and Productivity

The Forensic Division is actively supporting a Trust-wide pilot programme focused on capacity and demand modelling, led by the Efficiency and Productivity Team. Community forensic services are contributing operational data to a newly developed capacity and demand tool, which combines workforce establishment, job planning and expected levels of direct patient contact activity to provide a clearer understanding of service capacity and utilisation.

The work will establish a robust baseline for measuring multidisciplinary team capacity and demand, supporting workforce planning, service development and future resource allocation decisions. It will also strengthen the quality of data submitted through the National Cost Collection process and support evidence-based decision-making across services.

In parallel, the Division is exploring opportunities to develop more meaningful productivity measures within forensic inpatient services. This work aims to ensure resources are being used effectively whilst maintaining safe, high-quality care and supporting recovery, risk reduction and timely progression through secure care pathways.

Single Point of Access (SPA) and Court Reports

The Forensic Single Point of Access (SPA) continues to play a key role in coordinating referrals into forensic inpatient and community services. The service has made a significant contribution to reducing unnecessary admissions and improving the consistency and quality of referral management and decision-making. A proportion of referrals originate from the courts and can involve complex assessments, including independently commissioned psychiatric reports. The introduction of enhanced standards within local court processes has generated some challenge and discussion amongst independent report authors and providers. In response, divisional leaders and SPA colleagues are working closely with local Court User Groups to ensure that standards are understood, consistently applied and supported by clear rationale.

The SPA team is also contributing to national workstreams focused on future forensic bed modelling, ensuring local experience and learning help inform the development of national approaches to service planning.

Forensic CAMHS

Additional funding has recently been approved for the Forensic Child and Adolescent Mental Health Service (FCAMHS) to strengthen support for neurodiverse young people. As part of this investment, the service will recruit a Speech and Language Therapist to enhance specialist assessment and intervention.

This development will improve support for young people who are in contact with the criminal justice system, vulnerable to offending, or at risk of exploitation, further strengthening the multidisciplinary offer available through FCAMHS.

Forensic Social Work

The Division welcomes the publication of the new national standards for Forensic Social Work. Services are undertaking a benchmarking exercise against the standards to assess current provision, identify good practice and develop improvement plans where required.

The Division will also work collaboratively with partner organisations across Humber and North Yorkshire to support greater consistency and equity of forensic social work provision across the region.

Community Forensic Services

The Specialist Community Forensic Team (SCFT) and Learning Disability Forensic Outreach Liaison Service (LDFOLS) continue to work closely with patients, carers and partner services to support discharge and reintegration pathways from forensic services.

This includes collaborative working with Community Mental Health Teams to ensure smooth transitions and ongoing support arrangements when patients move from specialist forensic services into mainstream community provision. During the reporting period, a number of patients who had received forensic support over many years have successfully transitioned from forensic services, reflecting positive recovery outcomes and strengthened partnership working across services.

Whilst referral levels remain high, current demand and capacity data indicate that services are managing demand effectively and are maintaining sufficient capacity to meet operational requirements.

Learning from Security Incidents

Security incident reporting increased from 18 incidents in April 2026 to 22 incidents in May 2026. The increase is considered to reflect improved reporting culture and staff engagement following the introduction of dedicated security team days, which have increased visibility, communication and confidence in reporting incidents. Importantly, no incidents resulted in moderate or severe harm during the reporting period and only one incident was categorised as low harm, demonstrating the effectiveness of existing safety and risk management arrangements.

Ouse Ward reported the highest number of incidents during the period, consistent with the complexity and acuity of the patient group currently being supported.

Ullswater House also reported elevated incident activity. Enhanced clinical security support is now being provided within both areas, focusing on proactive engagement, improved communication and collaborative problem-solving with clinical teams.

The most common incident themes related to mechanical restraint escorts, confidentiality breaches, discovery of contraband items and routine security management activities. There have been no alarm-related incidents reported during the current year.

Security incidents continue to be reviewed in detail through divisional security governance arrangements, enabling trends and themes to be identified and acted upon promptly. This work is supported by the Corporate Risk and Incident Manager, providing additional scrutiny and assurance through the Trust's governance framework.

Summary

The Forensic Division continues to make progress across a range of strategic and operational priorities. Key areas of focus include the development of robust capacity and demand methodologies, strengthening referral and court processes, enhancing support for neurodiverse young people, implementing national forensic social work standards, improving patient transitions from forensic services, and maintaining strong oversight of safety and security. Collectively, these initiatives support the Division's commitment to delivering safe, effective and sustainable forensic mental health services.

5.1.8 Learning Disability Service Overview

The Board is asked to recognise the exceptional commitment and dedication demonstrated by the Granville Court team during the recent period of sustained hot weather. Supporting residents with complex physical and mental health needs during a heatwave presents significant challenges, particularly in relation to hydration, comfort, wellbeing and skin integrity. Through the vigilance, professionalism and compassionate care of staff, no residents experienced sun-related skin damage during this period.

Staff have consistently gone above and beyond to ensure that residents have continued to live fulfilling and meaningful lives while receiving safe, person-centred care despite the increased risks associated with prolonged high temperatures and the challenges presented by our East Coast location. Their efforts reflect the strong culture of care, teamwork and commitment that exists across the service.

Staff Engagement and Inclusive Leadership

Granville Court has a large and diverse workforce, and considerable emphasis is placed on ensuring that every member of staff has an opportunity to contribute to service development and improvement. The service actively promotes a culture in which all voices are valued equally and where every role is recognised as making an important contribution to resident care and outcomes.

A range of staff engagement initiatives are in place, including:

- **Wellbeing Cafés**, held three times per week, providing informal 20-minute drop-in sessions where staff can discuss concerns, ideas and reflections, with a continued focus on resident wellbeing and service improvement.
- **Career Forums**, offering care staff dedicated opportunities to discuss their experiences, professional development and the realities of working within residential care.
- **Manager Drop-In Sessions**, held weekly with protected time for staff to discuss any issues important to them, including wellbeing, flexible working requests, annual leave, rotas and personal development.
- **Peer Supervision**, available to all staff and proving highly valued as a mechanism for sharing learning, celebrating successes and collectively addressing challenges through supportive problem-solving.

Governance, Communication and Continuous Improvement

Robust communication and governance arrangements continue to support service quality and operational effectiveness.

These include:

- Fortnightly Clinical Meetings involving representatives from both HCAS and clinical teams.
- Monthly Whole-Team Meetings, bringing all staff groups together to review progress, share learning, discuss developments and strengthen team cohesion.
- Fortnightly meetings between the Registered Manager and Band 6 leaders to review operational performance, workforce matters, innovation opportunities and service priorities.
- A staff Suggestion Scheme, including anonymous submission options, ensuring all staff can provide feedback or raise questions regardless of shift pattern or availability to attend meetings.

Together, these arrangements support a culture of openness, continuous learning and shared accountability for service delivery.

Celebrating Success and Building Positive Culture

Granville Court has developed a strong culture of recognition and appreciation. This is exemplified by the service's Appreciation Wall, which prominently celebrates the achievements, dedication and compassion of both staff and residents.

The wall highlights:

- Employee of the Month awards.
- Compliments and positive feedback from residents and families.
- Training and compliance achievements.
- "You Said, We Did" improvements resulting from staff feedback.
- Examples of outstanding care and teamwork.

This visible celebration of success helps reinforce positive values, recognise individual and team contributions, and promote pride in the service.

Summary

Granville Court continues to demonstrate a strong commitment to resident care, staff wellbeing and continuous improvement. The exceptional response of staff during the recent heatwave, coupled with the service's well-established approach to engagement, learning and recognition, reflects a positive and inclusive culture that places residents and staff at the heart of everything it does. The Board is invited to acknowledge and thank the Granville Court team for their continued commitment and outstanding contribution.

5.1.9 Business Continuity Policy

The Business Continuity Policy provides an overview of the preparedness work undertaken for business continuity within the Trust. It has been refreshed for this year. The policy now captures the governance process for approval of service level business continuity plans. The policy also provides clarification of the activation service level business continuity plans, associated actions and escalation.

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

5.2.1 Leadership Visibility

Speech and Language Therapy Service at Peeler House – 5th June

The Executive Director of Nursing, Quality and Professions visited the Speech and Language Therapy Service at Peeler House in Hessle. During the visit, they met with Teresa and Katie, who provided a comprehensive overview of the service and the valuable work delivered by the team.

The team supports children and young people aged 0–25 with a wide range of needs, including speech, language, communication, feeding, and swallowing difficulties. They operate across diverse settings, including community services, nurseries, schools, clinics, youth justice, and hospital environments, working collaboratively with families, support staff, and a range of professionals to help each individual achieve their personal goals.

The service is delivered by a skilled and experienced multidisciplinary team of Speech and Language Therapists and Therapy Assistants. In the context of the ongoing national shortage of Speech and Language Therapists, the team highlighted the increasingly vital role of Therapy Assistants. Their contribution is key to delivering timely interventions, maintaining continuity of care, and enabling therapists to focus on more complex clinical decision-making.

It was evident that the team is highly committed and takes great pride in the care they provide. Their passion, energy, and dedication to delivering evidence-based practice and continuous learning were clear throughout the discussion. The team demonstrably makes a meaningful difference to the children, young people, and families they support.

The visit also included a discussion of current challenges. Recruitment remains a key pressure, and the Executive Director offered to link the team with recruitment support to explore the development of a targeted Speech and Language Therapy

recruitment campaign. As part of this, the team has been asked to consider and articulate their unique selling points (USPs) to strengthen campaign messaging. Additionally, estate challenges were highlighted, particularly in relation to accessing sufficient clinic space on the east side of Hull. The Executive Director has committed to seeking support in addressing this issue.

North Yorkshire Community Services – 24 June 2026

Karen Phillips, Executive Director of People & OD, and Sarah Smyth, Executive Director of Nursing, Quality & Professions, undertook a positive and informative visit to community teams across Pocklington and Malton. They expressed sincere thanks to all staff who engaged despite challenging weather conditions.

Across all sites, the visit highlighted dedicated and enthusiastic teams delivering high-quality care within rural and geographically dispersed areas. Strong morale, visible leadership, and effective multidisciplinary collaboration were evident throughout. Staff demonstrated a clear commitment to patient care, continuous improvement, and professional development, and reported feeling well connected to the wider Trust.

At Pocklington Community Services, the team demonstrated a strong culture of safety, wellbeing, and development, supported by good access to training and supervision, improved facilities, and clear career progression pathways. Challenges relating to access to some face-to-face training sessions were noted.

At Ryedale Community Services (Malton Hospital), strong staff retention, stable leadership, and good morale were evident. While the challenges of rural geography and service delivery were recognised, the team showed resilience and effective multidisciplinary working, alongside a desire for improved staff facilities.

At Fitzwilliam Ward, Malton Hospital, a busy and high-performing environment was observed, with positive patient feedback and strong team engagement. Notably, the team has demonstrated initiative through successful fundraising to enhance the care environment, including development of a dementia-friendly space.

Overall, the visit provided assurance of high-quality care, committed staff, and strong team cultures across North Yorkshire community services. Key challenges remain in relation to rurality, access to training, and estate capacity, with continued focus required.

5.2.2 Patient Safety Conference

The Executive Director of Nursing, Quality and Professions reflected on the Trust's first Patient Safety Conference, which powerfully demonstrated a clear and visible commitment to patient safety. The programme of presentations was both insightful and impactful, with personal stories providing a strong emotional connection. The experience highlighted the importance of compassionate communication, especially engaging with families, and reinforced how such approaches can significantly influence patient outcomes and experiences.

The conference also highlighted the dual nature of patient safety: while it has a strong technical foundation in policy, process, and compliance, equal, if not greater,

the importance lies in culture, relationships, and psychological safety, Being Humber. Creating environments where staff feel able to speak openly was identified as critical to improving safety, alongside formal governance processes.

In addition to the learning content, the event provided a valuable opportunity for engagement across the organisation.

External input from Andrew Murphy-Pittock (Health Services Safety Investigations Body) was recognised for its depth of expertise and emphasis on learning from safety incidents. Sessions on psychological safety and professional curiosity, particularly from Becky Thomas, reinforced the importance of a culture where staff feel safe to speak up. This was further supported by contributions from Sadie Milner, Head of Nursing and Patient Safety Specialist, who emphasised the link between staff wellbeing and patient safety. In addition, a very powerful presentation from a previous service user and now member of staff, supported by Sian Johnson, Head of Nursing, Mental Health.

The conference was recognised as a significant achievement in bringing together learning, reflection and shared commitment to patient safety. A key message highlighted was that strong organisational cultures are not defined by avoiding mistakes, but by how effectively teams respond, learn, and improve from them, which are the values which Humber is built on.

Patient Safety Conference 2026 | Humber Teaching NHS Foundation Trust

5.2.3 Culture of Care Celebration Event and Phase 2 Launch –2nd July

The Trust hosted the Culture of Care Celebration Event to recognise progress made during the first phase of the Culture of Care programme and formally launch Phase 2. The Executive Direction of Nursing, Quality and Professions had the pleasure in opening the event. The event brought together colleagues, experts by experience and service users to reflect on achievements, share learning and shape future priorities.

The programme highlighted how the Trust's values of Caring, Learning and Growing are being translated into practice through the Culture of Care national approach. Presentations demonstrated improvements in multidisciplinary working, co-production, psychological safety, staff wellbeing, quality of care and patient experience across a number of services.

Examples of good practice were shared from Westlands, Townend Court and Swale Ward, alongside reflections on race equity, patient outcomes, staff experience and the impact of co-production. Contributions from experts by experience reinforced the importance of culture in shaping patient care and recovery experiences.

The launch of Phase 2 signals a shift from implementation to embedding and sustaining a consistent Culture of Care across all services. Key priorities include:

- Embedding a consistent culture of Being Humber across the organisation.
- Strengthening the use of insight, feedback and learning to drive improvement.
- Further developing psychologically safe and compassionate workplaces.

- Enhancing co-production and partnership working with people who use services.
- Delivering measurable improvements in quality, safety, patient experience and staff wellbeing.

The event reinforced the link between positive staff experience and improved patient outcomes, recognising the significant contribution of colleagues, leaders and experts by experience in driving cultural improvement.

The event concluded with a clear commitment to ensuring Culture of Care remains a key enabler of the Trust's strategic ambition to provide safe, high-quality, continually improving care and to make Humber truly *Humberlievable*.

5.2.4 Anti-Racist Network update - South Asian Heritage Month (1st July – 31st July)

As we are in South Asian Heritage Month (1st July – 31st July), the Executive Director of Nursing, Quality and Professions has taken a moment to reflect on what this means for the Trust and on a personal level.

This year's theme, 'Unity in Diversity', strongly resonates. Every day across services, the strength that comes from different perspectives, cultures and lived experiences is evident, all coming together with a shared purpose: to care for others. This diversity is recognised as one of the Trust's greatest strengths.

The Executive Director of Nursing, Quality and Professions is proud to work alongside colleagues from South Asian communities, whose contribution to the Trust and to healthcare more widely is significant, skilled and compassionate. This month provides an important opportunity to recognise and celebrate that contribution, while also taking time to listen and learn.

As Executive Sponsor of the Anti-Racism Network, the Executive Director is equally mindful that recognition must go hand in hand with action. It is acknowledged that not everyone experiences the organisation in the same way, and there is a continued commitment to challenge this, actively addressing inequality, calling out racism, and creating a culture where everyone truly feels they belong.

This reflects what the Trust's values of Caring, Learning and Growing look like in practice:

Caring – taking the time to understand each other's experiences

Learning – embracing those differences with openness and humility

Growing – as individuals and as a Trust, becoming more inclusive every day

5.2.5 World Hand Hygiene Day Competition Winner – Westlands

A big thank you to everyone who got involved and submitted an entry to the competition. We were overwhelmed with the number of entries and the creative talent of both staff and patients.

Sarah Smyth, Executive Director of Nursing, Quality and Professions and Director of Infection Prevention and Control, had the difficult task in judging the entries and choosing a winner, stating “the winning poster stood out for its creativity, clarity and impact. What made this entry particularly special is that it was developed by a patient, bringing an authentic and powerful perspective to such an important message. It communicates the importance of hand hygiene in a way that is both engaging and meaningful, highlighting the value of patient involvement in improving safety.”

Congratulations to the staff and patients on Westlands Inpatient Unit for their winning entry. A patient designed a colourful, informative and creative hand design which was selected as the overall winner.



Winner

Entries have been included as part of a larger display in the Learning Centre to showcase the fantastic efforts of everyone involved.



5.2.5 Revisions to Statutory Guidance Working Together to Safeguard Children 2026 and implications for the Trust

The Department for Education published a revised version of Working Together to Safeguard Children in March 2026, replacing the 2023 guidance. The updated statutory guidance strengthens expectations on multi-agency safeguarding practice, early intervention, accountability, and addressing inequalities experienced by children and families.

Key changes include:

- A stronger emphasis on anti-racist and anti-discriminatory practice, with leaders expected to create inclusive organisational cultures and practitioners expected to identify and challenge discrimination and bias.
- Enhanced focus on hidden and complex harms, including child sexual abuse, coercive control, teenage relationship abuse, domestic abuse, online harms and exploitation.
- Greater recognition that children may experience multiple and overlapping forms of harm, requiring coordinated assessment and intervention.
- Strengthened expectations for information sharing, multi-agency decision-making, and evidence of impact through safeguarding partnership arrangements.
- Increased emphasis on safeguarding babies, unborn children, looked-after children, adopted children and those in kinship care, ensuring all children receive an equitable safeguarding response.
- Further development of the Family Help approach, bringing together targeted early help and Section 17 support to provide more seamless and coordinated support for families.

Implications for the Trust

For the Trust, the revised guidance reinforces the importance of safeguarding as a core responsibility across all services. Key actions include ensuring safeguarding policies and procedures reflect the 2026 requirements, strengthening staff training on discrimination, domestic abuse, coercive control and child sexual abuse, and maintaining robust information-sharing arrangements with partner agencies.

Due to the greater emphasis on early intervention through the Families First Project local work is underway regarding how early intervention and support to families can be strengthened via support from agencies such as Health and Education. This could have a consequence on how support via Section 17 (Children in Need) is arranged and delivered. The Trust are part of a working group in place and will consider any commissioning/ capacity and legal implications regarding new models being proposed. Continued close engagement with local safeguarding partnership arrangements will be essential to demonstrate compliance, quality assurance, and positive outcomes for children and families.

5.2.6 Supreme Court judgement 2026 –Deprivation of Liberties (DOLS)

On 2 June 2026 the Supreme Court (UKSC) published a judgment changing the definition of a deprivation of liberty. These changes apply with immediate effect and extend across the UK.

The UKSC judgement is clear that the starting point of assessing whether someone is deprived of their liberty is a multifactorial assessment of the arrangements. There is no longer an 'acid test'. The multifactorial assessment considers:

- The type of restriction
- The duration
- The effects on the individuals will
- The manner of implementation

- Whether the person objects (this can take several forms)
- How far removed the case is from the situation of a detention in a prison cell (paradigm case)
- The relative normality of the arrangements
- The purpose of the arrangement

For there to be a deprivation of liberty there must be an element of restriction being imposed on someone against their will. Therefore, it is unlikely that someone is being deprived of their liberty if their liberty is constrained by their own illness or impairment e.g. if someone's physical disabilities prevent them from leaving a setting and they are unable to form any desire to leave, this is unlikely to be a deprivation of liberty.

The judgement also determined that legal mental capacity under MCA 2005 to consent to care and residence, and the ability to validly consent to DOL arrangements, are to be considered separately. A person may be able to give valid consent even if they lack legal mental capacity, providing they can express this through wishes and feelings. The judgement is clear that compliance is not automatic consent, and that a critical question to consider is 'how do we know that the individual understands and wants?' rather than 'are they compliant?'

Implications

It is likely that there will now be many individuals subject to DOLS arrangements who no longer fall in the scope of DOLS, either because the restrictions no longer amount to a deprivation of liberty, or the person can validly consent. The Trust submit a small number of DOLS authorisations each year in comparison to care homes and general/acute hospital trusts. This is because individuals within our services are often determined to have mental capacity to consent to care and therefore are informal, or they are detained under the Mental Health Act 1983. Reviews will need to be undertaken of all DOLS in place to determine if the DOLS criteria still applies, and if not, a Form 10 review request submitted to the local authority. This is only applicable to Granville Court (no DOLS elsewhere) and they are undertaking reviews currently.

New DOLS should be considered as per the UKSC 2026 judgement, not Cheshire West 2014. The Department of Health and Social Care (DHSC), Care Quality Commission (CQC) and the Association of Directors of Adult Social Services (ADASS) have released interim guidance urging compliance with the new judgement but caution in applying it and making significant changes to practice until full guidance is released.

Actions undertaken by MCA Lead and MH Legislation Team:

- Training reviewed. SCIE package in place on a temporary basis whilst NHSE review the MCA and DOLS training package. Training access and compliance not impacted. New NHSE training package expected July 2026
- Review of DOLS underway at Granville Court
- Briefing / presentation delivered to key services in the Trust who may apply DOLS
- Interim Guidance created and issued across the Trust
- Policy review underway

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

5.3.1 Leadership Visibility

Wednesday 24th June – Pocklington, Malton and Ryedale

Karen Phillips (Executive Director of People & OD) and Sarah Smyth (Executive Director of Nursing, Quality & Professions) undertook a highly positive visit to community teams across Pocklington, Malton and Ryedale on 24 June 2026.

They observed strong, cohesive teams delivering high-quality care with pride and resilience despite the challenges of rural geography, with clear evidence of effective leadership, multidisciplinary working and a strong commitment to development and continuous improvement.

Staff reported good morale and feeling connected to the Trust, supported by visible leadership and learning opportunities. Noted themes for awareness included the impact of geography and travel on service delivery, access to some face-to-face training, and the challenges with the local estate being managed by another Trust at Malton. The visit highlighted committed staff delivering excellent care in challenging contexts, with a strong culture and clear focus on improvement.

5.3.2 NHS Staff Standards

NHS England published the new NHS Staff Standards on 6 July 2026, establishing a mandatory national framework designed to improve staff experience and create greater consistency across NHS employers.

The Standards focus on six key areas: line management, health and wellbeing, violence prevention and reduction, championing sexual safety, tackling racism, and promoting flexible working. Delivery against the Standards will form part of the NHS Oversight Framework, with organisational performance assessed through a range of NHS Staff Survey indicators and contributing to overall provider oversight and segmentation.

For Humber, the Standards align strongly with existing priorities within Being Humber, the enabling People Strategy and our ongoing work relating to health and wellbeing, flexible working, equality, diversity and inclusion, sexual safety, violence prevention, and leadership development.

Work is underway to ensure any reporting requirements are address utilising NHS Staff Survey measures and workforce metrics to monitor progress and provide assurance through EMT, People Committee and Board. This will support a structured assessment of current performance, identification of priority improvement areas, and delivery of a coordinated implementation plan.

The introduction of the Standards represents an important national shift in elevating staff experience as a core organisational priority alongside quality, operational performance and financial sustainability. The Trust is well placed to respond given the strength of existing programmes and governance arrangements, whilst

recognising that further work will be required to demonstrate measurable improvement against the new national framework.

5.3.3 NHS Leadership and Management Framework

NHS England has launched a new NHS Leadership and Management Framework, providing a national code of practice, leadership standards and management competencies for leaders and managers at all levels across the NHS. The framework has been developed in partnership with NHS organisations, professional bodies and patient representatives and is intended to create a consistent approach to leadership development, behaviours and expectations across the health service.

Supporting resources, including a self-assessment tool, are now available. NHS organisations are expected to support leaders and managers to assess themselves against the framework and agree focused development plans with their line managers. Further resources, including a development curriculum, enhanced 360-degree feedback tools and modular learning programmes, will be introduced later this year.

The framework aligns well with Humber's existing investment in leadership development, talent management and the Being Humber culture programme. Work will now be undertaken to review the framework in detail and consider how it can be integrated with existing leadership and management development approaches across the Trust.

5.3.4 Band 5 Job evaluation update

EMT approved the proposed approach to the nationally mandated Band 5 Nursing Role Reviews. NHS England has required organisations to submit a local delivery plan outlining how the review will be undertaken, governed and assured. The Trust's delivery plan is in development and will be aligned to the national submission requirements when released. The programme is now moving into the mobilisation phase including development of standardised documentation and templates, communications and engagement planning, and preparation for phased implementation across the 291 Band 5 nursing roles within scope.

5.3.5 Future Workforce Solution

The transformation project to transition from the current Electronic Staff Record (ESR) to the Future Workforce Solution continues to move forward, with the NHSBSA and Infosys preparing and planning for the upcoming implementation phases and working closely with early adopters. We anticipate more information being shared in the coming months relating to what this means for the Trust, including what the solution will do and what it will mean for colleagues.

Locally, readiness activities are underway to prepare for our own implementation, including work on reviewing data quality and maximising our use of existing systems to provide a robust technical and cultural foundation to support the eventual transition. This includes expanding the use of ESR during this year's appraisal window and an upcoming project to implement full Manager Self Service in ESR, delivering streamlined processes for assignment changes and leavers.

Further information relating to specific timeframes for implementing the future solution are anticipated being received later in the year and will be shared wider once available.

5.3.6 Manager Self Service

A proposed implementation timeline has been developed for the rollout of ESR Manager Self Service across the Trust, supporting readiness for the Future Workforce Solution.

The approach outlines a phased delivery over approximately 18 months (from July 2026 to early 2028), beginning with planning and pilot areas before progressing across all divisions. The model incorporates lessons learned from previous programmes, alongside coordination with other organisational priorities to minimise operational impact. This paper has not yet been considered by EMT and is presented to Board for early visibility of the proposed approach, which aims to strengthen managerial capability, improve processes, and support future system transition.

5.3.7 Wellbeing Service Shortlisted for HPMA award for Physical Health MOTs

We are pleased to report that Humber Teaching NHS Foundation Trust has been shortlisted for the Health and Wellbeing category in the HPMA Excellence in People Awards 2026.

This recognises our innovative work on early detection and proactive screening to improve staff health and wellbeing. The shortlisting is a strong external endorsement of the impact of our approach and reflects the commitment of our teams in delivering a comprehensive and preventative wellbeing offer for colleagues across the Trust.

5.3.8 Flu Plan Summary 2026

The 2025/26 flu vaccination campaign delivered strong improvement, achieving 66% uptake among frontline staff and reaching the second highest national uptake in November 2025, alongside a continued reduction in flu related sickness absence. This reflects a successful, data driven approach and improved access through the peer vaccinator model.

Planning for 2026/27 builds on this success, with a clear focus on increasing uptake, reducing variation across teams, and embedding vaccination as a routine part of workforce practice through enhanced data insight, targeted interventions and strengthened local delivery models.

Key next steps for the 2026/27 flu campaign:

- Strengthen data driven delivery through real time, team level dashboards to identify low uptake areas and target interventions
- Recruit, train and deploy peer vaccinators across all services, with a focus on low performing teams
- Increase accessibility through local clinics, pop up sessions and simplified booking and processes
- Deliver targeted engagement and communications to address vaccine hesitancy and improve uptake in specific cohorts

- Align vaccination data with sickness absence to prioritise higher risk areas and maximise impact on workforce resilience
- Maintain strong governance and divisional accountability, with weekly reporting and targeted follow up actions

5.3.9 Ethnicity Pay Gap Report

The Trust's 2026 Ethnicity Pay Gap report confirms there is no evidence of systemic unequal pay for equal work, with median pay broadly aligned across ethnic groups. However, deeper analysis highlights structural differences in workforce distribution, with underrepresentation of some groups, particularly Black staff, in higher pay quartiles, indicating that the core challenge relates to equitable access to progression rather than pay disparity. The Trust compares favourably to national benchmarks but recognises the need to strengthen progression equity, particularly into senior roles.

Key next steps include a targeted review of recruitment and promotion pathways, improved data quality through increased declaration of ethnicity, and the expansion of talent and leadership development initiatives to support underrepresented groups. These actions will be supported by strengthened governance and monitoring to ensure progress in reducing inequalities and continuing to build a diverse, inclusive and representative workforce.

5.3.10 Mann Review Recommendations

The Lord Mann Review highlights that racism and discrimination remain systemic challenges across the NHS, requiring strengthened leadership, accountability and sustained action. The Trust is broadly well positioned, with strong Workforce Race Equality Standard performance and improving metrics providing assurance of good progress, though risks remain in relation to staff experience, including harassment and perceptions of fairness.

National expectations require all organisations to adopt anti-racism principles, strengthen workforce training, improve data and transparency, and enhance governance oversight. In response, the Trust is progressing a delivery plan focused on adopting required definitions, embedding the Violence Prevention and Reduction Standard, improving data quality, achieving high compliance with equality training, and strengthening Board-level oversight and engagement with staff networks. This will ensure continued progress in tackling inequalities and supporting an inclusive, safe working environment for all staff

5.3.11 Adoption of the UK Government's non-statutory definition of anti-Muslim hostility

Following the Lord Mann Review, which reinforces the need for stronger national action to tackle racism and discrimination in the NHS, the Trust has approved the adoption of the UK Government's non-statutory definition of anti-Muslim hostility. This aligns with national expectations and supports a consistent approach to identifying, reporting and addressing discrimination affecting both staff and patients. Adoption of the definition will be embedded through policy, training and reporting frameworks, strengthening the Trust's ability to address inequalities, support staff wellbeing, and ensure equitable access to care. This forms part of the Trust's wider

response to the Mann Review and commitment to fostering an inclusive, safe and respectful organisational culture

5.3.12 Sexual Violence and Misconduct Regular reporting Requirement

The Trust has implemented the new NHS England requirements for monthly sexual safety reporting, with clear governance, executive oversight and robust review processes now in place. For June 2026, a nil return was submitted, confirming no cases of staff-on-staff sexual misconduct meeting the threshold for escalation. This provides assurance of effective organisational grip and controls, while ongoing focus remains on strengthening a culture of speaking up, maintaining compliance with national standards, and mitigating risks of under-reporting to ensure a safe environment for staff and patients.

5.4 Executive Medical Director Updates

5.4.1 Leadership Viability

Chair and Executive Medical Director Unannounced Visits

The Trust Chair, The Rt Hon Caroline Flint, and I, as Executive Medical Director, undertook a series of unannounced quality visits during June and July 2026, including visits to Mill View Lodge on 2 June and the Psychiatric Intensive Care Unit (PICU) and Avondale Assessment Unit at Miranda House on 7 July.

These visits provided an opportunity to observe services first-hand and engage directly with both staff and patients. We were impressed by the commitment, professionalism and enthusiasm demonstrated by teams across the units visited. Staff spoke openly and confidently about their work, highlighting achievements, challenges and improvement initiatives, and consistently reported feeling well supported by their colleagues and leaders.

We also met with patients, who provided positive feedback about their experiences of care. Patients spoke warmly about the compassion and support they received during their care and treatment.

As part of our commitment to continuous improvement, constructive feedback was shared with local teams, identifying a small number of areas where further enhancements could be considered.

Date	Unit	NED/Trust Chair
02 June 2026	Mill View Lodge	Caroline Flint
07 July 2026	PICU	Caroline Flint
07 July 2026	Avondale Unit	Caroline Flint

5.4.2 Associated Hospital Manager reappointments requiring ratification

In accordance with Section 23(6) of the Mental Health Act 1983, the Trust delegates its power of discharge to individuals formally authorised by the Board for this purpose.

- **Amy Dibb**

The applicant was recently interviewed and deemed an appropriate candidate for the role

The Board is requested to approve the for appointment of 1 new AHM (Amy Dibb) for a 3-year honorary contract, incorporating a 6-month probationary period.

5.4.3 Medical Education: Key Highlights

- Successful Hull York Medical School (HYMS) Annual Review and Monitoring Visit (1 June 2026), providing positive external assurance regarding the quality of undergraduate medical education within the Trust.
- Teaching Excellence Award – Sarah Chew, Undergraduate Medical Education Nurse Lead, received a HYMS Teaching Excellence Award following direct student nomination, recognising the high standard of educational support provided to learners.
- Strong GMC Survey Results 2026 – no reported concerns relating to patient safety, bullying, undermining or professional conduct among doctors in training.
- Growing Educational Leadership Capacity – the second Trainer Development Forum achieved a 43% increase in attendance, with greater participation from aspiring Clinical and Educational Supervisors, supporting future educator development.
- Successful Student Peer Mentorship Pilot – positive feedback received from participating medical students, with reported benefits including enhanced engagement, wellbeing and learning opportunities.
- SAS Doctor Development Day – well attended and positively evaluated by participants. A further event is planned for September 2026, informed by feedback on future development priorities.
- Resident Doctor Representation – Dr James Donnelly has been elected as Resident Doctor Representative, succeeding Dr Jemima Cohen, and will work alongside Dr Vieri Thonet-Clarke to strengthen trainee engagement and feedback.
- Foundation Doctor Education – a bespoke teaching programme continues to receive excellent feedback and remains highly valued by participants.
- Medical Staffing Assurance – successful implementation of the new exception reporting system and robust contingency planning for the planned period of industrial action, ensuring workforce resilience and service continuity.
- Training Quality – no concerns have been raised by Foundation, Core, Higher, IMG, Addictions or Psychotherapy Training Tutors, with training performance reported as strong across all programmes.

5.4.4 Medical Education Awards 2026

The Trust's Annual Medical Education Awards were held on 1 July 2026 and celebrated excellence in teaching, supervision and learning:

- Record numbers of nominations were received.
- Several doctors received multiple nominations and were recognised for their Outstanding Contribution to Medical Education.
- Four Resident Doctors showcased innovation and quality improvement through a series of short presentations.
- The event featured a keynote address from Dr Indira S. Vinjamuri, Associate Dean, Royal College of Psychiatrists.

Medical education within the Trust continues to perform strongly, with positive external scrutiny, excellent trainee feedback, a growing educator workforce and no significant concerns relating to training quality or patient safety.

Psychological Professions: Key Highlights

- Following a rigorous recruitment process, including representation from the British Psychological Society, Kirsty Patterson has been appointed as Lead Psychologist for Older Adults. Kirsty brings extensive experience within Older Adult Services and is well placed to provide leadership and continue the development of high-quality psychological services. We also extend our sincere thanks to Clare Hilton for her significant contribution and wish her every success for the future.
- Workforce Wellbeing and Staff Engagement: Kati Chambers, Assistant Psychologist at Newbridges, delivered a well-received presentation on workplace burnout at the recent Health Stars Workforce Wellbeing Event. The session included practical exercises and interactive discussion, highlighting the contribution of psychological expertise to staff wellbeing and organisational culture. [Workforce Wellbeing Exchange Event Praised as the 'Best One Ever' | Humber Teaching NHS Foundation Trust](#)
- The latest edition of Humber Psychlink has been published, showcasing a range of achievements, innovations and developments across Psychological Professions within the Trust.
- Planning is underway for the Psychological Professions Celebration Event on 11 November 2026, which will bring together colleagues from across the organisation to showcase the breadth and impact of psychological practice, research, education and service development within Humber. The event will feature presentations, posters, exhibition stands and networking opportunities, with an opening address from Dr Adrian Whittington, National Clinical Lead for Psychological Professions. Colleagues of any profession from across the organisation are very welcome; details of how to reserve places will soon be published through Comms.

Research & Development: Key Highlight

- Leadership Transition: Cathryn Hart, Assistant Director of Research & Development, will retire at the end of August following 18 years of dedicated service to the Trust, including many years leading and developing the Research & Development function.

Cathryn has made a significant contribution to the Trust's success as a research-active organisation, overseeing the growth of the research team, securing increased research funding, strengthening regional and national partnerships, and expanding opportunities for staff, patients and local communities to participate in research.

Through her leadership, the Trust has enhanced its reputation across the Yorkshire and Humber research network and established a strong platform for continued growth and innovation.

- On behalf of the Trust, I would like to express sincere thanks to Cathryn for her outstanding contribution and commitment. Her expertise, leadership and

support will be greatly missed by colleagues both within the organisation and across the wider research community.

- Recruitment to the Assistant Director of Research & Development post is progressing, with interviews having taken place on 10 July 2026. We look forward to announcing the successful candidate and welcoming a new leader to build on the strong foundations established under Cathryn's stewardship.

5.5 Executive Director of Finance Updates

5.5.1 Leadership Visibility

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

5.5.2 Job Title

From 1st August 2026 the Directors Job Title will be changed to 'Executive Director of Finance, Resources, Estates and Digital' in response to the recent digital governance review and to reflect the director's portfolio in a transparent manner.

5.5.3 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: 69 (Including 14 in June)
- High Priority Cyber Alerts Issued during 2026: 15 (Including 2 in June)
- June Cyber Alerts with patch(s) NOT approved for deployment: 0
- June Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 2
- June 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

Servers:

There are 53 servers, 45 on-premise and 8 in Azure cloud running Windows Server 2022 (the latest version). All servers are fully patched to June 2026.

5.5.4 Digital updates

Digital & BI – CEO Highlights

Humber continues to demonstrate national and regional leadership through the NHS England Wayfinder programme and Interweave Shared Care Record developments.

Expansion of NHS App, Wayfinder and interoperability capabilities will improve patient engagement and access to services.

Digital Strategy and Annual Digital Plan have progressed through governance and were presented to Finance Committee ahead of Trust Board approval.

Ambient Voice Technology (AVT) rollout is progressing well, with Trust-wide consultant deployment planned; Copilot continues to demonstrate qualitative productivity benefits.

Significant focus on AI-enabled productivity, NHS App integration, interoperability and digital transformation aligned to national NHS priorities.

Proposed AI & Data Academy developed with Multiverse to improve workforce capability in AI, analytics and automation, funded through the apprenticeship levy with no additional commercial cost.

Trust maintains a strong cyber assurance position, including a recent Low Risk / High Confidence DSPT assessment.

Network modernisation, wireless infrastructure refresh and telephony migration continue to progress across the organisation.

AI technologies offer significant opportunities to improve productivity, reduce administrative burden and support workforce sustainability.

The Digital, Data and Technology team have achieved platinum organisational accreditation from the British Computer Society (BCS). This reflects the high level of professional accreditation and continuous professional development achieved by the team.

5.5.4 Facilities Management Updates

Hard FM - Operational Estates

Estates Operations supported Malton following the fire, which included the transportation of equipment between the temporary decant sites. Further assistance provided to the York Estates team, specifically in respect of water compliance requirements.

New fleet of Estates vehicles with cost saving to the organisation of circa £75k over three years.

Work to replace the roof at Lecture Theatre now well underway with completion expected w/c 3rd August. Further project to improve the internal environment, acoustics and audio-visual equipment will then follow.

Training requirements outside that of stat/man but required for individual specialist disciplines now on ESR.

Hard FM - Development and Sustainability

Appointment of IHP as Principal Supply Chain Partner (PSCP) under the Procure 23 Framework to take the Inpatient Redesign to RIBA stage 4, at which point the detailed design will be completed, along with the construction costs.

A public planning consultation event has been scheduled for 24 August 2026 within the Trust Lecture Theatre. Preparation of consultation materials, exhibition information and supporting documentation is currently underway. Notification letters are anticipated to be issued to local residents and statutory consultees on 3 August 2026.

Further work is ongoing with Ernst and Young to assess the project and formulate the approach to zero VAT rating.

Confirmation of critical infrastructure funding (£437k) from NHSE, with identified works in the process of being commissioned. Monthly updates on scheme progression issued to NHS E via the Bubble system.

Estates Strategy and Capital Delivery Group (ESCDG) Sub-Groups Established: Divisional ESCDG Sub-Groups have now been established to strengthen governance and ensure greater operational and strategic alignment of capital investment and accommodation requests.

Property

Preferred option for Hull MH Neighbourhood Centre confirmed as Freedom Centre. The project team is in the process of being set up, and works progressing to assign the lease / licence arrangements. ICB have confirmed that the cost of the lease with NHS PS be funded by them, with the fit out being facilitated via capital allocated to the Neighbourhood Care Centres. Confirmation being sought on period of time that the ICB will support the rental costs.

Accommodation Policy: The revised Trust Accommodation Policy is progressing through final approval and will provide a consistent, corporate approach to the allocation, management and efficient utilisation of Trust accommodation.

Occupancy Sensors: Following approval of the Data Protection Impact Assessment (DPIA), the Trust is preparing to roll out occupancy sensors (on a six-month rolling program) to support evidence-based space utilisation. This is to inform future accommodation planning and maximise the effective use of the estate.

Business Case for the transfer of Whitby hospital is progressing and further technical guidance being sought from NHS E in respect of process.

Safety

TOR developed for the formation of a new Fire Safety Group. This will report via the H&S Group and align with the new fire related guidance included in HTM 05-01.

H&S report for June 2026 included a section describing the Responsible Person concept for Fire, H&S and the new Martyn's Law (Terrorism Act). A SOP is subsequently being developed to further inform the duties from a fire safety and security perspective.

Soft FM - Hotel Services

Supported the Malton EPRR response. This included cleaning, curtain replacements and staff thank you hampers.

Taken over the cleaning at Waterloo as Hull City Council withdrew their provision of the service.

5.5.5 PARTNERSHIPS AND STRATEGY

The Trust has been awarded just over £1.2M for capital equipment over the next three years (£590K for software for Mental Health services and £621K for equipment – including diagnostics - for the Community/Addictions Division). Work is ongoing within the Division to ensure that the digital implications, revenue implications and benefit realisation proposal are fully accounted for.

The Trust has been working exclusively with Yorkshire Health Partners (YHP) on them acquiring Market Weighton Practice. The YHP Board formally approved the acquisition of the practice on 17th June. Staff and patient communications were issued the following day with a briefing note containing details of the transfer issued to wider stakeholders.

The Trust have been asked to submit a proposal to the ICB to utilise an initial £2.4m investment (with a potential further £2.4m) to redesign neurodevelopmental pathways across Hull and East Riding. The proposed model shifts from a diagnosis-led system to a needs-led, early intervention approach, developing a primary care adult ADHD service as a stepped model, as well as developing a non-pharmacological approach for both children's and adults ADHD treatment. The aim is to reduce reliance on Right to Choose (RTC) and establishing a sustainable NHS-led alternative.

LD Cancer Screening - A funding bid was submitted for £0.045m per year for 3 years to the ER Health Inequality Funding Panel for continuation of the LD Cancer Screening Project with a new social care focus and partnership with ERYC. The panel met and were supportive but due to not being quorate this is still pending final approval. Funding has also been released again for £50k for one year from the HNY Cancer Alliance and a further bid has been submitted for this also.

Building on the success of the Financial Inclusion Project and the strong relationship developed with Citizens Advice Hull & East Riding (CAB), the Trust is exploring opportunities to secure further investment through the Aviva Financial Futures Fund.

The Trust is currently working with CAB to shape a potential proposal, with options including the expansion of the Avondale pilot through dedicated resource or aligning support with the emerging Neighbourhood Mental Health programme. Both approaches would seek to strengthen financial resilience and improve access to advice and support for our patients and communities, helping to address the wider determinants of health and reduce inequalities.

6. Communications Update

See Appendix 1 & 2

7. Health Stars Update

See Appendix 3

Media Coverage – YTD



142 positive stories published in local/national media



5 Negative stories published

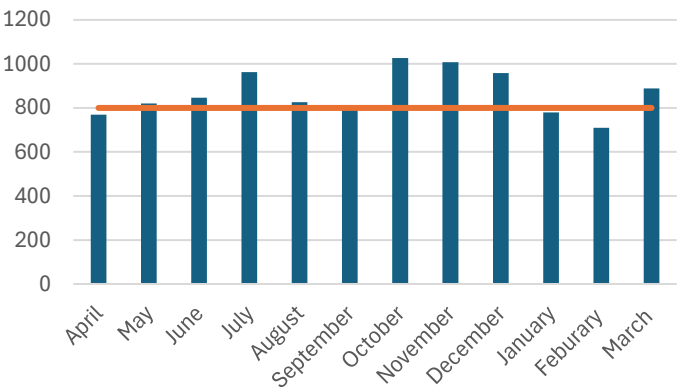
Monthly target of 5 positive stories:
1 negative story

Q4

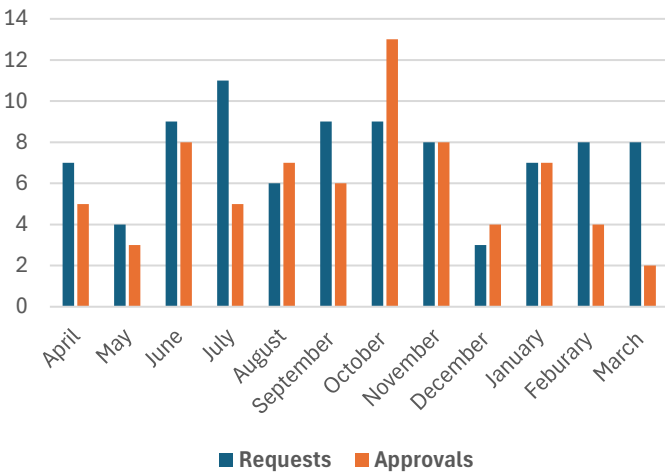
Funnel Stages	Number of Items
Published with key messages	19
Published with high reach	12
Published	39
Picked up by journalists	19
Press releases issued	12

Brand Management

Brand Portal Visits



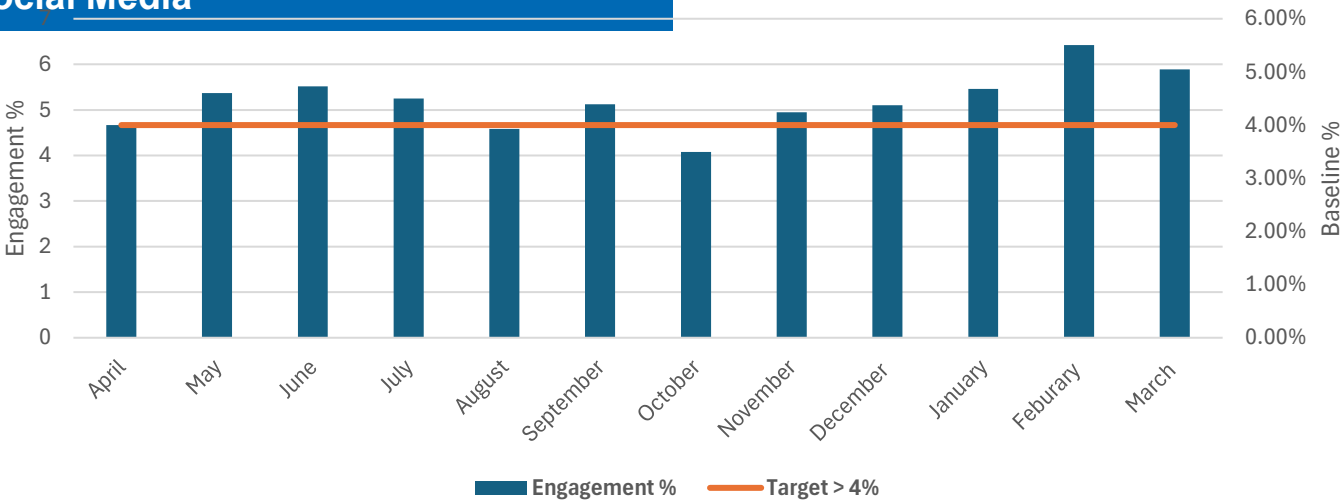
Brand Requests vs Approvals



The requests v approvals graph shows steady demand for brand support across the year, with predictable seasonal dips and a clear peak in July. Approvals generally keep pace with requests, indicating the process is working well. The pattern suggests teams are engaging with brand governance, but there is further opportunity for them to use the self-serve tools and templates available, coming to the Communications Team primarily for final approvals rather than full support.

Social Media

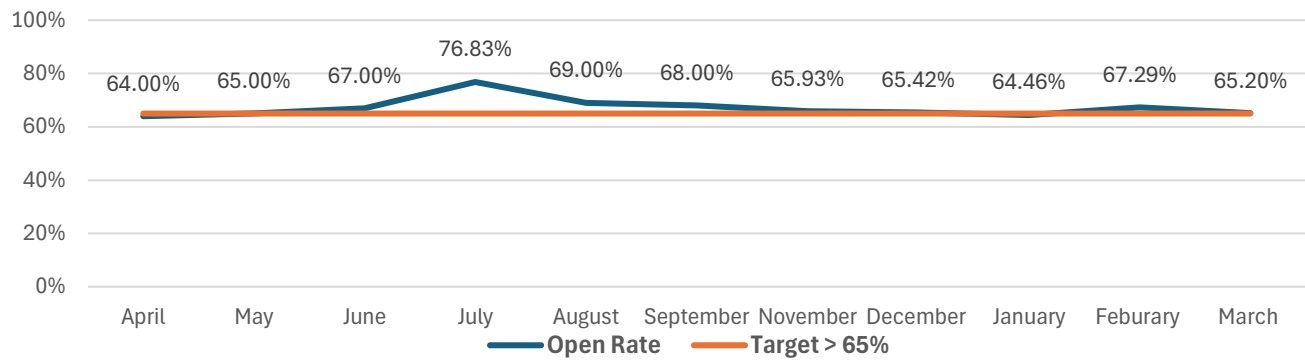
Social Media Engagement Rate



Social media engagement rate shows how actively people are interacting with our posts. It helps us understand whether our content is connecting with our audience.

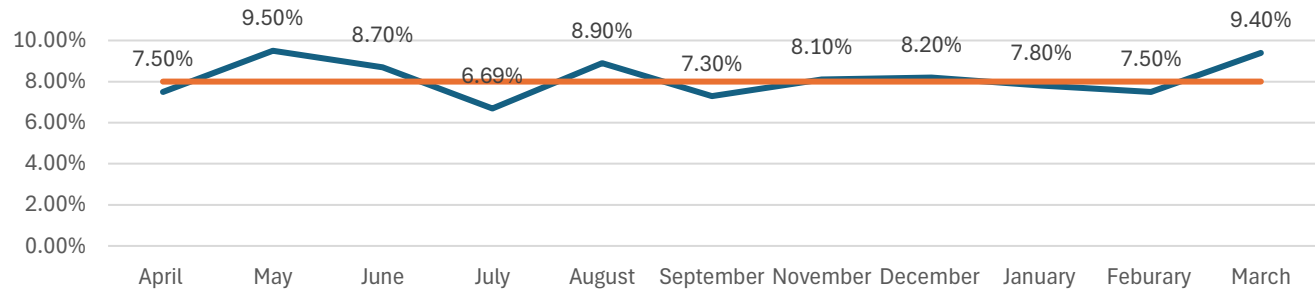
Internal Communications

Global Open Rate

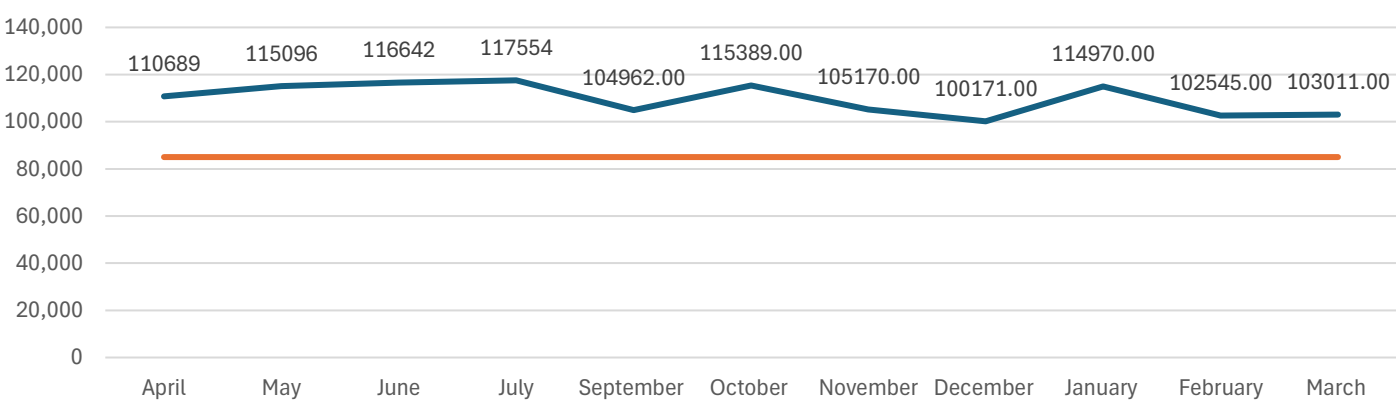


Global staff newsletter performance shows how many colleagues are opening and engaging with our regular updates. The click-through rate (CTR) shows how many go on to interact further by clicking on links, stories, or calls to action. Slight drop expected in February due to half term.

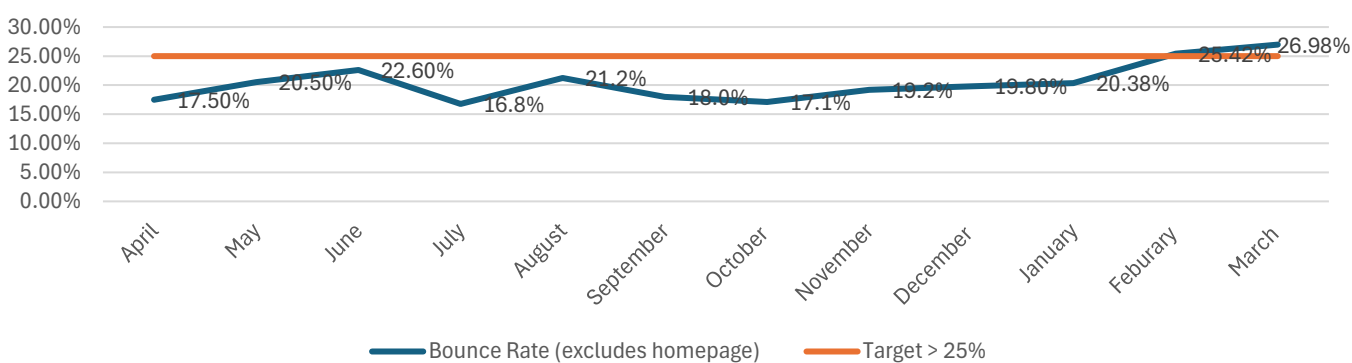
Global Click Through



Intranet Sessions

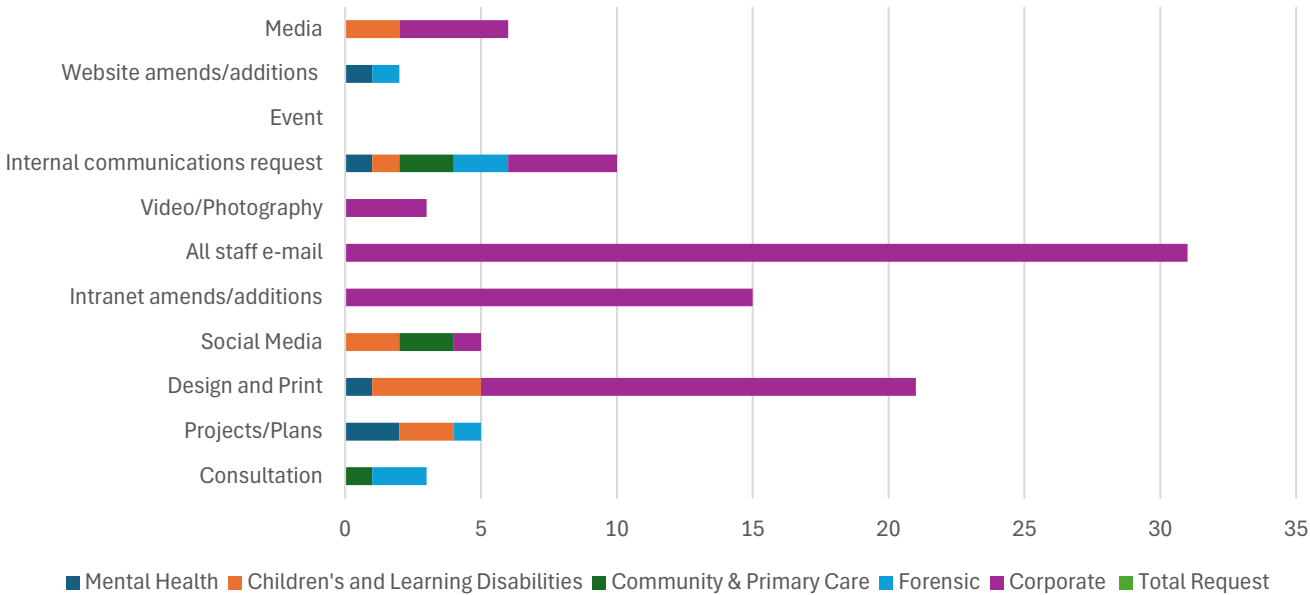


Intranet Bounce Rate (Excluding homepage)



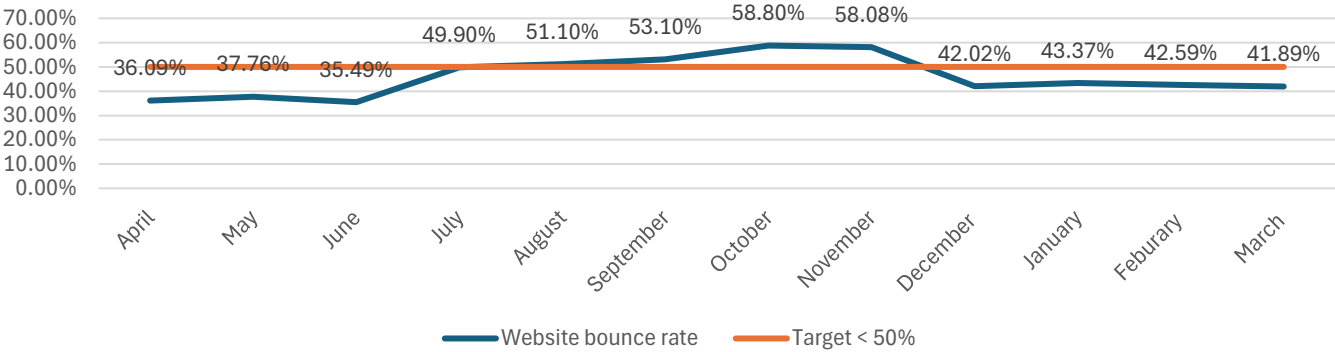
Communications Service

Support By Area



Website

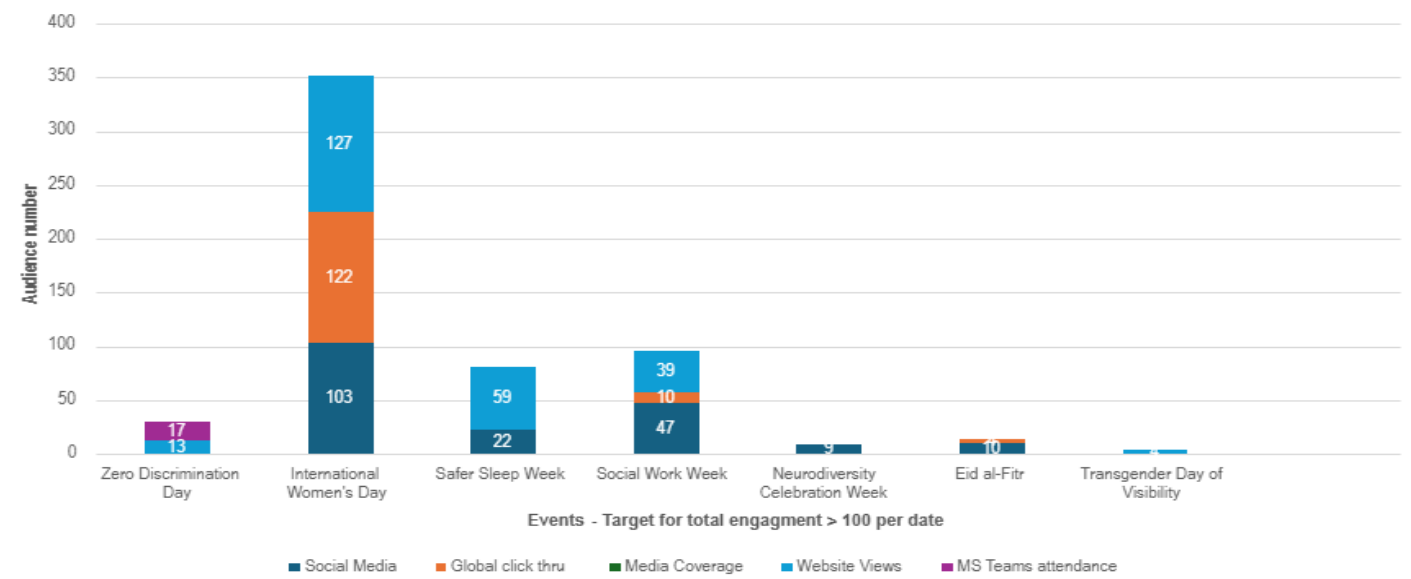
Homepage Bounce Rate



Bounce rate has reduced following the introduction of the new search function, enabling users to find precise information more quickly. As users increasingly reach the content they need via the shortest possible route, some fluctuation in overall page views is expected.

Events

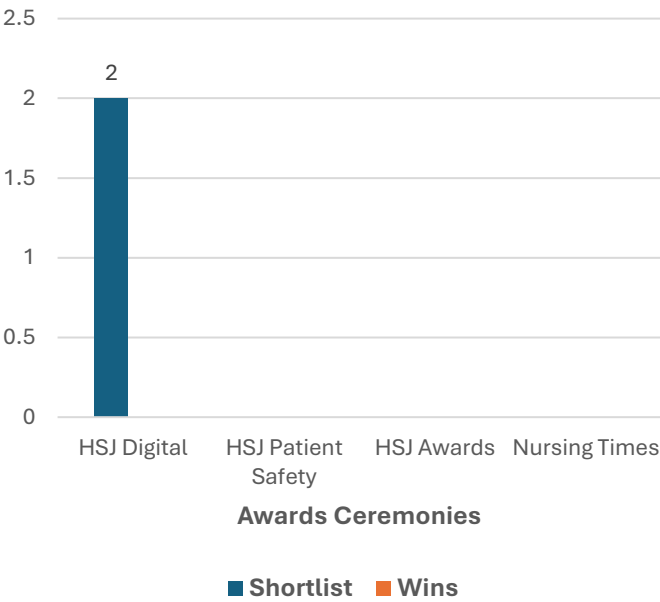
Awareness Days Engagement



February and March saw a marked uplift in awareness-day performance, with multiple red-rated dates significantly exceeding engagement targets — including 689 engagements for Mental Health Nurses Day, 233 for Time to Talk Day, 206 for Children’s Mental Health Week, and 352 for International Women’s Day in March. Non-red dates also performed strongly, with Social Work Week and Safer Sleep Week both surpassing their 50-engagement target. This sustained improvement reflects the impact of weekly content-planning meetings and the refreshed, proactive approach to contacting awareness-day leads, resulting in better-planned, multi-channel content that aligns with staff interests and Trust priorities.

Awards nominations and wins

The awards season has now begun. The new NHS Excellence Awards closed for nominations in March – we supported 19 nominations. We are supporting teams who are entering the HSJ Patient Safety Awards, HSJ Awards and The Nursing Times Awards.



Communications Board Report – January – March 2026

This is the final report to the Board on the delivery of the first year of the 2025–2027 Communications Plan.

Progress against the strategy is reported in two ways. Operational performance of core communications channels is monitored quarterly and shared with the Executive Management Team through a dashboard (appendix 1). This report will come to the board quarterly and focuses on the second strand: progress made against the strategic priorities identified to support delivery of the seven objectives.

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. Yearly review has taken place with a focus on content that is best engaged with, strategy to adapt accordingly.	Average social media engagement rate of 5.18% percent, with a peak of 30 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. 222 social media posts published across the period, averaging three posts per day. This brings the yearly total to 1,122.	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,	Patient information library initial build is complete.	Patient information library is currently being tested ahead of launch. This will provide a single source of accessible information to patients.	Measurable increase in access to patient information, with usage KPIs set six months after launch.

Project title	Strategic intent	Key activity during the reporting period	Progress and impact	Target outcomes by 2027
	accessibility, and inclusivity of patient communications.	The Trust website is ready for re-auditing to achieve WCAG 2.2 rating New guidance on online documents has been produced and new templates added to the brand centre.	All accessibility issues within the Humber website that would be unseen to those who do not use screen readers have now been fixed. This will ensure that we are compliant with WCAG 2.2, which is the 'gold standard' for website accessibility. Accessibility checklist is continuing to be well used by members of staff, the number of documents that need multiple amends has decreased significantly. All documents on Trust external-facing websites are now in formats that can be accessible.	Accessibility checklist applied to all documents submitted through the Brand inbox. Month on month increase in the number of documents available in multiple accessible formats.

Strategy Theme: Developing and 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 increase two way communication.	Updated intranet AI search function being well used, with further improvements currently being carried out to further enhance the functionality so that the search looks for words within policy documents, instead of just the title of the document.	Improved access to information through a more usable intranet. There has been an increase in visits to the news section of the intranet which has	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
		This will be completed by end May. The new Weekly Global has been running for two months. With a cleaner, design it is easier to navigate. The open rate remains consistent whilst engagement has increased meaning more staff clicking links and for information within the articles. New fortnightly managers operational update developed to be sent from Deputy COO has received positive feedback. Support given to our IT team set up a new M365 network. Encouraging communication between staff, who will share tips and advice on how to perform tasks within Microsoft 365 tools. 44 staff members have signed up, with continued efforts to	been visited by 1,376 different users, making it an increasingly important news channel. More direct and timely operational direction for managers, supporting improved cascade of actions alongside existing staff and executive communications. The M365 network will support collaborative working to find solutions to everyday Microsoft issues, leading to a more digitally confident workforce.	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
		further increase this number being made.		
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 and designed for online use. 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.	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 Year, New Job and Spring recruitment campaigns are now complete.	Recruitment campaign performance maintained in line with previous year with 150,000 visits to the Join Humber website. Engagement rate on website has grown to 50% from 30%.	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
			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.	Two podcasts recorded sharing the work of the Care Culture and equity group under the 'See the Story' campaign umbrella. Intranet hub and podcast to launch in May during Mental Health Awareness Month. Co-produced Trauma Informed Language Guide complete - to be launched following Care Culture and Equity Group approval in June.	KPI of 'See the Story' campaign is the increase in Trauma Informed self-assessments and the number of Trauma informed training sessions booked via ESR. Early foundations in place to support consistent application of trauma-informed standards across services.	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.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes 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.	Audit actions that required web development approved by Digital Delivery group. This will be completed by the end of March 2026. Internal audit actions complete. Accreditation process to begin in May 2026. Microsoft Sway newsletter templates rolled out on Brand Centre. Plain text templates and accessibility guidance added to Brand Centre.	Improved consistency and quality of accessible digital content. Clear delivery plan in place to address audit findings and reduce non-compliance risk. Increased staff awareness of digital accessibility standards and responsibilities.	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.

Communications Partner Projects

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Community and primary care	To support integrated community and primary care pathways by providing clear, targeted communications that improve understanding, referral quality, and partnership working.	Completed – member of staff on maternity leave.	Positive feedback from the Virtual Wards Service Manager and Matron on support to communicate service priorities.	Sustained improvement in referral quality and bed occupancy for virtual ward services. Positive partner feedback on the effectiveness of

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
			Improved shared understanding of pathway focus areas across partner organisations. Early indications of improved appropriateness of referrals and sustained bed occupancy.	communication across integrated pathways. Consistent access to communications support for community services during periods of staff absence.
Mental health, Recovery and Wellbeing College	To increase awareness and engagement with the Humber Recovery and Wellbeing College by reaching wider audiences through targeted, interest-based communications.	Ongoing promotional activity focused primarily on staff audiences, with secondary emphasis on social media has continued beyond initial campaign period. Minimum of two social media posts per week. Recovery-focused content published weekly on Trust social media channels.	30% increase in social media followers since the campaign began. Sustained session attendance growth of 25% supported by positive feedback from new attendees.	Doubling of social media following for the Recovery and Wellbeing College. Sustained increase in session attendance of at least twenty five percent. Clear evidence of improved reach and engagement following analysis after the winter campaigning period.
Forensic	Raising the profile of the Forensic Division by sharing its news, achievements, and stories more widely across both internal Trust channels and external platforms.	South West Lodge video was produced for use at stakeholder event Forensic stories are now shared regularly in the Global for increased awareness Trust-wide	Forensic division now has the lowest vacancy rate across the Trust.	Increase in stories shared in both Global and Trust website news, raising the profile of the division.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		External stories have been shared on Trust channels – EDI award, Conference presentation		
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.	Campaigns around potty training and immunisations have been developed ready for launch.	4 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

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.	Actions taken to address internal culture themes identified through staff survey feedback – focus on education and knowledge sharing in Q4. Q4 surveys shared – results being analysed this month to set benchmark for this time next year. Including feedback on Communications Partner role.	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.	At least 80% overall team satisfaction. More than seventy percent of team members report satisfaction working in the communications team. More than 60% of senior managers report feeling

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		Key priority areas for 2026-27 selected in Q1.	Higher levels of efficiency and collaboration due to introduction of shared digital tools across the team.	well supported by the communications team. 80% or more 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
Digital empowerment, innovation and quality	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.	Interweave communications support ongoing, including for the Summit 3.5 event in Birmingham in March. Communications support provided to Trust-wide BeDigital programmes, including the new BeDigital Glossary and Resulting Go Live. BeDigital Week 2026 complete.	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	See BeDigital Strategic Communications Plan 2026-28, which is in line with the Trust's Enabling Digital Strategy. See Interweave Communications Strategy 2025-27.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		Positive case studies from digital investment captured and shared. Digital Literacy Framework begins in Q1. Regular EMT and Board updates provided using meaningful digital communications data and outputs.	aligned to organisational goals and the 10 Year Plan. Early strengthening of media relationships to support future digital innovation coverage.	

Strategy Theme: innovating for Quality & Patient Safety

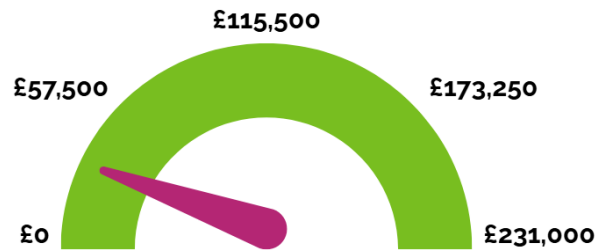
Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
CQC communications support	To support quality improvement and regulatory readiness by providing clear, timely communications aligned to CQC requirements and internal quality priorities.	Q4 self-assessments completed. Attendance at Quality Standards Group to report on progress and	Improved clarity and shared understanding of CQC position and progress. Stronger alignment between quality activity and communications support. Increased confidence in the Trust's approach to CQC	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.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		support priority areas. Supported recent inspections and part of new inspection response plan.	readiness, reflected in positive senior feedback and improved self-assessment outcomes. Improved process to manage inspection outcomes	
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. Book in to attending 2026 FTSU Meetings New posters on staff sites	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.

Health Stars: Performance Dashboard

May 2026

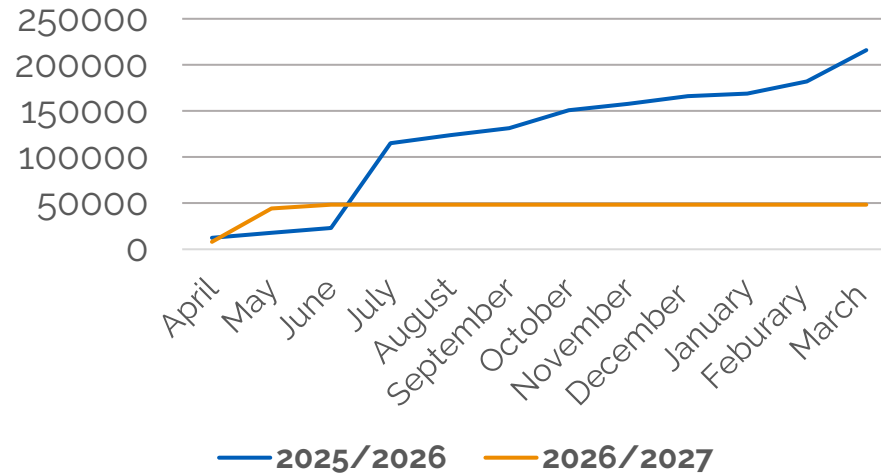
Funds raised to date



£30,221

Target: £231,000

Income by month



Fundraiser of the month

The Cave Players
Raised £750 from their
pantomime



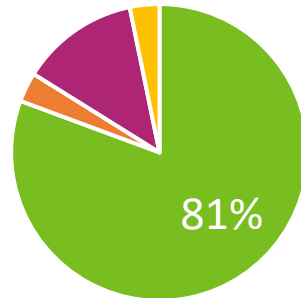
HIGHLIGHTS

- ★ Humber Business Week event: Workforce Wellbeing Exchange welcomed 40 people from local businesses and showcased Trust services
- ★ Work started in the Better Days Room on Fitzwilliam Ward, Malton Hospital

CHALLENGES

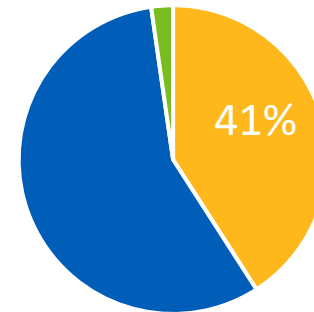
- ★ Corporate fundraising is difficult in the current economic climate

Wishes approvals



■ Approved ■ Declined ■ In Progress ■ Closed

Wish Benefit



■ Patient ■ Staff ■ Other



Total wishes
received to date:

31

(2025/26 = 30)

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Publications and Policy Highlights															
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 inform and update the Trust Board on recent publications and policy since the May 2026 Board meeting (as detailed below): • A third more people denied continuing healthcare • The Single Patient Record • New Mental Health Strategy to Transform Care in England • Parliamentary Briefing: Second Reading of the Health Bill • Kings Fund – Analysis of the NHS Modernisation Bill 2026 • Public Policy Projects – Beyond Bed Management • Health Inequalities • Tackling Modern Slavery in NHS Procurement • Delivering an Effective Neighbourhood Health Service • Advanced Foundation Trust Programme • NHS Oversight Framework 2026/27															
Key Issues within the report:																
Positive Assurances to Provide: • n/a		Key Actions Commissioned/Work Underway: • n/a														
Key Risks/Areas of Focus: • n/a		Decisions Made: • n/a														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail)													

Monitoring and assurance framework summary:

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

Publications and Policy Highlights

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

1. Almost a third more people denied continuing healthcare

A report published by the King's fund called 'No man's land: the experience of patients at the interface between health and social care' highlights that access to continuing health care (CHC) has become more restrictive over time. In the report, the think-tank calls for a review into the decline in CHC eligibility and the rise in reassessments, with a particular focus on reducing unwarranted variation between areas.

Link: [The Experience of Patients At The Interface Of Health And Social Care | The King's Fund](#)

Lead: Chief Operating Officer:

The report highlights that the interface between health and social care continues to operate as a fragmented system in which patients frequently experience delays, confusion and gaps in support, particularly during key transition points such as hospital discharge or changes in care needs. These challenges are driven not only by coordination issues but by fundamental structural differences between the NHS and adult social care, including funding arrangements, eligibility criteria and accountability frameworks, which create variation in access and inconsistent patient experiences. Increasing demand, especially from an ageing population with complex health and care needs, is placing growing pressure on both sectors, contributing to avoidable admissions, delayed discharges and greater dependence on unpaid carers. The report suggests that alongside continued efforts to improve integration and coordination, expanding access to publicly funded social care would help reduce system pressures, improve continuity of care and provide a more sustainable response to rising demand. Our services recognise the interrelationship and work closely with local authority colleagues to improve proactive discharge planning and support partnership working for early identification of people at risk of deteriorating in order to reduce fragmentation, prevent avoidable admissions and improve continuity of care across the health and social care interface.

2. The Single Patient Record

The Single Patient Record is a key component of the government's Health Bill currently going through Parliament and it sits at the heart of its 10 Year Health Plan for England. The aim is to summarise patient health information, test results and letters in one place electronically – all accessible through the NHS App. This would allow patients to see their entire digital health record and enable clinicians to act promptly on the right information at the right time. However, there are some concerns regarding privacy, security and safety of data.

Further details can be found in this report published by NHS Alliance: [The Single Patient Record: Keep an eye on the prize](#)

Lead: Executive Director of Finance:

Rather than building a central data warehouse from scratch, the SPR is designed on a federated architecture. It leverages existing shared care records and electronic patient records (EPR) platforms to link data dynamically across secondary, primary, and social care settings.

To reduce deployment risk and learn from previous national data initiatives, a phased rollout strategy has been initiated. Prototype testing is underway in two high-priority pathways (Maternity Care and Frailty Care):

Interweave is engaged directly with the NHS England SPR team on the development of the national solution.

3. New Mental Health Strategy to Transform Care in England

Frontline workers, clinicians and mental health experts are being invited to share their views on how to transform mental health care for children and adults in England, as the government launches a call for evidence to shape its once-in-a-generation cross-government mental health strategy.

The strategy will drive a fundamental shift towards prevention - treating people earlier and faster, and supporting those with mental health conditions to live a full life and stay active in education, work, family life and their communities.

Link: [Government to transform mental health care with new strategy - GOV.UK](#)

Lead: Executive Medical Director:

Humber Teaching NHS FT submitted evidence to the consultation, drawing on its experience of delivering integrated mental health, community and primary care services.

The Trust will now monitor publication of the final strategy and assess its implications for local service delivery and strategic priorities.

In particular, the Trust will continue to develop neighbourhood mental health, prevention and integrated care initiatives, while strengthening partnerships with local authorities, education providers, primary care and voluntary sector organisations to support improved mental health outcomes for the population it serves.

4. Parliamentary Briefing: Second Reading of the Health Bill

The health bill, introduced to Parliament on 14 May, seeks to empower patients through access to their personal data; create a leaner and more effective centre; and to empower integrated care boards (ICBs) and foundation trusts (FTs) to deliver the best care for the patients and the populations they serve.

NHS leaders are working hard to improve care and population health outcomes, as well as deliver against the ambitions of the government's 10 Year Health Plan.

Ahead of the second reading of the health bill, the NHS Alliance has identified six areas on which they are most likely to proposed amendments.

Link: [Parliamentary briefing: Second reading of the health bill](#)

Lead: Chief Operating Officer:

The NHS Alliance's briefing on the Health Bill highlights six key areas where it is seeking amendments ahead of the Bill's parliamentary scrutiny. While the Bill aims to streamline the NHS by abolishing NHS England, strengthening ministerial accountability, empowering providers and commissioners, improving patient safety, supporting integrated working, and enabling a Single Patient Record, the Alliance raises concerns that several proposals could inadvertently increase central control and weaken local autonomy. Particular issues include expanded powers for the Secretary of State over foundation trusts and service reconfigurations, potential conflicts of interest arising from changes to ICB governance and the abolition of Healthwatch, and a lack of clarity around accountability, governance and liability for the Single Patient Record. The Alliance broadly supports the Bill's ambitions for integration, prevention and digital transformation but argues that

stronger safeguards are needed to protect local decision-making, maintain patient voice and independence, support effective system collaboration, and ensure public trust in the management and use of patient data.

5. Kings Fund – Analysis of the NHS Modernisation Bill 2026

The King's Speech outlined the government's plans to reform how the NHS is led and managed through the proposed NHS Modernisation Bill, with significant changes to the way national and local parts of the system are structured and governed. The reforms include:

- the abolition of NHS England
- changes to the roles and responsibilities of integrated care boards
- changes to statutory data functions and the single patient record
- the abolition of Healthwatch and the creation of a new DHSC patient voice function.

To help make sense of what this bill could mean in practice, the Kings Fund has brought together all their latest analysis and commentary at: <https://www.kingsfund.org.uk/insight-and-analysis/projects/nhs-modernisation-bill-2026>

Lead: Executive Director of Finance/Chief Executive:

The Trust will continue to monitor and review the impacts of the changes in the NHS architecture with regular updates provided to Board and sub-committee as this evolves/matures.

6. Public Policy Projects – Beyond Bed Management

This report summarises the insights from a roundtable organised by Public Policy Projects in March 2026, exploring how patient flow can be improved across the whole care system. It finds that problems with patient flow can be linked to governance as well as technology. It looks at the potential of digital tools and makes various recommendations on how NHS organisations can improve patient flow.

Link: [PPP_DDT26_RT1_Report_Beyond_bed_management.pdf](#)

Lead: Chief Operating Officer:

The report highlights that patient flow should be seen as a whole-system challenge rather than simply a hospital operational issue. It suggests that improvements are more likely to come from aligning accountability and decision-making across pathways and empowering Integrated Neighbourhood Teams (INTs) with the authority, data and insight needed to proactively manage defined population cohorts. The report also emphasises the importance of digital transformation moving beyond electronic record keeping towards supporting population health management through interoperable systems, real-time intelligence, risk stratification and preventative intervention. However, it stresses that technology alone will not deliver improvement and that success depends equally on leadership, workforce engagement, training and effective change management. Overall, the report concludes that bringing together stronger governance, neighbourhood-based models of care, digital intelligence and workforce transformation will be essential to improving patient flow, reducing pressure on acute services and supporting delivery of the NHS 10 Year Health Plan. This report has been shared with the Mental Health Division, Transformation Team and Partnership and Strategy to consider with improvement and transformation schemes in these areas.

7. Health Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. They remain one of the most pressing challenges facing the UK today – and where you live can have a big impact on your years of healthy life. In this updated explainer, the King's Fund highlights the scale and urgency of the issue.

Link: [Health inequalities in a nutshell | The King's Fund](#)

Lead: Executive Medical Director:

The King's Fund's latest analysis highlights the continuing impact of health inequalities on life expectancy, healthy life expectancy and access to care, particularly for people living in deprived communities and other disadvantaged groups.

Reducing health inequalities remains a key priority for the Trust and is embedded within our Care, Culture and Equity programme, neighbourhood health developments, preventative approaches and wider population health ambitions.

The Trust continues to make good progress through its Health Inequalities Delivery Plan, including supporting neighbourhood health and mental health hub developments, using population health data to inform service redesign, improving accessibility and reasonable adjustments, promoting financial inclusion, and strengthening partnerships across the NHS, local authorities and the voluntary sector. This work supports our ambition to reduce inequalities in access, experience and outcomes for the communities we serve.

8. Tackling Modern Slavery in NHS Procurement

NHS England has published updated guidance for goods or services being procured for the purposes of the health service in England. This applies to all NHS organisations who are expected to:

- take steps for assessing and addressing the risk of slavery and human trafficking taking place
- design procurement procedures and contracts which respond in a proportionate and relevant way to the level of risk of modern slavery
- make provisions within contracts to ensure supplier compliance with the regulations and this guidance.

Link: [NHS England » Tackling modern slavery in NHS procurement](#)

Lead: Executive Director of Finance:

From 17 May 2026, the National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2025 came into force, introducing new statutory duties for all NHS organisations to identify and manage the risk of modern slavery across all procurement activity, regardless of contract value or procurement route.

The regulations require a Modern Slavery Risk Assessment to be completed for every procurement using the Atamis system. The risk rating (low, medium or high) determines the proportionate due diligence, supplier assurance and contract management measures that must be applied. For medium and high risk procurements, suppliers may also be required to complete the Modern Slavery Assessment Tool (MSAT) to support ongoing monitoring and improvement throughout the contract lifecycle.

The Procurement Team is reviewing its processes, documentation and governance arrangements to ensure compliance with the new requirements, supported by NHS England guidance.

9. NHS Finance and Performance Ambitions 2026/27

Ahead of financial year-end, NHS Alliance surveyed ICBs, NHS trusts and foundation trusts, and general practice providers to build a broad understanding of experiences across the NHS. The findings reveal the progress made in the last year despite ongoing challenges from industrial action, rising demand and constrained finances. They also reveal the difficult trade-offs required – and those still ahead – to improve financial sustainability and operational performance. The research highlights that the measures taken to meet financial plans have come at a cost, impacting efforts to build a more prevention and community-focused model of care and staff morale.

Link: [Targets and trade-offs: NHS finance and performance ambitions in 2026/27](#)

Lead: Executive Director of Finance:

This report identifies the progress the NHS has made in 2025/26 in delivering the overarching financial position, however the ask in 2026/27 is likely to be even harder and there are widespread concerns on patient experience, service reduction and staff morale that will need careful management.

10. Delivering an Effective Neighbourhood Health Service

NHS Alliance has produced a guide which is designed to help leaders move from aspiration to action, translating the vision of a neighbourhood health service into meaningful progress. Drawing on insights from leaders at the forefront of innovative models of neighbourhood working and approaches being developed across the country, it sets out:

- four strategic actions that enable teams to deliver neighbourhood health effectively
- insights from emerging practice
- practical steps that can be taken now.

Link: [From rhetoric to reality: delivering an effective neighbourhood health service](#)

Lead: Chief Operating Officer:

The report argues that neighbourhood health must move beyond policy aspiration to become the core model for delivering proactive, preventative and community-based care. The report identifies four critical enablers of success: organising care around residents rather than organisational boundaries; co-designing services with communities and the voluntary, community and social enterprise (VCSE) sector as equal partners; using technology and data to support integrated working; and scaling successful approaches through strong leadership and shared learning. It emphasises the importance of multidisciplinary neighbourhood teams spanning primary care, mental health, community services, social care, housing and the VCSE sector, working together around the needs of local populations. Success depends on empowering local teams, strengthening relationships with communities, improving information sharing, and creating a culture of distributed leadership and continuous improvement. The report concludes that achieving the vision of neighbourhood health will require sustained investment in collaboration, workforce capability, digital infrastructure and community partnerships to deliver more coordinated, personalised care closer to home. For mental health services, the report reinforces the need to embed mental health practitioners within neighbourhood multidisciplinary teams, strengthen partnerships with VCSE and community organisations, use shared data and care coordination tools, and adopt a proactive population health approach focused on prevention, early intervention and reducing health inequalities. This report has been shared with Neighbourhood leads and operational teams.

11. Advanced Foundation Trust Programme

NHS England has published a policy framework which sets out the overarching policy intent and principles of the Advanced Foundation Trust Programme, including details of the freedoms that advanced foundation trusts will benefit from.

Link: [NHS England » Advanced Foundation Trust Programme – policy framework](#)

Lead: Executive Director of Finance/Chief Executive

A review of the assessment criteria indicates that the Trust is in a strong position to submit an application to become an Advanced Foundation Trust. The Trust can evidence strength across all 5 domains, is in the top two segments within the NOF, is rated CQC “Good” overall and has a provider capability score of “green.”

The Trust is planning to apply for AFT status as soon as eligibility is confirmed by NHSE, in line with the Trust’s draft 5 Year Strategic Roadmap.

12. NHS Oversight Framework 2026/27

NHS England has published a revised NHS Oversight Framework (NOF) for 2026/27. It brings together measures of access, quality, productivity, people and finance. The updated Framework retains the core architecture and oversight approach from the 2025/26 Oversight Framework. It has been updated to reflect the maturing operating model, introduces delivery segmentation for ICBs and clarifies the role of NHS England’s regional teams in overseeing performance.

Link: [NHS England » NHS Oversight Framework 2026/27](#)

Lead: Executive Director of Finance

The Trust are awaiting the technical guidance to support the newly published framework, reports will be taken to EMT and relevant sub committees of the board as guidance is published and the Trust performance is able to be assessed.

Agenda Item 09

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Freedom to Speak Up Annual Report 2025/26															
Author/s:	Michele Moran, Chief Executive and Executive Lead for Speak Up Alison Flack, Freedom to Speak Up Guardian															
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 present the Freedom to Speak Up Annual Report 2025/26 for discussion and approval.															
Key Issues within the report:																
Positive Assurances to Provide: 51 speak up concerns were raised during 2025/26 compared to the previous year of 31 concerns indicating an increase in staff raising concerns through speak up processes. 97.42% completion of FTSU Mandatory Level 1 training against a target of 85% - An internal audit of processes provided “Significant Assurance” with all recommendations completed.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Review and develop resources available to staff via intranet. - Promotion of ambassadors across the Trust including poster photos and ‘meet the team’ piece on intranet. - Draft terms of reference to be agreed by Executive Management Team for case review meeting including HR, Quality and Operational senior leaders.														
Key Risks/Areas of Focus: - Continued recruitment of ambassadors. - Spreading learning from speak ups at a team, division and trust wide level. - Encourage feedback questionnaire completion. - Staff survey results - Priorities for 26/27 to be completed.		Decisions Made:														

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	23/06/26
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Freedom to Speak up Guardian's Annual Report – 2025/26

This report provides the annual update to the Board regarding Freedom to Speak Up, including concerns raised, emerging themes, improvement activities and developments. It also includes a review of our priorities for 25/26 and our priorities for 26/27.

National Context

The development of Freedom to Speak Up in the NHS was led by the National Guardian's office and supported by local Freedom to Speak Up Guardians in each organisation providing health care services. It was initiated in response to the recommendations made in Sir Robert Francis QC report in 2015. This review was a follow up to the public inquiry on the failings in care at Mid Staffordshire NHS Foundation Trust. The FTSU Review found that the NHS culture did not always encourage staff to speak up about events they witness and concerns they may have where patients and staff could suffer as a result.

Following the Dash Review of patient safety in 2025 and the recommendations made. From 1 July 2026, NHS England will deliver some of the activities previously undertaken by the National Guardian's Office. Trusts, primary care organisations, integrated care boards and independent providers will be taking on greater responsibility and accountability for embedding effective Freedom to Speak Up arrangements. As a result of this the National Guardian's Office has now closed. We are currently reviewing the changes that we will be required to implement. There is also now much more focus on speak up processes undertaken by the Care Quality Commission.

Humber NHS Teaching Foundation Trust Update

The Chief Executive is the Trust's Executive Lead for speaking up. Carrie Woolerton has been appointed as the new Non-Executive Director Lead for speaking up replacing Dean Royles who has left the Trust.

The Trust currently has a Freedom to Speak Up Guardian, a Deputy Speak Up Guardian and 6 ambassadors embedded across the divisions of the Trust. It also has a medical consultant ambassador as a result of the learning from the Countess of Chester Hospital incidents.

Board Leadership and Oversight

The Executive Lead, Non Executive Director Lead, and Guardian have completed the required speaking up training provided by the National Guardian's Office.

The Trust Board is informed of all speak up concerns on a bi-monthly basis.

A quarterly review meeting is held with the Trust Chair, Chief Executive, Non-Executive Lead and the Guardian to review all concerns raised and the relevant actions and learning.

The Trust Board have met to review the National Guardian's Office Reflection and Planning Tool in 2025 and a further review session is planned in October 2026.

Freedom to Speak Up Vision and Strategy (2024 - 2027)

Our Freedom to Speak Up Vision and Strategy was approved by the Trust Board in 2024. Our FTSU strategy and vision aligns and supports our Trust strategy and is underpinned by our Trust values, caring, sharing and learning.

Four key areas were identified as priorities: -

- Continuing to improve awareness of speaking up.
- Improving confidence for our staff in raising concerns.
- Providing training and support to all our leaders and managers.
- Improving our data collection and governance processes.

Training for Staff

All Trust staff are required to complete Level 1 National Guardian's Office Speak Up training. All new staff receive information on speaking up at induction. We have received positive feedback from new staff on this training and how important it is for new staff to understand that the Trust encourages staff to speak up and understand the routes available for them to do this. The Trust had set a target of 85% and has achieved 97.42%.

Level 2 and Level 3 NGO Speak Up training are available as part of the Trust's training programmes. We continue to encourage our managers to complete these through communication routes.

Number of Speak Up Concerns Received from 1 April 2025 until 31 March 2026

During the period 1 April 2025 until 31 March 2026 - 51 speak up concerns were received through the speak up processes.

This is an increase in the number of staff raising concerns through speak up compared to 2024/25 when 31 speak up concerns were received. It is important to note that in some instances, a number of staff have contacted the Guardian to raise similar concerns in the same area. We continue to raise the profile of speaking up through the Trust's communication channels, our ambassadors and by attending team meetings.

There were 3 Trust investigations commissioned, overseen by the Deputy Chief Operating Officer. These were in relation to the concerns raised in the following areas: Forensics, Mental Health and Community services.

Number of Speak Up Concerns Received

2023/24	39
2024/25	31
2025/26	51

Types of Concerns

During 2025/26 the speak up concerns raised were in relation to: -

- Staff seeking support for issues relating to their own terms and conditions, these staff are signposted to the HR team for support and advice. The introduction of the Trust's Respect campaign and our "Being Humber" framework has also reduced the number of staff contacting the Guardian in this area.
- Medication management.
- Patient safety incidents.
- Disability discrimination.
- Allegations of bullying and harassment.
- Staffing levels – due to sickness and vacancies.
- Patient acuity and complexity.
- Visibility of senior staff.
- Team working.
- Relationships with line managers.
- Waiting list management.
- Allegations of misuse of Trust time.
- Estates
- Allegations of misuse of the Trust's social media policy.

Outcomes

The following highlights a number of outcomes and actions taken as a result of concerns being raised through speak up.

- Concerns were raised in a mental health team regarding high levels of activity, high vacancies and sickness. As a result of this, following a review of the referral and allocation model was changed due to patient safety concerns and patients waiting for assessment. Patients were allocated across the team to appropriate care coordinators based on patient need and staff capacity. The team was also part of project assure with full oversight by the Executive Management Team.

- Concerns were raised regarding high levels of vacancies, sickness and staffing levels at a community inpatient unit. A 6 month deep dive review of incidents, staffing, sickness and vacancies was completed as well as staff listening events.
- Concerns were raised regarding use of Trust time and staff relationships in the forensic services. A full review was undertaken and a number of changes implemented following this.
- Concerns were raised regarding disability car parking and the safe evacuation of patients and staff. Immediate action was taken to rectify this.
- Concerns were raised regarding the storage of medication. An audit was completed by the Trust's pharmacy team.

Case Study

The staff member contacted the confidential speak up in box to raise concerns around staffing levels, increased number of falls, high sickness levels and a number of vacancies in the team. The speak up in box is monitored closely and all queries are responded to within 3 days. The staff member was met with to discuss the concerns in more detail. They were thanked for raising their concerns.

The concerns were escalated to the Deputy Chief Operating Officer and Deputy Director of Nursing for review. A review from the last 6 months was undertaken to review the type/number of incidents, staffing levels and vacancies. As a result, the clinical leadership model was reviewed, staff listening exercises were completed and a number of changes implemented including changes to the staffing levels.

The outcomes were fed back to the staff member and a number of changes have been implemented with oversight from the Trust's Executive Management Team.

Concerns received by Division

The following provides a breakdown of staff reporting concerns by division or Trust department and the associated staff groups reporting concerns.

	2021/22	2022/23	2023/24	2024/25	2025/26
Children's & Learning Disability Services	8	2	12	6	11
Community & Primary Care Services	3	3	3	9	7
Corporate Services	4	3	2	0	4
Forensic Services	1	0	1	0	6
Mental Health Services	11	15	21	16	22
Not known/Other					1
TOTAL	27	23	39	31	51

The highest division reporting concerns through speak up is in the Mental Health Services Division.

Staff Groups reporting concerns

	2021/22	2022/23	2023/24	2024/25	2025/26
Administrative Staff	3	3	2	3	3
Allied Health Professional	0	2	3	3	8
Hotel Services Staff	3	1	1	4	
Medical Staff	3	0	3	3	6
Qualified Nurse	6	10	16	6	22
Social Worker	1	2	3	0	2
Unqualified Nurse	10	4	7	5	7
Not Known/Other	1	1	4	7	3
TOTAL	27	23	39	31	51

Operational Oversight

The Guardian meets on a monthly basis with the Deputy Chief Operating Officer to review all concerns that have been escalated.

The Guardian meets with the Executive Director of People and the Deputy Director of People on a regular basis to review any concerns and potential trends and themes.

The Guardian meets with the Deputy Director of Nursing to review any safeguarding, professional or patient safety concerns to ensure there is the appropriate level of governance and oversight. This also provides an opportunity to review submission of related datix's and that the necessary actions have been taken.

As a result of concerns being raised, action plans have been put in place for a number of areas with close scrutiny by the senior operational leads. This includes concerns raised in forensics, mental health and community divisions.

Raising Awareness of the Freedom to Speak up Guardian

Role and Function

We continue to promote the Guardian role virtually across the Trust by attending team meetings and publishing regular communications through the Trust communications programme. The Chief Executive also continues to raise awareness through the Chief Executive communication channels. The Guardians have attended the Trust's Senior Management Team forum, the Operational Leadership Group and also various team meetings to promote the role of speaking up, share information from the National Guardian's Office and to discuss barriers to speaking up. A number of virtual all staff events have been held to share information

on speaking up as part of the National Guardian's Office annual speak up month campaign.

Feedback from Staff

Gathering feedback from staff is an important measure to understand staff's experience of speaking up. An anonymous questionnaire is sent to staff to complete to gain feedback and gather equality and diversity information. Feedback received from staff included the following comments:-

"I felt I was taken seriously throughout and my concerns were addressed."

"Easy quick process, felt listened to and advice was helpful."

"Everything was dealt with total respect and understanding of my situation and concerns."

"The deputy Guardian was absolutely lovely and very supportive"

"I have total faith in the process of raising a concern now".

Who is raising concerns through speak up processes?

Staff raising concerns through speak up are encouraged to complete the anonymous questionnaire and encouraged to complete the equality and diversity monitoring form. The response has been limited with 7 responses but has shown the following:-

- No staff raised concerns under 20 years old or over 65 years old.
- 4 staff identified as White English/Welsh/Scottish, 1 mixed British, 1 white other.
- In 6 cases English was the individual's main language, 1 case where Russian was the main language.
- The majority of staff selected no religion or preferred not to say.
- Two staff members identified that they had a disability.
- Six staff members identified as female, one preferred not to say.

During 26/27 we will continue to encourage staff to complete the questionnaire and equality and diversity categories. This will help us to identify where there are potential barriers to staff raising concerns.

Guardians have attended the Trust's networks to raise awareness of speaking up – the Rainbow Alliance LGBTQ+ Network, Anti-Racist Network and The Disability Network.

Staff Survey

The recent staff survey results for 25/26 showed a slight reduction in the areas relating to raising concerns and speaking up. The details are shown in the table below. There is still further work and actions for us to develop to continue to improve these responses and to understand the reasons for the reduction. We will be using information from the staff listening exercises that have been undertaken in teams.

Staff Survey Results 25/26

Question	National	Humber	Benchmark
Confident that their organisation would address their concern	47.59%	65.75% 2024: 65.19%	59.29%
Feel safe to speak up about anything that concerns them	60.29%	70.18% 2024: 70.93%	64.89%

***The score from 2024 is also included.**

Internal Audit Outcome

An internal audit was undertaken to review the Trust's speak up policy and processes. The internal audit outcome provided was that of significant assurance. The recommendations for improvements have all been completed.

The auditor highlighted the escalation routes for operational concerns through a named individual as an example of good practice.

Board Self Assessment

During 2024/25 the Trust Board undertook an annual review of the Board Self Assessment Planning Tool and the associated actions have been completed.

Deputy Guardian

A new deputy guardian has been appointed.

Ambassadors

There are currently 6 speak up ambassadors working across the Trust's divisions. The ambassadors meet together on a bi-monthly basis with the Guardian and also meet with the Chief Executive.

Colleagues from Human Resources have joined the team to share learning and explore the connections between HR and Speaking Up, as part of a scheduled programme of learning. Other speakers and topics to be covered include:

- Psychological safety and creating the right conditions for speaking up - Sarah Rockliff, Consultant Forensic Psychologist, Associate Director of Psychology of Psychological Professions (CPPO)

- Counter fraud awareness training - Nikki Cooper, Local Counter Fraud Specialist
- Workforce equality, diversity and inclusion - John Duncan, Workforce equality, diversity and inclusion partner
- Staff & patient experience - Kate Baxendale, Deputy Director of Nursing, Quality and Professions, Staff Champion of Patient Experience

Staff have reported that they value having Speak Up ambassadors who are known to them and embedded within their service areas. Ambassadors have also attended team meetings to raise awareness and increase the profile of Speak Up.

Review of Key Priorities from January 2026 Board Update

An update report was presented to the Trust Board in January 2026 with the following key priorities outlined.

	Key Priority	Update as at June 2026
1.	Undertaken a review of the Trust Board self assessment.	To be completed in October 2026 Board Development Session.
2.	Continue ambassador recruitment campaign and development of ambassador role.	Programme of development in place. Increasing numbers of ambassadors.
3.	Continue to raise awareness and promote speak up through the Trust communication channels.	Communication continues through Trust's channels.
4.	Establish a new forum between HR, Operational Lead and Patient safety teams to ensure robust triangulation of data and information sharing.	Meetings established and draft terms of reference developed for approval by Executive Management Team in July 2026.
5.	Further analysis of staff who are reporting concerns and identifying any gaps or barriers which may prevent staff from raising concerns.	Included in the FTSU Annual Guardian Report. Guardian has also attended the staff network meetings.

Our key priorities for 26/27

- Implement required changes from the Penny Dash review from June 2026.
 - New process for submitting data to the national portal (completed).
 - New mandatory training for newly appointed Guardians.

- Publish Guardian contact details on Trust intranet. (completed).
- Review by the Trust Board of the National Guardian's Office reflection and self assessment tool. To be held in October 2026.
- Review of the Trust's Freedom to Speak Up Strategy. Due to be updated in 2027.
- Review of the Trust's Policy and Procedure in line with national guidance and changes.
- Review of the resources available to support Speak Up, this is completed on an annual basis and will be considered by the Trust's Executive Management Team.
- Review and further develop the resources available on the intranet for staff including a 'meet the team' section where ambassadors introduce themselves, flowchart to illustrate what happens after raising a concern, new poster design including all ambassador photos and contact details.
- Update and expand the resources available for ambassadors to use including conversation record and anonymised case studies.
- Maintain efforts to encourage questionnaire participation and also introduce a new anonymous questionnaire to follow up after 6 months.
- Plan and deliver engaging Speak Up month activities in October, encouraging involvement from staff across the Trust.
- Continued focus on sharing any learning from speak up concerns at a team level, division level and Trustwide.
- Continue the programme of learning by welcoming a diverse range of colleagues from across the Trust, strengthening links with the Speak Up team and ensuring ambassadors are equipped to support staff effectively.

Recommendations

The Trust Board are asked to approve the Freedom to Speak Up Guardian's Report 2025/26 and approve the priority areas for 2026/27.

Agenda Item 10

Title & Date of Meeting:	Trust Board – 29 th July 2026			
Title of Report:	Digital Governance Review (<i>Including Revised Finance Committee ToR</i>)			
Author/s:	Peter Beckwith, Executive Director of Finance			
Recommendation:	To approve	✓	To discuss	
	To note		To ratify	
	For assurance			
Purpose of Paper:	The purpose of this paper is to present • The Audit Yorkshire review of Digital Governance with appropriate management responses (reported to EMT in May) • Progress against recommendations (Appendix B) • Updated Finance Committee Terms of Reference (Appendix c).			
Key Issues within the report:				
Positive Assurances to Provide: • Overall Digital governance in the Trust is strong, and the review had provided opportunities to strengthen digital governance further.		Key Actions Commissioned/Work Underway: • Management responses for all actions have been provided. • Progress against recommendations is attached as an appendix. • Digital Plan and Strategy appear on today's agenda. • Revised committee terms of reference attached, changes include - o Committee Name - o Duties split between Finance and Resources, Productivity and Digital - o Committee Membership		
Key Risks/Areas of Focus: • Nothing to escalate		Decisions Made: • Trust Board are asked to I) note the outcomes of the digital governance review and progress against recommendations II) Approve the proposed committee terms of reference.		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee	21.07.26	Executive Management Team	26.05.26 21.07.26
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Annual report	

Monitoring and assurance framework summary:

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



HTFT - Digital Governance

Draft Report

30 March 2026

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Final Report Distribution

Executive sign-off	Michele Moran - Chief Executive Peter Beckwith - Executive Director of Finance
Distribution	Michele Moran - Chief Executive Peter Beckwith - Executive Director of Finance Iain Omand - Deputy Director of Finance Karen Towse - Head of Financial Control Lee Rickles - Chief Information Officer Stella Jackson - Head of corporate Affairs Keith Nurcombe - Non-Executive Director Caroline Flint - Trust Chair
Committee	Audit Committee

Executive Summary

Objective	To provide independent assurance on the adequacy and effectiveness of the Trust's Digital Governance arrangements, including oversight, accountability, reporting, and strategic alignment; with specific consideration of whether these arrangements ensure that digital initiatives are appropriate, purpose-driven, and clearly enabling delivery of the Trust's Strategy.									
Scope	Digital governance is a critical enabler of organisational performance, strategic delivery, and operational resilience across Humber Teaching NHS Foundation Trust. As the Trust advances its digital ambition, there is an increased need for a coherent, future-focused governance model that ensures digital decisions are well-informed, risks are appropriately controlled, and digital transformation aligns with the wider Trust Strategy. The Board has also emphasised that digital initiatives must be appropriate, purpose-driven, and clearly demonstrate how they enable delivery of strategic objectives, reinforcing the need for strong, disciplined governance.									
Opinion										
<table><tr><th colspan="2">Recommendations</th></tr><tr><td>Major</td><td>2</td></tr><tr><td>Moderate</td><td>4</td></tr><tr><td>Minor</td><td>3</td></tr></table>		Recommendations		Major	2	Moderate	4	Minor	3	The Trust has a well-developed and evolving operational governance structure, supported by a clear framework of User Forums, Oversight Groups, Decision-Making Groups, and a central Strategy Group (BeDigital). These arrangements demonstrate a strong foundation, with defined roles, responsibilities, and processes to support digital delivery, system optimisation, and alignment with national requirements. However, a number of strategic and structural gaps limit the overall effectiveness of digital governance at a senior level. Most notably, executive-level ownership of the digital strategy agenda is not clearly defined, contributing to reduced strategic alignment and to the decline observed in the 'Well Led' domain of the Digital Maturity Assessment. This is compounded by the absence of a formal committee with explicit responsibility for digital oversight, resulting in fragmented reporting and digital not being consistently treated with the same prominence as other core areas such as finance and workforce. While expanding the Finance Committee's remit presents a pragmatic short-term solution, further evolution of governance arrangements will be required as digital maturity increases. At Board and Executive Management Team level, digital reporting is inconsistent and lacks a standardised, integrated framework. Although a significant volume of digital activity is reported, this is not presented in a cohesive way, limiting visibility of strategic priorities, cumulative risks, investment decisions, and overall organisational outcomes. Similarly, the Trust's draft five-year Digital Plan is not yet fully aligned to the overarching Trust strategy, reducing its effectiveness as a strategic enabler. Overall, the Trust has strong building blocks in place, particularly at an operational level, but requires greater alignment, standardisation, and senior-level ownership to fully realise the benefits of digital. Strengthening executive leadership, clarifying governance at Board level, and improving strategic alignment and reporting will be key to ensuring digital is effectively positioned as a core enabler of organisational performance, patient outcomes, and long-term transformation.
Recommendations										
Major	2									
Moderate	4									
Minor	3									

Key Findings	
	- The Trust does not currently have clearly defined executive-level ownership of the digital strategy and transformation agenda, leading to reduced strategic alignment and oversight, and contributing to the decline in the 'Well Led' digital maturity domain, including the impact of not having a designated digital leader represented at Board level. - The Trust currently has no formal committee with explicit responsibility for digital oversight, resulting in fragmented reporting, limited Board assurance, and digital not consistently treated with the same strategic prominence as core areas like finance and workforce. - Expanding the Finance Committee's remit to include digital provides a pragmatic short-term solution, with future consideration for a dedicated Digital, Strategy, or Transformation Committee as digital programmes grow in scale and complexity. - While the Trust has strengthened its digital governance structure by establishing clearer groups and reporting flows, there remains insufficient clarity on which digital decisions should be escalated to senior committees.
	- Digital reporting to the Board and EMT is inconsistent and fragmented, with no standardised template or integrated framework, resulting in limited visibility of strategic priorities, cumulative risks, investment implications, and overall organisational outcomes. - The Trust's draft five-year Digital Plan is currently a standalone document and is not yet fully aligned or clearly triangulated with the overarching Trust strategy and strategic objectives. - Aligning the digital plan to the Trust's strategy and six key objectives will position digital as a key enabler of organisational success, improving governance, prioritisation, and delivery of strategic outcomes. - The Trust's Digital Maturity Assessment 2025 shows "Empower People" as the lowest-scoring digital pillar (2.0), indicating that patient-facing digital services are not yet embedded or adopted at scale despite strategic ambitions outlined in the Digital Plan. - There is no cohesive patient-digital portfolio with defined KPIs, structured reporting, or clear Board oversight, limiting leadership's ability to monitor progress, track benefits, and manage patient-facing digital as a strategic enabler of care access, efficiency, equity, and experience. - The Trust has established a comprehensive Artificial Intelligence & Software as a Medical Device Policy with clear roles, responsibilities, and governance structures, representing a more advanced framework than typically seen across NHS organisations. - Operational embedding of AI governance is not yet mature, with limited monitoring, training, audits, and consolidated reporting, creating a strategic risk that AI adoption may outpace controls; current Board updates are periodic and not part of a formal, cyclical assurance framework.
	- In March/April 2025, the Trust updated its digital governance structure, defining four categories—User Forums, Oversight Groups, Decision-Making Groups, and Strategy Group—each with Terms of Reference clarifying roles, responsibilities, escalation routes, and approval authorities. - User Forums focus on gathering user requirements, prioritising development requests, and aligning them with operational needs and supplier roadmaps (e.g., Office365, SystmOne & Accurx, Lexicom, EPR Extension, YHCR). - Oversight and Decision-Making Groups provide assurance, expert advice, and strategic decision-making for digital programmes, system optimization, AI, and allocation of digital capital, ensuring compliance with organisational and national requirements. - Strategy Group (BeDigital) oversees the Trust's digital plan, guiding strategic direction, improving digital maturity, and ensuring alignment across programmes to support the Trust's long-term digital objectives

Findings and Recommendations

Finding 1: Digital At Board Level

Our review of Humber Teaching NHS Foundation Trust's executive leadership structure identified a lack of clearly defined and consistently owned senior-level responsibility for the digital strategy and wider digital transformation agenda. Although digital initiatives are progressing across the organisation, accountability for driving digital performance, innovation, and long-term strategic alignment is not explicitly assigned within the current executive team.

The Trust's Digital Maturity Assessment highlights a decline in the "Well Led" pillar, reflecting challenges in leadership, strategic coherence, and executive oversight of digital. This decline is influenced in part by the absence of a designated digital leader and ownership at Board level, a requirement newly emphasised in the 2025 maturity assessment methodology.

Benchmarking across comparable Audit Yorkshire clients and national NHS organisations shows that most peer trusts have clearly articulated executive ownership of digital, transformation, or strategic development. These roles typically ensure effective oversight of digital maturity, alignment with organisational priorities, and the realisation of technology-enabled improvement.

Strengthening clarity of ownership and accountability for digital within the existing executive leadership—supported by embedding digital responsibilities across all executive objectives—would better align the Trust with national best practice and support the delivery of sustainable, technology-enabled improvements in care quality, efficiency, and patient outcomes.

Risk

- Committee level accountability for digital is unclear, resulting in gaps or duplication in assurance

Unique ID	Recommendations	Priority
6284	The Trust should ensure that clear ownership and accountability for digital strategy and transformation is established within the existing executive leadership team. In addition, the Trust should expand executive objectives across all executive roles to include responsibilities for driving digital improvement and supporting the organisation’s wider digital ambitions.	Major

Unique ID	Management Response	Responsible Officer	Target Date
6284	The Executive Director of Finance has overall executive responsibility for Digital (Supported by the Chief Information Officer), the job title will be reviewed to ensure it	Michele Moran	June 2026

	includes Digital in the Title. Digital objectives will be covered as part of the 2026 Executive Management Team appraisal process.		

Finding 2: Committee Responsibility

The committee structure at the Trust currently has no formal committee with explicit responsibility for oversight of the digital portfolio. While digital matters are considered within existing governance arrangements, there is limited dedicated focus and structured reporting at committee level, reducing overall visibility and strategic coherence.

Operationally, digital governance has become increasingly structured and sophisticated, with a number of established groups including BeDigital, DDG, D3G, and the AI Oversight Group. However, none of these operate at Board level or provide a consolidated assurance function to the Board. Instead, digital matters are dispersed across multiple forums and are only occasionally escalated to the Finance Committee, which does not yet have an explicit or comprehensive mandate for digital strategy, risk, or investment scrutiny. This creates a gap at senior leadership level, where digital is not consistently afforded the same strategic prominence as other core areas such as finance and workforce.

Benchmarking across Audit Yorkshire (AY) clients indicates a mixed approach to digital governance. Some organisations incorporate digital oversight within existing committees, most commonly the Finance Committee, while others have established dedicated Digital, Strategy, or Transformation Committees to reflect the scale and maturity of their digital portfolios.

Expanding the Finance Committee's portfolio to formally include digital oversight represents a pragmatic and proportionate approach in the short term. This would strengthen accountability, improve integration between digital and financial planning, and enhance Board-level scrutiny of digital performance and investment.

In the medium to longer term, the Trust should keep its governance arrangements under review and consider establishing a dedicated Digital, Strategy, or Transformation Committee as the scale, complexity, and strategic importance of digital programmes continue to grow.

Risk

- Committee level accountability for digital is unclear, resulting in gaps or duplication in assurance

Unique ID	Recommendations	Priority
6285	The Trust formally expand the remit of the Finance Committee to include oversight of the digital portfolio. This should include regular reporting on digital strategy, investment, performance, risks, and benefits realisation.	Major
6286	The Finance Committee's Terms of Reference should be formally reviewed and updated to explicitly include responsibility for digital strategy, investment, risk, and performance oversight. This should clearly define the scope of digital matters to be considered, ensuring alignment with the Trust's broader strategic objectives and avoiding ambiguity in accountability.	Minor
6287	The Trust should develop and agree a consistent, structured reporting template for digital to the Finance Committee, covering key areas such as strategic progress, programme updates, financial performance, risks and issues, and	Minor

	benefits realisation. Alongside this, the Trust should clearly define reporting expectations across all levels of governance, including what information is required at operational groups, sub-committees, and the Finance Committee. This should incorporate agreed escalation routes, reporting frequency, and thresholds for Committee-level attention, ensuring that information is proportionate, consistent, and aligned to the appropriate forum.		
Unique ID	Management Response	Responsible Officer	Target Date
6285	A review of the remit of the Finance Committee remit will be discussed at EMT to ensure there is a clear focus on Digital.	Peter Beckwith	30 June 2026
6286	Updated Terms of Reference to be presented to the Finance Committee at its July Meeting	Peter Beckwith	21 st July 2026
6287	A Structured Agenda for the Committee will be agreed with a clear focus on Digital items for committee discussion and assurance/escalation to Board	Peter Beckwith	21 st July 2026

Finding 3: Decision Making Capabilities

Our review of the Trust's revised digital governance structure, implemented in March/April 2025, confirms that the reporting flows and governance groups have been reorganised into four categories; User Forums, Oversight Groups, Decision Making Groups and Strategy Groups, each supported by Terms of Reference defining roles, responsibilities, and escalation routes. The establishment of these groups represents a positive step in strengthening digital oversight, coordination, and accountability.

However, despite this improved structure, there remains a lack of clarity regarding which digital decisions require escalation to higher-level governance bodies such as the Executive Management Team, Finance Committee, or other Board-level committees. Several of the existing digital governance groups—particularly those responsible for strategic direction, system development, investment allocation, and major programme oversight—routinely consider matters with significant strategic, financial, operational, or organisational-wide impact. These decisions may exceed the delegated authority of the digital governance groups and therefore require formal approval or scrutiny at a higher committee level.

In particular, decisions relating to digital capital investment, long-term system architecture, major programme delivery risks, and cross-organisational digital change are not consistently routed to senior Trust committees. Without clearly defined thresholds, criteria, and approval routes, there is a risk that material decisions may be taken without appropriate executive or Board-level oversight.

To optimise assurance, accountability, and alignment with the Trust's wider governance framework, the Trust should clearly define which categories of digital decisions must be escalated beyond the digital governance groups. This should include explicit linkage to the Finance Committee, Executive Management Team, and other relevant Board sub-committees, ensuring that major digital initiatives receive the required strategic, financial, and risk oversight.

Risk

- Digital governance structures may not provide effective oversight, assurance, or strategic decision making

Unique ID	Recommendations	Priority
6334	The Trust should review and update the Terms of Reference for all digital governance groups to ensure they clearly define the decision-making thresholds, approval limits, and escalation routes for digital initiatives. In addition, the Trust should explicitly set out which categories of digital decisions must be escalated to senior committees—such as the Finance Committee, Executive Management Team, or relevant Board sub-committees—to ensure appropriate oversight of significant strategic, financial, or operational matters.	Moderate

Unique ID	Management Response	Responsible Officer	Target Date
6334	BeDigital Group Terms of Reference (and supporting groups) to be discussed at EMT	Peter Beckwith/ Lee Rickles	31 st May 2026

Finding 4: Senior Reporting Flow

A review of public and private Board minutes from April 2025 onwards, alongside supporting papers, identified that digital reporting to the Trust Board is not underpinned by a consistent template or structured reporting framework. The content, format, and level of detail presented varies between meetings, resulting in an inconsistent approach to communicating digital performance, risks, and progress. Similar issues were identified at Executive Management Team (EMT) level, where reporting is also not standardised.

The Trust currently receives a significant volume of digital-related information. EMT and the Board regularly review reports on digital projects, AI governance, data quality, digital standards compliance, and system optimisation. These reports originate from a range of groups including BeDigital, DDG, the AI Oversight Group, and RDOG, demonstrating an active and evolving digital programme landscape.

However, despite this breadth of activity, digital reporting is not integrated. Senior leaders have expressed concern that the information presented does not provide a “single, joined-up view” of digital priorities, risks, and benefits. Instead, the Board receives individual programme updates, often focused on operational progress rather than the key areas required for effective Board oversight—namely strategic alignment, cumulative risk exposure, investment implications, and organisational outcomes.

While the Trust demonstrates a strong level of digital activity and engagement, the current fragmented reporting approach limits effective senior oversight. Introducing a consistent and integrated reporting framework will provide a clearer, more strategic view of digital across the organisation, enabling improved governance, decision-making, and alignment with the Trust’s objectives.

Risk

- Digital reporting to EMT and Board may be insufficiently timely, detailed or frequent to support informed oversight

Unique ID	Recommendations	Priority
6290	The Trust should establish and implement a standardised and integrated reporting framework for digital across both Board and EMT. This should include a consistent template and clearly defined expectations regarding content, format, and frequency of reporting. The framework should consolidate inputs from key digital governance groups into a single, coherent report that provides a strategic overview of digital activity. Reporting should focus on Board-level priorities, including strategic alignment, overall delivery confidence, cumulative risks, financial and investment implications, and benefits realisation, rather than solely programme-level updates.	Moderate

Unique ID	Management Response	Responsible Officer	Target Date
6290	This will form part of the revised committee reporting structure for the Finance Committee	Peter Beckwith	21 st July 2026

Finding 5: Digital Strategy

The Trust has a, five-year, draft Digital Plan which is currently in the process of being reviewed and approved. Our review identified that the Trust's current draft has been developed as a standalone document and is not yet fully aligned or clearly triangulated with the overarching Trust strategy and strategic objectives. While the plan outlines a range of digital initiatives and ambitions, there is limited explicit linkage demonstrating how these directly support the delivery of the Trust's core priorities.

Aligning the digital plan with the Trust's overall strategy and six key strategic objectives will ensure that digital is positioned as a key enabler of organisational success, supporting more effective governance, clearer prioritisation, and improved delivery of strategic objectives

Risk

- Digital governance structures may not provide effective oversight, assurance, or strategic decision-making

Unique ID	Recommendations	Priority
6291	The Trust should review and refine its draft digital plan to ensure clear alignment and triangulation with the overarching Trust strategy. This should include explicitly mapping digital programmes and initiatives to strategic objectives, priorities, and expected outcomes. Consideration should also be given to developing a clear “golden thread” from strategy through to delivery, demonstrating how digital initiatives support key organisational goals such as quality of care, operational efficiency, workforce productivity, and patient experience.	Moderate

Unique ID	Management Response	Responsible Officer	Target Date
6291	Digital Plan to be reported to EMT and supporting Groups including Finance Committee, ahead of presentation to Trust Board	Lee Rickles	31 st July 2026

Finding 6: Patient Facing

The Trust's DMA 2025 confirms that "Empower People" is the lowest-scoring digital pillar. Although there has been some improvement from the previous year, the current maturity score of 2.0 signals that patient-facing digital services are not yet embedded as core aspects of care delivery, nor are they being adopted at scale.

The Digital Plan outlines an ambitious, patient-centred future that includes a major expansion of the patient portal, high uptake of virtual consultations, digital psychometrics, improved access to test results, and potential introduction of patient-held records aligned to national platforms such as Wayfinder. This demonstrates strong strategic commitment.

However, across the governance documents and reporting provided, there is no single, cohesive patient-digital portfolio with defined metrics, systematic reporting, or clear Board visibility. Key patient-facing digital indicators such as portal usage, virtual appointment volumes, digital inclusion measures, satisfaction indicators, or associated clinical and operational benefits are not consistently presented at DDG, BeDigital or Board level. Where they do appear, they are dispersed within wider programme updates rather than being governed as a distinct strategic priority.

This gap means that patient-facing digital remains largely conceptual and programme-driven, rather than performance-managed as a strategic enabler of care access, efficiency, equity and experience. Without clear KPIs, structured reporting and explicit ownership, it is difficult for leadership to track progress, identify barriers, or determine whether digital initiatives are improving patient outcomes in a meaningful way.

Given the Trust's ambition to deliver digitally enabled, patient-centred services, current governance arrangements do not sufficiently assure or monitor progress in this critical area of the transformation agenda.

Risk

- Digital governance structures may not provide effective oversight, assurance, or strategic decision-making

Unique ID	Recommendations	Priority
6283	The Trust should establish patient-facing digital services as a formal transformation priority, with a clearly defined vision for the future digital patient experience, clear ownership, and measurable outcomes. This should include outcome-based metrics such as digital access and portal use, virtual care adoption, digital inclusion, and impacts on DNAs, waiting times, and patient satisfaction.	Moderate

Unique ID	Management Response	Responsible Officer	Target Date
6283	This will form part of the Digital Plan Refresh	Lee Rickles	31 st July 2026

Finding 7: AI Reporting

The Trust has invested significant effort in developing a comprehensive and forward-thinking AI & SaMD Policy, supported by governance groups such as DDG, the AI Oversight Group and the Information Governance Group. The policy sets out clear clinical safety, IG, cyber security and approval requirements for AI solutions, and multiple roles (CIO, CCIO, CSO, MDSO, SIRO, IGO) have clearly defined responsibilities. This level of clarity and structure is more advanced than what is typically seen across NHS organisations.

However, while the design of the governance framework is well established, the operational embedding of AI governance is not yet mature. The documents reviewed contain limited evidence of the following:

- Routine monitoring of live AI deployments against policy requirements.
- Regular, systematic training for staff who use or configure AI tools.
- Periodic audits or compliance checks (e.g., DPIA completion, clinical safety documentation, approval flows).
- Consolidated reporting on AI risks, incidents or unintended consequences.

Digital staff recognise that AI adoption is accelerating across the Trust, for example via Microsoft Teams Premium, Copilot, Lexacom ambient voice, and other AI-enabled systems, yet governance processes appear to be applied on a case-by-case basis rather than through a consistent, organisation-wide assurance mechanism.

This creates a strategic risk. While the Trust has a strong governance framework on paper, the pace and scale of AI adoption may outstrip the controls unless implementation, training and monitoring are strengthened. Without embedded processes, the Trust could find itself exposed to clinical, cyber, privacy or reputational risks arising from inconsistent AI usage.

The Board currently receives periodic AI updates, but these are not yet consolidated into a formalised, cyclical assurance framework that would allow executives to maintain clear oversight as AI use expands.

Risk

- Digital governance structures may not provide effective oversight, assurance, or strategic decision-making

Unique ID	Recommendations	Priority
6282	The Trust should strengthen the assurance reporting to the appropriate governance forums on the use of Artificial Intelligence (AI). These updates should include information on approved AI use cases, compliance with relevant policies and regulatory requirements, any incidents or issues identified, realised or anticipated benefits, and emerging risks.	Minor

Unique ID	Management Response	Responsible Officer	Target Date
6282	AI Updates form part of the BeDigital agenda and will be a standard agenda item within the Digital section of the Finance Committee	Peter Beckwith/ Lee Rickles	

Appendix A: Internal Audit Brief

Audit Objective	To provide independent assurance on the adequacy and effectiveness of the Trust's Digital Governance arrangements, including oversight, accountability, reporting, and strategic alignment; with specific consideration of whether these arrangements ensure that digital initiatives are appropriate, purpose-driven, and clearly enabling delivery of the Trust's Strategy.
Audit Background and Scope	Digital governance is a critical enabler of organisational performance, strategic delivery, and operational resilience across Humber Teaching NHS Foundation Trust. As the Trust advances its digital ambition, there is an increased need for a coherent, future-focused governance model that ensures digital decisions are well-informed, risks are appropriately controlled, and digital transformation aligns with the wider Trust Strategy. The Board has also emphasised that digital initiatives must be appropriate, purpose-driven, and clearly demonstrate how they enable delivery of strategic objectives, reinforcing the need for strong, disciplined governance. Strengthening governance is essential to supporting safe, effective, and strategically aligned digital investment, particularly as the Trust's reliance on digital systems, data flows, and technology-enabled care continues to grow. Robust governance should therefore ensure that digital proposals are justified, value-adding, and grounded in clear strategic need, with transparent reasoning for investment and prioritisation. Given the scale and importance of the Trust's digital agenda, it is vital that structures for oversight, assurance, reporting, and decision-making remain robust, proportionate, and capable of supporting both current operations and long-term transformation. This review will therefore examine the effectiveness of the Trust's digital governance arrangements, the clarity and sufficiency of reporting to Executive Management Team and the Board, and the suitability of the Trust's committee structure in providing appropriate levels of scrutiny, assurance, and strategic direction. The review will also explore whether introducing a dedicated Digital Committee or formally expanding the remit of the Finance Committee could strengthen governance and improve assurance. This will include assessing whether these structures allow the Board to test the strategic appropriateness of digital initiatives and ensure that digital activity remains focused on enabling the Trust's strategic aims. This advisory audit will enable the Trust to: • Ensure digital governance arrangements are aligned with strategic priorities and provide strong oversight of digital transformation, including whether digital initiatives are appropriate and strategically justified. • Strengthen the effectiveness, clarity, and frequency of reporting to support informed decision-making at Executive and Board level, ensuring visibility of whether digital activity is value-adding and purpose-driven. • Evaluate whether current committees provide adequate digital assurance or whether alternative structures would enhance scrutiny and accountability, particularly in relation to ensuring digital is used to enable strategic goals. • Identify gaps, inefficiencies, risks, and dependencies within existing governance processes, including escalation routes and decision-rights related to the appropriateness and strategic justification of digital programmes.

	Benchmark current arrangements against NHS digital governance good practice to ensure the Trust is positioned for future digital innovation, investment, and organisational growth, while maintaining focus on purposeful, outcome-driven digital transformation.		
Limitations of Scope	The review undertaken will not necessarily be a complete statement of all weaknesses that exist or potential improvements. Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Please be aware that the audit can only be completed within the allocated budget if all requested information is provided at the beginning and key staff are available to assist throughout the process. If the necessary information and personnel are not available, we may need to either reduce the scope of our work or increase the audit budget. Any changes will be discussed and agreed upon with the client sponsor during the audit and approved by the Audit Committee members.		
Potential Key Risks and Counter Fraud Risks associated with the area	1 - Digital governance structures may not provide effective oversight, assurance, or strategic decision-making 2 - Digital reporting to EMT and Board may be insufficiently timely, detailed or frequent to support informed oversight 3 - Committee-level accountability for digital is unclear, resulting in gaps or duplication in assurance	Methodology	Audit fieldwork will consist of: • Document Review: Governance structure documentation, Committee Terms of Reference, digital programme oversight papers, digital reporting packs submitted to EMT and the Trust Board. • Stakeholder Interviews: Key Board members, Chief Information Officer (CIO), Chief Clinical Information Officer (CCIO), relevant senior stakeholders involved in digital oversight or decision-making. • Walkthroughs: Review of current digital governance processes, including assurance flows, escalation pathways, reporting cycles, and decision-making routes across committees and executive groups. • Benchmarking: Comparative analysis of the Trust's digital governance arrangements against NHS digital governance good practice.
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Executive Sign Off	• Michele Moran - Chief Executive • Peter Beckwith - Executive Director of Finance	Committee Reporting	Audit Committee:

Appendix B: Basis of our Classifications

Opinion

 High Assurance	There is a strong system of internal control which is designed and operating effectively to ensure that the system's objectives are met. The controls in the system are clear and if followed would work effectively in practice. Note this does not mean 100% compliance, there could be some minor issues relating to either systems design or operation which need to be addressed.
 Significant Assurance	The system is generally well designed but there may be weaknesses in the design of the system that need to be addressed. Whilst any weaknesses may be significant, they are not thought likely to have a serious impact on the likelihood that the system's overall objectives will be delivered.
 Limited Assurance	There are weaknesses in either design or operation of the system that may mean that core system objectives are not achieved. Multiple weaknesses across a range of core areas would suggest a limited assurance opinion level is applicable. However, it also true that one weakness can suggest a limited assurance opinion if it is fundamental enough to mean that core system objectives will not be achieved.
 Low Assurance	There is a weak system of internal control and significant improvement is required in its design and/or operation to effectively meet the system's objectives. It should be borne in mind that Low Assurance is not 'No Assurance.' The key point here is that there is a good chance that the system may not be capable of delivering what it has been set up to deliver – either through poor systems design or multiple control weaknesses.

Key Findings

	Action required, the issues present risk of significant damage or loss to the organisation, or problems with the safe or effective operation of the system under review.
	Review the benefits of taking action, these may be minor completeness or improvement issues which do not mitigate significant organisational risks.
	Key positive assurance highlights on the design, operation and effectiveness of the system of internal control in place.

Prioritisation of Recommendations

Major	Recommendations which address fundamental weakness in system design that presents a significant risk to achievement of objectives, or widespread major non-compliance with the internal control framework.
Moderate	Recommendations which address significant weakness in system design that presents a risk to achievement of some objectives, or limited areas of non-compliance with the internal control framework.
Minor	Recommendations relating to good practice, improvement, or completeness with low impact on overall system of internal control.

Appendix C: Limitations and responsibilities

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by us should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Where information resulting from audit work is made public or is provided to a third party by the client or by Audit Yorkshire then this must be done on the understanding that any third party will rely on the information at its own risk. Audit Yorkshire will not owe a duty of care or assume any responsibility towards anyone other than the client in relation to the information supplied. Equally, no third party may assert any rights or bring any claims against Audit Yorkshire in connection with the information. Where information is provided to a named third party, the third party will keep the information confidential.

Global Internal Audit Standards

Audit work undertaken by Audit Yorkshire conforms with the International Standards for the Professional Practice of Internal Auditing.

ID	Recommendation	Priority	Management Response	Responsible Officer	Target Date	Update
6284	The Trust should ensure that clear ownership and accountability for digital strategy and transformation is established within the existing executive leadership team. In addition, the Trust should expand executive objectives across all executive roles to include responsibilities for driving digital improvement and supporting the organisation's wider digital ambitions.	Major	The Executive Director of Finance has overall executive responsibility for Digital (Supported by the Chief Information Officer), the job title will be reviewed to ensure it includes Digital in the Title. Digital objectives will be covered as part of the 2026 Executive Management Team appraisal process.	Michele Moran	June 2026	Director of Finance Job Title to be amended to 'Director of Finance, Resources, Estates & Digital'.
6285	The Trust formally expand the remit of the Finance Committee to include oversight of the digital portfolio. This should include regular reporting on digital strategy, investment, performance, risks, and benefits realisation.	Major	A review of the remit of the Finance Committee remit will be discussed at EMT to ensure there is a clear focus on Digital.	Peter Beckwith	30 June 2026	Remit of the Committee reviewed at EMT and with Committee Chair, committee now has specific part dedicated to Digital.
6286	The Finance Committee's Terms of Reference should be formally reviewed and updated to explicitly include responsibility for digital strategy, investment, risk, and performance oversight. This should clearly define the scope of digital matters to be considered, ensuring alignment with the Trust's broader strategic objectives and avoiding ambiguity in accountability.	Minor	Updated Terms of Reference to be presented to the Finance Committee at its July Meeting	Peter Beckwith	21 st July 2026	Revised Terms of Reference at Committee on 21 st July

ID	Recommendation	Priority	Management Response	Responsible Officer	Target Date	Update
6287	The Trust should develop and agree a consistent, structured reporting template for digital to the Finance Committee, covering key areas such as strategic progress, programme updates, financial performance, risks and issues, and benefits realisation. Alongside this, the Trust should clearly define reporting expectations across all levels of governance, including what information is required at operational groups, sub-committees, and the Finance Committee. This should incorporate agreed escalation routes, reporting frequency, and thresholds for Committee-level attention, ensuring that information is proportionate, consistent, and aligned to the appropriate forum.	Minor	A Structured Agenda for the Committee will be agreed with a clear focus on Digital items for committee discussion and assurance/escalation to Board	Peter Beckwith	21 st July 2026	Committee Workplan updated with clear focus on Digital items.
6334	The Trust should review and update the Terms of Reference for all digital governance groups to ensure they clearly define the decision-making thresholds, approval limits, and escalation routes for digital initiatives. In addition, the Trust should explicitly set out which categories of digital	Moderate	BeDigital Group Terms of Reference (and supporting groups) to be discussed at EMT	Peter Beckwith/Lee Rickles		

ID	Recommendation	Priority	Management Response	Responsible Officer	Target Date	Update
	decisions must be escalated to senior committees—such as the Finance Committee, Executive Management Team, or relevant Board sub-committees—to ensure appropriate oversight of significant strategic, financial, or operational matters.					
6290	The Trust should establish and implement a standardised and integrated reporting framework for digital across both Board and EMT. This should include a consistent template and clearly defined expectations regarding content, format, and frequency of reporting. The framework should consolidate inputs from key digital governance groups into a single, coherent report that provides a strategic overview of digital activity. Reporting should focus on Board-level priorities, including strategic alignment, overall delivery confidence, cumulative risks, financial and investment implications, and benefits	Moderate	This will form part of the revised committee reporting structure for the Finance Committee	Peter Beckwith	21 st July 2026	Covered by refreshed Committee Workplan,

ID	Recommendation	Priority	Management Response	Responsible Officer	Target Date	Update
	realisation, rather than solely programme-level updates.					
6291	The Trust should review and refine its draft digital plan to ensure clear alignment and triangulation with the overarching Trust strategy. This should include explicitly mapping digital programmes and initiatives to strategic objectives, priorities, and expected outcomes. Consideration should also be given to developing a clear “golden thread” from strategy through to delivery, demonstrating how digital initiatives support key organisational goals such as quality of care, operational efficiency, workforce productivity, and patient experience.	Moderate	Digital Plan to be reported to EMT and supporting Groups including Finance Committee, ahead of presentation to Trust Board	Lee Rickles	31 st July 2026	Digital Plan and Strategy have been updated and reviewed at BeDigital, EMT, ODG and Finance Committee. Both Documents are due to be presented to Trust Board in July.
6283	The Trust should establish patient-facing digital services as a formal transformation priority, with a clearly defined vision for the future digital patient experience, clear ownership, and measurable	Moderate	This will form part of the Digital Plan Refresh	Lee Rickles	31 st July 2026	This forms part of the Digital Plan and Strategy that are due to be presented to Trust Board in July.

ID	Recommendation	Priority	Management Response	Responsible Officer	Target Date	Update
	outcomes. This should include outcome-based metrics such as digital access and portal use, virtual care adoption, digital inclusion, and impacts on DNAs, waiting times, and patient satisfaction					
6282	The Trust should strengthen the assurance reporting to the appropriate governance forums on the use of Artificial Intelligence (AI). These updates should include information on approved AI use cases, compliance with relevant policies and regulatory requirements, any incidents or issues identified, realised or anticipated benefits, and emerging risks.	Minor	AI Updates form part of the BeDigital agenda and will be a standard agenda item within the Digital section of the Finance Committee	Peter Beckwith/Lee Rickles		Updates on AI are standard item on the BeDigital Group with assurance to EMT and Finance Committee via chairs reports.

Terms of Reference Finance, Productivity and Digital Committee

Authority	The Finance, Productivity and Digital Committee is constituted as a standing committee of the Trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors' meetings. The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere. The Committee may form any working group, tasked for a specific purpose and for a fixed period, to support the delivery of any of its duties and responsibilities, or for relevant research. The Committee is authorised by the Board to obtain outside legal or other independent professional advice as it requires and to secure the attendance of those with relevant experience and expertise if it considers this necessary and appropriate by the Chair.
Overall Aim/Purpose	The Finance, Productivity and Digital Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions. The primary role of the Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board as appropriate and taking actions as required. The Committee is authorised to require any Trust Officer to attend a meeting and provide information and/or explanation as required by the Committee.
Duties	The Finance, Productivity and Digital Committee will: General Items: • Review the Trust Wide Risk Register and Board Assurance Framework relevant to the work of this Committee. • Work with the Audit, People and OD and Quality Committees advising on the non- clinical aspects of risk management. • Have due regard to the public sector equality duty and the Trust's equality objectives • Refer issues arising to other Trust committees or groups • Maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the financial year. Part 1 (Finance and Resources): • Challenge the timeliness, accuracy and quality of financial and performance measures and reporting, and the systems underpinning them. It should ensure performance and relevant action plans are reviewed and managed in pursuit of Trust objectives • Scrutinise all financial plans, including the Trust's annual financial plan, prior to

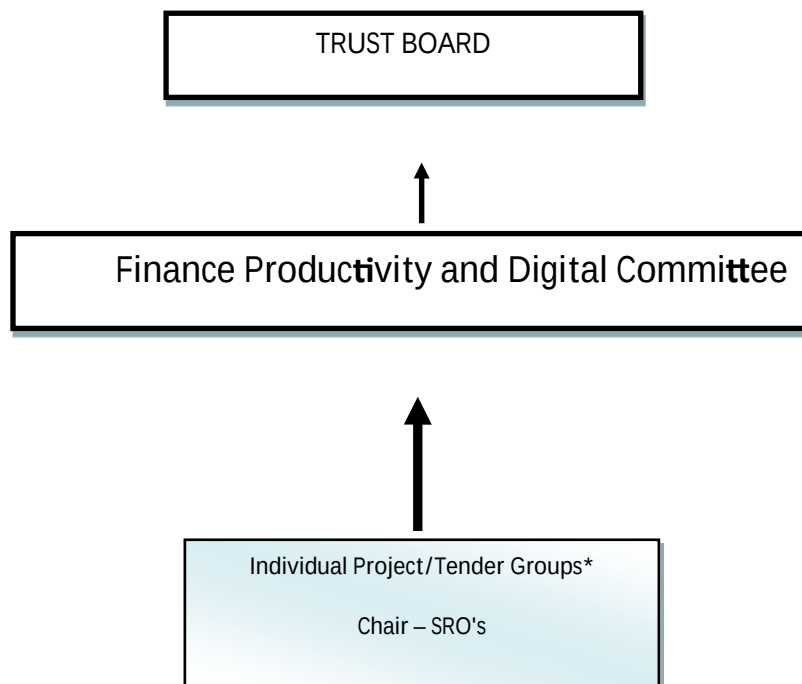
	seeking Board approval • Approve the processes and timetable for annual budget setting, and budget management arrangements • Review and challenge delivery of the Trust's Capital Investment Programme and approve the processes for managing the Trust's capital programme • Review and endorse the Trust's medium and long-term financial plans prior to Board approval • Monitor the detailed monthly income and expenditure position of the Trust, overall financial performance (capital and revenue) against plan, and projected final outturn • Monitor effective balance sheet management, including asset management and cash planning • Monitor financial performance indicators, including compliance with Better Payment Practice Code. • Monitor the development, application and delivery of financial recovery and or contingency plans. • Review the robustness of the risk assessments underpinning financial forecasts • Monitor contract negotiation and performance noting the position of contracts and raising any concerns; receiving assurance from the Executive Directors in respect of the organisation meeting the contractual requirements and expectations of commissioners, meeting the legislative / regulatory requirements of regulators and other bodies. • Review and challenge the Estates & Facilities Work Programme, and the delivery of the Trust's Estate Strategy and Green Plan • Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions and review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. Part 2 (Productivity and Efficiency) • Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes • Receive assurance from the Operational and Corporate Directors in respect of performance against annual budgets, capital plans and the BRS, activity and key performance indicators, corporate governance activities and responsibilities. • Receive and Review Efficiency and Productivity information from the Model Health System. • Review results from benchmarking exercises including corporate benchmarking. • Receive updates in relation to the work of the Trusts Performance and Productivity Group • Receive and Review both the process and Results for the National Cost Collection exercise • Identify opportunities for improvement and encourage innovation Part 3 (Digital) • Oversee development and delivery of the Trusts Digital Plan and Enabling Strategy. • Review and challenge the Digital Delivery work programme • Ensure Digital Plans align with organisational objectives and patient/service user needs • Review and approve major digital transformation programmes • Monitor progress against Digital Maturity • Receive assurance regarding cyber risks, incidents and recovery plans

	The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice: • the Board (who may at any time request additional information, or information in a different format) and committees • commissioners • public, patients and staff • budget holders other stakeholders, e.g., other Trusts, local authorities
Membership	Membership of the committee shall be comprised of the following: • 3 x Non-Executive Directors (1 of whom shall chair the committee) • Director of Finance (Executive Lead) • Chief Operating Officer In attendance at the Committee will be the following: • Deputy Director of Finance • Head of Partnerships and Strategy • Chief Information Officer • Chief Clinical Information Officer • Head of Corporate Affairs General Managers and Deputy Directors will not be members but will attend for all or any part of a meeting as appropriate. The Medical Director will not be a member but will be invited to attend with a specific focus on digital assurance. Senior Clinical Leadership will be requested / invited to attend the Committee, a reciprocal arrangement will take place for Finance attendance at the Quality Committee Non-Executive Directors are entitled to attend any Trust committee meeting.

	The Chief Executive has a standing invitation to attend any meeting. The Chair of the Trust has the right to come to any committee at any time. Declarations of interest Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the Trust's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the Chairs' discretion. Declarations shall be recorded in the minutes.
Quorum	A quorum shall be three of the above, comprising at least two Non-Executive Directors.
Chair	• The Committee shall be chaired by a Non-Executive Director with appropriate experience who will be appointed by the Trust Chair and confirmed annually in a Board minute. • In the absence of the Committee Chair, one of the remaining Non-Executive Directors present at that meeting shall act as Chair for that meeting. Deputies may attend by agreement with the Chair.
Frequency	• The Committee shall meet quarterly, however additional meetings will be diarised and held as necessary. • There is a requirement for flexibility when working to new business deadlines and virtual meetings may be required for investment decisions.
Agenda and Papers	• Notice of each meeting, including an agenda and supporting papers shall be forwarded to each member of the Committee not less than 5 days before the date of the meeting. • Minutes of all meetings of the Committee shall be taken by an appropriate and identified admin and kept by the admin. • A record shall be kept of matters arising and/or issues to be carried forward at each meeting. • A record shall be kept of all investment decisions for the purposes of performance monitoring and reporting. • All investment papers submitted must be considered by the Executive Management Team prior to consideration by the Committee in line with the flow of investment decision making. • All meetings of the Committee shall be called at the request of the Chair. • Meeting agenda will be agreed with the Committee Chair before circulation and when circulated it will confirm the venue, time and date.
Minutes and Reporting	A written assurance report will be provided to the Board following each meeting. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which assurance reports have not been produced.
Monitoring	An annual effectiveness review will be undertaken which will include a review of

and Review	attendance and a review of the Committee's Terms of Reference.
Agreed by Committee	21 st July 2026
Board Approved Date	29 th July 2026
Review Date	April 2027

Schematic below:



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

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026											
Title of Report:	Digital Plan and Enabling Strategy											
Author/s:	Peter Beckwith, Executive Director of Finance Lee Rickles, Chief Information Officer											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & discuss</td> <td>√</td> </tr> <tr> <td>For information/To note</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & discuss	√	For information/To note		To ratify	
To approve		To receive & discuss	√									
For information/To note		To ratify										
Purpose of Paper:	The purpose of this paper is to present to the Trust Board the Digital Plan and Digital Enabling Strategy.											
Key Issues within the report:												
Positive Assurance to Provide: The Digital Plan and Digital Enabling Strategy to have been through a thorough and robust governance process ahead of presentation today.		Key Actions Commissioned/Work Underway: Agreed - Executive Management Team (EMT) have approved the Plan and Strategy to be presented to both Finance committee and Trust Board. - Plan and Strategy were presented to the Finance Committee on 21st July 2026.										
Matters of Concern or Key Risks to Escalate: Nothing to escalate.		Decisions Made: Trust Board are asked to approve - The digital Plan (Appendix A) - The Digital Enabling Strategy (Appendix B)										
Governance: <i>Please indicate which committee or group</i>		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		People & Organisational Development Committee									
	Finance Committee	21.07.26	Executive Management Team	28.04.26 23.06.26								
	Mental Health Legislation Committee		Operational Delivery Group	30.03.26								
	Collaborative Committee		BeDigital	23.02.26 10.06.26								
	DDG	12.02.26										

Monitoring and assurance framework summary:

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



Annual Digital Plan

2026-27



Caring, Learning
& Growing Together

BEING
HUMBER
Our **culture**, our **difference**



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Annual Digital Plan 2026-27

Executive Summary

Humber Teaching NHS Foundation Trust's Annual Digital Plan 2026-27 consolidates digital priorities across all clinical divisions. The goal is to create a unified programme aligned to NHS national priorities.

It focuses on strengthening clinical systems, data and analytics, virtual care, productivity technology, digital safety and inclusion, and supporting operational delivery over the next two years.

Cross-cutting initiatives include SystmOne optimisation, enhanced referral quality, mobile-first working, AI-supported documentation, virtual ward enablement and improving the patient experience.

This plan also sets measurable outcomes for improving flow, reducing waiting times, enhancing safety, and increasing staff productivity.

Our Vision

To summarise our ambitions, we are guided by the following vision statements:

- **Purpose:** We will deliver a single Trust-wide digital portfolio that underpins divisional AOP delivery and the NHS three shifts – hospital to community, analogue to digital, and treatment to prevention.
- **Focus:** We will optimise core clinical systems, strengthen data and analytics, expand virtual and digitally enabled care, deploy productivity technology and automation, and improve digital safety, inclusion and cyber resilience.
- **Approach:** We will develop an approach that is clinically led, data-driven, co-produced with lived experience, and interoperable by default. We're committed to optimising before buying, providing measurable outcomes tied to BRS and national metrics.
- **Benefits:** We will reduce DNAs and aged tasks, developing higher virtual ward utilization, faster assessment at our crisis front door, reducing length of stay in target cohorts, and achieving 4–6% administrative time released in pilot areas, by adopting AI-supported documentation.



Our Strategic Pillars

These pillars outline the action we are committed to taking, to achieve our strategic digital goals.

Pillar A:

Clinical Systems Optimisation

- Standardise SystmOne templates and care plans; embed planners/recalls; implement task hygiene SOP to clear aged/unassigned tasks.
- Scale mobile-first working via Brigid for real-time documentation and implement lone-worker safety tooling where indicated.
- Optimise Accurx for two-way messaging, batch comms for FFT, reminders and Waiting Well links.

Pillar B:

Data and Analytics for Operational Excellence

- Publish a Trust-wide metric catalogue with definitions for access, activity, productivity, safety and outcomes.
- Deliver near real-time divisional Power BI dashboards for Panda/ODG decision-making, including SPA/bed flow, where relevant.
- Automate waiting list validation and Was Not Brought (WNB) rules to improve integrity and throughput.

Pillar C:

Virtual and Digitally Enabled Care

- Enable Virtual Frailty Ward and UCR with remote monitoring (no dependency on home broadband), unified clinical dashboards and two-hour response triage integration.
- Support remote psychological therapies, including exploration of remote DBT, aligned to Modern CPA documentation.
- Deliver inclusive digital access for inpatients, including secure Wi-Fi, supported devices, and digital skills sessions, to improve engagement and PROMs/CROMs capture.

Pillar D:

Productivity Technology and Automation

- Pilot AI-supported documentation (e.g. speech-to-text) in selected teams; evaluate time saved and quality; scale on benefits.
- Introduce auto-planning and route optimisation to increase face-to-face capacity in community and planned MH services.
- Optimise medicines and formularies with decision-support prompts and spend analytics in priority areas.

Pillar E:

Digital Safety, Inclusion and Cyber

- Maintain a live digital risk register with quarterly reviews and mitigation tracking.
- Embed Equality & Health Inequalities Impact Assessments and trauma-informed, inclusive design in all major changes.
- Strengthen cyber hygiene (patching, identity, privileged access) and align clinical safety cases (DCB0129/0160) to configurations.



Cross-Divisional Initiatives

The table below outlines initiatives we intend to complete in 2026-27, that span different Trust divisions. As such, all items noted are accountable to the BeDigital programme teams, as well as Divisional Ops and Clinical Leads in the identified area of focus.

Initiative	Why	Key 26/27 milestones
SystemOne standardisation & task hygiene	Safety, productivity, accurate reporting	Task SOP live (Q1); aged tasks –30% (Q3); –50% (Q4)
Referral quality & website upgrade	Reduce rework/DNAs; better self-management	Standards (Q2); new pages live (Q3); rejected referrals –25% (Q4)
Divisional dashboards & metric catalogue	Single version of the truth	Catalogue (Q1); dashboards BAU (Q3)
AI documentation pilot	Release time to care	Pilot eval (Q2); scale decision (Q3); tracked benefits (Q4)
Brigid mobile & lone-worker safety	Real-time notes; staff safety	Rollout to priority teams (Q2–Q3); evaluation (Q4)
PROMs/CROMs & Dialog+ capture	Patient-centred outcomes	Inpatient capture live (Q3); reporting on ward boards (Q4)
Virtual ward remote monitoring	Admission avoidance; productivity	Business case (Q2); procurement (Q3); go-live (Q4)



Division-Specific Priorities

Below we outline which digital initiatives we have identified as a priority in each Trust division, for completion in 2026-27.

Children's & Learning Disabilities Division

- SystemConnect triage integrated to SystmOne for single-touch assessment records.
- Do-It Profiler data model standardised for neuro dashboards and "waiting well" packs.
- Youth-friendly microsite (Easy Read, video explainers) and Accurx automation to reduce DNAs and improve FFT.

Community & Addiction Services Division

- Virtual Frailty Ward/UCR enablement (remote monitoring, unified dashboard, two-hour response).
- Ward optimisation for Whitby and Malton locations and SNCT reporting feeds.
- Referral quality standards and structured digital referral sets; PCN communications.
- Integrated data model for dual diagnosis/justice pathways and digital self-help resources in Addictions Services.

Forensics Division

- SPA and bed-flow analytics across pathways (male MI; LD/Autism; prison transfers; secure transitions).
- Digital inclusion for inpatients (secure devices/portals; virtual family contact).
- PROMs/CROMs frequency and reporting configured; surfaced on ward boards.
- Alignment of estates safety tech (alarms/CCTV) with incident analytics.

Adult and Older People's Mental Health Division

- Crisis Front Door outcomes and operational views (ED diversion, S136 reduction) live in dashboards.
- Auto-planner pilots for planned care; benefits tracking.
- NHS App appointment/triage features enabled where contracts permit.
- AI documentation pilot evaluation and scale plan with QI governance.

Enabling Opportunities Not Explicit in Divisional AOPs

- Trust-wide data dictionary and KPI catalogue to end variation in reporting.
- Interoperability roadmap (e-RS, SPA data exchange, NHS App, EPaCCS/ReSPECT digitalisation).
- Automation/RPA for waiting list validation, WNB rules, FFT nudges and task hygiene reporting.
- Reusable digital safety case library with standard hazard logs and test evidence.
- Digital skills framework and super-user network with protected time for adoption.



Governance, Delivery & Milestones

- **Use Existing Structures:** D3G (prioritisation and risk), PandA/ODG (adoption and performance), Clinical Safety Group (DCB0129/0160) and Equality & Health Inequalities oversight.
- **Quarterly Checkpoints:** Q1 approvals and SOPs, Q2 website and pilot rollouts, Q3 referral standards delivered and PROMs/CROMs live, and Q4 remote monitoring go-live and benefits report to Board.
- **Resource Model:** Named divisional digital leads and clinical champions (0.2–0.4 WTE per major pathway) and super-user networks with protected time.



Measurable Outcomes

- **Access and Flow:** 4-week target achieved in targeted MH services; 52-week breaches eliminated in adult community services; LoS reduction in agreed cohorts.
- **Productivity:** 5–10% uplift in clinical contacts per WTE where auto-planner and Brigid are adopted; ≥5% time released from AI documentation pilots.
- **DNAs:** 2–3 percentage point reduction in pilot services using Accurx batching and referral standards.
- **Safety and Quality:** Aged tasks reduced by 50%; Digital risk register reviewed quarterly; PROMs/CROMs on ward boards.
- **Virtual Care:** VFW occupancy sustained ~80% of 25 beds; UCR two-hour response reliability improved; ReSPECT/EPaCCS programme plan in place.
- **Experience:** FFT responses increased by 50% in pilots; Improvements in patient/carer feedback in Forensics and CYP pathways.



Key Risks & Mitigations

Risk	Mitigation	Owner[LH1.1]
Capacity & change fatigue	Super-user network; staged rollouts; protected adoption time; clear benefits communications.	Divisional Triumvirate + Digital + BI
Digital exclusion	Assisted digital offers, Easy Read content, ward-based inclusion pilots; EHIA by design.	Divisional Triumvirate + Digital + BI
Cyber & clinical safety	Patching/identity baselines; safety cases current; incident exercises and playbooks.	Divisional Triumvirate + Digital + BI
Funding dependencies	Business cases tied to productivity/OAP reduction; phased procurement; system partnerships.	Divisional Triumvirate + Digital + BI



Conclusion

We are committed to delivering this plan in line with the timescales outlined. A new annual plan will be developed year-on-year to stay up to date with the latest priorities.

All annual plans are part of the Trust-wide Enabling Digital Strategy. You can find a copy of the strategic plan on our Trust intranet.

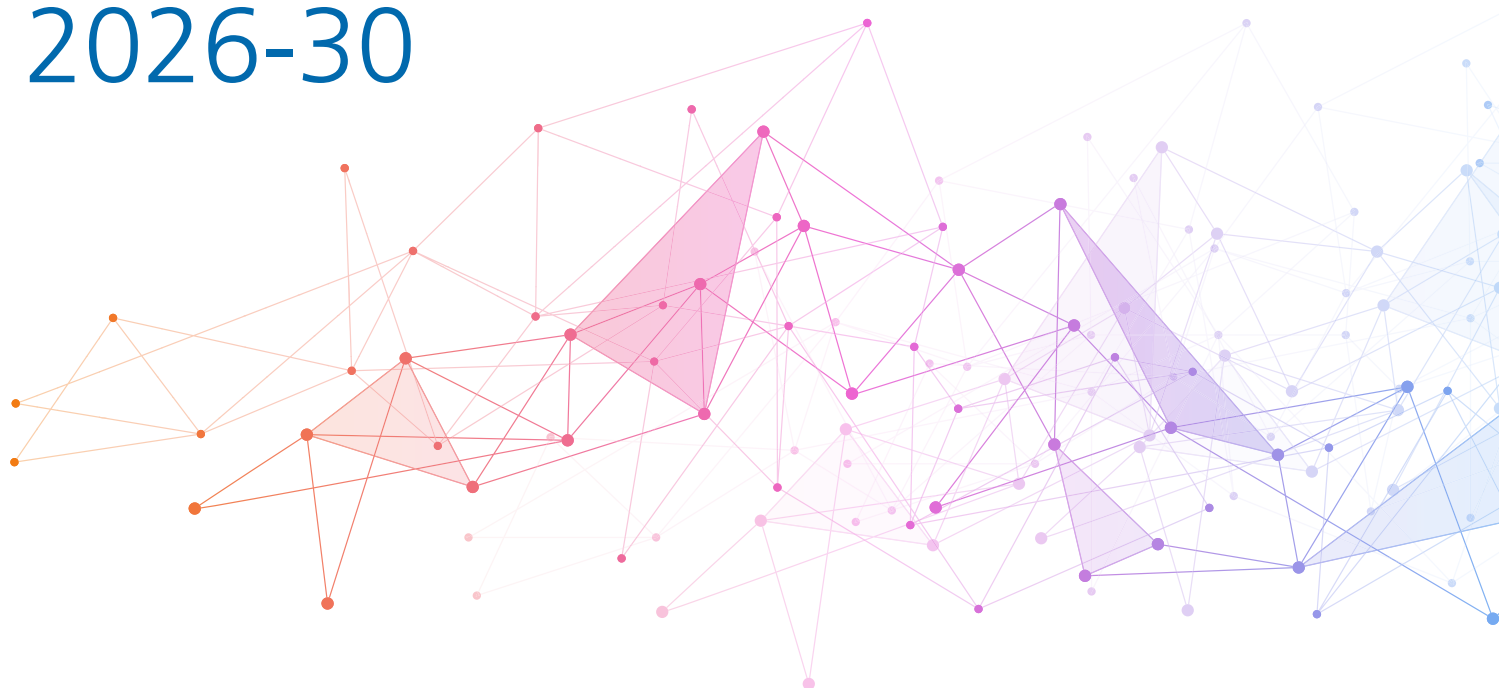
We look forward to working together across the Trust to deliver these core digital plans in line with our Trust's overarching mission: Caring, Learning & Growing Together.

Lee Rickles, CIO





Enabling Digital Strategy 2026-30





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Enabling Digital Strategy 2026-30

Caring, Learning & Growing Together in a Digital Age

Executive Summary

This document outlines Humber Teaching NHS Foundation Trust's Digital Plan for 2026 to 2030 as an enabling strategy. This plan is an ambitious roadmap to leverage digital technology as a primary enabler for achieving the Trust's overarching strategy.

This plan clearly aligns to the Trust Strategy (2022-2027), in the sense that it brings to life the ways in which our BeDigital function is supporting our Trust strategic objectives. Including our commitment to 'Innovating for quality and patient safety', by harnessing the power of modern technology. The plan also contributes to the Trust's commitment to 'Developing an effective and empowered workforce' by providing our staff with new digital tools to support their roles and responsibilities.

By aligning with the national 'What Good Looks Like' (WGLL) framework and being committed to digital-by-default care models, the plan also establishes a clear pathway to improve our Digital Maturity Score. This further supports our strategic development and our commitment to being a top performing digital organisation at national level.

The plan is built upon a foundation of strong digital leadership, empowering our staff and patients, and utilising robust, smart technologies. Key initiatives include a major transition to a new NHS Workforce Solution from 2027, a significant investment in Artificial Intelligence (AI) for clinical and administrative support, and an early-stage exploration of quantum computing to future-proof our data and analytics capabilities. This plan is designed for all Trust staff and our external partners, serving as a shared vision for a digitally enabled, high quality, and patient-centred future.



Introduction:

Our Plan and the Digital Imperative

Humber Teaching NHS Foundation Trust's vision for 2022-2027, 'Caring, Learning & Growing Together', is our overarching strategy which aligns to this enabling plan. It commits us to innovation, developing integrated services with partners, and fostering a culture of high performance and continuous improvement. Digital technology is not merely a supporting function; it is the essential fabric that connects these strategic pillars, enabling us to deliver safe, responsive, and accessible care across mental health, community, and all other services. This enabling strategy supports our strategic objectives.

The Fit for the Future 10 Year Health Plan for England highlights the national drive for digital transformation in healthcare. Our plan for 2026-2030 responds directly to this agenda by embedding digital solutions into every aspect of our work. It's a commitment to not only keep pace with change, but to lead it. Ensuring we harness the power of data, connectivity, and smart technology to enhance patient outcomes and improve the working lives of our staff. This plan is also a testament to our continuous pursuit of excellence, moving towards achieving a CQC rating of 'Outstanding', by embracing digital innovation as a core competency.



Our Digital Vision and Principles

Our Vision

To be a leading, digitally enabled NHS Trust where technology seamlessly empowers our staff to deliver exceptional, compassionate care and provides patients with greater control and access to their health and wellbeing information.

Our Principles

This plan is underpinned by a set of core principles that will guide our decisions and investments over the next five years:

- **Patient-Centred:** We will develop digital initiatives with the patient at the forefront, focusing on improved access, communication, and personalised care.
- **Staff Empowered:** We will provide our workforce with the tools and skills needed to deliver care efficiently, reducing administrative burden and increasing job satisfaction.
- **Data-Driven:** We will use data and analytics to inform decisions, monitor performance, and identify opportunities for service improvement.
- **Collaborative:** We will work closely with our partners across the Integrated Care System (ICS) to ensure seamless and connected care pathways.
- **Secure and Compliant:** We will maintain the highest standards of data security and governance, protect patient and staff information, and ensure compliance with all regulatory frameworks.
- **Forward-Thinking:** We will continually assess and adopt emerging technologies to ensure the Trust remains at the cutting edge of digital health innovation.



Current State:

Digital Maturity Assessment 2025

The Digital Maturity Assessment (DMA) for 2025, conducted against the What Good Looks Like (WGLL) Framework, provides a clear benchmark for our starting point. According to the DMA 2025 Report, the Trust achieved an overall digital maturity score of 3.03 out of 5. While this is a strong position, it represents a slight decrease from the 2024 score of 3.17. This indicates that focused effort is needed to not only maintain but also accelerate our progress.

An analysis of the scores by WGLL pillar reveals both our strengths and key areas for development:

- **Support Workforce:** At a score of 3.75, this is a clear strength, demonstrating our commitment to providing digital tools for our staff.
- **Safe Practice:** With a score of 3.625, we have a solid foundation in our security and governance procedures.
- **Ensure Smart Foundations:** A score of 3.48 indicates a strong technological base, but there is room for improvement.
- **Improve Care:** A score of 2.44 shows an opportunity to better embed digital solutions directly into clinical practice.
- **Empower People:** With a score of 2.0, this pillar is identified as our greatest opportunity for growth, requiring a focused plan to expand patient-facing digital tools.
- **Well Led:** A score of 2.25 represents a concerning decline from 2.66 in 2024. The report notes this is partly due to a new requirement for the CIO to be part of the Trust Board, which we must address to drive effective digital transformation.

Our goal for 2030 is to improve our Digital Maturity Score, to support our strategic development and remain a top performing organisation for digital when compared to other Trusts across the country. This will require a strategic, targeted, and resourced plan to raise every pillar to a high-performing standard, with a particular focus on 'Empower People' and 'Well Led'.



Enabling Digital Strategy 2026-2030: Our Journey of Continuous Improvement

Our plan details key initiatives and targets, in line with the WGLL pillars.

Pillar 1: Well Led

We will reverse the recent decline and establish a robust, agile, and visionary digital leadership structure.

2026-2027:

- **Digital Leadership and Governance:** The Trust Board will decide on the appointment of the Chief Information Officer (CIO) to attend the Trust Board, to ensure our Enabling Digital Strategy is integrated at the highest level of decision-making. We will also establish a new Digital Transformation Committee with representation from all directorates and staff grades.
- **Planning and Development:** We will formally ratify our Enabling Digital Strategy and clearly communicate our goals to all staff and partners. A rolling three-year digital plan will be developed and reviewed annually.

2028-2030:

- **Culture of Innovation:** We will embed a culture where all staff feel empowered to suggest and contribute to digital innovations. We will establish a 'Digital Champions' network across the Trust.
- **Financial and Resource Planning:** We will secure dedicated funding streams for high-impact digital projects, including the new NHS Workforce Solution and advanced AI initiatives.

Pillar 2: Empower People

We will improve our current score of 2.0 to reflect a truly patient-empowered service. This pillar is our greatest opportunity for growth.

2026-2027:

- **Patient Portals:** We will expand our portal to give patients access to their health records, appointments, and test results. The goal is to have 75% of patients actively using the portal.
- **Virtual Consultations:** We will expand our use of video conferencing (currently 265 video conferences take place each week) and other virtual tools to increase access to care for patients, especially for those in remote areas or with mobility issues.
- **Digital Psychometrics:** We will continue to implement and expand the use of digital psychometrics, to improve diagnostic and care planning processes.

2028-2030:

- **Patient-Held Records:** We will work with partners to implement a comprehensive, patient-held record system, allowing patients to securely manage and share their health information with multiple providers. This aligns with the NHS Wayfinder programme, a key patient focused initiative.
- **Cognitive AI for Patient Support:** We will explore and implement cognitive AI to provide personalised health advice and support through chatbots and virtual assistants, helping patients manage long-term conditions.

Pillar 3: Improve Care

We will use digital technology to enhance clinical effectiveness, safety, and efficiency.

2026-2027:

- **AI Scribe:** We will pilot and roll out AI Scribe in clinical settings, starting with mental health and community services. This will reduce administrative burden for clinicians, allowing them to focus more on patient care. The goal is for our staff to automatically transcribe 90% of clinical notes.
- **Analytics and Deep Learning:** Building on our implementation of a new data platform with Power BI, we will utilise deep learning to analyse clinical data. Allowing us to predict patient outcomes and identify at-risk individuals for preventative interventions.

2028-2030:

- **Predictive Analytics:** We will use advanced analytics to forecast demand for services, optimise staff rostering, and predict bed capacity, improving operational efficiency.
- **Quantum Computing for Healthcare:** While a nascent technology, we will begin exploring partnerships to understand how quantum computing could be used by 2030. Primarily for tasks such as complex drug discovery, personalised medicine, and large-scale data analysis that is beyond the capability of current computers.
- **Commit to Onboarding:** the NHS Federated Data Platform by 2029.

Pillar 4: Safe Practice

We will build upon our strong foundation to ensure the Trust's digital systems are secure, resilient, and compliant.

2026-2027:

- **Cyber Security:** We will invest in advanced threat detection systems and conduct regular penetration testing and staff training to mitigate cyber risks.
- **Data Governance:** We will strengthen our data governance framework, ensuring all data is managed ethically, securely, and in compliance with GDPR.

2028-2030:

- **AI for Security:** We will deploy AI-driven systems to monitor network traffic and user behaviour, proactively identifying and neutralising potential security threats.
- **Digital Forensics:** We will develop in-house capabilities for digital forensics to effectively investigate and respond to security incidents.

Pillar 5: Support Workforce

We will ensure a significant focus remains on providing our workforce with up to date and fit for the future digital tools which support their efficiency and wellbeing at work.

2026-2027:

- **NHS Workforce Solution:** We will begin the phased implementation of a new NHS Workforce Solution from 2027. This is a monumental project that will transform how we manage our workforce. It will offer a seamless, user-friendly interface for managing pay, leave, and professional development. We will ensure a smooth transition with comprehensive training and support for all staff.
- **Digital Skills Training:** We will introduce a mandatory and ongoing digital skills programme for all staff, tailored to their roles, to ensure confidence and competency when using technology.

2028-2030:

- **AI for HR:** We will use AI to streamline HR processes within the new NHS Workforce Solution, such as recruitment, onboarding, and performance management, freeing up our HR staff to focus on strategic initiatives.
- **Integrated Systems:** We will fully integrate our new NHS Workforce Solution with other key systems, such as HealthRoster, to create a single, unified source of truth for workforce data, improving efficiency and accuracy.

Pillar 6: Ensure Smart Foundations

We will build a scalable, resilient, and high-performing digital infrastructure.

2026-2027:

- **Data and Telecoms:** We will continue the soft market engagement for a new data and telecom solution and implement a new Wide Area Network (WAN) and telecom solution. This will ensure our services are always connected and reliable.
- **Cloud Adoption:** We will accelerate our move to a cloud-based infrastructure, including the new data platform with Power BI, to improve scalability, security, and access.

2028-2030:

- **Internet of Medical Things (IoMT):** We will explore and pilot the use of IoMT devices to monitor patients remotely, providing real-time data to clinicians and enabling more proactive care.
- **Cognitive AI for Infrastructure:** Cognitive AI will be used to manage and optimise our IT infrastructure, predicting and preventing system failures before they occur.

Pillar 7: Healthy Populations

We will extend our digital plans beyond the Trust walls, to proactively support the health of the entire population we serve.

2026-2027:

- **Shared Care Records:** We will continue to work with partners to increase the usage of the Yorkshire & Humber Care Record and the National Care Record, as more patient information is shared by system partners.
- **Population Health Analytics:** We will use our advanced data platforms to analyse population health trends, identify health inequalities, and target interventions effectively. Using data and analytics to support a neighbourhood health approach and integrated neighbourhood teams.
- **Prevention Services:** We will provide digital support for the NHS Digital Weight Management Programme and NHS Health Check online.

2028-2030:

- **AI for Public Health:** We will deploy AI models to predict disease outbreaks and recommend public health campaigns, contributing to a healthier community.
- **Quantum-Assisted Analytics:** We will investigate how quantum computing could be applied to large-scale, anonymised population health data sets to uncover complex patterns and insights that are currently intractable.



Implementation and Monitoring

The journey to an improvement in our digital maturity score is a collective effort. The implementation of this plan will be overseen by the newly formed Digital Transformation Committee, with regular updates provided to the Trust Board. Progress will be monitored annually through the Digital Maturity Assessment, with interim milestones reviewed quarterly. Our success will be measured not just in our scores, but in the tangible improvements to patient care, staff experience, and operational efficiency.

There is a requirement for 3-year and 5-year plans, board assurance statements, and triangulation of workforce, finance, and activity plans. The commitment to this plan is our promise to make Humber Teaching NHS Foundation Trust 'Fit for the Future', ensuring we remain at the forefront of digitally-enabled healthcare.



Conclusion

Our Enabling Digital Strategy is a bold statement of our ambition. It is a commitment to our patients, our staff, and our partners to build a future where digital technology enhances every aspect of healthcare delivery. From the seamless administration offered by a new NHS Workforce Solution, to the groundbreaking insights provided by advanced AI and the early promise of quantum computing, this plan outlines a pathway to not only meet our goals but to exceed them.

By 2030, our digital maturity will be a source of pride, reflecting a Trust that is truly 'Caring, Learning & Growing Together'. We invite everyone to join us on this exciting journey.

Lee Rickles, CIO



Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Learning from Death - Mortality Report – March 2026: (Cumulative data covering the period July 2025 – December 2025)															
Author/s:	Kwame Opoku-Fofie – Executive Medical Director															
Recommendation:	<table><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>	Purpose of the Paper The purpose of this paper is to present the <i>Learning from Deaths – Mortality Report (July 2025 to December 2025)</i> to the Trust Board for assurance and scrutiny, in line with the National Guidance on Learning from Deaths and the Patient Safety Incident Response Framework (PSIRF).															
Key Issues within the report:																
Positive Assurances to Provide: - All deaths within scope were reviewed in line with National Guidance on Learning from Deaths and PSIRF - The majority of deaths were expected and due to natural causes, reflecting the population served - No consistent themes were identified indicating care quality issues directly contributing to death - Proportionate review processes (IIRs, safety huddles, CRMG oversight) are working effectively - Strong governance and system oversight are in place, including Mortality Review Group and LeDeR engagement		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Continued embedding of appreciative learning across services via safety huddles and CRMG - Ongoing oversight of Learning Disability deaths, with active participation in ICB LeDeR processes - Strengthened multidisciplinary oversight. - Planned audit of compliance with the Learning from Deaths procedure - Preparation and alignment of future reports for timely publication - EMT has requested collaboration with the Comms team regarding best options of publication.														
Key Risks/Areas of Focus: - Ensuring consistent application of the Learning from Deaths procedure across all services - Continued focus on physical health monitoring and escalation, particularly for people with mental illness and learning disabilities		Decisions Made: Board accepted the report as assurance of the Trust’s Learning from Deaths arrangements.														

Improving data completeness, particularly ethnicity recording.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee	04.06.26	People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Collaborative Committee		Other QPaS
			10.05.26
			23.04.26

Monitoring and assurance framework summary:

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

Learning from Deaths – Mortality Report

March 2026

Cumulative data covering the period July 2025 – December 2025

Purpose of the Report

The *National Guidance on Learning from Deaths* requires NHS Trusts to collect, review and publicly report specified mortality information on a quarterly basis.

This report covers deaths occurring between July 2025 and December 2025 (Quarters 2 and 3) and provides assurance that Humber Teaching NHS Foundation Trust continues to comply with national requirements and applies a proportionate, compassionate and systems-based approach to learning from deaths.

Executive Summary

All deaths notified to the Trust are reviewed through the Learning from Deaths (LfD) procedure, unless a Datix red-flag criterion is met. In those cases, deaths are reviewed under the Incident Reporting and Investigation Policy.

This report presents Learning from Deaths review outcomes for Quarter 2 and Quarter 3, covering deaths of service users receiving mental health and community services. The Trust's approach is embedded within the Patient Safety Incident Response Framework (PSIRF), ensuring learning is focused on system improvement rather than individual blame.

Key messages include:

- The majority of deaths were expected and due to natural causes, reflecting the complexity, frailty and long-term conditions of the population served.
- No consistent themes were identified indicating problems in care that directly contributed to deaths.
- Learning most frequently related to physical health monitoring, care coordination, communication and timeliness of escalation.
- The Trust continues to maintain robust governance and learning arrangements through CRMG, safety huddles and senior oversight forums.

Public Sector Equality Duty and Equality Impact Risk Analysis

In line with the Equality Delivery System (EDS2), this report considers the impact of mortality review outcomes across the nine protected characteristics:

The Trust also applies the REGARDS framework (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability, Sexual orientation).

Mortality patterns largely reflect the demographics and health inequalities of the local population, particularly:

- Higher mortality among older adults
- Higher numbers of deaths among men
- The ongoing impact of physical health inequalities, particularly for people with learning disabilities and severe mental illness

Risks are mitigated through continued focus on equitable access, improved data quality, targeted physical health interventions and system-wide learning.

Learning from Deaths – Detailed Mortality Report

1.0 Background

Following the CQC's review of how NHS organisations investigate patient deaths, the National Quality Board published the *National Guidance on Learning from Deaths*. The guidance aims to support consistent, transparent and meaningful mortality review, strengthening organisational learning and improving care quality.

The Trust continues to meet all requirements of the national framework. This report presents cumulative data for **July 2025 to December 2025**.

2.0 Scope

This report includes deaths of people who:

- Were receiving mental health inpatient care
- Were open to community mental health services
- Were receiving community health services
- Had recently been discharged and met criteria for review under national guidance

All deaths within scope were subject to an Initial Incident Report (IIR) in accordance with the Trust's Patient Safety Incident Response Framework (PSIRF).

Deaths were excluded where:

- There was no current or recent Trust involvement and
- Deaths were expected due solely to long-term physical illness and no care concerns were identified

Family and Carer Involvement

Families and carers were offered the opportunity to raise questions and concerns following a death. These were considered within the IIR and investigation process, and duty of candour was applied where appropriate.

Oversight and assurance are provided through established governance structures, including:

- Safety huddles
- Clinical Risk Management Group (CRMG)
- Triangulation with complaints, incidents and claims

3.0 Summary of Deaths

3.0 Data Summary of all Deaths

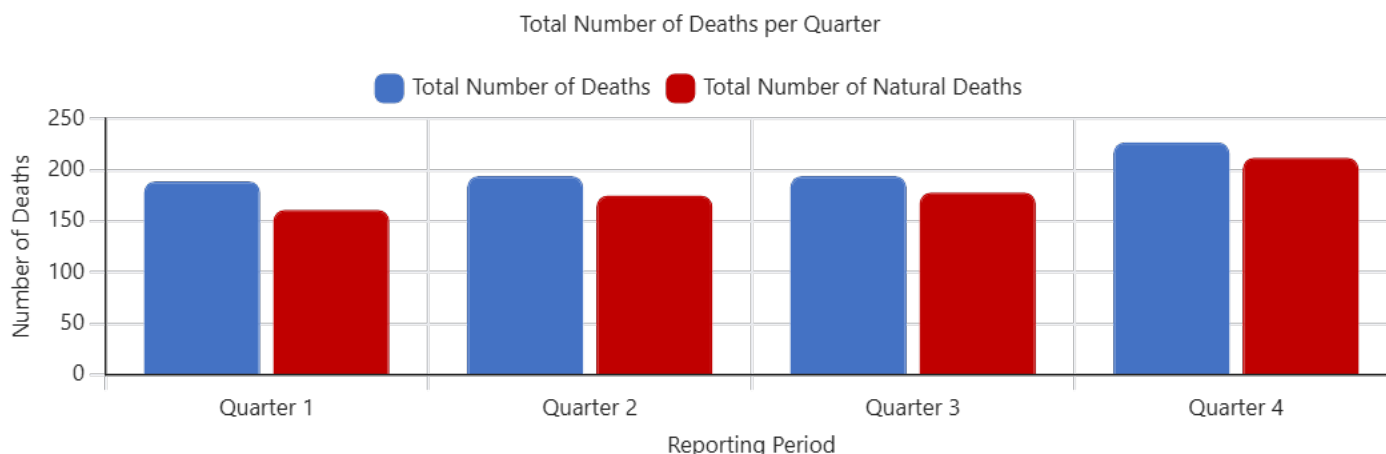
Figure 1 Total Number of Deaths and Deaths Reviewed (does not include patients with identified Learning Disabilities)

During 2025/26 804 of Humber Teaching NHS Foundation patients died. This comprises the of the following number of deaths which occurred in each quarter of that reporting period:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Last 12 Months
Total Number of Deaths	189	194	194	227	804
Total Number of Natural Deaths	161	175	178	212	726
Proportion of Natural Deaths	85.19%	90.21%	91.75%	93.39%	90%
Total Number of Deaths by division					
Community and Primary Care	92	97	83	108	380
Mental Health - Planned	55	64	78	84	281
Mental Health - Unplanned	25	19	23	22	89
Children and Learning Disabilities	16	13	9	12	50
Forensics	1	1	1	1	4

During the last 12 months, 804 deaths were recorded, of which 726 (90%) were due to natural causes. There was a gradual increase in total deaths across the year, rising from 189 in Quarter 1 to 227 in Quarter 4. This increase was predominantly driven by natural deaths, which also rose steadily. The proportion of deaths attributed to natural causes increased quarter-on-quarter from 85.2% to 93.4%, indicating a consistent reduction in non-natural or reportable deaths. Overall, the data demonstrate stable mortality patterns with no emerging concerns regarding non-natural causes of death.

In terms of distribution by division, the majority of deaths occurred within Community and Primary Care (380 deaths), followed by Mental Health – Planned services (281 deaths), both of which showed sustained activity across the year. Smaller numbers were recorded within Mental Health – Unplanned services (89 deaths), Children and Learning Disabilities (50 deaths), and Forensics (4 deaths). Overall, the data demonstrate stable mortality patterns, with deaths concentrated in expected service areas.



4.0 Review of Deaths (Review Outcomes)

Deaths were identified and reviewed using a proportionate approach aligned with the Patient Safety Incident Response Framework (PSIRF). Initial screening was undertaken to determine the appropriate learning response, with most deaths reviewed through local safety huddles and Trust governance processes. A small number required further patient safety investigation or analysis. Oversight and assurance were provided through senior Complex Case Oversight Group

5.0 Learning from Deaths Procedure

The Trust's Learning from Deaths process includes:

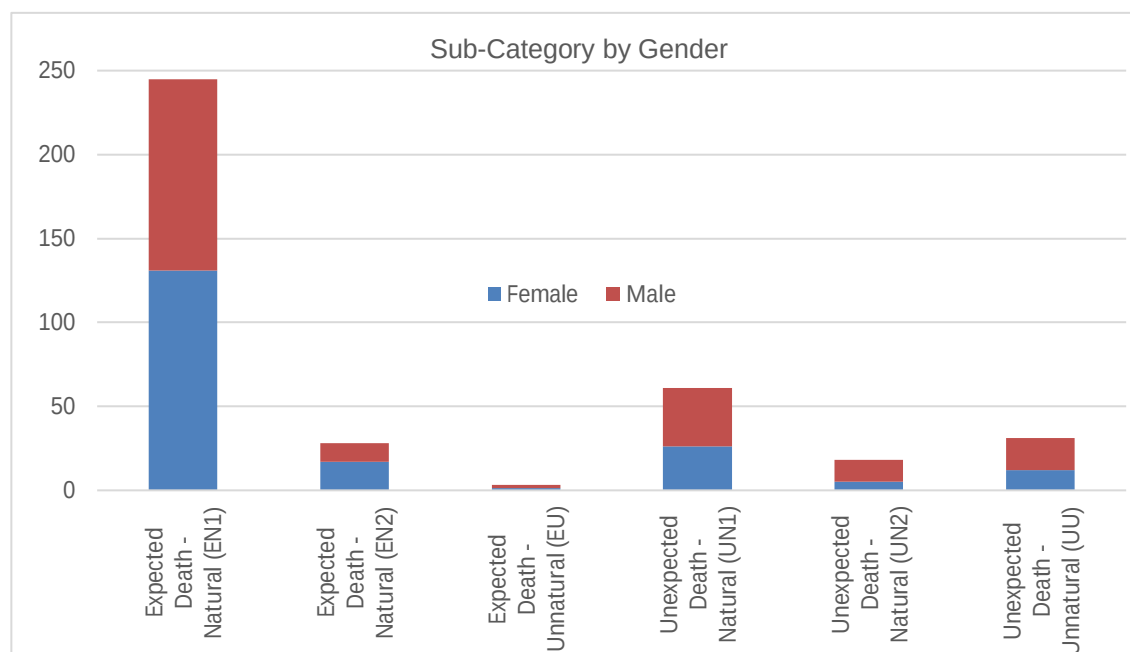
- Weekly mortality screening by CRMG
- Risk-based triage using defined criteria
- Allocation to appropriate learning response
- Timely engagement with families and carers

- Central tracking and governance oversight

6.0 Analysis and Equality Considerations

6.1 Classification of Deaths (Mortality Report (July 2025 to December 2025))

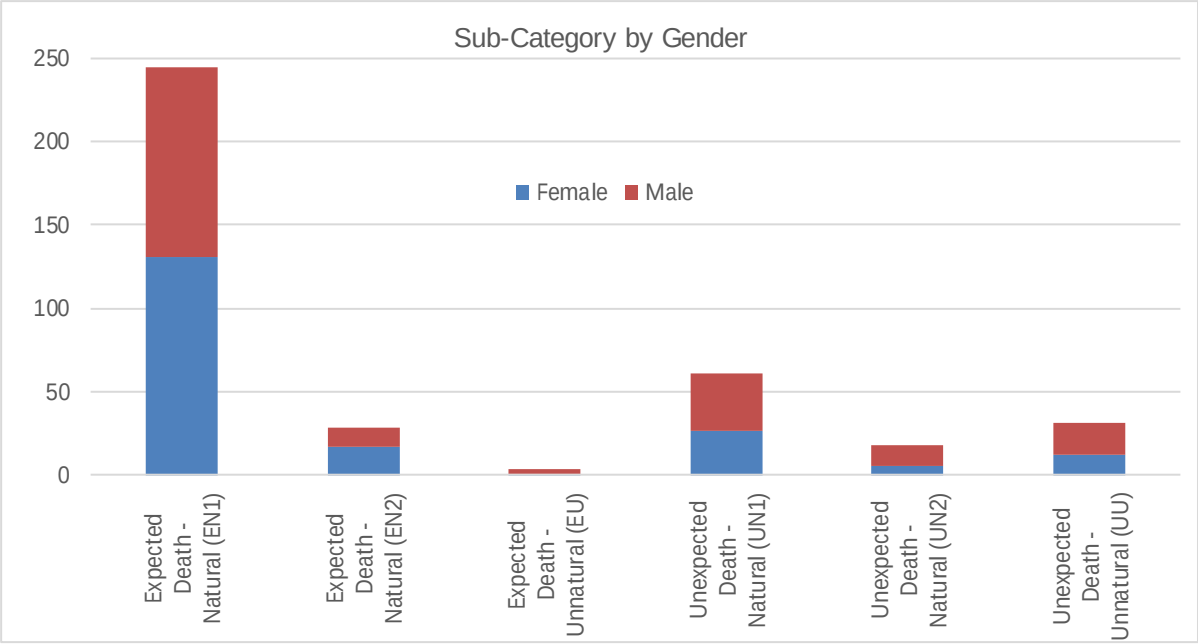
Most deaths were **expected natural deaths**. Unexpected and unnatural deaths formed a small proportion and were subject to enhanced review where required.



Expected Death - Natural (EN1 - Expected to occur from the diagnosed illness e.g. people with terminal illness or within palliative care services)
Expected Death - Natural (EN2 - Pt dies earlier than expected from the diagnosed illness e.g. someone with cancer or liver cirrhosis who dies earlier than expected)
Expected Death - Unnatural (EU - Expected but not from the diagnosed illness e.g. people who misuse drugs, are dependent on alcohol or with an existing disorder)
Unexpected Death - Natural (UN1 - From a natural cause e.g. a sudden cardiac condition, stroke or COVID-19.)
Unexpected Death - Natural (UN2 - Pt dies earlier than expected from a natural cause e.g. someone with cancer or liver cirrhosis who dies earlier than expected)
Unexpected Death - Unnatural (UU - An unexpected death from unnatural causes e.g. suicide, homicide, abuse, neglect.)

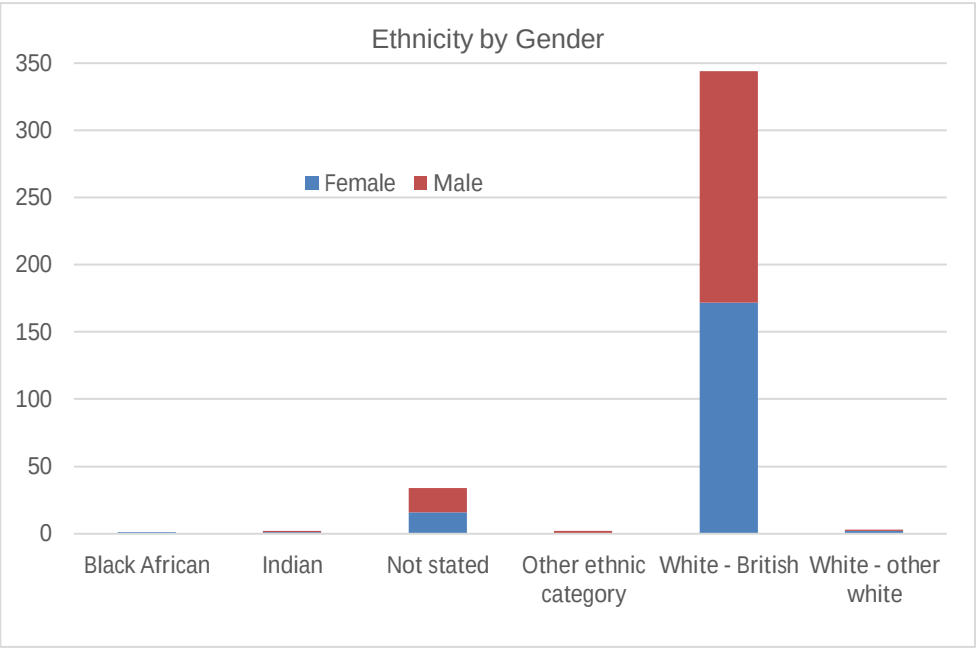
6.2 Gender

Deaths were more frequently recorded among men, reflecting national mortality patterns.



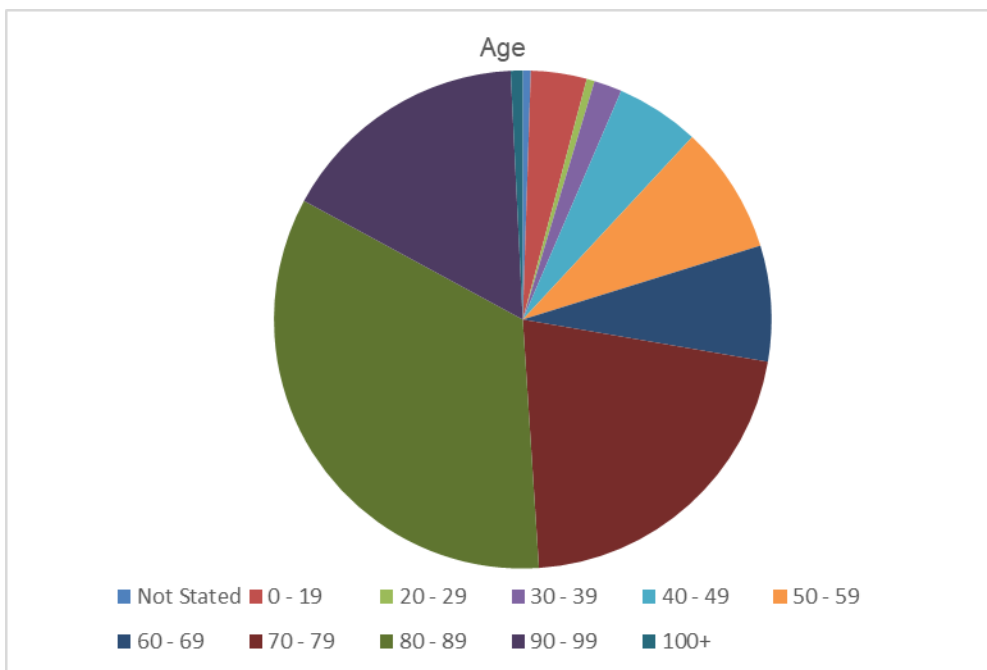
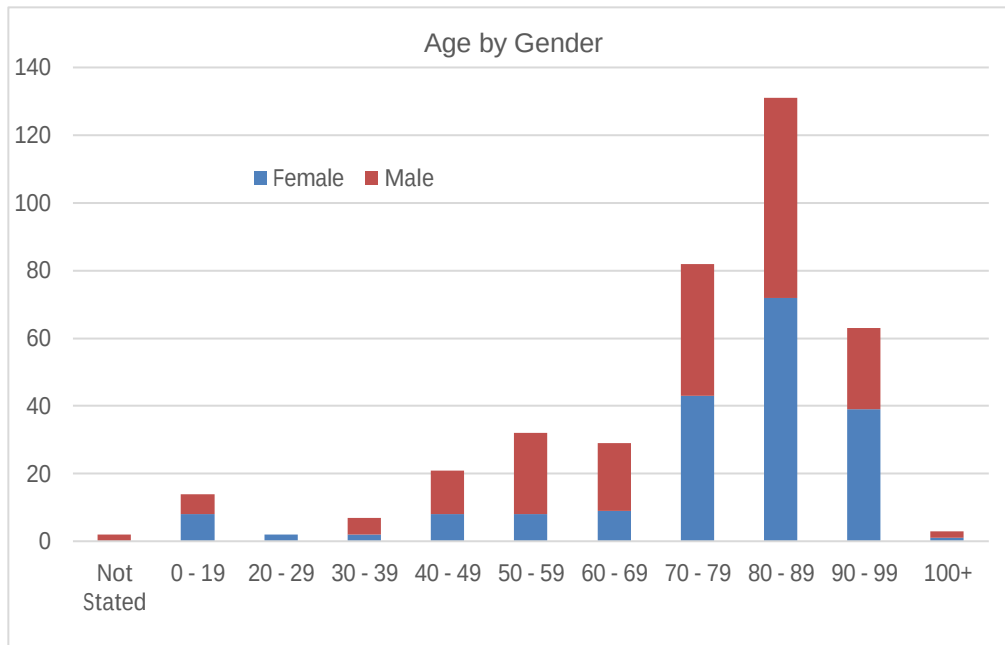
6.3 Ethnicity

Most deaths were recorded among people identified as White British, consistent with the local population. Improving ethnicity data completeness remains a priority.



6.4 Age

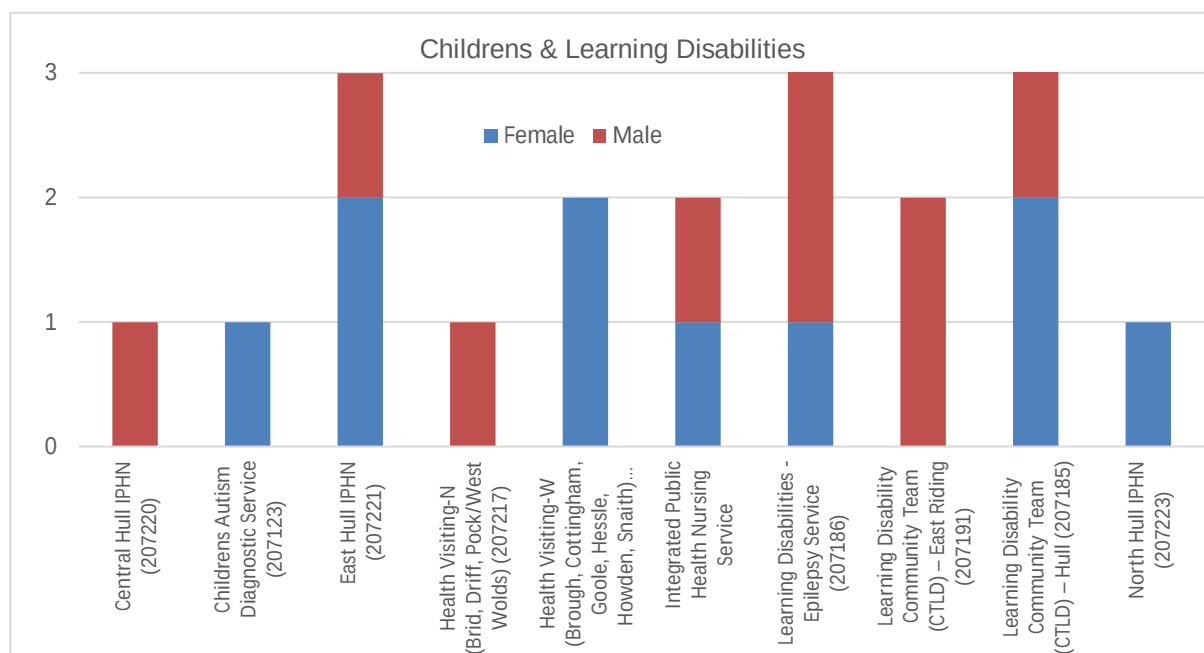
The highest proportion of deaths occurred among those aged **70 years and over**, underscoring the importance of frailty, end-of-life and physical health pathways.



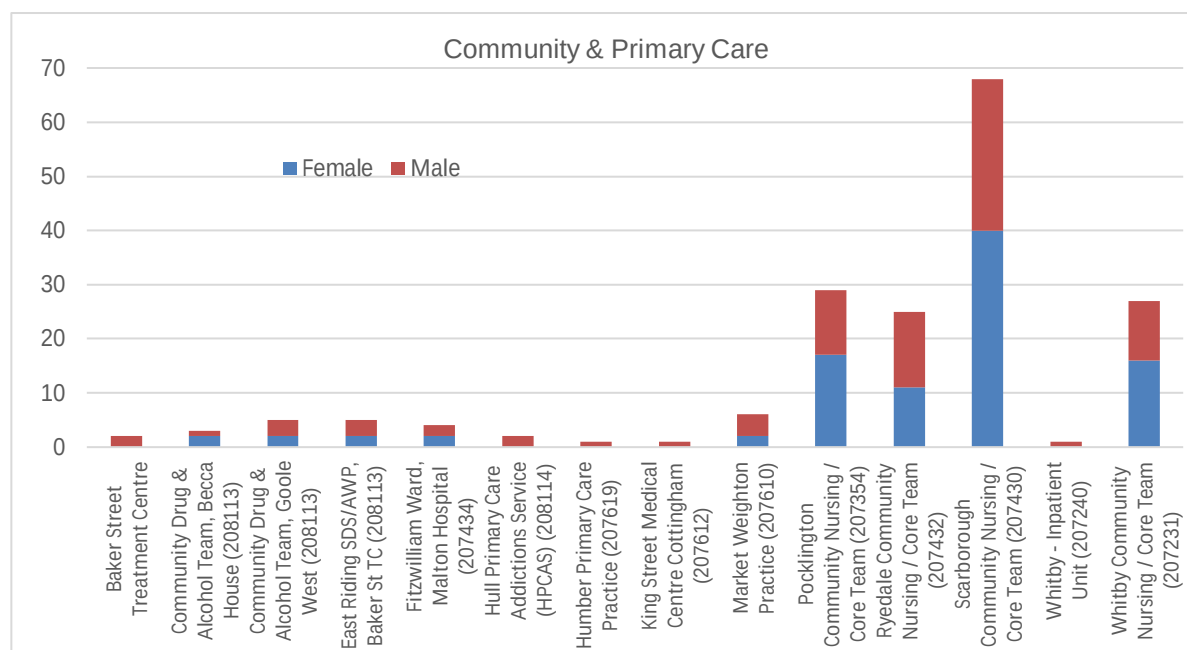
6.5 Divisional Breakdown

- **Children and Learning Disabilities:** Low numbers overall; highest within Learning Disability services, reflecting national inequality patterns
- **Community and Primary Care:** Highest within Community Nursing teams supporting frail and end-of-life populations
- **Mental Health and Forensic Services:** Highest within Older People's Mental Health and Memory Services

6.5.1 Children & Learning Disabilities



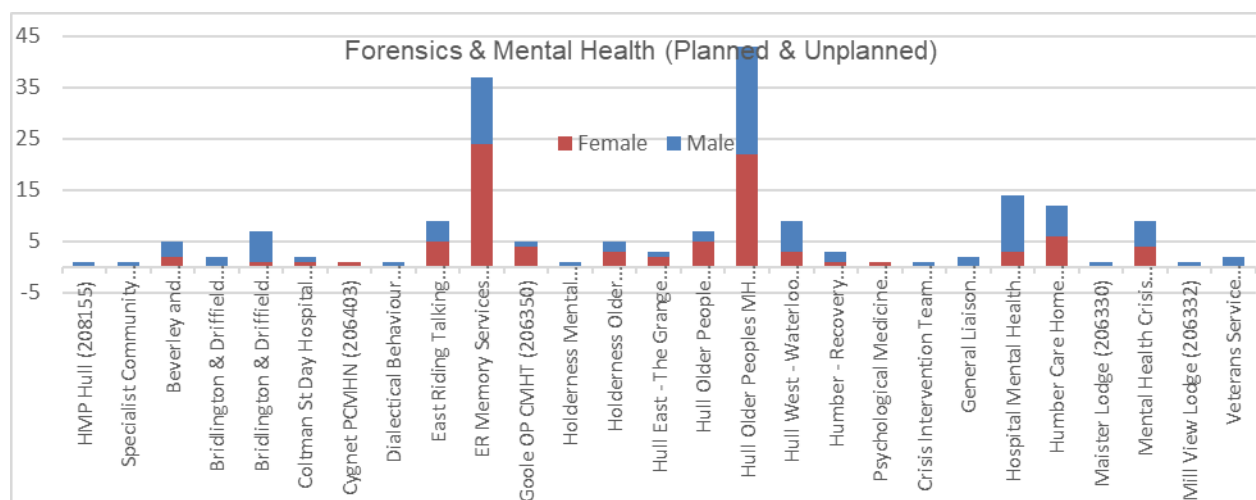
6.5.2 Community & Primary Care:



The highest numbers of deaths were recorded within Community Nursing teams, particularly in Scarborough, Whitby, Ryedale, and Hull and East Riding services.

These teams provide care to people with complex physical health needs, frailty, and long-term conditions, often towards the end of life. The pattern observed reflects the nature and size of these services and is consistent with national trends in community healthcare.

6.5.3 Forensic and Mental Health



7.0 Learning Disability Deaths – LeDeR

One Care home inpatient learning disability death was recorded in the last 12 months.

The Trust maintains active engagement with the Humber and North Yorkshire ICB LeDeR Steering Group and disseminates learning via:

- MDTs
- Newsletters
- Safeguarding Assurance Group
- Clinical networks

No unexpected or preventable trends were identified.

ICB Learning Disability deaths were reported during this period.
(See Appendices A and B.)

8.0 Governance and System Working

The Learning from Deaths Steering Group provides assurance across:

- Performance and compliance
- Quality and safety governance
- Audit and improvement activity

The Trust contributes to several regional initiatives, including:

- HNY ICB System Mortality Oversight Group
- North of England Learning from Deaths Alliance
- Reasonable Adjustment Flag implementation

9.0 Learning, Actions and Next Steps

9.1 Key Learning Themes

- Deaths largely expected and natural
- No consistent care quality themes directly contributing to death
- Learning focused on physical health, coordination and escalation

9.2 Actions

- Continue embedding appreciative learning across services
- Maintain strong oversight of Learning Disability mortality and LeDeR processes

9.3 Improvements Implemented

- Establishment of a Mortality Review Group
- Strengthened regional collaboration and system learning

9.4 Next Steps

- Audit compliance with the Learning from Death procedure
- Publish subsequent regular reports in line with national requirements

Recommendation

The Board is asked to:

- Note and accept the Learning from Deaths and Mortality Report as evidence of the Trust's approach to mortality review, organisational learning and quality improvement.
- Endorse publication of the Trust's annual Learning from Deaths Report on the Trust website, in accordance with the National Quality Board's Learning from Deaths guidance and NHS England reporting requirements.

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Multi-Professional Strategy (Enabling Strategy)															
Author/s:	Sarah Smyth - Executive Director of Nursing, Quality & Professions															
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 paper provides the Multi Professional Strategy for Board approval.															
Key Issues within the report: The Multi-Professional Strategy 2026–2030 is an enabling strategy that supports delivery of the Trust Strategy, People Strategy and national workforce priorities. Grounded in our values of Caring, Learning and Growing and the principles of Being Humber, it provides a clear framework to strengthen professional leadership, workforce development, innovation and community-focused care across all health and care professions. Developed through extensive engagement with staff, service users and professional groups, the strategy is built around four strategic promises: Professional, Workforce, Care & Innovation, and People & Community. Together, these will support improved workforce capability, staff experience, quality of care, patient outcomes and reduction in health inequalities. This enabling strategy aims to empower all professions to work collaboratively and at the top of their professional registration, strengthening multidisciplinary working and delivering the Trust's strategic ambitions for quality, safety, prevention, integration, workforce empowerment and sustainable services. Delivery of the enabling strategy will be monitored through a robust and transparent governance framework, ensuring clear accountability and alignment across the organisation. - The Clinical and Professional Leadership Group will provide primary oversight of delivery, progress and performance. - This group will review: - Develop baseline data for all outcome metrics, agree trajectories and the monitoring framework - Progress against strategic priorities and promises - Key risks, issues and mitigations - Emerging themes and opportunities for improvement																

- Formal reporting will be provided to:
 - o Quality and Patient Safety Group
 - o Executive Management Team
 - o Quality Committee (Board assurance)

Positive Assurances to Provide:

- The enabling strategy supports the delivery of the Trust Strategy, the workforce strategy, the long-term plan and national professional strategies.
- The enabling strategy has been produced by staff, patients, service users and carers.
- The strategy covers all registered and non-registered health professionals across the organisation, including Psychological Professionals, Nursing, Allied Health Professionals, Social Work, Medical Doctors and Pharmacy. It also encompasses health professionals who have completed specialist training requiring a primary registration, such as Advanced Clinical Practitioners and Non-Medical Prescribers.
- Leads for the promises have been identified with buddy support to ensure oversight, ownership and delivery.
- The delivery of the enabling strategy will be overseen by the Clinical Professional Leadership Group

Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):

- Approved by Quality Committee
- Dedicated engagement session with Chair and NEDS – all comments included in the final version.
- A designed version will also be created, and a launch event will be planned

Key Risks/Areas of Focus:

Decisions Made:

Governance:

Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	04.07.26	People & Organisational Development Committee	
Finance Committee		Executive Management Team	14/10/25 24/03/26
Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail)	02/10/25
		RIISE Working Group	

Monitoring and assurance framework summary:

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

Multi-Professional Strategy 2026-2030 (Enabling Strategy)



Executive Summary

The Multi Professional Strategy 2026 – 2030, is an enabling strategy and has been developed in response to increasing complexity across health and social care, including rising demand, workforce challenges, variation in practice and the need to reduce health inequalities. It recognises that our greatest opportunity lies in enabling all professions to work collectively and consistently at the top of their professional registration, improving outcomes, experience and productivity. The Multi Professional Strategy is an enabling strategy to support the delivery of the Trust Strategy.

This Multi Professional Strategy 2026–2030 sets out a clear, measurable and ambitious approach to strengthening how our diverse professional workforce collaborates, develops and delivers high-quality, person-centred care. As Executive Director of Nursing, Quality & Professions and the Executive Medical Director, we are proud to present an enabling strategy to support the delivery of the Trust strategy, that reflects both the collective voice of our professions and the needs of the communities we serve.

The enabling strategy covers all registered and non-registered health professionals across the organisation, including Psychological Professionals, Nursing, Allied Health Professionals, Social Work, Medical Doctors and Pharmacy. It also encompasses health professionals who have completed specialist training requiring a primary registration, such as Advanced Clinical Practitioners and Non-Medical Prescribers.

As an enabling strategy, it supports the delivery of the Trust Strategy and contributes directly to our ambitions to:

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

At our Trust, the way we work together matters just as much as the work we do. **Being Humber** is our behavioural framework, providing a shared understanding of the attitudes, behaviours and ways of working that help us create the culture we want for our colleagues, patients and communities. For most of us, most of the time, **Being Humber** simply reflects how we already approach our work. It brings together the everyday behaviours that enable us to work collaboratively, support one another, learn together and provide the best possible care. This enabling strategy builds on those principles, recognising that professional excellence is shaped not only by what we do, but also by how we work together.

Grounded in our Trust values of **Learning, Caring and Growing**, this enabling strategy sets out how we will:

- Deliver compassionate, coordinated and person-centred care (Caring)
- Embed continuous improvement, innovation and evidence-based practice (Learning)
- Develop a skilled, inclusive and sustainable workforce (Growing)

Through four strategic promises, Professional, Workforce, Care & Innovation, and People & Community, we will deliver a focused set of priorities that strengthen leadership, improve workforce capability, reduce inequalities and enhance care delivery across all pathways.

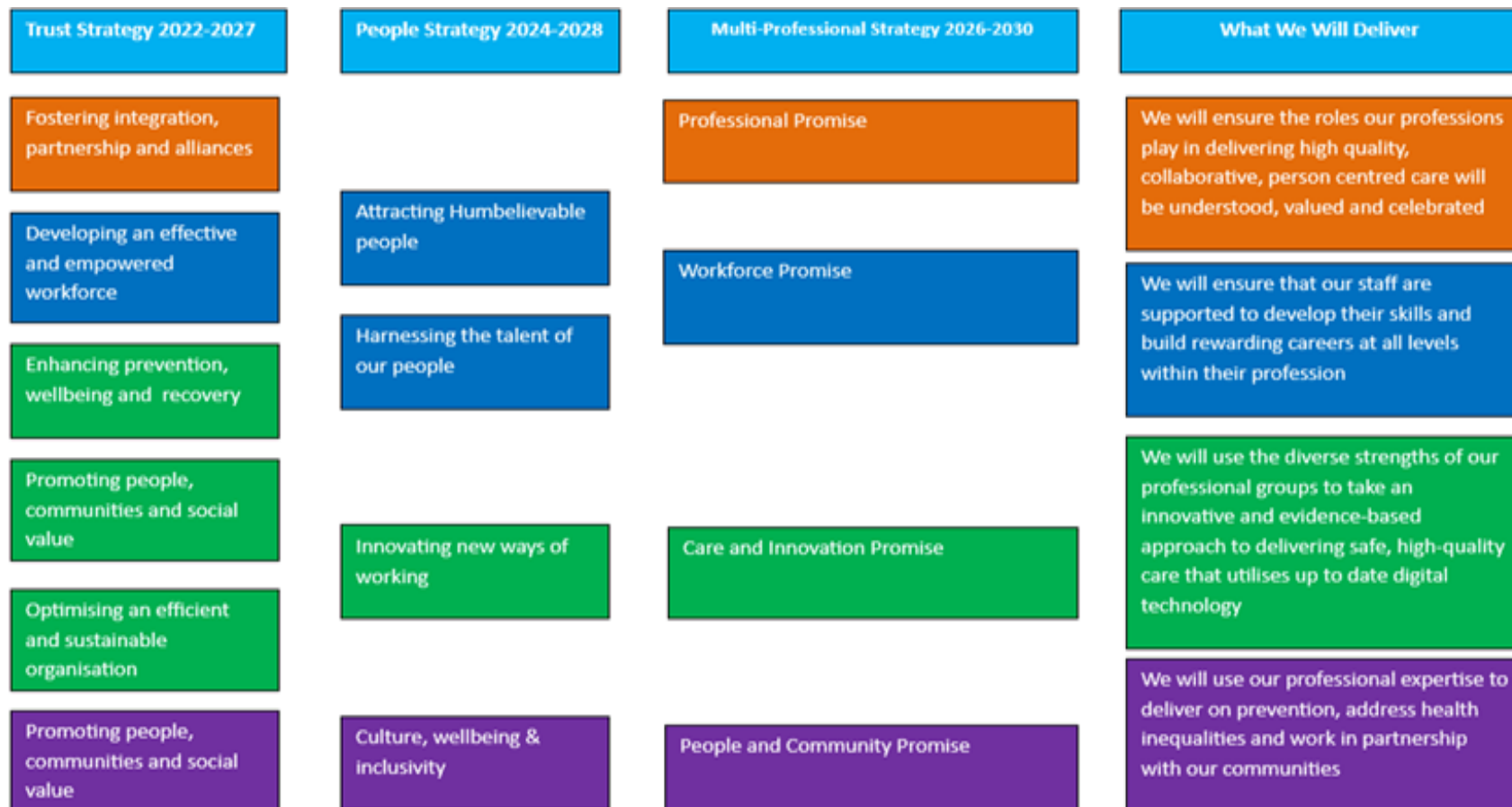
We will measure success through clear improvements in:

- Staff experience, retention and career progression
- Clinical quality, safety and patient outcomes
- Productivity and reduction in unwarranted variation
- Patient and community experience

By 2030, we will have a workforce that is continually learning, deeply caring and confidently growing, working effectively together across professional and organisational boundaries to deliver outstanding, person-centred care. Through this enabling strategy, we will continue to embed the principles of **Being Humber**, creating a culture where people feel valued, supported and empowered to contribute their best, improving outcomes for the people and communities we serve.

Our Multi-Professional Strategy: Plan on a Page

The Multi-Professional Strategy is a key enabler of the Trust's wider strategies, aligning workforce capability, leadership and collaboration to deliver shared priorities.



Caring • Learning • Growing

Patient Story

Sarah is a mum, a carer, and someone trying to hold everything together while living with both physical and mental health challenges.

Over time, she found herself navigating multiple services, repeating her story again and again, unsure who was responsible for her care or what would happen next. Despite the commitment of each professional she met, the experience felt fragmented. She described “joining the dots herself”, at a time when she most needed support.

This left her feeling exhausted, overwhelmed and, at times, invisible. It affected her confidence, her health and her ability to care for her family.

When services began to work differently, her experience changed. Professionals shared information, worked as one team, and truly listened. Her care became coordinated, clear and centred around what mattered to her.

She felt safe again. Seen. Supported.

Her experience reminds us that **how we work together matters as much as what we deliver.**

Our Multi-Professional Strategy

The Multi-Professional Strategy is a key enabler for delivering Trust, local, regional and national priorities through a coordinated, skilled and responsive workforce.

Health and social care is evolving rapidly, with increasing demand, more complex patient needs, and rising expectations for seamless, personalised and high-quality care. Across our organisation, there is much that works well, strong professional expertise, committed staff, and examples of effective multidisciplinary working. However, feedback from staff and service users highlights an opportunity to go further: to strengthen collaboration, improve consistency, and maximise the collective impact of our professional workforce.

Our colleagues have described the ambition to work more closely together, with clearer understanding of roles, greater access to development, and more opportunity to work at the top of their professional registration. Service users want care that feels more joined-up, with better coordination, clearer communication and support centred around their individual needs.

This Multi-Professional Strategy has been developed to respond to this opportunity. It provides a clear and unified framework to bring professions together, strengthen multidisciplinary working and enable consistent, high-quality, person-centred care across all pathways and settings.

At its heart, this enabling strategy is reflected both by our Trust values and what it means to **Be Humber**. At our Trust, the way we work together matters just as much as the work we do. **Being Humber** provides a shared understanding of the attitudes, behaviours and ways of working that help us create the culture we want for our colleagues, patients and communities. This enabling strategy builds upon those principles, recognising that professional excellence is shaped not only by what we do, but by how we work together.



Grounded in our Trust values of **Caring, Learning and Growing**, we will:

Caring

Strengthen compassionate, person-centred care by improving coordination across teams and services, ensuring individuals experience seamless, inclusive and responsive support.

Learning

Embed a culture of continuous improvement, innovation and evidence-based practice, enabling staff to continually develop their skills and improve quality and safety.

Growing

Invest in our workforce by creating clear development pathways, strengthening leadership and supporting staff to thrive and work at the top of their professional registration.

This enabling strategy also plays a critical role in supporting the delivery of the People Strategy 2024–2028. It will enable the Trust to attract and retain “Humbelievable people” by offering clear and equitable career pathways, strong professional leadership and a culture where every role is valued. It maximises the potential of our workforce by empowering staff to work at the top of their professional registration, supported by access to lifelong learning and development and, in doing so, it fosters a positive and inclusive culture where staff feel supported, respected and able to thrive.

Through the promotion of integrated working, standardised competency frameworks and flexible workforce models, this enabling strategy contributes directly to national priorities to improve productivity, expand access to services and enhance staff experience and retention. It supports transformation across primary, community, mental health and acute care by reducing siloed working and enabling professionals to collaborate more effectively around patient needs and outcomes.

By empowering professions to work at the top of their professional registration, promoting new models of multidisciplinary practice and improving recruitment, retention and career development, this enabling strategy enhances clinical capacity and supports prevention, early intervention and improved access across pathways. Through strong professional leadership, inclusive cultures and a focus on quality, safety and innovation, it creates the conditions required to deliver better outcomes, reduce health inequalities and ensure sustainable, high-quality services aligned with national priorities.

References:

[Fit for the future: 10 Year Health Plan for England - executive summary \(accessible version\) - GOV.UK](#)

[NHS England » NHS Long Term Workforce Plan](#)

[People Strategy | Humber Teaching NHS Foundation Trust](#)

[Trust Strategy | Humber Teaching NHS Foundation Trust](#)

Multi-Professional Strategy Development

Co-production with service users, the Patient and Carer Experience Group and extensive staff engagement has been fundamental to the development of this strategy. Health and social work professionals from all disciplines, alongside individuals with lived experience, contributed to shaping the strategic priorities through structured workshops, formal forums, staff and service user surveys, and existing professional networks.

This inclusive process helped to ensure that the strategy is firmly grounded in practice, reflects shared challenges across professions, and aligns with the needs of those delivering and receiving care.

As part of this engagement, participants collaboratively developed themed “I” and “We” statements, articulating expectations and commitments from both staff and the organisation.

These statements were systematically analysed and refined to form our Four Key Promises (“We Will” objectives), which define the core outcomes and behaviours required to deliver the strategy. The Strategy RIISE Group (Retention, Inspiration, Innovation, Support, Excellence) provided multiprofessional oversight throughout the development process, guiding a structured mobilisation plan supported by profession specific objectives. A comprehensive mapping exercise aligned the Trust Strategy, People Strategy, national frameworks and each profession’s priorities, ensuring coherence and strategic alignment across the system.

Multi-Professional Strategy Promises

As an enabling strategy, this strategy supports the delivery of the Trust Strategy and contributes directly to our ambitions to:

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

Through four strategic promises, Professional, Workforce, Care & Innovation, and People & Community, we will deliver a focused set of priorities that strengthen leadership, improve workforce capability, reduce inequalities, and enhance care delivery across all pathways.

Professional Promise - We will ensure the roles our professions play in delivering high quality, collaborative, person centred care will be understood, valued and celebrated.

Workforce Promise - We will ensure that our staff are supported to develop their skills and build rewarding careers at all levels within their profession.

People and Community Promise - We will use our professional expertise to deliver on prevention, address health inequalities and work in partnership with our communities.

Care and Innovation Promise - We will use the diverse strengths of our professional groups to take an innovative and evidence-based approach to delivering safe, high-quality care that utilises up to date digital technology.

Professional Promise

We will ensure the roles our professions play in delivering high quality, collaborative, person centred care will be understood, valued and celebrated.

Grounded in our Trust values, **Being Humber**, we will:

- **Care** by recognising and championing the contribution of every profession to compassionate, person-centred care
- **Learn** by promoting shared understanding of roles, expertise and collaborative practice
- **Grow** by strengthening professional identity, leadership and influence at every level

Service User “I” Statement

I want to be cared for by staff who feel valued, supported, and confident in their roles, because investing in staff development is essential to delivering safe, consistent, and high-quality care.

Staff “We” Statements

- We want to feel that our professional expertise is recognised, respected and celebrated.
- We want teams who understand and appreciate the unique role each profession brings.
- We want to belong to a strong professional community grounded in shared values, ethics and person-centred care.
- We want our professional contributions to be clearly articulated, respected and protected.
- We want strong, visible professional leadership at every level.
- We want meaningful opportunities where our professional voices are heard to influence decisions and shape strategy.

Our Call to Action

Strengthen professional identity and 'Being Humber'

- We will actively promote the trust values across the workforce to strengthen collective identity, enhance collaborative working and ensure consistent, trauma informed and person-centred practice across all professional groups.
- We will recognise and celebrate each professional by highlighting their specialist skills, achievements and contributions through structured recognition programmes, storytelling platforms and regular communication across the organisation.

Enhance Collaborative and Multidisciplinary Working

- We will strengthen interprofessional understanding and teamwork through joint learning and shared practice.
- We will create inclusive communication platforms that enable connection, communication and collective decision making.

Ensure Equity and Inclusion across Professions

- We will embed fair and transparent access to development, opportunity, resources and recognition.
- We will promote inclusive leadership and equitable practice across all professional groups.

Amplify professional Voice

- We will create clear mechanisms for professional representation in decision-making.
- We will strengthen systems that ensure professional voices inform strategy and service development.

Develop Leadership Capability

- We will provide accessible leadership development, coaching and mentoring that builds confidence, supports effective decision making and enables professionals to lead positively within their roles, teams and wider system.
- We will enhance and expand staff recognition platforms by showcasing case studies that amplify service user voices and demonstrate the positive impact our professionals provide within teams, services and the wider system.

Delivery of Trust Strategy through the Professional Promise

The Professional Promise directly supports the Trust's strategic objectives by developing an effective and empowered workforce, fostering integration and partnership working, and optimising a sustainable workforce. Through strengthened professional leadership, collaborative practice and inclusive engagement, it also contributes to innovation, quality and patient safety, promotes social value and enhances outcomes for prevention, wellbeing and recovery.

Outcome Indicators

- Increase in numbers of people involved in Professional Networks.
- Improvement in our NHS Staff Survey scores for “I feel valued by my organisation.”
- Development, introduction and participation in professional leadership programmes.

Workforce Promise

We will ensure that all staff are supported to develop their skills and build rewarding, sustainable careers, enabling them to deliver high-quality care and work at the top of their professional registration.

Grounded in our Trust values, **Being Humber**, we will:

- **Care** by creating supportive environments where staff feel valued, respected and able to thrive
- **Learn** by enabling continuous development, skill-building and professional growth
- **Grow** by providing clear career pathways, leadership opportunities and long-term workforce sustainability

Service User “I” Statement

I want to be cared for by staff who feel valued, supported, and confident in their roles, because investing in staff development is essential to delivering safe, consistent, and high-quality care.

Staff “We” Statements

- We want clear, fair career pathways that support our progression.
- We want equitable access to high-quality development opportunities for all.
- We want support to progress into advanced, specialist and leadership roles.
- We want continuous learning to be embedded in everyday practice.
- We want our talent to be recognised and nurtured at every stage.
- We want development opportunities that are inclusive, accessible and fair across all professions.

Our Call to Action

Strengthen Career Development and Progression

- We will develop and implement clear, accessible career pathways across all professions.
- We will expand opportunities for advanced practice, leadership and specialist roles.
- We will enable transparent routes for progression and internal promotion.

Enhance Learning, Training and CPD

- We will ensure equitable access to continuous professional development (CPD).
- We will align training with service needs, professional standards and future workforce requirements.
- We will support staff to maintain and expand skills, enabling them to work at the top of their registration.

Improve Recruitment and Retention

- We will create an environment where staff feel valued, supported and motivated to stay.
- We will strengthen recruitment through clear development offer and professional identity.
- We will target retention initiatives in areas of greatest workforce pressure.

Identify and Develop Talent

- We will establish systems to identify and nurture talent early.
- We will provide structured mentorship, coaching and leadership development programmes.
- We will support staff to maximise their potential and contribute to service improvement.

Delivery of Trust Strategy through the Workforce Promise

The Workforce Promise directly supports the Trust's strategic priorities of developing an effective and empowered workforce and optimising an efficient and sustainable workforce. Through investment in career development, continuous learning, talent management, recruitment and retention, it also contributes to innovation, quality and patient safety, supporting staff to deliver high-quality care and improved outcomes for the people and communities we serve.

Outcome indicators

- Increased uptake of CPD, development pathways and talent programs across all professions.
- Reduction in vacancy rates in hard to recruit areas.
- Reduction in staff turnover.
- Improvement in our NHS Staff Survey scores for “I would recommend my organisation as a place to work.”

Care and Innovation Promise

We will use the diverse strengths of our professional groups to take an innovative and evidence-based approach to delivering safe, high-quality care that utilises up to date digital technology.

Grounded in our Trust values, **Being Humber**, we will:

- **Care** by delivering safe, reliable and person-centred care that improves outcomes and experience
- **Learn** by embedding research, innovation and continuous improvement into everyday practice
- **Grow** by developing capability, capacity and confidence to deliver new and improved models of care

Service User “I” Statements

I want to receive safe, reliable, and high-quality care that supports me and my family throughout my journey.

I want all the professionals involved in my care to communicate clearly and regularly with each other and with me, guided by complete and accurate patient records.

Staff “We” Statements

- We want evidence-based practice, research- and quality improvement to be embedded into our everyday work.
- We want opportunities to develop and contribute to innovative models of care that allow us to work at the top of our scope.
- We want flexible, holistic and ethically sound ways of working that maximise the use of our professional expertise in patient care.
- We want digital technology to be used thoughtfully and ethically, enhancing not replacing relational care.
- We want support to develop our digital confidence and literacy, with tools and training that are accessible and safe.
- We want learning systems that promote shared knowledge, reflective practice and continuous improvement.

Our Call to Action

Embed High-Quality, Evidence-Based Care

- We will strengthen the consistent use of evidence-based practice and clinical standards.
- We will reduce unwarranted variation through standardised, high-quality care models.
- We will ensure care remains person-centred, safe and responsive.

Drive Innovation and Continuous Improvement

- We will embed quality improvement (QI) into everyday practice.
- We will encourage and support staff to lead innovation and service redesign.
- We will capture, evaluate and spread best practice across the organisation.

Build Research and Improvement Capability

- We will increase participation in research, audit and QI activity.
- We will develop staff capability to use evidence, data and insight to improve care.
- We will strengthen partnerships with academic and system partners.

Deliver Consistent, Integrated Models of Care

- We will implement clear, consistent models of care across pathways and services.
- We will strengthen coordination and communication between professionals and teams.
- We will ensure care is joined-up, efficient and centred on individual needs.

Use Insight and Feedback to Improve Care

- We will use service user feedback, outcomes data and validated tools to evaluate care.
- We will ensure learning is systematically applied to drive continuous improvement.
- We will strengthen mechanisms for capturing and acting on patient and staff insight.

Delivery of Trust Strategy through the Care and Innovation Promise

The Care and Innovation Promise directly supports the Trust's strategic objective of Innovating for Quality and Patient Safety by embedding evidence-based practice, research, quality improvement and digital innovation across all services. Through integrated models of care, partnership working and continuous learning, it also contributes to enhancing prevention, wellbeing and recovery, fostering integration and collaboration and developing a skilled workforce that delivers safe, effective and person-centred care.

Outcome Indicators

- Improvement in patient experience measures.
- Increased application of evidence-based practice and use of outcomes at service level.
- Improved compliance with the Big 5 Audits.
- Improvement in the digital maturity at Trust level.

People and Community Promise

We will use our professional expertise to deliver person-centred, preventative and inclusive care, working in partnership with communities to improve outcomes and reduce health inequalities.

Grounded in our Trust values, **Being Humber**, we will:

- **Care** by delivering compassionate, personalised care that reflects the needs of individuals and communities
- **Learn** by working in partnership with people, communities and system partners to continuously improve services
- **Grow** by strengthening community capacity, integrated working and sustainable models of care

Service User “I” Statements

I want to be treated as an individual, with my specific needs, preferences, and circumstances recognised and respected.

I want my care to be shaped by and connected to my community, with strong partnership working between with other organisations that support local people.

I want my care to focus on prevention, reduce health inequalities, and recognise the specific needs of different groups, including veterans, by working with the right agencies and not relying solely on digital technology.

Staff “We” Statements

- We want person-centred, -trauma-informed, -strengths based- practice embedded in everyday care.
- We want prevention, health promotion, and early intervention built into all assessments and interventions.
- We want to prevent deterioration and support people to live well at home, restoring function and independence.
- We want effective community based, hospital to home -models tailored to local needs.
- We want strong integrated neighbourhood teams delivering seamless, person-centred- care.
- We want to use our professional expertise to design inclusive, accessible models that reduce health inequalities.
- We want lived experience and co-production at the heart of service design and delivery.
- We want better communication and co-production across the system, with stronger patient, carer and staff voices.

Our Call to Action

Strengthen Person-Centred, Community-Based Care

- We will deliver care that is tailored, holistic and responsive to individual need.
- We will strengthen community-based models of care that support independence and wellbeing.
- We will ensure care is delivered in the right place, at the right time.

Embed Prevention and Early Intervention

- We will integrate prevention and health promotion into all assessments and interventions.
- We will expand proactive approaches such as Making Every Contact Count.
- We will support people to maintain and improve health and wellbeing.

Reduce Health Inequalities and Improve Access

- We will design and deliver services that are inclusive and accessible for all.
- We will target support towards underserved and higher-risk populations.
- We will use data and insight to identify and address inequity in outcomes and access.

Strengthen Integrated Neighbourhood Working

- We will develop multidisciplinary neighbourhood teams across services and partners.
- We will improve coordination between health, social care and voluntary sector organisations.
- We will deliver joined-up pathways, including effective hospital-to-home transitions.

Enhance Co-Production and Community Partnership

- We will embed co-production in service design, delivery and evaluation.
- We will strengthen partnerships with communities, carers and voluntary organisations.
- We will ensure lived experience shapes decision-making and continuous improvement.

Build Sustainable, Community-Focused Models of Care

- We will develop models that support home-first and community-based care.
- We will reduce reliance on hospital-based care through early intervention and coordinated support.
- We will improve continuity and long-term outcomes for individuals.

Delivery of Trust Strategy through the People and Community Promise

The People and Community Promise directly supports the Trust's strategic objectives of Enhancing Prevention, Wellbeing and Recovery and Promoting People, Communities and Social Value. Through person-centred care, early intervention, reducing health inequalities, community engagement and co-production, it empowers people to live healthier lives while strengthening the role of communities in improving outcomes. It also supports integrated working and partnership development across the wider health and care system.

Outcome Indicators

- Reduction in delays in transitions of care.
- Improvement in the reporting of patient outcomes measures.

How Will We Monitor and Measure Our Success

Success of the Multi-Professional Strategy 2026-30 will be demonstrated through a robust approach to evaluation that combines both qualitative and quantitative data. The outcome metrics will be baselined and a trajectory for improvement agreed through the Clinical Professional Leadership Group. In addition, qualitative insights will be gathered through staff surveys, feedback, professional forums, service user experiences and case studies, which will deepen our understanding of the impact on practice and culture.

Effective monitoring is critical to ensuring this strategy is delivered, embedded and continuously improved. All health professionals will play an active role in contributing to delivery by regularly sharing progress, achievements, challenges and learning through established professional networks and forums. Findings will be regularly reviewed through established governance structures and shared transparently across professional networks, leadership groups and wider organisational channels to support learning, celebrate achievements and inform continuous improvement.

This comprehensive approach ensures that success is both measurable and meaningfully experienced by staff, service users and the communities we serve.

This approach reflects our commitment to **Being Humber**:

- **Learning**: creating open systems for reflection, feedback and continuous improvement
- **Caring**: ensuring visibility of impact on staff and patient experience
- **Growing**: enabling shared ownership, accountability and leadership across all professions

Governance and Oversight

Delivery of the enabling strategy will be monitored through a robust and transparent governance framework, ensuring clear accountability and alignment across the organisation.

- The Clinical and Professional Leadership Group will provide primary oversight of delivery, progress and performance.
- This group will review:
 - Develop baseline data for all outcome metrics, agree trajectories and the monitoring framework
 - Progress against strategic priorities and promises
 - Key risks, issues and mitigations
 - Emerging themes and opportunities for improvement
- Formal reporting will be provided to:
 - Quality and Patient Safety Group
 - Executive Management Team
 - Quality Committee (Board assurance)

Reporting and Escalation

- Clear and consistent communication will flow through professional networks and leadership forums.
- Issues and risks will be escalated through established governance routes.
- Successes, innovation and best practice will be shared across the organisation.

This approach ensures:

- Transparency and accountability.
- Timely identification and resolution of challenges.
- Continuous learning and system-wide improvement.

Conclusion

This Multi-Professional Strategy sets out a clear, ambitious and deliverable framework to support delivery of the Trust Strategy, for how we will continue to strengthen our workforce, improve collaboration and enhance care for the people and communities we serve.

It is grounded in what matters most, reflected in Sarah's story and in the voices of our staff and service users. Sarah's experience shows us that even where care is delivered with skill and commitment, it is how we work together that shapes whether care feels coordinated, consistent and truly person-centred. Her journey from fragmentation to feeling seen, supported and safe, illustrates the difference this **enabling** strategy is designed to make.

Through our four strategic promises—Professional, Workforce, Care & Innovation, and People & Community—we will build on our strengths to:

- Strengthen professional identity and leadership.
- Develop a skilled, supported and sustainable workforce.
- Embed innovation, learning and evidence-based practice.
- Deliver more coordinated, preventative and community-focused care.

These commitments directly support the Trust's strategic objectives by:

- **Innovating for quality and patient safety**
- **Enhancing prevention, wellbeing and recovery**
- **Fostering integration, partnerships and alliances**
- **Promoting people, communities and social value**
- **Developing an effective and empowered workforce**
- **Optimising an efficient and sustainable workforce**

Underpinned by our values of **Caring, Learning and Growing**, and guided by the **Being Humber** behavioural framework, this enabling strategy commits us to creating a culture where:

- Staff feel valued, supported and empowered.
- Learning and improvement are part of everyday practice.
- Collaboration is the foundation for delivering better outcomes.

This is an enabling strategy that is both aspirational and grounded in delivery, supported by clear governance, measurable outcomes and a commitment to continuous improvement.

Ultimately, this enabling strategy is about people, the people who deliver care and the people who receive it. By enabling our workforce to work at the top of their professional registration, and by strengthening how we work together, we will deliver care that is more joined-up, consistent and compassionate, so that more people, like Sarah, experience care that feels coordinated, clear and centred around what matters to them, where they feel not just treated, but seen, supported and safe.

By 2030, we will have a workforce that is continually learning, deeply caring and confidently growing, working together across professional, organisational and system boundaries to deliver outstanding, sustainable and person-centred care. In doing so, we will continue to bring our values to life, strengthen what it means to **Be Humber**, and create a workforce and culture that is truly **Humberlievable**.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Gender Pay Gap Report															
Author/s:	John Duncan – Equality, Diversity and Inclusion Partner															
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 approve the Trust's annual Gender Pay Gap Report and associated actions to address gaps. Following the People and OD Committee, a request was made to examine if the GPG was currently improving, given that the report is based on a snapshot date of 31/03/25 and having examined the data for a snapshot date of 31/03/26, we can report the GPG has improved by 1.1% to 10.7%.															
Key Issues within the report: • Executive Summary • Introduction • Workforce Composition • Gender Pay Gap Measures • Quartile Distribution • Previous Actions • Addressing the Gender Pay Gap • Table 1: Definitions																
Positive Assurances to Provide: • The Trust's Gender Pay Gap is better than the national average and shows an improving trend since 2018.		Key Actions Commissioned/Work Underway: • Use workforce data to deliver actions addressing the increase in the Trust's mean Gender Pay Gap • Deliver a Trust-wide narrative and engagement approach that positions flexible working as a positive, gender-neutral option, increasing male uptake and reducing stigma.														
Key Risks/Areas of Focus: • The Trust's Gender Pay Gap has declined by 2% on previous year. • Men taking flexible working to support partners to take on senior roles • Recruiting more men in junior banded roles, and roles seen as traditionally female		Decisions Made: • Application of flexible working • Sexual Safety Campaign • PROUD Leadership Development • Coaching and Mentoring opportunities														

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	17/06/26
	Finance Committee		Executive Management Team	12/05/26
	Mental Health Legislation Committee		Operational Delivery Group	11/05/26
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Gender Pay Gap Report 2025

Humber Teaching NHS Foundation Trust

1. Executive Summary

Based on the snapshot date of 31 March 2025, the Trust reports a mean gender pay gap of 11.8%, an increase from last year's 9.8%. This still compares favourably to national benchmarks, including the UK average and NHS average. The median gender pay gap is -0.78%, meaning women earn slightly more than men at the median, representing the Trust's strongest position to date. Continued action is required to address the mean pay gap increase and ensure equal progression opportunities across all pay bands.

2. Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require all organisations with 250 or more employees to publish annual data across six gender pay gap measures. The purpose of this reporting is to prompt meaningful action to reduce inequalities, directly supporting our People Promise commitment to create a compassionate, inclusive workplace where all staff can thrive. Reducing pay gaps improves staff experience, strengthens retention, and supports our aim to make the NHS the best place to work.

3. Workforce Composition

As of March 2025, the Trust employed 3,667 staff: 79.08% female and 20.92% male. This closely reflects the national NHS workforce profile, where 76.7% of employees are female.

4. Gender Pay Gap Measures

The gender pay gap is a measure of the difference in average pay between men and women across an organisation or workforce. It is expressed as a percentage and reflects the distribution of men and women across roles and pay bands, rather than differences in pay for doing the same job. A gender pay gap can be influenced by factors such as occupational segregation, part-time working patterns, and under-representation of women in senior or higher-paid roles.

4.1 Mean Hourly Pay

- Female: £19.53
- Male: £22.15
- Mean Gender Pay Gap: 11.8%

4.2 Median Hourly Pay

- Median Gender Pay Gap: -0.78%

This indicates that women earn slightly more at the median point, reflecting continuing improvement.

4.3 Percentage of Men and Women who received bonus payment

- Men 0.7%
- Women 0.1%

The Clinical Excellence Awards (CEAs) have now ceased, and therefore, no further awards will be granted. However, existing awards remain, which affect 11 medical staff, hence they continue to be reported here.

5. Quartile Distribution

The table below shows how men and women are spread across the Trusts pay structure by dividing the workforce into four equal groups (quartiles) based on pay: lower, lower-middle, upper-middle, and upper quartile. It highlights whether women or men are concentrated in lower-paid or higher-paid roles and helps explain the underlying factors contributing to the overall gender pay gap, such as under-representation of women in senior or higher-paid positions.

Quartile	Female	Male	Female %	Male %
1 (Lower)	754	183	80.47%	19.53%
2 (Lower-Mid)	717	221	76.44%	23.56%
3 (Upper-Mid)	781	156	83.35%	16.65%
4 (Upper)	698	240	74.41%	25.59%

The data demonstrates that despite representing a significantly lower proportion of the overall workforce, the highest proportion of those men occupy the most senior roles. This is an increase on the previous year and goes some way to explaining the increase in our GPG, but further analysis is required.

6. Areas of Assurance

- The mean gender pay gap is lower than national comparators.
- The median gender pay gap of -0.78% is the lowest reported by the Trust.
- Representation of women in senior roles remains strong.
- The Trust's gender pay gaps are among the lowest in the region.

7. Areas for Focus

- The increase in the mean gender pay gap from 9.8% to 11.8%.
- Slight reduction in female representation in the upper pay quartile.
- Structural career progression barriers within specialist and senior roles.

8. Previous Years Actions

With last year's record low gender pay gap of 9.8%, our emphasis was on continuing the work already underway. Below are the actions from last year's report:

- Use the Carers Working group or peer Support Group to create an atmosphere where all staff feel valued and welcome, especially regarding caring responsibilities.
- Promote flexible working to appeal more to men to increase the percentage of men that work less than full-time, encouraging equal sharing of caring responsibilities, reducing the stigma for men and reducing the number of women obliged to choose less than full-time working to accommodate caring responsibilities.

- Continue to leverage PROUD leadership and Alumni development programmes to develop staff and increase the appointment of a more balanced senior workforce.
- Further embed and build upon the succession planning model to provide balance in the promotion, succession planning and development opportunities for females into more senior roles and making lower banded NHS roles appealing to men.

9. Gender Pay Gap Actions Moving Forward

To address the rise in this year's GPG, our focus will be to better understand why the gap has increased, with the aim of pinpointing what initiatives work and what has not, seeking to address factors and barriers common to all women (such as the number in lower-grade jobs with lower pay) and target inequalities faced by women belonging to specific groups based on characteristics such as ethnicity, age, and profession.

Objective 1	Reduce the Gender Pay Gap through targeted, evidence-led interventions
Action	Use detailed workforce data to deliver actions addressing the increase in the Trust's mean Gender Pay Gap, focusing on structural contributors such as senior progression, occupational segregation and access to development.
Lead/Timescale	EDI Lead/March 2027
Objective 2	Support equitable access to flexible working and retention across all career stages
Action	Promote and embed flexible working across all roles and levels, including senior positions, ensuring equitable access and uptake for all genders. Reinforce the Trust's support for men undertaking caring responsibilities and challenge perceptions that senior roles limit flexibility, which may inhibit progression for women. Strengthen support for colleagues returning from parental leave to sustain career progression and retention.
Lead/Timescale	EDI Lead/People Experience Team/October 2026
Objective 3	Increase attraction of men into entry level NHS careers through targeted, inclusive early engagement
Action	Continue to build on the work of the Career Development Team to strengthen engagement with local schools and further education colleges, with a focus on increasing awareness and attractiveness of NHS careers for male students.

	Ensure outreach activity, events and materials use inclusive, accessible language and approaches that avoid reinforcing stereotypes or unintentionally disadvantaging males, supporting a more balanced entry level workforce pipeline. Review recruitment adverts, language, imagery and wider attraction materials to ensure they are inclusive and appeal to all genders. Place particular focus on increasing the attractiveness of entry level NHS careers to men, including targeted messaging, use of diverse role models and alignment with early careers outreach activity. Ensure recruitment processes and materials do not unintentionally reinforce stereotypes or create barriers to entry.
Lead/Timescale	Career Development Team / Recruitment Team/ EDI Lead/ Recruiting Managers March 2027

10. Definitions, assumptions, and scope

This report contains all employee data extracted from Humber Teaching NHS Foundation Trust's ESR system, presenting a snapshot as of 31 March 2025. The reporting period extends from 1 April 2024 to 31 March 2025. The hourly rate is calculated using base pay, allowances, and bonus pay (where applicable).

Table 1: Definitions

Keyword	Definition
Pay gap	The difference in the average pay between the two groups.
Mean gap	Difference between the mean hourly rate for female and male employees. Mean is the sum of the values divided by the number of values.
Median gap	Difference between the median hourly rate of pay for female and male employees. The median is the middle value in a sorted list of values. It is the middle value of the pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.
Mean bonus gap	Difference between the mean bonus paid to female and male employees. Mean is the sum of the values divided by the number of values.
Median bonus gap	Difference between the median bonus pay paid to female and male employees. The median is the middle value in a sorted list of values. It is the middle value of the bonus pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.
Bonus proportions	Proportions of female employees who were paid a bonus, and the proportions of male employees who were paid a bonus.
Quartile pay bands	Proportions of female and male employees in the lower, lower middle, upper middle and upper quartile pay bands. A quartile is the value that divides a list of numbers into quartiles.
Equal pay	Being paid equally for the same/similar work.

Date published: 31 March 2026

Date last updated: 31 March 2026

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026														
Title of Report:	Workforce Disability Equality Standard (WDES) Report 2026														
Author/s:	John Duncan – Equality, Diversity and Inclusion Partner														
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 approve the Trust's annual Workforce Disability Equality Standard (WDES) Report 2026 and associated actions to address gaps. Following EMT discussion, a further action was added to this report to improve leadership accountability for disability inclusion. Similarly, at People and OD Committee, it was requested that we improve the visibility of disability inclusion, as it was not as well embedded as the race equality agenda.														
Key Issues within the report: • Executive Summary • Overview • Areas of Assurance • Areas Requiring Focus • Comparison to the Humber and North Yorkshire ICB • Conclusion • Impact Analysis of the Key Activities Over the Past Year • Actions Arising from the Report • Appendix 1: Data Sources •															
Positive Assurances to Provide: • Equity in recruitment • Improvements in bullying and harassment • Representation in senior roles. • Strong position in ICB • Improving workforce demographics		Key Actions Commissioned/Work Underway: • Disability Confident Leader validation • Reignite Respect – Renewing Our Commitment to No Excuse for Abuse • NHSE EDI Improvement Plan • Induction Programme for new network chairs													
Key Risks/Areas of Focus: • Presenteeism pressure • Decline in reasonable adjustments • Data quality and declaration rates		Decisions Made: • Comms Strategy in response to Civil Unrest and Staff Safety													

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	17/06/26
	Finance Committee		Executive Management Team	26/05/26
	Mental Health Legislation Committee		Operational Delivery Group	25/05/26
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2026

Humber Teaching NHS Foundation Trust

Executive Summary

This report presents the Trust's performance against the Workforce Disability Equality Standard (WDES) metrics for 2026. Overall, the data demonstrates a generally positive position, with the Trust outperforming national benchmarks in several key areas relating to staff experience, inclusion, and engagement for disabled staff.

There is evidence of sustained improvement in staff experience indicators, particularly in reduced levels of bullying and harassment, increasing reporting confidence, and improved perceptions of organisational fairness and value. Recruitment outcomes also indicate no material disadvantage for disabled candidates at appointment stage.

However, there remain important structural and cultural gaps requiring focus. These include:

- Higher proportional entry into formal capability processes for disabled staff, though based on small numbers.
- Mixed trends in workplace experience, including higher-than-average pressure to attend work when unwell and a decline in reasonable adjustments being reported.
- Data quality challenges, particularly high levels of undeclared disability status, limit full insight.

1. Overview

The 2026 WDES data demonstrates progress, with several strong performance areas but continued challenges in staff experience. Outcome measures show improvement but lived experience indicators highlight the need for further embedding of our cultural and structural work.

2. Areas of Assurance

2.1 Recruitment Equity

- Appointment rates are comparable:
 - Disabled: 19%
 - Non-disabled: 20%

2.2 Staff Experience – Bullying, Harassment and Abuse

- Disabled staff experience:
 - Lower rates than national benchmarks from patients/public (24.21% vs 27.24%)
 - Similar or better rates from managers and colleagues
 - Long-term downward trend since 2021/2022.

2.3 Reporting Culture

- 67.42% of disabled staff report incidents, above national comparator (61.68%)
- Demonstrates strong speak-up culture and psychological safety.

2.4 Career Opportunities and Inclusion

- 57.94% of disabled staff report equal opportunities (above national 52.19%)

2.5 Organisational Engagement and Value

- Engagement score: 6.85 (above national 6.64)
- Staff feeling valued: 46.13% (above national 42.47%)

2.6 Reasonable Adjustments

- 82.79% report adjustments in place (above national 79.05%)

3. Areas Requiring Focus

3.1 Capability Process Disparity (WDES Indicator 3)

- Disabled staff: 0.5%
- Non-disabled staff: 0.14%

Although absolute numbers are very small (2 vs 4 cases), the proportional difference persists.

3.2 Presenteeism Pressure

- Disabled staff reporting pressure to work when unwell: 19.73%
- Worse than national comparator (18.26%)

3.3 Decline in Reasonable Adjustments

- Down 3% from previous year, despite still being above the national comparator

3.4 Data Quality and Declaration Rates

- Significant proportion of staff:
 - Not declared / unspecified / prefer not to say

4 Comparison to the Humber and North Yorkshire ICB

As part of the ICBs recent evaluation of the five Trusts in our system, the Trust's WDES results position well when compared to our system partners. The Trust does not feature in areas for improvement, and is listed as having best performance for:

- Indicator 2: Likelihood of appointment from shortlisting

These reflect indicators where Trusts rank within the top 10% nationally and demonstrate strong comparative outcomes.

5 Conclusion

The Trust continues to demonstrate strong and sustained performance in relation to staff experience and inclusion for disabled staff. Across a range of WDES indicators, outcomes are consistently at or above national benchmarks, reflecting the positive impact of ongoing work to improve culture, engagement, and equity. In particular, there is clear evidence of improving trends over time, including reductions in reported bullying and harassment, increased confidence in speaking up, and higher levels of staff engagement and perceived fairness. These results indicate that the Trust is making meaningful progress towards creating a more inclusive and supportive working environment for disabled colleagues.

However, despite these strengths, there are ongoing concerns within workforce processes and day-to-day staff experience. Disabled staff remain proportionally more likely to enter formal capability processes, albeit based on small numbers, suggesting a need for closer scrutiny of how performance and health-related issues are managed. The persistence of presenteeism pressures, where disabled staff report feeling obliged to work when unwell, points to underlying cultural or managerial behaviours that may negatively impact wellbeing and retention. Furthermore, the observed decline in reported reasonable adjustments, despite remaining above national averages, may indicate emerging challenges in consistency, accessibility, or awareness of support.

6 Impact Analysis of the Key Activities Over the Past Year

Integration of our Being Humber Behavioural Standards Framework

Our Being Humber behavioural frameworks actively support equality, diversity, and inclusion by promoting a culture where every individual is valued, respected, and empowered to contribute. Through behaviours such as compassion, respect, and courage, the framework encourages staff to recognise and challenge discrimination, celebrate diversity, and ensure that all voices are heard. It fosters inclusive decision-making, supports equitable access to opportunities, and promotes understanding of different perspectives and lived experiences. By embedding these values into everyday practice, Being Humber helps create a psychologically safe environment where everyone feels they belong and can thrive, ultimately improving outcomes for colleagues, patients, and communities.

Reignite Respect – Strengthening Inclusion and Accessibility: No Excuse for Abuse

In October, the Trust relaunched the *Respect* and *No Excuse for Abuse* frameworks through an all-staff webinar led by senior leaders, alongside refreshed

communications, accessible materials, updated posters and a new promotional video designed to reach a diverse workforce, including disabled staff.

Respect – Originally launched in November 2023, the Respect campaign aimed to address the underreporting of bullying, harassment and discrimination, including experiences linked to disability, and to build staff confidence in speaking up. A key focus has been ensuring that reporting processes are accessible, inclusive, and responsive to the needs of disabled staff and those requiring reasonable adjustments. These processes are now embedded as business as usual.

The 2024 NHS Staff Survey demonstrated a 6.89% improvement in staff reporting experiences of bullying, harassment or discrimination, representing the Trust's most significant positive shift. Increased reporting across underrepresented groups, including those with protected characteristics, provides assurance that reporting mechanisms are becoming more equitable and accessible. Continued focus is being placed on understanding and addressing the specific barriers faced by disabled staff.

These results highlight the campaign's impact in strengthening a culture of dignity, psychological safety, and inclusion. Building on this progress, the Trust is continuing engagement visits to listen to staff, particularly disabled colleagues and staff networks, to better understand lived experiences and co-produce improvements. New resources are being rolled out with accessibility at the forefront, ensuring consistency and visibility across all services.

No Excuse for Abuse – The No Excuse for Abuse Toolkit, launched in December 2024 following extensive stakeholder engagement, provides clear, accessible guidance for staff and managers responding to abuse from service users, including where abuse is targeted at disability or other protected characteristics.

The toolkit was recognised as QI Charter of the Month (December 2024) and formally endorsed by UNISON, reflecting its credibility and inclusive, proactive approach. UNISON branding has been incorporated into supporting materials, reinforcing partnership working.

NHS England EDI Improvement Plan – Strengthening Disability Inclusion and Accessibility

The Trust continues to fully meet all requirements of the NHS England EDI Improvement Plan, with a strengthened focus on disability inclusion, accessibility, and equitable experiences for disabled staff. This is evidenced by:

- **Board accountability:** All Board members reviewed and refreshed their EDI objectives as part of annual appraisals, with increased emphasis on disability inclusion, reasonable adjustments, and improving outcomes for disabled staff.
- **Improved workforce insight:** Building on existing workforce analytics, the Trust is enhancing its understanding of inequalities by examining disparities affecting staff with protected characteristics, including disability. This supports more targeted actions to address barriers, improve workplace adjustments, and ensure equitable career opportunities.

- **Framework delivery:** The embedded implementation of the Respect and No Excuse for Abuse frameworks has strengthened reporting and response mechanisms for bullying, harassment, and discrimination, including disability-related experiences. Particular focus has been placed on ensuring systems are accessible and that disabled staff feel safe, supported, and confident to raise concerns.
- **Governance:** Regular EDI Insight Reports provide assurance to EMT and the Board, with increasing focus on disability metrics, staff experience, and progress against actions to improve inclusion and accessibility.

The Trust's work has also been recognised nationally through participation in an NHS Providers EDI Roundtable, followed by an NHS England Best Practice Interview and publication of an EDI case study. This highlighted the Trust's commitment to embedding disability-inclusive practices and improving equity of experience for all staff.

Disability Confident Leader - The Trust is currently at the final validation stage of achieving Disability Confident Leader status, representing a significant milestone in its commitment to equality, diversity and inclusion. This accreditation reflects sustained efforts to create an inclusive working environment where disabled staff feel supported, valued, and able to thrive.

Progressing to this highest level demonstrates the Trust's dedication not only to meeting but exceeding expectations in removing barriers, promoting accessibility, and embedding inclusive practices across all workforce policies and processes.

Achieving Disability Confident Leader status is important as it signals to staff, patients and partners that the Trust is taking meaningful action to champion disability equality and to lead by example within the healthcare sector.

Workforce Demographics and Representation

- 10.3% of staff identify as having a disability or long-term condition (up from 3.5% in 2019)
- 38% increase in disabled staff in senior roles since 2022

Workforce Disability Equality Standard (WDES)

Last year, the Trust improved performance across seven of ten WDES indicators, exceeding national comparators in seven. Key achievements include increased senior representation, improved recruitment equity, reduced disciplinary disparities, equal access to CPD, and sustained improvements in Staff Survey experience measures.

Priorities included further reducing harassment and discrimination from managers and other colleagues, addressed through targeted actions including Respect, No Excuse for Abuse, and deep-dive data analysis.

Equality, Diversity and Inclusion: Disability Inclusion, Delivery and Impact

All 13 EDI workforce objectives were delivered or progressed as planned, with increased emphasis on improving outcomes and experiences for disabled staff. Key achievements include full compliance with the NHS England EDI Improvement Plan, strengthened governance with a clearer focus on disability inclusion, targeted action to prevent and respond to abuse affecting vulnerable staff groups, and alignment of EDI with Trauma informed Care and Disability Confident to support inclusive and accessible environments.

Collectively, this programme provides strong assurance that disability inclusion and accessibility are embedded as business as usual. It supports a positive and equitable workforce experience for disabled colleagues, ensures appropriate reasonable adjustments are recognised and implemented, and contributes to the delivery of high-quality, inclusive care for all service users.

Career Progression

The Trust continues to strengthen its approach to career progression through a strong focus on equitable access to development opportunities and robust appraisal processes. Appraisal compliance remains consistently high across all staff groups, demonstrating strong organisational engagement with performance and development discussions.

Importantly, the appraisal process has been enhanced through the introduction of a revised Career Development Framework, which provides a more structured and transparent approach to identifying progression pathways. This framework supports staff to actively consider their career aspirations, skills development needs, and opportunities for advancement within the organisation.

As part of these changes, the appraisal template has been updated to explicitly prompt discussion around equality, diversity and inclusion (EDI). Staff are now asked to identify any EDI-related matters of concern, alongside barriers to progression they may have experienced. This ensures that conversations about career development are not only aspirational but also responsive to potential inequities in experience across different staff groups.

These changes support a more inclusive appraisal culture, where staff feel empowered to raise concerns and where managers are better equipped to understand and address disparities. Collectively, high appraisal compliance and the strengthened focus on EDI within career development discussions provide a strong foundation for improving equity in career progression outcomes.

7. Actions Arising from the Report

Objective 1	Sustain and Build on Positive Culture
Action	- Maintain focus on: - Anti-bullying initiatives - Speaking up culture - Share best practice teams/services with particularly strong results
Lead/Timescale	EDI Lead/ /March 2027

Objective 2	Address Presenteeism Culture
Action	• Reinforce wellbeing and compassionate management expectations • Targeted manager signposting on: - o Disability confidence - o Managing sickness absence appropriately • Monitor via pulse surveys and staff networks
Lead/Timescale	EDI Lead/March 2027
Objective 3	Improve Disability Declaration Rates
Actions	• Build on data confidence work: - o Communicate purpose and confidentiality of data - o Engage staff networks to build trust • Embed prompts at key staff lifecycle points (recruitment, ESR updates)
Lead/Timescale	• People Experience Team/ EDI Lead/ March 2027
Objective 4	Establish clear and visible accountability for disability equality
Actions	• Ensure key actions are cascaded through directorates and teams, with managers required to evidence how they support disabled staff (e.g. reasonable adjustments, inclusive practices) • Improvement in key WDES indicators (e.g. staff experience, % staff reporting reasonable adjustments in place, reduction in presenteeism)
Lead/Timescale	• Divisions/ EDI Lead/ March 2027

Appendix 1: Data Sources

Metric	Data Source
Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.	ESR
Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts	Trust's recruitment data
Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	Trust's HR data
Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.	Question 13, NHS Staff Survey
Metrics 5 – 8	Questions 14, 11, 5, 28b, NHS Staff Survey
Metric 9 – Disabled staff engagement	NHS Staff Survey
Metric 10 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce	ESR and/or trust's local data

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026														
Title of Report:	Workforce Race Equality Standard (WRES) Report 2026														
Author/s:	John Duncan – Equality, Diversity and Inclusion Partner														
Recommendation:	<table><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 approve the Trust's annual Workforce Race Equality Standard (WRES) Report 2026 and associated actions to address gaps. Following the People and OD Committee, it was agreed, given our measurable work on improving reporting of bullying and harassment, that it was likely that some indicators would continue to rise before the impact of current work sees them improve. Furthermore, a discussion was held regarding the importance of managers being confident to address racism, and being provided with the tools to do so.														
Key Issues within the report: - Executive Summary - Overview - Areas of Assurance - Areas Requiring Focus - Comparison to the Humber and North Yorkshire ICB - Impact Analysis of the Key Activities Over the Past Year - Actions Arising from the Report - Appendix 1: Data Sources															
Positive Assurances to Provide: - Equity in accessing non-mandatory training, entering formal disciplinary outcomes, board representation, and representation in senior roles. - Strong position in ICB - Improving workforce demographics		Key Actions Commissioned/Work Underway: - PCREF - Reignite Respect – Renewing Our Commitment to No Excuse for Abuse - NHSE EDI Improvement Plan - Induction Programme for new network chairs													
Key Risks/Areas of Focus: - Bullying, harassment and discrimination from patients - Perceptions of equal opportunities		Decisions Made: - Trust formally adopted the IHRA working definition of antisemitism - Comms Strategy in response to Civil Unrest and Staff Safety													

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	17/06/26
	Finance Committee		Executive Management Team	26/05/26
	Mental Health Legislation Committee		Operational Delivery Group	25/05/26
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

NHS Workforce Race Equality Standard (WRES)

Annual Report 2026

Humber Teaching NHS Foundation Trust

Executive Summary

This report provides an analysis of the 2026 Workforce Race Equality Standard (WRES) data, highlighting areas of assurance, areas requiring focused improvement, and recommendations to address inequalities within the Trust. Key areas of assurance include equality in access to non-mandatory training, improvements in disciplinary outcomes, and representative Board diversity. Areas requiring attention include recruitment disparities, increased harassment from patients and staff, and perceptions of unequal career progression opportunities. Recommendations focus on strengthening recruitment fairness, tackling harassment, improving managerial capability, and empowering staff networks.

1. Overview

The 2026 WRES data demonstrates progress, with several strong performance areas but continued challenges in staff experience. Outcome measures show improvement but lived experience indicators highlight the need for further embedding of our cultural and structural work.

2. Areas of Assurance

2.1 Equality in Access to Non-Mandatory Training

BME and White staff both accessed non-mandatory training at an equal ratio of 0.99, placing the Trust among the top-performing organisations nationally.

2.2 Improvement in Disciplinary Outcomes

BME and White staff entered formal disciplinary processes at equal rates (0.01), representing a significant improvement from previous years. This is a significant improvement on previous years.

2.3 Board Representation

BME Board representation (11.11%) exceeds both workforce diversity (10.7%) and local community demographics (4.9%).

2.4 Representation in Senior Roles

Although there was a small decrease this year, BME representation in Band 7+ roles remain significantly higher than in 2022, reflecting long-term progress.

3. Areas Requiring Focus

3.1 Recruitment Inequality

White staff continue to have a higher appointment ratio than BME staff (0.22 versus 0.16), with equality seen in the previous year now lost.

3.2 Harassment from Patients and Public

Reports of harassment or abuse rose to 40% among BME staff, double the rate for White colleagues and above national comparators.

3.3 Harassment from Staff

After several years of decline, harassment from staff has increased significantly and now exceeds the national comparator.

3.4 Perceptions of Equal Opportunity

BME staff continue to report lower perceptions of equal opportunities for career progression compared with White colleagues.

3.5 Discrimination from Managers and Colleagues

A slight rise in reported discrimination (0.5% increase) suggests earlier improvements may not yet be fully embedded.

4 Comparison to the Humber and North Yorkshire ICB

In the ICBs recent evaluation of the five Trusts in our system, the Trust's WRES results position well when compared to our system partners. The Trust features once in areas for improvement:

- Indicator 1: Representation

And, is listed as having best performance for:

- Indicator 7: Equal opportunities for career progression or promotion
- Indicator 9: Board representation (overall and executive members)

The Trust is listed as having the lowest ethnically diverse representation of our system partners (8.9% in 2024); however, we have seen continuous improvement year on year for this figure (since 2019 3.5%), and the figure is reflective of the demographics for the areas we serve.

5 Impact Analysis of the Key Activities Over the Past Year

Integration of our Being Humber Behavioural Standards Framework

Our Being Humber behavioural frameworks actively support equality, diversity, and inclusion by promoting a culture where every individual is valued, respected, and empowered to contribute. Through behaviours such as compassion, respect, and courage, the framework encourages staff to recognise and challenge discrimination, celebrate diversity, and ensure that all voices are heard. It fosters inclusive decision-making, supports equitable access to opportunities, and promotes understanding of different perspectives and lived experiences. By embedding these values into everyday practice, Being Humber helps create a psychologically safe environment where everyone feels they belong and can thrive, ultimately improving outcomes for colleagues, patients, and communities.

Reignite Respect – Renewing Our Commitment to No Excuse for Abuse

In October, the Trust relaunched the Respect and No Excuse for Abuse frameworks through an all-staff webinar supported by senior leaders, alongside refreshed communications, updated posters and a new promotional video.

Respect - Originally launched in November 2023, the Respect campaign was designed to address under-reporting of bullying and harassment and to increase staff confidence in raising concerns. Reporting processes are now fully embedded as business as usual.

The 2024 NHS Staff Survey showed a 6.89% improvement in staff reporting bullying, harassment or discrimination, representing the Trust's most significant positive shift. Increased reporting among staff from ethnically diverse backgrounds provides further assurance that reporting mechanisms are more equitable and accessible.

These results demonstrate the campaign's effectiveness in strengthening organisational culture and governance around dignity and respect. Building on this progress, the Trust is continuing engagement visits to listen to staff and shape the Respect agenda, alongside the rollout of new resources to maintain visibility and consistency across services.

No Excuse for Abuse - The No Excuse for Abuse Toolkit, launched in December 2024 following extensive stakeholder engagement, provides clear guidance for staff and managers responding to abuse from service users. The toolkit was recognised as QI Charter of the Month (December 2024) and formally endorsed by UNISON, reflecting its credibility and proactive approach. UNISON branding has been incorporated into supporting materials.

Datix incident analysis has identified areas with higher prevalence of staff abuse, enabling targeted interventions and bespoke support in partnership with the Culture of Care lead and the Anti-Racism Staff Network. Further work with operational leaders is equipping managers with proactive risk management tools for areas experiencing recurrent incidents.

NHS England EDI Improvement Plan -The Trust continues to fully meet all requirements of the NHS England EDI Improvement Plan, evidenced by:

- Board accountability: All Board members reviewed and refreshed their EDI objectives as part of annual appraisals.
- Improved workforce insight: Completion of the Trust's ethnicity pay gap analysis, strengthening understanding of disparities and informing action.
- Framework delivery: Embedded implementation of the Respect and No Excuse for Abuse frameworks, reducing under-reporting and improving responses to bullying, harassment and discrimination.
- Governance: Regular EDI Insight Reports provide assurance to EMT and the Board.

The Trust's work was recognised nationally through participation in an NHS Providers EDI Roundtable, followed by an NHS England Best Practice Interview and publication of an EDI case study presented to a national NHS audience.

Staff Voice Through Member-Led Networks - Following a targeted communications campaign, a new Chair and Deputy Chair were appointed for the Anti-Racism Networks, strengthening leadership capacity across staff-led networks. Incoming Chairs will receive structured induction, development support and updated governance guidance.

The network continues to play a critical role in amplifying underrepresented voices and shaping organisational decision-making. Refreshed Terms of Reference and the appointment of Executive Sponsors from the EMT have increased visibility, accountability and impact, ensuring networks are appropriately resourced to influence policy and cultural improvement.

NHS England Direction on Tackling Hatred and Discrimination - Following correspondence from the NHS England Chief Executive in October, the Trust reaffirmed its commitment to addressing hatred and discrimination in all forms.

The Trust formally adopted the IHRA working definition of antisemitism, approved by EMT, providing clarity for identifying and addressing antisemitism while safeguarding freedom of expression. The Trust is aligned to national work on updated uniform and workwear guidance and strengthened Equality, Diversity and Human Rights Core Skills Training, including expanded content on antisemitism and Islamophobia. Staff will be required to refresh this training on release rather than waiting for the standard renewal cycle.

The Trust is also engaged in the development of the new national Statutory and Mandatory Training Competency Framework, expected to be implemented from April 2026.

Civil Unrest and Staff Safety - In response to national events and increased reports of racial abuse and intimidation, the Trust reinforced its zero-tolerance stance on racism, abuse and harassment.

Immediate and longer-term measures were implemented, including clear communications to staff and patients, visible reporting routes, defined escalation processes, enhanced security where required, confidential reporting, and pastoral support for affected staff.

Oversight of racist abuse sits at Board level, with regular monitoring, review and staff updates. Measures have been co-designed with staff networks, informed by lived experience. Targeted training for managers and frontline staff is strengthening confidence in identifying, challenging and responding to incidents.

Care, Culture and Equity Steering Group - The Trust established the Care, Culture and Equity Steering Group to provide strategic oversight of Culture of Care, Trauma-Informed Care, PCREF, Patient and Carer Experience, and Health Inequalities. This joined-up approach strengthens governance, reduces duplication and aligns workforce and patient equity priorities.

Regular reporting provides assurance that actions are delivering measurable improvements in staff experience, patient outcomes and equitable access to care.

Patient and Carer Race Equality Framework (PCREF) - The Trust progressed PCREF implementation through completion of its self-assessment and a collaborative stakeholder workshop held in December. This informed development of the Trust's first PCREF report, currently undergoing due diligence with stakeholders.

Assurance has been provided to EMT with clear priorities focused on governance, improved use of equality data and embedding patient and carer voice. This work supports sustained progress in reducing inequalities and improving trust and confidence among racialised communities.

Workforce Demographics and Representation

- 10.7% of staff identify as ethnically diverse (up from 4.73% in 2021)
- 58% increase in ethnically diverse staff in senior roles since 2022

Workforce Race Equality Standard (WRES)

Last year, the Trust improved performance across all nine WRES indicators, exceeding national comparators in seven. Key achievements include increased senior representation, improved recruitment equity, reduced disciplinary disparities, equal access to CPD, and sustained improvements in Staff Survey experience measures.

Board diversity remains a strength, with 11.1% of voting members from ethnically diverse backgrounds, exceeding workforce and local population benchmarks.

Remaining priorities include further reducing harassment and discrimination from patients and the public, addressed through targeted actions including Respect, No Excuse for Abuse, and deep-dive data analysis.

Equality, Diversity and Inclusion: Delivery and Impact

All 13 EDI workforce objectives were delivered or progressed as planned. Key achievements include full compliance with the NHS England EDI Improvement Plan, strengthened governance, targeted abuse prevention, and alignment of EDI with Culture of Care, Trauma-Informed Care and PCREF.

Collectively, this programme provides strong assurance that equality and inclusion are embedded as business as usual, supporting a positive workforce experience and high-quality, inclusive care.

Career Progression

The Trust continues to strengthen its approach to career progression through a strong focus on equitable access to development opportunities and robust appraisal processes. Appraisal compliance remains consistently high across all staff groups, demonstrating strong organisational engagement with performance and development discussions.

Importantly, the appraisal process has been enhanced through the introduction of a revised Career Development Framework, which provides a more structured and transparent approach to identifying progression pathways. This framework supports staff to actively consider their career aspirations, skills development needs, and opportunities for advancement within the organisation.

As part of these changes, the appraisal template has been updated to explicitly prompt discussion around equality, diversity and inclusion (EDI). Staff are now asked to identify any EDI-related matters of concern, alongside barriers to progression they may have experienced. This ensures that conversations about career development

are not only aspirational but also responsive to potential inequities in experience across different staff groups.

These changes support a more inclusive appraisal culture, where staff feel empowered to raise concerns and where managers are better equipped to understand and address disparities. Collectively, high appraisal compliance and the strengthened focus on EDI within career development discussions provide a strong foundation for improving equity in career progression outcomes.

6 Actions Arising from the Report

Objective 1	
Strengthening Staff Networks	
Action	- Position the Anti-Racist Staff Network as co-design partners for policy and change. - Formalise the Care, Culture and Equity Steering group's 'Call to Action' collaboration as a permanent forum. - Support the development of network led resources and insight.
Lead/Timescale	EDI Lead/ARN/CCE Steering Group/March 2027
Objective 2	
Tackling Harassment & Bullying	
Action	- Review the impact of the 'No Excuse for Abuse' pilot work undertaken, applying learning to improved tools, and a scalable intervention framework. - Support the rollout of collaborative 'Call to Action' initiative in identified areas. - Enhance 'Respect' and 'No Excuse for Abuse' visibility and bystander intervention. - Action learning from PICU Pilot to support implementation of NHS Standards on tackling racism and ensuring safety from violence and abuse.
Lead/Timescale	EDI Lead/March 2027
Objective 3	
Culture and Leadership Capability	
Actions	- Apply learning from Culture of Care anti-racist practice sessions - Strengthen divisional accountability through Care, Culture and Equity Steering Group
Lead/Timescale	EDI Lead/CCE Steering Group/March 2027
Objective 4	
Equity in Recruitment and Career Development	
Actions	- Build on the work of the Career Development Team to strengthen engagement and outreach. - Ensure all outreach activities, events, and materials use inclusive and accessible language. - Avoid approaches that reinforce stereotypes or unintentionally disadvantage particular groups. - Review and refine recruitment adverts, imagery, and attraction

	materials to ensure they are inclusive and appealing to diverse audiences. • Use targeted messaging, diverse role models, and align with careers outreach activity to broaden appeal. • Assess recruitment processes and materials to ensure they do not unintentionally create barriers to entry or perpetuate inequities.
Lead/Timescale	• Career Development Team / Recruitment Team/ EDI Lead/ Recruiting Managers / March 2027

Appendix 1: Data Sources

Metric	Data Source
Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.	ESR
Metric 2 – Relative likelihood of ethnically diverse staff being appointed from shortlisting	Trust's recruitment data
Metric 3 – Relative likelihood of staff entering a formal disciplinary process	Trust's HR data
Metric 4 – Relative likelihood of staff accessing non-mandatory training and CPD	Question 13, NHS Staff Survey
Metrics 5 – 8	Questions 14, 11, 5, 28b, NHS Staff Survey
Metric 9 – The percentage difference between the organisation's board voting membership and its organisation's overall workforce	ESR and/or trust's local data

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Social Values Report 2025-26															
Author/s:	Executive Lead- Kwame Opoku- Fofie <u>Authors:</u> Rachel Kirby, Deputy Director of Communications & Charitable Funds Sarah Clinch, Senior Partnerships and Strategy Manager															
Recommendation:	<table><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 present the draft Social Values Report 2025-2026 for review and comment. Highlighting system impact across prevention, inequalities, workforce, partnerships and community engagement. Endorsement of the Trust’s continued strategic commitment to social value as a core component of organisational delivery and anchor institution responsibilities. The publication period of this report has been moved to be in line with the annual report and quality accounts to publish a comprehensive view of Trust activities and impact.															
Key Issues within the report:																
Positive Assurances to Provide: - Strong evidence of measurable social value impact across communities (e.g. 52% breastfeeding rates in Hull, 1,336 social prescribing referrals, £32.6m local spend), and 5,630 volunteer hours. - Demonstrable progress in reducing health inequalities through targeted programmes and system partnerships. - Effective collaboration with voluntary, community and education sectors to improve access, inclusion and prevention.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Delivery of Health Inequalities Plan (2025–2028), including >150 impact assessments and 20 QI projects. - Expansion of community-based prevention models (e.g. social prescribing, peer support, Recovery College). - Continued investment in workforce pipelines (apprenticeships, cadets, T Levels, school engagement). - Strengthening co-production and lived experience roles (e.g. Ward Reps. Experts by Experience).														

• High-quality, innovative care recognised nationally (e.g. Pulmonary Rehabilitation accreditation). • Workforce investment and development evidenced through apprenticeships, placements and wellbeing initiatives.		• Embedding digital innovation (e.g. Brigid mobile records) to improve efficiency and patient safety. • Ongoing development of partnerships with VCSE sector via grants and collaborative programmes. • Launch events and communications plans to maximise impact.		
Key Risks/Areas of Focus: • Securing sustainable funding to maintain and expand prevention and community-based initiatives. • Ensuring workforce capacity and capability to scale social value activity alongside core service delivery. • Sustaining engagement with underserved populations to avoid widening health inequalities. • Strengthening system partnerships to ensure consistent multi-agency delivery. • Continuing to embed robust measurement frameworks to evidence impact, outcomes and return on investment.		Decisions Made: • The final report will be launch at the Annual members meeting (AMM).		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	26.05.26
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Social Values Report 2025-26

Foreword from Michele Moran, Chief Executive and Kwame Fofie, Executive Medical Director

Introduction from our Chief Executive and Executive Medical Director

At Humber Teaching NHS Foundation Trust, we see every day that our role reaches far beyond the care we provide. As an anchor organisation we have a responsibility to use our people, our partnerships and our resources in ways that benefit the places we serve.

This report shares just some of the work happening across the Trust to support that promise. It isn't something we are required to do, but something we've chosen to create because these stories deserve to be told. The stories show teams working alongside schools, colleges, voluntary groups, local businesses, service users, carers and community partners to improve health, open up opportunities and make support easier to access.

The work highlighted throughout this report shows the many different ways the Trust creates social value for local people and communities. From supporting people into employment and education, to improving wellbeing, reducing inequalities and investing in local communities, they show how the NHS can have a positive impact far beyond healthcare alone.

There is also a strong sense of partnership running throughout the report. Whether supporting fishing communities through SeaFit, helping schools improve understanding of stammering, increasing the number of babies being breastfed in Hull through targeted community support, creating pathways into NHS careers or working with community organisations to tackle inequalities, these stories show what can happen when organisations and communities work together around shared goals.

These examples reflect the breadth of what social value means within the NHS. Some demonstrate direct improvements in health and wellbeing, while others focus on confidence, inclusion, employment, sustainability, education or connection. Together, they show that improving lives is not only about treatment and care, but about helping people and communities to thrive.

This local work also matters nationally. Through our approach to prevention, reducing inequalities, supporting the NHS Net Zero ambition, developing our workforce and strengthening partnerships, we are contributing to the wider priorities of the NHS while staying focused on what matters to people across Hull, East Yorkshire and North Yorkshire.

To complement the stories within this report, we have included some indicative financial modelling that illustrates the potential social return generated by our activities. Together, these measures provide a broader picture of how investment is converted into value for our communities, demonstrating impact that extends beyond traditional financial measures. *

We are proud of the examples shared in this report, and grateful to everyone who has made them possible. They remind us that when we work with our communities, listen well and think beyond traditional healthcare, we can make a lasting difference to people's lives.

***The financial values presented are indicative estimates** derived from nationally recognised evidence and published economic evaluations. They provide an illustration of the likely social value generated rather than a precise financial return and should not be interpreted as direct savings realised by the Trust.

Fostering integration, partnerships and alliances

Fit for sea and for life

This year our SeaFit initiative brought vital health and wellbeing support directly to fishing communities in Bridlington and Hull for another year. The project is an excellent example of the impact of partnership working in reaching people who may otherwise face barriers to care. Delivered in collaboration with The Fishermen's Mission and the Seafarers Hospital Society, the programme forms part of a wider national effort to improve access to essential health services for seafarers.

In April the SeaFit team hosted events at Bridlington Harbour and the Hull Fishing Heritage Centre, creating accessible, community based opportunities for fishermen and their families to engage with a range of health services. By bringing support into familiar local settings, the initiative helped overcome the practical challenges many seafarers face in attending traditional appointments, including unpredictable working patterns and long periods at sea.

A key focus of the events was improving access to dental care. Through partnership with the charity DentaId, free dental check-ups and treatments were provided via a mobile dental unit. For many attendees, this was the first time they had seen a dentist in years, with some reporting gaps of over 20 years. By delivering care in this way, the initiative supported early intervention, reduced inequalities and helped address unmet health needs within the fishing community.

The events also offered a wide range of additional support through a multi-agency approach. Organisations provided advice and guidance on smoking cessation, prostate health, physiotherapy, seafarer welfare, substance misuse, gambling support and dementia awareness. This ensured that individuals could access holistic support in one place, addressing both physical and mental health needs.

By working collaboratively and delivering services in ways that reflect the realities of people's lives, SeaFit demonstrates how strong partnerships can reduce barriers, improve access and deliver meaningful health improvements for communities that are often underserved.

Quote

"Bringing services directly to fishing communities makes a real difference. It allows us to reach people who might not otherwise access support and helps build trust, improve health and address long standing inequalities."

SeaFit partner representative

Measure of success

National evidence shows that every £1 invested in NHS Health Checks generates an estimated £2.93 to £5.18 in social and economic value by preventing ill health and reducing future healthcare costs. Based on this, this initiative is estimated to have created between £124,000 and £219,000 in social value.

The impact may be even greater as people working in the fishing industry have a higher risk of cardiovascular disease. Of the 76 cardiovascular health checks delivered through the programme, 15 people were identified as being at increased risk and referred to their GP for further assessment and support, helping to prevent future serious illness.

Top of the Class

The Trust's partnerships with local schools have grown over the last year, building relationships that go beyond traditional careers talks. This year we worked with 24 schools, helping more young people than ever, understand the breadth of roles within healthcare and supporting them to make confident, informed decisions about their futures.

A standout moment was the "Explore Humber Careers" event, where more than 60 Year 10 students from six schools stepped into the Trust for a day of hands-on learning. They explored roles across therapy, nursing, pharmacy, and psychological services, gaining a real sense of the teamwork and compassion that underpin our services.

Our Psychological Professions Day welcomed 45 students from Wyke 6th Form College for an immersive look into mental health careers. Through conversations with clinical and forensic psychologists, students gained insight into the realities of the profession. The feedback was overwhelmingly positive, with 100% of students reporting the day was beneficial. As one student shared: "My favourite part of the day was how open and welcoming all the specialists were... it was inspiring to hear how each of them found their path."

At Beverley Grammar School, an all-boys' school, we challenged gender stereotypes by showcasing male role models in mental health nursing.

Together, these activities form a cohesive programme of partnership working, strengthening community ties, widens participation, and builds a shared commitment to developing the workforce of tomorrow.

Measures of Success

- 60+ students attended Explore Humber Careers
- 45 students attended Psychological Professions Day
- 100% positive feedback from Wyke College students

Quote

"The students were buzzing the next day... it's given them motivation and focus with their studies." Teacher

"The event was very good as I got the opportunity to learn lots of different areas of healthcare." Student

Hull-hearted support for the best start in life

This year, Hull reached a landmark moment in infant health, becoming a predominantly breastfed city. 52% of babies now receive breastmilk at six weeks, marking a significant increase from just 6% in 2008.

This achievement has been made possible through strong partnership working across health, local authority and community organisations. The Hull Integrated Infant Feeding Team has worked closely with Hull City Council, Hull Family Hubs, Goodwin Doula and peer support services to provide consistent, accessible support for families from hospital through to community settings. This coordinated, system wide approach has helped ensure that parents receive the right support at the right time, wherever they are.

In a city where deprivation is high and life expectancy is below the national average, improving breastfeeding rates is a key preventative intervention. Historically, breastfeeding rates in Hull were among the lowest in the country, influenced by cultural norms and a lack of visible role models. Addressing this required a shift not only in services, but across communities.

The Infant Feeding Team led training across GP surgeries, charities, schools and community organisations, helping to build confidence and create welcoming environments for parents. Alongside this, public engagement initiatives such as the Hull Milk Trail, a breastfeeding tent at major city events and a city-wide exhibition featuring children's artwork have helped to normalise breastfeeding and embed it into everyday life.

Hull's progress demonstrates how integrated working, strong partnerships and sustained community engagement can drive meaningful change, transforming social norms and improving health outcomes at scale.

Quote

"This is a pivotal moment in our efforts to drive up breastfeeding rates in the City, we are immensely proud of what this means for those infants, their families and the future health of people in Hull. We can now say that Hull is a predominantly breastfed city which is a fantastic achievement."

Ellie Talbot-Imber, Infant Feeding Lead

Measure of success

As well as the obvious health benefits that breastfeeding brings, researchers have found that children who were breastfed for six months or longer were more likely to achieve five good GCSEs, even after a comprehensive range of socio-economic factors were taken into account. They estimate that the lifetime gross income for those children would be almost £4,208 higher for babies breast fed for less than 6 months and £8,800 higher for those breastfed for over 6 months compared to those who were never breastfed¹.

Using this information and our data for breast feeding at 6 weeks, we can calculate that babies born in 2025/26 will collectively earn between £1.7 million and £4.1 million more than babies born in 2019/20.

Hull's recent increase from 6% breastfeeding at six weeks in 2008 to 52% in 2026 therefore represents not only a health success but a potentially significant long-term economic investment in the city's future workforce and population health.

Shining a light on local stars

In 2025, Trust charity, Health Stars launched a £200,000 Community Mental Health and Wellbeing Grants programme to support voluntary and community organisations across Hull and the East Riding of Yorkshire.

The grants programme provides funding ranging from £250 to £5,000 to organisations delivering projects that support emotional, mental and physical wellbeing. By investing in community led initiatives, the programme enables local groups to design and deliver support

¹ [Economic impact of breast-feeding-associated improvements of childhood cognitive development, based on data from the ALSPAC - PubMed](#)

that is tailored to the specific needs of their communities. This approach helps to address wider determinants of health, including social isolation, inactivity and limited access to support networks, while empowering communities to take an active role in improving wellbeing.

A key strength of the programme is its focus on partnership and collaboration. By opening funding to a wide range of voluntary and community organisations, the initiative supports stronger connections across the sector, encouraging shared learning and more coordinated support for local people. This helps to build a more joined up system of care, where individuals can access a variety of support options within their own communities.

Projects funded include a walking group for asylum seekers and refugees in Hull, demonstrating how small, locally delivered interventions can have a meaningful impact on wellbeing and social connection.

demonstrating how small, locally delivered interventions can have a meaningful impact on wellbeing and social connection.

This initiative delivers clear social value by strengthening local partnerships, building capacity within the voluntary and community sector and supporting preventative approaches to mental health. By enabling community organisations to provide accessible, locally relevant support, the programme helps reduce inequalities, improve wellbeing and create more resilient, connected communities across Hull and the East Riding.

Quote

“We are proud to support local organisations through our Community Grant Scheme. Last year we funded some lovely projects including therapeutic craft workshops to improve mental health and a film club aimed at reducing isolation. We can’t wait to see what amazing projects people we can help fund to create healthier and happier communities in Hull and East Yorkshire.”

Anita Green, Health Stars Charity Manager

Measure of success

£200,000 committed to community mental health and wellbeing through the grants programme

Case Study

Welcome House in Hull provides moral and practical support to asylum seekers and refugees, empowering them to rebuild their lives through a range of activities that helps them integrate and feel connected to their local communities.

The Community Grant funding supported the delivery of a new 12-week walking social group designed to improve both mental and physical wellbeing. The project offered a safe and welcoming opportunity for participants to explore their local area, build confidence outdoors and form positive social connections.

Feedback from participants following the first walk in January 2026 was overwhelmingly positive. Comments highlighted increased physical activity, the opportunity to meet new people, and discover new parts of the town as the main benefits of the walking social group.

Quote

"Thanks to the support of Health Stars, our service users now have the chance to connect with people from a range of communities. By sharing cultures, exploring local heritage and the environment, and coming together around food, participants can enhance their health and wellbeing while strengthening their links with the wider community." Tracey Scott-Townsend, Welcome House e

Finding their voice – supporting stammering awareness in schools

The Trust's Speech and Language Therapy team worked in partnership with The Consortium Academy Trust to develop a Stammering Awareness Project aimed at improving understanding and support for pupils and staff across local schools.

The project began at Holderness Academy following a Stammer Awareness Day assembly, where a teacher shared a personal reflection on how stammering had affected their own family and school experience.

The project was co-developed with learners, including those with lived experience of speech disfluency.

The collaboration led to the development of a School Awareness Pack, designed for use across Consortium Academy Trust schools. The pack includes resources for assemblies, visual materials and a short film co-produced with learners, ensuring that content is relevant, accessible and grounded in real experiences. These resources support staff to create more inclusive classroom environments while helping pupils to better understand communication differences.

As part of the ongoing work, a dedicated workshop was held at Holderness Academy for learners with speech disfluency, alongside their families and friends. Timed around Stammer Awareness Day, the session provided a supportive space to share experiences, build confidence and strengthen peer and family support networks.

This initiative delivers clear social value by promoting inclusion, reducing stigma and improving understanding of communication differences within schools. By combining clinical expertise with lived experience and strong partnership working, the project helps ensure that young people feel heard, respected and empowered.

Quote

"Being part of this project has helped me feel more confident in myself and proud to share my experience. It's important that people understand stammering and know how to support others. "Student participant"

Measure of success

Over 1100 views of 'Just Listen' video on Youtube

Enhancing Prevention, Wellbeing and Recovery

Connecting communities to improve health and wellbeing

The East Riding YOURHealth Health and Wellbeing and Connector Service, delivered by Humber Teaching NHS Foundation Trust, continues to demonstrate the value of prevention and community-based support in improving population health.

Social prescribing works alongside traditional healthcare to address the wider factors that influence health, including financial pressures, housing concerns, social isolation and mental health. By taking a holistic approach, the service supports individuals to build resilience, improve wellbeing and reduce the risk of developing long term health conditions. A key part of this model is connecting people with local groups, services and activities, helping them to build social networks and access support within their own communities.

To mark national Social Prescribing Day 2025, the service brought together local residents, community organisations and partners to highlight the vital role social prescribing plays in supporting people's overall wellbeing.

Throughout the week, a range of events showcased the breadth of voluntary, community and social enterprise support available. These events created welcoming, inclusive spaces where residents could explore opportunities to improve their health, connect with others and feel part of their local community.

In Goole, residents took part in gentle exercise sessions and creative workshops providing opportunities to relax, build confidence and meet new people. In Cottingham, wellbeing walks and exercise classes supported both physical health and social connection. In Bridlington, "Meet the Provider" sessions brought together organisations offering support with employment, stress management and mental health, while dedicated sessions for carers created space for peer support and shared learning.

Quote

"[accessing the social prescribing service] helped me a lot because going for walks and having a chats was great and letting me know about all the different services. You brought me out of dark times when I wasn't feeling great. Making sure I was getting something eat because I was really going out and now, I'm using the pantry service. It is so nice that you have called to check in a months after my appointment to see if I need any more support".YOURhealth client

Measure of success

The National Academy of Social Prescribing estimated the average NHS Benefit for each patient referred was £418. Our YOURhealth service received 1336 referrals in 2025/6 which equates to a £558.448 benefit to the NHS². This is in line with their finding of a Return of Investment of £4 for every £1 invested.

² [Exploring the financial return on investment of social prescribing in the NHS | NASP](#)

From Classroom to Career

The Trust's work experience and T Level programmes play a vital role in supporting young people to gain meaningful insight into healthcare careers, develop practical skills and build confidence as they prepare for future employment.

These placements give students a realistic, hands-on understanding of what it means to work in healthcare, whether in clinical environments, community settings, or essential non-clinical roles.

This year, the team supported 24 work experience placements and 61 T Level placements, delivering over 4,200 hours of real-world learning. Each placement is designed to be supportive, engaging, and confidence-building. Students step into professional environments, develop practical skills, and gain a deeper understanding of the values that underpin compassionate care.

By offering these opportunities, the Trust is not only supporting individual growth but also strengthening community understanding of health, prevention, and recovery. These early experiences help young people see themselves as part of the healthcare workforce of the future.

Measures of Success

4,200 hours of real-world experience

Quote

This experience has really helped me understand what it is like to work in a hospital environment... the insights I gained have been invaluable". Matilda, placement student at Whitby Community Hospital

From Surviving to Thriving: Peer Support in Action

People experiencing homelessness often face some of the greatest barriers to accessing mental health support, despite being at significantly higher risk of poor physical and emotional wellbeing.

The Homeless Mental Health Team has long worked to bridge this gap by offering flexible, person centred support to individuals who are street homeless, rough sleeping, living in hostels or at risk of losing their accommodation. This year, the team strengthened its approach by introducing peer led support groups, to support service users to connect with others and build confidence.

The idea came directly from the people they support. Many shared that while clinical appointments were essential, they also needed a safe, informal space to talk openly, share experiences and learn from others facing similar challenges. In response, the Peer Support Worker and Lived Experience Co-ordinator co designed two monthly groups, held in a central, welcoming location and shaped entirely by those who attend.

The first group supports people transitioning in and out of the service, a time often marked by uncertainty, instability and heightened vulnerability. The second focuses on housing sustainment, helping individuals maintain accommodation, navigate tenancy pressures and build the resilience needed to avoid returning to homelessness. Both groups place lived experience at the heart of every conversation, ensuring that support feels relevant, authentic and grounded in real world understanding.

Since launch, attendance at the pre and post discharge group has grown, participants report feeling more confident, less isolated and better able to manage day to day challenges. Several have gone on to take part in additional activities, including sharing their experiences to help shape service development.

Measure of Success

25 people attended drop-in support groups.

Quote

'I don't see my worker every week, but I know that the group is on if I need a bit of extra support between appointments. I also like talking to others and sharing my own journey' – SM -Rough Sleepers

Recovery in Action: Learning That Changes Lives

The Humber Recovery & Wellbeing College provides free, accessible learning opportunities that support people to improve their wellbeing, develop skills and build confidence. Operating across Hull, East Riding and the wider Humber region, the College offers co-produced courses designed and delivered by people with lived experience alongside practitioners. This approach ensures content is relevant, supportive and grounded in real experience.

Sessions are delivered in community venues and online, increasing accessibility and enabling people to engage in a way that suits their circumstances. The Youth Recovery & Wellbeing College extends this offer to young people, providing early support that helps build resilience and positive coping strategies.

Feedback from students consistently shows improvements in confidence, social connection and sense of control over their lives. Many participants go on to volunteer, co-facilitate courses or take part in wider community activities, contributing to stronger local networks and increased community capacity.

The College delivers social value by improving wellbeing, reducing demand on statutory services and strengthening community resilience. Its model supports people to build meaningful, sustainable improvements in their lives and contributes positively to the health and wellbeing of the wider region.

Independent evidence from the national RECOLLECT research programme demonstrates the wider impact of Recovery Colleges. The study found sustained improvements in wellbeing, reduced use of crisis services and fewer hospital admissions for students, resulting in significant cost savings for the NHS. Findings indicate an estimated saving of more than £5,000 per student in the year following enrolment and an eight-to-one return on investment

Case Study - Finding Confidence Through Connection

The Humber Recovery and Wellbeing College is helping people build confidence, develop new skills and create meaningful connections through a wide range of recovery focused learning opportunities.

Kwesi first accessed the College after being recommended its Boxing for Health sessions through PSYPHER. At the time, he said he lacked motivation and wanted support to become healthier, but the opportunity to attend free sessions gave him a starting point.

Since joining the College, Kwesi has developed new interests in photography and fitness, while also becoming more open about his mental health and recovery journey. He describes the College as helping him leave the house more often, build relationships with other students and practitioners, and develop friendships that now continue outside of sessions.

Kwesi also reflected on the significant impact the College has had on his confidence and sense of purpose. When he first joined, he felt nervous, struggled to socialise and lacked confidence around other people. Through regular attendance, particularly at football sessions, he says he now feels more confident, connected and positive about the future.

Importantly, Kwesi hopes to use his own lived experience to support others who have experienced psychosis, highlighting how recovery can also empower people to help their communities and peers.

His experience reflects the wider impact of the Recovery and Wellbeing College in creating supportive spaces where people can improve wellbeing, reduce isolation, develop skills and build positive relationships as part of their recovery journey.

Measure of success

RECOLLECT research programme findings indicate an estimated saving of more than £5,000 per student in the year following enrolment and an eight to one return on investment.

Quote

“The RWC has saved me, and I cannot speak highly enough of my gratitude for the sessions and the staff “Dennis, College Attendee

Calm in the Storm: Mental Health Training for Lifeboat Teams

The Mental Health Liaison Service partnered with lifeboat charity, Humber Rescue to deliver a collaborative training session designed to support volunteers responding to emergencies on the water. The session provided an opportunity to equip frontline volunteers with the confidence and understanding needed to respond effectively in emergency situations.

The Mental Health Liaison Service delivers 24/7 specialist support to people presenting with mental health needs at Hull Royal Infirmary and Castle Hill Hospital. By providing assessment and care within the hospital setting, the team ensures individuals receive timely and appropriate support at the point of need.

During the session, Humber Rescue volunteers explored the types of scenarios they may encounter during callouts, gaining insight into how mental health distress can present in different ways. Discussions focused on the role of communication, personal history and life circumstances in shaping behaviour, supporting volunteers to approach situations with greater empathy and awareness. The training also provided an overview of care pathways, including the role of inpatient services, the difference between informal and formal admissions and how emergency services work together to support individuals in crisis.

Humber Rescue volunteers shared their frontline experiences, reflecting on the complexity and unpredictability of incidents they attend. This created a richer, more informed discussion, highlighting the shared commitment across both teams to safeguarding individuals at their most vulnerable.

This collaboration delivers clear social value by strengthening partnerships between health services and emergency response organisations, improving the quality and coordination of care for people in crisis. By building understanding and confidence among volunteers, the

initiative supports more compassionate, informed responses that can reduce distress and improve outcomes at critical moments.

Quote

“Working together like this helps us better understand the people we are supporting and ensures we respond with compassion and confidence in challenging situations.”

Humber Rescue volunteer

Developing an Effective and Empowered Workforce

Healthy Staff, Healthier Communities

The Trust's Workforce Wellbeing Team provides colleagues with access to Physical Health MOTs, wellbeing advice and one to one support designed to help staff better understand and improve their physical and mental wellbeing. Through health checks, practical guidance and ongoing support, the team supports colleagues to access early intervention and make positive lifestyle changes that impact them at work and at home.

Feedback from colleagues shows the impact that early intervention and preventative support can have, both inside and outside of work. One member of staff described how a routine blood test identified previously undiagnosed Type 2 diabetes, leading them to seek treatment and make significant lifestyle changes. Within a year, they had lost 30 kilograms, improved their blood sugar levels and regained their energy and confidence. Others shared how MOTs had helped identify high cholesterol and underlying heart problems before symptoms appeared, allowing them to access treatment earlier and improve their long-term health.

Colleagues also spoke positively about the supportive and non-judgemental approach taken by the team, particularly around sensitive issues such as weight management and wellbeing. Many described feeling motivated to make positive changes after receiving clear advice, encouragement and practical support.

Alongside the MOTs, one to one wellbeing support has provided colleagues with a safe and confidential space to talk openly about stress, work life balance and personal wellbeing. Staff highlighted the value of having someone neutral to listen, alongside access to practical tools and resources that helped them feel calmer, more balanced and better able to cope both at work and at home.

By investing in the wellbeing of our workforce, we are helping people stay healthier, remain connected to work and feel better equipped to support the people around them, while also strengthening a healthy and resilient workforce for the future.

Measure of success

526 Physical Health MOTs delivered in 2025/26, generating an estimated £100,000–£178,000 in long-term social and economic value through the early identification and management of cardiovascular risk factors among NHS staff. *

*Estimated social value is calculated using the published evidence that workplace cardiovascular health checks generate between £2.93 and £5.18 of social and economic value for every £1 invested. As the direct delivery cost of a Physical Health MOT is not routinely recorded, an indicative cost of £65 per assessment (based on the Trust's Occupational Health assessment charge) has been used as a proxy for this calculation. Figures are therefore estimates intended to illustrate potential long-term value rather than a precise financial return.

Quote

"Thanks to my test last year which indicated high cholesterol, visiting the doctor's & getting statins it is now below half & only between 3-4. The MOT has helped identify the necessity for 3 heart stents, but I had no symptoms! My MOT is now a reminder of how well I am & helps me maintain a positive perspective of what I do. Thank you, team."

Apprenticeships Build Bright Futures

Apprenticeships continue to be one of the Trust's most powerful tools for developing a skilled, confident, and sustainable workforce. Over the past year, we have supported 94 new apprenticeship starts and celebrated 56 completions, each one representing a personal journey of growth, ambition, and achievement.

These programmes offer staff the chance to gain recognised qualifications, build new skills, and progress into roles they may never have imagined possible.

This year, we expanded our offer with new apprenticeship standards, including Dietitian Level 6, Painter and Decorator Level 3, and Arts Therapy Level 7. These additions reflect the breadth of opportunities available across the Trust and our commitment to supporting development in both clinical and non-clinical areas.

Apprenticeships are more than training programmes, they are a long-term investment in people. They help us retain talent, grow our own workforce, and ensure we have the skills needed to meet the evolving needs of our communities.

Measures of Success

56 apprenticeship completions

Quote

"My apprenticeship gave me the confidence to take the next step."

Lived Experience, Lasting Impact

This year, two powerful initiatives brought lived experience directly into the classroom, helping future healthcare professionals.

The Complex Emotional Needs Service and Experts by Experience co-delivered three teaching sessions for Hull University's Clinical Psychology Doctoral students. Students had previously shared that hearing directly from people with lived experience made challenging topics more accessible and meaningful. In response, the team created sessions that blended clinical knowledge with personal narratives, giving students a richer, more grounded understanding of complex emotional needs.

The Medical Education department supported Expert Patients to co-facilitate sessions for first year medical students at Hull York Medical School. These sessions offered students the chance to hear firsthand what it feels like to access mental health care, ask questions and reflect on the human side of clinical practice. The insights shared added depth and real-world context to their learning, helping them understand the importance of communication, compassion and partnership.

Feedback across both initiatives was overwhelmingly positive. Students consistently reported that lived experience led teaching enhanced their learning, increased their confidence and encouraged deeper reflection on their own assumptions and approaches.

One doctoral student captured the impact clearly: "The lived experience perspectives as well as the clinical insight were brilliant and provided a rich understanding."

Experts by Experience also described the work as meaningful and empowering. One shared: "I really enjoyed being involved in delivering the teaching and felt that my experiences and contributions were genuinely valued."

Measures of Success

Three lived experience led teaching sessions delivered to Clinical Psychology Doctoral students

Quotes

“The lived experience perspectives as well as the clinical insight were brilliant and provided a rich understanding.”

“It was rewarding to see the students so engaged and to know that sharing aspects of my story might help shape more compassionate care in the future.”

The Power of Giving: Celebrating Our Volunteers

Our dedicated volunteers give their time, energy and compassion to support staff and patients across a wide range of services. Throughout 2025/26, 93 volunteers contributed 5,630 hours of support. For the first time in 2025, this contribution was recognised and celebrated at a dedicated Volunteer Awards ceremony.

For many years, volunteers had been included within the Trust's annual Staff Awards. However, with the growing scale and impact of volunteering across services, it became clear that a dedicated event was needed to properly recognise the breadth and depth of their contribution. The awards created an opportunity to celebrate the many different ways volunteers support the organisation, from providing comfort and companionship to patients, to offering practical support behind the scenes.

The winners represented the diversity, commitment and generosity that volunteers bring to the Trust, highlighting how their contributions enhance both patient experience and staff wellbeing.

Funded by the Trust's charity Health Stars, the awards demonstrated how partnership working and charitable support can help strengthen workforce culture and recognition.

Quote

“Your generosity not only supports our staff but also helps to create a stronger, kinder and more inclusive NHS. On behalf of the Trust, I want to thank you for the time, energy and compassion you give. These awards are a small way of recognising the big difference you make every day.” Michele Moran, Chief Executive

Measure of success

93 volunteers contributed 5,630 hours of support during 2025/26, representing an estimated social value of more than £71,500 based on the National Living Wage.

From Cadet to Career

In December 2025, 29 young people graduated from the Humber NHS Cadet Programme, marking the successful completion of the Trust's third cohort.

Funded by NHS England and delivered in partnership with St John Ambulance, the programme provides young people aged 15 to 18 with a structured introduction to careers within the NHS, combining hands on experience, employability skills and lifesaving first aid training.

The programme is designed to support young people who may face barriers to accessing traditional opportunities, including those from diverse backgrounds, neurodivergent young

people, disabled individuals and those not currently in education. By creating an inclusive and supportive environment, the programme helps participants build confidence, develop skills and broaden their aspirations for the future.

Colleagues from across the Trust, including teams from Work Experience, Volunteering and Adult Learning Disability Services, played a key role in delivering the programme. Through guest sessions and engagement activities, they showcased the wide range of roles available within the NHS, helping young people to better understand the opportunities open to them and see a potential future within the organisation.

Quote

"I really enjoyed learning about the variety of careers in the NHS and having guest speakers join the sessions. It really helped when exploring my options in further education. It was also excellent to meet others on the programme and the coordinators."

Brooke, NHS Cadet Graduate

Measure of success

29 young people successfully graduated from the programme

Promoting People, Communities and Social Values

Pathways and Partnerships: A Careers Leads Event

A new Careers Leads Event was introduced this year to support the member of staff in local schools and colleges who is responsible for helping students understand their future options and make informed decisions about education, training and employment. This is the next step in building stronger partnerships with education providers and enhancing the support available to young people exploring their future pathways.

11 representatives joined the event to gain a deeper understanding of the diverse career pathways including clinical, non-clinical, professional and vocational roles. By opening our doors and sharing insight into the breadth of opportunities we offer, we helped educators gain the knowledge they need to guide students toward meaningful and sustainable careers.

A standout moment came from Trust employee Jessica Lees, who spoke about her journey through two consecutive apprenticeships within the Trust. Her story highlighted the real impact of our commitment to nurturing talent, supporting progression and creating accessible routes into employment.

Beyond showcasing opportunities, the event also created a platform for open dialogue. Careers Leads shared the challenges their students face, from navigating post-16 choices to overcoming barriers to employment and how we can work together to address these issues. These conversations deepened our shared understanding and reinforced our role as an anchor organisation committed to supporting local people into good work.

Feedback from attendees reflected the value of the day, with one Careers Lead noting that it was a wonderful session with the right balance of apprentices and opportunities for networking.

By bringing educators and the Trust together, the event strengthened partnerships, supported informed career guidance and contributed to our wider mission of improving social mobility and creating long-term social value for our communities.

Quote

"I thought it was a wonderful session - the right balance of apprentices and opportunities for networking. My feedback would be let's keep doing the sessions."

Measure of success

11 Career leads join new networking event

Art with a Heart

Awareness days are an opportunity for our communications team to join a wider conversation and step into a narrative that's already capturing public attention to highlight the support, referral pathways, and self-help options people might not otherwise know exist.

For the second year, to mark, World Mental Health Day we held an art exhibition entitled 'Creative Connections', inviting patients and members of the public to submit artwork for display.

The event transformed a space in local shopping centre, Princes Quay into an art exhibition and creative workshops, welcoming visitors to view and create art.

At the centre of the event was Art Draws Us Together, a collaborative installation created by local artist Charlotte Eldred and inspired by the colour and energy of Hull Fair. Throughout the day, visitors of all ages stopped to draw their own doodle portraits, each one added to a growing Hull cityscape. The artwork captured the essence of the day: people coming together, creating side by side, and finding comfort and connection through art. Visitors were also able to take part in mindful colouring and Kintsugi workshops and visit a marketplace of Trust services including 0-19's and Talking Therapies.

This celebration reflects our wider social value commitments by promoting wellbeing, connection and inclusion, all central priorities within the Trust's strategy. Through events like Creative Connections, we continue to invest in activities that improve quality of life, celebrate diversity and create meaningful social value across the communities we serve.

Measure of Success

The event brought together 150 visitors and participants through creative activities, exhibitions and conversations promoting mental health, recovery and community connection.

Using a conservative Social Return on Investment ratio of £3.31 for every £1 invested, the £1,650 cost of delivering the event generated an estimated £5,462 in social value.

Quote

"Everyone had a great time at the event we attended today. Thank you for putting it on." Her words capture the spirit of the day, one of joy, inclusion and togetherness. Activity Co-ordinator Stephanie Simms

Stronger Together: Connecting Communities in Bridlington

In June 2025, a free community event in Bridlington brought together people with learning disabilities, their families and carers, alongside professionals and partner organisations, to improve awareness of local services and promote social inclusion. The event formed part of a wider Trust led initiative to develop Learning Disability Community Hubs across Hull and the East Riding of Yorkshire, helping to create more accessible, community-based support.

The event enabled attendees to access information, engage in activities and connect directly with services in a relaxed environment. Alongside practical advice and guidance, the day also included a range of accessible activities including football, dance classes and boxing.

Partner organisations were on hand to offer support across a wide range of areas, including housing, employment, health, volunteering and community engagement. Bringing these services together in one place made it easier for individuals and families to explore available support, helping to reduce barriers to access and improve understanding of what is available locally. The event also provided an opportunity for professionals to build relationships and strengthen collaborative working across sectors.

This work is closely linked to the development of Learning Disability Community Hubs, which will provide ongoing, neighbourhood-based drop-in sessions offering advice, support and signposting.

Feedback from families and carers has highlighted the importance of clear, accessible information and the value of being able to connect directly with services in a supportive environment. Events like this play an important role in empowering individuals to make informed choices, build confidence and strengthen their connection to their local community.

Quote

“Events like this make a real difference. Being able to meet services face to face in a friendly environment helps people feel more confident and supported and makes it easier to understand what help is available.” Family member

Measure of success

17 stall holders attended the Hull event and 18 attended the Bridlington Event including statutory services, Voluntary Community and Social Enterprise services and charities such as Hull KR Foundation, Tigers Trust and Gig buddies.

Lived Experience, Real Impact

Our experts by experience are people who use their own lived insight to shape and strengthen the work we do. They take part in interviews, workshops, service design sessions, and feedback panels, offering perspectives that can only come from having navigated support first-hand.

Over the past year, the programme has continued to grow, strengthening how communities are involved in decision making and embedding more inclusive, person-centred approaches across the Trust.

For the first time, our Communications team working alongside young people and adult experts by experience, to co-produce a trauma informed communications guide. Through a series of in person and online workshops, participants shared their experiences of how communication, including social media, website content and patient letters, can impact how safe, respected and understood they feel.

This approach creates meaningful impact at both an individual and organisational level. Experts by Experience were able to build confidence, strengthen their skills, and feel recognised for the expertise they bring. At the same time, staff gained deeper insight into people's real experiences of services, helping to drive a shift towards more compassionate, recovery-focused, and inclusive practice.

Quote

“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 centred, inclusive, and responsive to real needs.”

Measure of success

32 projects, activities and pieces of work across the Trust included Expert by Experience involvement

45 Experts by Experience contributed a combined 900 hours of paid involvement.

Charity at the Heart of Care

Trust charity, Health Stars play a vital role in delivering social value by funding initiatives that go beyond core NHS provision. Through the generosity of supporters and fundraisers, the charity continues to invest in projects that improve experiences of care, reduce inequalities and support long term wellbeing.

This funding has enabled a wide range of initiatives that enhance care environments, provide additional therapeutic support and respond flexibly to the needs of local communities.

One example of this impact is the funding of a specialist aromatherapy service for young people experiencing mental health difficulties. Delivered by clinical aromatherapist Debra McAdam, the service provides a safe, calming space for young people accessing CAMHS, Looked After Children services and eating disorder support. Following Talking Therapy sessions, young people are able to use aromatherapy to process emotions and regulate their sensory experiences through tailored essential oil blends. Treatments include massage, scalp therapies, hot stone treatments and no hands approaches, all designed to promote relaxation and emotional safety. Many young people become deeply relaxed during sessions, with some falling asleep, particularly those experiencing anxiety, trauma or sleep difficulties.

Health Stars has also supported improvements in dignity and compassionate care within the Avondale Acute Assessment Mental Health Unit. Patients often arrive in crisis, sometimes with only the clothes they are wearing due to emergency admission, homelessness or police involvement. The availability of clean, comfortable clothing can have a significant impact on how safe and respected someone feels at this critical moment. Funding from Health Stars has enabled the unit to expand its provision of essential clothing, including a wider range of sizes and items such as jogging bottoms, T shirts and vests. This has been particularly important in addressing previous gaps in provision for male patients.

By enabling innovation and compassion beyond core provision, the charity continues to make a meaningful and lasting difference to the people and communities the Trust serves.

Quotes

“I spend time getting to know each young person and make a special blend of essential oils just for them. Whether they’re struggling with anxiety, trauma, sleep problems, or sensory issues, I tailor the session to support whatever they need most.”

Debra McAdam, Clinical Aromatherapist

“Emergency clothing ensures every patient receives the same compassionate standard of care. It helps people feel respected and safe at a time when they may feel overwhelmed. It sends a clear message: you matter, and you are safe here.”

Aimee, Activity Coordinator

Measure of success

The Trust invested £215,973 in charitable funding in 2025 to 2026 which will generate a benefit to the NHS of between £864,000 and £1.9 Million. *

*Evidence suggests that investment in community and voluntary sector support can generate around £4 of NHS benefit for every £1 invested, with wider social value estimated at approximately £9 per £1 invested, through reduced healthcare utilisation, improved wellbeing and better management of health inequalities³.

Embedding lived experience from ward to board

³ [Exploring the financial return on investment of social prescribing in the NHS | NASP](#)

In response to feedback from service users asking for more paid opportunities, the Trust developed and implemented a recruitment, training and delivery model, that has enabled patients to take on paid roles as Ward Representatives.

Launched as a six-month pilot in Forensic in-patient wards, two service users per ward to undertake a paid involvement roles for three hours per month.

'Ward Reps' play a key role in connecting service users with the 'Humber Voices', co-production group, ensuring that feedback flows consistently from ward to board and that involvement opportunities are shared back with ward communities. This has strengthened co-production across the service and created a clear, sustainable route for service user voice to influence decision making.

The model has been co-produced throughout, including the development of an application and interview process aligned to our 'Being Humber' behavioural standards. A structured training offer has also been introduced, including the creation of a paid Expert by Experience trainer role, where a service user now supports the development of new representatives. Trust charity, Health Stars has further enhanced the initiative by funding resources such as branded clothing and materials, helping to build identity, visibility and confidence in the role.

The pilot has strengthened engagement in co production activity, improved the consistency of representation across wards and increased the number of lived experience roles within the service. It has also contributed to a more collaborative, trauma informed approach, where staff and service users work together to improve experiences of care.

The impact has been felt strongly at an individual level. Service users involved in the programme have reported improved confidence, increased sense of purpose and positive effects on their mental health and recovery. The opportunity to contribute, develop skills and be recognised for their input has helped individuals feel valued and supported in their recovery journey.

Quote

"Delivering rep training was a bit tricky at times, I worked hard to slow it down... it means I'm helping others so they can help themselves and I am getting more out of my rep job."

Service User Expert by Experience Trainer

Measure of success

- Nine service user Ward Reps recruited and trained, with eight currently active
- 72 hours of paid work completed by service users, supporting meaningful involvement

Optimising an efficient and sustainable organisation

Care on the Go: Digital Innovation Strengthening Community Care

In Pocklington and Ryedale, Community Services teams are reshaping how care is delivered by introducing Brigid, a mobile extension of our electronic patient record that gives clinicians secure, real-time access to patient records wherever they are.

For clinicians covering large rural areas, having a mobile device that updates records instantly has changed the pace and quality of their working day. Notes can now be completed during visits rather than afterwards, reducing delays and ensuring the whole team can see the most current information. This immediacy strengthens continuity of care, reduces the risk of errors, and creates a safer, more responsive service for patients.

Dedicated observation templates have further improved the clarity and consistency of clinical documentation, making vital sign recording quicker and more reliable. Moving away from paper notes has removed duplication and variation, freeing staff to spend more time focused on the people they support.

Clinicians can also upload photos taken during a visit directly into the patient record, enabling faster assessment and reducing the need for follow-up appointments or delays in treatment. This simple shift is already helping teams act sooner, communicate more effectively, and deliver care that is both efficient and deeply person-centred

By modernising the tools our teams use every day, we are building a community service that is more connected, more efficient and more aligned with the needs of local people. Through innovations like this, we continue to honour our commitment to creating long-term social value for the communities we serve.

Measure of success

Mobile documentation can save clinicians an average of 20–30 minutes per shift which is between 3.6 and 5.5 hours per day for the whole team.

Up to 2,000 clinical hours released each year for patient care.

Quote

“I have found Brigid really useful for the patient list of daily visits. I can go straight out to patients from home without logging on or going into the office, making working time more efficient. I can also quickly check which care plans are due for each visit.” District Nurse from Pocklington

Keeping Spending Local

The Trust continues to strengthen its commitment to keeping spending local, recognising the important role this plays in supporting communities, driving economic growth and delivering wider social value. By working with local suppliers, the organisation ensures that investment made through procurement has a direct and lasting impact on the areas it serves.

Building strong, long-term relationships with local businesses remains a priority. These partnerships are underpinned by a shared understanding of the Trust’s infrastructure, services and community needs, enabling suppliers to deliver responsive, high quality support while contributing to the local economy.

The Trust actively creates opportunities for local businesses to engage in procurement processes. This includes early market engagement to raise awareness of upcoming opportunities and ensure local suppliers are well positioned to participate. Where possible, larger contracts are broken down into smaller, more accessible lots, enabling small and medium sized enterprises to compete more effectively and benefit from public sector investment.

Collaboration with other public sector organisations, including NHS partners and local authorities, further strengthens this approach. By working together, opportunities are opened up to a broader range of local suppliers, helping to build a more resilient and sustainable local supply chain.

Social value and sustainability remain embedded throughout the Trust's procurement processes. Suppliers are encouraged to demonstrate how they will contribute to local communities, whether through employment opportunities, environmental sustainability or wider social impact. This ensures that procurement decisions not only deliver value for money but also contribute to the Trust's wider commitment to supporting inclusive growth and community wellbeing.

This approach delivers social value by supporting local businesses, creating employment opportunities and reinvesting in the local economy. By keeping spending within the communities it serves, the Trust is helping to build stronger, more sustainable local systems that benefit both people and place.

Measure of success

£32,581,570 spent with local suppliers and businesses in 2025/26, using the Trust's purchasing power as an anchor institution to support local employment, strengthen regional supply chains and keep NHS investment within the communities we serve.

Case study

Keeping Investment Local Through Partnership

Our commitment to working with local suppliers is helping to create social value that extends beyond healthcare, supporting local businesses, strengthening professional networks and contributing to the regional economy.

One example is the Trust's long-standing partnership with ACA, a Beverley based architectural practice that has worked with the Trust since the company was established in 2014. Each year, ACA supports a number of healthcare projects across the Trust, providing a consistent programme of work while building specialist expertise in healthcare design.

The partnership has enabled ACA to grow its reputation within the healthcare sector while also strengthening relationships with local contractors, consultants and delivery partners across the region. This collaborative approach supports local employment, retains investment within the area and helps develop a stronger local supply chain connected to NHS projects.

A key example during the year was the redevelopment of County Hall in Beverley, where part of a historic civic building was transformed into a modern healthcare hub for Children's Services, Community Outpatients and agile workspace.

Working closely with Trust teams, ACA led the design and stakeholder engagement process, helping to balance clinical requirements, patient experience and estate efficiency within a constrained existing building and budget. The project focused on creating flexible,

futureproofed spaces that can adapt to changing models of care while improving access to community based services closer to where people live.

The completed facility has created a welcoming and inclusive environment for patients, families and staff, while also demonstrating how existing local assets can be repurposed to support modern healthcare delivery in a sustainable and cost-effective way.

Through partnerships like this, the Trust is helping create wider social value by supporting local businesses, investing in regional expertise and ensuring that NHS spending continues to benefit the communities it serves.

Quote

““Working with the Trust has given us the opportunity to contribute to projects that have a real impact on local communities, while also helping us grow as a local business and strengthen partnerships across the region.” Alex Caruso, Managing Director & Principal

Innovating for quality and patient safety

Breathing Strength Into Recovery

The Scarborough, Ryedale and Whitby Community Pulmonary Rehabilitation Service reached a significant milestone this year when it was awarded national accreditation by the Royal College of Physicians' Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS).

Achieving national accreditation demonstrates a level of quality, safety and leadership that only 21 services in England have achieved, placing our team among a small group delivering truly exceptional care

Pulmonary rehabilitation is a lifeline for people living with chronic respiratory conditions. It helps people manage breathlessness, build strength, reduce anxiety and maintain independence. By delivering programmes in community venues such as Scarborough Rugby Club and local hospitals in Malton and Whitby, the service ensures that people can access specialist support close to home, reducing travel barriers and strengthening local community connections.

The award assessment highlighted excellence across every aspect of the service praising the "lovely culture to work in" and the deeply patient-centred approach that shapes every interaction.

Through tailored exercise, education and behaviour-change support, the multidisciplinary team helps people regain confidence in daily life. Many patients report being able to walk further, participate more fully in family life and feel more in control of their health. These improvements translate into wider social value: better wellbeing, reduced isolation, and greater independence for people who often face long-term challenges.

National evidence shows that high-quality pulmonary rehabilitation can reduce unplanned hospital admissions for chronic respiratory conditions by up to 20%, representing a meaningful improvement in patient safety and a significant saving for the NHS.

This accreditation is testament to innovation, leadership and a commitment to delivering care that creates lasting social value for individuals, families and communities across Scarborough, Ryedale and Whitby.

By delivering outstanding, evidence-based respiratory support, the service is helping people live healthier, more confident lives, embodying the Trust's mission to create lasting social value for the communities we serve.

Quote

"We are absolutely delighted to receive this accreditation. It's a testament to the commitment, professionalism and compassion shown by our team every day. We're proud to offer a service that meets the highest national standards and supports people across Scarborough, Ryedale and Whitby to live more active, confident lives despite their lung condition." Beverley Quarton, Service Lead

Measurement

A 20% reduction in hospital admissions across the cohort of 15 people would equate to an estimated **£8,400 saving** to the NHS, based on an average admission cost of **£2,800** for

chronic respiratory conditions. The wider benefits include improved health outcomes, better quality of life and reduced sickness absence.

Lighting the way in Understanding Behaviour

The Phoenix Programme is an innovative group intervention designed to support individuals experiencing substance misuse alongside complex mental health needs. Delivered over four months within our Forensic services, the programme helps participants build a deeper understanding of their substance use while developing safer, alternative coping strategies.

The programme responds to the challenges of supporting people with dual diagnosis in secure settings, where traditional approaches may not fully address the complexity of need. By combining evidence based psychological theory with a recovery focused model, the Phoenix Programme offers a safe, structured space for people to reflect, learn and make meaningful behavioural changes, building insight, practical tools and confidence to sustain progress beyond the programme.

Since its introduction, the programme has demonstrated strong engagement and positive outcomes. It has been delivered on three occasions, with 21 participants successfully completing the full course to date.

The programme has also contributed to wider learning and improvement across the sector. Assistant Psychologist, Huda Abdullahi and Forensic Psychologist in Training Katie Foy were invited to present the Phoenix Programme at the annual Division of Forensic Psychology conference. Their presentation explored the development of the programme, its theoretical and evidence base and the experience of delivering the intervention within an intensive group setting. The session received strong interest and positive feedback from attendees, highlighting the value of sharing innovative practice and supporting the spread of effective approaches.

This work demonstrates how innovation in clinical practice can enhance quality and safety, particularly for individuals with complex needs. By developing targeted interventions and sharing learning beyond the organisation, the Trust continues to improve outcomes for patients while contributing to the advancement of evidence based practice across forensic mental health services.

Quote

“The programme supports individuals to better understand their substance use and develop practical strategies for change, helping to reduce harm and support long term recovery.”
Forensic Psychology Team

Measure of success

- Three cohorts of the Phoenix Programme delivered within forensic services

15 participants successfully completed the full programme, with a further six currently engaged

Understanding Behaviour, Transforming Care

The launch of a new Autism Mental Health Support Service in May 2025 represented a significant step forward in delivering more inclusive, personalised and effective mental health care for autistic individuals.

Designed as a neuro affirming service, it works alongside existing mental health provision to improve access, enhance patient experience and reduce barriers that autistic people can face when engaging with services.

Recognising that around 1 in 100 people in the UK are autistic, the service is built on an understanding that individuals experience communication, sensory input and social interaction in different ways. By embedding this awareness into care pathways, the service supports a more responsive approach that adapts to individual needs rather than expecting individuals to adapt to services. This helps to improve engagement, reduce distress and support better overall outcomes, including reducing the need for hospital admission and enabling safer, more timely discharges.

Available to people aged 16 and over with a formal autism diagnosis who are accessing Trust mental health services in Hull and the East Riding of Yorkshire, the service has already demonstrated positive early impact. Since its launch, it has supported a growing number of individuals and contributed to building greater confidence and understanding among staff.

A key strength of the service is its focus on influencing practice across the wider system. By supporting clinicians and advocating for consistent adjustments, the service is helping to embed autism awareness across all mental health touchpoints.

This initiative delivers clear social value by reducing health inequalities experienced by autistic people, improving access to inclusive and personalised care, and preventing escalation of mental health needs. By supporting individuals earlier and more effectively, the service helps reduce crisis presentations and the need for hospital admission, contributing to better long-term stability and wellbeing. It also builds capability across the workforce, creating lasting system wide change so that more people benefit from neuro affirming approaches in the future.

Quote

“Our aim is to improve the way care plans are driven, putting the individual needs of patients at the centre of every interaction. There is no one size fits all when it comes to neurodiversity, so our team are able to advise and educate clinicians about how best to meet their patient’s requirements. Our primary goal is to enable better access and support for mental health needs, improving outcomes and reducing the likelihood of admission.”

Hannah Pearson, Clinical Lead

Measure of success

84 referrals received within the first year of service delivery

10 training sessions delivered to support wider workforce understanding and capability

Lived Experience, Future Excellence

Our collaboration with the University of Hull continues to embed lived experience into education. This year members of the Humber Youth Action Group supported a teaching

session for third year mental health nursing students, ensuring that real experiences directly inform future practice.

The session was co designed with young people, placing their experiences at the centre of learning. Participants shared their journeys of accessing mental health services, including early intervention, CAMHS, crisis services and inpatient care. These insights provided student nurses with a deeper understanding of how care is experienced from a young person's perspective.

By sharing honest and personal reflections, the young people offered practical advice on how to build trust, communicate effectively and provide compassionate, person-centred care.

The session was positively received by students, with strong feedback on its impact and relevance. The University of Hull has expressed a commitment to continuing this collaboration, recognising the value of embedding lived experience within professional education.

This initiative delivers social value by empowering young people to use their experiences to influence future care, while also improving the quality and safety of services. By shaping the skills, attitudes and understanding of the future workforce, it contributes to more compassionate, responsive and effective mental health care.

Quote

"I really can't understate how much of an impact 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 done more for me than any therapy ever has. It gives me back my voice and I know that I will be heard."

Youth Action Group member

Measure of success

Five Experts by Experience helped shape the learning of a cohort of around 40 future mental health nurses at the University of Hull, ensuring lived experience directly influenced the next generation of mental health professionals.

CENTRE SPREAD

Tackling health inequalities through insight, action and partnership

2025 marked a significant step forward in the Trust's approach to addressing health inequalities, with the launch of the Health Inequalities Plan 2025 to 2028 setting out a clear and ambitious programme of work. This year has been about building strong foundations, deepening understanding of the communities served and embedding action across services to reduce inequalities and improve outcomes.

A key priority has been developing a clearer picture of where inequalities exist. By analysing data on access to services, with a particular focus on minoritised and deprived communities, the Trust has strengthened its understanding of who is not accessing care and why. Insights have also been gained through engagement with voluntary and community organisations, including applications to the Community Mental Health Grants Scheme, helping to highlight both the needs and strengths within local communities.

Recognising that addressing health inequalities requires action at every level, the Trust has focused on empowering staff to make meaningful change within their own services. This has

been supported through a programme of Quality Improvement projects designed to remove barriers and improve access for service users. Examples include initiatives to support families while waiting for speech and language services and work to increase awareness of equality and diversity within forensic services.

Alongside this, a comprehensive programme of training and development has been delivered to build knowledge and confidence across the workforce. Covering areas such as inclusion health, trauma informed practice and financial inclusion, this has supported staff to better understand the wider factors that influence health and wellbeing and to embed this understanding into everyday care.

The Trust has also committed to ensuring that health inequalities are considered within all major service developments. Through the introduction of an Equality and Health Inequality Impact Assessment framework, over 150 assessments have been completed in the first year, helping to identify and address potential impacts on groups at greater risk of inequality, including people living in poverty, care leavers and veterans. This approach ensures that services are designed with equity in mind from the outset.

Addressing the wider determinants of health has been a central part of the programme. Financial exclusion, recognised as a key driver of poor health outcomes, has been a particular focus. Workshops with staff, patients and service users have informed the development of practical support, including improved signposting to financial advice, staff training delivered in partnership with Citizens Advice and Yorkshire Energy Doctor, and targeted support for mental health inpatients.

Partnership working has also been critical. The Trust has played a leading role in coordinating a system wide programme in the East Riding of Yorkshire to improve access, experiences and outcomes for inclusion health groups, who are often excluded from services and experience the poorest health outcomes. This work has brought together data, professional insight and lived experience, while building relationships with community organisations and working directly with groups such as people experiencing homelessness and those living on Traveller sites to improve trust and access to care.

This programme delivers clear social value by reducing health inequalities, improving access to services and supporting more inclusive, equitable care. By combining data driven insight, workforce development and strong partnerships, the Trust is creating sustainable change that improves outcomes and supports healthier, more resilient communities.

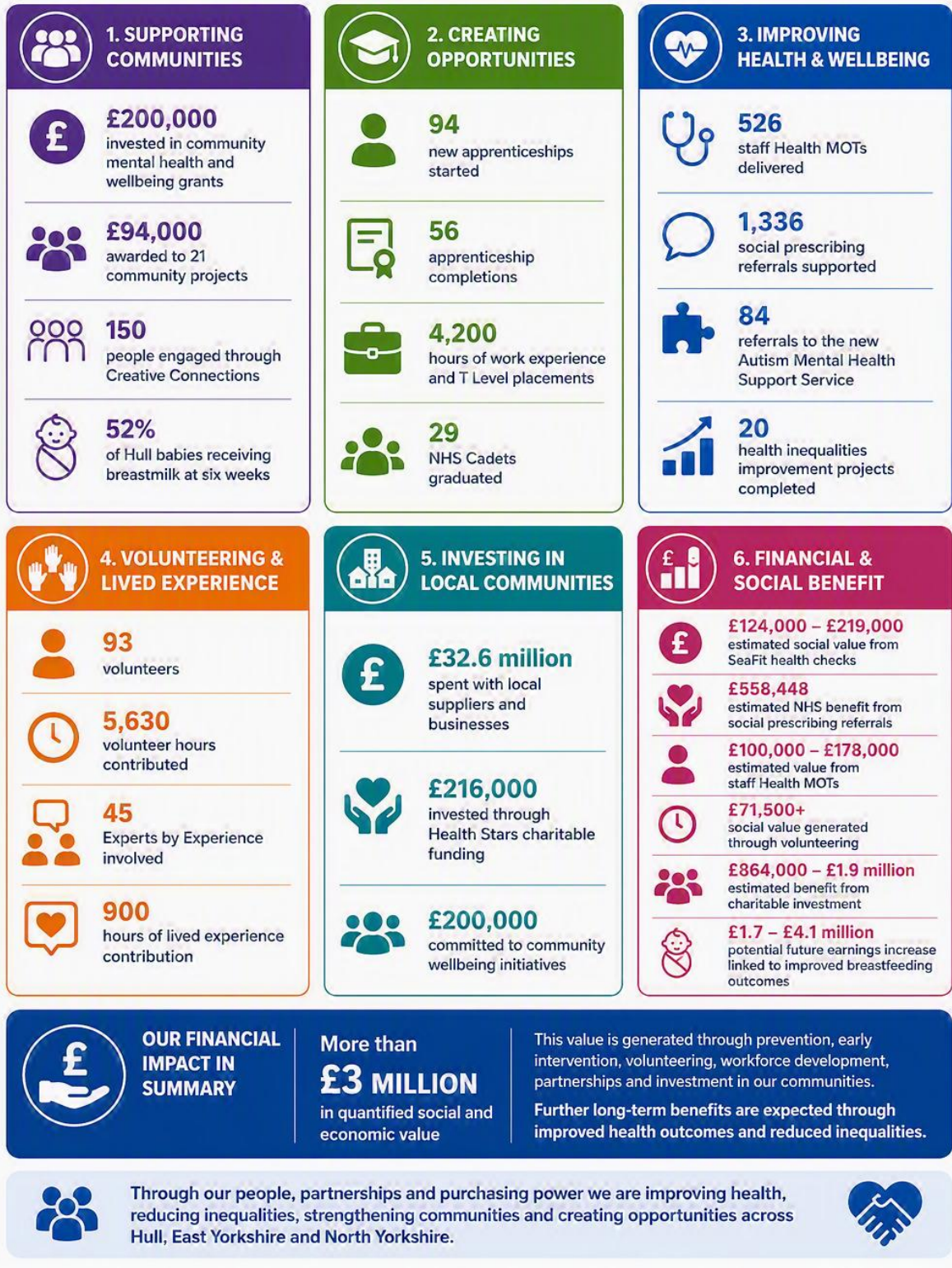
Measures of success

- 20 Quality Improvement projects completed to address health inequalities
- 234 attendances at health inequalities training and workshops
- Over £10,500 in Health Stars funding awarded to 19 projects addressing health inequalities
- £94,000 awarded through the Community Mental Health Grants Scheme to 21 community projects
- Over 150 Equality and Health Inequality Impact Assessments completed to inform service design and delivery

HUMBER TEACHING NHS FOUNDATION TRUST

SOCIAL VALUE 2025/26 – IMPACT AT A GLANCE

Improving lives today, creating healthier communities for tomorrow



Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting - 29 July 2026														
Title of Report:	Front Line Managers – Developing our People														
Author/s:	Vickie Murray, Deputy Director of People and OD Pete Cook, Head of Learning and Development														
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 Board with an overview of the key themes emerging from the 2025 NHS Staff Survey and subsequent Trust-wide management listening exercise relating to leadership and management capability. The paper outlines progress made to date; the strategic response being implemented and the next phase of work to establish a consistent management standard and scalable leadership and management development offer across the Trust.														
Key Issues within the report:															
Positive Assurances to Provide: - Staff and Senior Leadership feedback has provided a clear evidence base for action and identified leadership and management capability as a key driver of staff experience. - Significant progress is already underway through PROUD, talent development, coaching and mentoring, alumni networks, Management Fundamentals and the development of the Management and Leadership Hub. - The proposed approach aligns with the NHS Management and Leadership Framework, National Oversight Framework and wider national workforce priorities.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Executive-sponsored workstreams established to develop: - Leadership expectations and framework. - Management standards and fundamentals. - Management development offer. - Manager tools, resources and support. - Talent and succession development. - Organisational delivery capacity and scalability. - Development of a structured management and leadership pathway aligned to first-line, middle and senior managers. - Development of a Management Fundamentals Programme to support consistent application of people policies and decision-making. - Finalisation and launch of the Trust's Management and Leadership Hub. - Development of new learning programmes focused on attendance management, performance													

	management, accountability, team effectiveness and succession planning. Recommendation: The Board is asked to discuss and note the report, receive assurance on progress to strengthen management and leadership capability, and support the proposed direction of travel.			
Key Risks/Areas of Focus: Continued variation in management capability and staff experience across teams and services. Operational pressures impacting managers' capacity to prioritise people leadership responsibilities. Failure to invest in management capability may adversely affect staff engagement, wellbeing, retention, attendance and organisational culture. Ensuring sufficient delivery capacity and sustainability of management development provision as demand increases.	Decisions Made: N/A.			
Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	14/07/26
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Board	29/07/26

Monitoring and assurance framework summary:

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

Front Line Managers – Developing our People

Executive Summary

Effective line management is one of the most significant influences on staff experience, wellbeing, engagement and organisational performance. In response to findings from the 2025 NHS Staff Survey and subsequent Trust-wide management listening exercise, the Trust has reviewed its management and leadership capability to better understand the factors shaping colleague experience and identify opportunities for improvement.

Feedback from both exercises identified a clear relationship between management quality and staff experience, with variation in management practice influencing engagement, communication, involvement, recognition and feelings of being valued. Whilst many colleagues described positive experiences of leadership, managers and staff also identified capability gaps in core people management skills, alongside increasing operational pressures that can limit time available for people leadership.

Effective line management is strongly associated with staff engagement, attendance, retention, organisational culture and workforce performance. Strengthening management capability therefore represents one of the most significant opportunities available to the Trust to improve staff experience and support the delivery of safe, effective and high-quality patient care.

Following discussion at the EMT/ODG Time-Out in June 2026, there was collective agreement that strengthening line management capability should be a key organisational priority. Executive-sponsored workstreams have subsequently been established to develop a coherent and sustainable approach to leadership and management development, focusing on leadership expectations, management standards, development provision, management support, talent development and organisational delivery capacity.

Significant progress is already underway. This includes redesign of the PROUD Leadership Development Programme, enhancement of leadership alumni networks, continued investment in talent development, development of a Management Fundamentals Programme and creation of a comprehensive Management and Leadership Hub. Through redesign and service efficiencies, annual leadership and management development capacity has increased by 73%, from 1,346 to 2,330 places, substantially expanding organisational reach.

The recent launch of the NHS Leadership and Management Framework provides a national Code of Practice, leadership and management standards and a competency framework applicable to leaders and managers at every level of the NHS. Initial assessment indicates strong alignment between the Framework and the Trust's existing and emerging programmes, including PROUD, talent development, coaching and mentoring, Management Fundamentals, succession planning activity and the Management and Leadership Hub. A detailed gap analysis is now being undertaken to inform a targeted implementation plan and ensure full alignment with national expectations.

The Trust is developing a structured management and leadership pathway aligned to organisational management fundamentals and the NHS Leadership and Management Framework, with learning tailored to first-line, middle and senior managers. This approach supports delivery of national workforce priorities whilst providing a clear and consistent standard for leadership and management practice across the organisation.

The next phase of work will focus on embedding a consistent management standard, implementing the NHS Leadership and Management Framework locally, delivering the identified workstreams and providing a scalable development offer that supports managers and leaders at every level of the organisation. The

intended outcomes are improved staff experience, increased management capability, greater consistency of leadership practice, stronger succession pipelines and a more positive organisational culture.

Introduction

Effective line management is one of the most significant influences on staff experience, wellbeing, engagement and organisational performance. Managers play a critical role in shaping communication, recognition, inclusion, psychological safety and the day-to-day working environment experienced by colleagues.

Following the release of the 2025 NHS Staff Survey results, the Trust undertook a programme of engagement activity, including a manager-led listening exercise involving 91 teams and an individual thematic survey receiving 108 responses. The findings provide valuable insight into the factors that positively and negatively influence staff experience and help identify areas for organisational focus.

The purpose of this paper is to provide the Board with an overview of the key management and leadership themes arising from both exercises, outline progress to date and set out the proposed direction of travel to strengthen leadership and management capability across the organisation.

The proposed approach aligns with the NHS Management and Leadership Framework, National Oversight Framework, NHS 10-Year Health Plan and wider national workforce priorities, all of which place increasing emphasis on leadership capability, staff experience, workforce productivity and organisational culture.

What We Have Learned About Management and Leadership

The National Staff Survey

The Staff Survey and subsequent analysis highlight several consistent themes relating to line management:

- Significant variation exists in management quality and staff experience across services and teams.
- Where managers are visible, supportive and communicative, staff report more positive experiences, stronger engagement and greater feelings of being valued.
- Staff identified capability gaps in core people management skills, including difficult conversations, performance management, feedback, communication and team leadership.
- Many managers report increasing operational pressures, competing priorities and reduced capacity to focus on leadership and people management responsibilities.
- There is a clear relationship between management quality and wider staff experience measures, including engagement, recognition, communication, involvement and feeling valued.

The findings suggest that strengthening management capability remains one of the most significant opportunities to improve staff experience across the organisation.

Trust-wide Management Listening Exercise

The management listening exercise has provided additional insight into the support managers feel they need to be successful in their roles.

Key themes include:

- A need for clearer organisational expectations and standards for people management.
- Demand for practical, relevant and accessible leadership and management development.

- Confidence gaps amongst managers in areas such as performance management, attendance management, coaching, feedback and difficult conversations.
- A desire for increased peer networking, shared learning and opportunities to learn from colleagues.
- Simplification of processes, guidance and tools to support managers in applying policies and managing teams effectively.
- Recognition that many managers require support in balancing operational delivery with people leadership responsibilities.

These themes closely align with the broader Staff Survey findings and reinforce the importance of developing a consistent management standard across the Trust.

EMT/ODG Time-Out: June 2026

Findings from the Staff Survey and listening exercise were discussed at the EMT/ODG Time-Out on 11 June 2026.

There was collective agreement that strengthening line management capability and management fundamentals should be considered a key organisational priority. A number of workstreams have subsequently been established, each led by an Operational Development Group (ODG) representative and supported by an Executive sponsor.

The workstreams include:

- Leadership expectations and leadership framework.
- Management expectations and fundamentals.
- Management development offer.
- Manager tools, resources and support.
- Talent and succession development.
- Organisational delivery capacity and scalability.

Collectively, these workstreams will establish a consistent organisational management standard, strengthen leadership capability, support succession planning and provide a sustainable infrastructure for leadership and management development across the Trust.

Progress to Date

A significant programme of work is already underway to strengthen leadership and management capability across the organisation.

PROUD Leadership Programme

The PROUD Leadership Development Programme remains a key organisational development intervention. To improve efficiency and increase reach, cohort sizes have increased, and eligibility has been expanded to leaders operating at Band 5 and above.

Five cohorts will continue to be delivered annually, providing 80 development places whilst releasing approximately 20 training days that can be redirected into wider management and leadership development activity.

Alumni Networks

Following participant feedback, the PROUD Alumni offer has been redesigned to increase accessibility and participation.

Workshops focusing on Leading Change, Leading Through Dysfunction and Leading with Compassion have been reduced from a full-day to a half-day format and opened to all managers, rather than solely PROUD alumni. This has doubled the number of development opportunities available, increased touchpoints with managers across the Trust and created more opportunities for networking and shared learning.

Talent Development

Talent development activity continues to support succession planning, leadership pipelines and career development through the Humber Talent Programme, coaching, mentoring and apprenticeship pathways.

These programmes provide opportunities for future leaders and strengthen organisational capability at all levels.

Management Fundamentals

Work is underway to develop a Management Fundamentals Programme to improve consistency in the application of people policies and strengthen manager confidence in handling day to day workforce issues.

The programme will support effective decision-making, promote consistent management practice and reinforce organisational leadership and management standards. Designed for both new and experienced managers, it will help build confidence in navigating complex workforce issues and applying policy fairly and consistently.

Management and Leadership Hub

A comprehensive Management and Leadership Hub has been developed and is approaching final release.

The Hub provides a structured development pathway and resource library organised around key themes including:

- Management foundations.
- People management skills.
- Performance and appraisal.
- Workplace behaviour and culture.
- Wellbeing and safe conversations.
- Leading change and improvement.
- Financial management.
- Leadership and career development.
- Coaching, mentoring and reflective practice.

The Hub provides a single point of access for managers seeking development and support and aligns learning opportunities to different leadership levels.

Developing a Scalable Management and Leadership Offer

The Trust is developing a structured organisation-wide management and leadership programme that responds directly to the themes emerging from both the Staff Survey and management listening exercise.

Key elements include:

- Creation of an end-to-end management development pathway aligned to organisational leadership and management fundamentals.
- Alignment of learning provision to three management populations:
 - o First-line managers and leaders (Bands 3–4).
 - o Mid-level managers and leaders (Bands 5–7).
 - o Senior managers and leaders (Band 8a+).
- Development of new programmes covering:
 - o Manager Induction.
 - o Attendance Management.
 - o Performance Management.
 - o Building Trust and Respect.
 - o Leading Through Accountability.
 - o Clear Roles, Strong Teams, Succession and Talent Management.
- Expansion of delivery capacity through a blended learning model combining facilitated workshops, e-learning, coaching, mentoring and peer learning.
- Exploration of opportunities to release specialist staff to act as associate trainers, increasing the sustainability, capacity and scalability of training delivery across the organisation.
- Strengthening evaluation, impact measurement and outcome tracking.

Collectively, these developments will create a structured end-to-end development pathway, providing clear expectations and targeted support for managers at every stage of their leadership journey.

Through redesign and service efficiencies, annual management and leadership development capacity has increased from 1,346 places to 2,330 places, significantly improving organisational reach and supporting delivery of a broader curriculum.

NHS Leadership and Management Framework,

On 6 July 2026, NHS England formally launched the new NHS Leadership and Management Framework, comprising a national Code of Practice, leadership and management standards and a competency framework applicable to leaders and managers at every level of the NHS. The Framework has been developed in partnership with NHS organisations, national leadership bodies and patient representatives and will become a key component of the national approach to leadership and management development. NHS England has also confirmed expectations that all leaders and managers will complete a self-assessment against the Framework by the end of Q4 and agree a focused development plan through appraisal and line management processes.

Whilst the publication of the Framework further validates the direction of travel already being taken by the Trust, a detailed review is now being undertaken to assess the requirements in full and identify any gaps, opportunities or enhancements required within our local leadership and management offer. Initial assessment indicates a strong degree of alignment between the national Framework and existing Trust initiatives, including PROUD Leadership Development, the Humber Talent Programme, coaching and mentoring provision, Management Fundamentals, succession planning activity and the emerging Management and Leadership Hub.

A comprehensive gap analysis will be completed over the coming months and used to develop a targeted implementation plan. Any bespoke actions arising from the review will be incorporated into a standalone paper for EMT and the People Committee, setting out the implications of the Framework, areas of compliance, identified development requirements and recommendations for implementation. At this stage, there is assurance that the Trust is well positioned to meet the intent of the national Framework and that the work already underway provides a strong foundation for full alignment.

Summary

The Staff Survey and management listening exercise demonstrate that high-quality line management is one of the strongest influences on staff experience, wellbeing, engagement and organisational culture.

The Trust has already made significant progress through investment in leadership development, talent management, coaching and mentoring, alumni networks, management fundamentals and the development of a comprehensive Management and Leadership Hub.

Strengthening management capability represents one of the most significant opportunities to improve staff experience, organisational culture and workforce performance across the Trust. The next phase of work will focus on embedding a consistent management standard, scaling development opportunities and implementing sustainable support mechanisms that enable managers to lead confidently and effectively.

This work will be a key enabler in delivering the Trust's workforce ambitions, improving organisational performance and supporting the delivery of safe, effective and high-quality care for patients and service users.

The paper and proposed direction of travel have been reviewed by the Executive Management Team (EMT). EMT will receive a further update in August 2026, including detailed proposals for the Management Fundamentals Programme alongside a comprehensive review of the Trust's wider leadership and management development offer, informed by the NHS Leadership and Management Framework review.

In addition, transformation within the People and OD function has created additional capacity within the existing Directorate budget, enabling the development of dedicated and bespoke resource to design, coordinate and deliver this programme of work. This increased organisational capacity provides assurance regarding the sustainability, scalability and successful implementation of the proposed management and leadership development agenda.

Recommendation

The Board is asked to discuss and note the contents of the report, receive assurance regarding progress to strengthen management and leadership capability across the Trust, and support the proposed direction of travel for implementation of a consistent management and leadership development framework aligned to national requirements.

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Finance Report Month 3 (June 2026)															
Author/s:	Peter Beckwith, Director of Finance Iain Omand, Deputy Director of Finance															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	This report is being presented to Trust Board to provide the financial position for the Trust as at the 30 June 2026 (Month 3). The report provides assurance regarding financial performance, key financial targets, and objectives.															
Key Issues within the report:																
Positive Assurances to Provide: - The Trust recorded a breakeven position which is in line with the Regional NHSE planning target - The cash balance at the end of Month 3 was £18.951m - The Better Payment Practice Code figures show achievement of 98.9%. - No resident doctor pay errors have been recorded.		Key Actions Commissioned/Work Underway: - Ongoing monitoring of the financial position is picked up at divisional ODG's and accountability reviews. - Monthly Finance reports continue to be presented to EMT and ODG.														
Matters of Concern or Key Risks: Nothing to Escalate.		Decisions Made: The Trust Board are asked to note the Finance report as at the 30 June 2026 (Month 3).														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee	21.07.26	Executive Management Team	21.07.26												
	Mental Health Legislation Committee		Operational Delivery Group													

	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

FINANCE REPORT – June 2026

1. Executive Summary

This report is being presented to Trust Board to provide the financial position for the Trust as at the 30 June 2026 (Month 3).

The report provides assurance regarding financial performance, key financial targets, and objectives.

The Trust returned a breakeven position for the period to June 2026 and there are no particular issues to highlight as risks at this stage in the financial year.

2. Trust Position as at June 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 for the period to Month 3 the Trust recorded a breakeven for the year to date and is forecasting breakeven at outturn.

The donated assets depreciation and Capital Grant Donation do not count against the Trust's financial control target, the Month 3 net variance to budget for these items is £0.010m resulting in a ledger position of £0.010m deficit.

**Table 1: 2026/27
Income and Expenditure and Forecast**

	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	194,318	48,589	48,590	2	194,318	194,318	-
YHCR	4,635	1,159	937	(221)	4,635	5,179	544
Total Income	198,953	49,747	49,528	(220)	198,953	199,497	544
<u>Clinical Services</u>							
Children's & Learning Disability	47,810	11,837	11,748	89	47,810	47,771	39
Community and Addictions	22,041	5,521	5,383	137	22,041	22,138	(97)
Mental Health	62,410	15,620	15,632	(13)	62,410	62,463	(53)
Forensic Services	14,698	3,685	3,851	(165)	14,698	14,656	42
	146,958	36,663	36,614	49	146,958	147,028	(70)
<u>Corporate Services</u>							
	44,049	11,676	9,990	1,686	44,049	42,996	1,053
Total Expenditure	191,006	48,339	46,604	1,735	191,006	190,023	983
EBITDA	7,947	1,409	2,924	1,515	7,947	9,473	1,527
Depreciation	5,591	1,398	1,411	(13)	5,591	5,645	(54)
YHCR Amortisation	1,382	346	396	(50)	1,382	1,382	-
Interest	(1,136)	(284)	(314)	30	(1,136)	(1,218)	81
IFRS 16	1,788	447	459	(12)	1,788	1,842	(54)
PDC Dividends Payable	1,822	455	456	(1)	1,822	1,822	-
Operating Total	(1,500)	(953)	516	1,469	(1,500)	0	1,500
BRS	(1,500)	(953)	516	(1,469)	(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	10	10	(0)	39	40	(1)
	(39)	(10)	(10)	(1)	(39)	(40)	(1)
Ledger Position	(39)	(10)	(10)	(1)	(39)	(40)	(1)
EBITDA %	4.0%	2.8%	5.9%		4.0%	4.7%	
Surplus %	-0.8%	-1.9%	1.0%		-0.8%	0.0%	

2.1 Income

Income has overachieved by £0.544m as at Month 3 and relates to increased funding for the Yorkshire and Humber Care Record. This is matched by additional forecast expenditure.

2.2 Divisional Net Expenditure

The overall operational net expenditure position is showing a forecast overspend of £0.070m.

2.2.1 Children's and Learning Disability (£0.039m Forecast underspend)

Children's and LD is forecasting an underspend of £0.039m.

New investment in Mental Health Support Teams and the Inspire Day Service means income and pay exceed budget.

Vacancy savings in community areas offset overspends in inpatient services. A review of the use of temporary staffing has led to a forecast reduction of annual expenditure on the wards.

The forecast underspend relating to non-pay from savings in the NEL CHIS contract, and underspends on travel, training and room hire across the division, are offset by areas of non-recurrent investment to support waiting list pressures in neuro diversity services and speech & language therapy.

2.2.2 Community and Primary Care (£0.097m overspend)

The Division is currently forecasting a £0.097m overspend against its 2026/27 budget. Within this, Addictions Services are reporting a favourable variance of £0.166m, primarily due to staffing vacancies and lower-than-anticipated non-pay contract expenditure.

A cost pressure of £0.43m remains in relation to services provided by York FT to Malton Ward, although this is significantly lower than the pressure reported in the previous year. In addition, a further £0.109m pressure relates to the ward's building contract with York LLP. The Contracting and Estates teams continue to work closely with the provider to identify opportunities to reduce this cost.

Pay-related pressures across several services, including Scarborough Core, Ryedale Core Diabetes, and Malton Ward, are currently being mitigated by underspends within Urgent Community Response, Whitby Core, and Whitby Ward. Safer staffing reviews across core nursing teams have identified opportunities to realign resources, which should help reduce some of the more significant variances.

The Division is progressing agreed Budget Recovery Schemes (BRS) through established governance processes, with a continued focus on balancing financial recovery, safer staffing, and long-term service sustainability.

Overall, the financial position remains broadly balanced, although delivery risks continue to be associated with workforce challenges, contract affordability, and the resolution of estate-related costs.

The Division remains confident in its ability to manage these pressures, maintain high-quality service delivery within existing resources, and achieve its BRS target.

2.2.3 Mental Health (£0.053m overspend)

The Mental Health Division is forecasting an overspend of £0.053m, this relates to staffing pressures on older people's inpatient units due to delayed transfers of care and patients needing enhanced therapeutic observations and care. Some of these are driven through difficulties in discharging patients into social care provision. This pressure is being partially offset by vacancies in the planned areas of mental health.

There is a financial risk associated with the Care Home Liaison Service following the withdrawal of Better Care Fund support from East Riding of Yorkshire Council, which had been in place since 2023/24. The service is currently being maintained while the Division undertakes an evaluation of its benefits to inform decisions on its future sustainability.

2.2.4 Forensic (£0.042m underspend)

The Forensic Division is forecasting an underspend of £0.042m, an improvement from the year-to-date position as the shortfall on income is a timing issue rather than a genuine financial pressure.

Vacancy savings in the community teams are forecast to continue and offset pressures in inpatient services. The areas of cost pressure are Ullswater Ward due to patients placed on constant observations and Medium Secure Inpatient Medics due to the use of agency and the cost of additional PAs. Both areas are captured on the divisional risk register and have an action plan to address the cost pressures.

The forecast underspend is on non-pay due to expected savings on travel, training and security.

2.2.5 Corporate Services (£1.053m underspend)

Corporate Services (including Finance Technical Items/Reserves) is showing a forecast underspend of £1.053m, the main factor being items held centrally to offset pressures.

3. Cash

As at the end of Month 3 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	18,701
Nat West Commercial Account	229
Petty cash	21
Total	18,951

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.

4. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 3. The current position is 99.1% for non-NHS and 93.2% for NHS with an overall total of 98.9%. 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	6,270	23,952
Total bills paid within target	6,213	23,349
Percentage of bills paid within ta	99.1%	97.5%
NHS		
Total bills paid	177	3,997
Total bills paid within target	165	3,904
Percentage of bills paid within ta	93.2%	97.7%
TOTAL		
Total bills paid	6,447	27,949
Total bills paid within target	6,378	27,253
Percentage of bills paid within ta	98.9%	97.5%

5. Resident Doctors Pay Errors

The Trust has had no pay errors relating to resident Doctors.

6. Recommendations

The Trust Board are asked to note the Finance report for the year to date Month 3 position and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Performance Report – June 2026															
Author/s:	Peter Beckwith, Executive Director of Finance															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td></td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of June 2026.															
Key Issues within the report:																
Positive Assurances to Provide: - Strong oversight framework position, with the Trust segment score of 1 and rank of 4th out of 61 providers. - Care Programme Approach (CPA) achieved 96.9% against 95% targets - Mental Health Urgent Response (F2F) within 24hours performance has continued to achieve compliance against 80% target. - Safer staffing reviews confirm that staffing levels continue to meet required safe staffing establishments across inpatient services. - Mandatory training compliance is at 94.7% is significantly above the Trust target of 85%, - Clinical supervision is performing well at 92.8%,		Key Actions Commissioned/Work Underway: - More detailed commentary has been provided within the body of the report for Quality Operational, and Workforce Sections. - The June report now includes a finance section with commentary. - Continued delivery of the Rapid Response Sickness Absence Model and - Working Towards a Healthier Workforce Plan to reduce absence. - Information requested to review Talking Therapies caseload complexity - Gateway review completed and recommendation awaited to support Perinatal Service with improvement plans														
Key Risks/Areas of Focus: - Sickness absence has increased to 5.8%, remaining above the Trust target and continuing to place pressure on workforce capacity. - Talking Therapies 18 week wait compliance was not achieved in June. This continues to be caused by an increase in complexity and changes to acceptance criteria. - Perinatal Access has not achieved against the target.		Decisions Made: Trust Board are asked to note the current performance as at the end of June.														

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

Monitoring and assurance framework summary:

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

1 Introduction and Purpose

This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of June.

2 Trust Performance Report

The June 2026 version of the Trust Performance report is attached at appendix A.

The updated version of report continues to use statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format.

All indicators are aligned to the Trusts Strategic Goals, indicators have been grouped under either committee or operational delivery group (*noting performance is reported to EMT monthly*) with more detailed narrative for each section of the report.

For the June Board report a finance section has been added, indicators were reviewed by EMT in the May 2026 performance report.

3 National Oversight Framework

The Quarter Four results for NHS Oversight Framework were published in June 2026, with the Trust remaining in segment 1 and ranked 4th among similar Trusts in the league table (total of 61 Trusts).

Scores by segment across each sector 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

Key points to note from the above table are:

Access to services scores have improved significantly in Q3, the most significant influence on this movement is the eradication of community over 52 week waits.

Movement on the **Patient Safety domain** relates to the improved % of urgent referrals to crisis care seem within 24 hours, performance improved from 69% in Q3 to 86% in Q4..

The score on **Productivity and Value for Money** has been influenced by the profiling of the Trusts Plan (capped the score at 2) and the 2024/25 NCC scores. Work is taking place through the trust performance and productivity group and there is a high level of confidence the 2025/26 NCC score will see significant improvement.

The Trust are awaiting the technical guidance to support the 2026/27 National Oversight Framework, once received expected performance will be modelled and reported through the Trust's established governance routes.

4 Recommendation

Trust Board are asked to note the current performance as at the end of April and that work is taking place via Executive Management Team to further refine the performance report which comes to Trust Board

Financial Year
2026-27

TRUST PERFORMANCE REPORT

This report provides a high-level overview of the NHS Trust's current performance levels, drawing on key indicators from the Integrated Quality and Performance Tracker.

The purpose of the report is to present the Board with a thematic review of performance across a selected set of indicators over the past 24 months. The analysis includes Statistical Process Control (SPC) charts, illustrating trends and variation in performance against established upper and lower control limits.

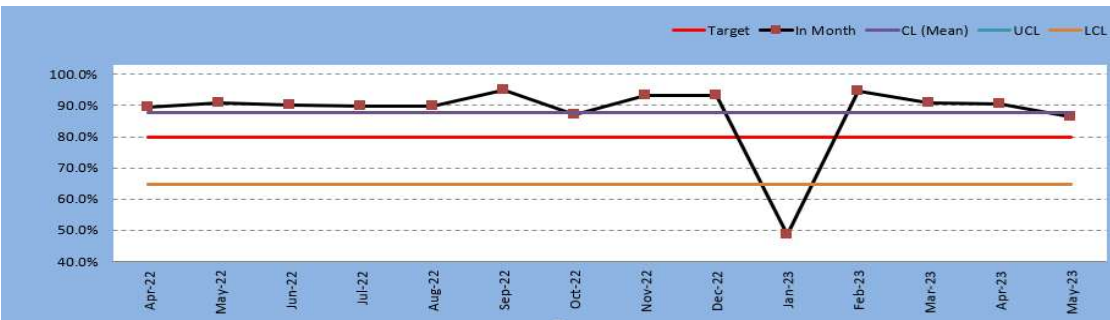
Reporting Month:
Jun-26

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **June 2026**

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).																																																																																													
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set. The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:																																																																																													
Example SPC Chart	S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable.	 <table><caption>Approximate data points from the SPC chart</caption><thead><tr><th>Month</th><th>In Month (%)</th><th>Target (%)</th><th>CL (Mean) (%)</th><th>UCL (%)</th><th>LCL (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>May-22</td><td>92.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Jun-22</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Jul-22</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Aug-22</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Sep-22</td><td>95.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Oct-22</td><td>88.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Nov-22</td><td>92.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Dec-22</td><td>92.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Jan-23</td><td>50.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Feb-23</td><td>95.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Mar-23</td><td>92.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Apr-23</td><td>92.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr><tr><td>May-23</td><td>88.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr></tbody></table>			Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)	Apr-22	90.0	80.0	90.0	95.0	65.0	May-22	92.0	80.0	90.0	95.0	65.0	Jun-22	90.0	80.0	90.0	95.0	65.0	Jul-22	90.0	80.0	90.0	95.0	65.0	Aug-22	90.0	80.0	90.0	95.0	65.0	Sep-22	95.0	80.0	90.0	95.0	65.0	Oct-22	88.0	80.0	90.0	95.0	65.0	Nov-22	92.0	80.0	90.0	95.0	65.0	Dec-22	92.0	80.0	90.0	95.0	65.0	Jan-23	50.0	80.0	90.0	95.0	65.0	Feb-23	95.0	80.0	90.0	95.0	65.0	Mar-23	92.0	80.0	90.0	95.0	65.0	Apr-23	92.0	80.0	90.0	95.0	65.0	May-23	88.0	80.0	90.0	95.0	65.0
Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)																																																																																									
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Strategic Goal 1	Innovating Quality and Patient Safety		Strategic Goal 4	Developing an effective and empowered workforce																																																																																										
Strategic Goal 2	Enhancing prevention, wellbeing and recovery		Strategic Goal 5	Maximising an efficient and sustainable organisation																																																																																										
Strategic Goal 3	Fostering integration, partnership and alliances		Strategic Goal 6	Promoting people, communities and social values																																																																																										
Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts																																																																																													

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **June 2026**

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services	Quality
Dashboard	Mortality	Learning from Patient Deaths as required under the Patient Safety Incident Response Framework	Quality
Goal 1	Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Quality
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from Inpatient hospitals	ODG
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months	ODG
Goal 2	52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. (Excludes ASD & ADHD Services for both Adult and Paediatrics)	ODG
Goal 2	52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks	ODG
Goal 2	52 Week Waits - Paediatric ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks	ODG
Goal 2	MH Urgent Response	New Urgent Referrals to Crisis Care teams in the reporting period with first face to face contact within 24 hours of referral	ODG
Goal 2	CYP_4WW_StoppedClocks	CYP MH - Proportion of Children and Young people referral-spells that have had a full meaningful help clock stop within four weeks.	ODG
Goal 2	ADULT_4WW_StoppedClocks	Adult CMH - Proportion of Adult referral-spells that have had a full meaningful help clock stop within four weeks.	ODG
Goal 2	CYP MH 104WW	CYP MH - number of referral-spells that are waiting a full meaningful help clock stop	ODG
Goal 2	Community Waiting list over 52 weeks	Community Services (Adult and CYP) - Number of patients who have yet to be seen for care and have been waiting more than 52 weeks.	ODG
Goal 2	Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	ODG
Goal 2	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral	ODG
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention	ODG
Goal 2	CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	ODG
Goal 2	CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes Neuro Services, no team types are excluded.</i>	ODG
Goal 2	Perinatal Access	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.	ODG
Goal 2	IPS Access	Number of referrals that accessed Individual Placement Support (IPS) - rolling 12 months	ODG
Goal 2	MHST Access	Number of referrals that accessed MHST - rolling 12 months	ODG

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **June 2026**

Goal 2	Liaison 1 hour response	New referrals to liaison psychiatry teams from A&E in the reporting period with first face to face contact within 1 hour	ODG
Goal 2	UCR 2 hr response	The percentage of 2-hour Urgent Crisis Response (UCR) referrals that achieved the 2-hour standard in the reporting month	ODG
Goal 2	Virtual Ward	Virtual Ward Bed Occupancy Rate	ODG
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU	ODG
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care	ODG
Goal 1	Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	People & OD
Goal 1	Vacancies (WTE)	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.	People & OD
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	People & OD
Goal 4	Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff)	People & OD
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers)	People & OD
Goal 5	Cash in Bank	The level of cash and cash equivalents held by the organisation at a given point in time, reflecting its short-term financial liquidity and ability to meet operational and contractual obligations.	Finance
Goal 5	BPPC (Value)	The percentage of total invoice value (£) that is paid within the agreed payment timeframe.	Finance
Goal 5	Bank/Agency Spend	The total expenditure incurred on internal temporary staff (bank & agency workers) over a defined reporting period, measured in pounds (£)	Finance

Quality Committee

Positive Assurances to Provide:

- Safer staffing- all areas remain meeting or within 5% of target for CHPPD.
- Continued progress in reducing agency fill,
- No inpatient of community areas with 5 red flags.
- Safer Staffing reviews completed in May 2026.
- 92.9% of deaths reported to the trust are due to natural causes and the vast majority reviewed via CRMG require no further action by the Trust
- 99.7% of incident report resulted in harm free care
- 0 never events
- 0.2% of incidents resulted in severe harm or death in May and 0.3% in June.
- Statutory and Mandatory training is at 94.7%
- Supervision compliance is at 92.8%
- The vast majority of IIR's undertaken require no further review

Key Actions Commissioned/Work Underway:

- Newbridges showing 16 incidents of failed S17 leave, further exploration will be undertaken
- Nurse vacancy rate increased slightly but annual student recruitment underway and based on trajectory confident of an improved position
- Q1 26-27 showing 11 child death reviews and 0 for previous quarters, this is due to improvements in the development of the mortality dashboard. However further work is underway to ensure the data on review processes is aligned to the patient safety data accurately

Matters of Concern or Key Risks to Escalate:

- Challenges remain regarding sickness levels in 13 inpatient areas over 5% threshold.
- ILS and BLS training compliance an area of concern and a rapid improvement plan implemented to support areas reaching target of 85% (achieved in June 2026)
- Sickness is a challenge in 50% of community services as per the safer staffing community dashboard

Decisions Made:

- Trust Board are asked to note the current performance as at the end of April and that work is taking place via Executive Management Team to further refine the performance report which comes to Trust Board.

Safer Staffing Inpatient Dashboard



KEY	 Target met	 Within 5% of target	 Target not met

PI RETURN FORM 2026-27

Safer Staffing Inpatient Dashboard

For the period ending: May 2026



Humber Teaching
NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : May

No updated narrative received

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

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

Red Rag	Green Rag	Units Applied
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby, Malton
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Townend Court

Slips/Trips and Falls (Rolling 3 Months)			
	Mar-26	Apr-26	May-26
Maister Lodge	7	7	4
Millview Lodge	1	3	1
Malton IPU	1	3	1
Whitby IPU	2	4	0

Registered Nurse Vacancy Rates (Rolling 12 months)											
Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
7.6%	8.6%	10.0%	11.2%	11.8%	4.1%	4.3%	4.3%	4.0%	4.5%	5.1%	3.7%

PI RETURN FORM 2026-27

Safer Staffing Community Dashboard

For the period ending: May 2026



Humber Teaching
NHS Foundation Trust

		Workforce Indicators						Quality Indicators						Trend	
Team		Speciality	WTE in post	Vacancies (WTE)	Sickness	Bank Spend £	Agency Spend £	Mandatory Training	Clinical Supervision	Friends & Family Responses	Friends & Family %	Serious Incidents	Complaints (Upheld / Partly upheld)	Apr-26	May-26
Adult MH Services	Mental Health Response Service	Adult Crisis	56.5	15.4%	✓ 3.4%	£38,324	£0	✓ 94.0%	✓ 100.0%	2	✗ 50.0%	0	3	✓ 1	✓ 1
	Hull Mental Health Team	Hull Adult MHT	30.2	20.7%	✗ 8.5%	£4,546	-£594	⚠ 84.0%	✗ 51.5%	3	✗ 66.7%	0	3	✓ 1	⚠ 3
	Beverley Mental Health Team	ER Adult MHT	6.7	1.0%	✗ 16.1%	£0	£0	✓ 90.2%	✓ 100.0%	3	✓ 100.0%	0	0	✓ 1	✓ 1
	Goole Mental Health Team	ER Adult MHT	9.8	-5.0%	✓ 0.3%	£111	£0	✓ 97.0%	✓ 85.7%	2	✓ 100.0%	0	0	✓ 0	✓ 0
	Haltemprice Mental Health Team	ER Adult MHT	9.5	3.9%	✗ 7.5%	£1,324	£0	✓ 93.0%	✓ 100.0%	0	✗ NS	0	0	⚠ 2	✓ 1
	Holderness Mental Health Team	ER Adult MHT	12.4	-4.9%	✓ 0.0%	£0	£0	✓ 93.9%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 0	✓ 0
	Bridlington & Driffield MHT	ER Adult MHT	13.1	17.2%	✓ 3.1%	£0	£0	✓ 96.3%	✓ 100.0%	0	✗ NS	0	1	✓ 1	✓ 0
	STaRS Community	Rehab & LTC	21.4	11.3%	✗ 16.2%	£1,276	£0	✓ 88.9%	✓ 94.4%	0	✗ NS	0	0	⚠ 2	✓ 1
Older People MH Services	Crisis Intervention Team for Older People (CITOP)	OP Crisis	27.8	10.5%	✗ 9.3%	£5,990	£0	✓ 89.7%	✗ N/R	9	✓ 100.0%	0	0	✓ 0	✓ 1
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	21.3	12.5%	✓ 2.3%	£0	£0	✓ 98.0%	✓ 100.0%	10	✓ 100.0%	0	0	✓ 0	✓ 0
	Beverley and Haltemprice OP CMHT	ER OP CMHT	8.4	3.8%	✓ 0.0%	£0	£0	✓ 97.5%	✓ 100.0%	9	✓ 100.0%	0	0	✓ 0	✓ 0
	Bridlington & Driffield OP CMHT	ER OP CMHT	6.2	23.4%	✓ 0.0%	£1,721	£0	✓ 88.2%	✓ 100.0%	6	✓ 100.0%	0	0	✓ 0	✓ 0
	Goole & Pocklington OP CMHT	ER OP CMHT	5.0	25.5%	✗ 6.4%	£0	£0	✓ 99.1%	✓ 100.0%	6	✓ 100.0%	0	0	✓ 0	✓ 1
	Holderness OP Community Team	ER OP CMHT	4.0	25.0%	✓ 0.0%	£0	£0	✓ 98.5%	✓ 100.0%	6	✓ 100.0%	0	0	✓ 0	✓ 0
Universal	Early Intervention in Psychosis	14-65 MHT	31.1	-11.4%	✗ 8.6%	£0	£0	✓ 91.3%	✓ 93.3%	0	✗ NS	0	0	✓ 0	✓ 1
	Hospital Mental Health Team	Liaison Services	34.9	13.7%	✗ 10.3%	£7,177	£11,091	✓ 95.2%	✓ 100.0%	9	✗ 77.8%	0	1	⚠ 2	⚠ 2
Community Services	Ryedale Team	Comm Services	22.0	-7.0%	✓ 2.3%	£1,037	£0	⚠ 80.7%	⚠ 84.6%	0	✗ NS	0	0	✓ 0	✓ 0
	Scarborough Hub	Comm Services	63.8	9.2%	✗ 8.7%	£2,599	£0	✓ 87.5%	✓ 87.5%	2	✓ 100.0%	0	0	✓ 1	✓ 1
	Whitby Community Nurses	Comm Services	25.8	26.8%	✗ 10.7%	£1,043	£0	✓ 89.6%	✓ 100.0%	0	✗ NS	0	0	✓ 1	✓ 1
	Pocklington Nurses	Comm Services	17.4	10.8%	✓ 0.6%	£894	£0	✓ 85.0%	✓ 100.0%	0	✗ NS	0	0	✓ 0	✓ 0

Points of Note :

Complaints - Zero figures indicate at least one complaint was made but not upheld. Figures above zero indicate these complaints were either Upheld or Partly Upheld. These incur a Red flag.

No returns for clinical supervision will incur a Red Flag

FFT % results based on the number of responses received with a satisfactory outcome

PI RETURN FORM 2026-27

Mortality Dashboard

For the period ending:

June 2026



Humber Teaching
NHS Foundation Trust

Indicator Title

Description/Rationale

Mortality

Learning from Patient Deaths as required under the Patient Safety Incident Response Framework

Executive Lead:

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

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

	Q1 25-26	Q2 25-26	Q3 25-26	Q4 25-26	Q1 26-27	Last 12 months
Total Number of Deaths	180	193	186	215	191	785
Total Number of Natural Deaths	159	171	174	208	176	729
Proportion of Natural Deaths	88.3%	88.6%	93.5%	96.7%	92.1%	92.9%
Total Number of Deaths - Community Hospitals	5	3	2	3	8	16
Total Number of Deaths - MH Inpatients	2	1	1	3	1	6
Total Number of Deaths - LD Inpatients	1	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	65	83	66	82	75	306
Total Number of Deaths - Addictions	9	7	11	7	6	31
Total Number of Deaths - MH Community	79	85	91	98	74	348

Review Process

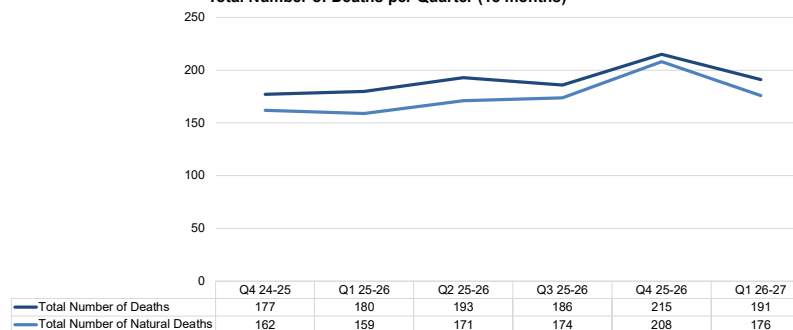
Reported as Mortality Review	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	162	175	162	182	156	675
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Patient Safety Incident Investigation (previously SI)	1	1	0	0	0	1
Reported as Patient Safety Incident Analysis (previously SEA)	8	2	1	3	4	10
Child Death Review	0	0	0	0	11	11
Statements Being Produced For Coroners	1	2	3	3	1	9
Swarm Huddle	0	0	0	0	0	0
Total Deaths Reviewed						
Awaiting Cause of Death	2	1	0	1	7	9
Not Yet Reported	6	10	20	25	6	61

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

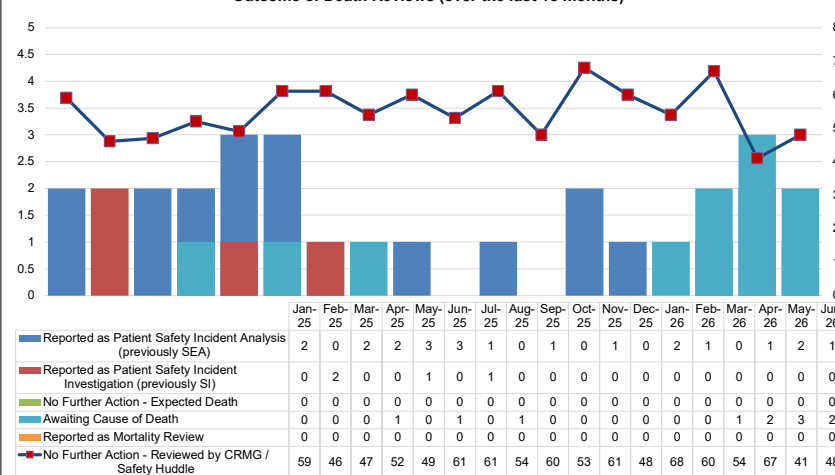
Total Number of Deaths, Deaths reviewed and Deaths Deemed Avoidable for patients with identified Learning Disabilities)

	Q1 25-26	Q2 25-26	Q3 25-26	Q4 25-26	Q1 26-27	Last 12 months
Number of Deaths in Inpatients (LD)	1	0	0	0	0	0

Total Number of Deaths per Quarter (18 months)



Outcome of Death Reviews (over the last 18 months)



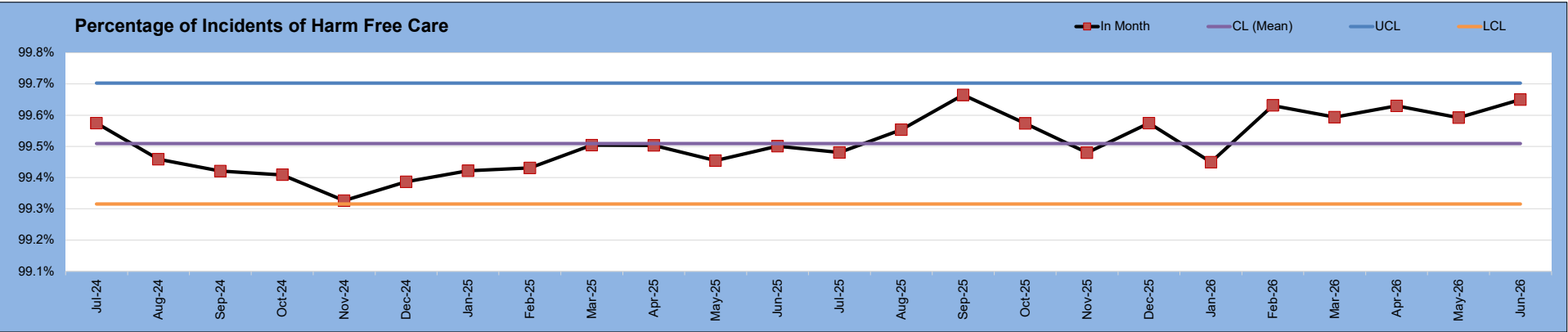
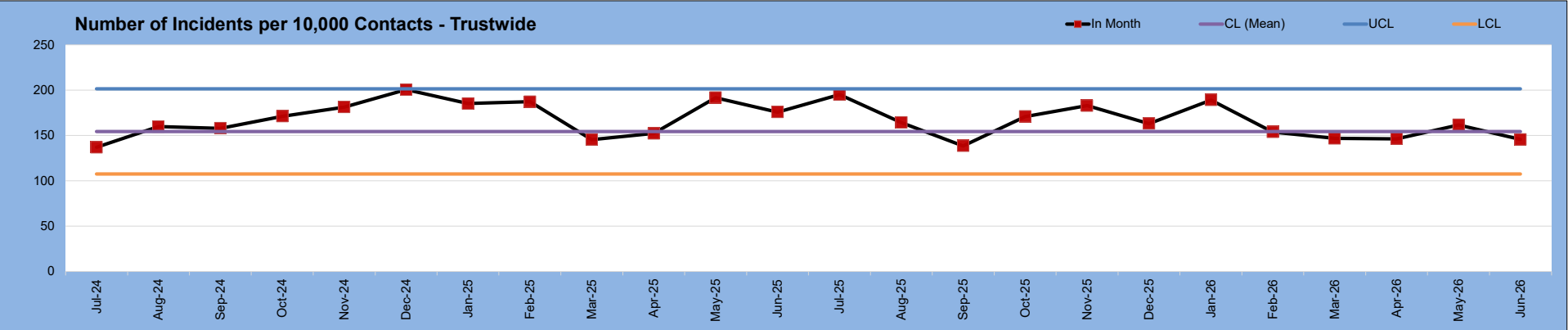
PI RETURN FORM 2026-27

Goal 1: Innovating Quality and Patient Safety

For the period ending: June 2026

	Number of Incidents	% Harm Free Care
Current month:	146	99.7%

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

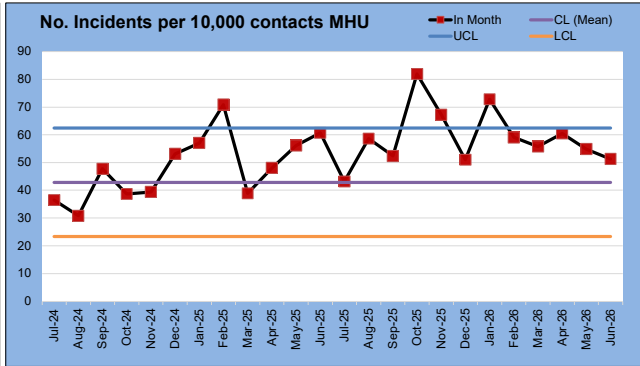
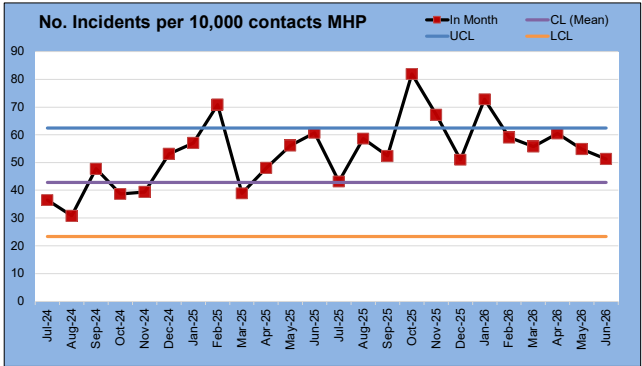
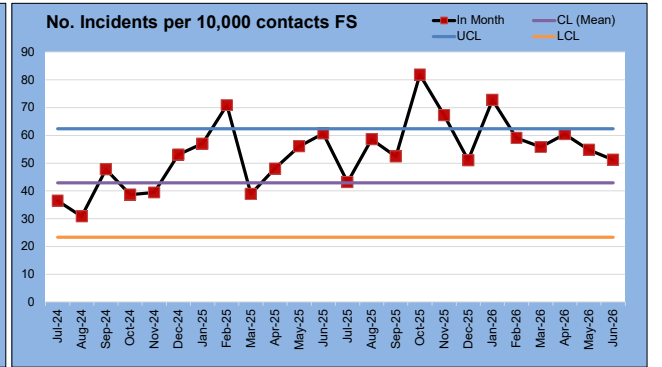
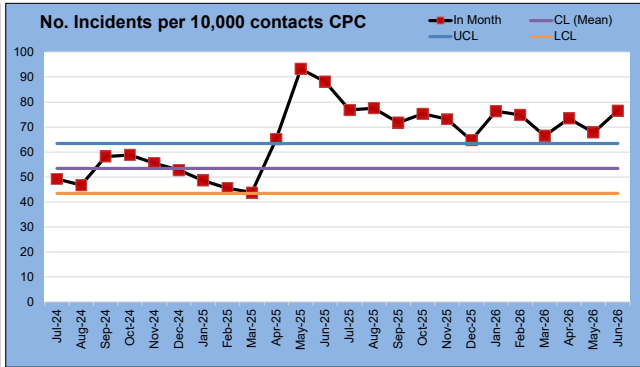
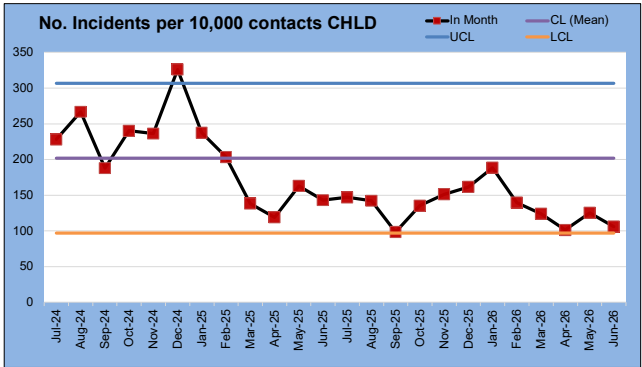


PI RETURN FORM 2026-27

Goal 1: Innovating Quality and Patient Safety

For the period ending: June 2026

Indicator Title	Description/Rationale	Executive Lead:
Incidents by Division	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Sarah Smyth



Current Month per Division	
Children & Learning Disability (CHLD)	106
Community & Primary Care (CPC)	77
Forensic Services (FS)	800
Mental Health Planned (MHP)	51
Mental Health Unplanned (MHU)	440

Incident Analysis		May-26	Jun-26
Never Events		0	0
% of Harm Free Care		99.6%	99.7%
% Incidents reported in Severe Harm or Death		0.2%	0.3%

Operational Delivery Group Committee

Positive Assurances to Provide:

- Care Programme Approach (CPA) achieved 96.9% against 95% targets
- Close focus on 52ww to ensure data quality issues are managed, small number of cases in Memory Assessment services and Adult ASD which is improving.
- Mental Health Urgent Response Face to Face within 24hours continues to achieve compliance against the 80% target. Further review underway to ensure performance is maintained.
- Adult and Children and Young People 4week wait Stopped Clocks – the position improved in June
- Physical Health Community Waiting List maintains a 0 >52week wait position
- Early Intervention Psychosis has consistently achieved 100% since December 2025.
- Talking Therapies 6week waits compliance was achieved in June.
- Talking Therapies Moving to Recovery continues to achieve above target.
- Children & Young People (CYP) Mental Health Access has achieved above target.
- Community Mental Health Team Access has achieved above target.
- Individual Placement Support (IPS) Access has achieved above target.
- Mental Health Support Teams (MHST) referrals have achieved above target.
- Liaison 1hour Response achieved 89.1% which is above the 80% target.
- Urgent Crisis Response (UCR) 2-hour Response achieved 99.3%
- East Riding Local Authority have provided dedicated Social Worker support to Older Adult Inpatients to improve discharge planning and delays

Matters of Concern or Key Risks to Escalate:

- >52week waits for Adult Autism has increased – predominantly as a result of children's transitions
- >52week waits position for children's Autism and ADHD continues to increase, negotiations with the ICB progressing to agree a solution for this.
- CYP 4week waits Stopped Clocks – the current focus remains on embedding outcome measures to stop the clock. 104week waits recovery is the key focus currently, it is expected that the planned trajectory will be met in July 2026
- Talking Therapies 18week wait compliance was not achieved in June. This continues to be caused by an increase in complexity and changes to acceptance criteria.
- Perinatal Access has not achieved against the target. Progress is being made to promote the service to support with achievement.
- Discussions underway with the ICB regarding 117 Team capacity to enable efficient discharge of patients

Key Actions Commissioned/Work Underway:

- Discussions underway regarding funding for Adult and Childrens and Young People Neurodiversity services taking place with EMT
- Memory Assessment service has implemented new ways of providing feedback to patient groups. Waiting list trajectory has been completed which has indicated a further review of the clinical pathway is required to reduce assessment waiting times and improve flow. A pilot is underway with Cygnet Primary Care Network to support primary care diagnosis.
- 104ww recovery meetings take place on a bi-weekly basis with the position being closely monitored
- Information requested to review Talking Therapies caseload complexity
- Gateway review completed and recommendation awaited to support Perinatal Service with improvement plans
- Phase 1 of a scheme of works is due for completion to develop Townend Court which will include female High Dependency Unit for adult mental health and will improve out of area placements for PICU.
- Discussions continuing with the ICB to support mental health out of area bed reduction.

Decisions Made:

PI RETURN FORM 2026-27

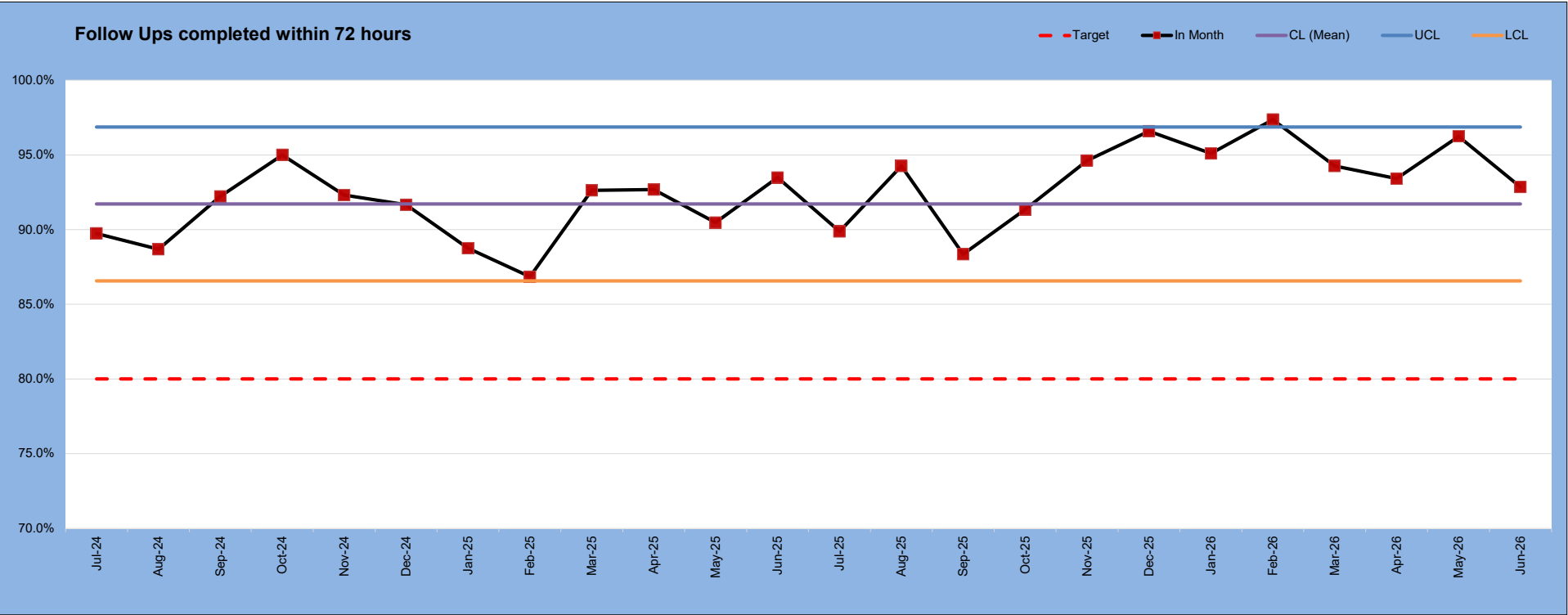
Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month stands at:

92.9%

Indicator Title	Description/Rationale	Executive Lead:
72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from Inpatient hospitals	Lynn Parkinson



PI RETURN FORM 2026-27

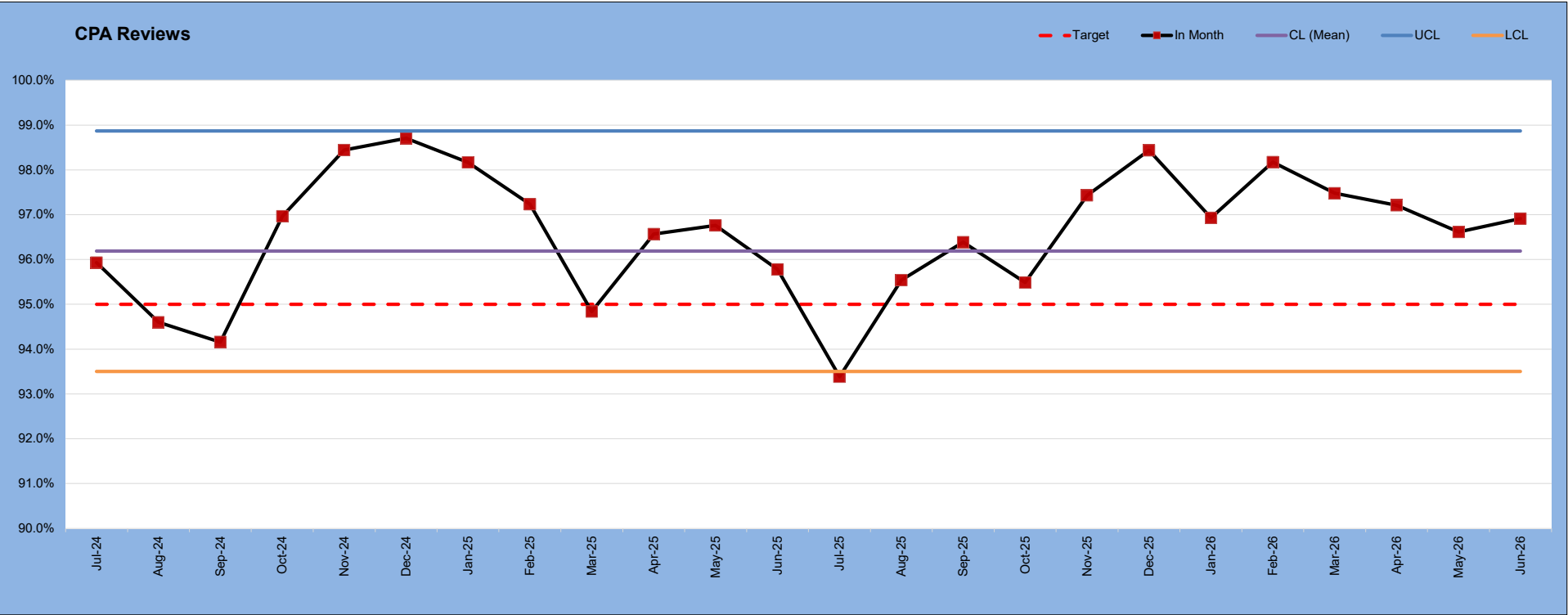
Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month stands at:

96.9%

Indicator Title	Description/Rationale	Executive Lead:
CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson



PI RETURN FORM 2026-27

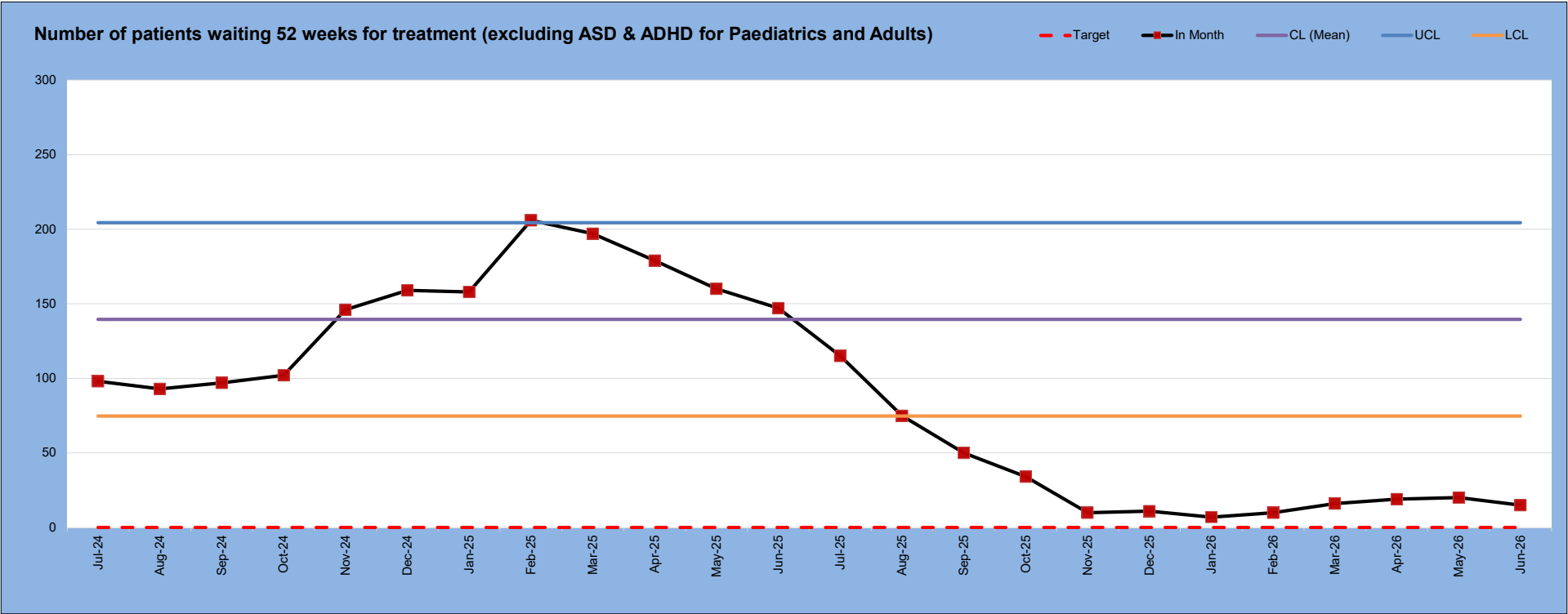
Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:

15

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



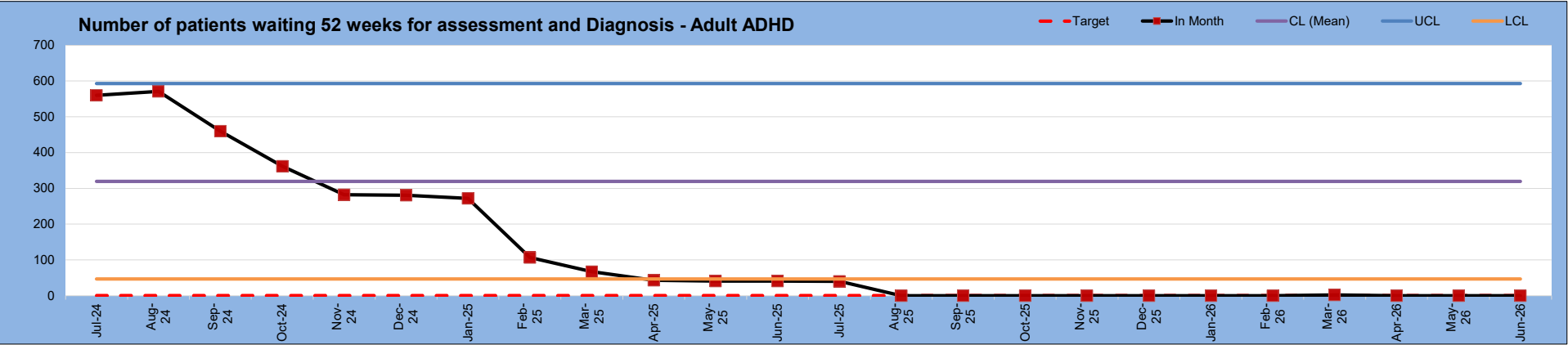
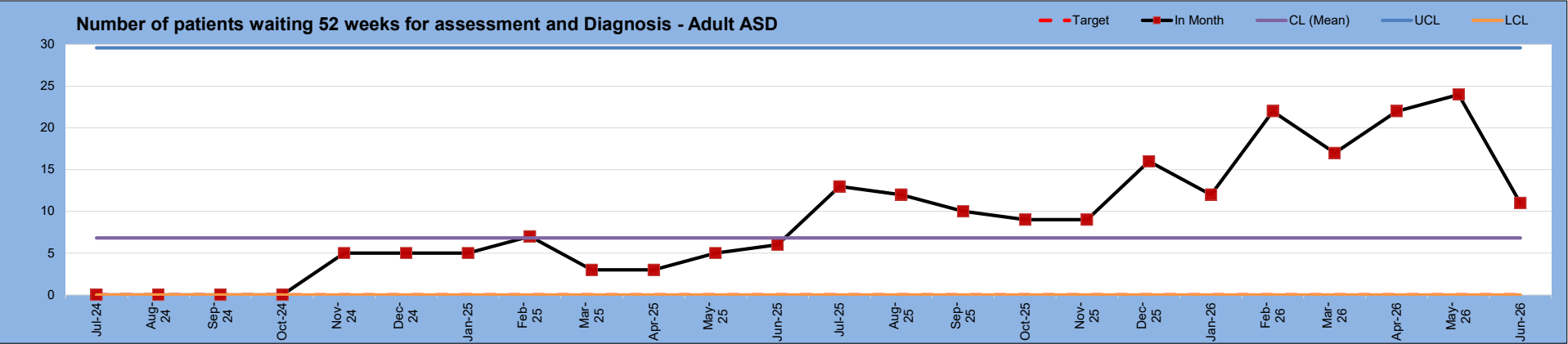
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

	Adult ASD	Adult ADHD
Current month:	11	0

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



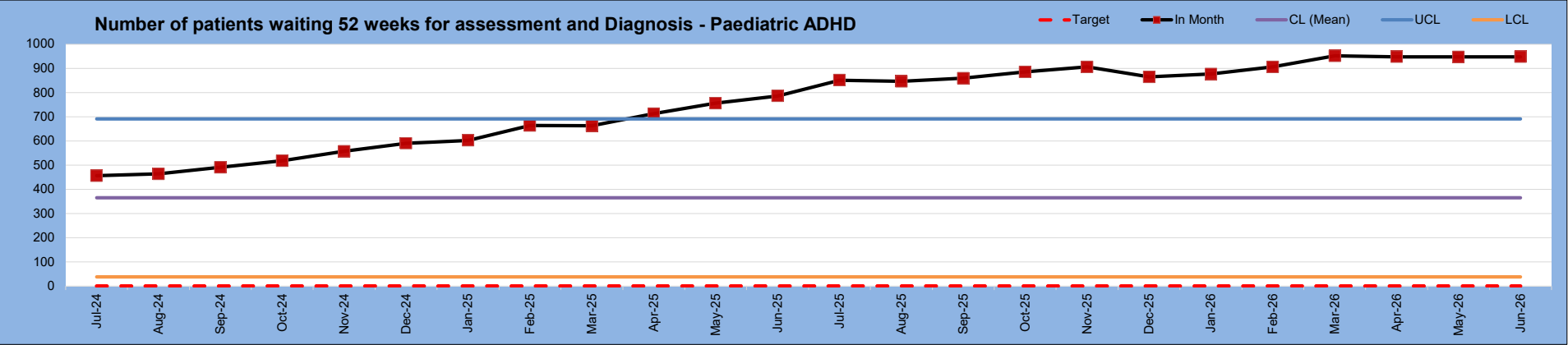
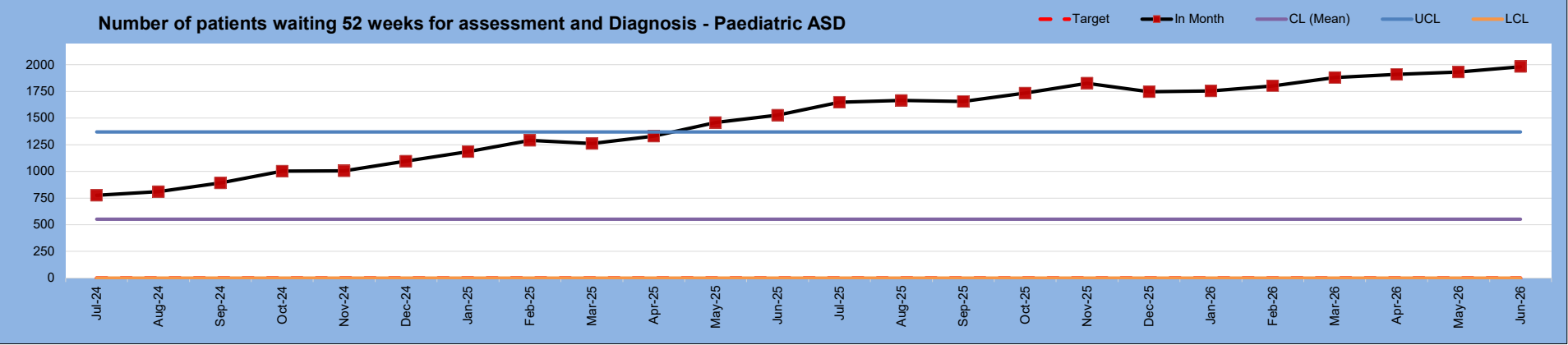
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

	Paediatric ASD	Paediatric ADHD
Current month:	1982	948

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



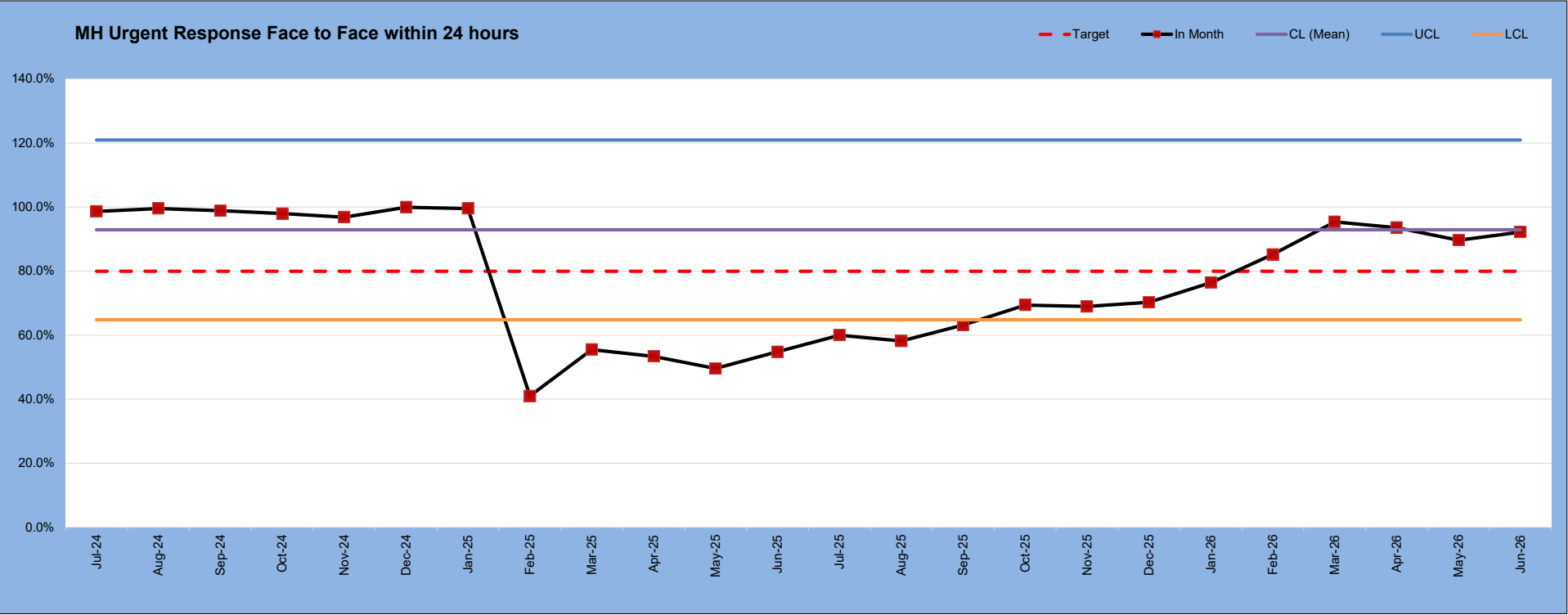
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
92.2%

Indicator Title	Description/Rationale	Executive Lead:
MH Urgent Response	New Urgent Referrals to Crisis Care teams in the reporting period with first face to face contact within 24 hours of referral	Lynn Parkinson



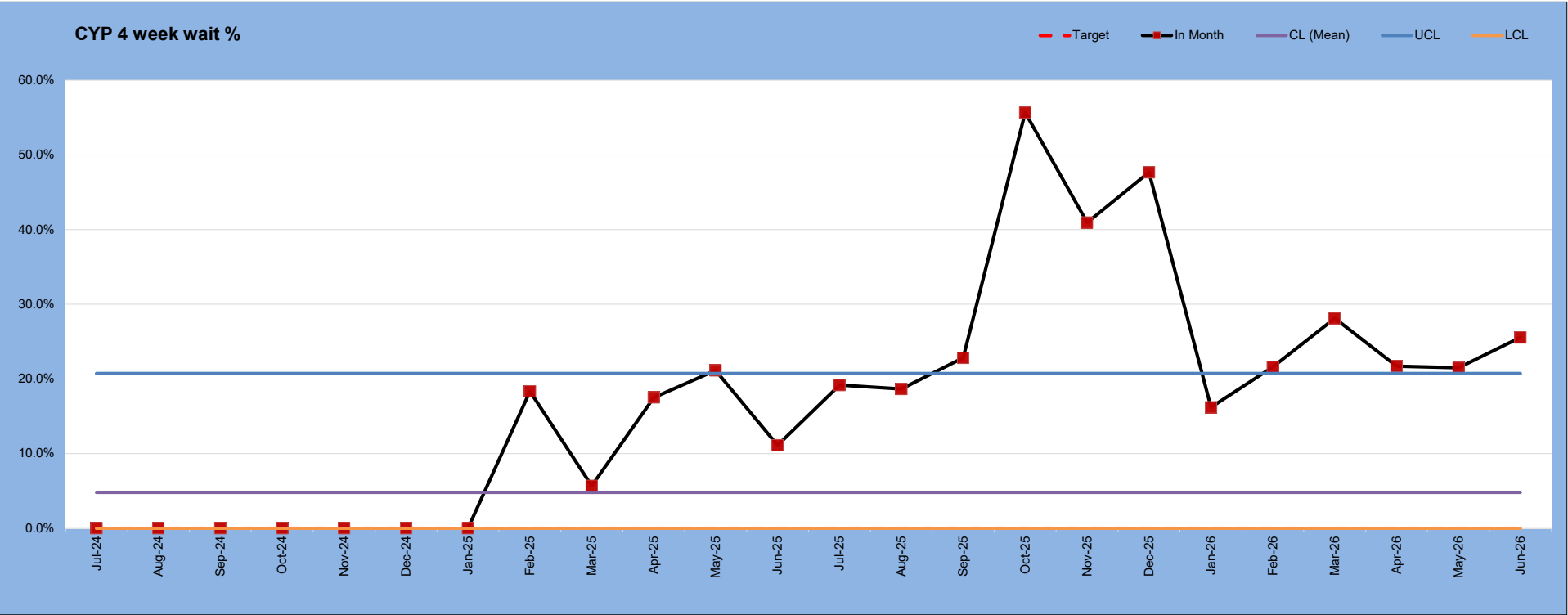
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
25.6%

Indicator Title	Description/Rationale	Executive Lead:
CYP_4WW_StoppedClocks	CYPMH - Proportion of Children and Young people referral-spells that have had a full meaningful help clock stop within four weeks.	Lynn Parkinson



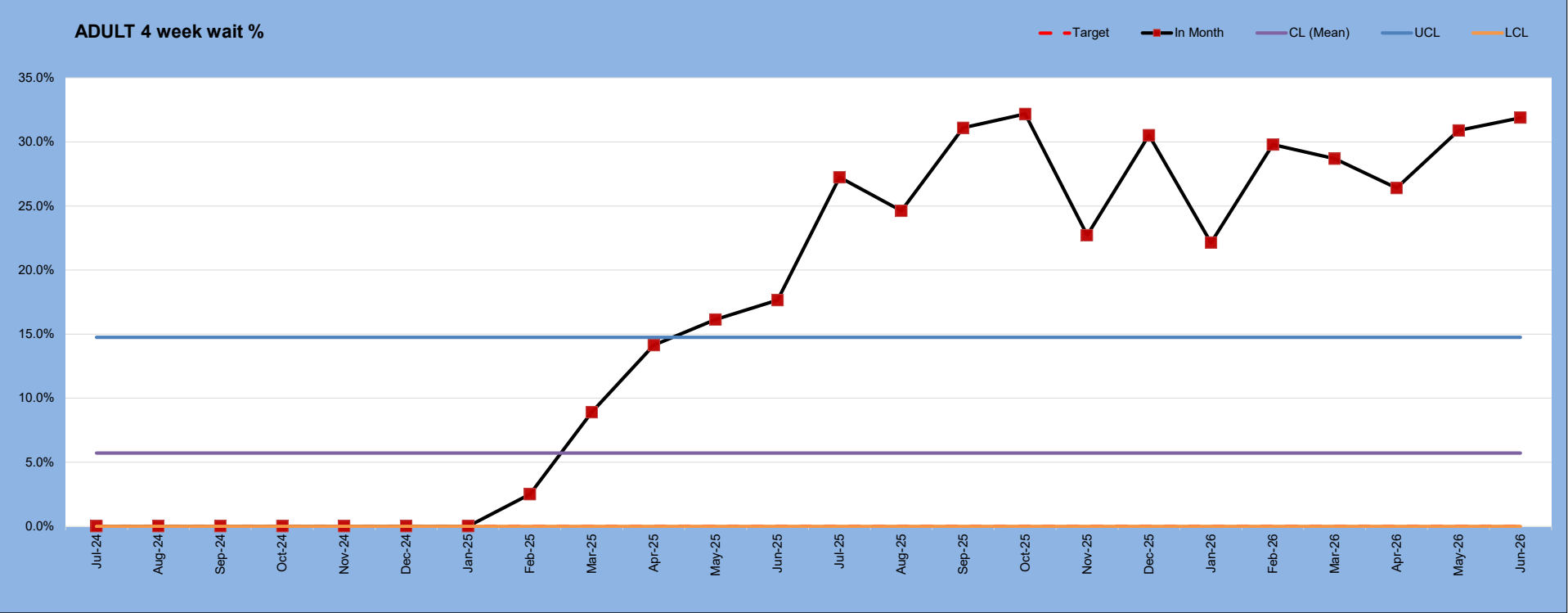
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
31.9%

Indicator Title	Description/Rationale	Executive Lead:
ADULT_4WW_StoppedClocks	Adult CMH - Proportion of Adult referral-spells that have had a full meaningful help clock stop within four weeks.	Lynn Parkinson



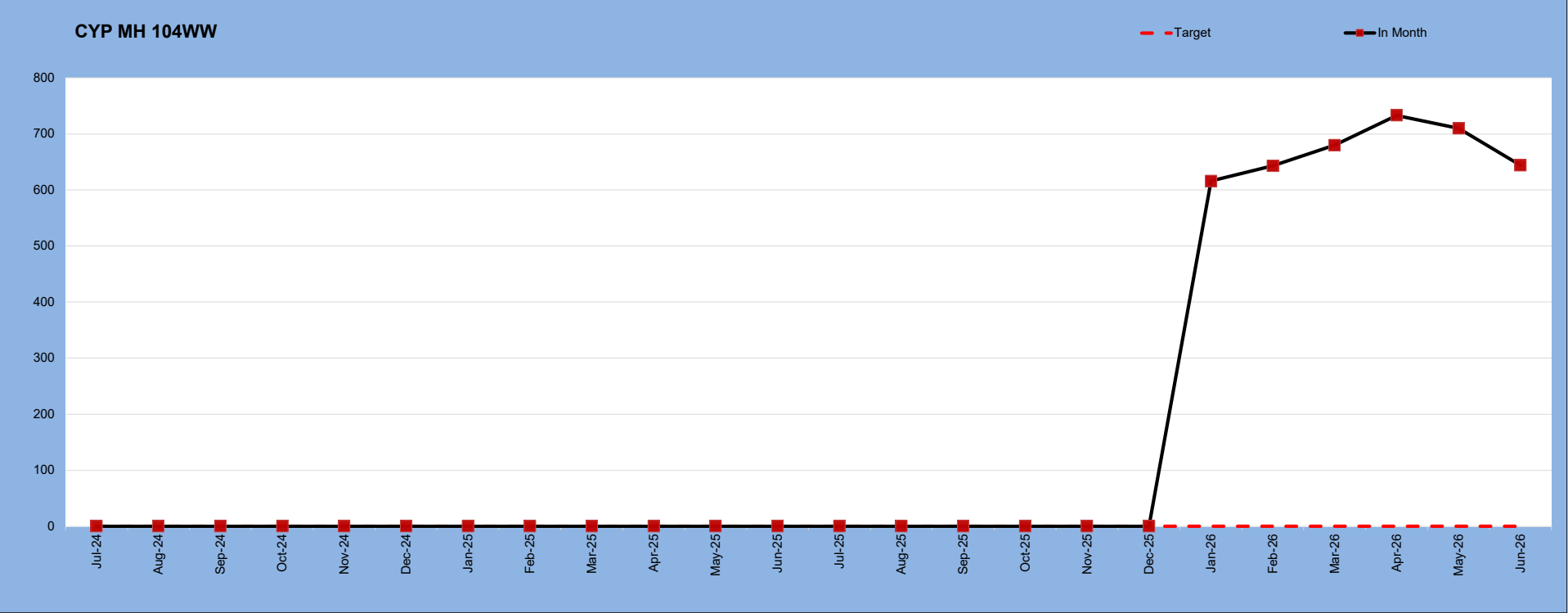
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
644

Indicator Title	Description/Rationale	Executive Lead:
CYP MH 104WW	CYP MH - number of referral-spells that are waiting a full meaningful help clock stop	Lynn Parkinson



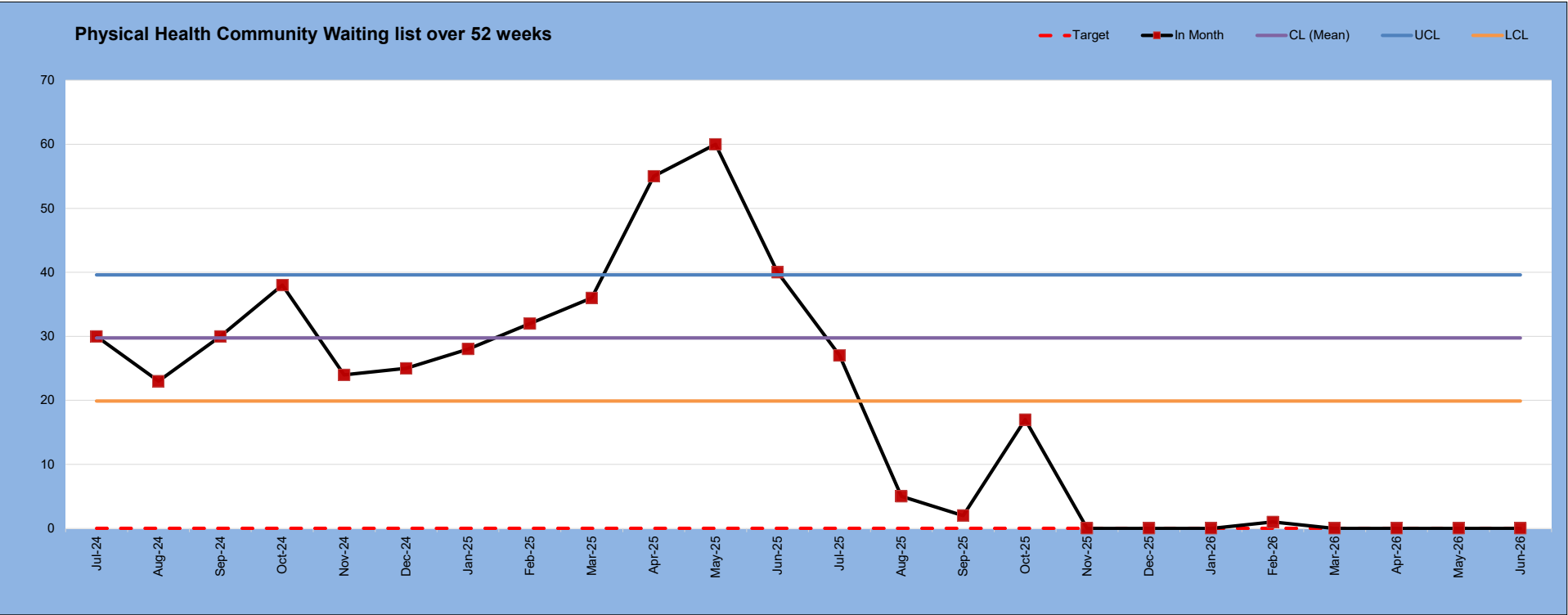
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
0

Indicator Title	Description/Rationale	Executive Lead:
Community Waiting list over 52 weeks	Community Services (Adult and CYP) - Number of patients who have yet to be seen for care and have been waiting more than 52 weeks.	Lynn Parkinson



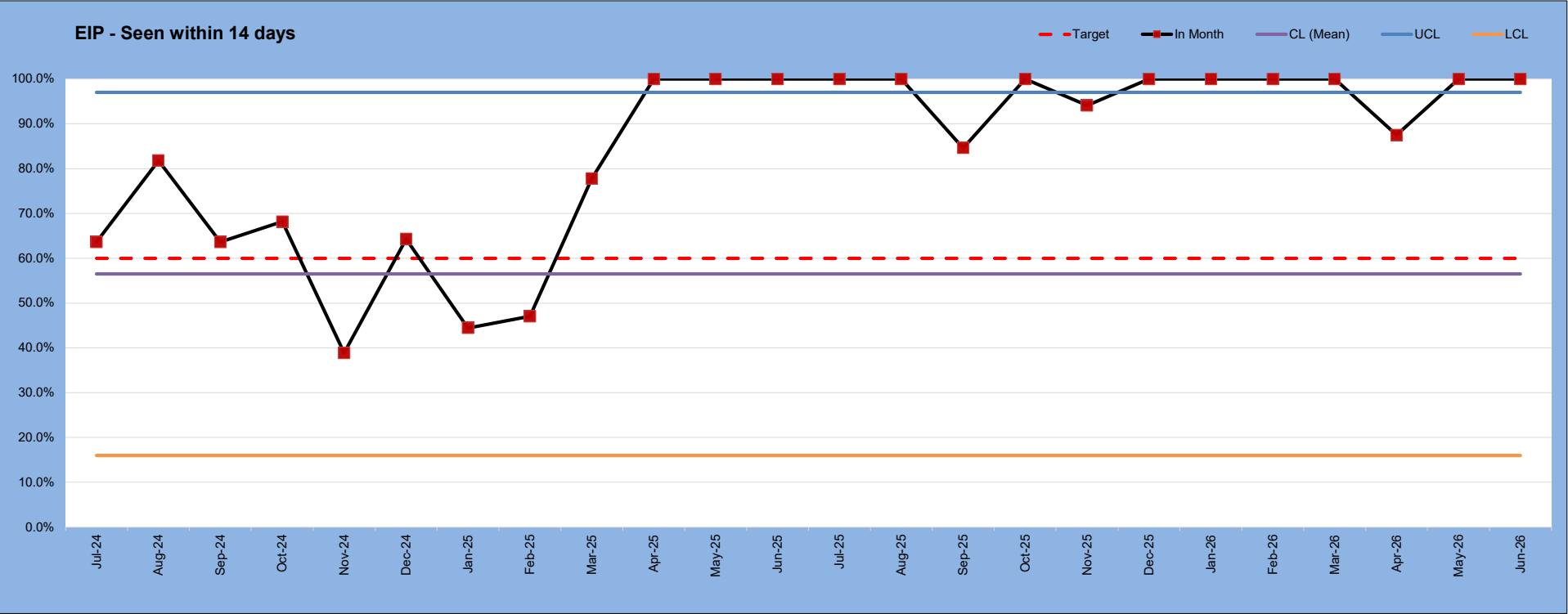
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
100.0%

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



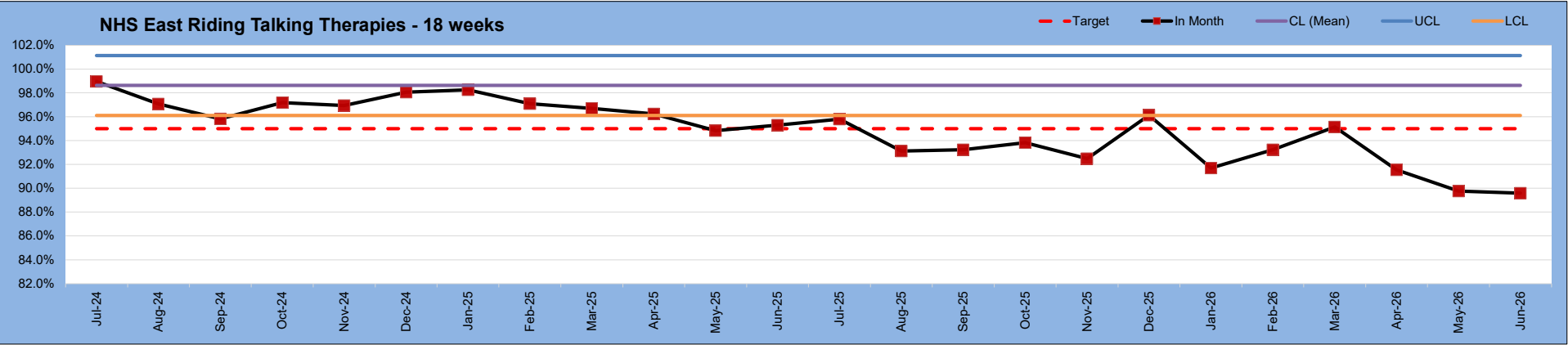
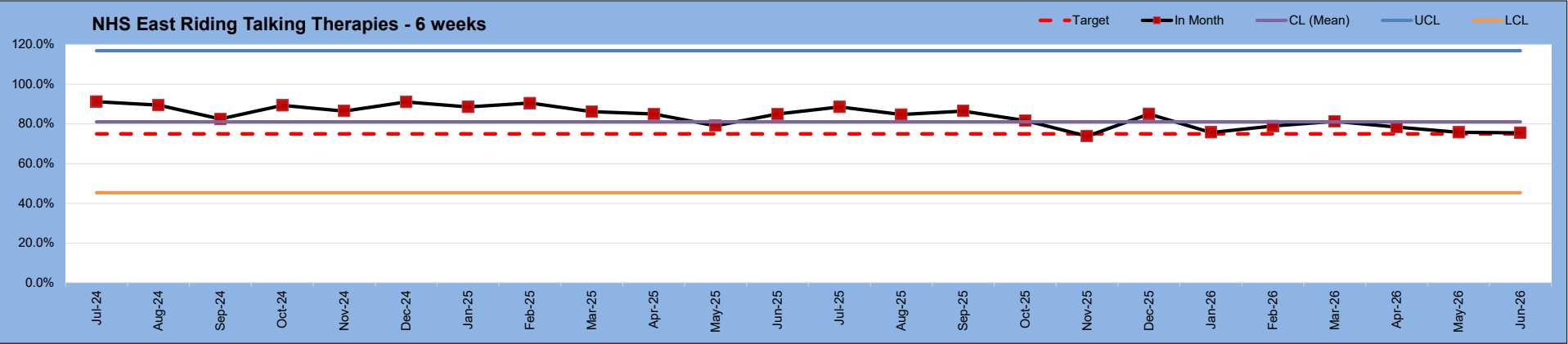
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

	6 week waits	18 week waits
Current month:	75.6%	89.6%

Indicator Title	Description/Rationale	Executive Lead:
NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral	Lynn Parkinson



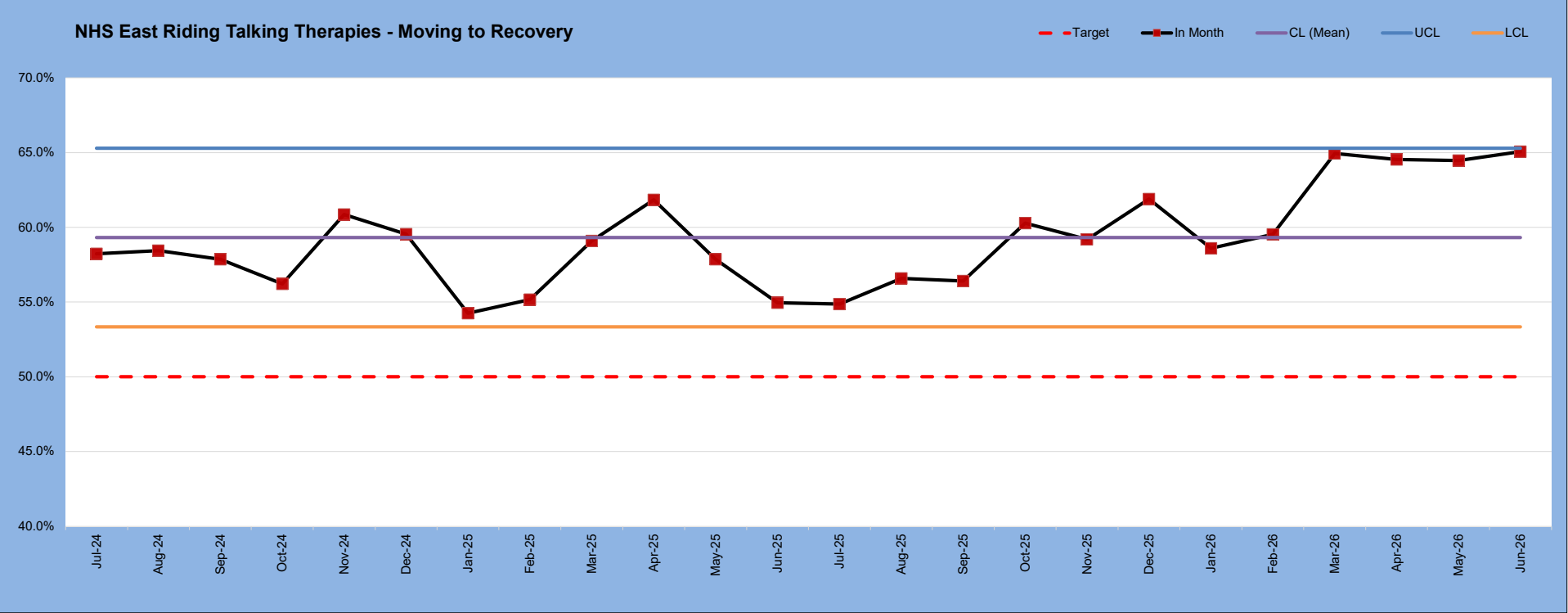
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
65.1%

Indicator Title	Description/Rationale	Executive Lead:
NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention	Lynn Parkinson



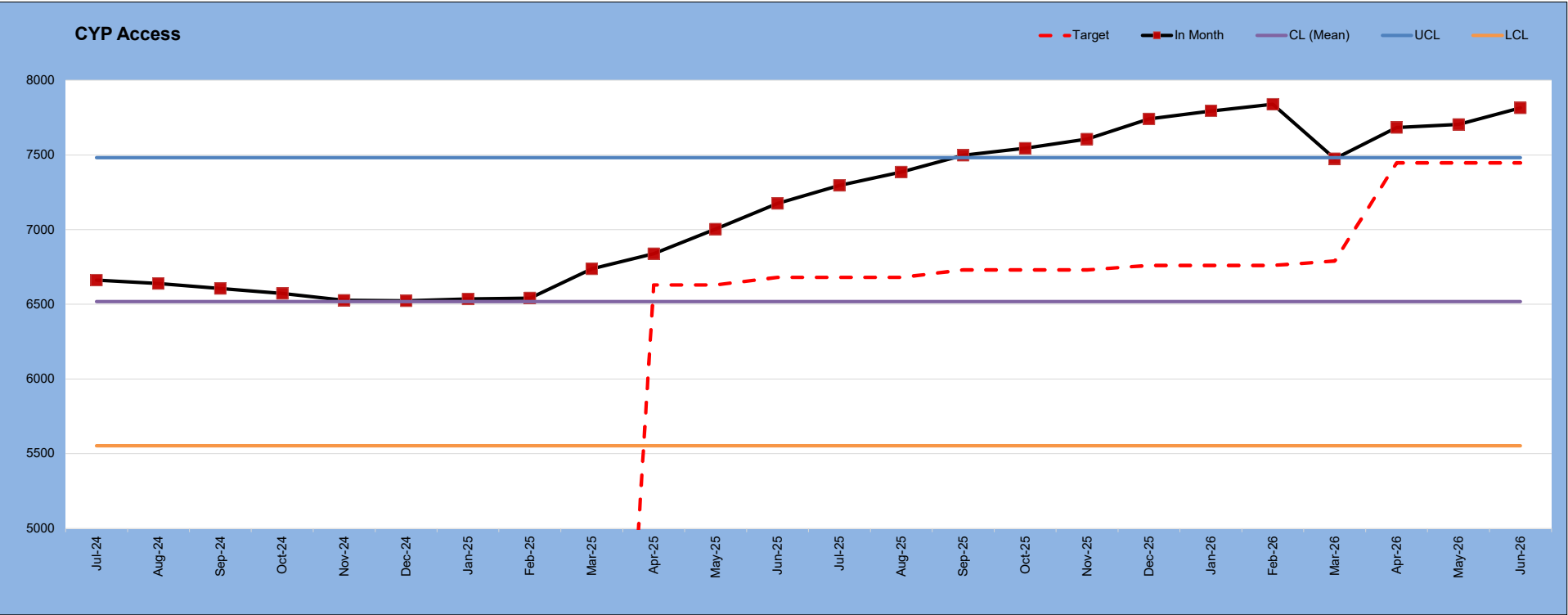
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
7815

Indicator Title	Description/Rationale	Executive Lead:
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. Includes Neuro Services, no team types are excluded.	Lynn Parkinson



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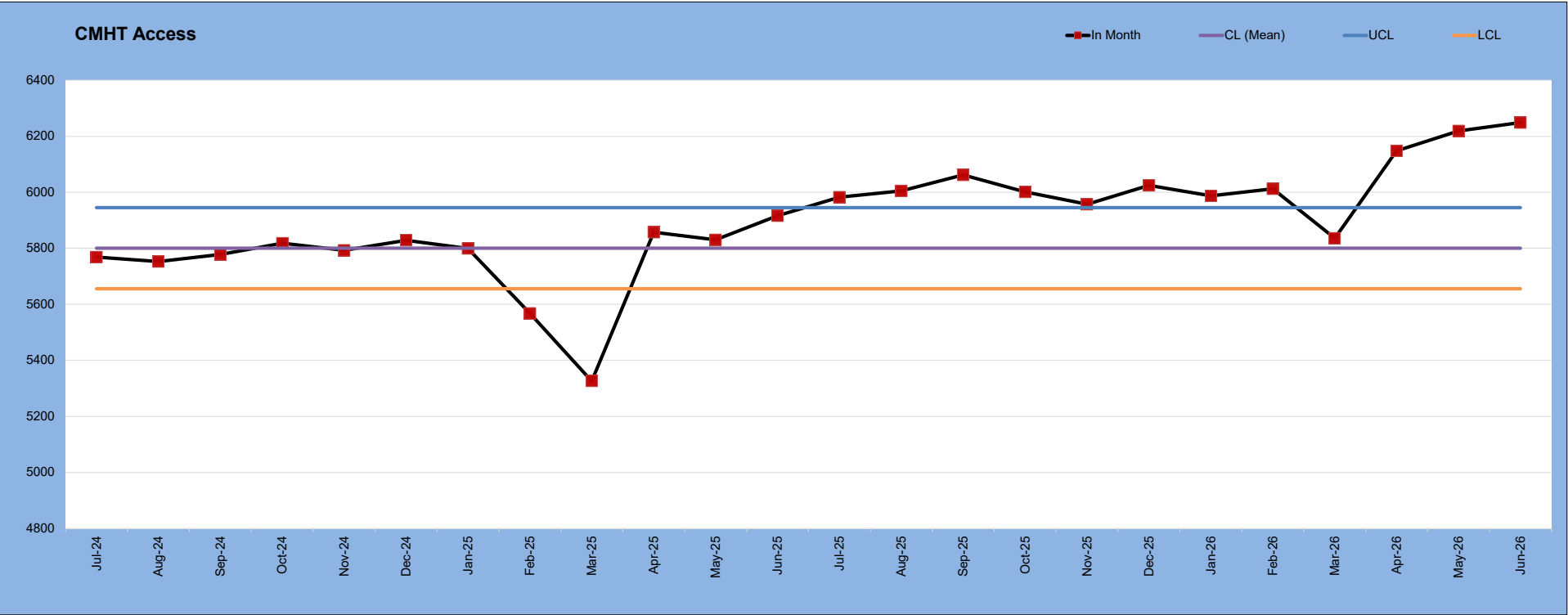
Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month stands at:

6249

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



PI RETURN FORM 2026-27

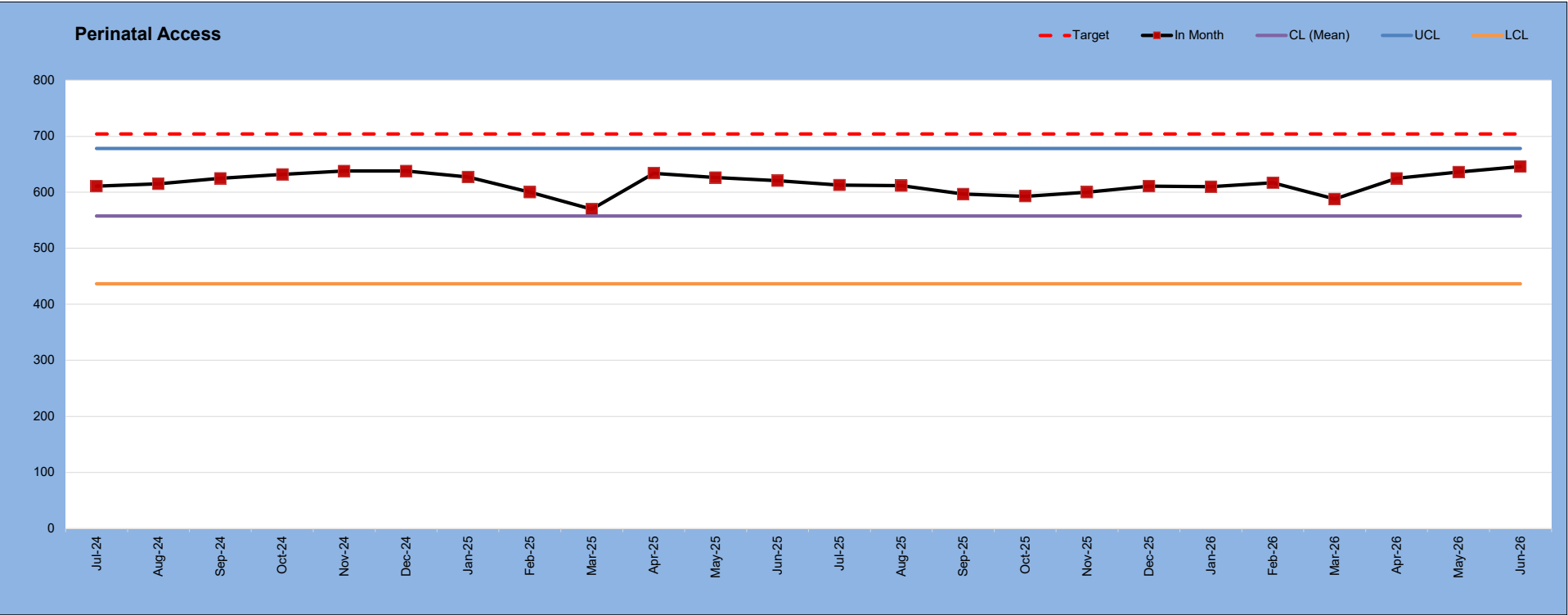
Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:

646

Indicator Title	Description/Rationale	Executive Lead:
Perinatal Access	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.	Lynn Parkinson



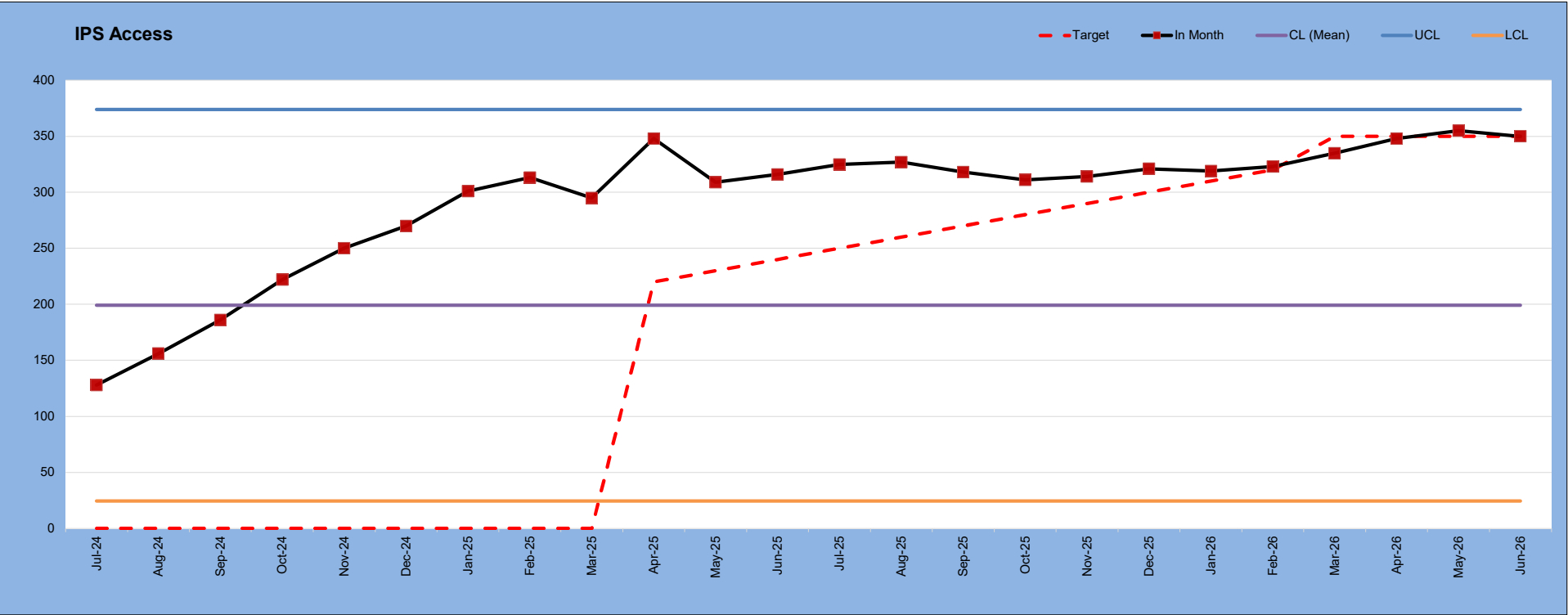
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
350

Indicator Title	Description/Rationale	Executive Lead:
IPS Access	Number of referrals that accessed Individual Placement Support (IPS) - rolling 12 months	Lynn Parkinson



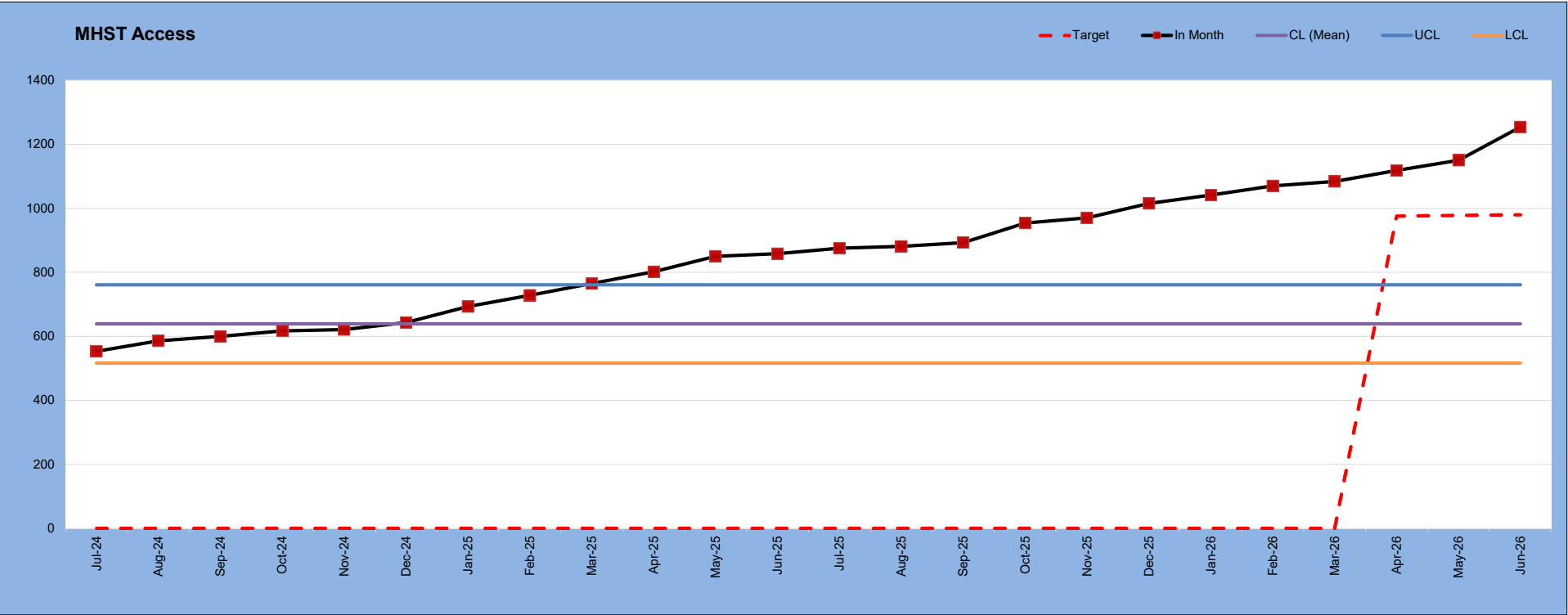
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
1254

Indicator Title	Description/Rationale	Executive Lead:
MHST Access	Number of referrals that accessed MHST - rolling 12 months	Lynn Parkinson



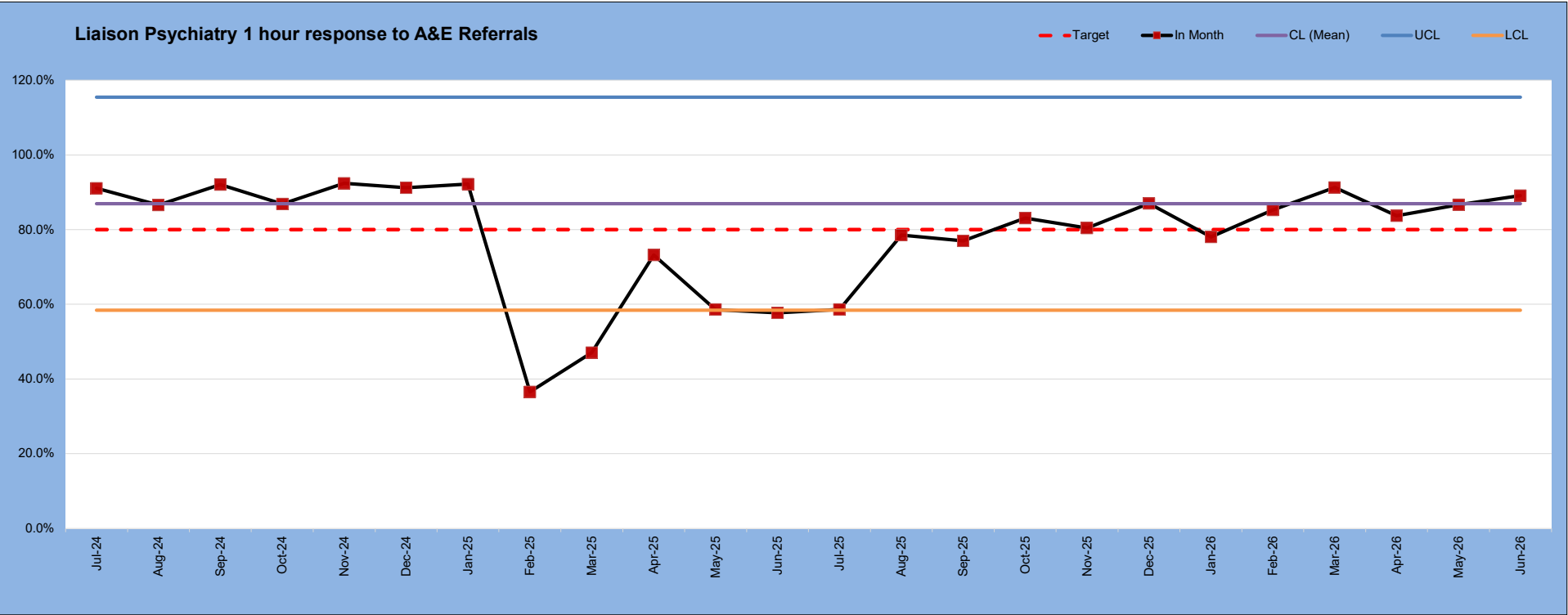
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
89.1%

Indicator Title	Description/Rationale	Executive Lead:
Liaison 1 hour response	New referrals to liaison psychiatry teams from A&E in the reporting period with first face to face contact within 1 hour	Lynn Parkinson



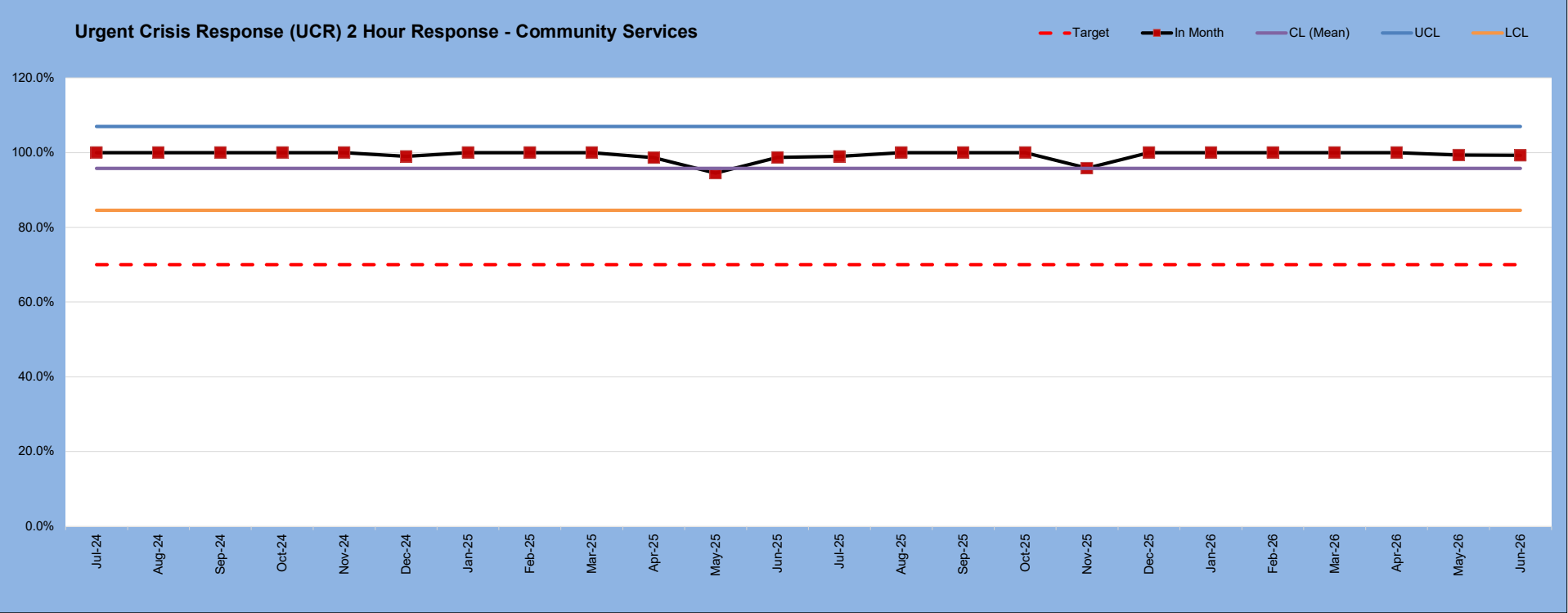
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
99.3%

Indicator Title	Description/Rationale	Executive Lead:
UCR 2 hr response	The percentage of 2-hour Urgent Crisis Response (UCR) referrals that achieved the 2-hour standard in the reporting month	Lynn Parkinson



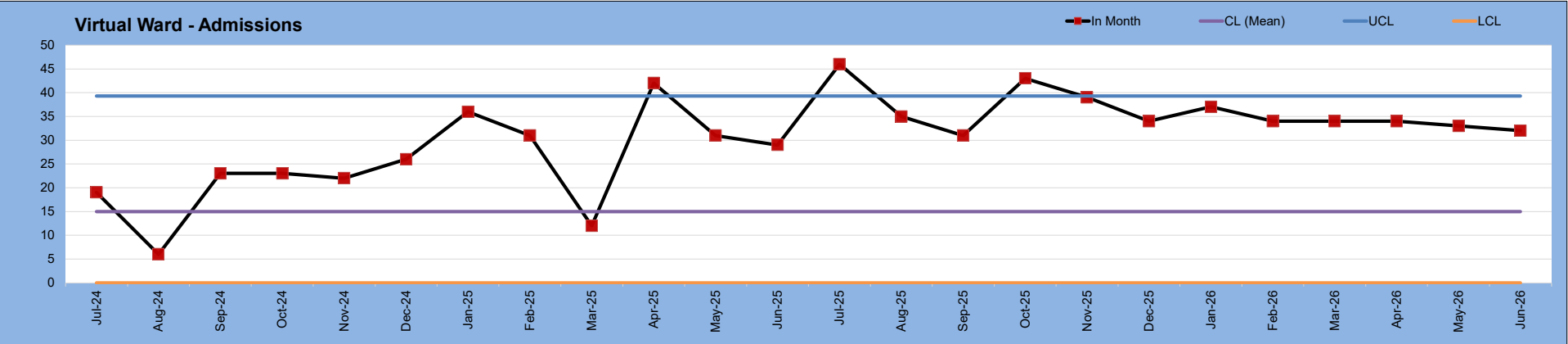
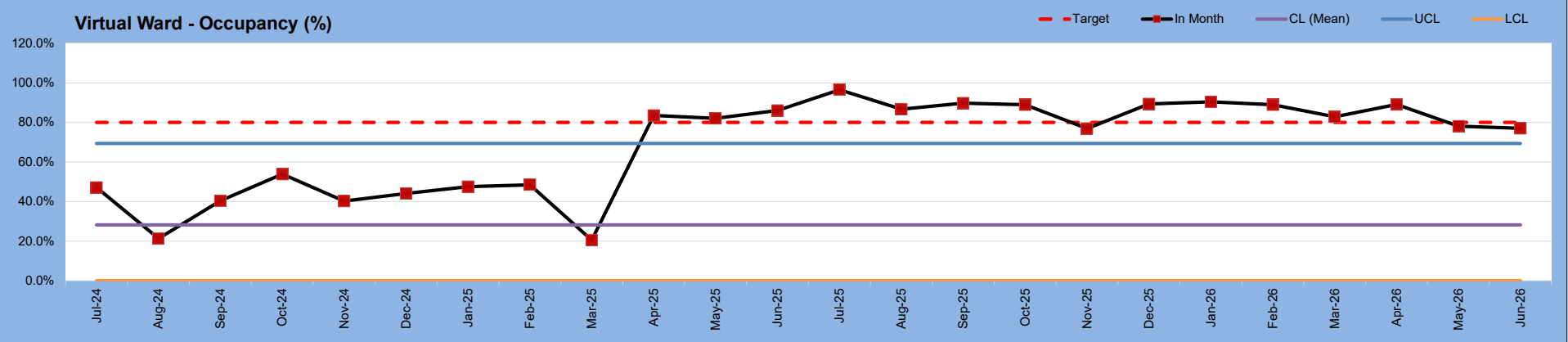
PI RETURN FORM 2026-27

Goal 2: Enhancing prevention, wellbeing and recovery

For the period ending: June 2026

Current month
stands at:
76.9%

Indicator Title	Description/Rationale	Executive Lead:
Virtual Ward	Virtual Ward Bed Occupancy Rate	Lynn Parkinson



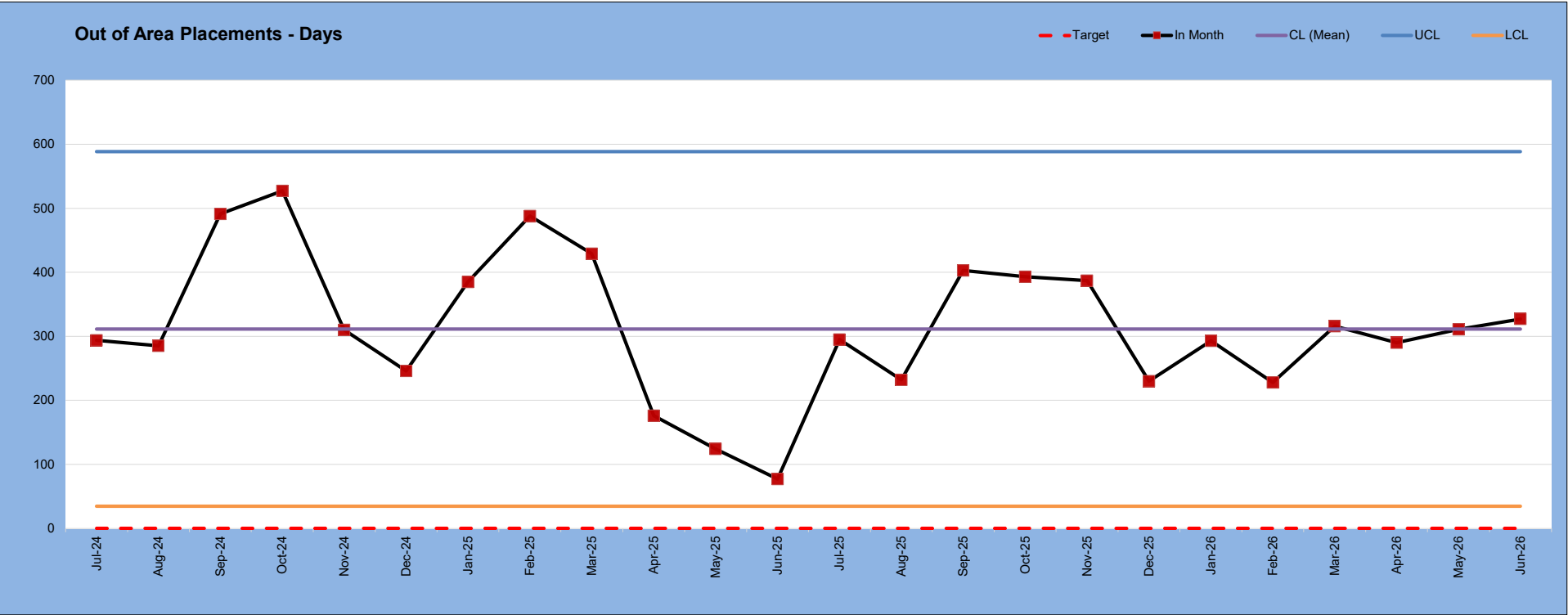
PI RETURN FORM 2026-27

Goal 3: Fostering integration, partnership and alliances

For the period ending: June 2026

Patients OoA
within Month
20

Indicator Title	Description/Rationale	Executive Lead:
Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU	Lynn Parkinson

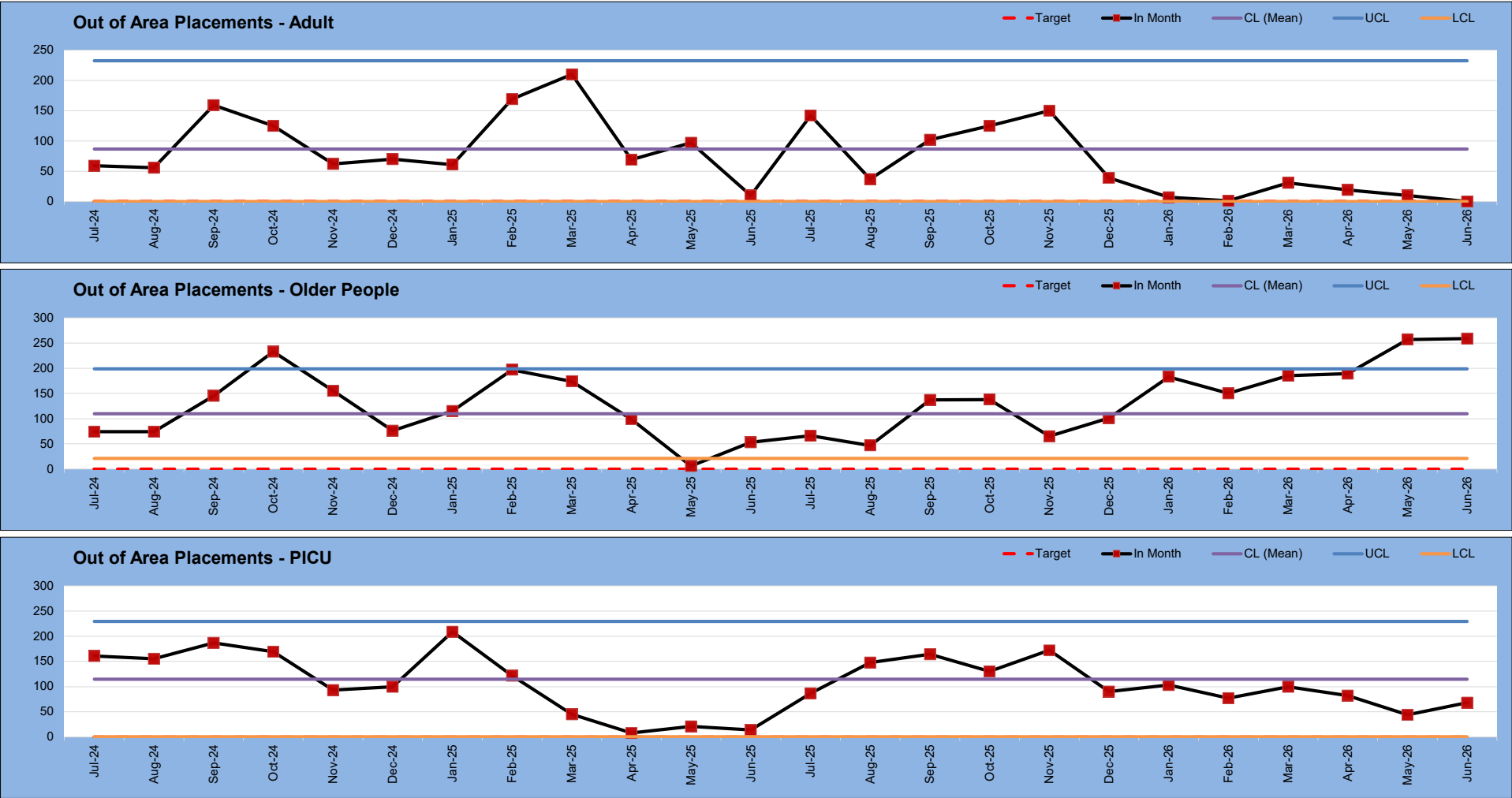


PI RETURN FORM 2026-27

Goal 3: Fostering integration, partnership and alliances

For the period ending: June 2026

Indicator Title	Description/Rationale	Executive Lead: Lynn Parkinson
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split across Adult, Older Adult and PICU	



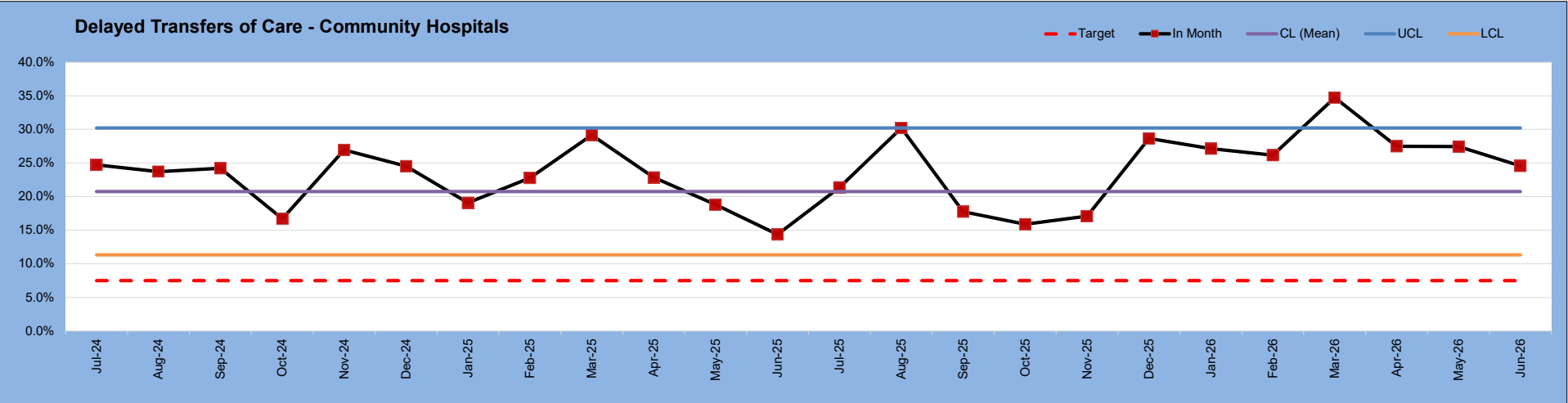
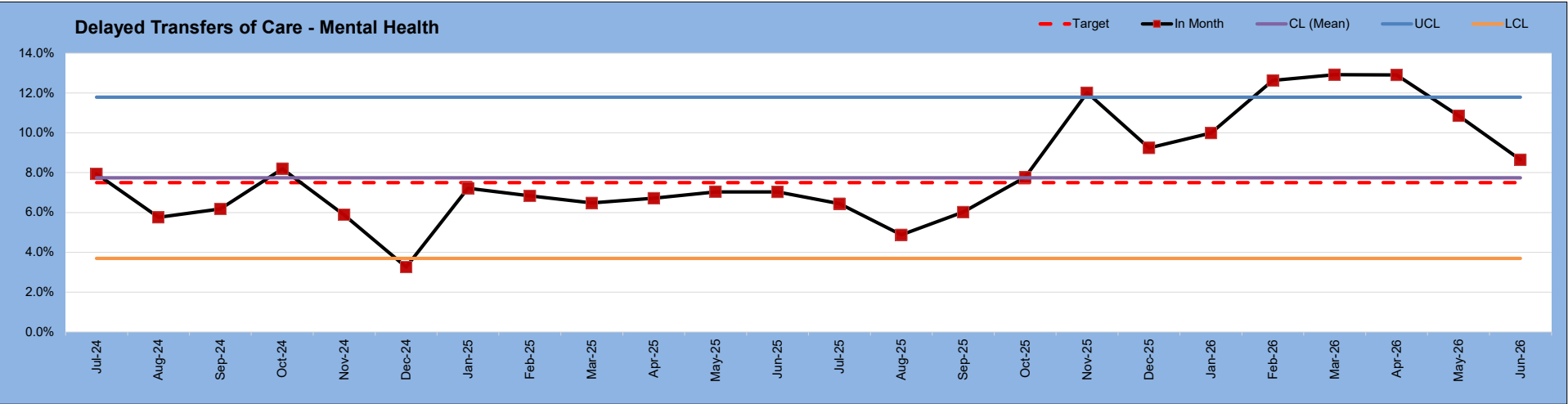
PI RETURN FORM 2026-27

Goal 4: Fostering integration, partnership and alliances

For the period ending: June 2026

	MH DToC %	CH DToC %
Current month:	8.6%	24.6%

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



People & Organisational Development Committee

Positive Assurances to Provide:

- Mandatory training compliance is 94.7%, significantly above the Trust target of 85%, providing strong assurance regarding organisational compliance with statutory and mandatory training requirements.
- Clinical supervision compliance remains high at 92.8%, demonstrating sustained professional support, governance and clinical oversight across services.
- Vacancy levels have reduced to 6.5%, reflecting continued progress in recruitment activity and establishment management, and supporting workforce stability.
- Staff turnover remains steady and low at 0.7% per month, indicating good retention and workforce stability across the Trust.
- Overall workforce indicators remain stable and within expected levels of variation, providing assurance regarding workforce sustainability and the effectiveness of current workforce interventions.

Key Actions Commissioned/Work Underway:

- Continued delivery of the Rapid Response Sickness Absence Model and Working Towards a Healthier Workforce Plan to reduce absence
- Implementation of the revised Sickness Absence Policy to strengthen management grip and consistency
- Ongoing recruitment and retention activity to sustain workforce stability and address emerging gaps, including delivery of the Medical Workforce Plan
- Sustained focus on mandatory training compliance, including monitoring of non-attendance and access to training
- Continued oversight and reinforcement of clinical supervision standards across services

Matters of Concern or Key Risks to Escalate:

- Sickness absence has increased to 5.8%, remaining above the Trust target and continuing to place pressure on workforce capacity, productivity and service resilience.

Decisions Made:

- Workforce indicators continue to demonstrate overall organisational stability, with notable improvements in mandatory training compliance and vacancy levels.
- Continued focus is required on reducing sickness absence and maintaining recruitment momentum to ensure workforce resilience and delivery of Trust priorities

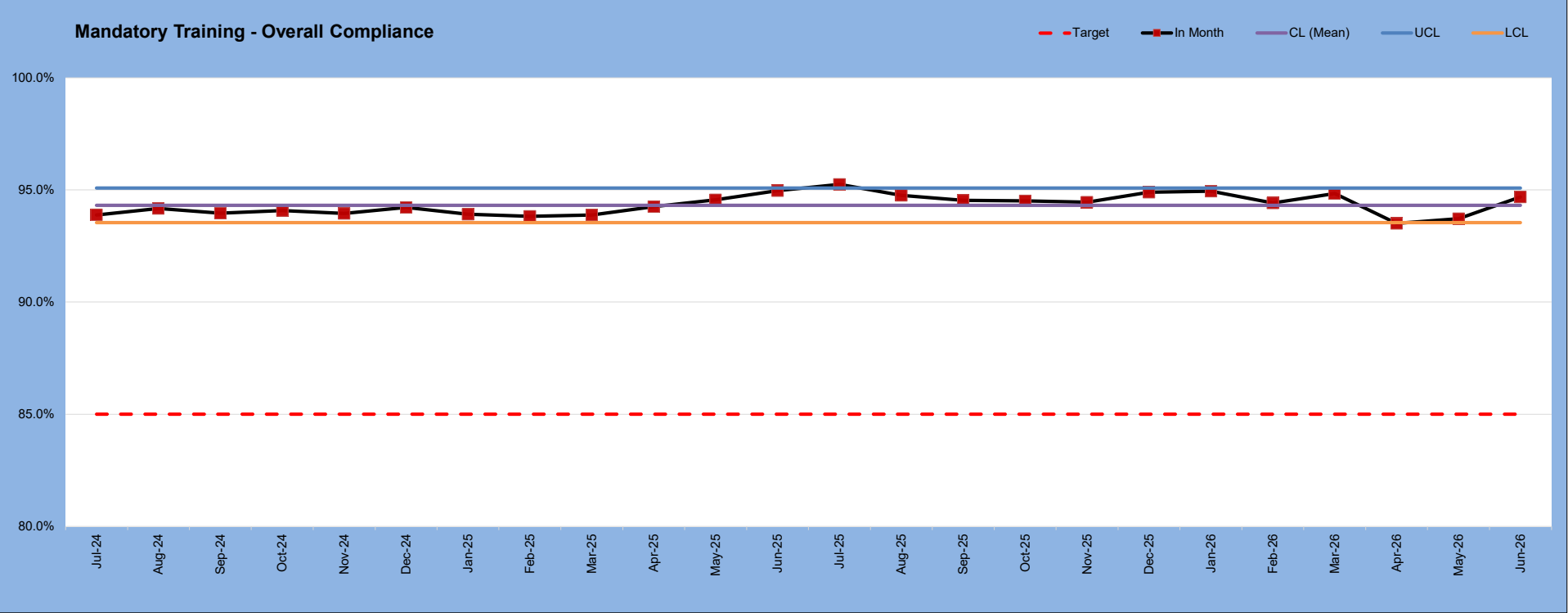
PI RETURN FORM 2026-27

Goal 1: Innovating Quality and Patient Safety

For the period ending: June 2026

Current month
stands at:
94.7%

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



PI RETURN FORM 2026-27

Goal 1: Innovating Quality and Patient Safety

For the period ending: June 2026

Current month stands at:
6.5%

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



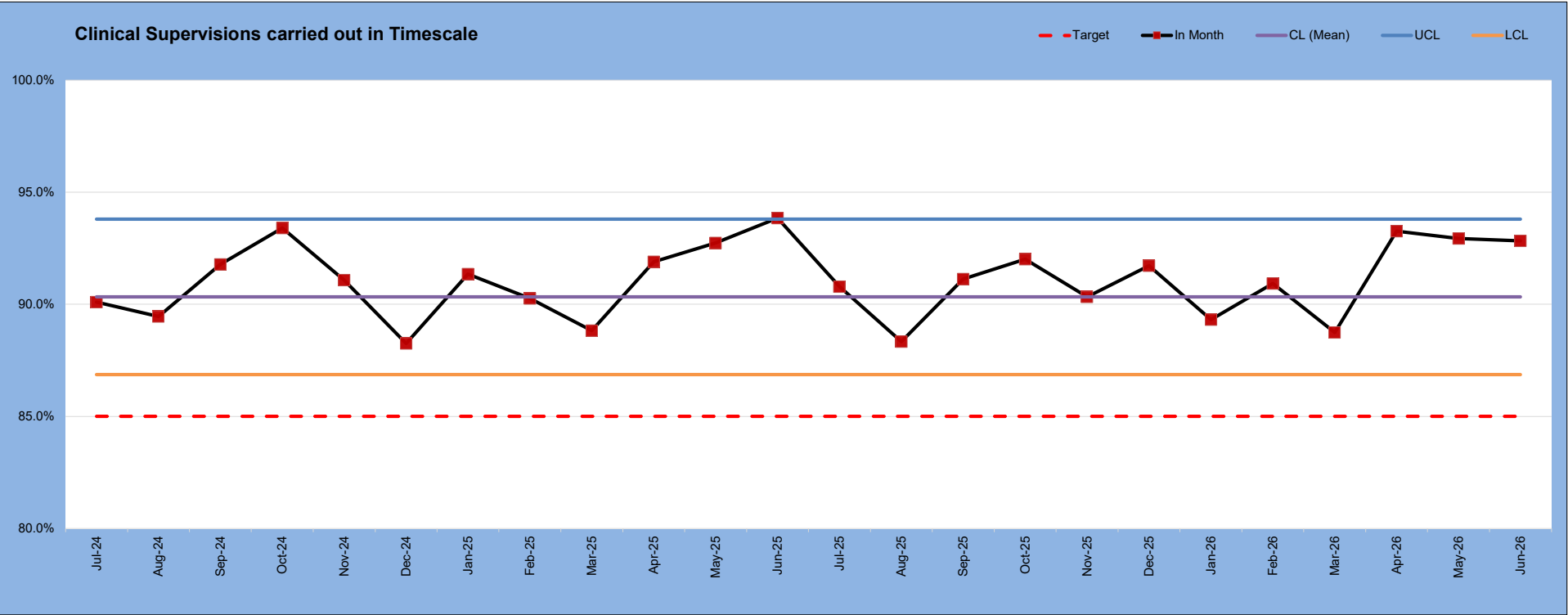
PI RETURN FORM 2026-27

Goal 1: Innovating Quality and Patient Safety

For the period ending: June 2026

Current month
stands at:
92.8%

Indicator Title	Description/Rationale	Executive Lead:
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	Sarah Smyth



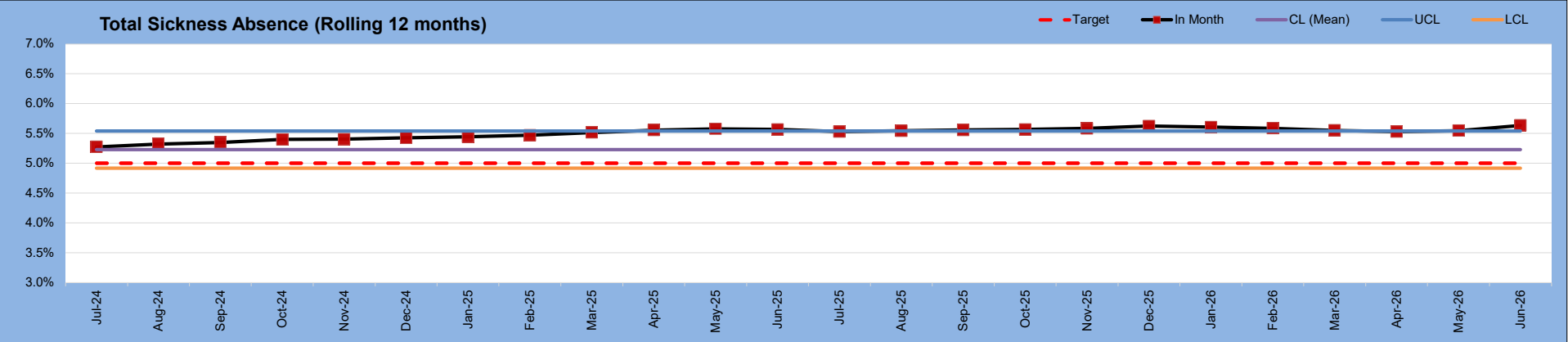
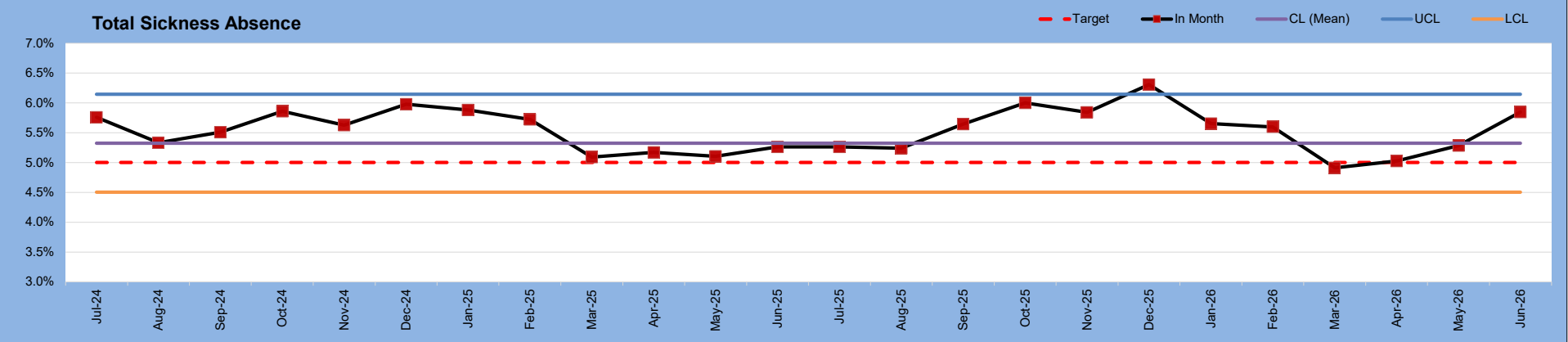
PI RETURN FORM 2026-27

Goal 4: Developing an effective and empowered workforce

For the period ending: June 2026

Current month
stands at:
5.8%

Indicator Title	Description/Rationale	Executive Lead:
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff)	Karen Phillips



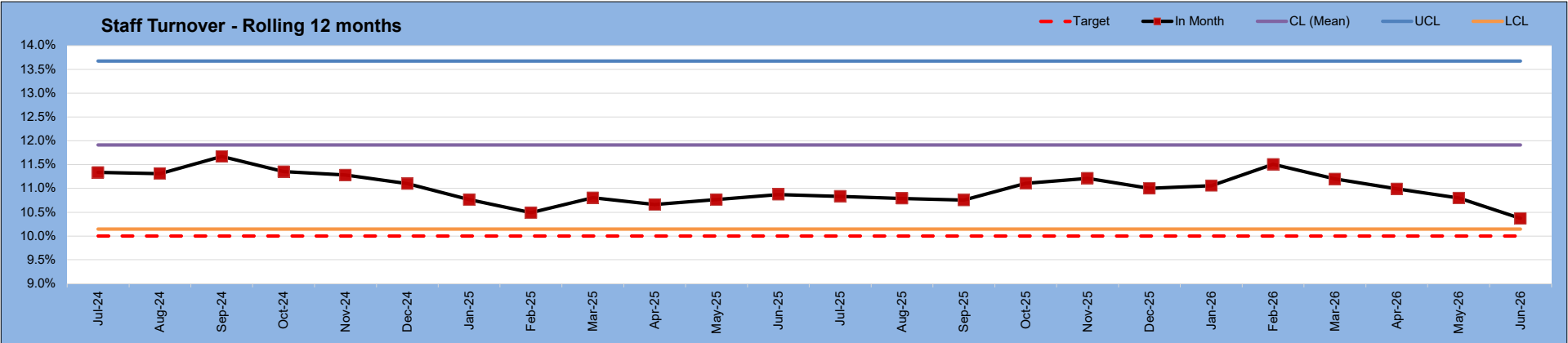
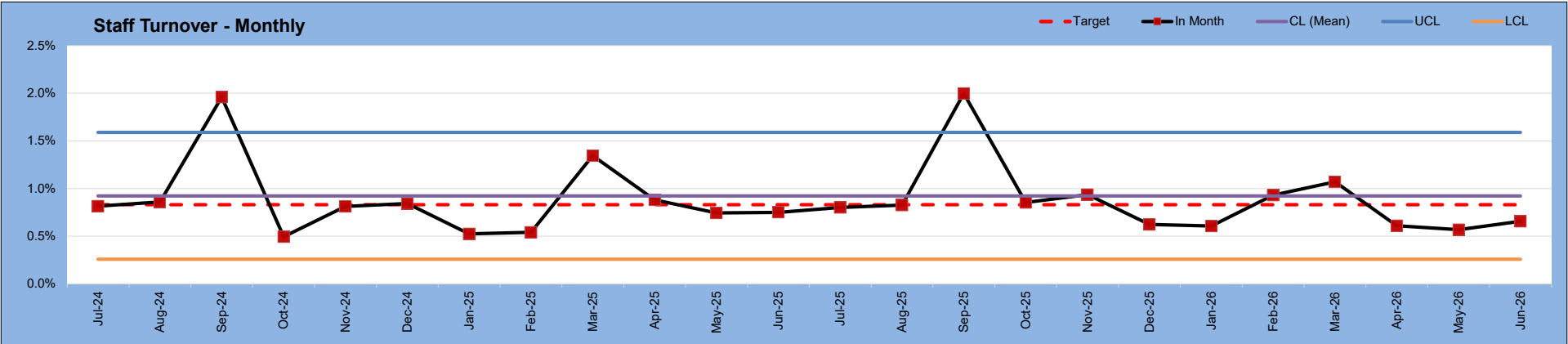
PI RETURN FORM 2026-27

Goal 4: Developing an effective and empowered workforce

For the period ending: June 2026

Current month
stands at:
0.7%

Indicator Title	Description/Rationale	Executive Lead:
Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers)	Karen Phillips



Finance Committee

Positive Assurances to Provide:

- Strong performance on Better Payment Practice Code (Value) for both NHS (99.9%) and Non NHS (95.2%) in June 2026.

Matters of Concern or Key Risks to Escalate:

- Nothing to escalate

Key Actions Commissioned/Work Underway:

- Cashflow forecast reported to Finance Committee Quarterly and now forms part of EMT finance report.
- Separate Finance Report appears elsewhere on the Agenda

Decisions Made:

- None

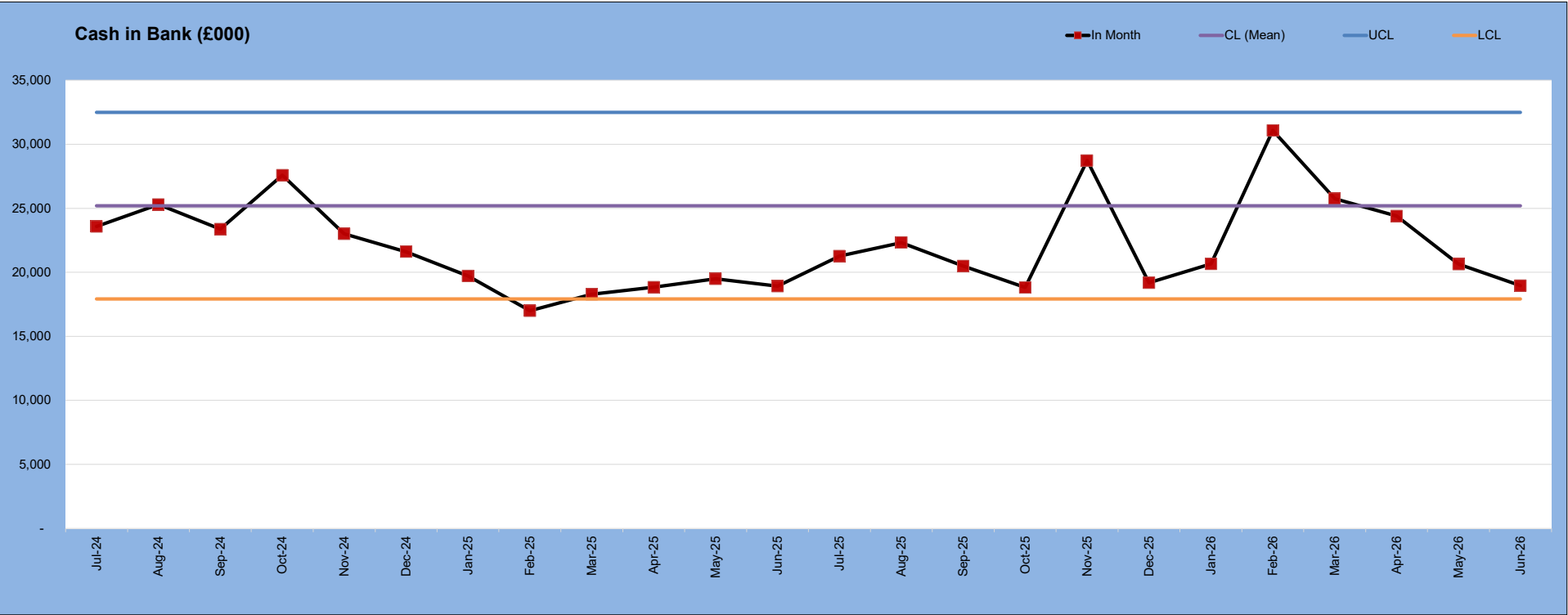
PI RETURN FORM 2026-27

Goal 5: Maximising an efficient and sustainable organisation

For the period ending: June 2026

Current month
stands at:
18,951

Indicator Title	Description/Rationale	Executive Lead:
Cash in Bank	The level of cash and cash equivalents held by the organisation at a given point in time, reflecting its short-term financial liquidity and ability to meet operational and contractual obligations.	Peter Beckwith



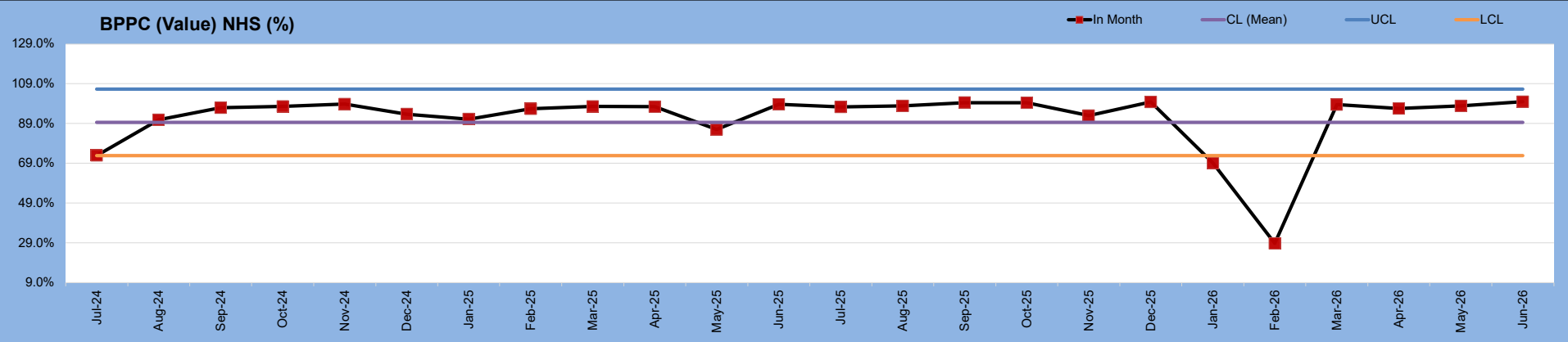
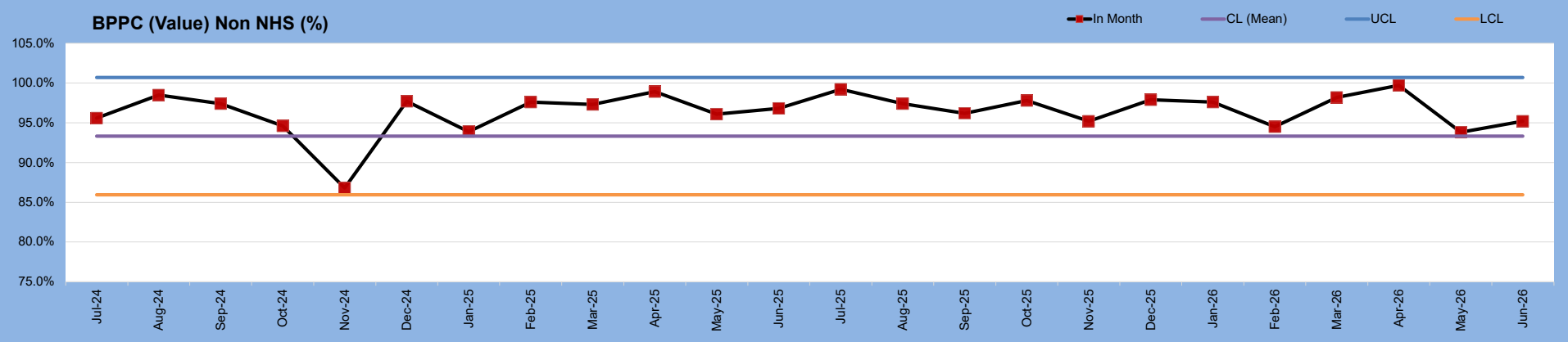
PI RETURN FORM 2026-27

Goal 5: Maximising an efficient and sustainable organisation

For the period ending: June 2026

	BPPC Non NHS	BPPC NHS
Current month:	95.2%	99.9%

Indicator Title	Description/Rationale	Executive Lead:
BPPC (Value)	The percentage of total invoice value (£) that is paid within the agreed payment timeframe.	Peter Beckwith



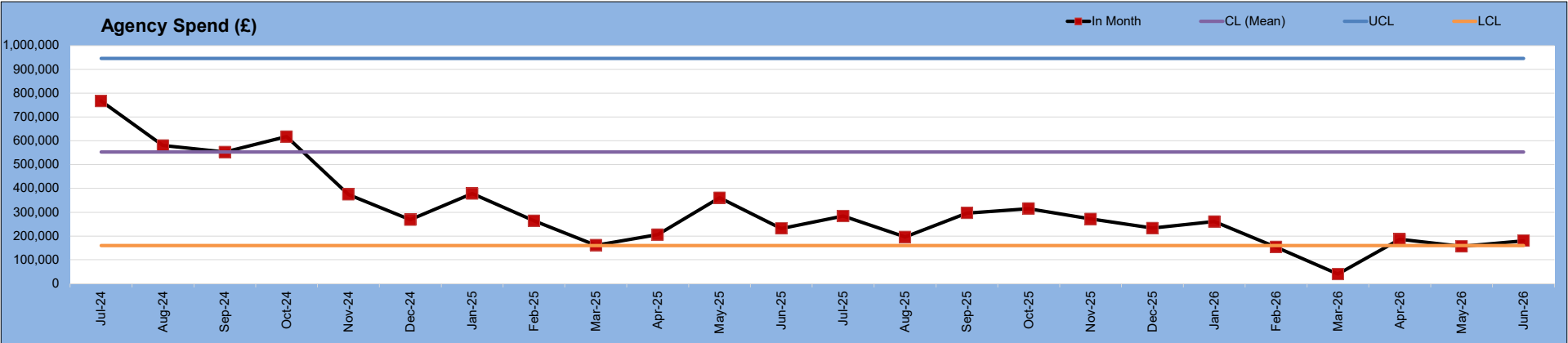
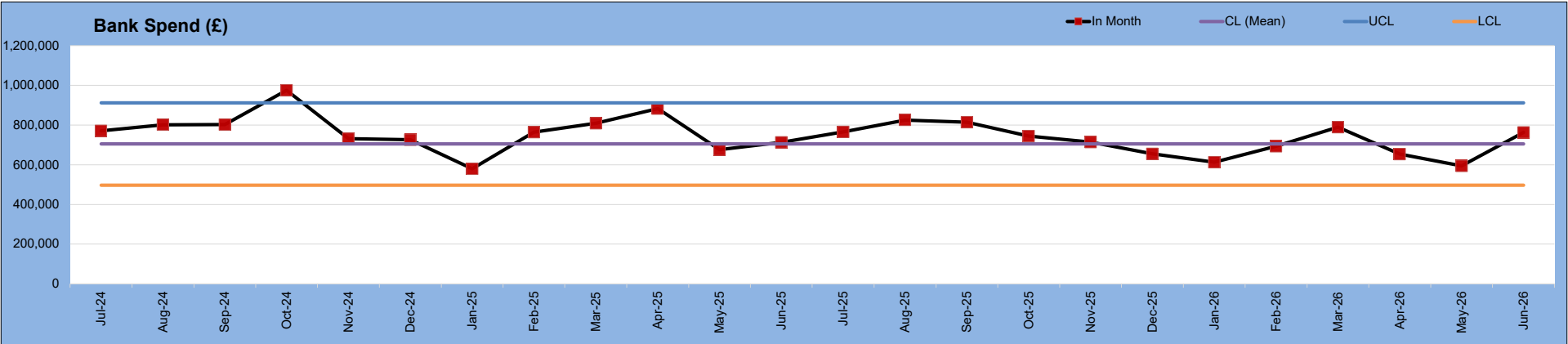
PI RETURN FORM 2026-27

Goal 5: Maximising an efficient and sustainable organisation

For the period ending: June 2026

	Bank Spend	Agency Spend
Current month:	762,482	180,205

Indicator Title	Description/Rationale	Executive Lead:
Bank/Agency Spend	The total expenditure incurred on internal temporary staff (bank & agency workers) over a defined reporting period, measured in pounds (£)	Peter Beckwith



Humber Teaching NHS Foundation Trust

Trust Performance Report

GLOSSARY

A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BI	Business Intelligence
BLS	Basic Life Support
CAMHS	Child and Adolescent Mental Health Services
CHPPD	Care Hours per Patient Day
CL	Central Line
CMH	Community Mental Health
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CYP	Children and Young People
CYP MH	Children and Young People's Mental Health
DToC	Delayed Transfer of Care
EIP	Early Intervention in Psychosis
F2F	Face to Face
FFT	Friends and Family Test
ILS	Immediate Life Support

IPS	Individual Placement Support
IPU	Inpatient Unit
LCL	Lower Control Limit
LD	Learning Disability
MH	Mental Health
MHST	Mental Health Support Teams
NHSER	NHS East Riding
OBD	Occupied Bed Days
OBDs	Occupied Bed Days (plural)
ODG	Operational Delivery Group
PICU	Psychiatric Intensive Care Unit
RN	Registered Nurse
RTT	Referral to Treatment
SPC	Statistical Process Control
TPR	Trust Performance Report
UCL	Upper Control Limit
UCR	Urgent Crisis Response
WTE	Whole Time Equivalent
YTD	Year to Date

Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People and Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Sarah Smyth

Issue Date: 20/07/2026



Caring, Learning
& Growing Together

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026			
Title of Report:	Terms of Reference for the Humber and North Yorkshire Specialised Provider Collaborative Committee			
Author/s:	Stephanie Poole, Non-Executive Director Melanie Bradbury, Collaborative Planning Director			
Recommendation:	To approve	√	To discuss	
	To note	√	To ratify	
	For assurance			
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Trust Board is asked to approve the proposed changes to the terms of Reference for the Humber and North Yorkshire Specialised Provider Collaborative Committee) which were reviewed and agreed at the Committee meeting held on 15 June 2026).			
Key Issues within the report:				
Positive Assurances to Provide: - Minimal changes to the content of the ToR from 2025 which were approved at the Collaborative Committee in March 2026 and subsequently shared and approved with the Trust Board. - The amendments agreed and discussed on the 15 June 2026 reflect the proposal by the Chief Executive office in May 2026 regarding the Chair and Vice Chair roles being occupied by a Non-Executive rather than in the previous version where the Vice Chair was the Chief Executive of the Trust.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): N/A		
Key Risks/Areas of Focus: N/A		Decisions Made: The committee meeting on 15 June 2026 reviewed and agreed revised terms of reference for the Collaborative Committee reflecting the changes to Chair and Vice Chair.		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	

Please indicate which committee or group this paper has previously been presented to:	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee	15.6.2026	Other (please detail)	

Monitoring and assurance framework summary:

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



Humber Teaching NHS Foundation Trust Specialised Collaborative Committee

Terms of Reference June 2026

Constitution & Authority	Humber Teaching NHS Foundation Trust (HTFT) is the Host Provider of the Humber and North Yorkshire (HNY) Specialised Provider Collaborative (SPC) and holds the Contract with NHS England. The SPC will deliver the following: • Child and Adolescent Mental Health In-Patient and day care services • Adult Low and Medium Secure services • Adult Eating Disorder in-patient and day care Services. As Host Provider, HTFT will itself deliver services, as well as sub-contract services to a range of healthcare providers. The SPC is constituted as one of the new care models detailed in the <i>NHS Mental Health Implementation Framework</i>, which from April 2020 enabled local service providers to join together under NHS-led Provider Collaboratives. The Collaborative Committee has been established as an internal committee to provide assurance to the HTFT Board as Host Provider about the planning, finance, contracting, performance and quality assurance functions of the SPC. These functions have been traditionally described as commissioning. The Collaborative Committee is constituted as a standing committee of the Humber Teaching NHS Foundation Trust's Board of Directors. The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere. Key Relationships – The HNY Specialised Provider Collaborative Oversight Group (PCOG) is the forum in which the members of the SPC act

	together as partners using their collective expertise in provision, planning and quality assurance. PCOG holds collective accountability and responsibility to steer the strategy and support the operational delivery of the SPC programme in line with agreed principles of clinical quality and business requirements. The Collaborative Planning and Quality Team (CPaQT); reporting to PCOG and the Collaborative Committee, is an enabler based in HTFT which supports all partners in the SPC to ensure appropriate health care services are planned, provided, quality assured and reviewed. CPaQT works with all partners to develop proposals to improve care and meet the needs of the HNY population. In so doing, the partners in the SPC seek to: improve the efficiency, effectiveness, economy, and quality of services; reduce inequalities; and promote the involvement of patients, stakeholders, and the public in the development of our services. The Collaborative Committee has the authority to establish sub-groups as necessary to fulfil its objectives. However, it may not delegate any powers delegated by the HTFT Board and will remain accountable for the work of any such sub-group.
Role / Purpose	The Collaborative Committee provides assurance to the HTFT Board on planning, finance, contracting, performance, and quality for the Specialised Provider Collaborative, supporting its overarching goal of improving patient care pathways and outcomes. Individual SPC providers are responsible for day-to-day patient care, with services commissioned through NHS Standard Contracts and measured against clear Key Performance Indicators (KPIs) and outcomes. Through the Provider Collaborative Oversight Group (PCOG), the Committee fosters a partnership approach across providers, ensuring coordinated delivery and shared accountability. The SPC seeks to reduce inpatient dependency, minimize out-of-area placements, and increase care closer to home, generating efficiencies and cost savings. These savings will be reinvested into Adult Secure, CAMHS, Eating Disorder, and wider mental health, learning disability, and autism pathways, in line with agreed governance and contracting processes.
Scope & Duties	The objectives and duties of the Committee are to:

- Assuring the HTFT Board that it is meeting its obligations and responsibilities as the Host Provider within the SPC.
- Ensuring that robust arrangements are in place for Serious Incidents, Safeguarding, and quality of care, promoting continuous learning and service improvement.
- Collaborating closely with PCOG and CPaQT, as well as linking with other Provider Collaboratives and local and national commissioners, to enhance services across entire care pathways and manage pressures within the broader health and care system.
- Monitoring overall contract management, including quality assurance across both NHS and independent providers. The Committee may also serve as a forum for arbitration or mediation where issues cannot be resolved at the PCOG level.

Specific responsibilities

Financial planning

- ❖ Provide assurance to the HTFT Board that the SPC's programme of work is well planned and supported by an appropriate risk management system.
- ❖ Gain assurance, via PCOG, that performance against financial plans is reviewed, financial risks and gain shares are agreed, and mitigated and/or realised, and that any remedial action plans are effective.
- ❖ Provide assurance to the HTFT Board as Host provider on the delivery of agreed improvement programmes to reduce cost and increase efficiency including assurance on benefits realisation and value for money.

Transactional

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

Contracting

- ❖ Gain assurance that contracts are in place to address risk in relation to the quality and performance of commissioned services and thereby undertake the duties as expected of the Host Provider.
- ❖ Following discussion and approval at PCOG, ratify and enact Contract Variations and necessary formal Commissioning Intentions dialogue within the SPC.

Risk Management:

	❖ Each work stream is responsible for its own specific Risk Register. A summary of each work stream risk register will be shared at each PCOG and Collaborative Committee. ❖ The Collaborative Committee will review Risk Registers and will suggest modifications to the risk registers, including ownership and delivery of action plans against defined timescales. ❖ Discuss and review of any issue likely to require inclusion on the HTFT Risk Register. <i>Quality Assurance</i> ❖ To be assured that quality, clinical governance, patient and public engagement issues are appropriately addressed in all service developments/reconfiguration of services and are in line with statutory requirements, national policy and guidance. The Collaborative Committee will receive Chairs log and/or relevant reports from PCOG for review and overall assurance. The Collaborative Committee will maintain relationships with relevant groups and committees to inform its work, including: • HNY Integrated Care System and place-based health and care partners – to support the development of patient pathways that reduce hospital admissions and length of stay. • Local Authorities within the Humber and North Yorkshire footprint. • Transforming Care Alliance Network/Forum – to ensure the needs of patients with learning disabilities and autism are understood, and that service developments align with wider system initiatives. Specific links will be defined once engagement with the Forum is fully established. • NHS England Regional and National Teams – to ensure alignment with national standards, guidance, and commissioning priorities.
Membership	All members are required to make open and honest declarations of interest at the commencement of each meeting or to notify the Committee Chair of any actual, potential, or perceived conflict in advance of the meeting. Given the arm's-length nature of this body, deputies will not be required to attend when a committee member is unable to do so Humber Teaching NHS Foundation Trust – Lead Provider

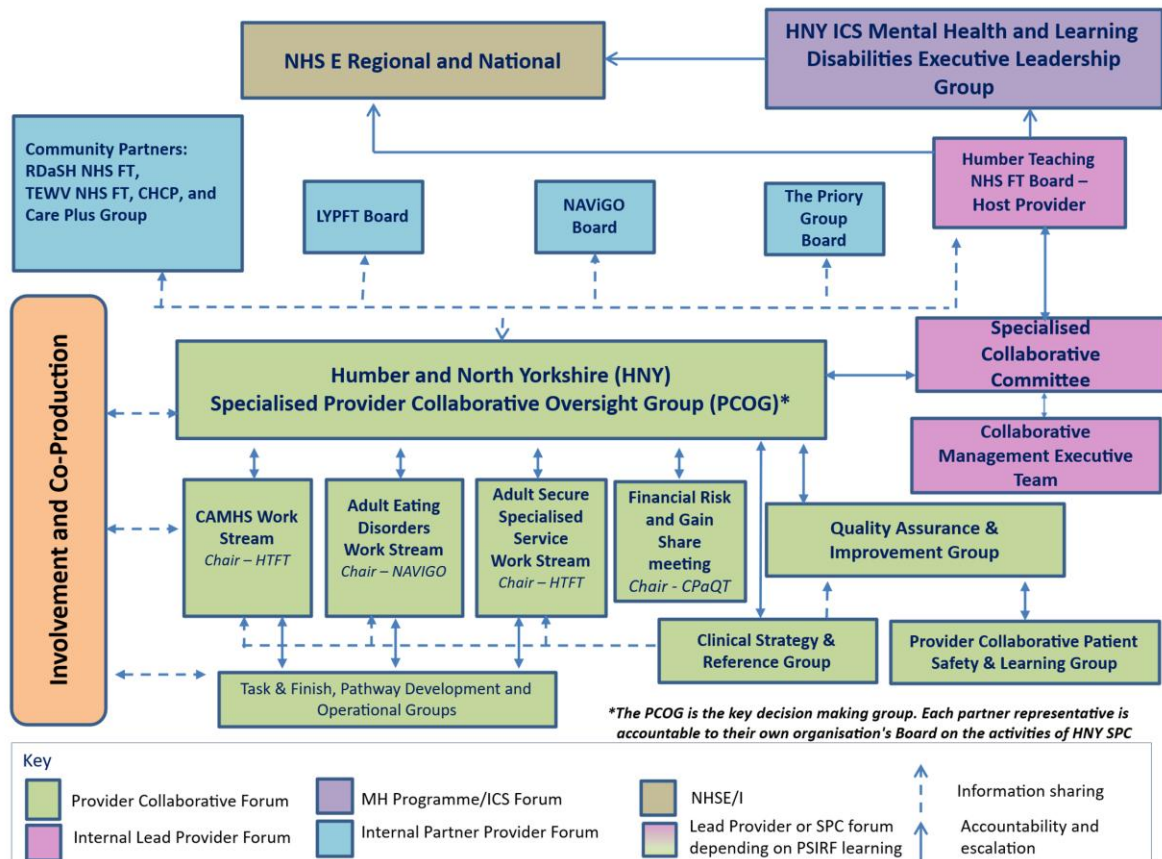
	• Non-Executive Director (Chair) • Non-Executive Director (Vice Chair) • Associate Non-Executive Director • Chief Executive • Executive Director of Finance/Senior Information Risk Owner • Executive Director of Nursing, Quality and Professions • Collaborative Planning Director • Clinical and Quality Assurance Director
Attendance	HNY Provider Collaborative Planning and Quality team • Assistant Director of Clinical and Quality Assurance • Head of Secure Planning • Head of CAMHS and Adult Eating Disorders Planning • Finance Manager • Head of Lived Experience and Involvement Clinical Work Stream Leads (as per specific agenda items) • Clinical Lead, Adult Secure • Clinical Lead, CAMHS and Adult Eating Disorders
Quorum	The quorum necessary for the transaction of business and decision making shall be three (3) members including. 1 Non-Executive Director and 1 Executive Director – one of whom must be the Chair or Vice Chair Decisions will be reached by consensus. If a decision cannot be reached by consensus, then it will be escalated to the Humber Teaching NHS FT Board for resolution.
Chair	The meeting will be chaired by a HTFT Non-Executive Director. The Vice-Chair will be a Non-Executive Director of HTFT and will deputise for the Chair when necessary.
Frequency of meetings	Meeting will be held quarterly. Frequency may increase during the annual planning cycle to ensure that the work undertaken by the Collaborative Planning and Quality Team is timely, reflecting the fast-paced nature of contract negotiations. Meetings may be held in person or utilising technology (Microsoft Teams)
Accountability and Reporting Arrangements	A written assurance report will be provided to the Trust Board following each meeting.

	The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings. Members will be invited to declare any conflicts of interest.
Agenda & Papers	The CPaQT administration will be responsible for arranging meetings. An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 1 week before the meeting. Unapproved minutes will be circulated to the membership. Record Keeping - Agenda and Papers can be accessed via the CPaQT administration.
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Collaborative Committee Terms of Reference.
Agreed by Collaborative Committee (Date)	15 June 2026
HFT Board Approved (Date)	tbc
Review Date	January 2027

Reporting Schematic:

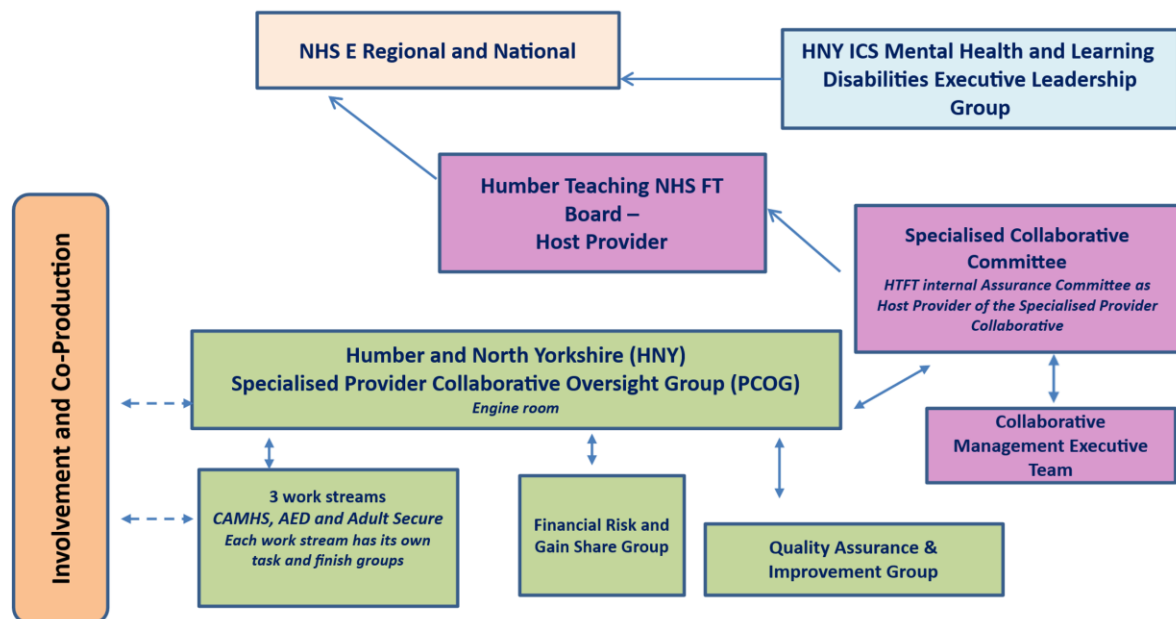
Overall Provider Collaborative Governance Framework

New Schematic from 1 March 2026



Lead Provider Delineation Governance Framework

New Schematic from 1 March 2026



Revised 01.03.2026

Appendix 1

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

The Trust Mission:

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

Our Trust Vision:

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

The HTFT Trust Values are at the centre of the HNY Provider Collaborative work programme. These are:

Caring for People while ensuring they are always at the heart of everything we do.

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

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

Our Goals (how we will get there)

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

The Characteristics of Being Humber

We Put Patients First

We Are Courteous and Civil

We Are Compassionate

We Are Inclusive

We Act with Integrity

We Communicate Effectively

We Prioritise Safety

We Work Together

Agenda Item 23

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	People & Organisational Development Committee Assurance Report from meeting held on 17 June 2026															
Author/s:	Carrie Wollerton – Non-Executive Director / Chair of People & Organisational Development Committee															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	This paper provides an executive summary of the key discussions and outcomes from the People and Organisational Development Committee meeting held on 17 June 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 within the report:																
Positive Assurances to Provide: Gender Pay Gap Report (2025) - Mean pay gap remains below national comparators and among the lowest in the region. - Median pay gap is the best ever reported by the Trust. Trust's annual Workforce Race Equality Standard Report (2026) - Ethnically diverse (BME) and White staff accessed non-mandatory training at virtually identical rates (0.99 ratio). This is amongst the strongest performances nationally. - BME and White staff entered formal disciplinary processes at equal rates (0.01). This represents a significant improvement compared with previous years. - BME Board representation is 11.1%, which exceeds overall workforce diversity (10.7%) and local population diversity (4.9%)		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/Executive Management Team (EMT): Gender Pay Gap Report (2025) - Analysis of workforce data to understand why the mean pay gap increased and target underlying causes. - Expand flexible working and support for carers and parents to improve progression and retention. - Increase recruitment of men into entry-level NHS careers through targeted outreach, inclusive recruitment materials, and engagement with schools and colleges. Trust's annual Workforce Race Equality Standard Report (2026) Strengthening staff networks														

• Ethnically diverse staff now make up 10.7% of the workforce, compared with 4.73% in 2021. • Representation in senior roles has increased by 58% since 2022. Trusts Workforce Disability Equality Standard Report (2026) • Recruitment processes demonstrate equity for disabled applicants and outcomes also indicate no material disadvantage for disabled candidates at appointment stage. • Disabled staff reporting lower levels of bullying, harassment and discrimination, and increased confidence in speaking up, and higher levels of psychological safety than national comparators. • Disabled staff report better than national average outcomes for career opportunities, organisational engagement, feeling valued and access to reasonable adjustments. • Significant progress in embedding disability inclusion through the Being Humber behavioural framework, the Respect and No Excuse for Abuse programmes, and delivery of the NHS England EDI Improvement Plan. • 38% increase in disabled staff in senior roles since 2022. • Progress towards Disability Confident Leader accreditation. • All 13 Equality, Diversity and Inclusion workforce objectives have been delivered or progressed. Trust Workforce Plan 2026/27 The Trust plans 17.4 FTE growth, mainly in: • Children's & Learning Disability services (+15.4 FTE) • Community Services (+2 FTE). All growth has identified funding. However, planned reductions of 147.07 FTE (mainly due to Primary Care service transfers and budget reductions) mean the overall establishment will decrease to 3,361.13 FTE.	• Give anti-racist staff networks a greater role in policy development. Reducing harassment and bullying • Expand the Respect and No Excuse for Abuse programmes. • Improve support for staff experiencing racism and abuse. Improving culture and leadership • Strengthen accountability for anti-racist practice and inclusion. Improving recruitment and career progression • Review recruitment processes for bias. • Improve outreach and inclusive recruitment materials. • Support equitable career development opportunities. Trusts Workforce Disability Equality Standard Report (2026) • Continued work is required to embed consistent management practice, strengthen disability confidence, improve access to workplace adjustments and ensure equitable staff experiences across all services. • The report identifies the need to maintain momentum in improving organisational culture by continuing to reduce discrimination, strengthening accountability across directorates, and monitoring progress through WDES indicators and staff feedback. • Career development has been strengthened through a revised Career Development Framework and enhanced appraisal processes that include explicit discussion of equality, diversity, inclusion and barriers to progression. Trust Workforce Plan 2026/27 The Trust will focus on: • Expanding new and advanced clinical roles. • Increasing nurse training and apprenticeship routes ("Grow Our Own"). • Succession planning for retiring staff. • Developing community-based, multidisciplinary services aligned with NHS long-term priorities.
Key Risks/Areas of Focus: Gender Pay Gap Report (2025) • Mean pay gap has increased from 9.8% to 11.8%. • Female representation in the highest pay quartile has fallen slightly.	Decisions Made: Gender Pay Gap Report (2025) • Report approved • Agreed further work to develop opportunities for women to progress into

- Potential structural barriers affecting progression into specialist and senior roles. Trust's annual Workforce Race Equality Standard Report (2026) - Recruitment Disparities: white applicants continue to be more likely to be appointed than ethnically diverse applicants (ratio of 0.22 vs 0.16) – Equality achieved in the previous year has not been maintained. - Harassment and Abuse: after a steady downward trend reports of harassment from staff have increased and are now above national comparator levels. Additionally, 40% of ethnically diverse staff reported harassment or abuse from patients or the public which is approximately double the rate experienced by White staff and exceeds national benchmarks. - Career Progression: Ethnically diverse staff continue to report lower confidence in receiving equal opportunities for promotion and career progression than White colleagues Trusts Workforce Disability Equality Standard Report (2026) - Disabled staff remain proportionally more likely to enter formal capability processes than non-disabled colleagues, although the actual number of cases remains very small. - Levels of presenteeism remain higher than the national comparator, with disabled staff more likely to report feeling under pressure to attend work when unwell. - There has been a small decline in the proportion of disabled staff reporting that reasonable adjustments are in place, despite performance remaining above the national average. - Data quality challenges, particularly high levels of undeclared disability status, limit full insight. Trust Workforce Plan 2026/27 Trust has 3,199.65 FTE staff against an establishment of 3,448.52 FTE, leaving 248.87 FTE vacancies (vacancy rate 7.22%). This is slightly worse than the previous year. The most significant staffing shortages are in: - Allied Health Professionals (10.75% vacancy rate) - Health Care Scientists (15.97%) - Bands 2 and 3 roles, which account for almost half of all vacancies. - Community and Primary Care has the highest vacancy rate at 13.71%.	higher level roles ie the senior recruitment pipeline for women. Trust's annual Workforce Race Equality Standard Report (2026) - Report approved Trusts annual Workforce Disability Equality Standard Report (2026) - Report approved Trust Workforce Plan 2026/27 - Plan approved - Agreed need for clearer presentation of workforce movement in future iterations. - Agreed future plan needed greater focus on digital transformation and artificial intelligence - Agreed need to consider exploring benchmarking beyond the NHS to broaden understanding of workforce performance.

Turnover has risen to 12.34%, above the Trust target of 10%, although underlying retention is improving when TUPE transfers and temporary contract endings are excluded. • The workforce is ageing: • 411 staff are already at retirement age. • A further 474 staff will reach retirement age by 2030. • Nearly 22% of the workforce is at or approaching retirement age.				
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	17/6/26
	Finance Committee		Executive Management Team	12/05/26
	Mental Health Legislation Committee		Operational Delivery Group	11/05/26
	Collaborative Committee		Other (please detail) Trust Board	

Monitoring and assurance framework summary:

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

Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

Assurance Report 17 June 2026

Annual Gender Pay Gap Report (2025)

John Duncan presented the report to the Committee and noted the total workforce is 3,667 employees, of which 79.1% female and 20.9% male, broadly reflecting the wider NHS workforce.

The Trust continues to perform relatively well on gender pay equality compared with national benchmarks. The Trust's mean gender pay gap increased to 11.8% in 2025, up from 9.8% the previous year. This means men earn more on average across the organisation. The increase in the mean gender pay gap indicates that men remain disproportionately represented in some higher-paid roles, and the Trust has identified this as a priority area for action over the next two years.

However, the median gender pay gap is -0.78%, meaning the typical female employee earns slightly more than the typical male employee at the median point reflecting continuing improvement. This is the Trust's best median result to date.

Despite the increase, the Trust reports that its gender pay gap remains lower than national NHS and UK averages.

Committee members discussed range of issues including:

- Potential reasons for increase in mean gap (it was explained that a smaller number of male appointments into senior roles, combined with fewer men entering junior roles, had a disproportionate impact due to the small male workforce).
- Support and opportunity for women to progress into higher level roles ie the senior recruitment pipeline for women.
- Whether the position in Humber was unique or reflected nationally (we have one of the lowest gaps but our current position does mirror national trends).

Committee approved the report.

Annual Workforce Race Equality Standard (WRES) Report (2026)

John Duncan presented the report to the committee and explained that the report provides an analysis of the 2026 Workforce Race Equality Standard (WRES) data, highlighting areas of assurance, areas requiring focused improvement, and recommendations to address inequalities within the Trust.

The Trust has made measurable progress in workforce race equality, particularly in training access, disciplinary fairness, board diversity, and senior representation. However, recruitment disparities, higher levels of racial abuse and harassment, and concerns about equal career opportunities remain significant challenges that the Trust intends to address through targeted action during 2026/27.

The Trust implemented several initiatives during 2025/26:

- Relunched the Respect campaign to tackle bullying and harassment.
- Introduced the No Excuse for Abuse framework to address abuse from patients and visitors.
- Strengthened anti-racism staff networks.
- Adopted the international definition of antisemitism and enhanced EDI training.
- Established a Care, Culture and Equity Steering Group.
- Continued implementation of the Patient and Carer Race Equality Framework (PCREF).

Committee discussed report in some detail discussing and noting:

- Increased confidence in reporting and awareness of process to report. Discussing whether increased reporting of bullying and harassment is a sign of growing psychological safety.
- Emphasising the need for managers to take responsibility for addressing issues proactively. The potential impact of reduced international recruitment on applicant diversity (will be considered in the planned recruitment deep dive).
- Significant increase in ethnically diverse representation in Band 7 and above roles since 2022.
- The importance of embedding EDI across leadership and development programmes,
- Issue of harassment involving Trust staff – discussed influence of wider societal issues and Trusts (John described the Trust's proactive communications and support for managers in navigating sensitive issues sharing positive examples of cultural improvement and supportive team responses to racist incidents).

The Committee approved the report.

Annual Workforce Disability Equality Standard (WDES) Report (2026)

John Duncan presented the report and noted that overall, the data demonstrates a generally positive position. The report demonstrates that the Trust continues to perform strongly against the 2026 Workforce Disability Equality Standard (WDES), exceeding national benchmarks across a number of key indicators relating to disability inclusion, staff experience and engagement.

There is evidence of sustained improvement in staff experience indicators, particularly in reduced levels of bullying and harassment, increasing reporting confidence, and improved perceptions of organisational fairness and value. However, targeted improvement is required in capability processes, presenteeism, reasonable adjustments and disability

Disability declaration rates continue to present a challenge, with a significant proportion of staff choosing not to disclose disability status, limiting the Trust's ability to fully understand workforce inequalities and target support.

Committee discussed a range of issues covered in the report including:

- Disability equality has historically had less visibility than race equality and that greater organisational focus is required.
- Need to embed disability considerations within leadership, culture and management practice, recognising that disability is often less visible and requires sustained attention.
- Importance of ensuring that organisation-wide campaigns, such as Respect and No Excuse for Abuse, are inclusive of all protected characteristics
- Impact of hybrid working on disabled staff. Discussed ongoing work through Occupational Health, the Disability Staff Network and Estates to improve accessibility and support agile working, and the value of simple, locally agreed adjustments.
- Further discussion focused on disability declaration rates, with members recognising that many more staff identify as disabled in surveys than through formal workforce records, underscoring the need to build confidence in disclosure and improve data quality.

The committee approved the report.

Trust Workforce Plan 2026/27

Vickie Murray presented the Trust's Workforce Plan 2026/27 which reviewed the Trust's workforce position and set out staffing priorities for the coming year.

The Trust faces ongoing challenges from vacancies, turnover, and an ageing workforce, but underlying staff retention is improving. The 2026/27 plan focuses on targeted growth in children's and community services, workforce modernisation, succession planning, and significant recruitment efforts, strengthening the internal talent pipelines, and recruiting over

200 staff to maintain safe service delivery whilst simultaneously reducing overall establishment through service transfers and cost-saving measures.

Committee discussed a range of issues covered in the report including:

- Assurance that succession planning is robust, supported by a recent audit giving significant assurance.
- Work underway to strengthen development pathways for successors and to consider demographic risks highlighted through equality, diversity and inclusion analysis.
- Need for clearer presentation of workforce movement in future iterations.
- How the Trust is preparing for longer-term demographic and labour market challenges.
- Greater focus needed on digital transformation and artificial intelligence (potentially linked to wider productivity and efficiency programmes).
- Assurance regarding nursing and AHP recruitment, highlighting successful campaigns and strong relationships with education providers, including the recruitment of almost all newly qualified nurses from the local university.
- Impact of high vacancy levels in Bands 2 and 3 roles on patient care (confirmed that gaps are mitigated through flexible workforce and bank arrangements, with minimal agency use, and that staffing levels are monitored through safer staffing processes).
- Potential for exploring benchmarking beyond the NHS to broaden understanding of workforce performance.

The Committee approved the Workforce Plan.

Agenda Item 24

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026															
Title of Report:	Chairs Log and Assurance Report from the Specialised Provider Collaborative Committee meeting held on 15 June 2026															
Author/s:	Stephanie Poole, Non-Executive Director Melanie Bradbury, Collaborative Planning Director															
Recommendation:	<table><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 discussions held at the Collaborative Committee meeting on Monday 15 June 2026, together with a summary of the key matters for the Humber Teaching NHS Foundation Trust Board to note and consider for assurance.															
Key Issues within the report:																
Positive Assurances to Provide: • All providers subject to routine quality assurance monitoring • Positive financial position • Positive feedback from NHS England to HNY Specialised PC planning, financial management and quality assurance process. • Positive feedback from NHS England to the approach taken to develop new alternative to admission services across HNY. Best Practice for innovation and patient outcomes. • Significant progress has been achieved in reducing the use of naso-gastric tube (NGT) feeding across young people’s inpatient services.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): • Progress of new work stream priorities for 2026/27. • Implementation of the new CAMHS Developmental Specification; working with all ICB partners. • Continued work with ICB colleagues regarding improving Care Pathways.														
Key Risks/Areas of Focus: • Awaiting written confirmation from NHS England regional team to the future of commissioning, contracting and financial oversight of Specialised Provider Collaboratives.		Decisions Made: The following were reviewed and ratified at the meeting: ✓ Adult Secure Workstream Terms of Reference (Annual Review) ✓ Provider Collaborative Operational Group (PCOG) Terms of Reference (Annual Review)														

		✓ Most Suitable Provider (MSP) approach for the Adult Eating Disorders Alternative to Admission Service in North Yorkshire and York – ratified ✓ ToR for the Collaborative Committee – updated by Corporate team to remove CEO as Vice Chair and replaced with Non-Exec as Vice Chair.		
Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee	15.6.2026	Other (please detail)	

Monitoring and assurance framework summary:

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

1 Introduction and Purpose

This report is presented to the Humber Teaching NHS Foundation Trust (HTFT) Board to provide assurance regarding the governance, oversight and delivery arrangements of the Collaborative Committee. The Committee has been established by HTFT in its capacity as Lead Provider for the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

In undertaking the Lead Provider role, HTFT is required to demonstrate robust governance arrangements that ensure clear separation between its commissioning (Lead Provider) responsibilities and its provider functions, thereby mitigating any potential conflicts of interest. To support this separation and strengthen independent oversight, HTFT has delegated specific operational responsibilities to the Collaboration Planning and Quality Team (CPaQT), which is formally accountable to the Collaborative Committee.

The CPaQT is responsible for undertaking functions previously delivered by NHS England Specialised Commissioning. These functions include strategic planning, contractual oversight, financial monitoring and quality assurance of specialised Mental Health, Learning Disability and Autism services across the HNY region. The Team also oversees patient placements outside of natural clinical flow for individuals requiring specialist care within the following service areas:

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

Through these arrangements, the Collaborative Committee provides assurance that the Lead Provider responsibilities are being discharged effectively, transparently and in accordance with statutory and contractual requirements.

2. Patient Story

At each Collaborative Committee meeting, a non-identifiable patient story is shared to highlight the experiences of individuals accessing specialised mental health, learning disability, and autism services across HNY.

At the meeting held on 15 June, a patient story from the Adult Eating Disorders workstream was presented. The individual was admitted to Rharian Fields following a deterioration in both physical health and mental wellbeing in the community. The patient also had a diagnosis of autism, requiring careful consideration of their communication, sensory, and emotional regulation needs throughout their admission.

Through a personalised, needs-led approach, supported by regular autism-focused discussions and close collaboration with the patient, adjustments were made to ensure care was accessible and effective. As a result, the patient engaged well with treatment, gained weight, and made significant progress during their admission.

Access to the new Adult Eating Disorders Alternative to Admission Service enabled earlier step-down support and facilitated a shorter inpatient stay than would typically be expected for a patient with such complex needs. The patient was subsequently discharged home safely.

This case demonstrates the importance of recognising how eating disorders may present differently in autistic individuals and the value of integrated community and step-down support in improving outcomes, reducing length of stay, and supporting recovery closer to home.

3. Insight Report

The Insight Report is presented at each Collaborative Committee meeting and provides an overview of national, regional, and local developments relating to the Specialised Provider Collaborative (SPC), alongside other significant issues not covered elsewhere on the agenda.

3.1 Regional Specialised Commissioning

An update was provided on regional specialised commissioning arrangements across Humber and North Yorkshire (HNY), South Yorkshire, and West Yorkshire. Under the collaborative model, each SPC leads on specific high-cost, low-volume services, including:

- Perinatal Services
- Forensic CAMHS
- Pathway Development Service
- Yorkshire and Humber Involvement Network

Positive feedback on all commissioned services was received at the recent regional review meeting.

3.2 NHS England Q4 Contract Monitoring

At the NHS England Q4 Contract Monitoring Meeting held on 15 May 2026, positive feedback was received across all areas of performance, including service planning, quality assurance, and financial management.

NHS England also endorsed HNY SPC's proposals to develop alternatives to hospital admission for adults with eating disorders and children and young people requiring specialist mental health support. This reflects confidence in the partnership's strategic direction and its commitment to improving outcomes through enhanced community-based care.

3.3 South Yorkshire Secure Community Forensic Teams

On 10 June 2026, senior officers from CPaQT and colleagues from the Secure Community Forensic Team (SCFT) participated in a workshop with South Yorkshire partners to support the ongoing development of their SCFT model and share learning from existing provision.

The meeting heard that a regional event across Yorkshire and Humber has been arranged to share learning on the new CAMHS Developmental Specification.

4. Risk Register

Risk Closed since the last meeting:

- ❖ Adult secure closed –
PC24 – Adult Secure Clinically Ready for Discharge – reduction to only 4 CRFD and all actions completed
- ❖ Child and adolescent mental health services (CAMHS) Risk Closed -
PC35: CAMHS - Clinically Ready for Discharge (CRFD) - reduction in CRFD and all actions completed

New risk opened

- ❖ PC 37 Future Model of Specialised Provider Collaboratives from April 2027 – noted that this risk has reduced since March 2026 due to additional information shared by NHS England

Potential emerging risk under consideration across workstreams

- Implementation of CAMHS commissioning guidance: risk relating to delivery timescales required to meet the project Service Development Improvement Plan.

- Adult Secure 28-day pathway from prisons under consideration: ongoing horizon scanning and assessment of associated risks.

5. Work Stream Updates

Patients in Specialised MHLDA Services as at 15.6.2026				
Adult Secure		In HNY		Outside HNY
	High Secure			9
	Medium/Low Secure		108	33
CAMHS				
	GAU		6	2
	PICU			3
	Low Secure			2
	Eating Disorders		4	0
	Eating Disorders Day care		2	
	GAU Day Care		1	
			13	7
Adult Eating Disorders				
	AED in-pt		2	6

5.1 Children and Young People

- There are currently no CYP awaiting inpatient admission.
- One young person is currently Clinically Ready for Discharge
- Significant progress has been achieved in reducing the use of naso-gastric tube (NGT) feeding across inpatient services, reflecting improved therapeutic interventions and patient-centred care approaches.

Period	Number of feeds
Qtr. 1 2024	548
Qtr. 2 2025	108
Qtr. 3 2026	3

- Inspire day care development is progressing at pace
- 2026/27 priorities discussed and agreed at CAMHS workstream meeting
- Ongoing programme of work in relation to the national CAMHS development specification.

5.2 Adult Eating Disorders

- There are no patients clinically ready for discharge.
- Current out-of-area placements remain low, with discharges anticipated.
- Alternatives-to-admission services continue to develop across the collaborative, supporting earlier intervention and reducing reliance on inpatient care – proposal approved at PCOG and shared with the Collaborative Committee today for ratification.
- Workstream priorities for 2026/27 have now been agreed and implementation has commenced.

5.3 Adult Secure

- The HOPE(S) mobilisation programme (supporting people with learning disability who may require seclusion whilst in hospital) is now live across provider and ICB partners.

- The Women's Secure Pathway Transformation (WSPT) business case has successfully completed governance approval and pilot mobilisation is underway.
- Humber and North Yorkshire Provider Collaborative has completed baseline implementation activity for the National Bed Availability System (CPMS), supporting readiness for national rollout.
- Regional collaboration with neighbouring Provider Collaboratives continues to strengthen pathway oversight, repatriation planning, and opportunities for shared learning.
- Clinically Ready for Discharge numbers have reduced to 4
- HNY PC Single Point of Access (SPA) has been identified to oversee the day-to-day management of the National Bed Availability System (CPMS), ensuring operational oversight and coordination of bed availability across the region.
- Work is progressing with neighbouring Specialised Provider Collaboratives to establish formal regional agreements for specialised pathways, including review of out-of-area (OOA) placements and opportunities for repatriation into Yorkshire-based providers.
- Development of the Transdiagnostic Business Case is underway to explore alternative secure inpatient models for patients with complex overlapping needs, with options appraisal covering ward adaptations through to a bespoke transdiagnostic pathway.

6. Quality Assurance and Improvement

- All providers remain subject to routine monitoring arrangements.
- There is currently one individual in seclusion. This placement has been reviewed and is considered clinically appropriate to meet the person's bespoke care needs.
- Case Management Reviews are undertaken every 6–8 weeks, with compliance consistently exceeding 95%.
- Leeds and York Partnership NHS Foundation Trust was previously subject to Routine Plus monitoring due to KPI reporting requirements. Performance has improved significantly and the provider is expected to return to Routine monitoring during the current reporting period.
- Patient experience remains a central component of quality assurance activity. Multiple routes are available for patients and families to provide complaints, concerns, compliments, and feedback, ensuring that lived experience informs service improvement.
- Annual Quality Review visits are undertaken by Senior Case Managers and Quality Leads. To maintain independence, reviews are completed by a Case Manager who is not linked to the service being assessed. The Yorkshire and Humber Involvement Network also participates in these reviews, providing an additional service-user perspective.
- The team maintains a Soft Intelligence Log to capture emerging concerns, themes, and observations. This enables early identification of potential risks and informs decisions regarding enhanced oversight or service review requirements.

7. Items for Ratification

The Collaborative Committee reviewed and ratified the following:

- Adult Secure Workstream Terms of Reference (Annual Review) – **noted**
- Provider Collaborative Operational Group (PCOG) Terms of Reference (Annual Review) – **noted**.
The meeting asked that in future any new ToR have tracked changes to demonstrate the amendments to the ToR from the previous year.
- Most Suitable Provider (MSP) approach for the Adult Eating Disorders Alternative to Admission Service in North Yorkshire and York – **ratified**.

- ToR for the Collaborative Committee – removal of CEO as Vice Chair and replaced with Non-Executive – as per HTFT Corporate team advice – **noted and agreed**

8. Chairs Logs and Reporting Groups

The Collaborative Committee noted the following:

- PCOG Chairs Log
- Clinical Ready for Discharge End of Year Report
- Collaborative Committee Executive Group Minutes.

Agenda Item 25

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2026			
Title of Report:	Quality Committee Board Assurance Report – June 2026			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	√		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the Quality Committee on 4th June 2026 with a summary of key issues for the Board to note.			
Key Issues within the report:				
Positive Assurances to Provide: The Committee received positive assurances through the following reports. - The Quality Insight Briefing report and discussion - Insightful Board Update Report - Quality Committee Risk Register summary and BAF - Draft Quality Accounts 2025/26 - Waiting list trajectory and performance update Q4 - Learning from Deaths Report (including Medical Examiner Update)		Key Actions Commissioned/Work Underway: - The Quality Insight Report made the following recommendations - The emerging findings from the National Inquiries to be discussed in EMT to consider how the Trust further strengthen - The quality improvement charter and impact for VTE assessment will be reported to QPaS in August 2025 - It was agreed the next BAF review strategic goal to be discussed will be "Enhancing Prevention, Wellbeing and Recovery"		
Key Risks/Areas of Focus: Nil raised at this meeting		Decisions Made: The Quality Committee approved the 2025/26 Quality Accounts under its delegated authority.		
Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key areas of note arising from this meeting held on 4th June 2026 are as follows:

The minutes of the meeting held on the 8th April 2026 were agreed as a true record and the action log approved noting all items closed. The Quality Committee Assurance for April 2026 was noted as being presented to Board. The Committee work plan for 2026/27 was noted acknowledging the plan has been updated with the standard items required for the Terms of Reference and continues to be updated as required when delegated item are requested..

IQVIA Presentation Community Mental Health Users Survey Results 2025 - It was noted this item had been deferred, due to further assurance around the next steps being requested from EMT. Once received this item added to the next Quality Committee for discussion.

Quality and Safety Insight Briefing - KBa presented the Quality Insight Report, highlighting progress against previous actions, National Inquiry updates, patient safety, quality improvement and regulatory activity. Key themes in National updates included transparency, openness, patient safety culture and Board accountability arising from the Lampard, Thirlwall and Public Office (Accountability) Bill developments.

Quality and Safety Performance showed Incident reporting remaining stable, with most incidents resulting in low or no harm, while self-harm and violence/aggression continued to be the most common categories. Work is underway to address quality assurance issues following the move to recording Initial Incident Reviews onto Datix, and improvements are being made to Patient Safety Incident Analysis timescales. A rise in falls and ongoing pressure ulcer concerns have prompted further improvement work, alongside continued progress in VTE monitoring and infection prevention. Safeguarding performance remains strong, with improving training compliance and high levels of partnership activity. Complaints are highest within Hull CMHT, where an improvement plan and enhanced executive oversight are in place. Key areas of learning, improvement and assurance show positive inspection outcomes were reported for Townend Court, while work continues in response to CQC and Mental Health Act review findings. The Mental Health Division remains in Segment Four of the Patient Care and Performance Accountability process, with targeted executive support and comprehensive improvement plans focused particularly on waiting times and service performance.

Committee discussion focused on assurance regarding falls, pressure ulcer prevention, incident review timeliness, Hull CMHT improvement activity and delayed production of family and staff guidance under PSIRF, with members reassured that appropriate oversight, learning and co-production arrangements are in place. The report recommends that emerging findings from national inquiries are considered by EMT to further strengthen Trust arrangements and that the Quality Improvement Charter and VTE assessment work are reported to QPaS in August 2026.

Insightful Board Update - SS reported that the Insightful Board update had been presented to the Board and this paper outlined actions relevant to the Quality Committee. Key priorities include strengthening the focus on advocacy, providing a clearer narrative on how patient experience information is triangulated, and enhancing oversight of learning from deaths, which has been identified as a priority and added to the Committee workplan for discussion. SS also confirmed that the Insightful Board approach is now fully embedded within the Trust's annual effectiveness review process, and any outstanding actions will be incorporated into future Committee workplans. The Committee noted the update.

Quality Committee Risk Register Summary and Board Assurance Framework (BAF) - SS presented the updated Quality Committee Risk Register and Board Assurance Framework (BAF), noting that the Committee now reviews all quality risks scored nine or above, with 24 active risks currently identified and only one rated between 15 and 20. Several risks have been closed. It was noted the full risk register is reported to ODG and any risks unchanged for more than 12 months will undergo focused review to ensure appropriate challenge and assurance. The Quarter 4 BAF has been updated using a new template in response to internal audit recommendations, incorporating medium and high risks and a strengthened approach to reviewing long-standing risks. A focused discussion on strategic objectives will take place at the next Quality Committee meeting, supported by a set of challenge questions being developed by Oliver Sims to enhance scrutiny and assurance. It was noted that the next strategic objective for review will be 'Enhancing Prevention, Wellbeing and Recovery', with ongoing attention to patient safety responsibilities

within primary care services pending the transfer of the final practice. Overall, risk scores across the BAF remain stable, providing assurance that mitigation actions are effectively managing risk, and the report was noted by the Committee.

Draft Quality Accounts 2025/26 - SS introduced the 2025/26 Quality Accounts for approval under delegated authority prior to submission on 30 June 2026, noting that stakeholder feedback had been incorporated and that the document was clearer, more accessible and more focused than in previous years, while still meeting mandatory reporting requirements. SM highlighted the significant organisational contribution to the report and outlined key strengths, including achievement of Segment One status, strong quality improvement activity, progress against quality priorities, a mature patient safety culture, effective implementation of PSIRF, robust learning from deaths and incidents, and full participation in eligible national clinical audits. Positive developments were also reported in patient-centred practice, governance arrangements and the Cultural Care programme. Areas identified for further improvement included variation in patient experience within community mental health services, physical health integration, neurodiversity waiting lists and VTE compliance. The Committee noted ongoing stakeholder engagement, particularly regarding complaints handling, and requested minor amendments to audit tables and report content. Subject to these updates, which were delegated to SS for final sign-off, the Quality Committee approved the Quality Accounts under its delegated authority.

Waiting List Trajectory and Performance Update Q3 – LP presented the Quarter 4 Waiting List Trajectory and Performance Update, noting that the current reporting format has supported effective committee oversight and will be refreshed in Q1 to provide a more concise, accessible and assurance-focused report. Community Services maintained zero waits over 52 weeks, with Speech and Language Therapy and Community CAMHS sustaining compliance with the 18-week standard since February, while delays in the Chronic Fatigue Service caused by staffing issues have now been resolved. ADHD and neurodiversity services continue to experience significant demand pressures, leading to the establishment of a multi-agency task force to identify collaborative solutions, whilst adult autism waiting times are reducing through use of the 'Right to Choose' pathway. Talking Therapies continues to achieve the six-week standard but has faced temporary challenges meeting the 18-week target due to vacancies. Delays within the Memory Assessment Service remain linked to diagnostic imaging waits, with individual cases escalated and a pilot primary care pathway being tested to reduce unnecessary specialist referrals. The report also highlighted improvements in transition arrangements between CAMHS, Adult and Learning Disability services, with a focus on early planning, family involvement, continuity of care and ensuring transitions are clinically appropriate rather than age driven. Committee members emphasised the importance of capturing service user and carer experiences to support learning and quality improvement, resulting in an action for LP and PJ to present qualitative case studies on transitions. The report was noted.

Learning from Deaths Report (including Medical Examiner Update) - KF presented the first Learning from Deaths Report, developed in line with national requirements and recognising that each death represents an individual, their family and carers. The report outlines mortality review processes, governance arrangements, data trends and future plans to triangulate learning from deaths with incident and complaint data to strengthen organisational learning and assurance. Mortality data by division, cause of death, age, gender and ethnicity showed patterns broadly consistent with national expectations, with most deaths resulting from natural causes. A dedicated working group has been established to oversee data quality and regional learning, while external Yorkshire-wide audits have provided strong assurance regarding compliance with Medical Examiner requirements and internal processes. The introduction of the Medical Examiner system has been positive, supported by ongoing medical training and constructive feedback from the Medical Examiner, although some minor electronic patient record access issues remain. Committee members welcomed the comprehensive report, recognising its value in identifying trends, informing future audits and service improvements, and supporting robust oversight of learning from deaths. The report was noted.

Quality Committee Effectiveness and ToR Review – The final version of the Effectiveness Review and Terms of Reference which were presented and approved by Board in May 2026 were noted, highlighting the minor amendments to the Terms of Reference agreed by the committee to strengthen arrangements particularly the improved focus on patient outcomes and triangulation of reports. The paper was noted.

The meeting was reviewed with agreement that good discussions were had. It was agreed there was a balance within the committee between progressing items at pace and dedicating sufficient time to more complex issues, ensuring effective discussion while maintaining a strong focus on delivering assurance.

Board Strategic Development Meeting Agenda

Wednesday 26 August 2026, 9.30am – 1.00pm
Via MS Teams

		Lead	Action	Report format	Timings
1.	Apologies, Welcome and Purpose of the Day	CF	Note	-	9.30
2.	Notes of Meeting held on 1 July 2026 (including action log)	CF	Notes	✓	9.35
3.	Annual Review of Risk Appetite	SS/OS	Approve	Presentation ✓	9.40
4.	Break				10.40
5.	Implementing Outcome Measures at the Trust (Patient Related Outcome Measures and Clinical Related Outcome Measures)	SS/PJ	Discuss	✓	10.50
6.	Well-Led Bitesize Briefings: • Culture	KP	Discuss	Presentation ✓	11.50
7.	Any Other Topical Issues	CF/MM	Discuss	Verbal	12.30
9.	Date, Time and Venue of Next Meeting • Wednesday 28 October 2026, Multi-Use Room, Trust Headquarters.				

Members of the Board, Governors and Committees who receive copies of the agenda and meeting papers for Private meetings are required to observe the strictest confidence regarding any information contained within them and are required not to disclose any confidential information. Failure to comply with this requirement may be considered a breach of the Codes of Conduct for Trust Board members, Governors and Committee members.