

Trust Board Meeting 31 May 2023
Agenda - Public Meeting

For a meeting to be held at 10.00am Wednesday 31 May 2023, via Microsoft Teams (please note later start to the livestreamed due to confidentiality)

		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 29 March 2023	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	Patient Story – The Humber Centre – Streamlines – due to confidentiality the patient story will not be live streamed	KF	Note	√
6.	Chair’s Report	CF	Note	√
7.	Chief Executives Report	MM	Note	√
8.	Publications and Highlights Report	MM	Note	√
	Performance & Finance			
9.	Performance Report	PB	Discuss	√
10.	Finance Report	PB	Discuss	√
	Corporate			
11.	Freedom to Speak Up Report -Alison Flack, Guardian attending	MM	Discuss	√
12.	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme – Annual Report 2021 - 2022 – Alison Flack, Programme Director attending	MM	Discuss	√
13.	Emergency Preparedness, Resilience and Response (EPRR) Annual Report	LP	Discuss	√

14.	Health Stars Annual Report 22/23 and Operational (fundraising) Plan 23/24* - Jamie Lewis, Chief Executive Smile & Clare Woodard, Head of Smile Health attending	SMcG	Note	√
15.	Report on the Use of the Trust Seal	MM	Note	√
16.	Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	SJ	Approve	√
17.	Annual Declarations 2022/23	SJ	Approve	√
18.	Provider License	SJ/PB	Discuss	√
19.	Board and Committee Effectiveness Reviews 2022/23	SJ	Approve	√
20.	Fit and Proper Person Compliance	CF	Note	√
21.	Appointment of Associate Hospital Managers	KF/MS	Approve	√
Assurance Committee Reports				
22.	Finance & Investment Committee Assurance Report	FP	Note	√
23.	Workforce & Organisational Development Committee Assurance Report & 8 February 2023 Minutes	DR	Note	√
24.	Audit Committee Assurance Report	SMcKE	Note	√
25.	Collaborative Committee Report	SMcKE	Note	√
26.	Mental Health Legislation Committee Assurance Report	MS	Note	√
27.	Charitable Funds Committee Assurance Report*	SMcKE	Note	√
28.	Council of Governor Meeting Public Minutes	CF	Note	√
29.	June Board Strategic Development Agenda	CF	Note	√

30.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Note	verbal
31.	Any Other Urgent Business	CF	Note	verbal
32.	Review of the Meeting – Being Humber	CF	Note	verbal
33.	Exclusion of Members of the Public from the Part II Meeting			
34.	Date, Time and Venue of Next Meeting Wednesday 26 July 2023, 9.30am via Microsoft Teams			

*Presented to Board as Corporate Trustee



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests.			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Updated declarations 		<ul style="list-style-type: none"> N/A 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> No issues to note 		<ul style="list-style-type: none"> N/A 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly Board report	✓

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

√ Tick those that apply

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

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

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives • IMAS partner • Humber and North Yorkshire ICB Board Member • Non-Executive Director DHU Healthcare (a Social Enterprise organisation) from 2/11/22
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	<ul style="list-style-type: none"> • Director of Bluewaters Healthcare Limited, (not actively trading) • Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	Husband works for HMRC
Mr Steve McGowan, Director of Workforce and Organisational Development (Non-Voting member)	No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	<ul style="list-style-type: none"> • Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law is a Senior Consultant and Professor for Ophthalmology in the West Midlands • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy
Mr Mike Smith, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Trustee Director, the Baxi Partnership Limited • Trustee Director, the Baxendale Employment Ownership Trustees Limited

	<ul style="list-style-type: none"> • Trustee Director the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Trustee Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG
Mr Hanif Malik, Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> • Non-Executive Director, Karbon Homes
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Wife is employed by Carers' Resource, which may supply services to the NHS in West and North Yorkshire. • Part-time sponsor of University of Bradford's sustainability programme. The University may provide services for, and in collaboration with, the NHS.
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director of Conexus GP Federation • Vice Chair of Wakefield District Housing • FMC Health Solutions Ltd – Director and Shareholder • Health Care First Partnership – Senior Partner • Phillip Earnshaw Ltd – Director & Majority Shareholder • Trustee of Prince of Wales Hospice

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 29 March 2023 via
Microsoft Teams

Present: Rt Hon Caroline Flint, Chair
 Mrs Michele Moran, Chief Executive
 Dr Phillip Earnshaw, Non-Executive Director
 Mr Hanif Malik OBE, Associate Non-Executive Director
 Mr Stuart McKinnon-Evans, Non-Executive Director
 Mr Francis Patton, Non-Executive Director
 Mr Dean Royles, Non-Executive Director
 Mr Mike Smith, Non-Executive Director
 Mr Peter Beckwith, Director of Finance
 Dr Kwame Fofie, Medical Director
 Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
 Mr Steve McGowan, Director of Workforce and Organisational Development
 Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Stella Jackson, Head of Corporate Affairs
 Mrs Jenny Jones, Trust Secretary (Minutes)
 Ms Lynsey Fenwick, Market Research Consultant IQVIA (for item 31/23)
 Mrs Mandy Dawley, Assistant Director of Patient and Carer Experience and Engagement (for item 31/23)
 Ms Sarah Clinch, Senior Partnerships and Strategy Manager (for item 38/23)
 Ms Elaine Potts, Senior Business Development Consultant, IQVIA (for item 39/23)
 Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 43/23 & 44/23)
 Ms Hilary Brearley, Real World Group (observing)

Apologies: None

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

28/23	<p>Declarations of Interest The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove</p>
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	<p>themselves from the meeting for that item.</p> <p>The Chief Executive; Director of Finance; Mike Smith, Non-Executive Director; and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.</p>
29/23	<p>Minutes of the Meeting held 25 January 2023</p> <p>The minutes of the meeting held on 25 January were agreed as a correct record.</p>
30/23	<p>Matters Arising and Actions Log</p> <p>The action log and work plans were noted.</p>
31/23	<p>Community Mental Health Presentation Survey</p> <p>Lynsey Fenwick gave a presentation regarding the Trust's staff survey results for 2022. The Trust results were:</p> <ul style="list-style-type: none"> • Six (20%) questions scored in the highest 20% of trusts • Four (13%) questions scored in the lowest 20% of trusts • 20 (67%) questions scored in the intermediate 60% of trusts • 21% response rate <p>In 2022 the survey was conducted via paper and in 2023, participants would be invited to complete either a paper or online survey.</p> <p>The Trust Chair requested that a summary showing comparison to other NHS providers be produced and shared with the Board.</p> <p>Mr Smith noted the positive elements in the results although medicines management was an area of low score, despite the work that the Pharmacy team had been implementing in inpatient units. Francis Patton asked if the organisation could make contact with other trusts who had scored higher in areas to determine what they had done differently. Lynsey Fenwick confirmed this would occur.</p> <p>Mandy Dawley explained the results were from 2021 and significant work had taken place since then in response to the results.</p> <p>Hanif Malik asked about the holistic services and whether other organisations were succeeding in this area. Lynsey Fenwick explained that scores varied, and it could be an area the Trust could explore further with other providers.</p> <p>Some results were disappointing, and Lynn Parkinson summarised the work that had been undertaken to address these areas. An improvement plan had been produced and this had been considered by the Executive Management Team (EMT). The Trust was leading the way in changes nationally for the Care Programme Approach (CPA) which Lynsey Fenwick would be interested to hear about.</p> <p>The Trust Chair asked how improvements that were being made would be tested. Hilary Gledhill explained that some elements had been monitored by the Quality Committee via action plans and outcome measures. There was patient involvement in all of the elements. The key aim was to improve the survey response rate which would give a better picture from service users and carers.</p>

	<p>The Trust Chair suggested that medicines management should be an area of focus for the Quality Committee with a further update to the Board in six months on the work that was being undertaken.</p> <p>Stuart McKinnon-Evans queried the robustness of the sample for the survey. He was informed by Lynsey Fenwick that changes would be made for this year's survey to widen the categories of people who could take part to make it more representative of the population. There would still be those people who chose not to respond and the organisation could undertake pulse surveys to give a real time sense of what was going on in a particular area.</p> <p>The Chief Executive agreed with the comments made and believed medication and the response rate to the survey were key areas of focus</p> <p><u>Resolved:</u> The presentation was noted. <u>Summary of comparison with other NHS providers to be prepared for the Board</u> <u>Action KF</u> <u>Update to the Board in September 2023 on the work undertaken</u> <u>Action KF</u></p>
32/23	<p>Chair's Report The Chair presented her report which was taken as read. No questions were raised.</p> <p><u>Resolved:</u> The update was noted.</p>
33/23	<p>Chief Executive's Report The Chief Executive introduced her report and reiterated key points regarding:</p> <ul style="list-style-type: none"> • Visitors Policy and Leave Policy presented for ratification by the Board. A larger scale launch of the leave policy had been delayed due to local elections • Industrial action • Kings Fund Engagement project and the patient and carer experience offer • Visit by the Care Quality Commission (CQC) Director of Mental Health, Chris Dzikiti • Communications update and 100 days of Being Humber • Student Nursing Times Awards <p>An update on operational pressures was given by Lynn Parkinson and she outlined the expected seasonal variation, review of winter plans and the robust plans in place to manage the industrial action. It was noted that Covid infection rates were increasing with the Trust having seven positive patients recently. An impact was also being seen with Covid related sickness absence.</p> <p>Steve McGowan drew the Board's attention to the accreditation for Tommy's – Pregnancy and Parenting at Work Champion. The Leave policy was innovative and was co-produced with staff side colleagues and Birmingham Children's Hospital.</p> <p>The NHS pay offer had been made and confirmation awaited on the outcome. Pete Beckwith confirmed that if accepted the non-consolidated 22/23 payment (£6.5 million) was to be included in this year's accounts and funding given to the Integrated Care Board to cover it. The Trust had accounted for a 2% pay award in 23/24 and if the 5% offer was accepted it was unclear where the additional funding would come from at this time. The Finance and Investment Committee (FIC) had considered the position</p>

	<p>when it met, and Francis Patton explained that concerns were raised around the level of inflation which was set at 2.9% and due to rise to 10.4%.</p> <p>Francis Patton noted the reasons for buying and selling of leave detail which was interesting to see in relation to work life balance.</p> <p>The Kings Fund Engagement project was of interest to Hanif Malik who asked if there were any representatives from the not-for-profit sector involved. Details of those involved would be shared outside of the meeting.</p> <p>Resolved: <u>The report and updates were noted. The Board ratified the Visiting policy and the Leave policy</u> <u>Details of those involved in the Kings Fund Engagement project to be shared</u> Action KF</p>
34/23	<p>Publications and Highlights Report</p> <p>The report provided an update on recent publications and policy. Stuart McKinnon-Evans noted the National Audit Office (NAO) report on progress made on improving mental health services. Francis Patton noted the Repairing and Transforming the NHS Estates report did not include new hospital investment.</p> <p>A session on Health Inequalities was planned for a future Strategic Board Development meeting</p> <p>Resolved: <u>The report was noted.</u></p>
35/23	<p>Performance Report</p> <p>Pete Beckwith presented the report relating to the current levels of performance as at the end of February 2023. He reported a similar position to the previous report with positive compliance with mandatory training across the Trust. Delayed Transfers of Care (DTC) and Out of Area Placements (OOA) were still reported as areas of concern.</p> <p>Additional narrative on waiting times was included within the report. Lynn Parkinson clarified that the upturn in over 52 week waits related to ADHD in children's services and a slight increase in adults which were commissioned on a case-by-case basis. Demand was exceeding capacity for staffing and financial resources and discussions were taking place with commissioners. The Executive Management Team (EMT) supported a proposal for additional funding for ADHD/ASD while negotiations with commissioners were ongoing. Updated trajectories for all scenarios would be included in the May report.</p> <p>Francis Patton noted the positive downward trend on vacancies and the fluctuation with the referral to treatment (RTT) position. Lynn Parkinson had reported for some time that this was an expected variation for 18 week waits due to the impact of 52 week waits. The situation was monitored closely and there was focus on improving the position.</p> <p>Concerns around OOA placements had been escalated within the wider system and partners to expedite discharges. The overall position had not changed, but some long-term patients had been transferred within this period. The position continued to be monitored and escalated to Place and Local Authority partners. Phillip Earnshaw asked whether referrals were appropriate or triaged which could help with system</p>

	<p>pressures. Lynn Parkinson explained that focus was on the patient flow with an increase in referrals in some areas. Contact Point had been successful in triaging Child and Adolescent Mental Health Services (CAMHS) referrals. The demand for neurodiversity services was impacting on the number of referrals.</p> <p><u>Resolved:</u> The report and verbal updates were noted</p>
36/23	<p>Finance Report</p> <p>The finance report as at the end of February was presented to the Board by Pete Beckwith. The Trust remained confident to meet a break-even position by the year end. Cash was in a strong position as was compliance with the Better Payment Practice Code. Agency spend and Primary Care remained areas of pressure although recovery trajectories were expected to be seen in 23/24.</p> <p>Mike Smith referred to the cash position and believed that more detail was required on the disposable amount available. This would be discussed at the next Finance and Investment Committee (FIC) meeting to determine how that section of the report could be improved.</p> <p><u>Resolved:</u> The Board noted the Finance report</p>
37/23	<p>Estates Strategy</p> <p>Pete Beckwith introduced the strategy that had been developed in conjunction with Trust colleagues and aligned to the Trust Strategy and the Green plan. If approved an estates plan would be developed for 2023/24 and aligned to the Capital Programme and Operational Service plans.</p> <p>Francis Patton confirmed that comments raised at the Finance and Investment Committee (FIC) meetings had been taken on board. He pointed out that some narrative was missing for Goal six which would be reviewed.</p> <p>Mike Smith queried whether future plans for the Trust estate should be included.</p> <p>The Chief Executive acknowledged the difficulty in producing an estates strategy and thanked the team for their work on this and in general.</p> <p>The Chair asked what the position was on carbon emission reductions. Pete Beckwith explained there was an estimated baseline, and more detail would be included in the updated Green plan to be considered by the Board.</p> <p><u>Resolved:</u> The Board approved the Estates Strategy.</p>
38/23	<p>Trust Strategy Monitoring Framework</p> <p>The proposed metrics for monitoring delivery of the new Trust Strategy were presented for approval. The framework had been considered by the Board Sub-Committees.</p> <p>Hilary Gledhill recognised that some of the data sets included the information source and suggested that this be standard for each one. In relation to measuring metrics, the framework would be iterative for some time as it evolved and developed, and some amendments may be required for areas that could not be measured appropriately.</p> <p><u>Resolved:</u> The Trust Strategic Monitoring framework was approved.</p>

39/23

2022 Staff Survey Results

Elaine Potts from IQVIA gave a presentation regarding the staff survey results. The survey was conducted using a mixed method of paper and online. The presentation also outlined the key areas of focus for 2023. Key highlights included:

- 6 of the 7 People Promise theme scores increased (the other stayed the same)
- Staff morale increased and staff engagement stayed the same
- 74 of 104 questions were more positive than in 2021

Stuart McKinnon-Evans asked if the response regarding care of patients as a top priority was isolated to a particular staff group. He was informed that the data was broken down by Directorate and department so the detail could be shared. The Trust Chair acknowledged that this issue had been raised in last year's survey. Dean Royles commented that the Trust was on a journey and improvement would be seen over time. The staff survey workplans had been reviewed by the Workforce and Organisational Development Committee and he suggested that it was an area the Quality Committee might want to look at from a quality perspective.

The Trust Chair highlighted that the organisation was the third most improved Trust in the country which she believed was a fantastic achievement.

Hanif Malik recognised that the overall trajectory for the results was positive. He suggested that a deep dive into disparity across Directorates for key areas to determine whether any more focus was needed. He also asked about discrimination and whether there were any patterns coming out from the protected characteristics. Elaine Potts explained that the data was broken down by the protected characteristics so further focus in this area could be done. Steve McGowan confirmed that a report had been provided to the Workforce and Organisational Development Committee which he was happy to share. The reports on Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) considered by the Board would provide further assurance in this area.

The Chief Executive agreed the Trust was on a journey and performance had improved from some years ago. She believed the key areas of focus were being a good place to work and patients being at the centre of everything. She was disappointed with the score for the latter and suggested that internal messages should be reviewed and asked the Workforce and Organisational Development Committee to look at these. The Chief Executive also suggested further discussion on the survey results take place at a future Strategic Board Development session followed by an update to the Board.

Resolved: The report was noted.

Quality Committee to review staff survey workplans **Action HG**

Protected Characteristics report to be shared with the Board **Action SMcG**

Workforce and Organisational Development Committee to review the internal messages sent to staff to try to improve the score around the patient question **Action SMcG**

Survey to be discussed at a future Strategic Board Development session followed by an update to the Board **Action SMcG**

40/23	<p>Humber and North Yorkshire (HNY) Integrated Care Board Collaborative Programme Update</p> <p>The report was taken as read. It provided an update on the work of the HNY Mental Health, Learning Disabilities and Autism Collaborative programme and planning for 2023/24.</p> <p><u>Resolved:</u> The report was noted.</p>
41/23	<p>Edenfield “Closed Cultures” Progress Report</p> <p>Hilary Gledhill presented the progress report which was taken as read. The report detailed the work that had been undertaken across the Divisions and corporate services. Ongoing work included triangulation of data sets to identify key quality indicators including turn over, sickness and supervision.</p> <p>Mike Smith believed it was an excellent report and showed the golden thread running through other reports. He commended the cultures work that had been taken forward by executive colleagues.</p> <p><u>Resolved:</u> The report was noted.</p>
42/23	<p>Appointment of Associate Hospital Managers</p> <p>The report provided details of recruitment for Associate Hospital Managers and was taken as read. Mike Smith confirmed that he had been involved in the process and recommended the appointments to the Board.</p> <p><u>Resolved:</u> The Board approved the appointment of Billy Cobby, Charlotte Jago and Lauren Ostler</p>
43/23	<p>Board Assurance Framework (BAF)</p> <p>The Chief Executive reported that the BAF would be considered in detail at the April Strategic Board Development session</p> <p>Oliver Sims presented the report that covered the Q4 2022/23 period. A draft of the annual BAF audit had been received which gave significant assurance. The Trust Chair noted that Improvement work was still required on the narrative for the strategic objectives and principal risks. It was confirmed this work was taking place to address the comments already received.</p> <p><u>Resolved:</u> The BAF was noted.</p>
44/23	<p>Risk Register</p> <p>The report was taken as read and provided an update on the four Trust-wide risks scoring 15+. The Child and Adolescent Mental Health Services (CAMHS) inpatient risk around demand had been reviewed and was expected to reduce (subject to approval). New risks had been identified and were going through the appropriate process</p> <p>Stuart McKinnon-Evans explained that discussions had taken place at the last Audit Committee in relation to static scoring risks or those that had not moved much due to external factors out of the organisation’s control. This had been taken on board and would form part of the review.</p> <p><u>Resolved:</u> The report was noted.</p>

45/23	<p>Trust Board Sub Committee Chairs and Non-Executive Directors Champion Roles</p> <p>The report presented by the Trust Chair was taken as read. No questions were raised.</p> <p><u>Resolved:</u> The report was noted.</p>
46/23	<p>Workforce and Organisational Development Committee Assurance Report and 12 October 2022 Minutes</p> <p>Dean Royles presented the latest assurance report highlighting:</p> <ul style="list-style-type: none"> • Five consecutive months reduction in sickness absence • Nurse vacancies at the lowest level for some time • Committee reviewed statutory and mandatory training. Most areas were performing well, but some areas were below compliance and improvement trajectories were in place. • Leavers – following Covid it was anticipated that some staff would leave. The highest reason was retirement followed by work life balance. A deep dive would be conducted into staff who have left in the first two years of their job. • Minutes from the October meeting were provided for information. <p><u>Resolved:</u> The report and minutes were noted.</p>
47/23	<p>Audit Committee Assurance Report</p> <p>The report was presented by Stuart McKinnon-Evans. Items discussed included the risk register static score.. Audit plans were progressing well.</p> <p><u>Resolved:</u> The report was noted.</p>
48/23	<p>Collaborative Committee Assurance Report</p> <p>Stuart McKinnon-Evans presented the report as Chair of the Committee. He drew the Board's attention to:</p> <ul style="list-style-type: none"> • 142 adults in low and medium secure, prospectively 139 by end of February 2023, lowest since Go Live in October 2021 • 19 Clinically Ready for Discharge in Adult Secure, costing estimated £2.6m from May 2022 to January 2023 • Improvement plan in place for Inspire and being monitored. <p><u>Resolved:</u> The report was noted</p>
49/23	<p>Mental Health Legislation Committee Assurance Report</p> <p>The assurance report was presented by the Committee Chair, Mike Smith who highlighted that Prone restraint was near the upper control limit but being managed. Future reports to the Committee would include more detail around timings and trends in real time. Hull identified as a negative outlier for detentions in national statistics publication in October 22. This would be reviewed in the coming months.</p> <p><u>Resolved:</u> The report was noted</p>
50/23	<p>Quality Committee Assurance Report and 24 November 2022 Minutes</p> <p>The report was taken as read. Phillip Earnshaw highlighted the following key areas</p>

	<p>from the report:</p> <ul style="list-style-type: none"> • Impact of junior doctors' industrial action • Approval the Safeguarding plan 2023 – 2026 • Approval the Annual Controlled Drugs report • Review of terms of reference taking place • Autism strategy update received <p>Resolved: The report was noted.</p>
51/23	<p>Charitable Funds Committee Assurance Report and 13 December 2022 Minutes* The report was presented to the Board as Corporate Trustee and was taken as read. The Committee Chair, Stuart McKinnon-Evans noted there was new leadership in the team. A grant of £30k had been secured to support future work.</p> <p>Resolved: The Board noted the report.</p>
52/23	<p>April Board Strategic Development Agenda The agenda was presented for information and identified the areas to be discussed at the meeting. It was noted that a slight change had been made to move the provider Licence item to the May public Board to allow more time for the Board Assurance Framework (BAF) item.</p> <p>Resolved: The update was noted</p>
54/23	<p>Items to Escalate including to the High-Level Risk Register and for Communication No items were raised.</p>
55/23	<p>Any Other Urgent Business No other business was raised.</p>
56/23	<p>Review of the Meeting – Being Humber Board members reviewed the meeting and found it to be effective with reports of a good quality. The meeting was well chaired and timings appropriate for items with assurance received on items from Executive colleagues.</p>
57/23	<p>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.</p>
58/23	<p>Date and Time of Next Meeting Wednesday 31 May 2023, 9.30am via Microsoft Teams</p>

Signed Date
Chair

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

Summary of actions from March 2023 Board meeting and update report on earlier actions due for delivery in May 2023						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.3.23	31/23(a)	Community Mental Health Presentation Survey	Summary of comparison with other NHS providers to be prepared for the Board	Medical Director/ Chief Operating Officer	26 July 2023	The Mental Health Planned division have put an action plan together including the comparison. This is going to EMT and Quality Committee in June, and then to the board in July.
29.3.23	31/23(b)	Community Mental Health Presentation Survey	Update to the Board in September 2023 on the work undertaken	Medical Director	September 2023	Item added to the Board workplan for September 2023
29.3.23	33/23	Chief Executive's Report	Details of those involved in the Kings Fund Engagement project to be shared	Medical Director	May 2023	Five organisations; Humber Teaching NHS Foundation Trust, Hull University Teaching Hospitals NHS Foundation Trust, York

						<p>and Scarborough Teaching Hospitals NHS Foundation Trust, North Lincolnshire and Goole NHS Foundation Trust and Hull Place (Humber and North Yorkshire Integrated Care Board</p> <p>Brian Swallow and Marilyn Foster are our governor/patient from our trust working with the steering group.</p>
29.3.23	39/23(a)	2022 Staff Survey Results	Quality Committee to review the staff survey workplans	Director of Nursing, Allied Health and Social Care Professionals	June 2023	Item added to the agenda for the June Quality Committee
29.3.23	39/23(b)	2022 Staff Survey Results	Protected Characteristics report to be shared with the Board	Director of Workforce and Organisational Development	October 2023	This will form part of the Workforce Race Equality Scheme (WRES) and Workforce Disability Workforce Scheme (WDES) reports which are due later in the year.
29.3.23	39/23(c)	2022 Staff Survey Results	Workforce and Organisational Development Committee to review the internal messages sent to staff to	Director of Workforce and Organisational Development	May 2023	Report on the Staff Survey presented and considered by Workforce Committee. At the Board time out,

			try to improve the score around the patient question			it was suggested that there needs to be a more active role from other Committee's at looking at aspects of the Staff Survey. Given this relates to a patient safety question, the suggestion is that Quality Committee pick this up for discussion and assurance.
29.3.23	39/23(d)	2022 Staff Survey Results	Survey to be discussed at a future Strategic Board Development session followed by an update to the Board	Director of Workforce and Organisational Development	September 2023	Item added to the Board agenda for September 2023

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
27.4.22	81/22	Freedom to Speak Up (FTSU) Annual Report 2021/22	The next report will break down the data by ethnic group and gender	FTSU Guardian	April 2023 revised to May (Date changed to align with next annual report and Board meeting)	Item on May agenda
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be	Chief Operating Officer	April 2023 revised to a future Board	Patient/Staff story to be provided on Speech and Language

			invited to a future meeting		meeting – date to be arranged	
26.10.22	202/22	Performance Report	Discussion to take place at a Strategic Business meeting on performance including waiting times. This will be added to the workplan for the meetings	Chief Operating Officer & Head of Corporate Affairs	June 2023	Item on the Board Strategic Development Meeting On agenda for June 2023
26.10.22	205/22	Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services- Humber Teaching NHSFT response to Panorama Expose on Edenfield Secure Services	An update will be provided at a future Strategic Business meeting. HG to inform SJ when this item should be timetabled for discussion	Director of Nursing, Allied Health and Social Care Professionals	March 2023	Item on March Board agenda
25.1.23	06/23	Chief Executive's Report	Digital proposed as a topic for discussion at the April Strategic Development Meeting	Director of Finance	April 2023	Added to the work programme for April

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

Board Public Workplan April 2023/March 2024 (v6l)

Chair of Board: Caroline Flint
Executive Lead: Michele Moran

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Reports:								
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Quarterly Items								
Finance & Investment Committee Assurance Report	Assur Comm	FP	x	x		x	x	
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Workforce & Organisational Development Committee	Assur Comm	DR	x	x		x	x	
Quality Committee Assurance Report	Assur Comm	PE	x		x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	MS	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM		x	x	x		x
Risk Register	Corporate	HG		x	x	x		x
HNY Update	Corporate	MM	X A/R	x	x	x		x
6 Monthly items								
Trust Strategy Delivery Report	Strategy	PB	x			x		
Freedom to Speak Up Report	Corporate	MM	x			x		
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research & Development Report	Corporate	KF		x			x	
Annual Agenda Items								
Suicide and Self-harm Strategic Plan (next due 2025)	Strategy	KF			x			
Recovery (Enabling) Strategy Update (due 2026)	Strategy	LP		x				
Mental Health Managers Annual Progress Report (inc in Assurance Report)	Assur Comm	LP	x					
Patient and Carer Experience Forward Plan (2023 to 2028 (due 2023)	Strategy	KF			x			
Presentation of Annual Community Survey	Corporate	KF						x
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			
Quality Accounts moved to June Strategic Meeting	Quality	HG	x def					

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Reports:								
Infection Control (Enabling) Strategy	Strategy	HG		x				
Infection Prevention Control Annual Report	Quality	HG			x			
Safeguarding Annual Report	Quality	HG			x			
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards	Corporate	LP			x			
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	LP			x			
Health Stars Strategy Annual Review	Assur Comm	SMcG		x				
Health Stars Operations Plan Update	Assur Comm	SMcG		x				
Annual Operating Plan	Strategy	MM						x
Freedom to Speak Up Annual Report	Corporate	MM			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					
Annual Non-Clinical Safety Report	Corporate	PB		x				
Annual Declarations Report	Corporate	SJ	x					
Charitable Funds Annual Accounts	Corporate	PB					x	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	Corporate	KF			x			
Gender Pay Gap	Corporate	SMcG		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board	Corporate	SMcG			x			
WRES Report reports into Workforce Committee with report to Board	Corporate	SMcG			x			
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			x			
Annual National Staff Survey Results	Corporate	SMcG						x
Board Terms of Reference Review (inc in Effectiveness review)	Corporate	CF	x					
Committee Chair Report	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					
Workplan for 2023/24: To agree	Corporate	CF/MM	x					
AD Hoc Items								
Items to Escalate including to the High Level Risk Register	Corporate	CF	x	x	x	x	x	x
Potential Items for Consideration at Future Strategy meetings	Corporate	CF	x	x	x	x	x	x
Estates Strategy – March 23	Corporate	PB						
Edenfield Update	Corporate	HG		x			x	
Provider Licence	Corporate	SJ	x					
Staff Survey Progress Report	Corporate	SMcG			x			
Health Inequalities 0- to xx Strategic BoardDevelopment Meeting	Corporate	KF						

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Reports:								
Board Assurance Framework Assessment	Corporate	MM			x			
Community Mental Health Presentation Survey Update	Corporate	KF			x			
Deleted /Removed Items								
Review of Disciplinary Policy and Procedure	Corporate	SMcG						
Risk Management Strategy Update –moved to a Strategic Board item	Strategy	HG						
Equality Delivery Scheme Self Assessment – to go to Workforce Committee	Corporate	SMcG						

Agenda Item 6

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023			
Title of Report:	Chair's Report			
Author/s:	Rt Hon Caroline Flint Trust Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide updates on the Chair, Non-Executive Directors and Governor activities since the last Board meeting			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> Chief Executive recognised by the Health Service Journal (HSJ) as a top 50 NHS Chief Executive Board Strategic Development Meeting discussions April 2023 Chair and Non-Executive Director (NEDS) Visits NHS Providers Chief Executive Visit 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Work on reviewing the Constitution Development of Associate NED role and recruitment 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> N/A 		Decisions Made: <ul style="list-style-type: none"> N/A 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

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 – 31 May 2023

The Trust was delighted that our Chief Executive Michele Moran was recognised by the Health Service Journal as being one of the Top 50 NHS Chief Executives. Michele's contribution to improving the Trust's services for patients and supporting staff has demonstrated her qualities of leadership and commitment.

Hanif Malik, our Associate NED, will be leaving us when his term ends later this year. Hanif has brought considerable insight, especially from the voluntary sector and skills to the Board and I will be drawing on his experience as we begin recruiting for the Associate NED role.

We are currently reviewing the Constitution to bring it in line with the Health and Care Act 2022. The proposed changes will come to the July Board meeting for consideration.

Trust Board Strategic Development Meeting, 26 April 2023

These meetings include a small number of key items on the agenda which enables Board members to have a detailed discussion regarding matters of strategic importance. Time is also allocated, as appropriate, for the Board to work on its own development. The Board focussed its attention on the following areas at the April meeting:

- **Proud Programme and Draft People Strategy** – agreed significant work and initiatives to improve the work and development of our staff. Feedback positive but it would be beneficial to understand the impacts on patients' care, recruitment and retention. More staff mentors now available.
- **Governing and Ensuring our Digital Strategy and Electronic Patient Record (EPR) Update** - agreed reporting groups would be assessed on an annual basis, Be Digital would report into the Finance and Investment Committee and digital oversight added to the Committee's terms of reference.
- **Trust Strategy and Board Assurance Framework (BAF)** – explored how the BAF could better capture the sources of assurance and gaps in control, clarity of wording, duty to collaborate and future risks.
- **The Associate Non-Executive Director Role** – Hanif shared his learning from the experience and importance to Board diversity. Agreed reducing the time commitment, providing a tailored development programme, and appointing two Associate NEDs. This view aligned with those of the Appointments, Terms and Conditions Committee.
- **Board Development – Real World Group** - Professor Beverly Alimo-Metcalfe gave a presentation regarding the role of leadership and culture in creating high performing organisations. A 360 survey of the Board will begin shortly with feedback at the next Board Strategic Development meeting.

2. Chair's Activities Round Up

The Trust's appraisal window is open, and successful appraisals of the Non-Executive Directors were completed by me and Governor Sue Cooper. The Senior Independent Director (SID) Francis Patton and I undertook the CEO's appraisal. As much as anything this time is valuable to have a conversation to reflect on how work is going, and any support needed. Francis and Sue conducted my appraisal and I found it helpful to have space to reflect and seek ideas from them.

It was great to have an introductory online meeting with Chris Dzikiti, CQC Director Health and share some information about the Board and our governance. Chris was very positive about his visit to Humber in March.

The Trust organised a marketplace setting for the CEO NHS Providers Julian Hartley's visit to Humber. He heard from a number of our Teams and was very impressed by the enthusiasm and

innovation. NEDs Dean Royles and Mike Smith joined us too with Michele Moran and other EMT members.

Sarah Chapman invited me to speak at the Integrated Specialist Public Health Nurses (ISPHN) and Integrated Public Health Nurses (IPHN) Celebration and Development Event at Hull's Guildhall. Public health nurses and allied staff make a huge difference to families lives and are important to a children's early years.

The next day via MST I met up again with Bethia Dennis and the Humber Youth Action Group which just gets stronger. I heard from young service users who want to feedback and help inform Humber going forward.

Thanks to Nuala Cullen I got to present Postgraduate (Foundation Course) Family Therapy Certificates to the 2021-22 cohort and have a chat about the course and working with families. Great to have face to face events like this for people to come together (and eat cake!)

Likewise, the Equality, Diversity, Inclusion (EDI) Annual Event enabled people to discuss priorities in plenary and small groups as well as having informal discussion. Pleased to be there for the priority setting session and close the event.

The Easter Service, where I spoke, was online and at a local farm. Just before starting, a cow gave birth to a calf, and we got a glimpse of the new arrival.

I had an introductory chat with David Napier the new Complaints and Feedback Manager and chaired the interview panel for a Neurodiversity CAMHS Consultant.

Attended the following Board Sub Committees: Finance and Investment (FIC) and Audit (AC) chaired respectively by Francis Patton and Stuart McKinnon-Evans. FIC focussed on the 2022/23 Budget and the plan for 23/24. The AC discussed the draft Annual Accounts 2022/2023, and we heard positive reports from both Internal and External Auditors. A list of areas for the 2023/24 internal audit was agreed. In addition, I chaired two meetings of the Remuneration Committee.

External meetings included:

HNY Chairs and CEOs to discuss Financial Plans 2023-24
HNY Provider Chairs Awayday
HNY Chairs ICS Briefing
HNY Provider Chairs Catch Up
NHS Providers in Conversation with Claire Murdoch National Mental Health Director

4. Governors

My thanks to Governor Sue Cooper for the 2023 appraisal work she has undertaken this month. The Appointments, Terms and Conditions Committee met and discussed succession planning for NEDs and the role of the Associate NED.

The Council of Governors met in April and will be meeting in person on 20 July. I am working on the Governor Calendar for 2024 and planning for two out of 4 CoGs to be in person.

Supt. Paul French is replacing Supt. Jenny Bristow as the Partner Governor for Humberside Police. Our thanks to Jenny and wish her the best.

The next Governor Development Day is on June 15 and will be focussing on the Quality Accounts and the work of the Quality Committee led by NED Phillip Earnshaw.

5. Chair and Non-Executive Director (NED) Visits

Chair

HICTOP Townend Court – great to meet Chloe Harrison and her team and hear more about how they have reduced waiting lists empowering all the staff to play a part.

Estates Team, Hotel Services and Occupational Health – I went around the Willerby site to meet staff from these teams. What they provide is so important to our patients care and safety as well as our staff's wellbeing.

NEDs (Also Executive Directors and Governors)

Millview Court	Dean Royles & Francis Patton
Inspire	Francis Patton, Doff Pollard, and Tony Douglas
PICU	Stuart McKinnon-Evans, Lynn Parkinson, Tony Douglas, Anthony Houfe

Scarborough/Malton Community Services

Pete Beckwith, Tim Durkin and Doff Pollard attended

Millview Lodge

Stella Jackson and Tony Douglas

Trust Chair Caroline Flint 21/05/23

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	<p>To provide the Board with an update on local, regional and national issues.</p> <p>To ratify the Was Not Brought and No Engagement policy and Business Continuity Policy</p>			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Work contained within the report 		<ul style="list-style-type: none"> Contained within the paper 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> Nothing to escalate 		<ul style="list-style-type: none"> Ratification of Policies 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly report to Board	✓

Monitoring and assurance framework summary:

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

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

Chief Executive's Report

1 Items for Approval

1.1 Trust Policies

The policies in the table below are presented for ratification. 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 Board to ratify these.

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Was Not Brought and No Engagement policy	3.4.2023	Director of Nursing, Allied Health and Social Care Professionals	This new policy provides guidance and support, outlining the roles and responsibilities of Humber Teaching NHS Foundation Trust staff in response to children, young people and adults at risk who are not brought to health appointments and in addition where there are no access to home visits for health appointments. The policy can be accessed via this link: WNB-No Engagement Policy N-073 V1 Apr-23 for Board ratification.pdf (humber.nhs.uk)
Business Continuity Policy	24.4.2023	Chief Operating Officer	This new policy outlines the roles and responsibilities of individuals in the process of Business Continuity Management and provides a framework for the development and maintenance of Business Continuity Plans. It can be accessed via this link: 109 14-20 Aug (humber.nhs.uk)

2 Around the Trust

2.1 Visits

It has been a pleasure to undertake numerous visits, during the month, the focus of which is to discuss with staff the organisation's top priority: Patients and Patient care. Our staff have challenges but undertake some remarkable work. Our developing flexible approach to work is being well received alongside the staff health and wellbeing support offered. Recruitment continues to be the main area of concern for staff.

2.2 HSJ Judge

I have been asked to be part of the HSJ Judging panel for this years HSJ awards, a great honour for the organisation to be recognised.

2.3 Choir

Helen Chamberlain Principal Children's Physiotherapist, Carol Clark Specialist Safeguarding Practitioner, Debbie Johnson Learning Disability Nurse, Jacki Scott School Nurse and Jo Trafford Administrator were part of the NHS Coronation NHS choir.

2.4 Clinical Change

Dr David Harvey accepted a new role as lead Psychologist in Gibraltar and left the Collaborative Planning and Quality team (CPaQT) in March. However following a national recruitment process Dr Clare Whitton has accepted the role of Clinical and Quality Director and will join the CPaQT in July.

2.5 Health Education England (HEE)

It was great to be part of the organisational panel during the NHS England Senior Leader's engagement assessment visit and it was wonderful to hear such fantastic feedback on our teaching, training, and learning environment, the HEE team said that the organisation was one of the best that they have seen, this is a real testament to the medical educational team and specifically Dr Soraya Mayet our Medical Education lead. Great progress and well deserved feedback.

2.6 HSJ Patient Safety Awards

Listed below are this year Organisational entries, good luck, all.

HSJ Patient Safety Awards			
Electronic Prescription Service	East Riding Partnership	Safety Improvement Through Tech	Dawn Fawcett
Electronic Prescription Service	East Riding Partnership	Quality Improvement of the Year	Dawn Fawcett
Electronic Prescription Service	East Riding Partnership	Improving Medicines Safety	Dawn Fawcett
Zero Waitlists for Older People	HICTOP	Best Use of Integrated Care	Chloe Harrison
Zero Waitlists for Older People	HICTOP	QI Initiative of the Year	Chloe Harrison
Zero Waitlists for Older People	HICTOP	Improving Care for Older People	Chloe Harrison
Plebotomy Clinic	Community LD Hull	Learning Disability Initiative	Emily Wallace/Laura Derving
Plebotomy Clinic	Community LD Hull	Community Care	Emily Wallace/Laura Derving
Follow My Lead	Hull PMLD	Patient Safety Education and Training	Stephanie Dines
Follow My Lead	Hull PMLD	Learning Disability Initiative	Stephanie Dines
STOMP Clinic	Learning Disability	Learning Disability Initiative	Kay Graham
Acute Community Service	Older Peoples Mental Health	Improving Care for Older People	Leanne Ross
Dementia Support	Memory Assessment Service	Improving Care for Older People	Ally Couch
Swale Ward	Forensic Mental Health Services	Patient Involvement in Safety	Katiemarie
Crisis Pantry	Forensic Mental Health Services	Staff Wellbeing	Helen Courtney
Staff Wellbeing	Workforce and OD	Staff Wellbeing	Karen Phillips
CENS	Complex Emotional Needs Service	Mental Health Safety Initiative	Samantha McKenzie
CENS	Complex Emotional Needs Service	Community Care	Samantha McKenzie

2.7 Provider Collaborative

Our provider collaborative has been asked to be part of this year's Humber, North Yorkshire Annual report for their work and which will focus in the report on secure services:

Service user story -Service User A

Service user A transitioned from CAMHS low secure to adult secure inpatient services, the patient had complex needs in relation to an eating disorder and Personality Disorder. Initially the service user required an Extra Package of Care (EPC) with a 5:1 core team which increased to 7:1 at times.

Collaborative working, a multi-agency planning team and strong engagement from all stakeholders including family, enabled the service user to be discharged home 23 months from

transition to Adult Secure Inpatient Services. On discharge the service user has had access to eating disorder day care provision to enable NG feeding. During the 6 months since the in-patient discharge the service user has progressed to NG removal and oral diet and to date remains at home with day care support.

This is the young lady who when we went live in October 2021 was nursed in the annex of an independent provider – the CPaQT worked really closely with the provider, and transitioned the patient to day care. Pleased to say the patient now attends the Clinic for short periods each day for support and review and after years of only being fed by NG has commenced oral diet which is great news.

3 Around the System

3.1 Chief Constable

Lee Freeman our Chief Consultable will be leaving in the Autumn to join the His Majesty's Inspectorate of Constabulary and Fire and Rescue Services

3.2 Hull

Hull has been selected as one of the first two local authority areas to be focussed on a 'Levelling Up Partnership, which is to provide bespoke 'place-based' regeneration in 19 areas in England (albeit Hull and Sandwell are first) over 2023-24 and 2024-25; This work will:

- Develop a more informed appreciation of the socio-economic challenges and demand drivers, particularly in some of the most deprived wards;
- Enable Government to have a clearer understanding of the extent of the health inequality gap.
- Facilitate a fuller understanding by Government of economic strategy.

Hull's focus:

- City centre and community regeneration and housing delivery;
- The strategic significance of key industrial sectors in Hull's regional and national economies;
- Opportunities offered through 'net zero' and industrial decarbonisation;
- The scale and national significance of Hull's port complex and the wider Humber Estuary;
- The challenges presented by the skills gap and the importance of matching local supply with future demand;
- A key focus on delivering opportunities and raising aspiration and expectations;
- Creating an environment for small and medium sized enterprises to thrive and sustain.

3.3 Integrated Care Board (ICB – CQC)

To provide an opportunity to appropriately reflect the findings of the Hewitt report and engage further with ICB leaders the CQC has taken the decision to delay the 2022/23 ICB annual assessment process until the second quarter of 2023/24.

3.3 ICB Objectives

These are provided for your information below

3.3 Humber & North Yorkshire Health & Care Partnership – Objectives 2023/24

Objective	Actions	Monitoring progress
<p>Managing Today</p>	<ul style="list-style-type: none"> • Measurably improve the quality and safety of care provided to our population. • Deliver the Core20plus5 and wider health inequality and population health plans for 2023/24 • Implement the plans to deliver the ICP Health and Care Strategy, the Joint Forward plan, and the requirements of the ICB Operating plan for 2023/24 -prioritise Support to social Care , Public Health ,Children , Frailty ,Mental Health, UEC and flow , Elective Recovery and Cancer. • Deliver the Digital and Data plans for 2023/24 • Measurably improve recruitment and retention across the workforce. • Deliver financial and efficiency plans whilst making investment decisions which will enable the ICS to achieve its ambitions. • Deliver the 2023/24 requirements of the people plan (continuation/next steps of the 180-day plan) • Continue to strengthen place and sector collaboratives through greater delegation of resources and responsibility. • Continue to strengthen and develop the ICB leadership ensuring absolute parity between the ICB and the ICP. • Lead and manage effectively upwards (into NHSE and DHSC), outwards (Our 4+1 regional model) and across (our 28 partner organisations, the education and business sectors) 	<p>Quarterly review of progress by the ICP/ICB to March 2024</p>

Objective	Actions	Monitoring progress
<p>Managing tomorrow</p>	<ul style="list-style-type: none"> • People (Talent, Leadership and Management) <ul style="list-style-type: none"> ○ Establish processes for nurturing and growing potential across the ICS and consider succession planning, both in our own organisation and across our partnership. ○ Working with our University Partners to develop this work and establish an ICS senior leaders development programme. • Partnership <ul style="list-style-type: none"> ○ Continue to build on our existing work with multiple partners in pursuing our core long term aim of ensuring the population we serve meets the national average for life expectancy for men and women in England. ○ Acting as an Anchor network to exploit the collective potential of the System, including partner organisations, wider public service, the Further Education sector, and local business to address health and wider inequalities in the most deprived communities in Humber and North Yorkshire ○ Utilise this maturing network to build the profile of Humber and North Yorkshire as great place to live and work and advocate for inward investment and development at every opportunity. • Innovation, Research and Improvement <ul style="list-style-type: none"> ○ Strengthen our Innovation, Research, Improvement System (IRIS) to support our commitment to be a transformational ICS. Be part of a powerful partnership and network that builds on the collective strengths and the unique opportunities that our Geography and population affords. ○ Ensure a single 'front door' in/out of the ICS for Innovation, Research & Improvement and engage researchers and innovators in our 'grand challenges'. • Digital <ul style="list-style-type: none"> ○ Embrace the extraordinary potential afforded by digital innovation ensuring that the ICS is at the leading-edge by maximising the impact of the national developments we are piloting (Front Runner, SCC collaboration). 	<p>Quarterly review of progress by the ICP/ICB to March 2024</p>

	<ul style="list-style-type: none"> ○ Ensure that we make rapid progress in the use of data to provide high quality business intelligence and to support real time decision making. ● Engaging with the Public and communities <ul style="list-style-type: none"> ○ Develop programmes of engagement that promote health ensuring that over time health really is everyone’s business, particularly in those areas where health inequality is life limiting. ○ Establish leading edge approaches to understanding the views of the people we serve and seek to co-produce plans and actions that respond effectively to their needs 	
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Objective	Actions	Monitoring progress
Getting the basics right	<ul style="list-style-type: none"> ● Create a high-performance culture in the ICB supported by a high-quality leadership cadre ● Effectively communicate our vision and message to our staff, our partners, and the wider community ● Practice excellent HR interventions - including brilliant communications, high expectations of individuals, opportunities for development, effective rigorous appraisal. ● Ensure all ICB staff have clarity of purpose and are compliant with our hybrid working policy. ● Establish office arrangements (including a Head Office space) which affirm our culture and leadership values. ● Ensure that our governance arrangements are of the highest standard and are focused on safety of service users, oversight of risk, avoid unnecessary bureaucracy and enable clear decision making. 	<p>Quarterly review of progress by the ICP/ICB to March 2023</p>

3.4 York and Scarborough

Alan Downey, Chair of York and Scarborough Teaching Hospitals NHS Foundation Trust, is stepping down from the role later this month.

Alan was appointed in February 2022, having held a number of non-executive roles, including Chair of South Tees Hospitals NHS Foundation Trust.

3.5 Group Chief Executive

Current CEO of Hull University Teaching Hospitals, Chris Long has announced his retirement later this year and Peter Reading CEO of North Lincolnshire and Goole will be moving into another CEO role in the NHS.

Following a National Recruitment Jonathan Lofthouse has been appointed Joint Chief Executive for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust.

Jonathan is currently Site Chief Executive (Princess Royal University Hospital and South Sites) at King's College Hospital NHS Foundation Trust in London and has significant experience of not only working in but also developing a group leadership structure within that organisation. Prior to this he was Director of Improvement at Liverpool University Hospitals NHS Foundation Trust. A start date is awaited.

3.6 North Lincolnshire and Goole (NLAG)

NLAG has received formal notification from NHS England that they will be formally removed from segment 4 of the NHS system oversight framework, the Recovery Support Programme, with immediate effect (special measures) They will however remain in segment 3, which means that they will still receive support at a regional level.

3.7 Yorkshire Ambulance Service (YAS)

YAS Chief Executive, Rod Barnes, has announced that he will be leaving Yorkshire Ambulance Service NHS Trust (YAS) at the end of May 2023. Replacing Rob will be Dr Peter Reading as interim Chief Executive, with effect from 1 June 2023.

3.8 Police and Crime Commissioners and Newly Elected Councillors Following Elections in May 2023

Police and Crime Commissioners in our area:

- Humberside - Jonathan Evison – Conservative
- North Yorkshire - Zoe Metcalfe – Conservative

Newly elected councillors:

Hull Wards

- Avenue, Abhimanya Singh - Labour
- Beverley and Newland, Paul Drake-Davies – Liberal Democrat
- Boothferry, Jack Haines – Liberal Democrat
- Central, Shane McMurray - Labour and Sharon Qassim – Labour
- Derringham Sarita Robinson – Liberal Democrat
- Drypool, Diana Hatcher – Liberal Democrat
- Holderness, Calvin Neal – Liberal Democrat

- Ings, Denise Thompson – Labour
- Kingswood, Charles Quinn – Liberal Democrat
- Longhill and Bilton Grange, Sherilee Jepmond – Liberal Democrat
- Marfleet, Rosemary Pantelakis – Labour
- Newington and Gipsyville, Gill Kennett – Labour
- North Carr, Garreth Byrne – Liberal Democrat
- Orchard Park, Gary Wareing – Labour
- Pickering, Mark Leronimo - Liberal Democrat
- Southcoates, Jessica Rospin – Labour
- St Andrews and Docklands, Haroldo Herrer-Richmond – Labour
- Sutton, Allen Healand - Liberal Democrat
- West Carr, Christine Randall – Liberal Democrat

East Riding

- Beverley Rural, Paul Smith - Liberal Democrat, Diana Stewart - Liberal Democrat, Jeremy Willock - Liberal Democrat
- Bridlington Central and Old Town, Liam Dealtry - Independent, Maria Ibbotson - Conservative
- Bridlington North, Mike Heslop-Mullens - Liberal Democrat, Jayne Phoenix - Liberal Democrat, Thomas Robson - Liberal Democrat
- Bridlington South, Rick Arrand - Yorkshire, Tim Normal - Yorkshire, Andy Walker - Yorkshire
- Cottingham North, Alex Duke - Labour, Phillip Redshaw - Liberal Democrat
- Cottingham South, Carolyn Cantrell - Labour, Kevin Casson - Labour
- Dale, Coleen Gill - Independent, Terry Gill - Independent, Richard Meredith - Conservative
- Driffield and Rural, Mark Blakeston - Independent, Michael Lee - Conservative, Matt Rogers - Conservative
- East Wolds and Coastal, Charlie Dewhirst - Conservative, Denise Howard - Conservative, Jonathan Owen - Conservative
- Goole North, Nick Coultish - Conservative, Anne Handley - Conservative
- Goole South, Barbara Jeffreys - Independent, David Jeffreys - Independent
- Hessle, John Bovill - Liberal Democrat, David Nolan - Liberal Democrat, Simon Pickering - Liberal Democrat
- Howden, David Howard - Independent
- Howdenshire, Victoria Aitken - Conservative, Linda Bayram - Conservative, Nigel Wilkinson - Conservative
- Mid Holderness, John Holtby - Conservative, Amanda Talbot - Conservative, Samantha Whyte - Conservative
- Minster and Woodmansey, Peter Astell - Liberal Democrat, Tom Astell - Liberal Democrat, Eliza Whitaker - Liberal Democrat
- North Holderness, Barbara Jefferson - Independent, John Whittle - Independent
- Pocklington Provincial, Andrew Cousins - Liberal Democrat, Dale Needham - Liberal Democrat, Gareth Shepherd - Liberal Democrat
- Snaith, Airmyn and Rawcliffe and Marshland, Caroline Fox - Conservative, Liz Sargeantson - Conservative
- South Hunsley, Margaret Corless - Liberal Democrat, Paul Hopton - Conservative
- South West Holderness, John Dennis - Conservative, Steve Gallant - Labour, Sue Steel - Conservative

- St Mary's, David Boynton - Liberal Democrat, Denis Healy - Liberal Democrat, Linda Johnson - Liberal Democrat
- Tranby, Viv Padden - Liberal Democrat, Margot Sutton - Liberal Democrat
- Willerby and Kirk Ella, Gary McMaster - Conservative, Zahra Saribal - Conservative
- Wolds Weighton, Leo Hammond - Conservative, Paul West - Conservative

4 National News

4.1 Hewitt Report

The Key recommendations in the report include:

- Reducing the number of targets set at a national level.
- Developing “high accountability and responsibility partnerships” for more mature ICSs.
- More investment in prevention, including increasing the public health grant allocation.
- Reducing the use of short-term funding pots.
- Reviewing the entire NHS capital regime.

The report is still with NHSE for their comments.

4.2 NHS and Covid Incident

On 19 May 2022, we were notified as the steps that the NHS would need to take to transition from COVID-19 response to recovery. As part of that response, NHSE stepped down the national NHS level 4 to a level 3 incident.

It was announced at the NHS England Board that the NHS would be stepping down the COVID-19 incident with immediate effect.

5 Director Updates

5.1 Chief Operating Officer Update

5.1.1 Operational, Industrial Action and Covid Update – May 2023

This update provides an overview of the operational, industrial action and covid position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage these concurrent pressures. Notification was received from NHS England on the 18th May that the NHS response to Covid- 19 was being stepped down from an NHS level 3 incident. This was done in recognition that the infection whilst continuing is no longer having a significant impact on loss of life.

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors.

Our emergency planning arrangements will be stood up to coordinate and implement our plan to manage the impact of any further strike action, recently the BMA has announced new action days. Silver command will continue to meet regularly during any action and

report to gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant impact on our services.

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. System wide review of the effectiveness of winter planning is taking place during Quarter 1 and 2 2023/24 in preparation for planning for next winter. Through our EPRR team we are undertaking an organisational review of our plan and response which we are feeding into the wider system work.

Operational service pressures have remained high in the Trust in April and early May. The highest pressures were seen in our Mental Health services due to usual seasonal variation and ongoing delays in achieving timely discharge from beds. The Trusts overall operational pressures in the last two months following a period of reduced pressures at the end of February of escalation level (OPEL) 2 (moderate pressure) have increased and been sustained at escalation level (OPEL) 3 (severe pressure) in April and early May.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in April and May for core services but with ongoing increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders continues and a new eating disorder community treatment service is being operationalised by the service to support this. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis. Occupancy and patient flow in our CAMHS inpatient service has improved and delayed transfers of care have reduced.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use remains reduced but has increased over recent months as it is impacted by the number of delayed transfers of care remaining high. Our overall bed occupancy has reduced slightly in April and May with pressures remaining high for mental health and learning disability beds, it has been between 78.0 – 85.4%.

Delayed transfers of care (DTC) from our mental health beds remain high during the last month (the position has improved from our community beds). Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had achieved in reducing out of area placements. The escalation measures have had a positive impact on achieving discharge for some of our longest delayed patients.

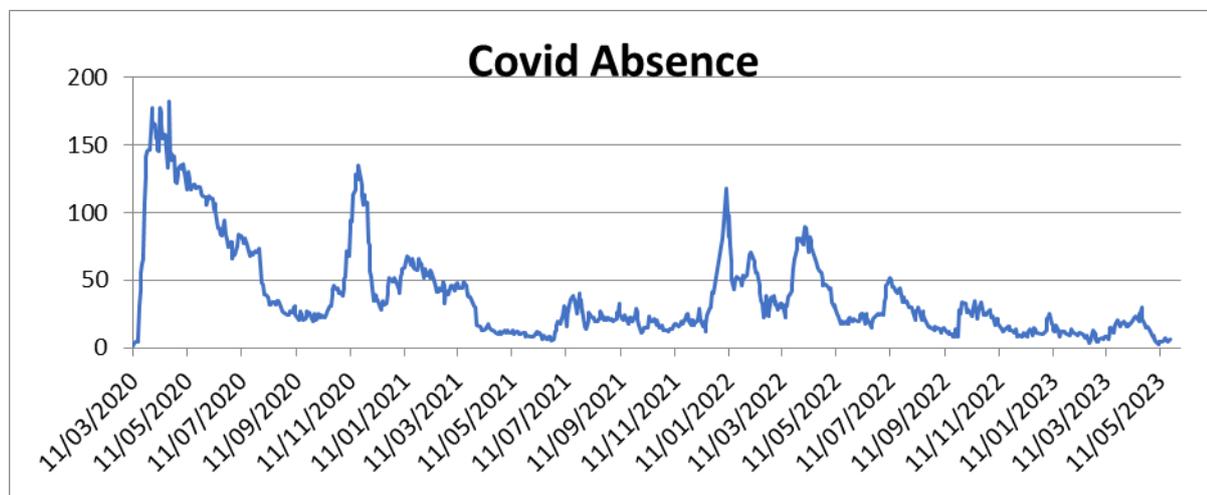
System pressures have seen some improvement in North Yorkshire and York and in the Humber areas more recently for both health and social care. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during the last two months, periods of de-escalation to OPEL 3 are occurring more frequently. Local authorities and

the Ambulance services have also experienced some improvement in pressures. The combined impact of these ongoing pressures alongside ongoing industrial action has however seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress continues to be made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to. Delays have occurred due to the associated estates works and an opening date has now been confirmed for mid-June. This will provide an enhanced environment to assess the needs of those presenting with mental health issues and will be staffed by our expanded hospital mental health liaison team.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas have had some success and bank fill rates are improved. Continuing effort is taking place to reduce the number of health care assistant vacancies to reduce reliance on agency use and a new rolling advert and recruitment process has now commenced.

The Trust saw a short surge in cases of **Covid-19** positive inpatients during late April and this reached a highest daily total of 19 patients, however the current position is one case.

Staff sickness absence related to Covid also increased for a similar brief period and is now reduced. When combined with non-covid related sickness the overall absence position is currently at 5.95%.



The remit of the Covid- 19 task group chaired by the Deputy Chief Operating Officer has been broadened to include planning our response to winter 2023/4, the ongoing risk of industrial action, wider emergency planning and is now our Emergency Response task group

The Trust continues to effectively manage the impact of high system pressures and industrial action within its ongoing arrangements. Delayed transfers of care/patients with no criteria to reside (NCTR) remain the most significant operational risk in relation patient flow and access to inpatient beds.

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions are currently pursuing a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients.

5.1.2 Mental Health Inpatient Redesign Programme

The Pre-consultation Business Case (PCBC) continues to be progressed with a number of stakeholder consultations and engagement sessions having taken place in the last few weeks. A good level of feedback on the shortlist of options has been received from those sessions and in the next few weeks the team will be bringing all of that together and formulating the final case for change and the approach to our consultation plan. The outcome of the consultation and the evaluation of the shortlist will be reported to the board at the July meeting.

5.2 Director of Nursing, Allied Health and Social Care Professionals

5.2.1 HSJ Patient Safety Awards

This year we have submitted 11 entries for the HSJ Patient Safety Award as follows:

Phlebotomy Clinic for people with a learning disability. Community Learning Disability
Many people with a learning disability have a variety of co-existing health conditions. Health inequalities are avoidable differences which people with a learning disability experience. It was identified that there was a cohort of adults known to the Community Learning Disability Hull Team (CTLD) who were not receiving the adequate blood tests which had been requested from Primary or Secondary Care. Our Phlebotomy Clinic aimed to positively impact this cohort of people and ensure they were receiving physical care in a way that worked for their complex needs.

Zero Older People's Waiting Lists. Community Learning Disability

The project's overall aim was to eradicate the notion of a waiting list to improve patient safety. To achieve this, the plan was for all patients to be allocated to a member of the MDT team with an initial assessment to be completed within 2 weeks of this allocation. At the time of setting this objective, it seemed almost unimaginable that we could achieve such a monumental piece of work. However, with support from a brilliant team, the project was launched, and the team ran the no waiting list approach just 6 months later.

Electronic Prescriptions in Addictions. East Riding Partnership

The aim of the project was to enable the electronic transmission of prescriptions via the Electronic Prescription Service (EPS) from the East Riding Partnership Community Addictions Service to approximately 60 community pharmacies, for contingency management purposes (instead of paper) utilising SystemOne.

The prescribing team could envision how the benefits of EPS would improve patient safety in the service and pushed the boundaries to have this realised, with emergent results.

Follow My Lead. Profound and Multiple Learning Disabilities Hull

'Follow My Lead' is an award-based training scheme aimed at services supporting individuals with Profound and Multiple Learning Disabilities (PMLD). The scheme focuses

on enhancing the communication and quality of life of people with PMLD. It was co-produced, with input from the Hull PMLD focus group which is comprised of parents, carers and professionals supporting individuals with PMLD. Humber Teaching NHS Foundation Trust, Hull City Council and City Health Care Partnership provided the funding for the resource.

STOMP (Stopping over medication of people with a learning disability, autism, or both, with psychotropic medicines). Community Learning Disability Team

STOMP is a national project helping people to stay well and have a good quality of life. In January 2022, our Community Learning Disability Team implemented and commenced the nurse-led STOMP clinic to complement the existing psychiatry reviews and monitoring of people with a learning disability taking psychotropic medication (antipsychotics, mood stabilisers etc.) for the control of behaviours that challenge with positive results.

Complex Emotional Needs Service (CENS)

Our CENS has made exceptional progress in improving care for those with a "personality disorder". We have evolved from a team providing care co-ordination only, to a service providing assessment, care coordination, consultation, comprehensive evidence-based intervention programmes (Dialectical Behaviour Therapy and Structured Clinical Management), training, partnership working with the Local Authority Care Leaving team, and carer support (1:1 and a group psychoeducation programme).

We are proud to improve knowledge, challenge stigma, include the service user voice throughout our service, and to have a service wide role in improving services for those with complex emotional needs.

Acute Community Service. Older People's Mental Health

Our Acute Community Service launched in December 2020 as an additional offering to the existing Crisis and Intervention Team for Older People.

The service is designed for people over the age of 65 who present with acute and complex mental health needs, with symptoms of high-level anxiety, suicidal ideation, and depression. It aims to reduce inpatient admissions by providing an effective and safe alternative to inpatient care, focusing on risk management, containment, and interventions which improve the self-management skills. The service model focuses on three key aspects which are safety and crisis management, containment, and control and regulation (coping skills).

Crisis Pantry. Forensic Services

Entered into the category *Staff Wellbeing*, our 'Crisis pantry' initiative gives staff in an inpatient forensic service access to basic food and toiletries to help them cope with the cost-of-living crisis. It is open to all, housed in cupboards in two break rooms, and there is no requirement to prove need. Indeed, as part of its core values of being anonymous and non-judgmental, we have deliberately not sought feedback on the provision. The purpose is to provide for people's basic needs, without stigma. It was seeded by a financial award and has not impacted patient funds.

Dementia Support. Older People's Mental Health

Physical health and looking after your body are widely understood – but there is very little understanding when it comes to looking after our brain, and the things we need to do to

keep it healthy, particularly after a dementia diagnosis. The Brain Health Project aimed to increase the awareness of good brain health and the benefits of early diagnosis.

The Alzheimer's Society were commissioned to allocate a Brain Health Worker in the East Riding, which was key to the success of the project. This supportive and welcoming approach fostered discussions around the important signs and symptoms of dementia, which encouraged those with concerns about their own brain health to contact their GP for further support.

Staff Wellbeing. Workforce and Organisational Development

Health and wellbeing is a top priority for our Trust. It is important to us that our workforce feel valued, engaged and continuously supported to perform their challenging roles. In recent years, the global pandemic has put a spotlight on the increasing need to support the NHS workforce, both inside and outside of the workplace.

While staff wellbeing has always been high on our agenda, with a wide array of initiatives in place, we recently took the decision to form a dedicated Workforce Wellbeing team, to work alongside our established health and wellbeing group.

The purpose of the two working together was to collaborate and develop a robust programme of initiatives, allowing the workforce to effectively manage their own health and wellbeing. Our entry details this programme of work and the offers available to our 'Humblebelievable' people.

Forensic Services Swale Ward: Patient Involvement in Safety

During the COVID-19 pandemic, the relaxation space on Swale Ward became a storage area for Personal Protective Equipment (PPE) and at one point, was also a 'doffing' area for staff use during outbreaks.

Whilst this use of the space was paramount to delivering safe standards of care at the time, the space never appeared to 'recover', and its use reduced over time. This project with patient involvement formed to 'relaunch' the room resulting in a safe space for patients to relax, to use during periods of distress and, as one patient described, "to feel at ease, to feel like [they] aren't stuck in a secure hospital".

Submissions were required to in by 21st April. A process of shortlisting is now underway with those shortlisted being invited to present to a panel resulting in the final shortlist. Those in the final shortlist will be requested to attend the awards ceremony in September.

5.2.2. Professional Nurse Advocate (PNA) Update

In March 2021 Ruth May Chief Nurse for England announced the role out of a new programme called "The Professional Nurse Advocate (PNA) in recognition that all sectors of the healthcare workforce were experiencing widespread stress, mental health problems and burnout. The aim of the PNA programme is to support nursing staff as they work towards recovery and as a result reducing sickness and supporting retention.

PNA training provides those on the programme with skills to facilitate restorative supervision with their colleagues and teams in nursing. Restorative supervision contains elements of psychological support including listening, supporting, and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations.

Since the launch of the role in March 2021 we have supported 18 staff to achieve the master's module and become qualified PNA's, with 5 of these qualifying this year and 1 awaiting results.

We set ourselves the ambition of ensuring all nurses working across the trust will have easy access to a trained PNA who can offer restorative clinical supervision (RCS) as required to help support the health and wellbeing of the individual or team. Each PNA works on a sessional basis offering 7.5 hours each month to respond to requests.

Our PNA's are now spread across the patch and nursing specialities which enables us to provide a comprehensive service across the organisation. Although the role is focused on nursing no member of staff would be denied support if it was requested and felt to be appropriate.

Uptake of support from staff across the organisation

PNA's across the trust offer both restorative supervision and career conversations. From May 2022 to March 2023 when we had 13 qualified PNA's they provided the following:

- Restorative supervision =160 individual sessions
- Career conversations = 111 conversations
- Group RCS session = 4

With a further 5 PNA's qualifying from March 2023 onwards we are confident of being able to increase capacity.

Where are the PNA's based?

4 = Nursing Directorate who are able to cover all area

7= within MH services including inpatient, community, and forensic services

1 = Learning disabilities (awaiting results)

2= School/nursing & Health visiting

5= Scarborough Ryedale, Malton & Whitby

There is a dedicated email account for staff to be able to book a restorative supervision session or seek further advice.

The PNA's have delivered an awareness session the occupational health team on the role and service available, supported newly qualified nurses as part of preceptorship, targeting nurses working on our MH inpatient units and are supporting health professions apprentices.

Three further applications for the programme have been submitted to the national team for allocation of a place on the next course later this year.

Future steps

- We have a number of roadshows/drop ins planned across the Trust to promote the role.
- Deliver a skills update on how to deliver restorative supervision to support staff who provide clinical supervision ensuring a focus on the quality of clinical supervision.

- Gather anonymous feedback from staff who have accessed the service to inform future development of the role.

5.2.3. Leadership Visibility

Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals, and her deputy between them have visited the following sites to meet with staff and patients:

The Humber Centre, Miranda House Teams including Avondale, Hull and East Riding 0-19 service, Market Weighton Practice, Inspire, Westlands, Granville Court, West Hull CMHT. The Director of Nursing (DON) and Deputy DON also presented at the Preceptorship Academy Session to newly registered staff across nursing and allied health professionals regarding how to recognise a closed culture with a focus on ensuring staff feel confident to speak up. This session will be repeated with future cohorts.

In May the DON was privileged to present the certificates to the newly qualified Professional Nurses Advocates and hear their plans for further roll out of the valuable service they offer.

All of the visits have been very positive. Of note, on the visit to West Hull CMHT by the DON staff reported how much they enjoyed working in the team and at the Trust. They said they felt well supported by their managers and were afforded a number of development opportunities. An Occupational Therapy Apprentice fed back how much she was enjoying her training recognising the benefits of learning in this way which she felt gave her far more 'hands on' experience when compared with some other forms of study. It was at West Hull CMHT that the DON saw first hand how the use of MS Teams to hold the morning daily clinical meeting was improving productivity and giving support to staff. Team leaders fed back that the daily meetings were better attended since the introduction of MS Teams rather than face to face possibly due to staff being able to access the meeting with ease i.e no travelling. The meeting the DON witnessed was slick, with good participation, and finished in good time allowing staff to get on with their clinical duties.

The DON and the Chief Operating Officer continue to meet with both the Matrons and Band 7 inpatient leads on a regular basis utilising MS teams. These are meetings without agendas for staff to raise any questions/concerns/ share learning and get some peer and executive support.

5.2.4 International Nurses Day

This was on 12/5/23, the national theme was 'Our Nurse, Our Future' and for the trust the campaign focused on 'What is one piece of advice you would give to your younger self at the start of your career?' The response from our nurses was brilliant and the Trust were asked to share our campaign at the NextGen event held by NHS England on International Nurses Day. A video was produced which captures the feedback we received, and the trust will be sharing this with students and using as part of our recruitment campaigns. It has been shared across the Trust. <https://youtu.be/0rJXexlpDVM>

5.3 Director of Workforce & Organisational Development Updates

5.3.1 Pay Award

At the NHS Staff Council trade unions confirmed the outcome of their individual ballots,

and recommended that the pay offer made to them by the government should now proceed to be implemented.

Following endorsement from the NHS Staff Council, the Secretary of State Steve Barclay confirmed that the government will make arrangements to implement all pay elements of the deal. It is expected that pay will be received by staff in June.

It should be noted that six of the NHS Staff Council trade unions were in formal dispute with the government regarding pay for 2022/23: UNISON, the Royal College of Nursing (RCN), Unite, GMB, the British Dietetics Association and the Chartered Society of Physiotherapists.

The position of UNISON, GMB, the British Dietetics Association and Chartered Society of Physiotherapists to accept the non-consolidated payments set out in the offer for 2022/23, signals the end of the industrial relations disputes for these unions.

The RCN and Unite continue to be in dispute with the government. RCN has announced its intention to re-ballot its members to secure another strike action mandate, and it is likely that other unions that voted to reject the offer, including the Society of Radiographers, may also wish to do so.

5.3.2 Appraisal Window

The 2023 appraisal window opened on 1st April and runs until 30th June.

5.4 Medical Director Updates

5.4.1 International Clinical Trials Day

Our Research Team have been celebrating International Clinical Trials Day in May with a series of research roadshows in various clinical bases across the patch, including in our GP practices, and packs sent out to all teams to help raise awareness and the profile of research. These have been well received, resulted in new research champions being identified and provided opportunities to gather information to inform our research strategy refresh.

5.4.2 Kings Fund Engagement Project (Action log 33/23)

The Humber and North Yorkshire ICS is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The Kings Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". **Five organisations; Humber Teaching NHS Foundation Trust, Hull University Teaching Hospitals NHS Foundation Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, North Lincolnshire and Goole NHS Foundation Trust and Hull Place (Humber and North Yorkshire Integrated Care Board)** are leading on this work and will work in partnership with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience with a focus on communication. The five organisations have created a steering group and have identified two governors/patients from each provider Trust to work in partnership with members of the steering group to ensure the community voice influences the project. A

wider ICS session will take place in the Summer of 2023 to share the premise of the project and begin to co-produce elements. Intelligence gathering will then commence.

5.4.3 Equality, Diversity and Inclusion (EDI) Annual Event (2023/24)

The Trust hosted an annual event on 18 May 2023 where patients, service users, carers, staff and partner organisations received a presentation from keynote speaker Jamal Choudhury (Operations Director, The Peel Project) who informed the group of the inspirational work taking place to provide support services to the local Hull community with emphasis on Black, Asian and Minority Ethnicities. The Trust's Staff Networks including; Rainbow Network, Race Equality Network and Disability Network provided updates on the work they have been progressing over the past twelve months. Also, the Trust's EDI leads for patients, service users and carers and workforce updated the group on the work which has taken place over the past year to support the EDI agenda and priorities for 2022/23. During the event, everyone participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the conversations in the workshop activities, the following four priorities have been determined for the Trust to implement over the next twelve months for patients, service users and carers:

- To strengthen patient demographical data collection to tailor care that meets individual needs.
- To further enhance our faith offer to ensure inclusivity.
- To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face and how we can support to overcome them.
- To introduce cultural celebration weeks to educate and support people to understand cultural differences.

5.5 Director of Finance Updates

5.5.1 Director of Finance

Since March the Director of Finance has visited Scarborough Community Services with Governors, met with the Whitby Artwork Task and Finish Group to finalise proposals for artwork at the redeveloped Hospital and also visited Alfred Bean to meet with the MH collaborative finance team.

5.5.2 Planning

The Trust has continued to work with colleagues across the ICS to finalise financial plans for 2023/24. Following discussions and updates to plans the ICS now has a final planned deficit for 2023/24 of £30m

5.5.3 Pay Award

The NHS Staff Council recommended the pay deal for implementation on 2 May 2023, and the government has subsequently confirmed that the deal will be implemented for all staff on the NHS Terms and Conditions of Service.

All eligible staff will receive the following payments, covering both the 2022/23 and 2023/24 pay years, as part of the deal:

2022/23	- Non consolidated award worth 2% - One-off NHS backlog bonus worth between £1,250 and £1,600
2023/24	- A consolidated award for 2023/24. The award

	is worth a 5 per cent increase in basic pay for all pay points, with the lowest paid staff seeing their pay brought up to the top of band 2 (a 10.4 per cent pay increase)
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The non-consolidated one-off payment for 2022/23 will be paid to eligible employees along with the 2023/2024 Pay award (which will include arrears pay for April and May where applicable) in their June pay.

The Trust has made provision for the 2022/23 retrospective payment in its accounts (With associated income from NHSE) and guidance is awaited on funding flow to cover the additional cost of the 23/24 pay award above the current 2% provided for in the Trust Plan. Assurance has been given by NHSE that the pay award will be fully funded.

5.5.4 Wagestream

The Trust have agreed a contract with Wagestream to provide a payroll advance service to Bank Staff enabling Bank Staff to drawdown up to 50% of the value of each bank shift worked ahead of the formal monthly pay date.

This may make the option of taking Bank Shifts more attractive as 50% of the payment will be available as soon as the shift has been completed.

The system is an app based process and also provide Financial education tools and a savings option which is currently offering 5% on any savings made.

The process is expected to go live towards the end of June

5.5.5 Annual Accounts

The Trust submitted its draft annual accounts to NHSE on the 27th of April and the External Audit of the Accounts commenced on the 28th April. All working papers have been submitted and progress on the audit is proceeding as planned.

5.5.6 New Corporate Accommodation

The space at the Unit A continues to be used regularly and patterns of use are emerging, the additional work stations have proved to be a useful addition. Meeting rooms are well utilised, and the need for smaller meeting rooms that accommodate 2-4 people has been identified.

The use of space remains under review and the opportunities to address the demand for smaller meeting spaces is being explored.

5.5.7 Primary Care Transfers

The Trust safely transferred Princes Medical Practice on 31st March and Northpoint Practice on 15th May, both practices transferred to James Alexander Family Practice which helped maintain the integrity of Marmot Primary Care Network.

5.5.8 Cyber Security Updates

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2023: 73
- High Priority CareCERT notices Issued during 2023: 4

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during March or April 2023.

5.5.9 Electronic Patient Record

The EPR procurement is continuing as planned with moderation of bids now complete and approval of preferred bid currently going through the final stages of governance. Once preferred bidder has been approved the Full Business Case will be prepared for presentation to EMT and Trust Board.

5.5.10 Primary Care Telephony

At the most recent Digital Delivery Group the business case to implement a new Primary Care Telephony system was approved, this should improve patient access. Works to progress with the procurement and installation continue.

5.5.11 Cyber Essentials - Interweave

Interweave (Shared Care Record Product) has achieved Cyber Essentials Plus accreditation which gives assurance on the defences to protect against potential cyber attacks.

5.5.12 Digital Governance

Following the review of digital governance, which was discussed at the April Strategic Board Session, work is progressing to implement the revised governance structures.

5.5.13 Trust HQ

Project in development for the demolition of old Trust Headquarters which is currently planned for summer. On an interim basis this will be utilised as additional car parking capacity whilst the long term use of the site is finalised. Negotiations are in place with partners on use of this additional capacity with reciprocal arrangements in other places.

5.5.14 Development Works

Works are progressing with the improvements at the Humber Centre following the works associated with the entrance alterations. This includes for the replacement of flooring, which is following onto the refurbishment of the washing facilities on Ouse and Derwent.

Further patient engagement is planned for the reconfiguration of the bedrooms on Ouse and Derwent.

Roof remediation works have commenced at Miranda House, works will include the replacement of existing parapet guttering, and rainwater outlets, and remediation works to coping stones etc.

Formation of new bookable Training Room and offices now complete at East Riding Community Hospital, this has utilised the vacant area where the old café was situated. Vending machines are to be installed in the reception area of the main building and Urgent Treatment Centre.

5.5.15 Green Plan

Solar panel installation works are nearing completion on the installation of a 60kw solar system to Townend Court, works are expected to be completed and energised by end of the month.

Annual data submission for vehicle usage will be submitted by the end of May to Greener NHS.

Works complete to recommission the biomass boiler at East Riding Community Hospital, which is planned to be fully operational from June 2023.

5.6 Head of Corporate Affairs Update

5.6.1 Membership Data Cleanse

We'll be writing in June to all members without an email address to advise them that all future communications will be via email (unless they tell us otherwise) and to ask them to let us know if they still wish to be a member (in line with good practice). This course of action has been agreed by the Engaging with Members Group and is an action on the Membership Plan agreed by them.

6 Communications Update

Quarterly Communications Update

Service Support

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

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none"> • National Rebrand of Emotional Wellbeing Service • Community Grants scheme
Community & Primary Care	<ul style="list-style-type: none"> • Recruitment campaign
Children's and Learning Disabilities	<ul style="list-style-type: none"> • ISPHNS (Chat Health launch)

Team Updates

Following her time leading the communications and engagement In-Patient mental health transformation, Loren Hakeney will be taking on the same role to provide dedicated support for the Electronic Patient Record project. Interviews for her current role as PR Officer are taking place w/c 22/05.

A new Digital Communications role will support the development, updating and maintenance of current and future service websites. As health care and prevention changes, we are engaging more of our patients, service users and their families online. Our network of 11 service websites communicates with specific audiences to support access to care, treatment and support. This role will ensure we are able to deliver the highest quality online experience including enhanced levels of accessibility and security.

Alongside these changes in corporate communications. A new service communications team is forming following investment from divisions to offer more dedicated support for their services. This will allow us to provide enhanced campaign support with a particular focus on service social media, websites and campaigns.

The first role, in Children's and Young People's is out to advert and will be followed by Community and Primary Care. These roles will work in service but as a part of the Communications and Marketing team to ensure a joined-up approach, brand consistency and support for personal development.

Theme 1: Promoting people, communities, and social values

- **Brand Updates**

A new online Photo Library has been launched as part of the next phase of brand developments. It can be viewed at photos.humber.nhs.uk.

It includes over 700 approved photographs for staff to use in printed and online materials. Images are filterable by location, services, roles and more, as well as a text input box. This innovative new platform will free up communications team time as well as continue our journey of brand improvements by offering a supportive and easy to use brand toolkit for staff.

A further edition to the Brand Centre this month is the ReachDeck Editor which allows users to copy in any content to check reading age, legibility, grammar and spelling. The software then suggests changes to the content in order to make it more accessible.

Both launches will be promoted at our six weekly Brand Workshops which are regularly attended by 50+ staff.

- **Social media content**

Your Leave Plus

Following the parliamentary period of sensitivity we were able to publicly launch our new Leave Policy with a focus on using our social media channels in particular LinkedIn. Results on this campaign far exceeded usual engagement figures, with over 100 engagements and 5,000 impressions.

Mental Health Awareness Week

With a theme of Anxiety for 2023 we've worked with staff to deliver a weeks' worth of activity focusing on different anxieties with a focus on informing, educating and signposting.

International Nurses Day

On 12th April we celebrated, Our Nurses: Our Future, creating a video including advice from our nurses to their younger self at the start of their career' [International Nurses Day Quotes 12 May 2023 - YouTube](#)

- **Media coverage**

There was a reduced number of stories over the period due to the pre-election period of sensitivity imposed from 28 March which pauses all non-essential external communications/policy launches.

After this period, Your Leave was supported locally by newspapers such as the Hull Daily Mail and the Freeview television programme, That's TV Humber. Both of which highlighted the positive impact the ground-breaking policy will make to our 3,600+ colleagues.

This month we have had 4 positive media stories, covered by 8 publications. There has been no neutral or negative coverage to note.

- **Awareness Days**

We have continued to support awareness days and create impactful campaigns in collaboration with our diverse services across the Trust.

Key dates of note this month were:

Awareness Days

- Eid al-Fitr
- World Immunisation Week
- Experience of Care Week
- World Hand Hygiene Day
- International Nurses Day
- Mental Health Awareness Week

We worked with nursing colleagues to coordinate celebrations for International Nurses Day including sending a new pin badge to all nursing staff across the trust, creating a video and sending out a special message of thanks by email. The activity had more than 2500 engagements.

Theme 2: Enhancing prevention, wellbeing and recovery

- **Website**

An updated version of the ReachDeck accessibility toolbar has been added to the Trust website. This allows visitors to access content in a way that meets their needs including upgraded text-to-speech, reading and translation support.

- **Electronic Patient Record Project**

The Electronic Patient Record Project continues, and we have successfully delivered the initial communications plan for internal channels. To close this important chapter, we sent out a message of thanks to all staff, particularly highlighting the fantastic support gained from those who joined us as moderators and evaluators.

As we move forwards, the Digital Team are taking the proposed option to Board this month and therefore Loren will be taking a lead Communications role on the project from June onwards, to ensure a full Communications and Engagement plan is developed and delivered as we continue to progress with this important piece of work.

Notice Boards

A proposal to standardise and enhance patient and staff notice boards across mental health in-patient units, community hospitals and GP practices has been developed. The plan will utilise and improve what is already in place to ensure consistency of communication to both internal and external audiences

It includes investment in digital screens for all inpatient units, improved processes for distribution and display of printed materials and maximising the use of the investment into smart screen technology.

The plan was supported by CERG in April and will be taken to Capital Estates in May for funding.

Theme 3: Developing an effective and empowered workforce

Staff Celebration Evening 2023

The staff awards will be held this year at Lazaat's, Cottingham on 10th November. Plans are underway to deliver a new approach to the annual event including a combined festive staff celebration and combined awards event.

- **Humbelievable**

Our 2023/4 Humbelievable plan will focus on nurse recruitment in particular at Band 6. We look forward to supporting our colleagues again this year with their recruitment and retention efforts, through innovative and creative communications campaigns, on both internal and external channels.

100K Your Way

100K Your Way launched on 17 April with the challenge starting on 1 May. There are over 400 people taking part, including 34 teams. There have been around 2000 separate activities uploaded on to the website covering more than 30,000km's. Teams have used the activity to plan their own employee engagement activities such as 'Walking Wednesdays' at the Humber Centre.

- **Humber Talks – The new internal comms brand**

Our new Humber Talks brand has been rolled out all internal comms channels including the Global, The Local (new divisional newsletters), EMT Headlines, Ask the Exec, Meet Michele and the monthly CEO Video message.

The new overall brand gives a cohesive, unified feel to all internal comms channels helping our staff to recognise the range of ways 'Humber Talks' with the aim of improving engagement with our internal communications.

- **The Local – divisional newsletters**

We have created and distributed the five divisional newsletters for the past three months, populated by the Communications Partners for each division. Newsletters have been well with an average of over 70% colleagues reading them. The Locals for Forensic and Children's and Learning Difficulties in particular have very strong open rates of 80% and 90% respectively.

Theme 4: Fostering integration, partnerships, and alliances

- **Staff Youth Forum**

We are currently supporting the Children's and Young People's division Engagement lead and working with Workforce and OD colleagues to explore the potential of developing a proposal for a Staff Youth Forum. The group would provide a supportive network for colleagues in the early stages of their career.

Theme 5: Innovating for quality and patient safety

- **Awards**

We are pleased to continue to support teams across the Trust to enter a variety of awards this year following exceeding our target for nominations last year. Focus is on deadlines for the HSJ Awards, HPMAs Awards and the Excellence in Healthcare Awards all of which again we have been able to support an uplift in nominations.

We are also thrilled to note that our Addictions Service have been shortlisted in the HSJ Digital Awards, for which they will attend the ceremony in Manchester next month.

- **Adult Inpatient Redesign Project**

We have developed and delivered three core in-person evaluation panel sessions to staff, service users and wider stakeholder organisations. These sessions were led together with City Care and involved an evaluation methodology which scored the shortlisted options against our hurdle criteria.

Over the next few weeks, those scores will be collected and analysed, in order to propose our findings as part of the Pre-Consultation Business Case process. The Trust Board and all stakeholders involved will be kept up to date with progress

Theme 6: Optimising an efficient and sustainable organisation

- **Update on annual website development plan**

Development plans for the website have been paused while clarity is sought from web providers SiteKit on if they will continue to offer their web management product going forward. An options appraisal will be developed to consider the best way forward to continue to deliver an accessible and informative website.

Measures of Success

Theme 1: Promoting people, communities, and social values			
KPI	Measure of success by 2025	Benchmark	This month
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	4 positive stories published No negative coverage
Visits to Brand Portal	Up 20% to 696 sessions	580	795
Facebook engagement rate	2%	2%	4.56% for HTN-FT
			4.43% for Join Humber
Twitter engagement rate	2%	2%	1.8%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	3,349 followers as of 16 th May 2023

Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	Measure of success by 2025	Benchmark	This month
Stakeholder newsletter open rate	20%	18%	27.9%

Theme 3: Developing an effective and empowered workforce			
KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced	< 50%	57.44%	57.55%
Intranet visits maintain	7,300 visits	8265	7420

at current level	p/m		
Global click through rate (CTR) increase	7%	12.80	10.57%
Staff engagement event programme	Engage 10% of staff in each event (2023/24) 20% (24/25)	First staff engagement event attracted 10% of staff (360)	422
	Post event satisfaction survey results in upper quartile (73%+)	Industry standards used for benchmark	n/a

Theme 5: Innovating for quality and patient safety		
KPI	Measure of success	Progress to date
Awards nominations	4 national/2 local shortlistings annually	Supported 15 nominations over period (deadlines still open)

Theme 6: Optimising an efficient and sustainable organisation			
KPI	Measure of success by 2025	Benchmark	This month
Reduce homepage bounce rate	Below 50%	64.9%	67.19%
Increase average page visits per session	+ 2 per visitor	2	2.03
Increase average dwell time	+ one minute	1m28s	1m27s

7 Health Stars Update

1. Fundraising Activity

Since the last meeting fundraising for Health Stars has continued across the Trust and within the community. We have seen an increase in donations to the units and

staff engagement is improving. A new Fundraising plan has been created and will be presented as part of this meeting.

The Health Stars lead and the wider Smile Team is determined to improve fundraising income and visibility of the charity. We are planning several large events this year including NHS Birthday Big Tea celebrations, Zumba on the Humber, HS Golf Day as well the comedy festival. We are fortunate to be able to partner with Smile as a benefactor of some of their events.

2. Update on Campaigns/Appeals

Whitby bricks – Engagement Day 22 May 2023

Clare Woodard has met with Jayne Gibson to discuss relaunching the Whitby Bricks Appeal and getting the first 250 bricks commissioned asap, by coming up with new and innovative ways to get people to sign up to dedicate a brick.

We have arranged for an engagement day to take place at the hospital on 22nd May. Clare Woodard will be spending the day at the Whitby site and has worked with Jayne Gibson and the Whitby Project Steering group to arrange the event. Trust comms are supporting the re-launch by including details in the internal comms channels, Trust social media as well as external press coverage.

Actions on the day include:-

- Invite the people who have already reserved a brick to an event at the hospital to say thank you over a cup of tea and slice of cake.
- Engagement staff and patients through local messaging.
- Involve NHS Property Services on site.
- Raffle/tombola on the day.
- Involve the Building User Group and PACE groups.
- New posters, QR codes and leaflets distributed about the hospital and local community.
- Campaign on social media.
- Advertise the appeal on the TV screens in UTC/OP and sign people up who are attending the hospital.
- Look for local sponsorship such as Botham's, The Magpie or Whitby Brewery.
- Link in with local businesses including Coop.
- Create interest through internal comms via Global and external media through local press and Whitby what's on guide.
- Invite Humber STL, NEDS and senior reps to sign up.

It is hoped we can spark interest in this campaign and get the first set of bricks over the line in time for summer.

Fundraising for Children's services

Many of the outstanding wishes are for renovations/estate work within the Children's Services Division. Clare Woodard is to meet with Robert Atkinson Head of Estates to better understand which of the wishes will be picked up by the routine Trust Maintenance programme and which are for Charitable Funds. The meeting is scheduled for 9th May so a verbal update will be given to the committee.

In the meantime Clare has met with Justine Rooke and other key members of the Children's and Young People divisions to look at fundraising ideas to support the bigger wishes still in the system. These wishes include sensory equipment, toys, wall murals and improved facilities in waiting areas. The team is keen to support the charity and have come up with several potential events such as Zumber of the Humber and Bongo Bingo. A full team meeting is planned later the May to work up the fundraising ideas.

GP's Surgeries and Community Nursing

There have been several changes to the GP's surgeries recently and Health Stars is keen to ensure support is available for Humber patients. Having spoken recently to practice managers, it has been suggested that Clare Woodard meet with the chair of the PPG's connected to each surgery to look at what patients are actually asking for. From experience we have seen that often members of PPG's are also involved in other areas of community engagement and charitable groups and this is often a great way to fund raise with local groups such as Rotary Club, WI, Free Masons, Round Table etc.

Dementia Friendly Environments and Equipment

Having met recently with the Service Lead for Malton Hospital, it was noted that staff have expressed the need to make the Fitzwilliam ward more dementia friendly. This is a great project for a fundraising appeal and something that the local community and businesses can support.

3. Improved Comms and Process Management

Health Stars and Trust Comms team are meeting every two weeks to ensure communication is improved, is effective and aligned to Trust messaging and branding.

Sincere thanks go to Rachel, Anita and the Team for their support and guidance.

The Comms plans, which was devised last year, in conjunction with the Trust Communications Lead, has been updated and is imbedded as part of the Health Stars fundraising and operations plan.

We are aware that not everyone is clear about the Health Stars processes, the Circle of wishes and how to access charitable funds. We have met with fund guardians and shared the wish process with them and have arranged to meet staff during team meetings. A piece of work is taking place to improve visibility of HS

across the Trust including refreshed branding, an updated website, improved social media presence and literature out to the units. This is all to help us improve engagement with staff, wish makers and fundraisers.

Now, when wishes are received the wish maker is contacted via phone or email and the wish process is discussed and expectations managed. We are keen to ensure that regular dialogs is taking place and that people are aware of where they are in the process. This has not always been a priority and wish makers are telling us they have been given little or no information following submission of a wish. We have made it a priority to contact all those who have submitted wishes which are still outstanding and it is our goal to complete these as well as actioning the any new wishes at pace.

We appreciate everyone is busy but if we can gather as much information as possible from the wish maker at the earliest opportunity it makes fulfilling the wish much easier.

4. **New Health Stars Branding**

The Health Stars brand, although fairly well recognised internally throughout the Trust, does not have much significance externally or with potential fundraising partners.

We have worked closely with the Comms Team at Humber and the designer at Smile Foundation to come up with several refreshed logo ideas, all aligned to the NHS colour palette and the new Humber Teaching NHS FT brand. We have suggested some straplines to accompany the new logo which we feel will give our audience greater understanding of what we stand for.

5. **Corporate Support**

We have devised One Year One Charity, a corporate membership donation scheme, which enables businesses to play their part to help us support the wonderful work of local NHS services.

Whatever size of business, and whichever industry, corporate supporters can join like-minded businesses to support Health Stars and reap the rewards for both their business and the wider community.

Health Stars One Year One Charity members will help us to deliver our charitable services across the Humber region. Enabling us to do even more across our mental health units, providing enhanced support for our patients, families and the wider community.

Health Stars One Year One Charity Business Benefits: -

- Opportunities for collaborative working and networking with other businesses in the region.
- Share leadership knowledge and skills with charitable organisations, as well as other like-mind businesses.
- Volunteer opportunities for staff.
- Take part in challenge events.
- Provide personal and team development opportunities for your employees.

- Boost morale, motivation and employee loyalty through your charitable activity.
- Offer alternative team building opportunities.
- Let your efforts be seen and rewarded, be a business of choice.
- Use your community investment activity to support tendering and procurement opportunities.
- Enhance your reputation through being visible in the community.
- Increased advertising and publicity opportunities.

6. **NHS Development Grant update**

New Website

Once the new branding is agreed a new website will be commission. We are currently looking at what the website should look like and waiting for quotes from the web developer.

Circle Of Wishes Platform

A new web based Circle of Wishes platform is planned. We are working with Umber Creative to develop a wire frame for a new system which will improve the wishes processes and allow all parties to see where in the process the request is.

Staff Training

Through Smile we have arranged Grant Funding training for the new Health Stars Team and are utilising Smile's membership of Fundraising Everywhere to access fundraising and donor training for staff. Having a specific "ask" and by Improving the quality of grant applications will greatly increase our success rate of funding.

CRM System

A new CRM (customer Relationship Management) system will be created which allow us greater visibility of donors, fundraising trends, and will help up improve donor stewardship and communication. We have recently met with SalesForce to discuss options. A well manged CRM will allow up run successful and targeted fundraising campaigns, mailouts and regular newsletters.

Michele Moran
Chief Executive

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023															
Title of Report:	Publications and Policy Highlights															
Author/s:	Name: Michele Moran Title: Chief Executive															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>/</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	/	To ratify		For assurance			
To approve		To discuss														
To note	/	To ratify														
For assurance																
Purpose of Paper:	<p>To inform and update the Trust Board on recent key publications and policy since the March Board (detailed below):</p> <ul style="list-style-type: none"> • Scaling up of virtual wards; • A guide to good governance; • The Hewitt Review; • Digital guide for boards; • Workforce Race Equality Standards (WRES) Indicators for Bank Workers; and • Narrowing health inequalities 															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> • n/a 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • n/a 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> • n/a 		Decisions Made: <ul style="list-style-type: none"> • n/a 														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													
			Other (please detail) Board 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	

Publications and Policy Highlights

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

1. Scaling up of virtual wards

The HSJ reported that NHS England views the scaling-up of virtual wards as a crucial strategy for expanding hospital capacity and supporting patient recovery.

A recent HSJ roundtable examined the implementation of virtual wards in the NHS so far, the challenges trusts face, and what can be done to scale up virtual wards successfully. Panellists called for stronger leadership around the implementation of virtual wards.

The roundtable also stated that workforce presents another major barrier to scaling up virtual wards. NHS Providers emphasised the need for the NHS to improve its long-term workforce planning, specifically regarding skill sets and training healthcare professionals across diverse settings earlier in their career.

Lead: Chief Operating Officer

The Trust has implemented a virtual ward in Scarborough which responds to patients with frailty with a plan to increase capacity further. The HSJ information about the challenges and potential to scale up virtual wards is reflected in discussions that have been taking place with our partners in the ICB and through the community collaborative. We agree that long term workforce planning is essential.

2. A Guide to Good Governance

NHS Providers has launched a new guide to good governance. Made up of chapters on a variety of topics including board effectiveness, culture and problem sensing and risk management, the guide provides context, resources, and downloadable templates in a compendium which can be used and edited by individual trusts. The guide can be accessed [here](#).

Lead: Chair and Chief Executive

The good practice identified within the different chapters will be referred to as appropriate when undertaking activities which align with the guidance.

3. The Hewitt Review

In November, the Rt Hon Patricia Hewitt, chair of NHS Norfolk and Waveney integrated care board (ICB) and deputy chair of the integrated care partnership (ICP), was commissioned to lead a review into the role and powers of integrated care systems (ICSs).

The review report was published in April and highlights how ICSs can help to integrate care, forge partnerships within and beyond the NHS and shift towards a preventative model of care. It contains a focus on prevention and health improvement as well as on the effects of inequality, racism and discrimination.

The review report can be accessed via this link: [The Hewitt Review: an independent review of integrated care systems \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/844442/the-hewitt-review-an-independent-review-of-integrated-care-systems.pdf)

NHS Providers' response to the review can be accessed via: [NHS Providers responds to the Hewitt Review - NHS Providers](#)

Lead: Chief Executive

Verbal updates have been given to the Board and relevant details shared. Currently awaiting NHSE response to the recommendations.

Noted only at this stage at the ICB.

The Board will receive more details once the NHSE response is known.

4. Digital Guide for Boards

NHS Providers has published a comprehensive new guide for boards leading the digital transformation agenda. The guide *[Effectively embedding digital in your trust](#)* covers insights from NHS Board leaders on a range of topics including:

- Digital leadership – understanding the role of the board
- Building and enabling digital teams
- Creating an effective digital strategy
- Making technology decisions
- Digital delivery
- Optimising your EPR

Lead: Director of Finance

This guide/link has been circulated around EMT and Board following the discussion on digital governance at the Trust Board. The paper will be reviewed and its content considered as Terms of Reference are developed for the newly agreed Digital Group

5. Workforce Race Equality Standards (WRES) Indicators for Bank Workers

To support NHS England's strategic aim of improving the quality of bank provision as a flexible option for staff, a set of WRES indicators have been developed which are designed to explore the experiences of this group. The indicators are aligned to the People Promise and People Plan. Information regarding the indicators can be accessed here: [NHS England » Workforce Race Equality Standard \(WRES\) – indicators for the NHS bank only workforce](#)

Lead: Director of Workforce and Organisational Development

Bank WRES data will be obtained from two sources – firstly, through us submitting information, and secondly, information from the new annual National NHS Bank Survey 2022. We will include in our WRES report.

6. Narrowing Health Inequalities

Entrepreneurial NHS staff are being supported to develop and implement their innovations to help address healthcare inequalities and improve access, experience and outcomes for underserved populations.

The Clinical Entrepreneur Programme (CEP), delivered by Anglia Ruskin University, empowers healthcare professionals to transform services through innovation; equipping them with the skills

and experience to scale their most innovative ideas for the benefit of patients, staff and the wider NHS.

Further information regarding this initiative can be accessed here: [NHS England » How entrepreneurship in the NHS is helping to narrow healthcare inequalities](#)

Lead: Medical Director

As an anchor organisation, we are involved in projects, innovations, and initiatives to narrow health inequalities. These also include collaboratively work with our partners and national organisations such as NHSE and The King Fund. We are not specifically involved in CEP however the principles are included in our inequality projects.

Work is underway to bring these together into a document which be shared with board members in due course in one of board timeout sessions.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 31 st May 2023		
Title of Report:	Trust Performance Report – April 2023		
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead		
Recommendation:	To approve		<input type="checkbox"/>
	To note		<input checked="" type="checkbox"/>
	For assurance		<input type="checkbox"/>
	To discuss		<input type="checkbox"/>
To ratify		<input type="checkbox"/>	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board of the current levels of performance as at the end of April 2023.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>		
Key Issues within the report:			
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:	
<ul style="list-style-type: none"> Mandatory Training – compliance overall remains high, performance exceeded the upper control limit in March at 93.7%. 		<ul style="list-style-type: none"> Full breakdown of waiting times action plans is attached at appendix B. System escalation mechanisms are in place to address delayed transfer of care, this overseen by the Chief Operating Officer.. 	
Key Risks/Areas of Focus:		Decisions Made:	
<ul style="list-style-type: none"> Safer Staffing Dashboard - 12 units continue to flag as red for sickness which is an improvement on the previous 3 months but does impact on fill rates, full commentary is included in the body of the safer staffing dashboard. Waiting Times – Referral to Treatment stood at 85% (Completed Pathway) and 65.3% (Incomplete Pathway) at tee md pf April, a detailed appendix with full commentary on waiting times is attached. CPA 7 Day Follow up - Whilst the standard for 72 hour follow up was met. The 7 day standard for follow up on discharge from a mental health bed was at 93% against the 		<ul style="list-style-type: none"> None (report is to note) 	

95% requirement. This standard is reviewed daily by operational managers and each breach is reviewed. Follow up is planned prior to discharge and where attempts are made but are unsuccessful in making contact with the patient, clinical staff to continue to make contact until it is made.

- **Delayed Transfers of Care (no criteria to reside)** - Delayed Transfers of Care (or patients who have No Criteria to Reside NCTR) remain high and the issue continues to lie with patients predominantly waiting for specialised hospital placements with other NHS providers or local authority provided residential placements

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	22.05.23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Financial Year
2023-24

TRUST PERFORMANCE REPORT

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

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

Reporting Month:

Apr-23

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending:

Apr 2023

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 new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.
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What are SPCs?	<p>Statistical process control (SPC) 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.</p> <p>SPC tells us about the variation that exists in the systems that we are looking to improve:</p> <p>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.</p> <p>SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will 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 control limits. The average and control limits 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.</p>
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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
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Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending:

Apr 2023

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT (East Riding)	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)
Goal 6	Complaints	The number of Complaints Responded to and Upheld
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

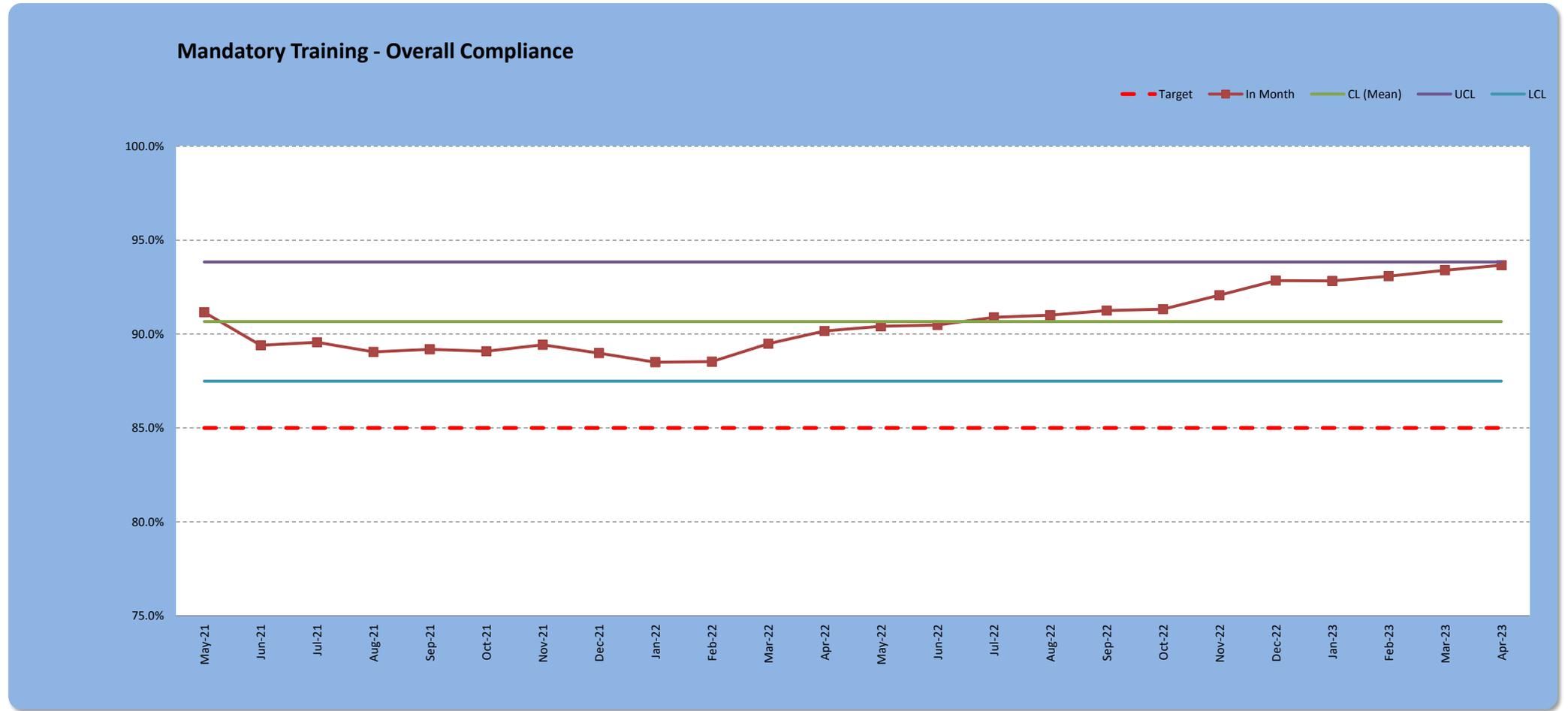
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
85%	80%	93.7%

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



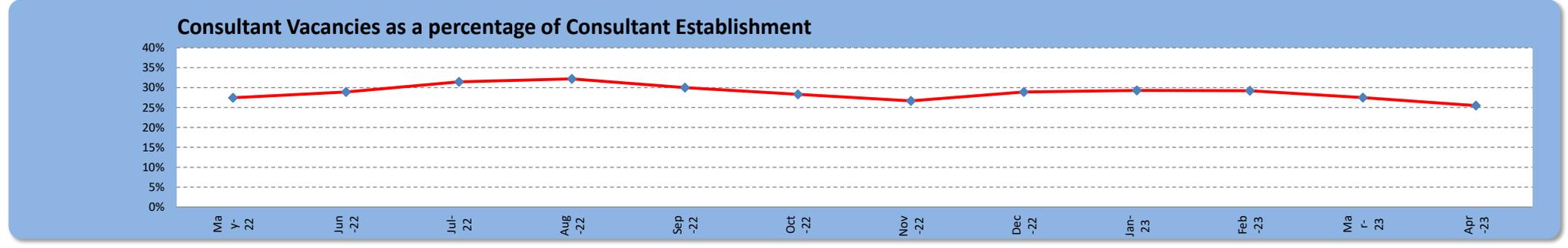
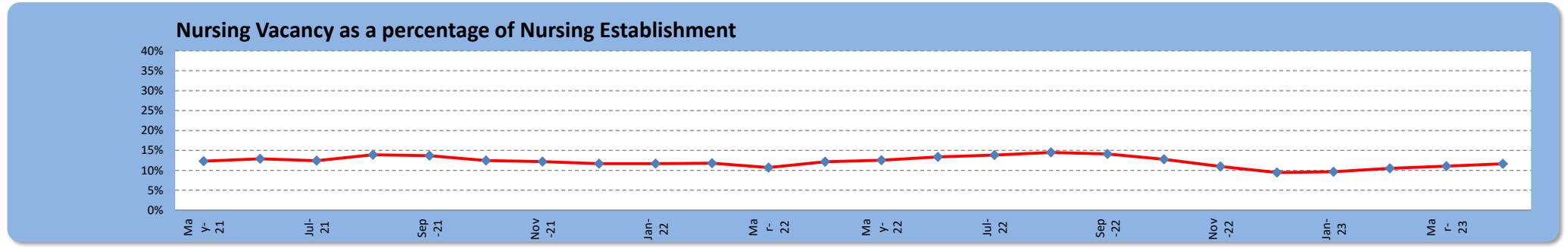
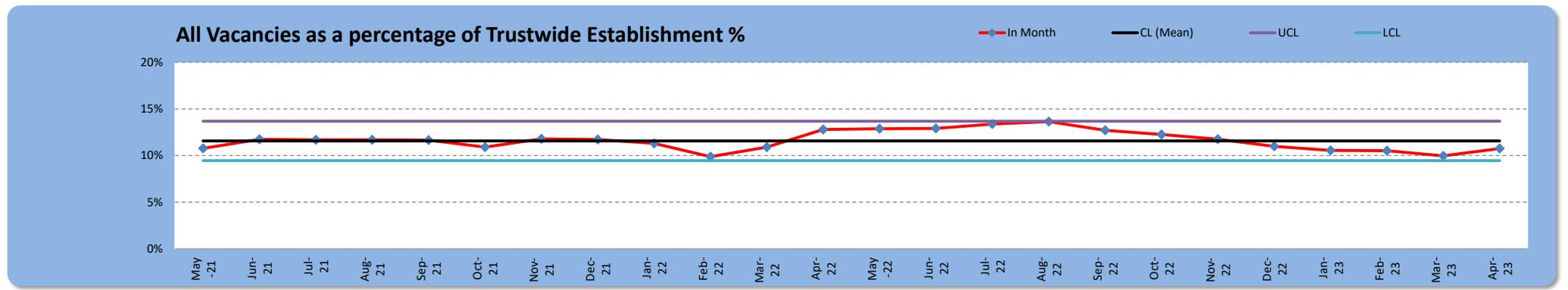
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
N/A	N/A	10.8%

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



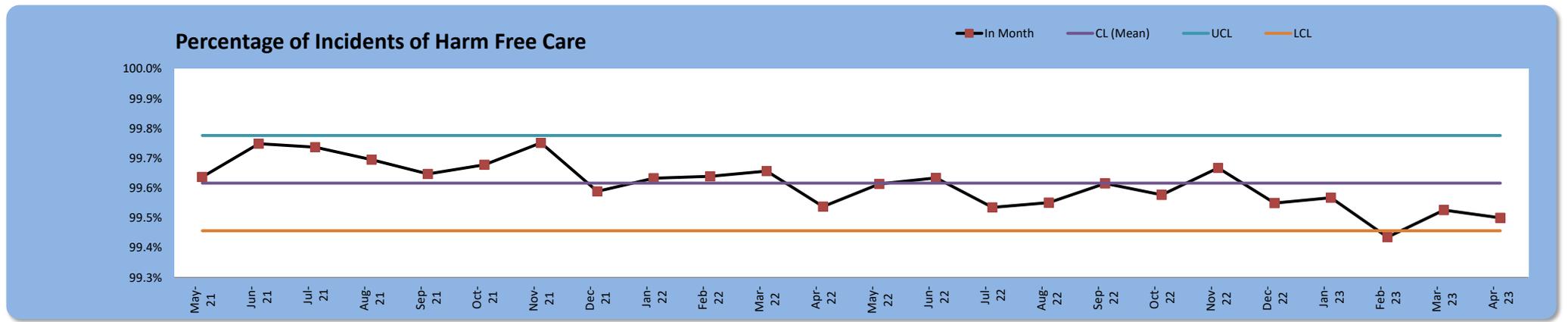
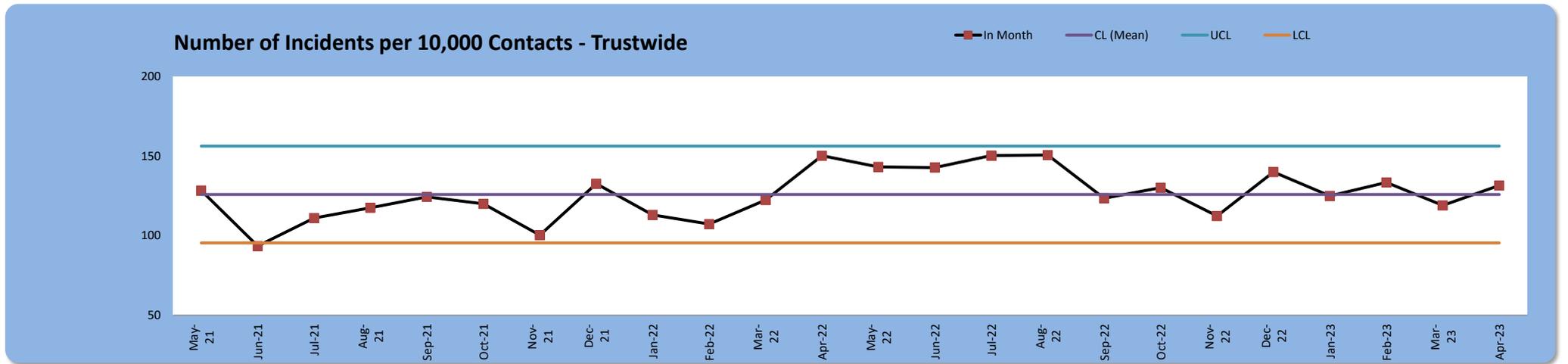
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	132

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



PI RETURN FORM 2023-24

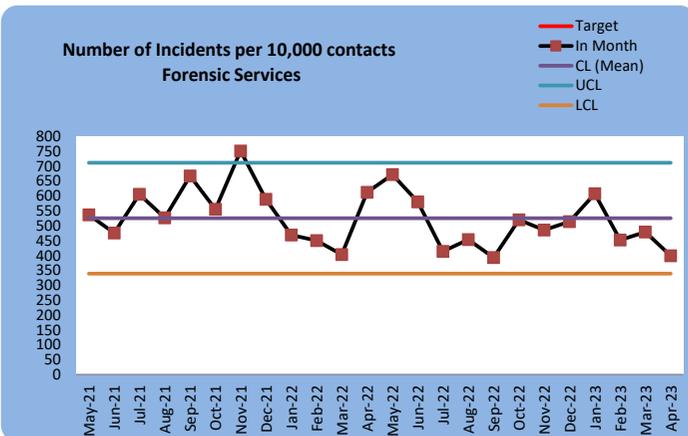
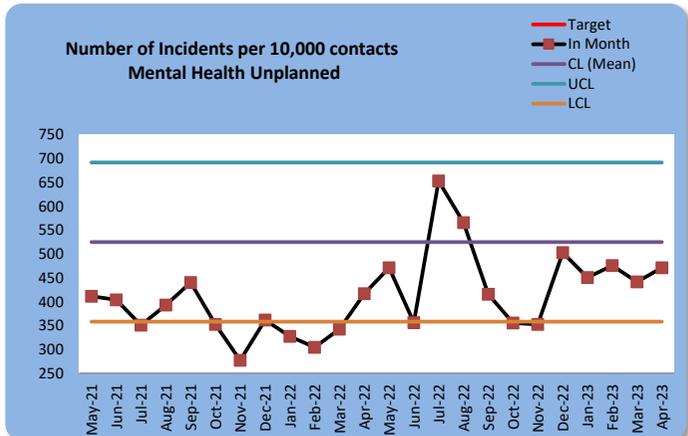
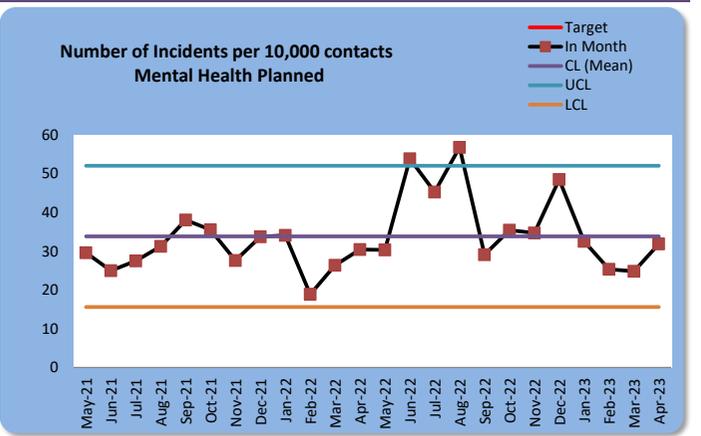
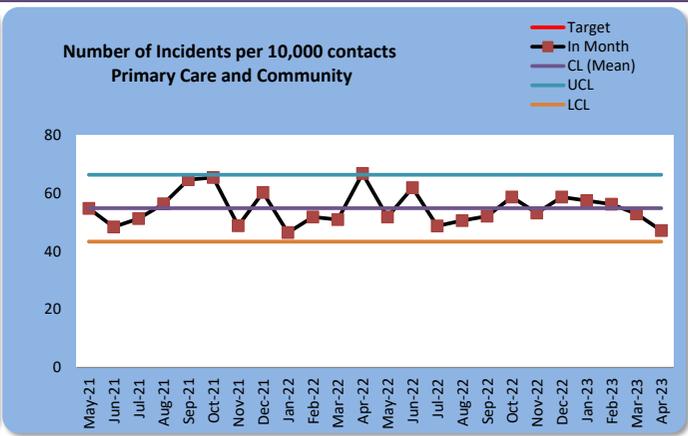
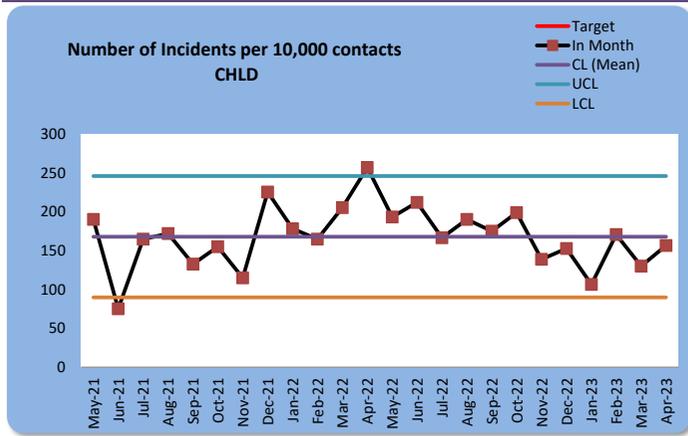
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Apr 2023

Target:	Amber:	Trustwide current month stands at:
0	0	132

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



Current Month per Division

Children and Learning Disability	156
Primary Care and Community	47
Mental Health Planned	32
Mental Health Unplanned	471
Forensic Services	399

Incident Analysis

	Mar-23	Apr-23
Never Events	0	0
% of Harm Free Care	99.5%	99.5%
% of Incidents reported in Severe Harm or Death	0.8%	1.0%

PI RETURN FORM 2023-24

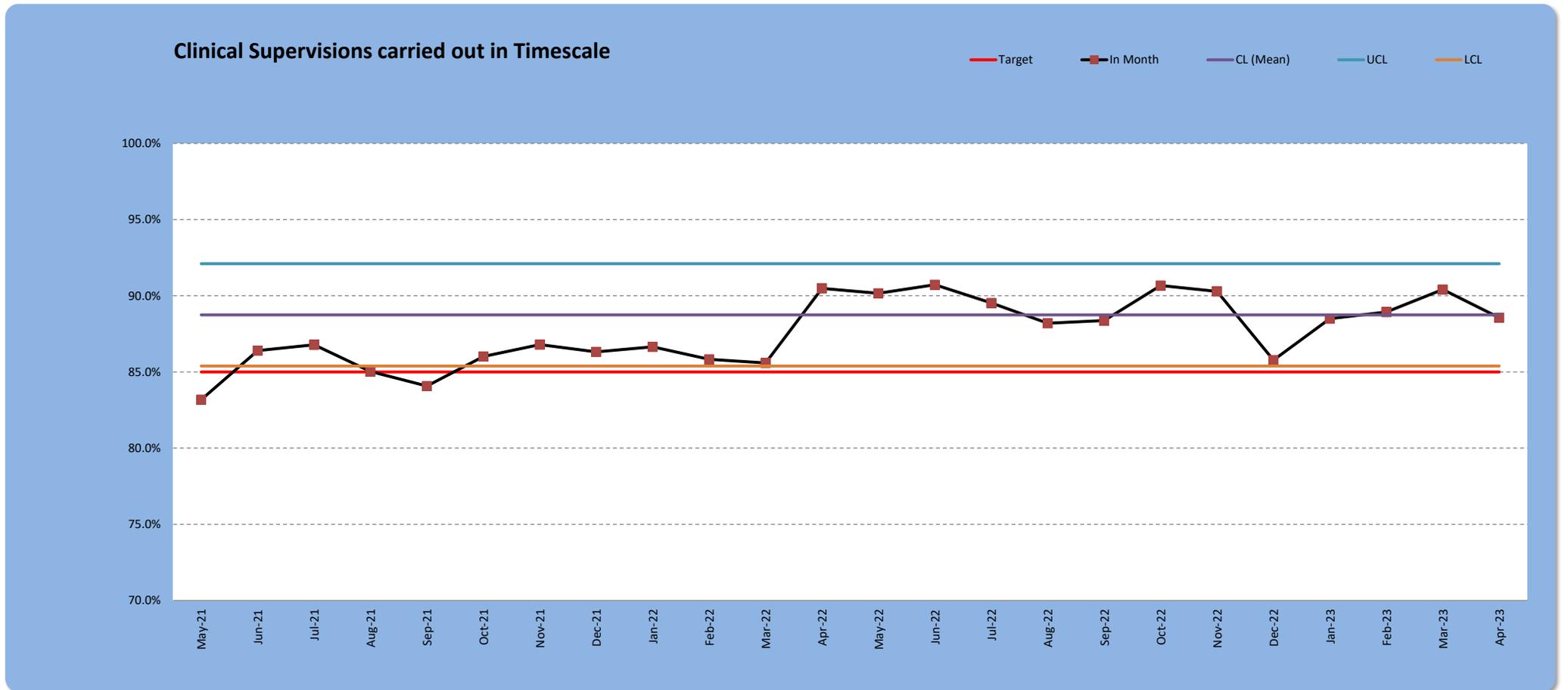
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Apr 2023

Target:	Amber:	Current month stands at:
85%	80%	88.6%

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



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2023-24
Reporting Month:	Mar-23



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Feb-23	Mar-23
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	29.8	86%	9.9	26.3%	↑	5.9%	↓	77%	83%	96%	103%	0	4	2	0	84.6%	94.2%	100.0%	92.3%	4.6%	2.0	1	0
	New Bridges	Adult MH Treatment (M)	40.6	99%	7.72	20.0%	↓	1.9%	↑	76%	89%	94%	105%	0	7	0	0	76.9%	97.2%	94.1%	95.8%	6.8%	-0.4	2	2
	Westlands	Adult MH Treatment (F)	36.3	97%	8.60	27.1%	↓	14.4%	↑	76%	78%	99%	109%	0	2	2	0	87.5%	94.0%	86.7%	90.0%	4.8%	1.1	2	1
	Mill View Court	Adult MH Treatment	28.1	95%	8.71	12.2%	↑	24.7%	↓	86%	96%	92%	136%	1	6	0	0	100.0%	93.2%	66.7%	83.3%	3.6%	5.0	2	1
	STARS	Adult MH Rehabilitation	40.1	100%	25.07	35.7%	↓	2.4%	↑	70%	185%	100%	100%	0	0	0	0	89.7%	93.0%	85.7%	81.5%	15.3%	-0.9	3	3
	PICU	Adult MH Acute Intensive	31.5	79%	22.04	37.5%	↑	23.2%	↓	79%	117%	95%	171%	0	22	0	0	100.0%	85.6%	80.0%	86.7%	7.4%	3.0	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	36.9	78%	14.25	18.3%	↓	11.4%	↓	78%	108%	90%	116%	0	9	0	0	100.0%	95.0%	90.9%	85.2%	9.6%	0.0	1	1
	Mill View Lodge	Older People Treatment	20.8	89%	14.26	42.4%	↓	7.6%	↑	63%	101%	100%	142%	0	0	0	0	79.2%	97.0%	100.0%	100.0%	2.2%	1.6	4	1
Child & LD	Maister Court	Older People Treatment	16.9	96%	16.19	19.6%	↑	11.6%	↓	124%	68%	116%	95%	0	0	0	0	92.9%	97.4%	100.0%	90.0%	1.4%	-0.2	1	2
	Pine View	Forensic Low Secure	32.6	86%	8.97	20.4%	↓	0.0%	→	99%	86%	76%	115%	1	0	0	1	72.4%	95.4%	100.0%	90.0%	3.9%	0.2	3	1
	Derwent	Forensic Medium Secure	24.1	61%	16.59	30.0%	↓	0.0%	→	95%	59%	100%	98%	0	0	0	0	100.0%	94.8%	100.0%	81.3%	7.4%	0.8	2	2
	Ouse	Forensic Medium Secure	23.6	84%	8.67	23.2%	↑	0.0%	→	79%	114%	110%	129%	0	0	0	0	100.0%	96.1%	100.0%	94.1%	5.6%	2.6	0	1
	Swale	Personality Disorder Medium Secure	26.6	76%	11.36	33.7%	↓	0.0%	→	66%	96%	103%	98%	0	0	1	0	64.0%	96.1%	100.0%	88.9%	11.6%	3.2	2	3
	Ullswater	Learning Disability Medium Secure	25.8	50%	20.51	34.9%	↓	0.0%	→	67%	136%	100%	136%	0	0	0	2	41.7%	95.2%	100.0%	95.0%	14.0%	3.0	2	3
CH	Townend Court	Learning Disability	35.3	87%	28.83	35.0%	↓	1.3%	↓	93%	84%	50%	127%	0	11	0	0	31.0%	96.7%	100.0%	95.2%	13.4%	3.4	5	3
	Inspire	CAMHS	70.7	65%	26.07	15.5%	↓	2.6%	↑	83%	114%	99%	126%	0	0	0	0	85.7%	88.1%	83.3%	100.0%	0.0%	-2.0	0	0
	Granville Court	Learning Disability Nursing Care	47.5	89%	16.39	28.2%	↓	22.4%	↓	105%	92%	101%	102%	0	0	0	0	82.2%	94.7%	100.0%	71.9%	10.1%	1.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	47.9	95%	8.23	1.9%	↑	0.6%	↓	86%	93%	98%	102%	0	0	0	0	94.6%	84.2%	95.0%	75.0%	10.4%	-0.6	2	2
	Malton Hospital	Physical Health Community Hospital	34.3	92%	7.03	16.0%	↓	0.0%	→	85%	93%	111%	91%	0	1	0	0	100.0%	90.6%	88.9%	78.9%	7.5%	-2.6	4	1

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Mar

12 units continue to flag as red for sickness which is an improvement on the previous 3 months. This continues to impact on fill rates across some units however despite these challenges CHPPD thresholds remain strong with only two wards under the target thresholds.

Malton's CHPPD has improved in March to 7.03 (target 8) from 6.83 in February. Newbridge's continues to be slightly below the target of 8.0, currently standing at 7.72 and this remains comparable with February. High OBD continues to be a challenge for New Bridges and currently stands at 99%.

The safer staffing reviews are taking place throughout the month of May and CHPPD will be reviewed accordingly. Where fill rates are consistently below threshold this can be impacted by inconsistencies within the e-roster demand templates and these will also be reviewed in May as part of the safer staffing reviews.

There continues to be a nil return at Newbridge's for supervision has been escalated to the modern matron and the divisional clinical lead for action noting that January was under the target threshold at 78.6%.

MVC had a nil return in February however their supervision data was submitted in March and currently stands at 100%.

STaRS supervision has improved from 55.9% in February to 80% in March following the introduction of new supervision structure.

Inspire had a nil return for supervision in February however March's figure is 90.2%

Ouse's supervision rates have improved significantly from 68% in February to 95.8% in March.

MVLs supervision has dipped slightly to 77.3% and this has been escalated to the matron.

Westlands has also dipped in March having been consistently 100% and this may be the impact of previously high sickness levels which have improved during March to 4.8%

TEC has had a further reduction in supervision rates. TECs performance has been raised with the Divisional leads in the recent accountability reviews where targeted actions have been requested.

Improvements have been made with 3 quality indicators flagged as red in March compared to 5 in February.

Overall supervision compliance is high despite the current impact of sickness with 14 units achieving compliance above 80% up from 12 in February.

Mandatory training including ILS and BLS once again reflects a good level of compliance with the majority of teams achieving over 85% with no red flags.

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

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

Red RAG	Green RAG	Units applied
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Malton, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Ullswater, Derwent, Inspire, Townend Court, Granville
<=10.5	>=11.5	Mill View Lodge
<=15.6	>=16.6	PICU

Staffing and Quality Indicators

Contract Period: 2023-24
Reporting Month: Mar-23



Humber Teaching
NHS Foundation Trust

Registered Nurse Vacancy Rates (Rolling 12 months)

Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
13.90%	13.80%	14.90%	15.27%	15.00%	14.70%	14.30%	14.50%	11.10%	10.08%	11.10%	11.50%

Slips/Trips and Falls (Rolling 3 months)

	Jan-23	Feb-23	Mar-23
Maister Lodge	3	5	10
Millview Lodge	2	1	0
Malton IPU	7	0	4
Whitby IPU	4	4	1

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

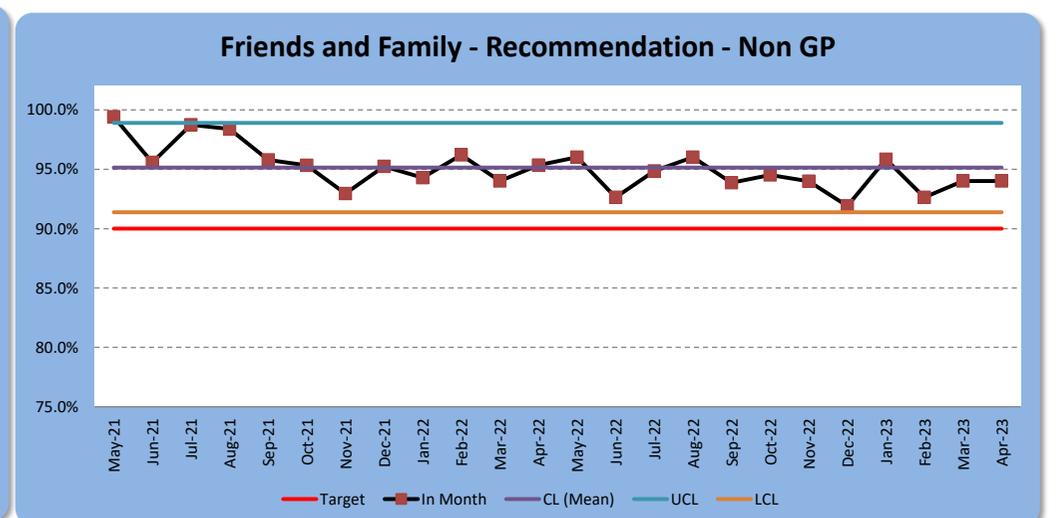
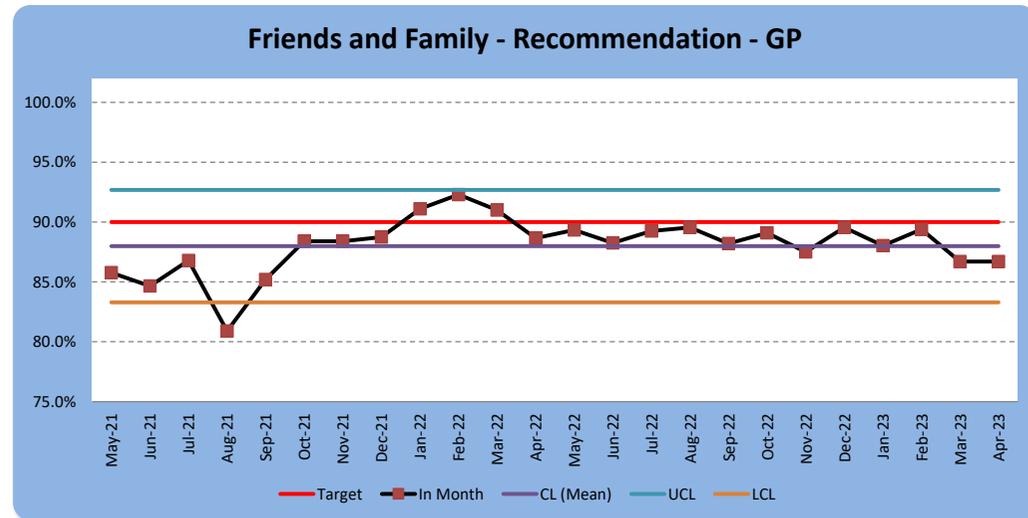
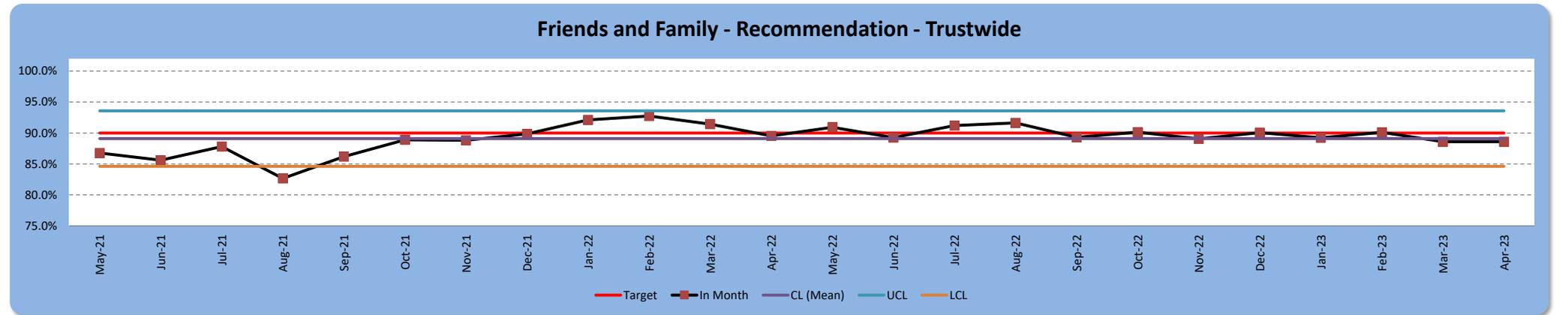
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	88.6%

For the period ending: **Apr 2023**

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



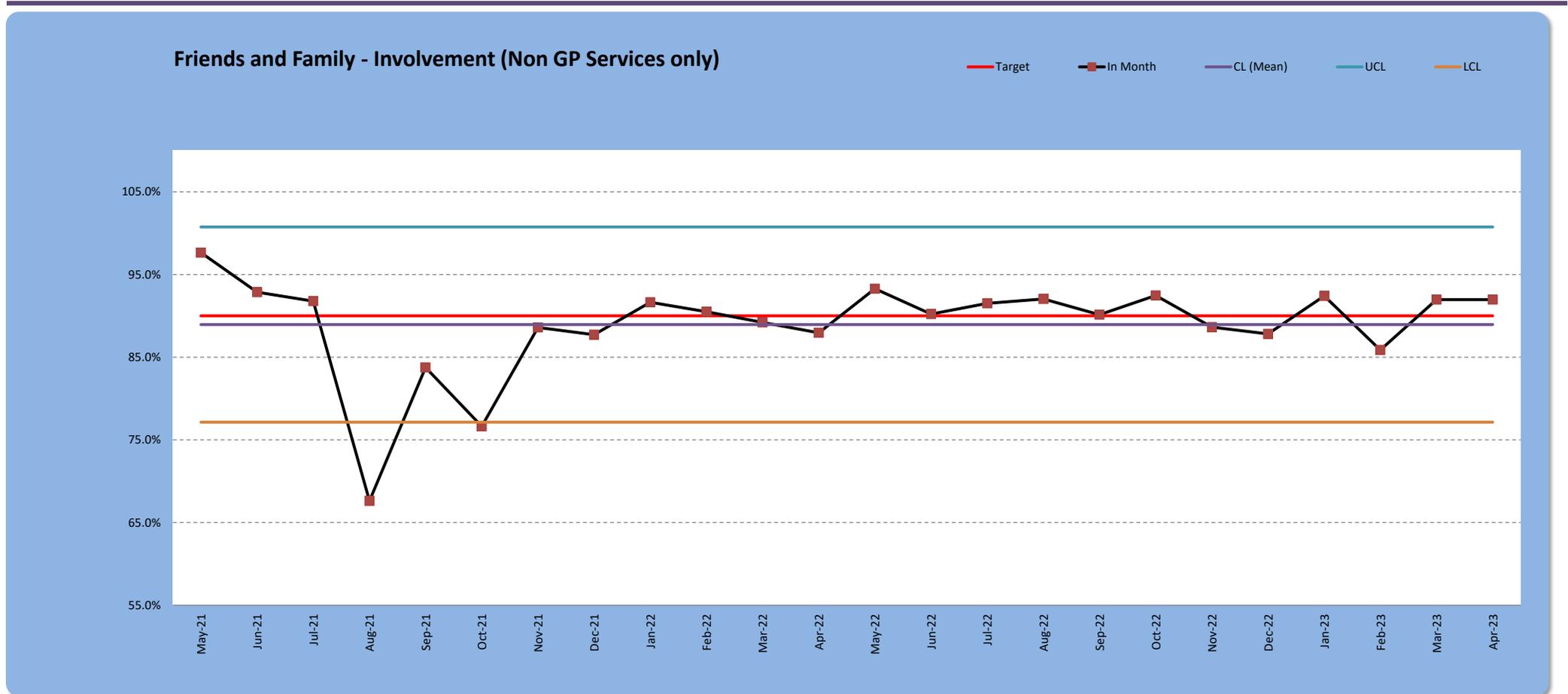
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
90%	80%	92.0%

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



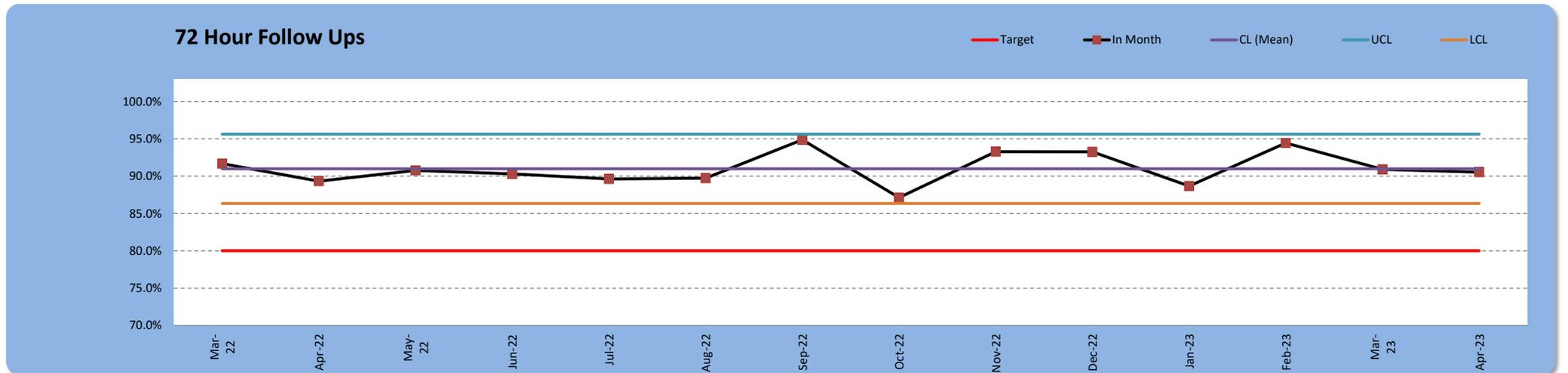
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	90.5%

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



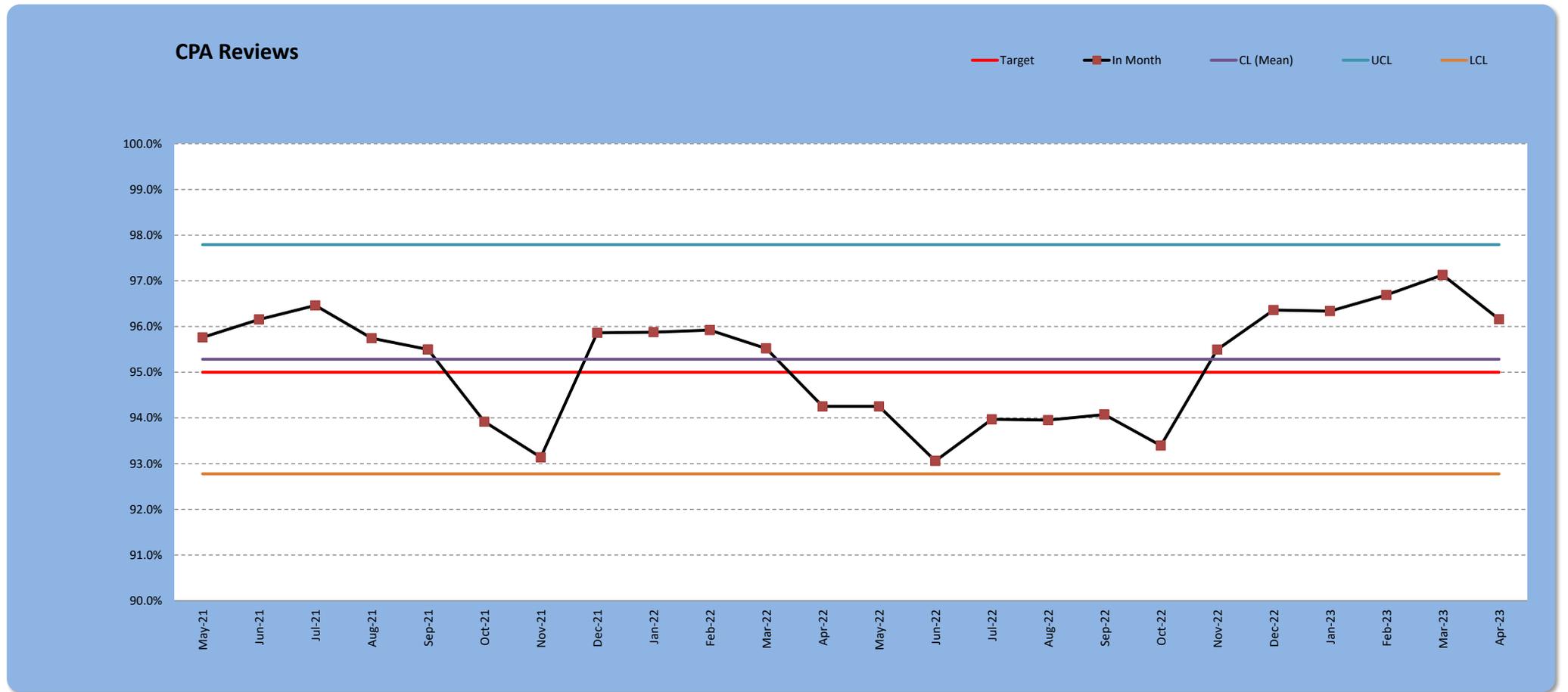
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
95%	85%	96.2%

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



PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

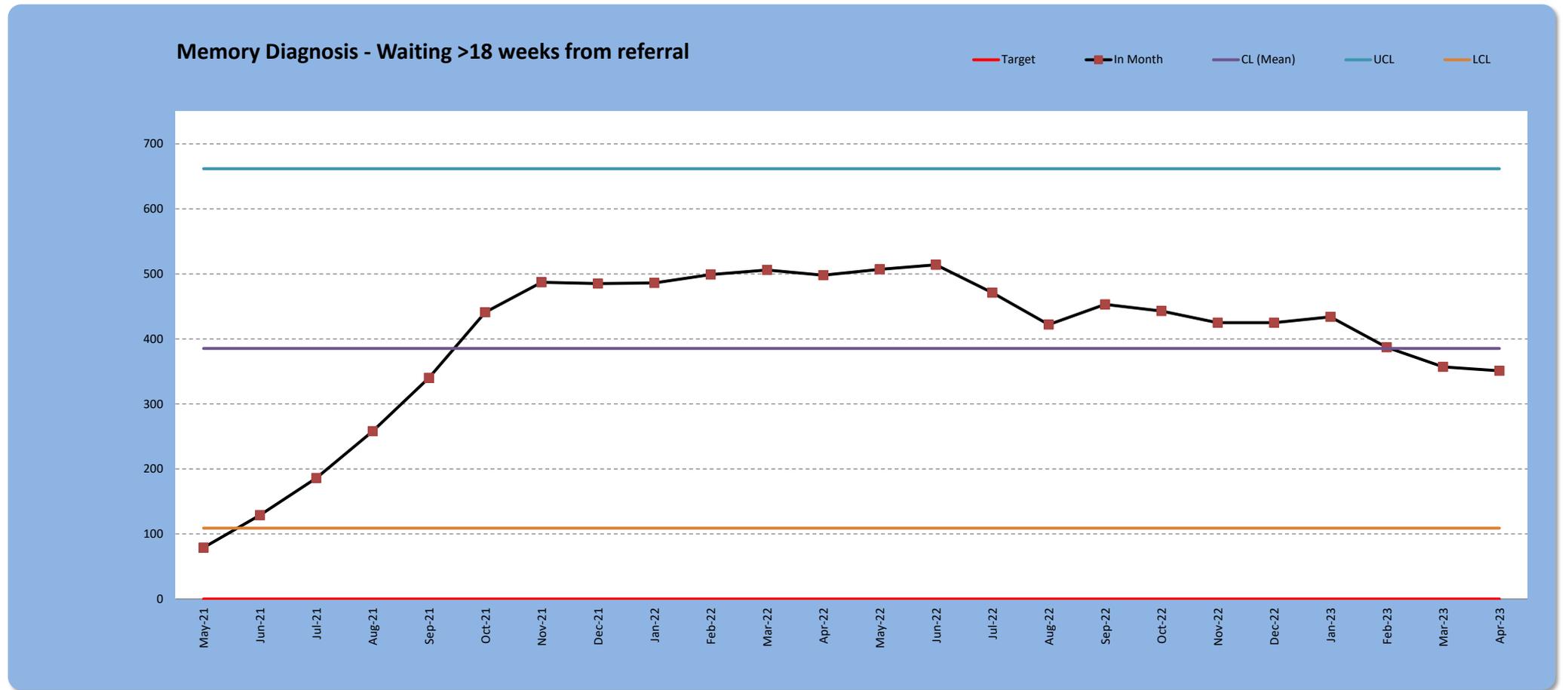
For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	351

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

Executive Lead
Lynn Parkinson

KPI Type
MemAssWL



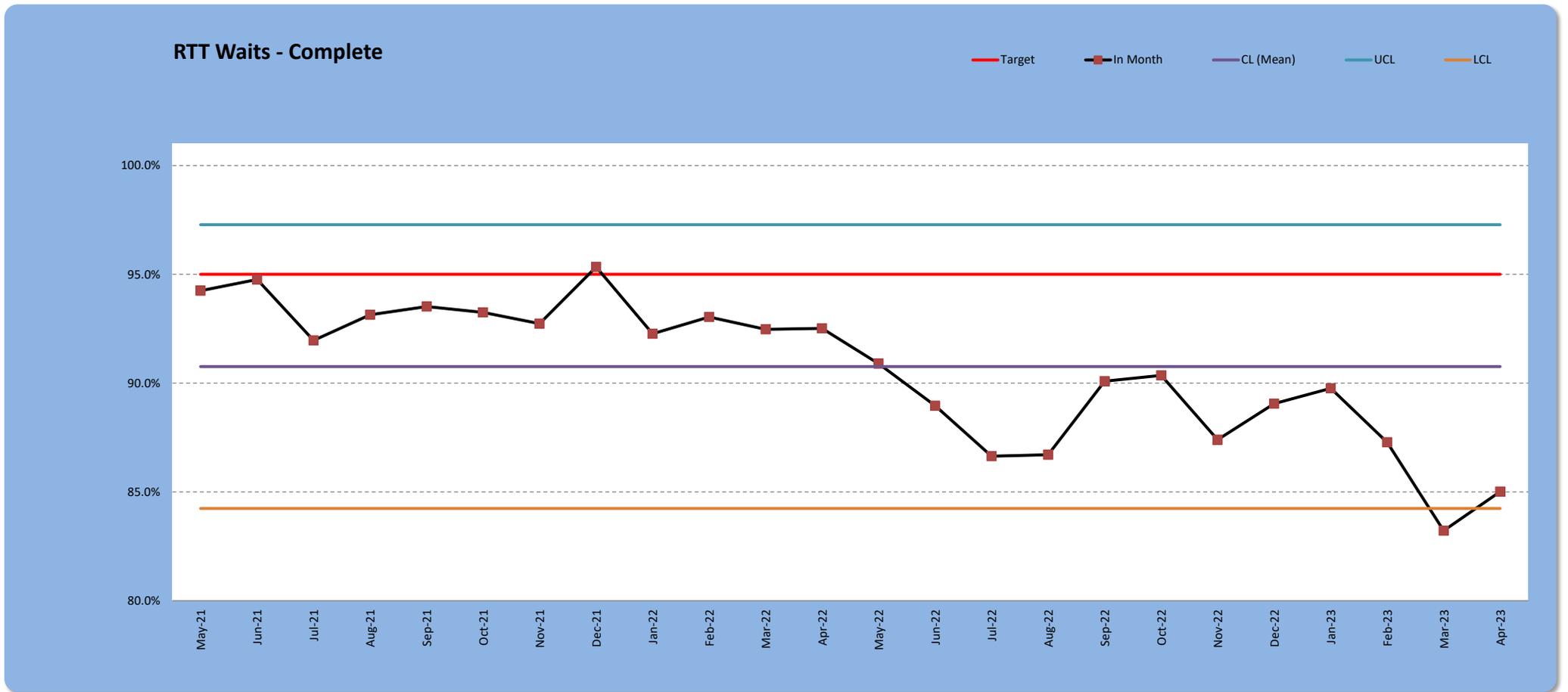
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
95%	85%	85.0%

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



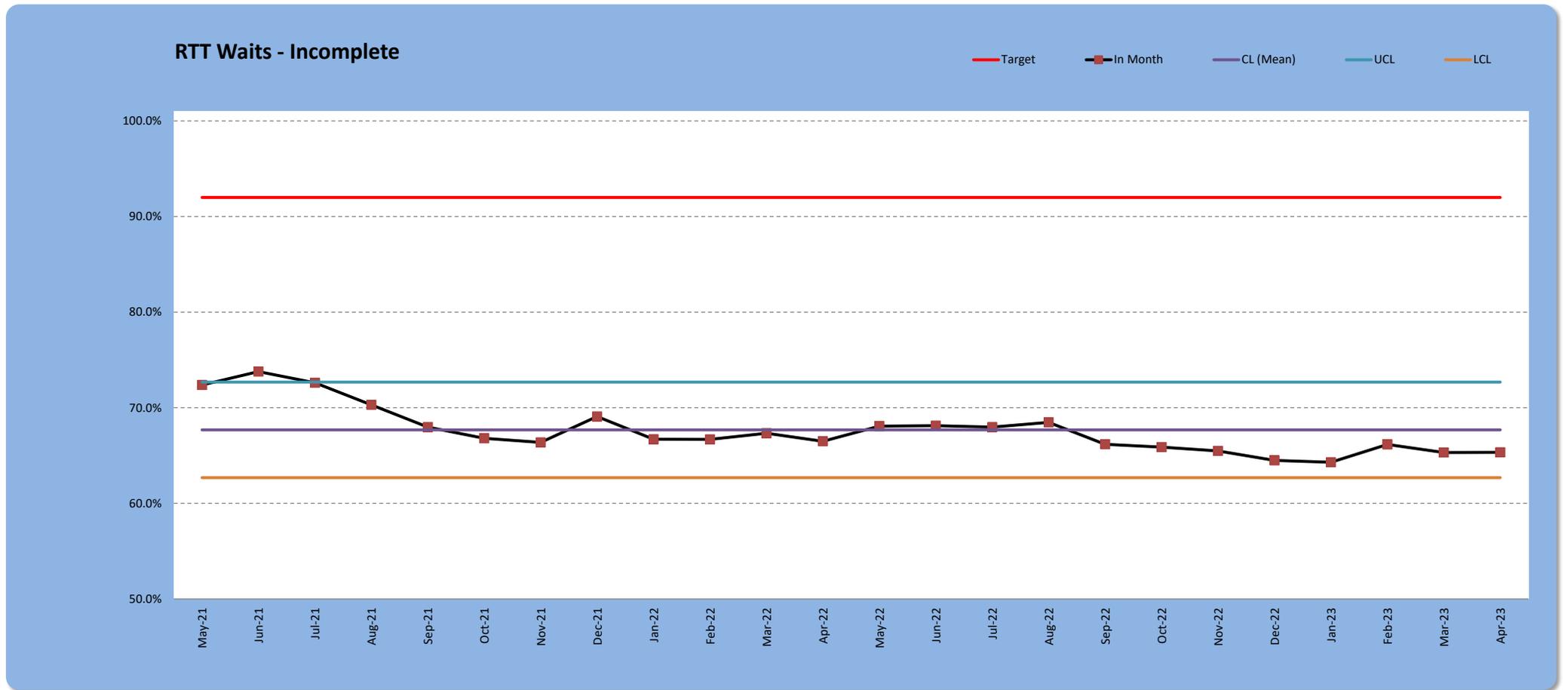
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
92%	85%	65.3%

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



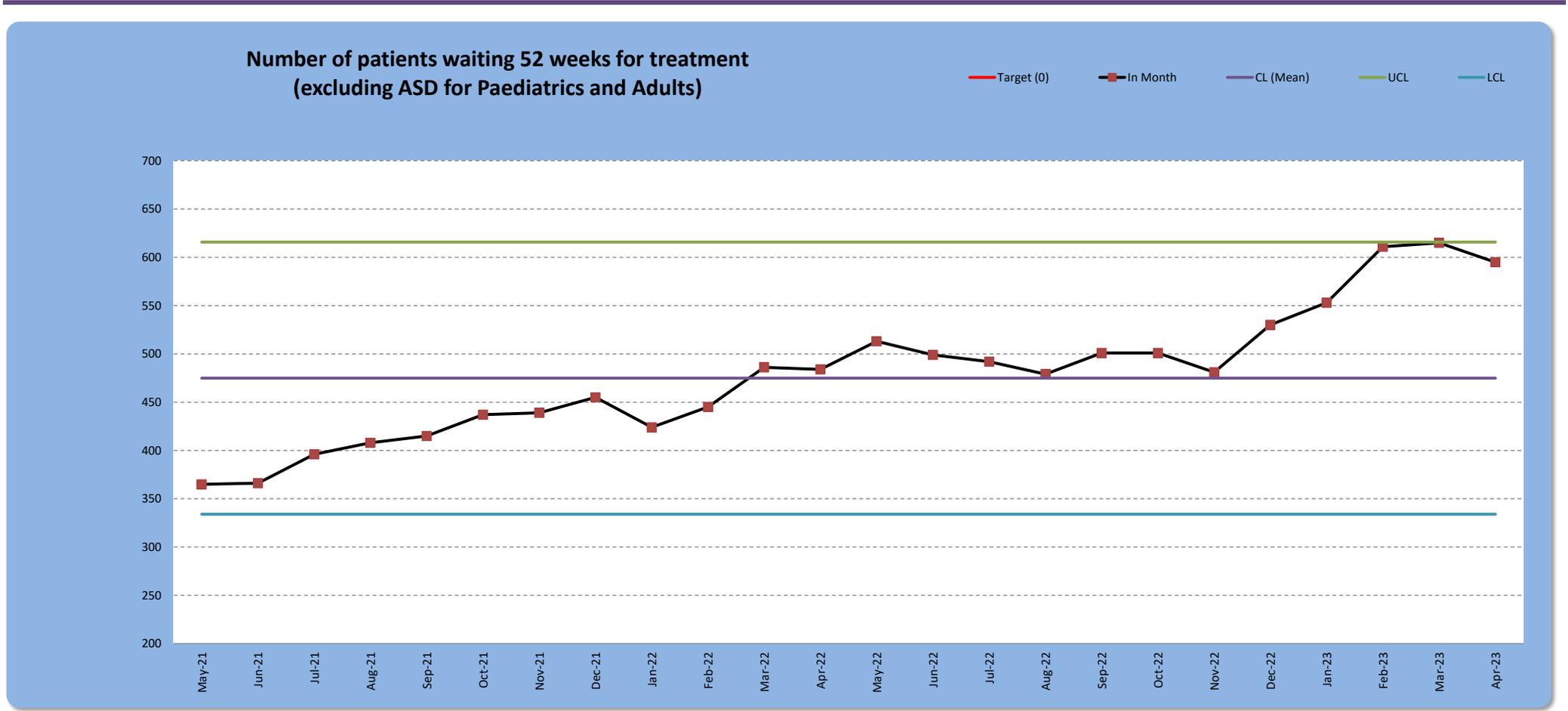
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
0	0	595

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	Lynn Parkinson	OP 22x



PI RETURN FORM 2023-24

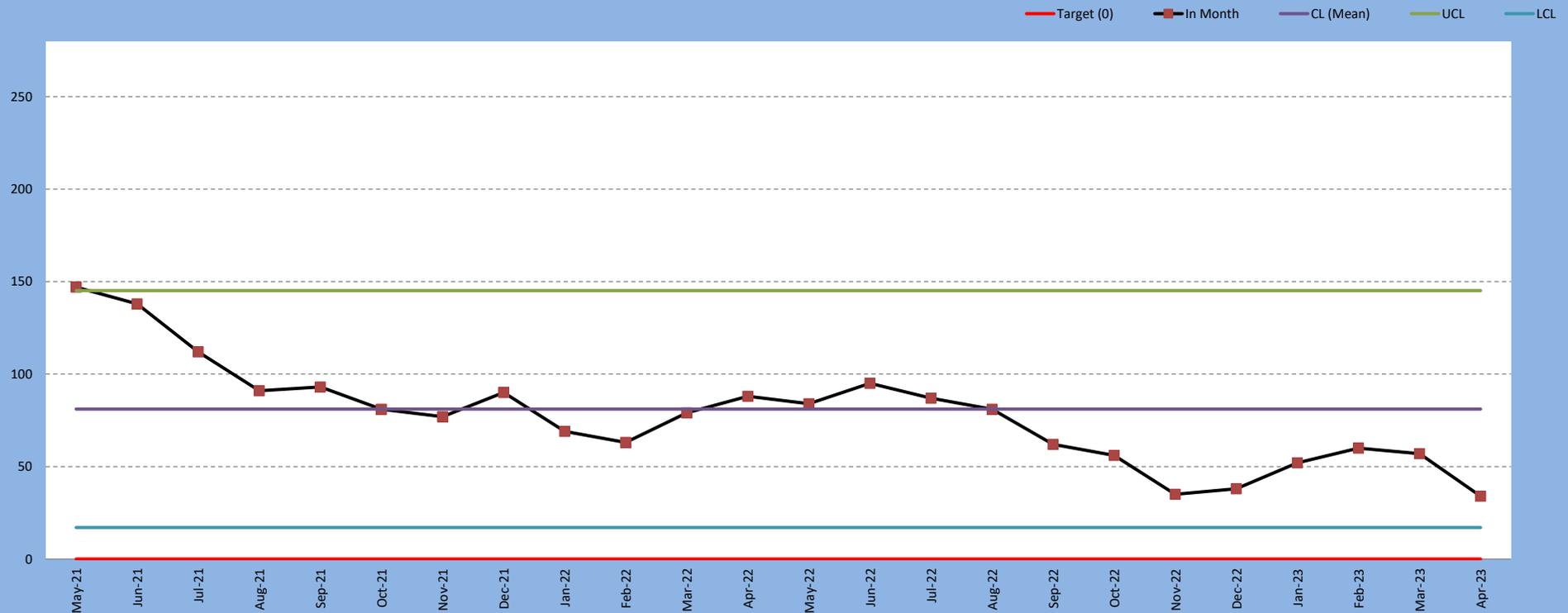
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
0	0	34

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

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



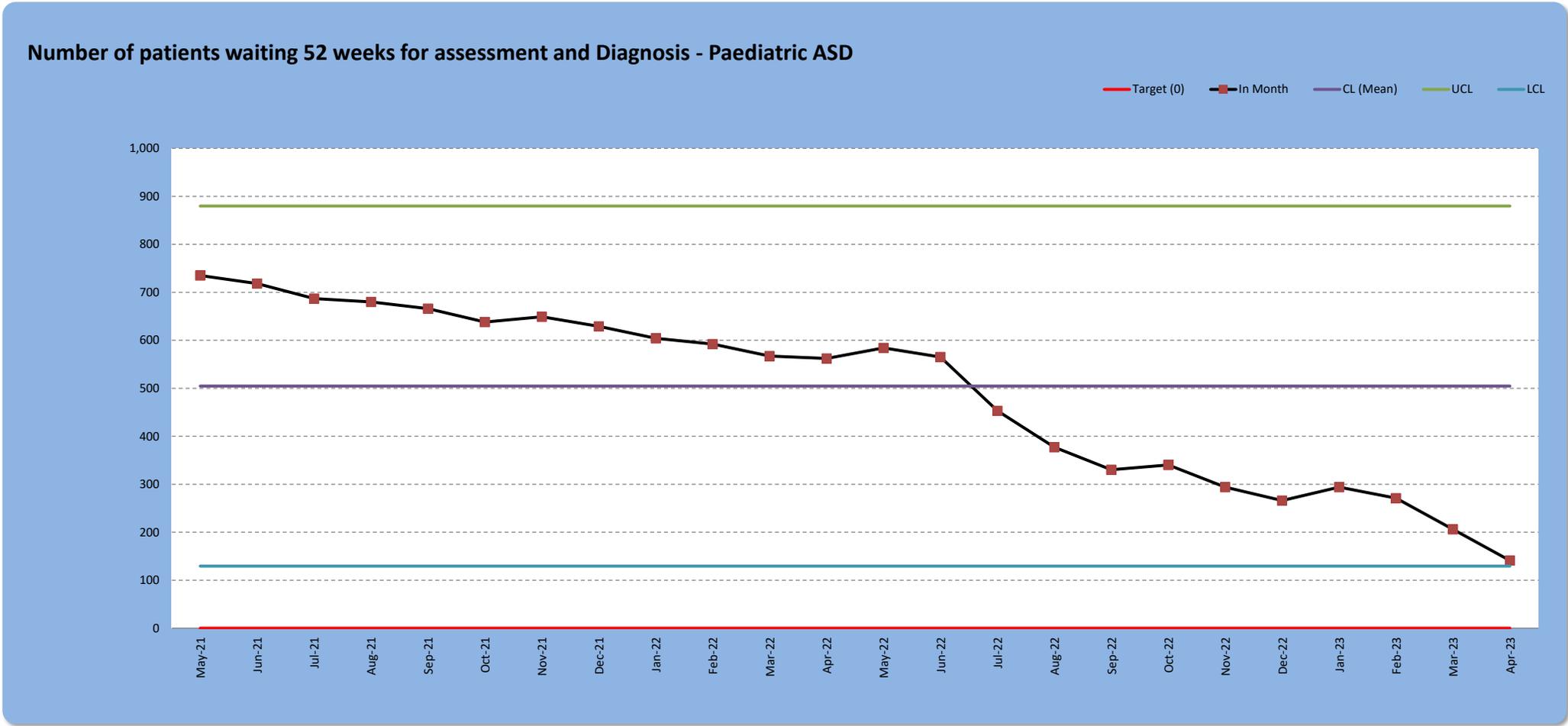
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

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

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



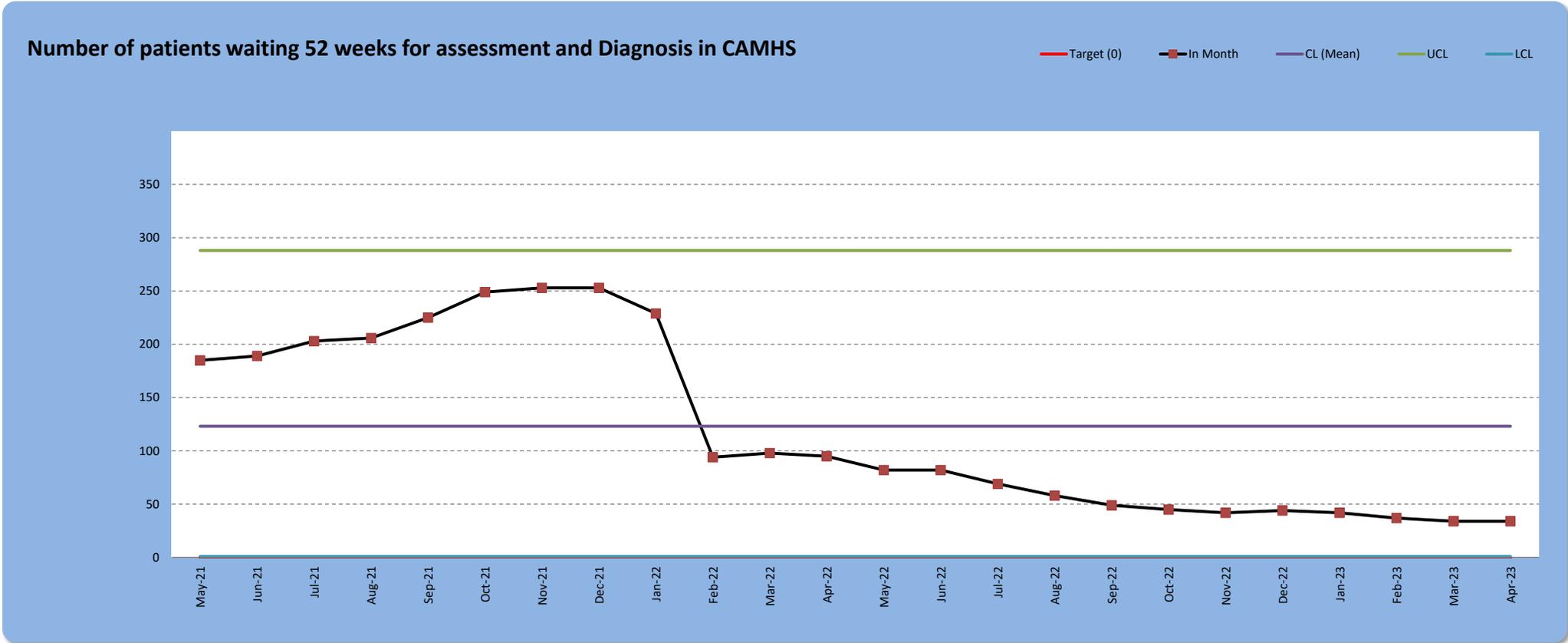
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
0	0	34

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



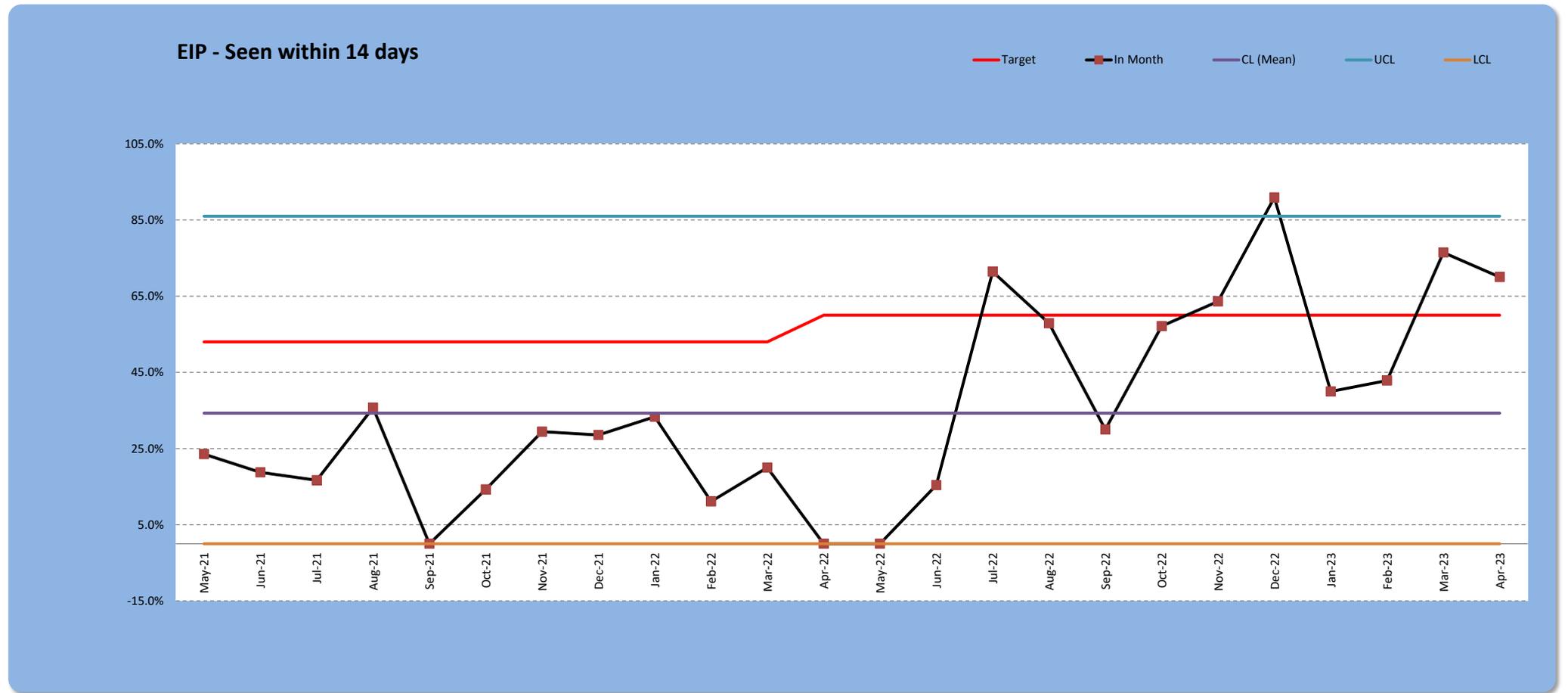
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
60%	55%	70.0%

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



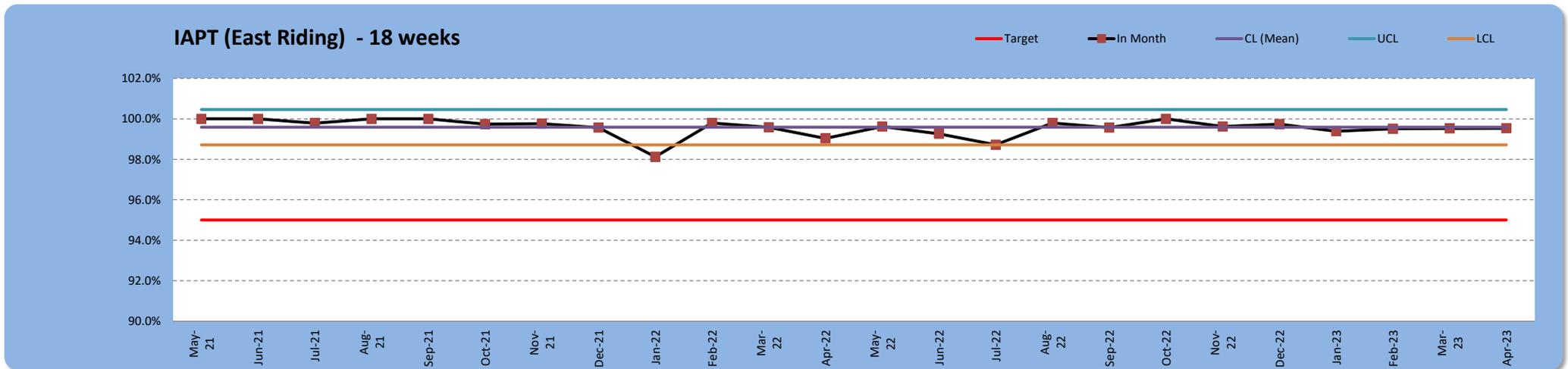
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	43.5%	95%	85%	99.5%

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



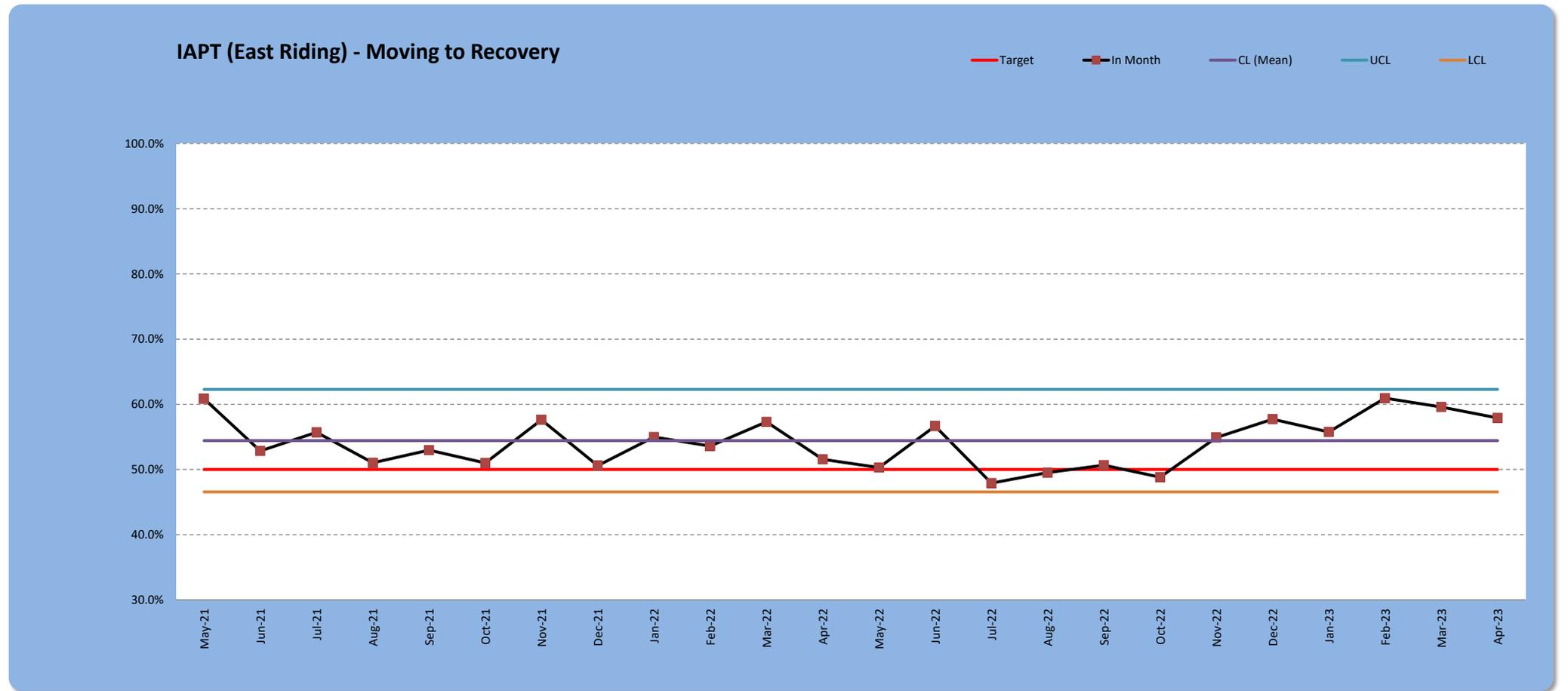
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
50%	45%	57.9%

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



PI RETURN FORM 2023-24

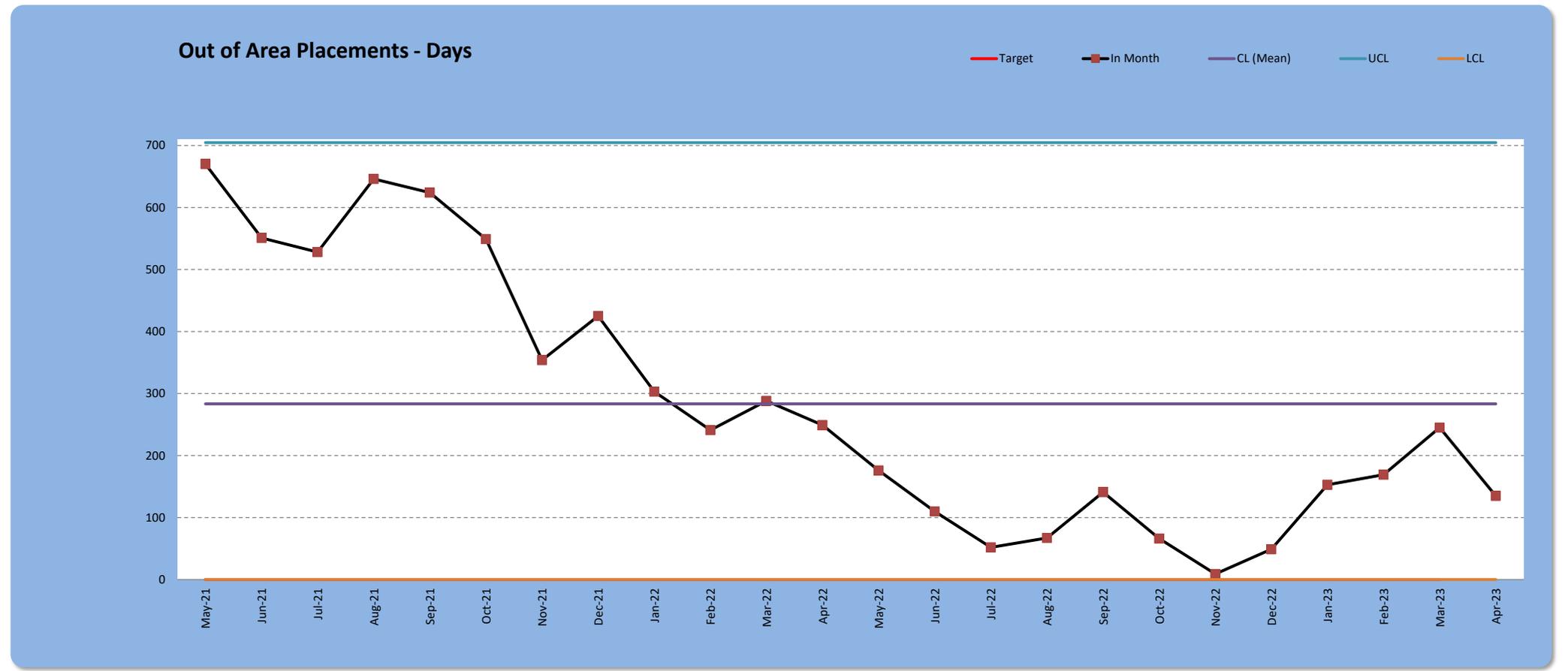
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Apr 2023**

Target:	Amber:	Patients OoA within month:
0	0	8

Split:	# days	# patients
Adult	0	0
OP	87	4
PICU	89	4

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Lynn Parkinson	ST 4b



PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Apr 2023**

Split for Current month:

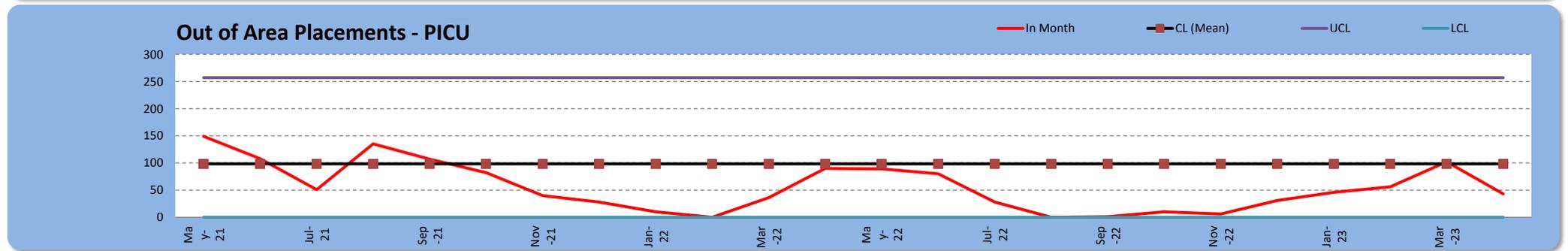
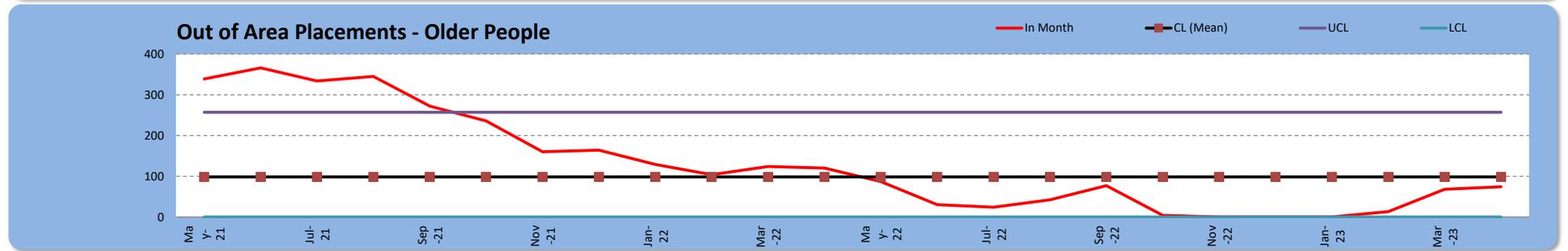
Apr-23	
18	Adult
74	OP
43	PICU
135	Total

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

Executive Lead
Lynn Parkinson

KPI Type

ST 4 split



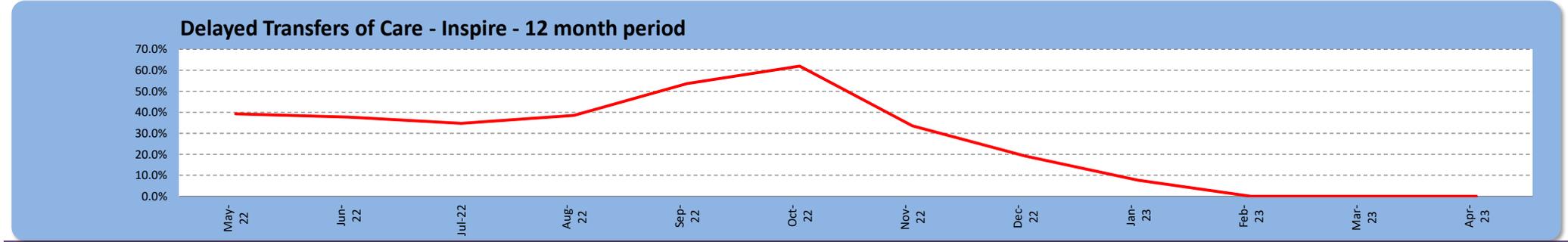
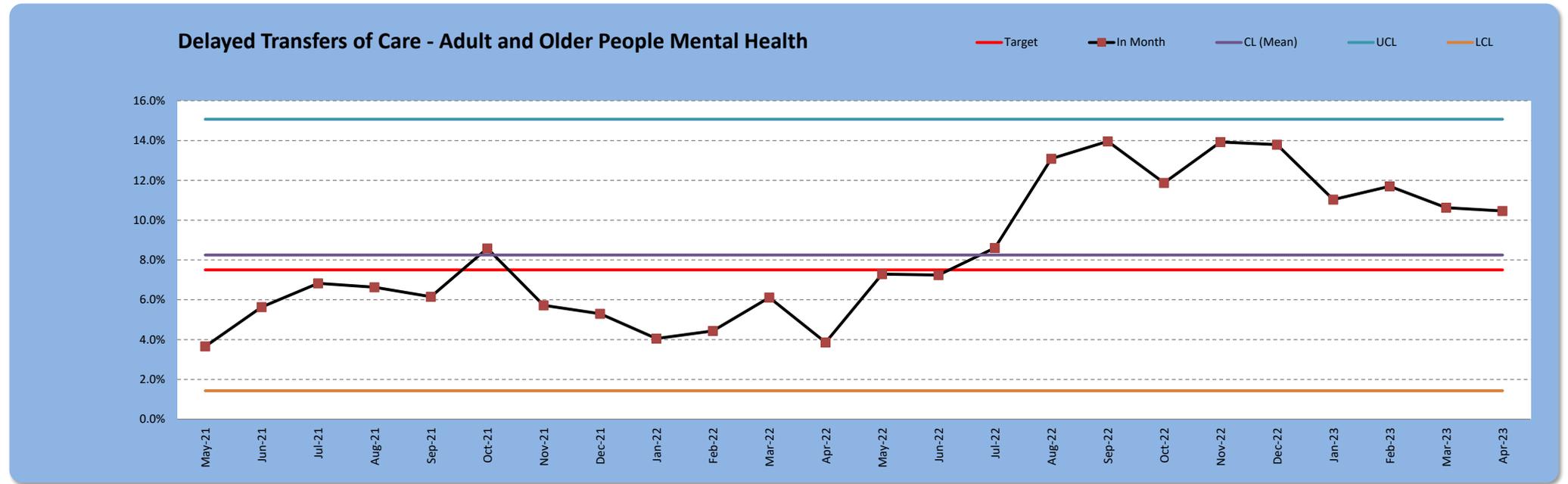
PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	10.5%

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



PI RETURN FORM 2023-24

Goal 4 : Developing an Effective and Empowered Workforce

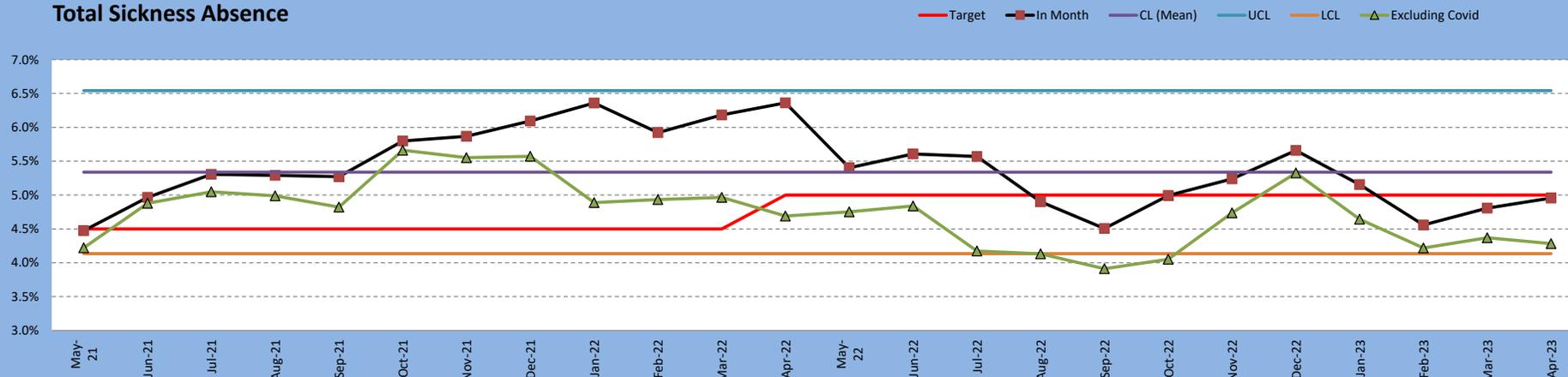
For the period ending:

Apr 2023

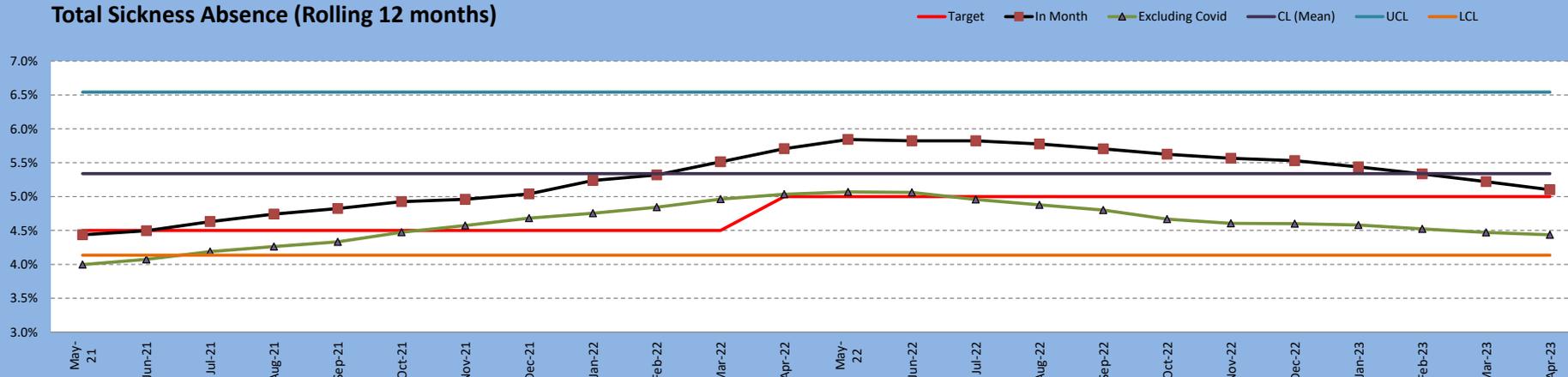
Target:	Amber:	Current month stands at:
5.0%	5.2%	5.0%

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

Total Sickness Absence



Total Sickness Absence (Rolling 12 months)



PI RETURN FORM 2023-24

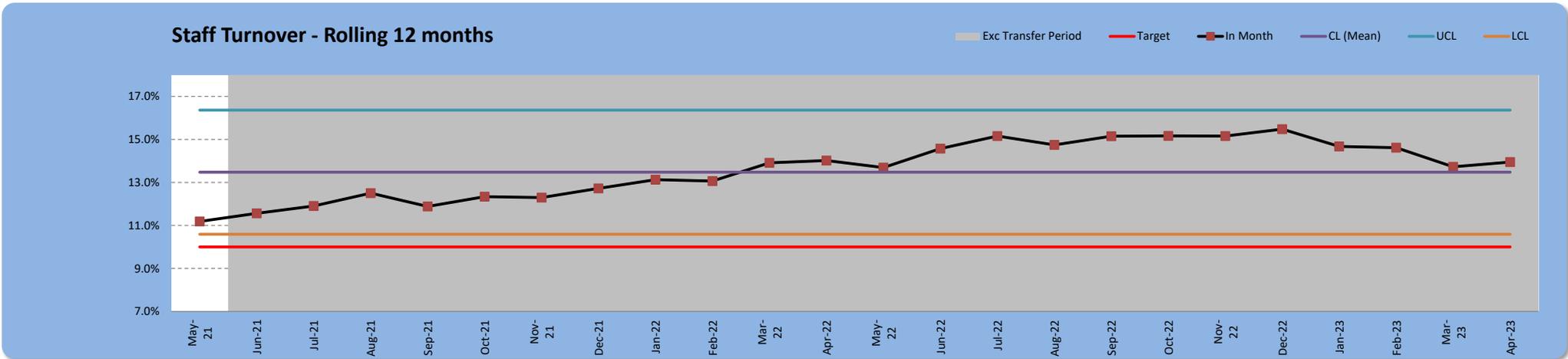
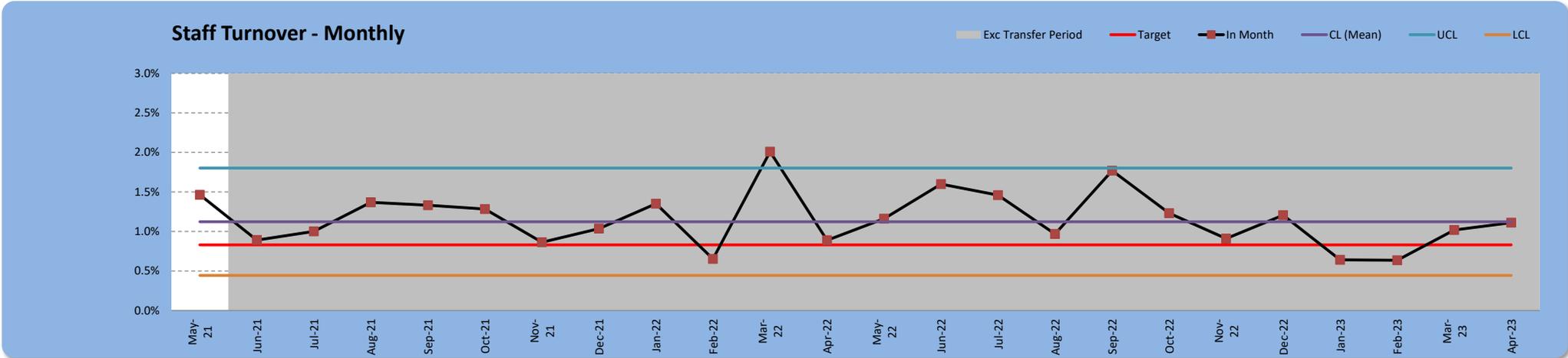
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Apr 2023

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	1.1%	10%	9%	14%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. From April 2021 Employee Transfers Out have also been excluded	Steve McGowan	WL 3 TOM Exc TUPE



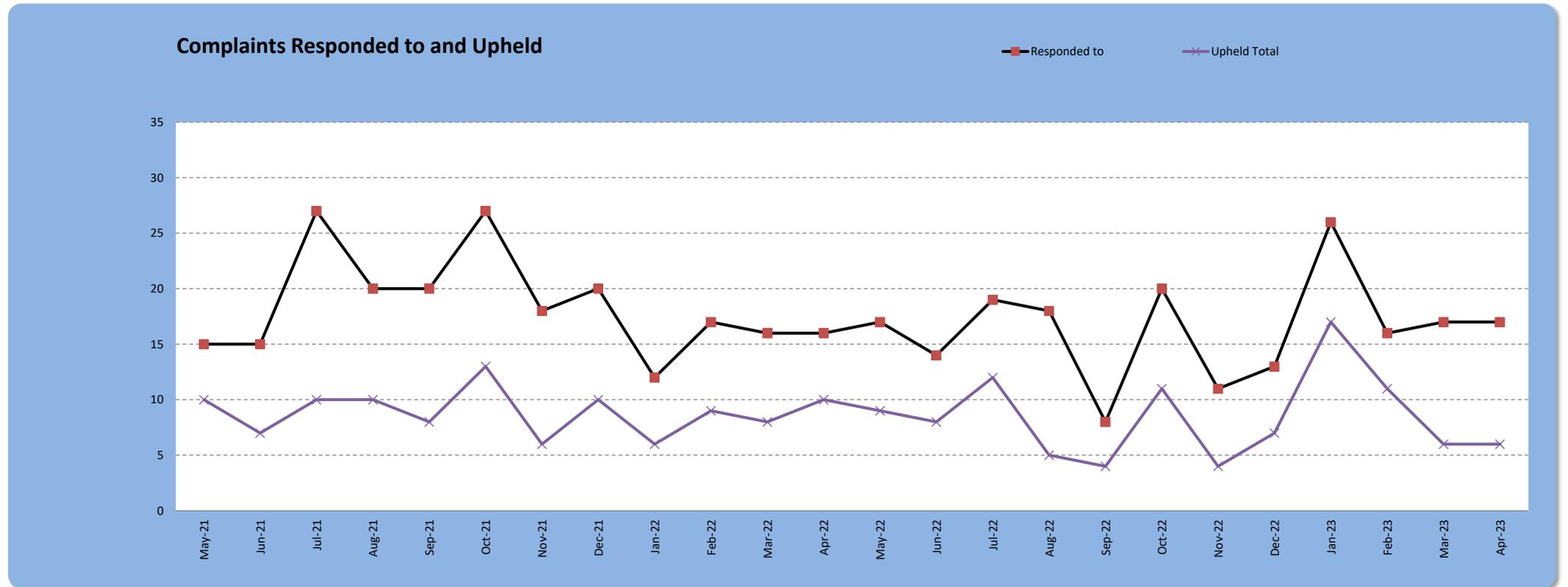
PI RETURN FORM 2023-24

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Apr 2023**

YTD Upheld	No. of Complaints upheld in month	Current month upheld stands at:
50.0%	n/a	0

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Complaints	The number of Complaints Responded to and Upheld.	Kwame Fofie	IQ 1



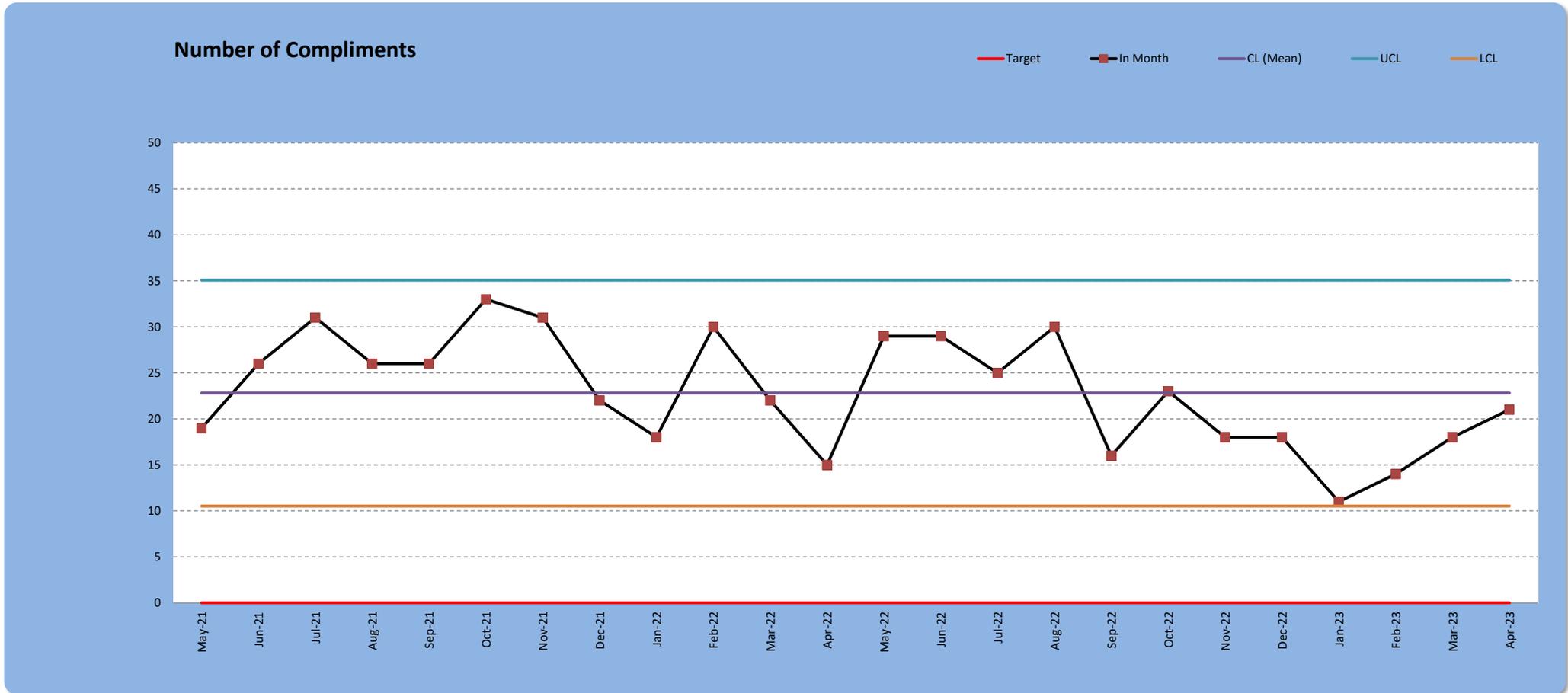
PI RETURN FORM 2023-24

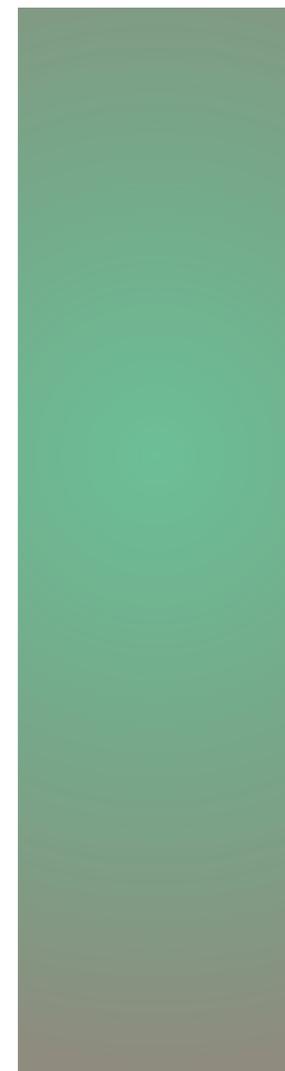
Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Apr 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	21

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	Kwame Fofie	IQ 7





Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 18/05/2023

Waiting Time Recovery Quarter 4 Update

1. Introduction

The purpose of this report is to provide an update of the Trust's performance against waiting times, identifying areas of pressure and an update on progress of the recovery plans in place.

The areas of focus are aligned with the Trust Performance Report:

- 52 week waits
- 18 week incomplete
- IAPT (Improving Access to Psychological Therapies)
- EIP (Early Intervention Psychosis)
- Neurodiversity:
 - Children's Autism Spectrum Disorder (ASD)
 - Children's Attention Deficit Hyperactivity Disorder (ADHD)
 - Adult's ASD
 - ADHD
- Core CAMHS
- MAS (Memory Assessment Services)

Performance and Recovery Plans are monitored and reviewed regularly via the Operational Delivery Group (ODG), Patient Care Performance and Accountability Reviews and reported to the Executive Management Team.

2. Approach

The focus remains on bringing all services in line with nationally mandated and locally agreed standards as well as to continue to work with services and the ICB where this is unachievable due to demand outweighing funded capacity.

Due to the number of patients currently waiting longer than 18wks, the monitoring approach remains robust as described in Appendix 1.

3. Service Areas/Performance Indicators

52 Week Waits

Current Position

March has shown a continued worsening position of patients that have waited over 52weeks (615 from 607). The position has improved in April

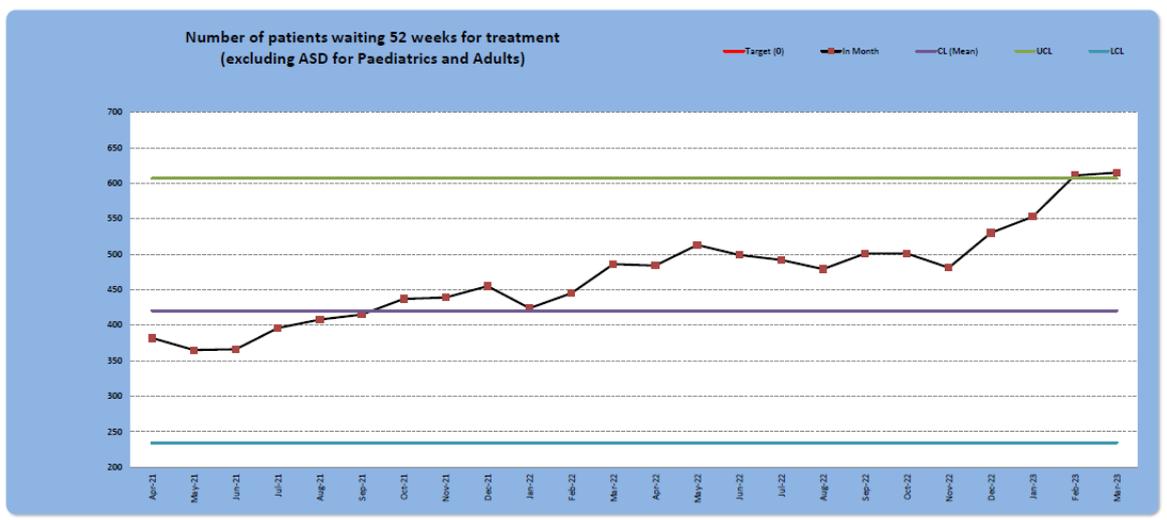
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2023

Target:	Amber:	Current month stands at:
0	0	615

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	Lynn Parkinson	OP 22x

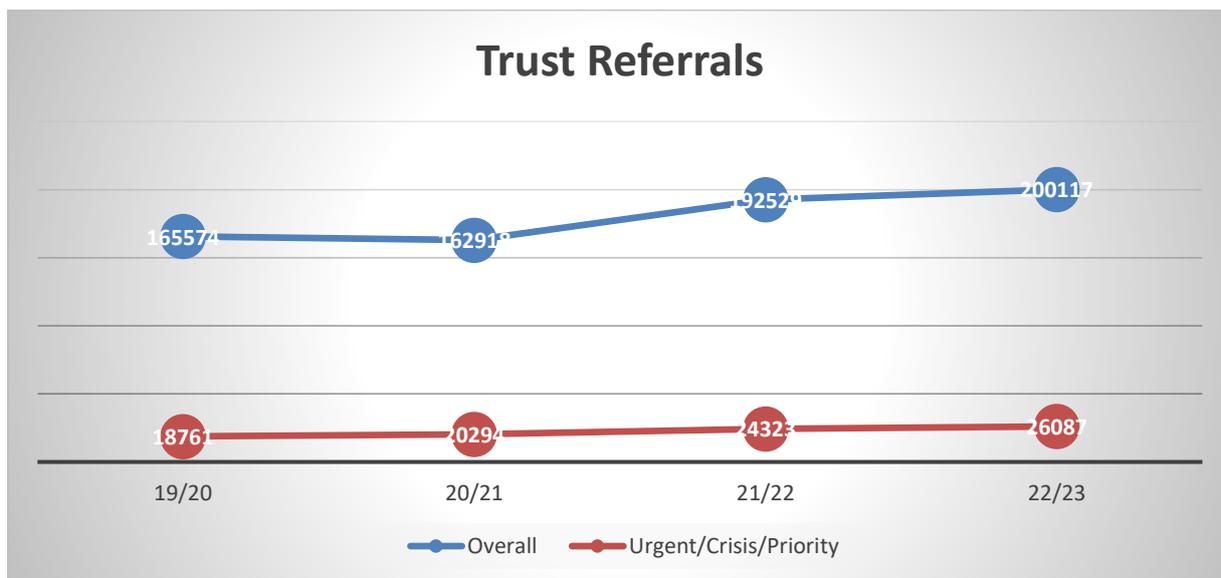


On review of Trust referral rates position corresponds with the increases in referrals seen from March 2022 and is impacted by the following areas:

Service Area	No. of patients waiting over 52weeks		
	Q3	Q4	
Children’s ASD	264	219	↓
Adult ASD	36	59	↑
Children’s ADHD	220	277	↑
Adult ADHD	161	177	↑
Memory Service	30	17	↓
Core CAMHS	44	34	↓
Children’s LD	15	24	↑

Challenges

Services continue to report and experience post-pandemic increase in referrals, complexity and acuity of need which is reflected in the chart below. Progression of more routine assessments and treatments are adversely affected by this due to resource being directed to prioritise these urgent and complex cases. This initially impacts adversely on the recovery of the 18ww position.



Plan

Demand and Capacity modelling and analysis work is further being rolled out in a number of priority areas which have been determined based on the over 52ww waiting list position and areas that are experiencing significant growth in their over 18ww waiting list positions, namely:

- Chronic Fatigue
- Paediatric Speech and Language
- Dietetics
- Community Physiotherapy

A new Performance and Productivity group has been established which reports to the Operational Delivery Group and is responsible for overseeing this work ensuring that performance and service planning is undertaken with consideration of the following:

- Capacity and Demand modelling via agreed methodology and timescales
- Recovery planning via agreed methodology and timescales
- Achievable levels of performance/activity
- Financial planning
- Transformation and efficiency schemes
- Benchmarking

3.1 RTT Complete and Incomplete (18ww standards)

The Complete standard relates to the number of patients who have commenced treatment within the reporting period within 18wks

The Incomplete standard relates to waiting times for patients waiting to start treatment at the end of each month, who are within 18wks

Current Position

Due to the focus on recovery of waiting times, the expectation would be to see a deteriorating position of the Complete standard as waiting list recovery initiatives gain momentum.

The incomplete position continues to show a deteriorating position in Q4. This was expected in areas where demand continued to exceed capacity causing more routine referrals to wait longer (the position in April has slightly improved)

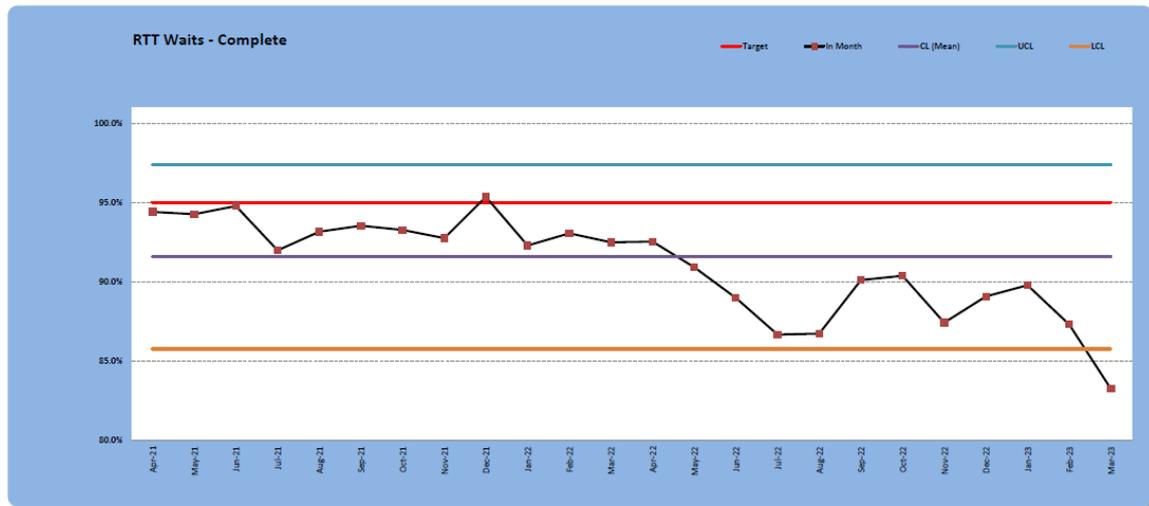
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2023

Target:	Amber:	Current month stands at:
95%	85%	83.2%

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



PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2023

Target:	Amber:	Current month stands at:
92%	85%	65.3%

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



Challenges

The 18ww position will continue to be challenged due to:

- Growing referral rates/higher rate of “tip overs” than clock stops over 18weeks
- Focus on recovery of longest waiting patients
- Increase in urgent referrals, complexity and acuity

Plan

To recover the incomplete position, performance monitoring meetings will continue to focus the service areas on:

- Managing the longest waiting patients
- Implement and monitoring of recovery plans
- Continue with validation work to maintain an accurate waiting list position
- Undertaking capacity and demand modelling to anticipate future service/investment requirements whilst simultaneously identifying opportunities to improve efficiency and productivity

Improving Access to Psychological Therapies (IAPT)

Current Position

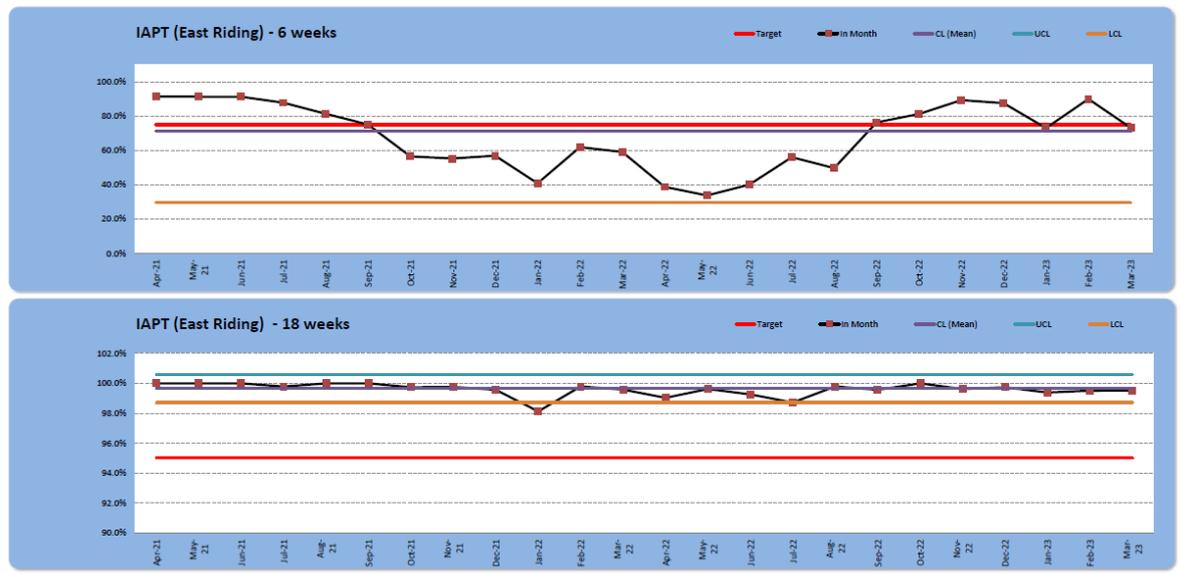
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2023**

		Current month			Current month
Target:	Amber:	6 weeks stands at:	Target:	Amber:	18 weeks stands at:
75%	70%	73.2%	95%	85%	99.5%

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



18week Standard – consistent achievement of KPI since February 2022.

6week Standard – 73.2% was achieved in March from a 75% target. This was due to a higher proportion of annual leave being taken before the new financial year and long-term sickness. The position in April was adversely impacted by bank holidays and staff absence experienced the sub-contracted providers, this is expected to improve in May, although the number of bank holidays during this month will have an ongoing impact on appointments delivered.

Challenges

The service has continued to perform in line with waiting time KPIs despite challenges with recruitment. Sickness levels have however continued to improve month on month and the service has been successful in recruiting to some of the vacancies during this reporting period.

Plan

The service continues to focus on recruitment and retention. Use of temporary staff will continue during the recruitment and training periods. Temporary staffing spend will be reduced as newly recruited/qualified staff members increase their capacity.

Increase in capacity with contracted providers has now been agreed within the financial envelope for 2023/2024 and capacity and demand work will continue to be undertaken to support with continued active management of waiting lists. Recruitment has gone well recently with new staff coming into post during the next two months, staff are returning from maternity leave, trainee CBT therapists have now qualified and will be working towards picking up full contacts and there has been some recent improvement in long term sickness. Therefore the position expected to be recovered on Q1 2023/24.

Early Intervention Psychosis (EIP) – 14day standard

Current Position

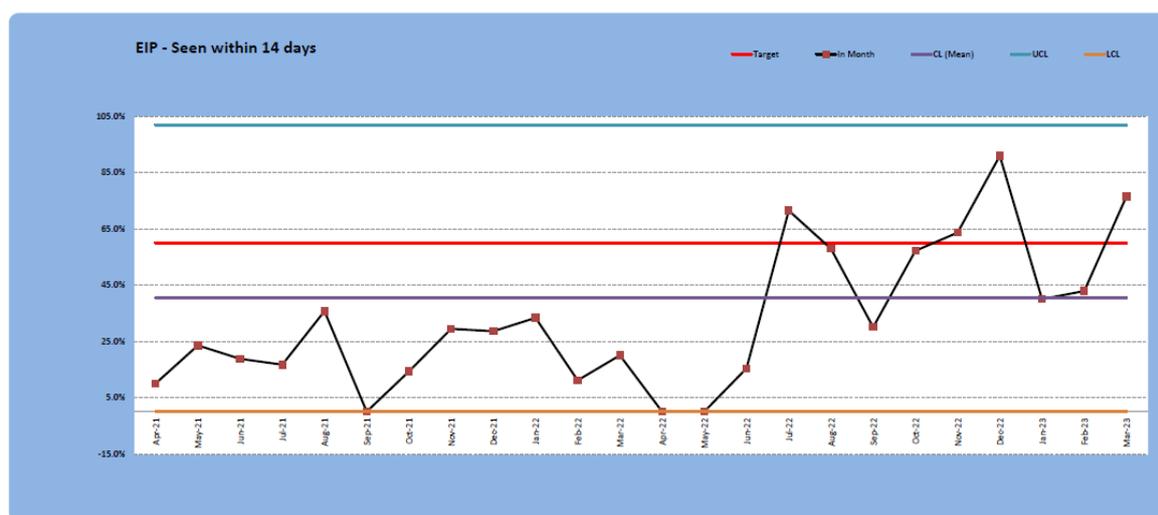
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2023

Target:	Amber:	Current month stands at:
60%	55%	76.5%

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



The chart above demonstrates an ongoing improvement in achieving this standard due to recruitment to vacancies.

Challenges

Although the service is now fully recruited, retention of staff remains an area of continued focus and monitoring.

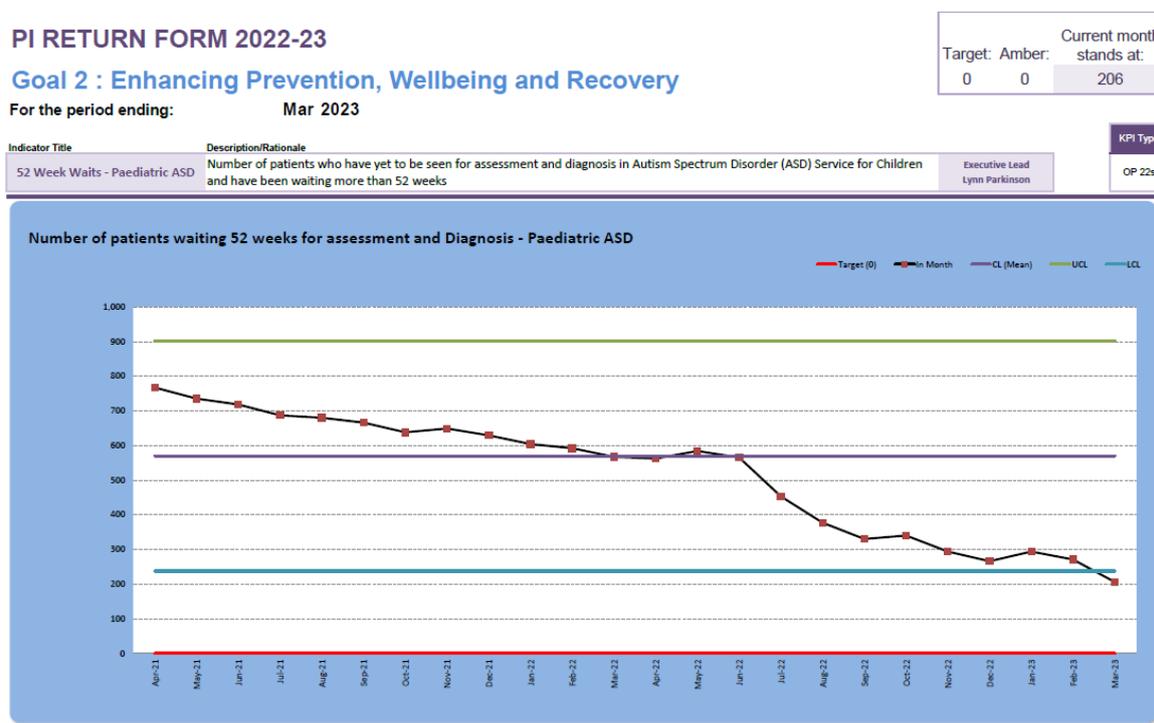
Although the service is currently achieving the performance standard, it is expected that the position will deteriorate without investment if referrals increase further.

Plan

The service is meeting with the ICB, NHS England and the NHS EIP Intensive Support Team on a regular basis to discuss the development of a 3-year investment plan to support sustained recovery. Benchmarking data has indicated that current investment is significantly lower than the national average. The service continues to monitor key service indicators to support with improvement in productivity and access times.

Children's Autism Spectrum Disorder (ASD)

Current Position



The recovery of the over 52ww position for children's ASD has continued to make good progress. Demand levels remain under continuous monitoring to ensure an accurate trajectory is reflected.

The Trust has supported further non-recurrent funding to continue with the recovery of the waiting list. Discussions continue with ICB colleagues regarding sustainable options following this period.

Challenges

Whilst additional funding has been awarded to support continuation of recovery for a 6month period, the ability to scale up to the levels of capacity required remains a challenge.

Dialogue with ICB colleagues remains a high priority to ensure a sustainable plan is in place following the 6month period. Options being discussed relate predominantly to:

- Funding arrangements
- Service provision
- Referral/demand controls

Internal plans to increase core capacity via improving efficiency continue to run concurrently.

Plan

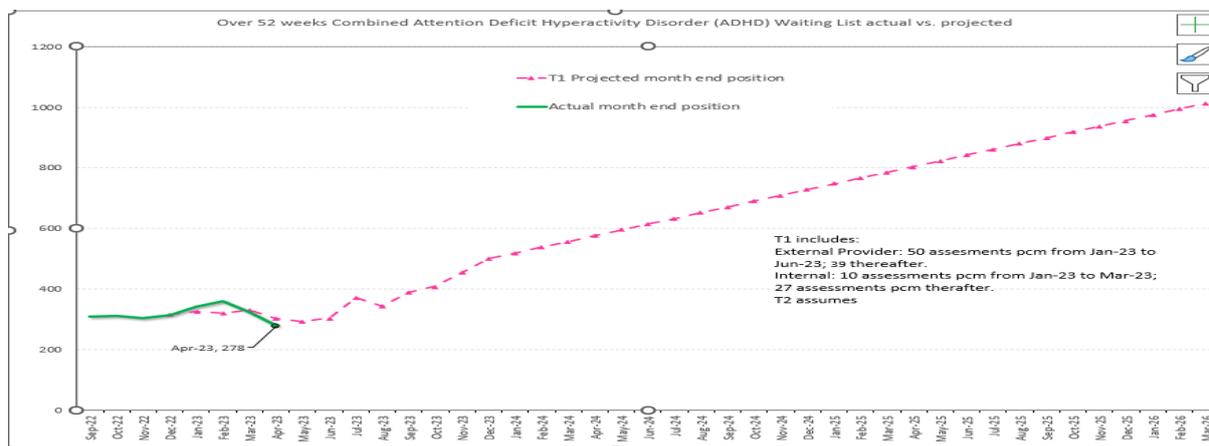
Conversations continue with ICB colleagues regarding the future sustainability of the service within current funded levels. The Neurodiversity Recovery Board remains in place to monitor progress against plans.

Children's Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

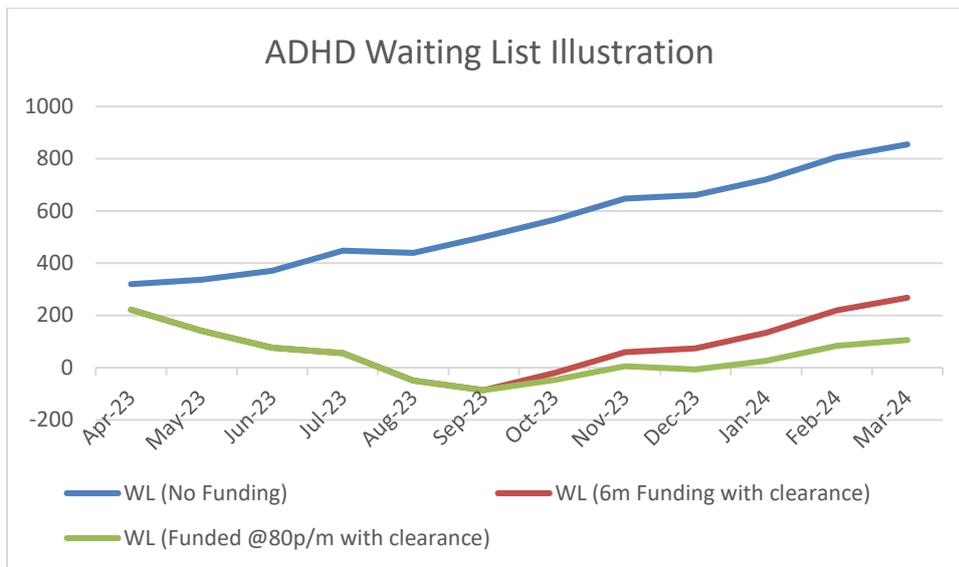
The recovery of the assessment waiting list for patients waiting over 52weeks is making good progress with the position being in line with plan at the end of March 2023. Despite this progress, the performance position for patients waiting over 52weeks continues to deteriorate due to increased demand levels and insufficient capacity to commence ADHD treatment once diagnosed.

The below chart demonstrated the assessment recovery progress against current trajectory.



HTFT non-recurrent funding has been approved to continue with the recovery of the assessment waiting list. The funding will address the non-recurrent backlog as of January 2023 and recurrent levels of demand for a 6-month period. Discussions continue with ICB colleagues regarding sustainable options following this period.

The below chart illustrates the impact to the over 52ww waiting list based on a) no additional funding (blue) b) funding levels received for backlog and 6 month of recurrent funding (red) c) if current demand levels continue to be funded (green line).



The chart demonstrates that the waiting list will continue to recover for a 6-month period. However, in the absence of further investment to manage current demand levels, the position will deteriorate once additional funding has been exhausted.

Challenges

Whilst additional funding has been awarded to support continuation of recovery of the assessment waiting list for a 6month period, the ability to scale up to the levels required remains a challenge.

Dialogue with ICB colleagues remain a high priority to ensure a sustainable plan is in place following the 6month period. Options being discussed relate predominantly to:

- Funding arrangements
- Service provision
- Referral/demand controls

Internal plans to increase core capacity via improving efficiency continue to be monitored.

Plan

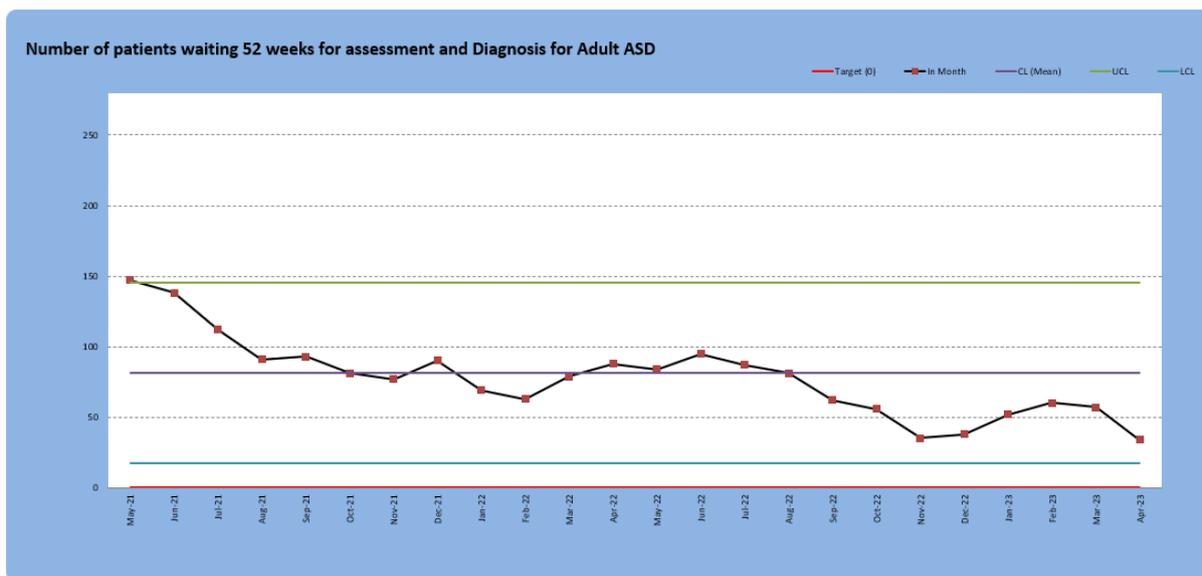
Conversations continue with ICB colleagues regarding the future sustainability of the service within current funded levels. The service continues to mobilise contracts to support delivery of funded levels of activity across this financial year.

Adult ASD

Current Position

The end of the quarter position for Adult ASD demonstrated a slight improvement of patients waiting over 52weeks for their assessment. This was expected due to a noted increase in the number of patients that would “tip” into this wait time.

Significant progress has been made during April as a result of increased throughput and monitoring of the activity supplied by the independent provider. The internal team continue to deliver beyond expected levels.



Challenges

Discussion continues with place ICB colleagues to agree a funding solution to address the increased demand and referrals.

Plan

Focus will remain on monitoring and delivery of the recovery plan whilst the funding arrangements are being explored.

Adult Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

There were 177 patients that had waited longer than 52weeks for treatment at the end of March, which is a continued deteriorating position, this is due to the overall marked increase in referrals.

The below table demonstrates the year-on-year referral position into the adult ADHD service.

	19/20	20/21	21/22	22/23
Annual Referrals	95	121	236	386
Monthly Average Referrals	8	10	20	32
YoY % Increase		25%	100%	60%

Challenges

Commissioned levels of assessment and intervention are significantly below current demand and this is rapidly increasing locally and nationally.

Plan

Whilst discussions and planning have been in progress with ICB colleagues to propose a future sustainable adult ADHD service, a detailed Options Appraisal has been developed and will be presented to the ODG in June.

Core CAMHS

Current Position

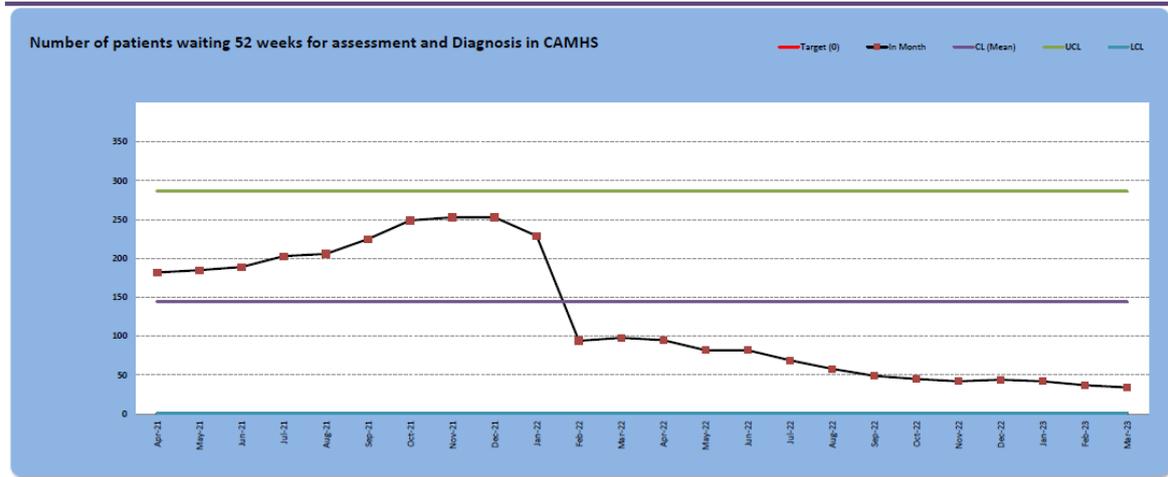
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2023

Target:	Amber:	Current month stands at:
0	0	34

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



The overall position for the quarter saw a slight reduction in patients waiting over 52wks for assessment and commencement of treatment.

The service is currently focusing on recovery of their most challenging areas from a waiting time perspective:

- Cognitive Behavioural Therapy (CBT)
- Creative Therapies

Challenges

The Hull service presents the main waiting list challenge, predominantly for CBT and Creative Therapy.

Whilst there was an overall rise in referrals between 2020/21 and 2021/22 of 25%, this has stabilised in the last year. The service is still reporting an increase in acuity and complexity of need which will be examined when undertaking the capacity and demand analysis.

Safe management of urgent referrals remains a priority within this service whilst the longest waits are regularly contacted to ensure any changes in condition can be assessed and re-prioritised where appropriate.

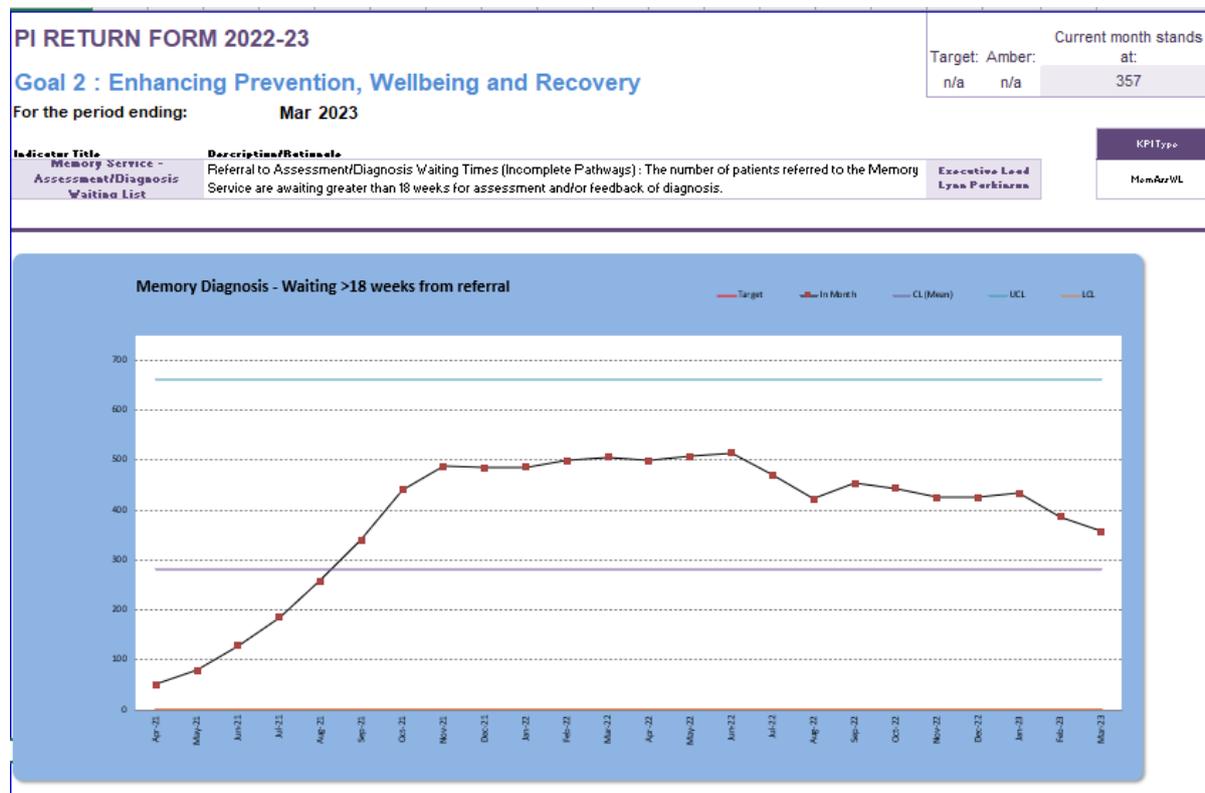
Plan

The service was successful in obtaining recovery funding to focus on the above areas which was made available towards the end of March 2023. Plans to increase capacity in these areas have been mobilised throughout April and May 2023.

Clinical validation of the waiting list has identified opportunities to streamline and reinforce process to support with efficiencies.

Memory Assessment Services (MAS)

Current Position



The service has made good progress with recovering the number of patients waiting over 52 weeks for start of their treatment despite seeing an increase in referrals. The ability to recruit to a Specialty Doctor post until August 2023 has primarily enabled this. Efforts continue to recruit to posts on a longer-term basis to support with ongoing delivery and recovery ambitions.

The below table demonstrates the year-on-year referral position for MAS.

	19/20	20/21	21/22	22/23
Annual Referrals	1791	1551	2118	2333
Monthly Average Referrals	150	129	177	194
YoY % Increase		-14%	37%	10%

30% increase from 19/20 levels

Challenges

The main challenges continue to be:

- Psychiatry capacity resulting in use of locums
- Access to Diagnostic imaging and reporting delays
- Achieving dementia diagnosis rates
- Increase in referral
- Sustaining recovery progress due to temporary workforce and long-term recruitment issues

Plan

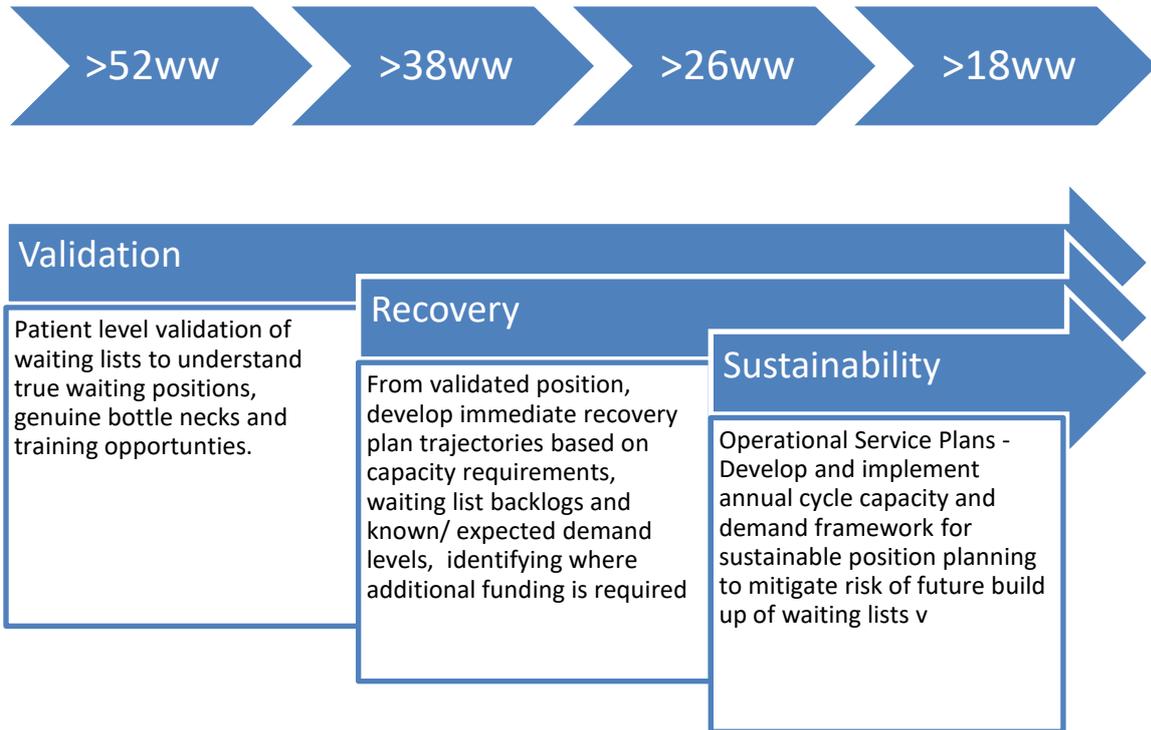
The service is actively transitioning to a new delivery model which maximises skill mix opportunities. Detailed capacity and demand modelling work has been undertaken and a proposal will be taken to ODG in June outlining

- The full recovery need and associated costs
- The recurrent need and associated costs

4. Conclusion

The Board is asked to note the progress being made as outlined in the areas of operational performance which have been highlighted as part of the recovery planning.

Appendix 1 – Monitoring Approach



Agenda Item 10

Title & Date of Meeting:		Trust Board Public Meeting – 31 May 2023																															
Title of Report:		Finance Report – April 2023																															
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><input checked="" type="checkbox"/></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	<input checked="" type="checkbox"/>	To ratify		For assurance																			
To approve		To discuss																															
To note	<input checked="" type="checkbox"/>	To ratify																															
For assurance																																	
Purpose of Paper:		<p>This report is being brought to the Trust Board to provide the financial position for the Trust as at the 30th April 2023 (Month 1).</p> <p>The report provides assurance regarding financial performance, key financial targets and objectives.</p>																															
Key Issues within the report:																																	
Positive Assurances to Provide: <ul style="list-style-type: none"> At Month 1 a financial position consistent with plan has been recorded Cash balance at the end of April was £35.788m. 			Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Work on year end accounts is ongoing. 																														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> None 			Decisions Made: <ul style="list-style-type: none"> The Trust Board are asked to note the Finance report for April 2023, and comment accordingly. 																														
Governance:		<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td>22.05.23</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Collaborative Committee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team	22.05.23	Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Collaborative Committee				Other (please detail)	
	Date		Date																														
Audit Committee		Remuneration & Nominations Committee																															
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Mental Health Legislation Committee		Operational Delivery Group																															
Charitable Funds Committee		Collaborative Committee																															
		Other (please detail)																															

Monitoring and assurance framework summary:

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

√ Tick those that apply

Innovating Quality and Patient Safety

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

FINANCE REPORT – April 2023

1. Introduction

This report is being circulated to the Trust Board to present the financial position for the Trust as at the 30th April 2023 (Month 1). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2 Background and Month 1 Position

The Trust has an agreed breakeven financial plan for the 2023/24 financial year.

The Trust has loaded a budget consistent with the previous financial planning paper to Trust Board which reflect a break even position for the year.

A monthly breakeven position has been reflected in the profiled Trust Budget.

There are no formal reporting requirements to NHSE at Month 1 due to year end accounting priorities.

As at the end of Month 1 the Trust has recorded a breakeven position in the ledger.

3. Pay Award

The current financial position reflects pay award funding of 2% which is consistent with the plan submission and the planning guidance

Guidance on the recent 2023/24 pay award and associated financial settlement is still awaited, however assurance has been given that the pay award will be funded for Trusts in full.

4. Agency

Actual agency expenditure for April 2023 was £0.604m, expenditure by Staff Group is shown in the table below:

Table 1: Agency Spend by Staff Group

	2022-23 Actual	2023-24 (YTD)
Consultants	4,512,843	321,135
Nursing	2,245,370	115,930
Clinical Support/AHP	1,630,322	143,729
Other	384,793	23,757
Total	8,773,328	604,551

Off framework Agency Expenditure in April was £21k.

5. Cash

As at the end of April 2023 the Trust held the following cash balances:

**Table 2:
Cash Balance**

Cash Balances	£000s
Cash with GBS	35,634
Nat West Commercial Account	120
Petty cash	33
Total	35,788

The cash balance is influenced by several different factors including the lead provider collaborative, non recurrent funding and timing of capital expenditure.

Details cash flow forecasts are reported to the Finance Committee.

6. Better Payment Practice Code

Under the Better Payment Practice Code (BPPC) the Trust has a target to pay 95% of undisputed invoices on time.

The current BPPC performance figures are shown in Table 4 below, work continues to maintain this level of performance.

**Table 3:
Better Payment Practice Code**

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	2,543	11,417
Total bills paid within target	2,422	11,126
Percentage of bills paid within target	95.2%	97.5%
NHS		
Total bills paid	123	2,030
Total bills paid within target	104	1,952
Percentage of bills paid within target	84.6%	96.1%
TOTAL		
Total bills paid	2,666	13,447
Total bills paid within target	2,526	13,078
Percentage of bills paid within target	94.7%	97.3%

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting– 31 st May 2023														
Title of Report:	Freedom to Speak Up Guardian’s Annual Report 2022/23														
Author/s:	Michele Moran, Executive Lead for Freedom to 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:	To present the Freedom to Speak Up Annual Report 2022/23.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> Completed actions from the Well Led Review. Recent staff survey results. Level 1 speak up training now included as part of mandatory training requirements. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Communications campaign to raise awareness and also to recruit more ambassadors. Monitoring arrangements for gender and ethnicity. Revised strategy to be completed in line with National Guardians Office guidance. 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> .None 		Decisions Made: <ul style="list-style-type: none"> .None 													
Governance:		Date	Date												
	Audit Committee		Remuneration & Nominations Committee												
	Quality Committee		Workforce & Organisational Development Committee												
	Finance & Investment Committee		Executive Management Team	22/05/23											
	Mental Health Legislation Committee		Operational Delivery Group												
	Charitable Funds Committee		Collaborative Committee												
			Other (please detail)												

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

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

Freedom to Speak up Guardian's Annual Report – 2022/23

The following report provides an update on the work undertaken as part of the Freedom to Speak Up processes and the role of the Guardian.

National Guardian's Office (NGO)

Information available from the National Guardian's Office reported that during 21/22 there were 20,362 concerns reported through speak up routes and that there are now over 800 Guardians. Information has not yet been published for 22/23. The following gives a breakdown of information from a national perspective.

The percentage of cases which were raised anonymously has reduced to ten percent (10.4%). This continues the downward trajectory from 2017, when 17.7% of cases were raised anonymously.

Nineteen per cent (19.1%) of cases raised included an element of patient safety/ quality, a slight increase from 18% in 2020/21.

In response to concerns being raised during the pandemic, the National Guardian's Office introduced a new reporting category of worker safety in 2021/22. Over the year, 13.7% of cases had an element of worker safety.

Poor behaviour remains a cause for concern, with the highest proportion of cases – a third (32.3%) – including an element of behaviours, such as bullying/ harassment. This is a rise from 30.1% last year.

To better understand the nature of these behaviours being reported, from April 2022, the National Guardian's Office will be replacing this category with two new categories: bullying and harassment, and elements of inappropriate attitudes or behaviours.

Despite the improvement in levels of anonymity, of concern is the rise in reported detriment for speaking up, which was indicated in 4.3% of cases, a rise from 3.1% in 2020/21.

We will continue to review our Trust data against the national picture.

Freedom to Speak Up Vision and Strategy

Our Freedom to Speak Up Vision and Strategy is currently being reviewed and will be finalised in June 2023. This will be done in line with the recent guidance from the National Guardian's Office.

Board Leadership and Oversight

Michele Moran is the Executive Lead for speaking up and Dean Royles is the Senior Independent Director for speaking up. The Guardians meet with the Chairman, SID and Executive Lead for speaking up on a quarterly basis. The Guardians have also met on a regular basis with the Chairman and staff governors to share concerns and receive feedback. The Trust Board have also held development sessions on speaking up and have continued to review the self-assessment of speaking up processes.

The Executive Lead, Senior Independent Director, and Guardians have completed the required speaking up training provided by the National Guardian's Office. The Guardians have also attended the NGO National Conference.

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

Training for Staff

All new staff joining the Trust have continued to undertake Level 1 NGO Speak Up training as part of their induction programme and the training has recently become mandatory for all staff through the Trust's training diary. 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 raise their concerns with their managers or the Guardians.

Level 2 and Level 3 NGO Speak Up training have now been published and available as part of the Trust's training programmes. We continue to encourage our managers to complete these.

Number of Speak Up Concerns Received from 1 April 2021 until 31 March 2022

During the period 1 April 2022 until 31 March 2023 we received 23 speak up concerns. This is a slight decrease on the numbers during 2021/22 where 27 speak up concerns were received. A recent comparison against similar size mental health trusts/community trusts regionally using quarter 3 information highlighted that our numbers are slightly lower than other Trusts. We will be continuing to raise the profile of speaking up through the Trust's communication channels, our ambassadors and by attending team meetings.

As part of the well led review recommendations, data on ethnicity, age and gender is starting to be collected and a process for collecting this implemented. To date, no staff member has responded to provide their ethnicity. As a result of this, changes have been implemented to encourage staff to provide this data at the first contact commencing April 2023. The majority of staff reporting concerns have been female.

Number of Speak Up Concerns Received

2018/19	42
2019/20	58
2020/21	24
2021/22	27
2022/23	23

Types of Concerns

During 2022/2023 the speak up concerns raised fall into the following categories:-

- Staff seeking support for issues relating to their own terms and conditions, these staff are signposted to the HR team for support and advice.
- Allegations of bullying and harassment.
- Systems and processes relating to specific service areas.
- Team working.
- Patient and staff safety concerns.
- Relationships with line managers.
- Waiting list management.
- Employment processes.

The most notable division reporting concerns through the speak up route has been in mental health services.

Concerns received by Division

	2021/22	2022/23
Children's & Learning Disability Services	8	2
Community & Primary Care Services	3	3
Corporate Services	4	3
Forensic Services	1	0
Mental Health Services	11	15
TOTAL	27	23

Staff Groups reporting concerns

	2021/22	2022/23
Administrative Staff	3	3
Allied Health Professional	0	2
Hotel Services Staff	3	1
Medical Staff	3	0
Qualified Nurse	6	10
Social Worker	1	2
Unqualified Nurse	10	4
Not Known/Other	1	1
TOTAL	27	23

It should be noted that during 2022/23 there was a decrease in the number of staff requesting advice and being signposted to the HR Team for help with individual concerns regarding their employment.

During 2022/23 no staff member reported feeling detriment to themselves as a result of speaking up through the Guardian route.

During this period there has been one independent investigation commissioned by the Chief Operating Officer. The outcomes of this investigation have now been completed

and a comprehensive action plan developed closely with the team involved. This action plan will continue to be monitored through the Trust's governance processes.

Learning from Speaking Up

One of the key roles of speaking up is to ensure that any learning from concerns raised is taken forward within the Trust. As a result of staff raising their concerns there have been some key learning points.

These have included:

- A series of team and organisational development programmes and a review of clinical systems and process within a service area.
- Improved communications processes on an inpatient unit.
- A sample review of employment reference processes.
- An internal review of the Disclosure and Barring Service (DBS) recruitment policy.

All staff reporting concerns are asked to provide feedback following their concerns being reviewed. Feedback has been mixed and, as a result of this, further work has been developed to ensure that expected outcomes from staff raising concerns is clear at the outset.

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.

During October, we participated in the annual Speak Up Month initiative that is supported by the National Guardian's Office. We held a number of virtual events to meet staff and talk about the role of speaking up in the Trust.

Well Led Review of Governance

Following the Well Led Review there have been a number of recommendations completed in relation to speaking up.

Review of resources for Speaking Up

Additional resources have been identified to recruit speak up Ambassadors within the Divisions. We have been successful in appointing two Ambassadors for the Mental Health Division and will continue to promote this role through the Trust's communications. Additional administrative resource has also been implemented. Feedback has been positive from staff who said they may feel more comfortable raising concerns with individuals working within their own division or known to them.

Recording ethnicity, gender and age of staff raising concerns

This has been a difficult area to gain information on and as such, we have changed the reporting processes from April 2023. We will encourage staff to provide this information at their first contact with the speaking up team.

Training for the Senior Independent Director

This has now been completed.

Partnership working with the Guardian of Safe Working

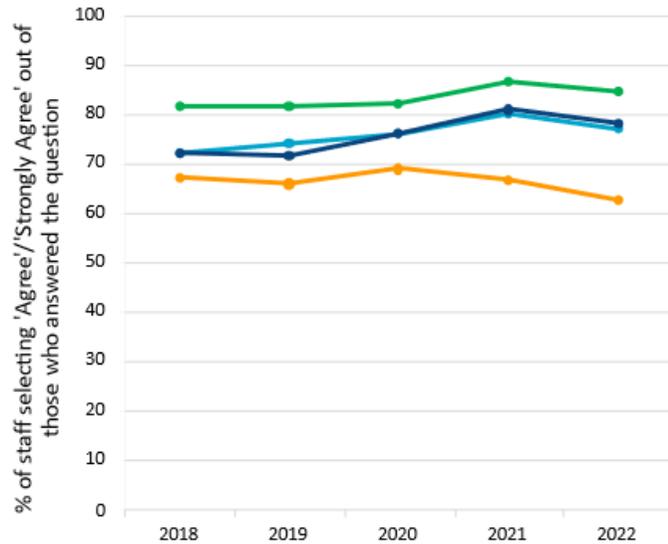
The FTSU Guardian now meets on a quarterly basis with the Guardian of Safe Working to identify potential themes emerging. The Guardian will also be meeting with junior doctors to discuss the importance of speaking up and raising concerns.

Staff Survey

The recent staff survey results showed an improvement 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.

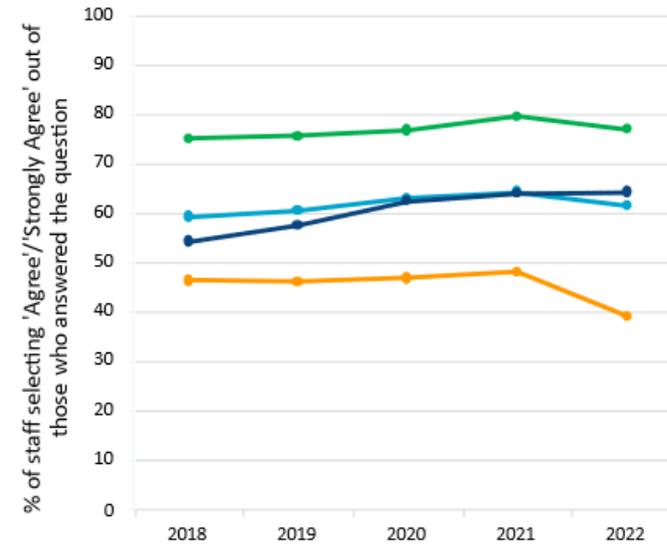


Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	71.9%	71.4%	75.7%	80.6%	77.8%
Best	81.4%	81.4%	82.0%	86.2%	84.3%
Average	72.0%	73.9%	75.7%	79.7%	76.7%
Worst	66.9%	65.7%	68.7%	66.4%	62.5%
Responses	1128	1045	1211	1296	1384

Q19b I am confident that my organisation would address my concern.

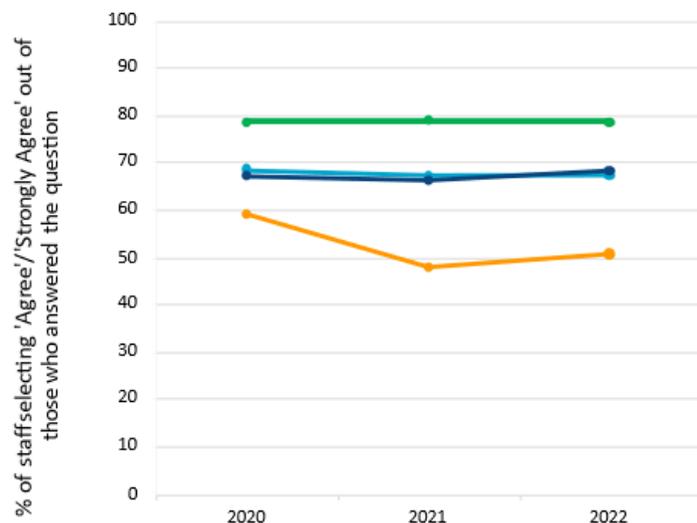


	2018	2019	2020	2021	2022
Your org	54.2%	57.5%	62.3%	63.9%	64.2%
Best	75.0%	75.5%	76.6%	79.5%	76.7%
Average	59.2%	60.5%	63.1%	64.2%	61.5%
Worst	46.3%	46.0%	46.8%	48.0%	38.9%
Responses	1127	1043	1210	1293	1384

Humber Teaching NHS Foundation Trust Benchmark report

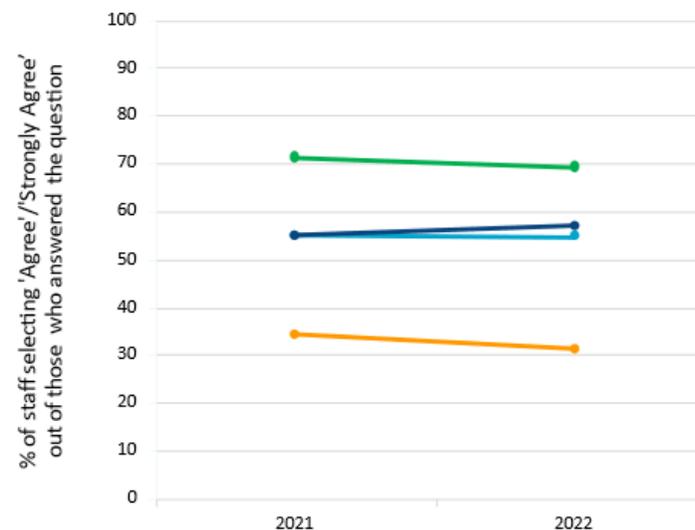


Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	67.0%	66.2%	68.2%
Best	78.5%	78.8%	78.5%
Average	68.3%	66.9%	67.0%
Worst	59.0%	47.7%	50.5%
Responses	1210	1295	1382

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	54.8%	57.1%
Best	71.3%	69.2%
Average	55.0%	55.0%
Worst	34.2%	31.1%
Responses	1294	1385

Our Plans for 23/24

- We will continue to recruit and develop our Ambassador programme across our divisions.
- A further board development session to review the self assessment processes.
- We will review our current policy and procedure in line with the recently published information from the National Guardian's Office.
- We will review and publish our new Freedom to Speak Up Strategy.
- We will implement our new processes to collect ethnicity, gender and age profiles from staff reporting concerns and also for receiving feedback on the role of the Guardian and feedback received.
- We will review the 22/23 data once released from the National Guardian's Office.

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 31 st May 2023															
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme – Annual Report 2021 - 2022															
Author/s:	Alison Flack, Programme Director Mental Health, Learning Disabilities & Autism Collaborative Programme – Humber and North Yorkshire Health and Care Partnership															
Recommendation:	<table border="1" data-bbox="523 889 1501 1003"> <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:	To update the Board on the work of the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme throughout 2021-22.															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> The annual report was well received by system partners and provides a detailed review of activities that have been completed in 2021/22. The annual report was launched at our 5th International Annual Conference. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> To continue to oversee and support the NHS Long Term Plan priorities for mental health, learning disabilities and autism. To further develop the role of the mental health, learning disabilities and autism collaborative in line with the developing operating model across the Humber and North Yorkshire Integrated Care System. 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> None 		Decisions Made: <ul style="list-style-type: none"> The Annual Report is shared for information. 														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													

	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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



Humber and North Yorkshire
Health and Care Partnership

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

Annual Report
2021-22



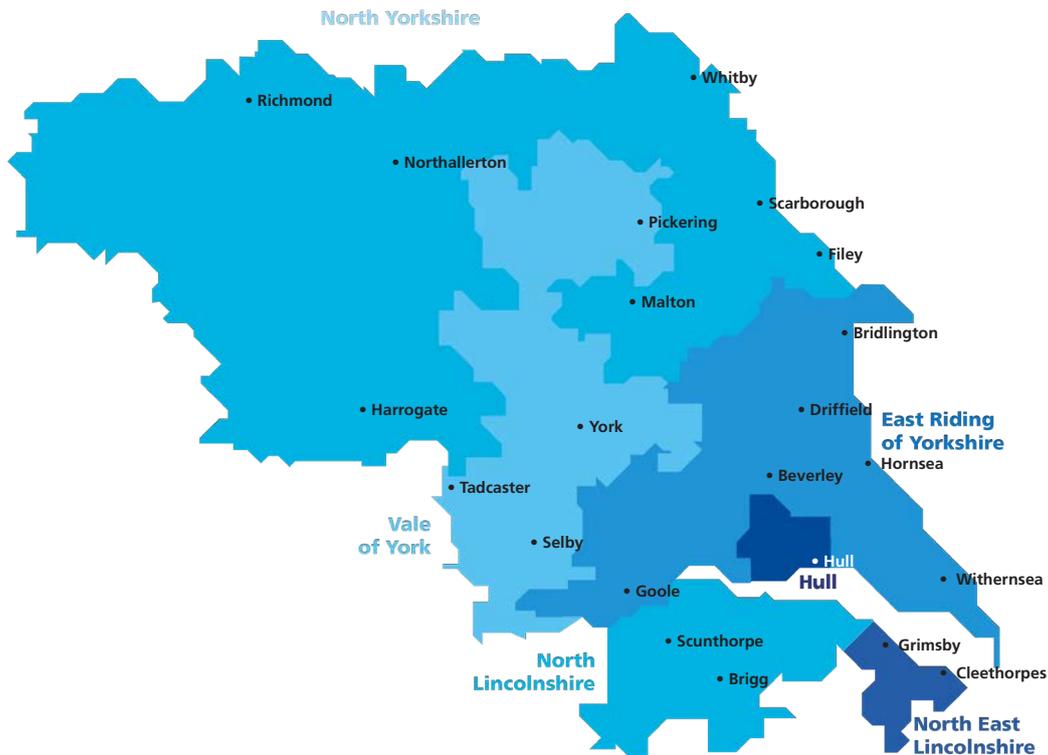


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About Us



Humber and North Yorkshire Health and Care Partnership is an Integrated Care System (ICS) of organisations that are responsible for planning, paying for and providing health care services. The area we serve comprises of six local 'places': Hull, East Riding, North Lincolnshire, North East Lincolnshire, North Yorkshire and Vale of York. We serve a population of 1.7 million people, all with different health and care needs.

Our partnership aims to join up services to better support our population and make the best use of the resources we have available. Through this approach we are now able to plan collaboratively across our six local places to ensure that Mental Health, Learning Disabilities and Autism services are meeting the needs of our populations, are available to all who need them and that investment decisions are aligned to longer term strategic goals, supported by evidence-based needs.

These organisations, however, only represent part of the health and care system across our area. Across Humber and North Yorkshire there are around 230 GP practices, 550 residential care homes, 10 hospices, 180 home care companies and thousands of voluntary and community sector organisations all helping to keep our local people well. We need to all work together to provide the best services for our local populations.

We would like to thank all our partner organisations across Humber and North Yorkshire, including our provider; Local Authorities; Voluntary, Community and Social Enterprise organisations; and colleagues within our six local 'Places' for their continued hard work in delivering care to the people in our area, and their support in producing this report.



Introduction



Michele Moran

Chief Executive, Humber Teaching NHS Foundation Trust; Board Member for Mental Health, Learning Disabilities and Autism, Humber and North Yorkshire Integrated Care Board

For a number of years now, health and care organisations working in the Humber and North Yorkshire patch to deliver Mental Health, Learning Disabilities and Autism services have been working increasingly closer together. Through the development of our emerging Integrated Care Board and our collaborative programme of work, we have taken this approach even further throughout 2021/22.

2021/22 has been another challenging year for the health and care sector, as we continue to respond to the challenges of the Covid-19 pandemic, drive to improve our services and support our populations and staff in relation to mental health, learning disabilities and autism.

We are extremely proud of several successes achieved throughout 2021/22. You can learn more about our priority workstreams later in this document, but some key achievements are highlighted below.

- **Children and Young People's framework for integrated care** - Following a successful expression of interest to NHS England, Humber and North Yorkshire Integrated Care System became one of 10 national vanguards sites to secure funding for a 10-year programme to develop a Children and Young People's Framework for Integrated Care. The work is a system approach to all partners working with children and young people, clinical and non-clinical and aims to provide a consistent approach to vulnerable young people ensuring they are not retraumatised. The aim is to get the system approach right for trauma informed care and one of the impacts will be to reduce young people involved in the criminal justice system.
- **Suicide Prevention** - Despite the pandemic, we have found a way of supporting those who have been bereaved or affected by a suicide through the development and delivery of a new 'postvention' service, and additionally we have become one of the only areas in the country to evaluate the impact of this. Suicide rates in Yorkshire and the Humber reduced significantly in 2020.



- **Maternal Mental Health Service** - We have implemented a new maternal mental health service that will deliver an integrated psychologically led service for women and families with moderate to severe or complex mental health difficulties relating to maternity context/experience. This approach to maternal mental health care will improve knowledge and confidence within the pathway, and deliver evidence based mental health interventions for women experiencing baby loss, those affected by IVF or women who are separated from their babies at birth due to court proceedings. Previously there was no dedicated specialist support in the patch for this cohort of patients. Women will be identified earlier and able to access support in a timely way. This will lead to reduced trauma symptoms, post-traumatic stress disorder, and anxiety during future pregnancies, leading to improved outcomes for both mother and baby and improved relationships within the family.
- **Learning Disabilities and Autism** - since the remit of the Collaborative Programme expanded to include Learning Disabilities and Autism there has been a detailed review of the Learning Disabilities Transforming Care Partnership. This will provide more opportunities to join up care for people with learning disabilities and autism.
- **Community Mental Health** - Our programme continues to develop and further funding has been secured to support work linking community mental health services closely to other community services, such as GPs, social care and therapy services as part of the "Primary Care Network" approach.
- **Resilience Hub** - The team have provided care for over 1500 health and care staff, volunteers and immediate family members as well as supporting over 1000 people within teams through team-based support and training.
- We have established **24/7 open access telephone support** implemented for people experiencing mental health crisis, enabling rapid access to support and advice needed.
- We are also very proud to say that we have been working with the NHS Leadership Academy and have hosted several graduate management trainees within our programme, so are taking an active role around investing in the future of our NHS workforce.

Mental health is now rightly at the forefront of the health and care sector's efforts to maintain the health and wellbeing of the people we serve and we will continue to work together to make the best use of the collective resources available to our system, through its partners, to support delivery of not only the national objectives but also the things that we know will make a difference to our local populations moving into 2022/23 and beyond.



Our Priority Workstreams



Learning Disability and Autism

Work continued throughout 2021-22, to ensure that we achieved our set priorities. As part of the NHS response to the Safeguarding Adults Review (SAR) concerning the deaths of Joanna, Jon and Ben at Cawston Park, a national review confirmed by Claire Murdoch, National Director for Mental Health, was required to be undertaken to check the safety and wellbeing of all people with a learning disability and autistic people who are being cared for in a mental health inpatient setting.

The partnership, with dedicated project support from an NHS graduate management trainee, established an oversight and assurance panel to review all the people to assure itself that they were safe and well, or that appropriate measures were taken if there were concerns.

- 68 reviews were completed
- 64 adults
- 4 children and young people

17 review panels took place between January and February, and an additional 3 reassurance panels were arranged for those cases that the panel rated "as not at all confident" in the safety and wellbeing of the individual.

A national action plan is being developed for 22/23 for ICBs to follow up on thematic reviews.

Successes 2021/22

- A new dedicated Programme Lead has been appointed
- The ICS hit its target for the Learning Disability Annual Health Checks in 2021/22
- Work continued to reach targets to support discharges from inpatient settings
- Across the Humber and North Yorkshire footprint effective dynamic support registers are in place for adults, children and young people.
- Relaunching of the Learning Disabilities and Autism steering group

Priorities 2022/23

- There will be a continued focus on inpatient discharges and reconfiguration
- There will be a focus on the delivery of the Oliver McGowan Training
- There will be a focus on transition
- There will be a continued focus on the Safety and Wellbeing reviews in 2023



Children and Young People's Mental Health

Successes 2021/22

- Selected as one of 10 national vanguard sites to develop and deliver the 10 year system wide Children and Young People's Trauma Informed Care (TIC) Programme to provide early intervention and support for children and young people who are vulnerable or at high risk.
- Trained 150 multi-agency staff across our partnership in Trauma Informed Care
- Successfully worked with partners at place to establish additional NHSE funded Mental Health Support Teams in Schools to improve early intervention and prevention.
- Developed an ICS wide 3 year Children and Young People's Mental Health Strategic plan

Over the last year we have expanded our Children and Young People's Mental Health Steering Group to include a wider range of partners across our ICS including Public Health and Children's Services in Local Authorities and VCSEs, as well as continuing to work with health providers, strategic health leads at place and our specialist provider collaborative. This group has led on the development of a 3-year Children and Young People's Mental Health Strategic plan and annual work plan which builds on and complements place based plans and the plan by the specialist provider collaborative (inpatients). This plan will drive progress to address NHS Long Term Plan priorities as





well as Humber and North Yorkshire system wide priorities and challenges with the aim to ensure a robust offer across the Thrive Framework at place to deliver improved mental health outcomes for children and young people.

This will ensure an integrated system wide approach to service improvement and development. This is an inclusive plan with all priorities also applying to children and young people with learning disability and autism who require mental health services

The Strategic plan and this associated workplan will ensure our partnership can:

- Provide joined up care at right time in right setting (including online and face to face provision)
- Improve focus on population health management including predictive prevention and early intervention to help people stay healthy and reduce demand on clinical services.
- Reduce Mental Health Inequalities and impact of poor health on wider outcomes
- Address unmet need and local variations
- Promote closer working, collaboration, and co-operation with partners who support children and young people and families to ensure more cohesive, and streamlined care is provided.
- Ensure engagement and co-production with children and young people with lived experience is at the heart of every process

Priorities for 22/23

To create a robust offer across the Thrive Framework at place, to deliver improved mental health outcomes for children and young people, which includes:

- improved prevention and early intervention to help people stay healthy and reduce demand on clinical services.





- Improved/expanded access to Mental Health services for those who need them
- Systems approach to Trauma Informed Care
- Effective management of risk
- Improved engagement and coproduction with children and young people
- Improved workforce development

Following the pandemic, we have seen an increase in mental health issues for children and young people across the system with both increased levels of need and acuity for key issues, such as eating disorders, as well as new emerging issues such as anxiety related school-based avoidance and Avoidant/Restrictive Food Intake Disorder (ARFID).

We are working with partners at place to address these issues and priorities in a number of ways, including:

- Working with partners at place to ensure new and established Mental Health Support Teams in schools are developed, mobilised, and delivered effectively and meet local need
- Reviewing and further developing effective early intervention pathways/services to address key children and young people's mental health issues at the earliest opportunity through effective support for lower-level mental health presentations and reduce escalation/crisis.
- Improving clarity of thresholds/pathways for professionals as well as children and young people and parents/carers – graduated response for support and development of consistent no wrong door model
- Establishing a task and finish group to improve processes to ensure seamless transition from children and young people's to adult services – needs led not age led
- Establishing children and young people's Mental Health Primary Care Integration pilots to test and support improved service integration, care navigation and access to appropriate mental health support for children and young people presenting at primary care settings.
- Development of a children and young people's data dashboard – this will develop and embed routine performance reporting from place-based providers which builds on the current NHS Long Term Plan performance targets to provide a clear picture of successes and challenges by service and by pathway including outputs, outcomes and waiting times
- Digital scoping of alternatives to face-to-face models of support to provide a blended offer moving forward building on the learning from the pandemics. This includes consultation and engagement with children and young people, and families.
- Establishing a task and finish group to develop improved joint packages of care between health and social care to prevent admission to inpatient units (where possible) and prevent delayed discharge.
- Coordinating the development of a forward plan to reduce children and young people's admission to acute paediatric wards for Mental Health issues to implement effective solutions to address the needs and challenges



Children and Young People's Trauma Informed Care Programme



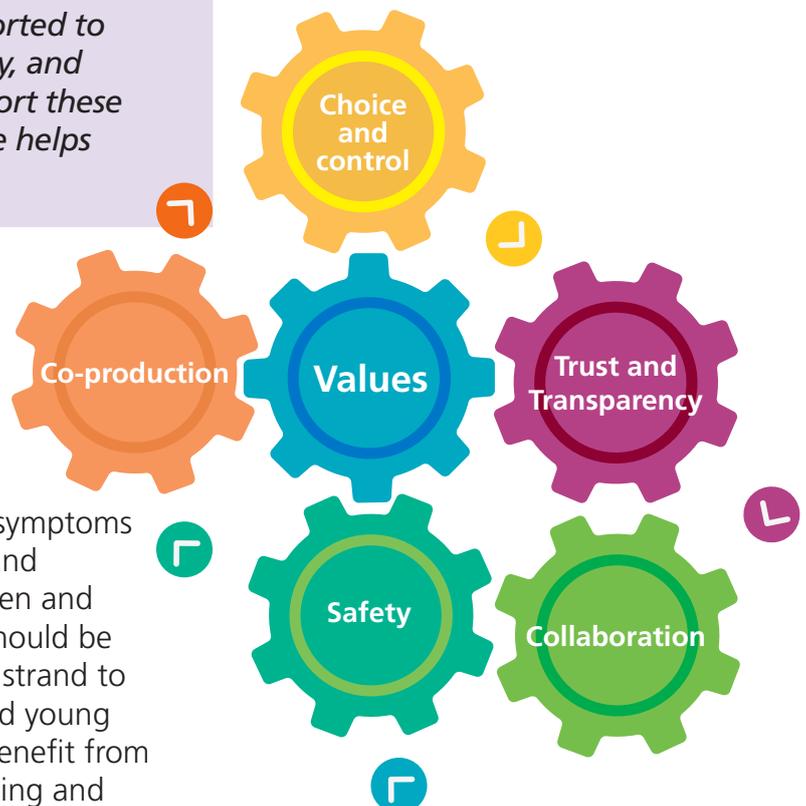
Following our successful bid to NHSE in 2021, Humber and North Yorkshire has become one of 10 national vanguard sites developing a system wide 10 year Children and Young People's Trauma Informed Care Programme.

Our Children and Young People's Trauma Informed Care Partnership Pledge

"We will work collaboratively to ensure that all professionals working across the system with children and young people who have experienced trauma, can be supported to respond appropriately, consistently, and compassionately, so that the support these children and young people receive helps them to thrive."

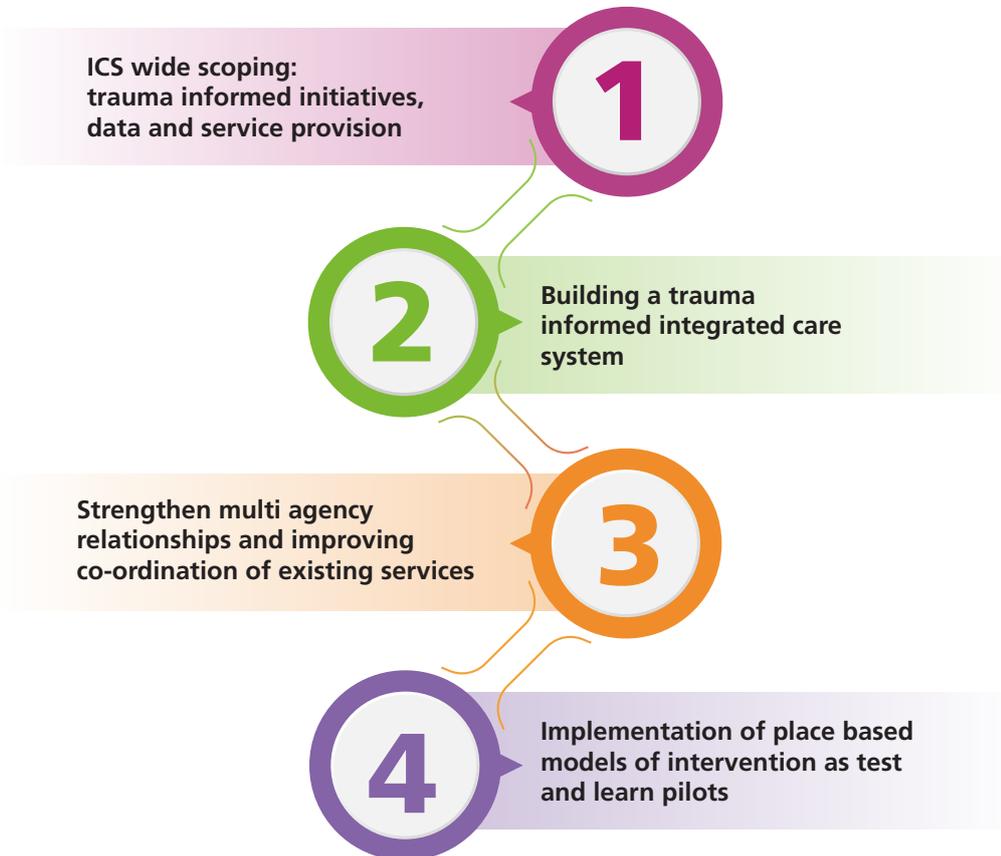
Our Values

The purpose of our underpinning values is to ensure that all professionals involved in this programme of work recognise and respond appropriately to signs and symptoms of trauma, resist re-traumatisation and acknowledge the differences between and within communities. These values should be embedded within each programme strand to support a culture where children and young people, (and their parents/carers), benefit from and are actively engaged in developing and improving services.





Our Children and Young People's Trauma Informed Care Programme is a collaboration of partners from across our six places within Humber and North Yorkshire. The model aims to build on existing infrastructure to strengthen pathways and collaborative working while testing new models of delivery to improve outcomes. To meet the objectives of the framework, our phased implementation will focus and build on the following four key areas:



The programme will:

- Work collaboratively with partners to support organisations to move from being Trauma Aware through to being fully Trauma Informed.
- Build, embed and sustain a Trauma Informed Integrated Care System (ICS) and develop a consistent joint approach and common language across the ICS.
- Develop 'communities of practice' to enable the sharing of good practice and learn and contribute to the development of our Trauma Informed culture and partnership.
- Develop and design a tool kit and a knowledge and skills framework to recognise the range of roles that workers may have in relation to providing services to children and young people who have lived through traumatic experiences.
- Influence key strategic plans and documents across Humber and North Yorkshire Integrated Care System to explicitly name trauma – and the commitment to develop 'trauma informed practice'.
- Develop a training plan, informed by our scoping, to support the implementation of the knowledge and skills framework.

To deliver the programme, we have created the Children and Young People's Trauma Informed Care Partnership. This partnership will be made up of all statutory and non-statutory agencies and partners across Humber and North Yorkshire that are involved in the provision of services for children and young people with complex needs. As part of the developing governance model, an operational Steering Group and a Strategic Alliance have been established.



Community Mental Health Transformation

The Community Mental Health Transformation Programme encourages public sector, voluntary and community and social enterprise organisations to work together with local people who have experience of mental illness (including carers and families), to transform how people with serious mental illness access services in their local communities and receive care and support. The transformation of community mental health services programme is now in its second year across Humber and North Yorkshire.

Through strong partnership working and an inclusive and co-produced approach, we have successfully progressed our improvement plans linked to transformation of community mental health services, and this includes the development of new models to deliver Severe Mental Illness (SMI) Physical health checks and Individual Placement Support.

Successes 2021/22

- Enhanced partnership working including establishing robust links with colleagues across the local authority, Voluntary, Community and Social Enterprise Sector, Primary and Secondary Care.
- New specialist roles – across Adult Eating Disorders, Early Intervention in Psychosis, Complex Emotional Needs (Personality Disorder Services)
- Investing in the Voluntary, Community and Social Enterprise Sector (VCSE) – new investment to create VCSE Alliances and new community supporting roles including Peer Support, Involvement Workers, Social Prescribers, Mental Health Coaches etc.
- Stronger integration between Primary and Secondary Care – the recruitment of new jointly funded First Contact Mental Health Practitioners into most Primary Care Networks across Humber and North Yorkshire. These new roles have strengthened links across services, improved relationships, and increased access to mental health services, reducing waiting times and outcomes. They have also strengthened links with the VCSE, providing more and better options for people within their own communities.
- Stronger and closer working with Local Authorities – In Rotherham, Doncaster and South Humber, recruitment of a mental health housing navigator to offer ongoing support around homelessness issues and ongoing support to maintain a tenancy and liaise with housing providers. This role also helps reduce people from going into crisis as a result of pressures from landlords, who may have little knowledge of how mental health can affect an individual and the impact it has on various aspects of day-to-day living.
- 100% coverage within the Primary Care networks – Physical health checks for people with a Severe Mental Illness are conducted within GP practices demonstrating successful co-location and new roles now in place to help coordinate this approach.
- Mental health access function (Rotherham, Doncaster, and South Humber), has been transitioned into the primary care network. New ways of working include extended triage, initial outputs include reduced waits, improved transition between Primary Care and Secondary care. Increased support and management of patients in Primary Care, reducing pressure in secondary services.



- Workforce design including recruitment to new roles within Personality Disorder pathway and Early Intervention in Psychosis pathway (including psychology, therapy, and clinical support). We are exploring new roles and new ways to provide and commission a new transformed workforce including roles that work across the whole system.
- Rehabilitation – We have established an individual placement team (Rotherham, Doncaster, and South Humber) and Pathways to Recovery Teams (York) to support patients with mental health needs using evidence-based strategies regarding supported accommodation and to find and maintain employment as part of their wider recovery.
- Place Based Approach – Developed and matured a place-based approach to planning the transformed services involving stakeholders from across the whole system, including people with lived experience and carers.
- Community Mental Health Hubs – In York, we have designed and are now starting to prototype a new way to access and provide mental health services in the community. Similar developments are being designed across the whole ICS area.
- Lived Experience Director – New role (North Yorkshire and York) to consolidate the co-production agenda across the ICS and ensure that people with lived experience are at the centre of transforming services.

Priorities 2022/23

- Further investment and development of Eating Disorder Services including new system-wide roles and services to support those waiting for services to begin.
- The continued development of new Community Mental Health Hubs across all areas, both physical and virtual.
- Development of clinical pathways and service models within community services which will include psychological therapy enhancements and links within care pathways.
- Further workforce development is a priority across the whole system with links to the psychological model.
- To start to tackle the challenge of lack of interoperability of information systems across the whole system.
- Integrate peer support workers with clear governance and support structures in place.
- Establish a Lived Experience Parliament (North Yorkshire and York) to further support the involvement and support to be involved for people with lived experience and their Carers.
- Continue the development of place-based planning and implementation of transformed services.
- Further Development of the First Contact Mental Health Practitioners including new Mental Health roles in Primary Care for example Mental Health Occupational Therapists, Mental Health Physiotherapists, Psychology Assistants, CAMHS Practitioners etc.



'I was very reluctant to get help for my mood as I didn't want to be in a service so was good to know it's at the surgery otherwise probably wouldn't have got help'

'The GP referred me to FCMHP after experiencing low mood, anxious feelings, feeling emotional, stress, feeling overwhelmed. Through her questioning/discussions with me, this enabled me to learn effective strategies to prevent/deal with how I was feeling. Reflections on my lifestyle then have created real change and I feel in such a better place.'



'Excellent Service.'

'It is great that they are in post and are making such a difference already... proving a great asset to ourselves'



'The FCMHP we have in post is really making a difference. A conversation about getting another one as soon as possible after April and whether or not we could have a third would be much appreciated'

'I can recognise when I need to do more for myself when these feelings creep back in. I now can see the value of putting me first rather than always other people/work/family etc. I cannot thank her enough for the help/ the strategies she has given me.'



'Made me feel at ease, professional and sorted everything out in record time.'

'One patient who had been especially anxious at first presentation particularly commented on the exercises you had given him, which he initially thought would not be beneficial. He now finds himself using the exercises on a daily basis and feels they have set him up for the future.'



People 'are all delighted that we are able to offer them such a prompt appointment (usually within a week of their first contact) and that they are able to choose for themselves between a telephone call or a face-to-face. Even if they choose a telephone appointment it's reassuring our patients are getting a 'real person' to speak to which makes a huge difference to how they cope with their problems.'



Severe Mental Illness

Work continued throughout 2021-22 focussing on improving the delivery of physical health checks for people with a severe mental illness. The programme was successful in bidding for funding to run a remote monitoring project across the entire Humber and North Yorkshire footprint. There has been excellent engagement with this across all areas, with places sharing learning from successful models they have implemented. In East Riding, the Health Trainers pilot of health check delivery by social prescribers in partnership with primary care has seen a significant increase in the uptake of health checks, and a reduction in 'did not attends' (DNAs). Similarly, in North East Lincolnshire a dedicated team deliver the health checks primarily in the patient's own home, making it more accessible for all patients to receive.

Successes 2021/22

- Successfully awarded funding for a remote monitoring project, delivering physical health checks with point of care testing devices
- Significantly increased the number of physical health checks delivered across the region. Delivery increased from 17% of the SMI register population at quarter 4 of 20/21, to 48% of the register at quarter 4 of 21/22.
- Set up a task and finish group looking at technology enabled physical health checks as part of the remote monitoring programme, and focussing on data quality and digital reporting solutions.

Priorities 2022/23

- Continue into year 2 of the remote monitoring programme
- Expand delivery of physical health checks into residential homes in North East Lincolnshire
- Prioritise resolving the coding and data quality issues
- Meet national target of 7,523 annual physical health checks



Resilience Hub

The Humber and North Yorkshire Resilience Hub launched in February 2021 to support all health, care and emergency service staff and their families. We offer a range of advice and support, working with individuals as well as teams to develop and promote personal resilience in a kind and supportive way, recognising the impact of not only the Covid-19 pandemic, but also prolonged periods of stress. We deliver:

- Individual psychological interventions
- Wellbeing plans
- Developed pathways of care
- Bespoke support to teams through trauma-informed facilitation, training, and reflective practice
- Support Groups (over 500 alumni so far) for example: bereavement, menopause and long covid (which was the first of its kind to be developed, nationally)
- Wellbeing webinars for example: work stress management and personal resilience self-compassion

Successes 2021/22

- The team have provided care for over 1500 health and care staff, volunteers and immediate family members as well as supporting over 1000 people within teams through team-based support and training.
- 98% of staff who have used the service would recommend it to friends, families or colleagues, and the service is rated an average of 4.9 stars out of 5.
- The Hub have also developed and launched an App (HNY Our People) in collaboration with the Humber and North Yorkshire Health and Wellbeing Team as part of the Integrated Care Partnership. HNY Our People has had nearly 1000 downloads in its first 3 months. The App is designed to maintain and improve the wellbeing, physical and mental health of staff by providing a range of self-help materials and podcasts. A personal, digital wellness coach called 'Charley' can create a personalised wellness programme and help create small daily habits that can boost wellbeing.
- The Hub has also been nominated and commended in the Bright Ideas Awards and the Positive Practice in Mental Health awards.



Service User Feedback:

93.5% of service users would rate the Hub service 5* out of 5, and 98% of service users stated they would recommend the Hub to family, friends, or colleagues.

I have had an extremely positive experience with the Hub, counselling etc. is not something I have engaged in previously, but I would definitely recommend the Hub. I don't feel as though I have been left without any support as I have been advised that I can return to the Hub should I need any further support. Thank you to all those involved in helping me to work through my grief and improve on my journey."

"I feel the help I have received has been vital to me getting better. Thank you."

"Thank you for being there for me in my darkest times."

I just want to say thank you for being there when I needed it most. For listening being attentive and helping me with very difficult decisions which have shaped my ideas about what I am able to achieve and to accept the things that I can't change. Thank you"

"A number of colleagues/friends have since referred themselves as I found it helpful and they were happier with a word of mouth recommendation. The speed with which I was helped was beneficial and makes you feel as a healthcare staff member that you are valued enough to be listened to."

"Valuable service and I feel comforted to know it is there and I can access it again if needed."

"Just all I can say is a great service with excellent and caring staff."

"Here when I didn't know where else to turn."

"I really have found this to be a bit of a life saver, and have really found the support I have received helpful."

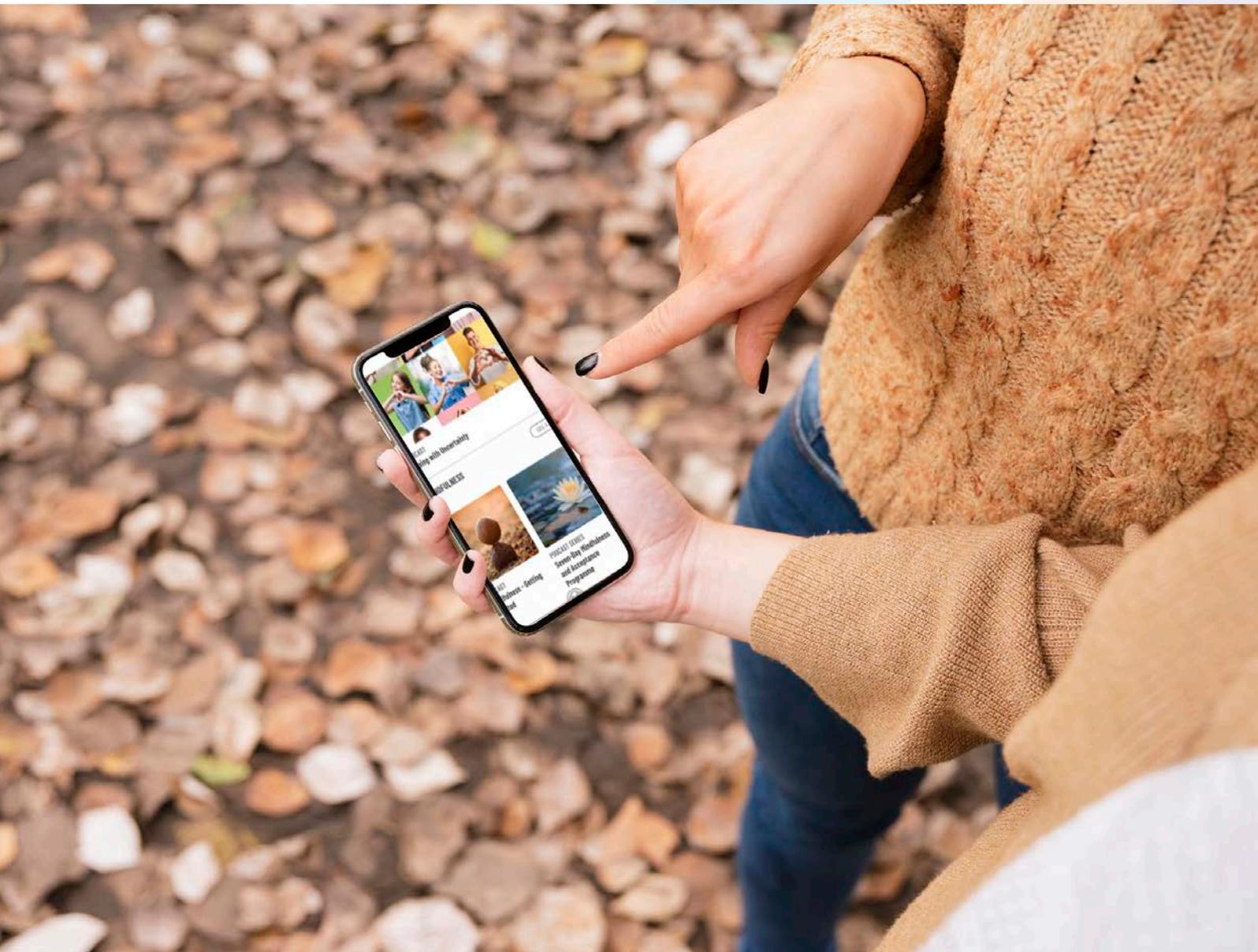
"I will be eternally grateful for the support I had at a time when I felt very unwell. I will encourage others to access this service should they need it."

"I found the support group extremely helpful, I felt listened too, understood and I could also relate to others going through a similar journey."



Priorities 2022/23

- Launch of the Resilience Hub Staff Wellbeing Fund for the voluntary, community and social enterprise sector, enabling further collaboration across the region to increase mental health and wellbeing support to staff.
- Expansion of Trauma Informed Care workstream to develop further collaborations across region and increase availability of trauma-specific support for staff and their families. This is in accordance with NHS England guidance to provide critical incident response and coordination for psychological care.
- Continued development of Long Covid support for staff – through peer support programme and Long Covid Neurological care through cognitive rehabilitation. Sharing learning and expertise and continued collaboration with other Resilience Hubs, NHS England, Long Covid service to improve support available to staff within and beyond Humber and North Yorkshire.
- Increase Team Support and Leadership Support available to all health, care, and emergency service teams from Resilience Hub, working with organisations to create psychologically safe workplaces for all staff.





Suicide Prevention



Reflecting on the last year, this programme has continued to develop and deliver much needed services to the Humber and North Yorkshire population, despite the continuing challenges of recovery following the pandemic. We recognise that Yorkshire and the Humber have some of the highest rates of suicides in both males and females in England, but we believe the work that has taken place has contributed to this reducing significantly in 2020, as evidenced by the Office of National Statistics.

Despite the pandemic, we have found a way of supporting those who have been bereaved or affected by a suicide through the development and delivery of a new 'postvention' service, and additionally we have become one of the only areas in the country to evaluate the impact of this. We could not have achieved this without the valuable input provided through engagement with people with lived experience, families, carers, clinicians, and the support of our partner organisations, all of which is central to the work we do.

We are delighted to have trained 19,000 people in how to spot the signs, speak about suicide, and signpost others to help and support through the #TalkSuicide training. Most importantly, the number of people accessing the training continues to grow, and we know that the more people that are trained, the more likely we are to save lives.

The programme has also strived to make sustainable changes and embed them into practice, such as real-time surveillance. This has been done collaboratively with partner organisations, ensuring that as a system we are able to quickly respond to a suicide, and support those that are left behind. The importance of this cannot be underestimated as we know that these loved ones are more likely to be at risk of suicidal thoughts themselves.



We need to celebrate the relationships, ideas and actions that have taken place with people with lived experience, our community, grass roots projects and local Voluntary, Community and Social Enterprise organisations which have influenced the programme as well as ensuring it stayed focused; listened to what people need to prevent suicides; and has endeavoured to set up groups and services in order to do just that.

Successes 2021/22

- Receiving a High Sheriff Award
- Development of Emotional Wellbeing hub
- Development of Cluster and Contagion response
- Training 19,000 local people
- Shortlisted for Best Not for Profit, Working in Partnership at the HSJ Awards
- In 2020 Yorkshire and the Humber's suicide rates reduced significantly compared with 2019 (these were the only significant changes in English regions when comparing 2020 with 2019)

Priorities 2022/23

- Children and Young People
- Women
- Long Term conditions
- Develop Self-Harm response
- #TalkSuicide campaign
- Men

For more information on the work of the suicide prevention programme, please read the 2019-2021 Progress Report, found here:

<https://humberandnorthyorkshire.org.uk/wp-content/uploads/2022/10/Suicide-report-2022-websize.pdf>





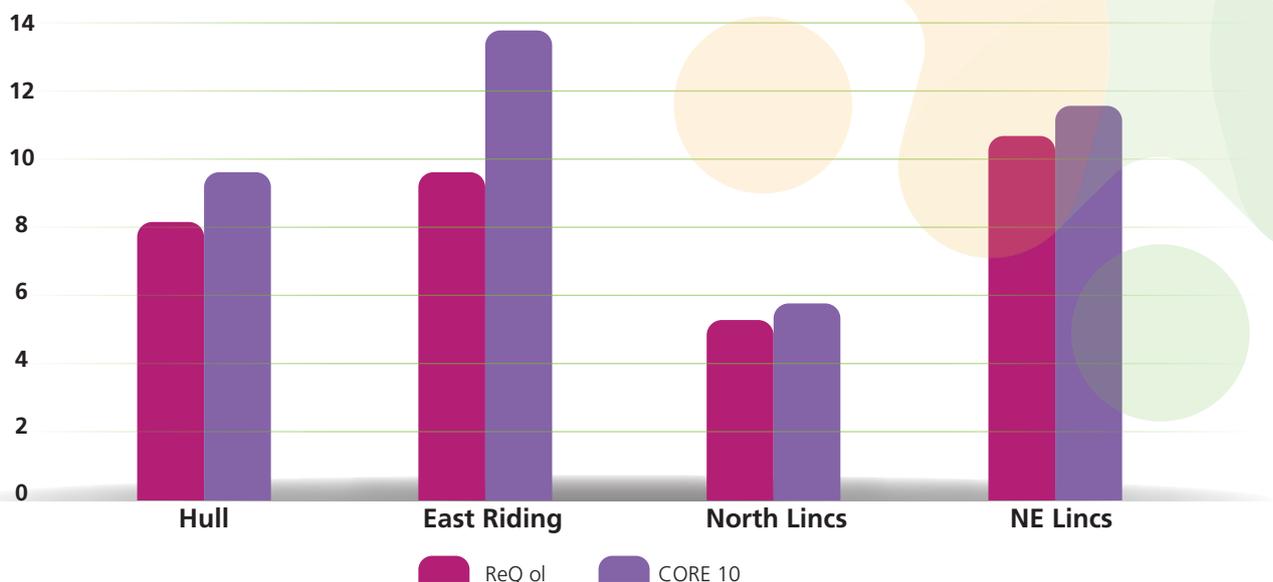
Perinatal Mental Health and Maternal Mental Health



Successes 2021/22

- Continued to deliver high quality care to women and families throughout the Covid-19 pandemic
- Expanded capacity within services in line with investment which involved recruiting new members of staff
- The service covering Hull, East Riding, North and North East Lincolnshire redesigned their service to enable them to receive direct referrals from professionals which resulted in referral rates doubling in the first six months
- Increased offer of psychological interventions which includes infant mental health
- Co-design and deliver Perinatal Mental Health Module with Hull University
- Involved in numerous research project with Hull and York Universities including research on infant mental health
- Re-launch of the Every Mum Matters website (www.everymumatters.com)

High rates of recovery for women receiving interventions; the graph below displays the mean (average) improvement score of the women under the care of the team over the last 12 months. For example, on average women in Hull improved by +8 points on the





CORE 10 and +9.75 on the ReQoL. In effect women generally move from moderate/severe levels of psychological distress (CORE 10) to mild or low levels of psychological distress; the equivalent with the ReQoL is the same but the outcome improving is Quality of Life and Functioning.

- Two bespoke training packages have been developed for the wider workforce to support knowledge and confidence in supporting women who are bereaved and when to refer on for specialist support.
- A detailed Health Inequalities plan has been developed to ensure services can meet the needs of all communities, but particularly women from Black, Asian, and Minority Ethnic communities who are disproportionately affected in the maternity experience

Priorities 22/23

- To increase the number of women receiving a service from the specialist perinatal mental health services and maternal mental health services
- To introduce and grow peer support across the services
- To continue to implement the health inequalities plan
- To work in line with national guidance to provide assessment and signposting to dads and partners
- To increase the offer of psychological therapies
- Extend the offer up to 24 months post-partum for perinatal mental health services
- To work with the Local Maternity System (LMS) to review and develop guidance and protocols for Birth Afterthoughts clinics
- To continue to work with Local Authorities to support delivery of services for mild to moderate perinatal mental health issues and parent-infant relationships
- The Maternal Mental Health Service (MMHS) is due to go live on the 4th of July 2022 across the ICS, supporting women and families experiencing post-traumatic stress disorder and trauma following baby loss.
- The Maternal Separation Service due to go live on the 4th of July 2022 work alongside the Maternal Mental Health Service in North East Lincolnshire to provide psychological and social support to women who are at risk of or who have been separated from their babies at birth due to safeguarding concerns.

"I'm so sad to say goodbye, but I want to say a huge thank you. Thank you for teaching me new skills to help me forever to see new angles. I'll hopefully continue to learn, grow and challenge myself, the tools you've given me will make my future much brighter. I've gone from some incredibly dark days to reigniting a spark inside, learning to be much kinder to myself. Thank you so much, you are so appreciated, your work is so important and I'm so grateful for everything. Some people arrive and make such a beautiful impact on your life, you barely remember what life was like without them. Thank you for the amazing person you are, for all that you do and the difference you make. You are truly appreciated."



Urgent and Emergency Care Mental Health



Successes 2021/22

- All Places have 24/7 crisis line access for all ages and are working towards becoming accessible via 111 by the end of March 2023.
- Dedicated programme support from an NHS Graduate Management Trainee to improve capacity to undertake benchmarking of current services.
- We have secured additional funding across Humber and North Yorkshire to expand access to crisis alternatives.
- Evaluation of the Humberside Police Right Care, Right Person initiative is showing signs of improving relationships between Health, Care and Criminal Justice Services.
- A dedicated Programme Lead was appointed and is working closely with the Acute Urgent Care Collaborative to ensure fully integrated working and that parity of esteem between physical health and mental health is maintained.

“They got my wife involved and checked whether she was supported too –[mental health support] has to be about the family and the Support Line made her feel a valuable commodity –they had a personal touch”

“If it wasn’t for the support line, I wouldn’t have a wife or a family”



- We have developed an Urgent and Emergency Mental Health Steering Group to bring together all partners to establish priorities, align plans where possible and share best practice across the ICS footprint. In addition to this, we have commenced a Service-User Urgent and Emergency Care Mental Health Steering Group which helps to set the agenda for the other group and allows for sharing of priorities and actions. This is built on the work of an existing Crisis Involvement and Action Group in Hull and East Riding.
- There has been a further successful pilot of a Mental Health Response Vehicle via the Yorkshire Ambulance Service, and recruitment is underway for the addition of a Mental Health Practitioner to join the paramedic crew. Further funding is available, and plans submitted for a further two vehicles in the ICS footprint. A mental health provider response vehicle has been running on the South bank and with a positive impact on the population it serves.

Priorities for 2022/23

- Building on the work of the Service-User Urgent and Emergency Care Mental Health Steering Group we will be developing a regular public facing newsletter and are aiming to develop an accessible webspace to ensure the public can fully contribute to the design and delivery of our services.
- We are working with all partners and the public to improve approaches to care for people who need the most frequent support.
- We are continuing to work collaboratively to address inequalities in mental health and ensure our population can access the right support for their emotional well-being and mental health, from prevention and early interventions, to crisis support.
- We will continue building local and regional communities of practice to inform further development of easily accessible crisis alternative services, including development of a local Voluntary, Community and Social Enterprise market of mental health providers.

David's Story

David was conveyed to a Safe Space by our MHRV on a Saturday afternoon following a welfare concern call to police around David sleeping in his car.

The crew provided David with hot food and discussions with him identified that he:

- had been sleeping in his car for 5 weeks
- had a number of physical health problems but no access to his medication
- was a victim of psychological and physical domestic abuse
- is a veteran
- had had a suicide plan with intent to carry out that night

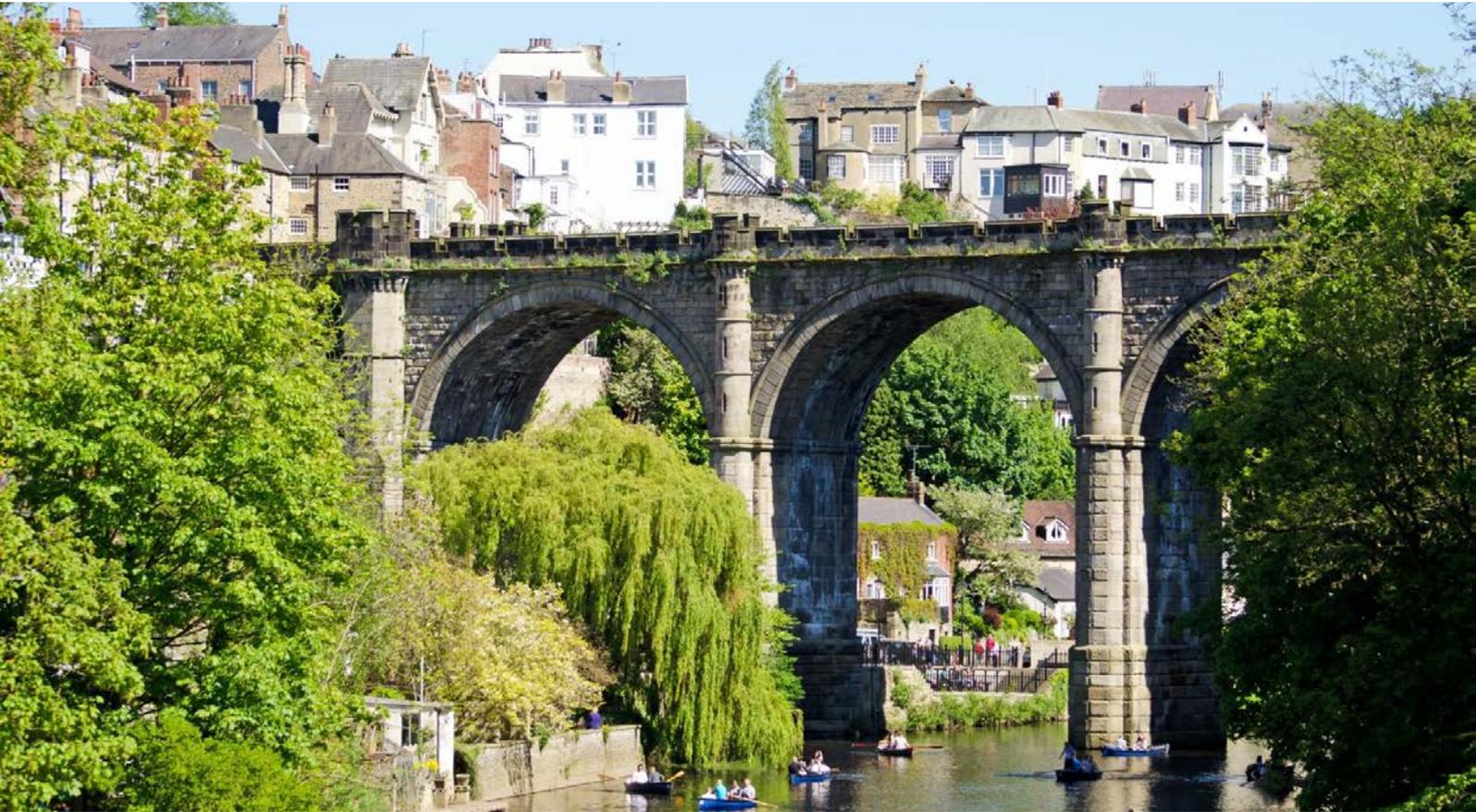
Following conveyance, our MHRV crew secured a 7 day prescription for David's medication and delivered these to Safe Space. Safe Space then worked with other agencies to support David, securing accommodation with somewhere safe to shower, clean clothes and ongoing social and advocacy support – although there is still a long journey for David ahead.

David describes being overwhelmed by the support he received and describes feeling safe. He states very clearly that Saturday would have been the day he died if it had not been for the police, Yorkshire Ambulance Service and Safe Space working together to support him at a time he had given up hope. He states that he used his army training to stay alive in his car but was going to use the same training to end his life.

[Mental Health Response Vehicle Evaluation Report, August 2019. Yorkshire Ambulance Service](#)



Dementia



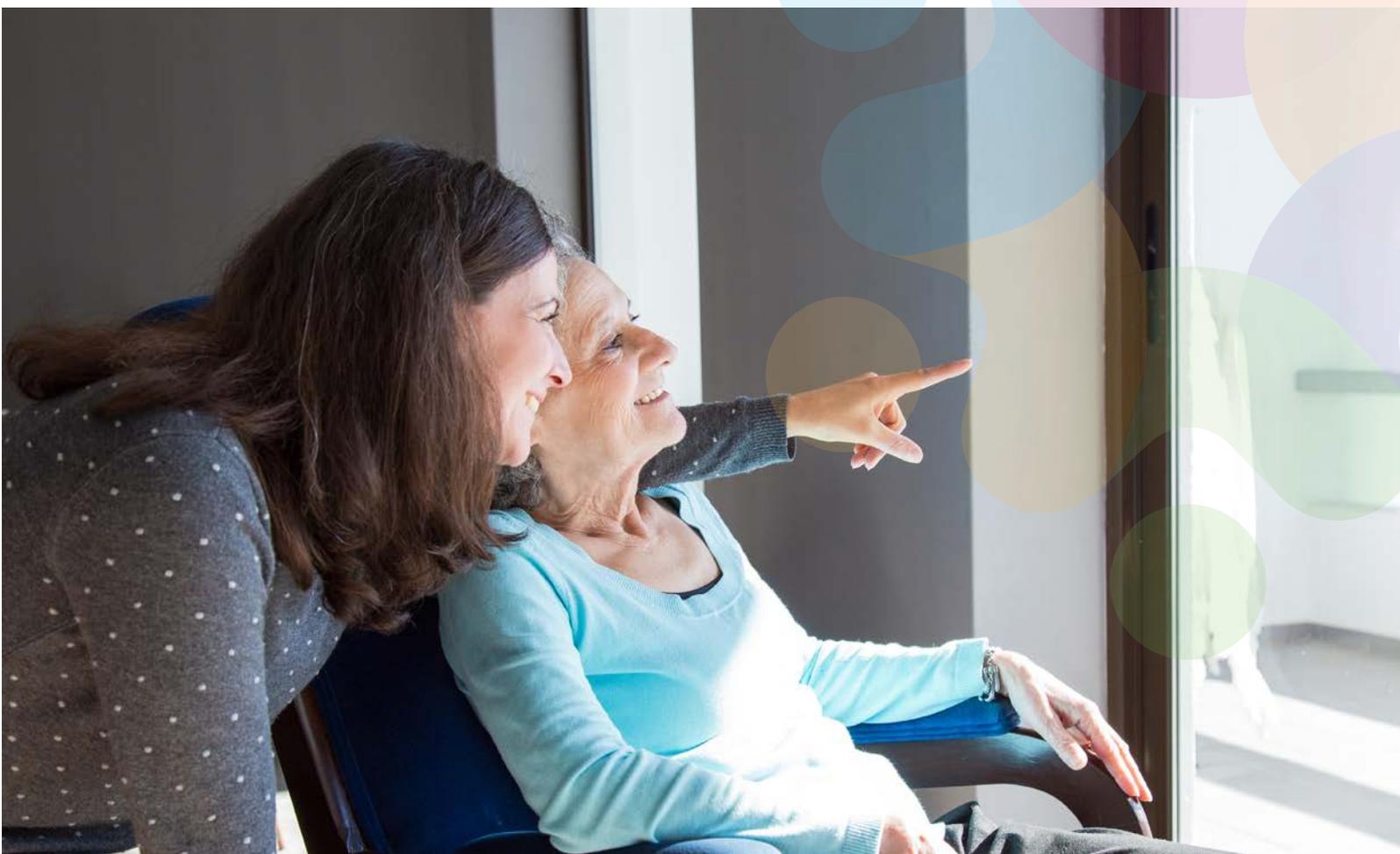
Successes 2021/22

- The ICS has secured funding for 10 clinicians to undertake additional training in Dementia Diagnosis, and a further 10 places will be funded in 2023 to help reduce waiting times for assessment.
- Dedicated programme support from an NHS Graduate Management Trainee to develop an ICS-wide Dementia Strategy.
- A dedicated Programme Lead was appointed and is working closely with all partners.
- Funding has been secured for a pilot of the Dementia Diagnosis tool DiaDem (Diagnosing Advanced Dementia Mandate) within care homes with full support of the Yorkshire and Humber Clinical Networks.
- Flow Coaching Academy Support has been approved and provides support from NHSE to improve flow through pathways and improve the patient experience.
- We have developed an ICS Wide Dementia Steering Group to bring together all partners to establish priorities, align plans where possible and share best practice across the ICS footprint. In addition to this we have developed a dedicated space on the NHS Futures Platform to share resources.
- Quality Improvement Project planned to undertake data cleansing work and environmental audit within GP practices.
- There is a real drive from all partners to share learning and support all developments to ensure that our population are able to receive the best care and support possible.



Key Priorities 2022/23

- We want to work with people with dementia to co-produce all of our plans and services – they are the experts in what they want!
- Care partners are a key priority in all of our work as we recognise, they are a significant asset and make up a significant proportion of the unpaid workforce. We want to make sure that carers have access to care and support in a timely manner that promotes their well-being as well as the people with Dementia that they work with.
- We are continuing to develop the ICS-wide strategy using the 'Well' approach – Preventing Well, Diagnosis Well, Living Well, Aging Well, Ending Life Well.
- We are working with all partners to improve the access to support pre and post diagnosis and whilst undergoing assessment.
- We are working to reduce the length of wait for assessment and diagnosis of Dementia to ensure people have diagnosis as early on as possible.
- We are reviewing pathways and support for people with Young Onset Dementia and for people with a Learning Disability to improve equity amongst all of our population.
- We continue to work towards ensuring as many people as possible are able to achieve a timely diagnosis and the right support, as well as annual health checks following this.
- We want to ensure we have Dementia friendly communities in all of our Places.
- We want to move away from 'signposting' and towards 'warm handover' to support people in making connections with the relevant services – this is what the people using services have told us will be more helpful.





Individual Placement Support



In 2021/22 services continued their work to put everything in place to support people with serious mental illness to find and maintain employment. This work has been embedded in all areas across the Humber and North Yorkshire patch, and our teams have worked hard to recover and improve on outcomes following the impact of the pandemic. We continue to achieve a good level of job starts and outcomes.

All services currently work with Individual Placement Support (IPS) Grow to ensure that services fully align to the nationally agreed IPS Grow provision model. Fidelity reviews were conducted to identify areas of good practice, and areas for improvement, and this has supported the work in 2021/22.

Priorities 2022/23

- To continue to build on the work of the fidelity reviews, and maintain alignment with the IPS Grow model
- To work more effectively with the emerging primary care networks to ensure pathways are joined up and people are supported for as long as they need support.



Engagement and Co-production



Families and carers are our 'experts by experience', and they are key in the development of our work, and their input is fundamental to every stage of our process. Their input is highly valued across our programmes, and we are proud to have a strong track record of engagement and co-production across our workstreams.

To ensure we take into account the wide range of views of our 'experts by experience', service users, carers and staff at every stage of pathway development and service implementation we hold local engagement events, and encourage involvement at our steering groups. This helps to ensure strategic decisions are well-informed, reflect the needs of our population, and models of care are co-produced.

Below you can find testimonials from our Crisis Involvement Group for Hull and East Riding, and other examples are included throughout the report.

We believe it is vital to continue to work with people who have first-hand experience of both using and delivering mental health, learning disabilities and autism services to co-produce the solutions that will support people in the our area for years to come.

"I have been on my mental health journey for 26 years now. I love to learn and I want to be involved in improving the Crisis service because I have grandchildren and I want the service to be right should they ever require the service in the future"

"This group allows people to feel that they are being heard"

"to be given a chance to be heard is like a gift from god-I am from Brazil and it was very different there –the social responsibility in this country is something I didn't experience before so something I am very grateful for"

"The home based treatment team, the crisis pad and the support through the 0800 line have been outstanding, the new system is life saving"

"connection, helpful, trust, respect, safe, listening, teamwork"

"Personally rewarding and a chance to give back"

"It was amazing to be heard and tell our side of the story"

Crisis Involvement and Action Group Hull/ East Riding, June 2022



Children and Young People's Engagement and Coproduction



We want to ensure that effective engagement and coproduction with children and young people with lived experience is embedded within all that we do across our partnership from policy to practice.

We have recently recruited a Children and Young People's Engagement and Coproduction manager who will work to ensure we build on and complement existing work at place while ensuring the voice of children and young people from across our diverse communities are heard and responded to.

This will include ensuring:

- Robust systems are in place across the partnerships to ensure children and young people with lived experience are able to influence provision across the Thrive Framework
- Engagement and Co-production with children and young people with lived experience features throughout every process
- Shared learning and strategic support is available to Places though understanding of successful developments and joint challenges and gaps.
- Integrated and co-ordinated approach including sharing findings from previous engagement across places to build on findings rather than repeat and duplicate consultations.
- Partners working in Children and Young People's Mental Health at Place have the skills and knowledge to embed engagement and coproduction in all processes.



The main priorities of this role are to:

- Establish a children and young people's ICS wide engagement and co-production strategy and workplan for children and young people's mental health, which builds on and compliments existing place-based activity, to capture and measure the engagement of children and young people and the impact of this.
- Implement and coordinate regular communities of practice with place-based engagement and coproduction leads across the ICS partners to ensure consistency of approach and peer to peer support and learning between services and partners.
- Provide consultancy, advice, and guidance to a wide range of place-based services and partners to support organisations to embed evidence-based practice to enable sustainability of delivery. This includes developing and sharing resources, skills, and knowledge across the ICS.
- Recruit, train and support a team of young volunteers with lived experience from across the ICS geography, who will act as advisory groups to relevant steering groups and boards.

Examples of Engagement and Coproduction

Recently the children and young people's engagement and coproduction manager worked with Hull and East Yorkshire Mind to undertake an ICS wide digital scoping consultation with children and young people across our 6 places to understand alternatives to face-to-face models of support to provide a blended offer moving forward building on the learning from the pandemics. This included a survey with children and young people and families, and then follow up focus groups which included children and young people from groups at risk of poorer mental health e.g. LGBT young people, as well as children and young people from areas of high levels of multiple deprivation, and also those in rural areas.

Some of the recommendations from young people included:

- A range of services and resources all under one trusted brand's hub website and/or app
- Testimonials from other young people who have accessed the service on websites
- Step-by-step 'walk through' videos/animations of a young person accessing the service to support with demystifying access
- Accessible, simple, engaging, and concise information with links to further resources that are easy to find or navigate to
- Provide a portal for users to save any correspondence or online forms, to be able to keep track of what has been discussed and agreed with mental health professionals
- Additional training on LGBTQ+ for all mental health professionals and volunteers, as young people consulted with recognised gaps in knowledge and understanding of the nuances and challenges of this community
- Trauma-informed training for all mental health professionals and volunteers as set out by the ICS Children and Young People's Trauma Informed Care Programme
- Recognise young people as experts of their own experience, value their feedback, and embed it into continued service improvement

We are now working with partners at place to look at how we action these recommendations and the others in the report so we can feedback on progress to the young people who developed them.



Clinical Engagement



Mental Health, Learning Disabilities and Autism Clinical Assembly

The Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Clinical Assembly has been active for just over two years. The aim is to promote clinical engagement across the collaborative between clinicians of all disciplines and from all partner organisations (including NHS providers, primary care, local authority, and voluntary organisations). At a review last year clinician feedback indicated they regarded the role of the Clinical Assembly as networking, information sharing and quality improvement towards system consistency.

We reported in last year's annual report about the assemblies that had taken place between July 2020 and September 2021. From September 2021 to September 2022 eight assemblies have been held with many of the topics being clinician requested.

These have included:

- Whole system and Whole lifespan approach to Autism
- Mental Health Inequalities
- Update on the Eating Disorder work programme
- Whole system approach to Dementia (which included a presentation about the multidisciplinary approach to frailty at the Jean Bishop Centre in Hull)
- Updates from the other collaborative programmes across the ICS (e.g. an update about urgent care pathways and from the Cancer Alliance)
- An opportunity to meet system leaders at a Mental Health Question time.



For all assemblies we have welcomed experts in the field from within and outside our ICS, showcased innovative models of care, and have used question and answer sessions to encourage rich and vibrant dialogue. Attendances at the assemblies has varied from 50-100 people. One of the most popular was the Mental Health Question Time where questions were submitted to system leaders who included Stephen Eames (CEO, Humber and North Yorkshire Health and Care Partnership), Teresa Fenech (Executive Director of Nursing and Quality, Humber and North Yorkshire Health and Care Partnership), Brent Kilmurray (CEO, Tees, Esk and Wear Valley NHS Foundation Trust, and Chair of the Mental Health Learning Disability and Autism Collaborative Programme), Nigel Wells (Executive Director of Clinical and Professional, Humber and North Yorkshire Health and Care Partnership), Helen Kenyon (Place Director, North East Lincolnshire) and Alison Flack (Programme Director, Humber and North Yorkshire Mental Health Learning Disability and Autism Collaborative Programme).

There was genuine and lively interactive discussion with a request for this session to be repeated next year. A recurring theme and request from clinicians is for more integration of services across physical and mental health, primary and secondary care, health and education and health and social care to improve outcomes.

A review of the Clinical Assemblies that occurred during the past 12 months will be held in October 2022 to gain clinician feedback and to help shape the 2023 programme, which is being finalised. Planned topics and speakers include:

1. An update about the ongoing work within the ICS to improve the physical health of people with Severe Mental Illness with a focus on smoking cessation. Speakers will include Prof. Simon Gilbody.
2. Neurodiversity: what should services look like?
3. Update on the newly published National Suicide Prevention Plan. Speakers to include Prof Louis Appleby. This assembly will include an update about the suicide prevention work ongoing within the ICS.
4. Mental Health Question Time with system leaders.
5. A joint assembly with the Primary Care Collaborative focusing on CMHT Transformation and PCNs.

In addition to the Clinical Assembly programme, clinical leads in Learning Disability and Autism, and in Primary Care have recently been appointed to help further facilitate engagement, information sharing and good practice.



The Humber and North Yorkshire Mental Health, Learning Disabilities and Autism International Conference 2021/22



On the 27th November 2021, over 300 colleagues joined guest speakers in attending the Humber and North Yorkshire Health and Care Partnership's virtual mental health, learning disabilities and autism annual conference.

The Partnership's third annual international conference, entitled 'Looking after our People and Growing for the Future: Developing a Trauma Informed, Resilient Workforce' focussed on understanding our workforce, building resilience during a pandemic, caring for our workforce, and looking after our frontline staff, with significant engagement from delegates through interactive question and answer sessions.

The event featured the following keynote speakers:

- Claire Murdoch CBE (National Director for Mental Health, NHSE/I) – provided an update on the national picture for mental health.
- Tom Cahill (National Director for Learning Disability and Autism, NHSE/I) – provided an update on the national picture for learning disabilities.
- Professor Wendy Burn CBE, Consultant Psychiatrist, Past President of the Royal College of Psychiatrists, Leeds and York Partnership NHS Foundation – talked about Covid-19 and the impact it has had on mental health in the UK
- Professor Neil Greenberg, Professor of Defence Mental Health, Kings College London – talked about moral injury and wellbeing
- Dr Jo Jordan, Clinical Lead, Humber and North Yorkshire Health and Care Partnership Staff Resilience Hub – shared the experience of, and success of, setting up our Staff Resilience Hub



Other speakers included: Professor Stephen Eames CBE, System Lead and Independent Chair for the Humber and North Yorkshire Health and Care Partnership; and Michele Moran, Senior Responsible Officer, Mental Health and Learning Disabilities Collaborative Programme, Humber and North Yorkshire Health and Care Partnership, and Chief Executive, Humber Teaching NHS Foundation Trust.

Michele Moran shared on the successes and priority areas we have focussed on in the last year, which include:

- Appointing Kooth, an online counselling platform for children and young people to access emotional wellbeing and mental health support and launching Qwell for Men– a free, anonymous online counselling and emotional wellbeing service for men aged 18+
- A successful bid to NHSE/I to gain funding to support the development of a Keyworker Service- that provides all children and young people with autism and/or learning disabilities admitted to or at risk of admission to a mental health inpatient unit, an allocated keyworker.
- Being selected as 1 of 10 areas in England to develop a pilot maternal mental health service – which will help an estimated 300 women in the region access specialist mental health support.
- Over 10,000 people across Humber and North Yorkshire receiving suicide awareness training in the last year
- Adult Mental Health – Older Peoples Mental Health and Dementia, Improving Access to Psychological Therapies (IAPT), Urgent and Emergency Care
- Launching the Mental Health Resilience Hub to provide vital mental health and wellbeing support services for front line and care staff affected by the Covid-19 pandemic across the region.





Performance

In 2021/22, delivery of health and care services has continued to be a challenge following the pandemic. Below you can see Humber and North Yorkshire's performance against some of NHS England's core indicators.

Indicator	Target	March 2022
Children and Young People		
Children and Young People's Access (1+ contact)	19,447	18,215
Children and Young People's Eating Disorder Waiting Time – routine	95%	57.6%
Children and Young People's Eating Disorder Waiting Time – urgent	95%	56.9%
Adult Mental Health		
Dementia Diagnosis rate	66.7%	57.5%
IAPT Access	4,010	2,915
IAPT Recovery rate	50%	55%
Individual Placement Support	950	565
Perinatal Access	n/a	670
SMI Physical Health Checks	7523	5,992
OAP Bed Days (Inappropriate Only)	n/a	1,555
Community Mental Health Access (2+ Contacts)	15,900	14,510
EIP Waiting Times	60%	49.3%
Discharges Followed Up Within 72 Hours	80%	89%
Acute Admissions with No Prior Contact (Black, Asian and Minority Ethnic)	n/a	22%
Admissions With No Prior Contact (White British)	n/a	13%

We have some areas where we are performing well against these indicators, such as:

- Supporting people who have been discharged from inpatient settings.
- The quality of our IAPT services and supporting people through recovery from common mental health problems.
- Children and young people's access to mental health services

However, we also have some significant challenges to address including improving the level of physical health checks being done in primary care for people who have severe mental illness, increasing the rate of dementia diagnosis and reducing waiting times for children and young people requiring support with eating disorders.

We have plans in place to address these areas, and are working hard with our partners to achieve them through collaborative and innovative work.



Finance



The Partnership team successfully secured and delivered against investment amounting to £26.5m in 21/22. £18.6m was secured for new and one-off schemes commencing in year with £7.9m being a continuation of schemes from prior years.

The funding was used across the full geography and was utilised as part of ICS wide programmes of work and/or aligned with local need dependant on scheme.

The Humber and North Yorkshire Health and Care Partnership was proud to be selected as only 1 of 10 National Vanguard sites to host the Health and Youth Justice pilot schemes across the country, with mobilisation commencing in late 2021.

Scheme type	£m
Adult Crisis and Liaison	6.0
Community Mental Health	3.3
Discharge	3.2
CYP Community Crisis and Liaison	3.1
Mental Health Support Teams	2.8
Youth Health and Justice	1.1
Staff Support	1.0
DWP Employment Advisors	0.9
APT	0.9
Maternal Mental Health	0.7
Digital Schemes	0.6
Memory Assessment Services	0.6
Other Smaller Schemes	2.3
Total HNY Investment	26.5

The Partnership will continue to work together to identify future funding or investment opportunities to maximise patient care for our population.



What Next?



Working in collaboration with our partners we will continue to implement the priorities as laid out in the NHS Long Term Plan for mental health, learning disabilities and autism highlighted in this report, and we will also focus on:

- Improving dementia access rates
- Implementation of the Health and Youth Justice Integrated Framework
- Reporting standards and data quality

We will also be:

- Continuing our work around understanding our workforce challenges and putting plans in place with partners to address them.
- Continuing to work towards our strategy and our delivery plan for 22/23
- Addressing our performance challenges through jointly agreed recovery plans, where this is necessary



Meet the Team



Michele Moran,
Senior Responsible Officer

Michele is a Nurse, Midwife and Health Visitor by background and has more than 35 years' experience of front-line roles in NHS management and care. Michele was appointed to the role of Chief Executive at Humber on a permanent basis in February 2017. Prior to this Michele was Chief Executive in Manchester for four years. Michele served as Deputy Chief Executive/Chief Operating Officer/Chief Nurse at Leeds and York Partnership NHS Foundation Trust for seven years.

Michele has extensive experience across all sectors in the NHS, with substantial experience in integrating systems and is an advocate for integrated care, speaking at many national conferences on collaboration in care. Michele is Chair of the Yorkshire and Humber Clinical Research Network.

Michele is committed to putting patients at the heart of everything that we do and supporting staff health and wellbeing. A qualified nurse, mental health nurse and midwife, Michele also has a Master's degree in Health Services Management from the University of Manchester.

Michele leads the Mental Health, Learning Disabilities and Autism Collaborative alongside leading the design of the collaboratives in Humber and North Yorkshire and is a partner representative on the Humber and North Yorkshire Integrated Care Board.



Alison Flack,
Programme Director

Alison plays a pivotal role in the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme as the Programme Director. She is passionate about ensuring our partners across the patch work together collaboratively to improve mental health outcomes for everyone in our area. Alison has a wealth of experience working at a senior level in health and care organisations and is proud to be part of a team transforming and improving mental health services for our communities.



Pete Beckwith,
Chief Finance Officer

Pete's role as finance lead for the partnership sees him coordinate the sharing and reporting of financial information across partners. This includes the coordination and monitoring of investments to support national planning priorities. Pete is passionate about directing investments to the most beneficial areas to ensure people receive high quality treatment and support.



Doug Flockhart,
Head of Performance
and Programme Delivery

Doug has worked in health and care organisations across the Humber and North Yorkshire patch since 2007. He became increasingly interested in the wider health and care system, particularly what can be achieved when partner organisations work collaboratively. Over the past few years, Doug has focused on integration and system development work, taking up a programme lead role in the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme in 2018. Mental Health is now rightly receiving the focus and attention it deserves and, through the work of our programme, Doug wants to ensure all of our residents have access to the support they need in a way that works for them and their families.



Clair Atherton,
Children and Young
People's Engagement and
Coproduction Manager,
Children and Young People's
Trauma Informed Care
Programme

With a background in community and youth work, Clair has extensive experience of engaging vulnerable groups across a range of sectors and specialises in coproduction with children and young people. Before joining the team Clair worked on a Strategic Children and Young People's Mental Health Programme, involving young people with lived experience in the development of services, campaigns, training, and resources, and supporting partners across education, Local Authority, health, and the Voluntary and Community Sector to develop and embed effective coproduction practices. Clair is passionate about creating opportunities for children.



Ben Baines,
HR Graduate
Management Trainee

Ben is a Graduate Management Trainee who has worked on a variety of projects across the different programmes whilst on placement with the team. Ben enjoyed working with partners across the ICS to ensure the recent Safety and Wellbeing Reviews were carried out to the deadline. He has also been involved in developing a new ICS Dementia Strategy, and co-formed a Task and Finish Group working to improve community provision for people with a Learning Disability and/or Autism.



Erika Cawthorne,
Learning Disability and
Autism Programme Lead

Erika recently joined the team from within the NHS. Erika's background is in learning disability nursing, working within a children's neurodiversity service, and she is passionate about working to improve the lives of children, young people, and adults, with learning disability and autism. With a strong clinical background and lived experience of learning disability and autism, Erika is determined to work collaboratively to make a difference to some of the most vulnerable people in our communities.

Erika's role within the team is to provide leadership to the learning disability and autism programme. Erika will be leading on transformation of the programme and will work closely with all partners across the Humber and North Yorkshire footprint. She will also ensure that there are connections with the other programmes of work, that have a direct link to this programme. Erika is responsible for developing and agreeing the key objectives of the programme, and working on behalf of the ICS and represent the collective views of the ICS.



Rebecca Cracknell,
Administration Assistant

Rebecca provides administration support to various programme leads across the partnership. Rebecca has only been in her role for a short time but is already enthused by the service that Humber and North Yorkshire provide and look forward to playing a small part in developing the services in the future.



Emily Davey,
Programme and
Performance Manager

Emily recently completed the General Management Training Scheme with the NHS Leadership Academy, during which she undertook placements within the Mental Health, Learning Disabilities and Autism Collaborative Programme, and Community and Primary Care. Emily is passionate about improving mental health services for people across the region, and in particular is focussed on working with partners to improve the physical health of people with a severe mental illness.



Lisa Hudson,
Senior Administration
Assistant, Children and
Young People's Trauma
Informed Care Programme

Lisa is a new member of the team, providing administration support to the Children and Young People's Trauma Informed Care Programme and the wider team. She has previously worked in a strategic Children and Young People's Mental Health Programme and is looking forward to continuing to work with those who are passionate about improving the mental health of children and young people.



Cat Jones,
Programme Partnership
Manager, Children and
Young People's Trauma
Informed Care Programme

Cat recently joined the team from outside the NHS, with a background in education and more recently working on a strategic Children and Young People's Mental Health Programme within a Local Authority. Cat has extensive experience in driving initiatives within schools during her time as a Senior Leader and Headteacher, and also implementing national policy and practice change across the schools in a city. Cat has taken on the role as Programme Partnership Manager of the Children and Young People's Trauma Informed Care Programme. Cat and the Core Team will focus on working collaboratively to ensure that all professionals working across the system with children and young people who have experienced trauma, can be supported to respond appropriately, consistently, and compassionately, so that the support these children and young people receive helps them to thrive.



Jo is passionate about working within our communities to reduce the stigma around suicide, and to support individuals and organisations to prevent suicides from occurring.

Favourite quote: "Never doubt that a small group of citizens can change the world; indeed, it's the only thing that ever has." - Steve Jobs.

Jo Kent, Suicide

Prevention Programme Lead



With a background of engagement and organisational development, Katy joined the team to provide strategic direction on workforce and culture. She is passionate about working collaboratively and believes this is the best way to shape how we move forward as one workforce. Being part of the ICS enables her to support positive change on a wide scale, work with lots of great organisations and support amazing people that look after the needs of our local populations.

Katy Marshall,

Strategic Workforce and Cultural Lead



Stella is a consultant psychiatrist with over 30 years' experience of working in mental health services. In collaboration with Dr Steve Wright, she is focusing on improving clinicians' engagement with the work of the ICS and has established the Mental Health, Learning Disability and Autism Clinical Assembly. In addition, she contributes to the wider programme and strategic work.

Dr Stella Morris,

Clinical Lead



Jack joined the team on a secondment from Hull and East Yorkshire Mind in January 2020. He supports the Suicide Prevention Programme and helps to promote free suicide prevention training available at www.talksuicide.co.uk. Since February 2020, over 12,000 individuals have completed the free training across Humber and North Yorkshire. Jack is passionate about working with a range of partners to raise awareness of mental health and help to prevent suicide.

Jack Moore,

Communications and Engagement Officer (Suicide Prevention)



Lynnette Robinson,
Mental Health
Programme Lead

Lynnette leads on the Community Mental Health transformation, including the specialist area of developing the annual physical health check for patients with Severe Mental Illness (SMI).

Lynnette set up and supports the Humber and North Yorkshire Resilience Hub which centres on Covid-19, our regional mental health response which support key workers who have experienced distress related to Covid-19 pandemic by providing early help, and intensive evidence-based therapeutic interventions in a timely way.



Gail Teasdale,
Children and Young
People's Mental Health
Programme Lead

Gail joined the collaborative in November 2021 after 20 years leading on system change and commissioning services for Children and Young People's health at place across local authority children's services, public health and CCGs. Her work to improve outcomes for Children and Young People has been recognised as national best practice by the Department of Health, Department for Education, Local Government Association and the National Children's Bureau. Gail leads the Children and Young People's Mental Health Programme, working with a wide range of partners at place including VCSEs, Local Authorities, and Health commissioners and providers. The programme has developed and is delivering the strategic plan for Children and Young People's Mental Health to improve prevention and early intervention, improve access to services and outcomes and reduce inequalities. Gail is passionate about ensuring that the voice and influence of children and young people with lived experience is embedded throughout our work. With effective engagement and coproduction we can ensure all children and young people can access the right support, in the right place at the right time.



Georgie Thrippleton,
Perinatal Mental Health
Programme Lead

Georgie is passionate about improving mental health support for mothers and families in the perinatal period. By ensuring mother's mental health needs are met early, this greatly improves outcomes for babies and improves relationships. Georgie wants to work with women, families and all partners to reduce the stigma surrounding mental health as new parents as mental illness at this time is very common and with the right support outcomes for families are positive.



Kelly Toes-Smith,
Administration Team Lead

Kelly provides administrative support to the programme. She feels lucky to be part of a passionate team and to have the opportunity to support the various workstreams. Kelly enjoys being able to assist the programme leads and help contribute to improving the mental health care for the local community.



Gemma Willingham-Storr,
Programme Lead for Urgent and Emergency Mental Health and Dementia

Gemma is a Learning Disability Nurse and DBT Therapist by background and has worked in the NHS for 14 years. Gemma is very passionate about making sure that everyone is able to access help and support when they need it and without barriers. Having worked in clinical practice across Mental Health and Learning Disability Services for the last 14 years, Gemma has seen first hand some of the challenges faced by our population. Gemma is keen to make sure that people are at the heart of all that we do and that their voices truly contribute to the way in which our services work. Gemma also wants to fully support our workforce and embrace their experiences and contributions to transformational change. We are all in it together.



Katy Winfield,
Community of Practice Manager, Children and Young People's Trauma Informed Care Programme

With over 20 years' experience of working within health service settings, supporting vulnerable and socially isolated individuals, Katy has a broad understanding of their needs and a passion to make a positive impact. Katy thrives when engaging with communities and services that work to make a positive difference. Katy brings an extensive amount of knowledge and experience working within a clinical setting and supporting staff to achieve positive outcomes, with service user groups experiencing health inequalities. She has managed services and contracts, and implemented service change, over several years, which will support her future success within her role of Community of Practice Manager of the Children and Young People's Trauma Informed Care Programme.



Debbie Wilson,
Senior Administration
Officer

Debbie provides support to the Humber and North Yorkshire Partnership (Mental Health, Learning Disabilities and Autism) Senior Management Team. She enjoys the variation in her role, and the opportunities to play a part in helping to shape the future of mental health, learning disabilities and autism services across the Humber and North Yorkshire.



Nicola Wood,
Finance and Performance
Manager

Nicola enjoys supporting the programme with the monitoring and reporting of the funding coming into the system. She enjoys working with partners across the system to ensure funding is invested to achieve the best outcomes for our population. Mental Health and Learning Disabilities are subjects close to her heart after seeing the impact that the challenges surrounding accessing the right services, not only in the NHS but in the wider social care and local authority sector, has placed on her loved ones over her lifetime. She believes that good Mental Health is a priority for all and rightly deserves de-stigmatisation. Nicola is looking forward to the continued success of the programme as it begins its next chapter within the ICB.



Dr Steve Wright,
Clinical Lead

Steve is a psychiatrist with Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust and the medical lead for early intervention services. Alongside his role as a clinical lead for mental health in Humber and North Yorkshire, he is clinical lead for Adult Mental Health with Yorkshire & Humber Clinical Networks, chairing the community mental health transformation regional collaborative. He has worked in early intervention services since their introduction, supporting their increasingly preventive role. In recent years he has also been working with international collaborators to promote a "whole person, whole life, whole community" approach to mental health including developing a system-wide learning partnership with Trieste in Italy.



Humber and North Yorkshire
Health and Care Partnership

If you would like to find out more about the work of the Humber and North Yorkshire Health and Care Partnership, please get in touch.

Write to us:

**Humber and North Yorkshire
Health and Care Partnership,
c/o NHS Hull CCG,
2nd Floor,
Wilberforce Court,
Alfred Gelder Street,
Hull, HU1 1UY.**

Email: hullccg.stpcontactus@nhs.net
website: humberandnorthyorkshire.org.uk

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023																		
Title of Report:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report																		
Author/s:	Name: Lynn Parkinson/Lisa James Title: Accountable Emergency Officer/EPRR Manager																		
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">To approve</td> <td style="width: 10%;"></td> <td style="width: 40%;">To discuss</td> <td style="width: 10%;"></td> </tr> <tr> <td>To note</td> <td style="text-align: center;">X</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	X	To ratify		For assurance							
To approve		To discuss																	
To note	X	To ratify																	
For assurance																			
Purpose of Paper:	To provide an overview of the EPRR programme and activities over the last 12 months and demonstrate the Trusts compliance with the NHSE EPRR core standards																		
Key Issues within the report:	The attached annual report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Care Act (2022) during the period 1 st April 2022 to 31 st March 2023. The report provides an overview of EPRR activities including its continued response to Covid19 and the Industrial Action in 2023. This report also sets out EPRR priorities for 2023/24																		
Positive Assurances to Provide: <ul style="list-style-type: none"> That we continue to meet the standards set by the EPRR national teams and obligations under the Health and Care Act (2022) That we continue to improve care and service safety, resilience and response through a programme of EPRR training, testing and learning from incidents internally and through networks and partners. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Continue the work to improve on the EPRR core standards compliance rating for 2022-23 To ensure audit recommendations are actioned. 																		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Continue to identify key risks for the Trust and work with community and national risk registers. 	Decisions Made: <ul style="list-style-type: none"> To raise the level of compliance against the NHS England Core Standards through work programmes that address the Trust’s improvement requirements and continue to strive to improve on those areas currently achieving partial compliance. 																		
Governance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Date</th> <th style="width: 20%;"></th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment</td> <td></td> <td>Executive Management</td> <td style="text-align: center;">24.4.23</td> </tr> </tbody> </table>				Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment		Executive Management	24.4.23
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Audit Committee		Remuneration & Nominations Committee																	
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Finance & Investment		Executive Management	24.4.23																

	Committee		Team	
	Mental Health Legislation Committee		Operational Delivery Group	25.3.23
	Charitable Funds 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	

Emergency Preparedness, Resilience and Response Annual Report

1st April 2022 – 31st March 2023



**Caring, Learning
& Growing Together**

FOREWORD

Throughout the year the Emergency Planning Team has assessed risk, worked collaboratively with key stakeholders, partners, managers and clinicians to ensure that the Trust has been able to provide an effective, resilient and coordinated response to the demands that Covid19 continues to present alongside Industrial Action that has been taken by a number of organisations. Although not always directly impacted by the Industrial Action the Trust Command and control arrangements have continued to be stood up to manage potential disruptions to service due to actions being taken by other organisations.

In 2023 changes to the Emergency Preparedness, Resilience and Response arrangements took place as Integrated Care Boards came into being on 1st July 2023 and with them the responsibility of being a Category 1 responder under the Civil Contingencies Act (2004). This determined new ways of working for EPRR and changed the NHSE regional arrangements with organisations by adding a new element of accountability via the ICBs in terms of local leadership.

NHS organisations and providers of NHS funded care must evidence that they can plan for and deal with a wide range of incidents and emergencies that could affect health or patient care. All NHS funded organisations must meet the requirements of the Civil Contingencies Act (2004), Health and Care Act (2022), NHS England Command and Control Framework and NHS Business Continuity Management Framework. It is for these reasons that Humber Teaching NHS Foundation Trust continues to drive improvement within its EPRR agenda.

I am pleased to present the EPRR 2022-23 Annual Report which identifies the work undertaken to address key priorities, identifies Trust compliance with statutory duties and acknowledges its achievements over the last twelve months.

Lynn Parkinson
Chief Operating Officer and Accountable Emergency Officer

1. Background

NHS Organisations and providers of NHS Funded care must evidence that they can deal with major incidents or emergency disruptions whilst maintaining services to patients. This is commonly known within the NHS as Emergency Preparedness, Resilience and Response (EPRR).

Humber Teaching NHS Foundation Trust must ensure consistent delivery of high-quality safe care to patients through resilience, planning and preparation. Robust arrangements must also be in place to continue to deliver this level of care when unexpected incidents occur or at times of great pressure.

The Trusts response to situations has continued over the last 12 months in managing Covid19 and Industrial action.

2. Purpose

This Annual Report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Care Act (2022) during the period 1st April 2022 to 31st March 2023. Although this report provides an overview of EPRR activities over the last 12 months and has set out some EPRR priorities for the next 12 months there continues to be a return to business as usual and an element of 'catch up' (due to the Covid19 pandemic) which will support the priorities for 2023/24.

3. Statutory Framework and National Policy Drivers

Under the Civil Contingencies Act (2004) the Trust is not categorised as a responder, it does not have an Emergency Department and is therefore not subject to the Act; however, there is an expectation under the Health and Care Act (2022) that the Trust prepares and responds as though it were.

The Acts are accompanied by other requirements such as the NHS Standard Contract, NHS England Core Standards for EPRR, the national EPRR Framework (2022) and NHS Business Continuity Management Framework.

The strategic national EPRR Framework contains principles for health emergency planning for the NHS in England at all levels including NHS provider organisations, providers of NHS funded care, Integrated Care Boards, general practices and other primary/community care organisations.

The NHS England Core Standards for EPRR requires an annual report to the Trust Board and provides the minimum standards which NHS organisations and providers of NHS funded care must meet. The Trust undertakes an annual self-assessment against the core standards relating to its services and provides assurance to the ICB and NHS England that robust and resilient EPRR arrangements are established and maintained within the Trust.

4. Accountable Emergency Officer

The Chief Operating Officer is the designated Accountable Emergency Officer with responsibility for EPRR in the Trust. The Chief Operating Officer delegates responsibility to the Deputy Chief Operating Officer/Head of EPRR in order to ensure that all legislative requirements and responsibilities are delivered with the support of the EPRR Team.

5. Emergency Preparedness, Resilience and Response Discharge of Responsibilities in 2022/23

5.1 EPRR Assurance Process

Each year Trusts are asked to assess overall whether they are *'full'*, *'substantial'*, *'partial'* or *'non-compliant'* with the 54 core standards and an additional deep dive element.

The NHS EPRR Core Standards were introduced to clearly set out the minimum standards expected of NHS organisations and providers of NHS funded care with respect to emergency preparedness, resilience, and response.

The NHSE EPRR Core Standards enable agencies across the country to share a common purpose and to coordinate EPRR activities in proportion to the organisation's size and scope. In addition, they provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

These standards will be reviewed and updated as lessons are identified from testing, national legislation, and guidance changes and/or as part of the rolling NHSE EPRR governance programme. It must be noted that the deep dive standards are not considered as part of the Trust compliance rating.

We self-assessed against this year's 55 applicable core standards and 13 deep dive standards for Evacuation and Shelter, our overall position this year was determined as *'partially compliant'*. Our total compliance figure is, out of 55 core standards we complied with 46, therefore standing at 84%. Any standard that was rated *'partially'* or *'non-compliant'* was automatically transferred over to an action plan and this is the EPRR improvement plan for the 12 months to follow.

Assurance Rating Thresholds <ul style="list-style-type: none">• Fully Compliant = 100%• Substantially Compliant = 99-89%• Partially Compliant = 88-77%• Non-Compliant = 76% or less	Percentage Compliance	84%
	Overall Assessment	Partially Compliant

Although this is a markdown from the *'substantial'* compliance reported in 2021/22 it is a direct result of the increase back up to the full 55 core standards (36 in 2021/22), the introduction of

new standards and the introduction of Health Command Training requirements which is NHSE dependant. We also re-calibrated our view of the compliance with each standard to ensure that these can be evidenced in line with the supporting information requirements and evidence examples for audit purposes.

5.2 Risk Assessment

The Trust has an EPRR risk register which is reviewed quarterly with the Trust risk manager; entries onto the risk register are also aligned to the Humber Local Resilience Forum community risk register.

This year we have added a new risk for national power outages which could be implemented by the government. It is essential that the Trust should plan for energy resilience across the estate prioritising its inpatients units primarily as part of its business as usual but not discounting other services throughout the Trust that are deemed essential to the function of the organisation. There is currently a task and finish group looking at the energy resilience across the Trust and the mitigations that could be implemented ahead of next winter.

Assessing the potential risk of emergencies occurring and using this knowledge to inform contingency planning is a key duty and therefore the Trust must have suitable plans which set out how it intends to respond to and recover from major incidents and emergencies as identified in the local and community risk registers.

5.3 Partnership Working

The Trust is represented at both health and multi-agency emergency preparedness groups within the Yorkshire and Humber area and has been working collaboratively with these agencies throughout the year to support coordination and information sharing. There has been a significant demand on organisations to attend frequent national and local calls during times of pressure and we have ensured that appropriate representation from the Trust has been available. We have senior representation and input into the Local Resilience Forum (LRF) Strategic Coordination Group and LRF Health Cell as well as daily and weekend system calls. We have ensured EPRR representation into Tactical Coordination Groups as these groups provide a valuable platform in terms of communication, planning and sharing learning from events and incidents.

Groups attended virtually over the last year include:

- Humber Local Resilience Forum and general working group (multi-agency)
- North of England Mental Health Forum EPRR Leads
- Humber and North Yorkshire ICB system calls
- Hull and ER Local Authority Testing Working Group
- Humber LRF Health Cell
- Humber and North Yorkshire ICB Industrial Action system calls

The Trust works closely with the ICB leads for winter and surge planning and regularly responds to requests for assurance on its ability to deliver operationally during times of increasing pressure in the health system, supporting patient flow and the planning for bank holidays/events.

5.4 Training, Exercising and Testing

A key element of EPRR is the ability for the organisation and its staff to respond positively to incidents and emergencies. The new Programme of Health Command training delivered by NHSE has been rolled out to all our directors and managers on call for Strategic (Gold) and Tactical (Silver) Command. The undertaking of this training deems the individual competent to undertake on call duties and deal with an incident should this arise. This has also enabled us to complete one of our previously partially compliant core standards taking us up to 85% compliant.

There have been a number of exercises that the team and other individuals from the Trust has attended:

Exercise Arcadia

A desk top exercise on MS Teams took place in September to test the updated Medium and Low Secure evacuation plan. This was undertaken with all Mental Health organisations that are signed up to the plan.

Floodex

In November a desk top exercise on MS Teams was run by the Humber Local Resilience Forums East Coast flooding (Floodex) exercise alongside our health partners and the LRF in North Yorkshire to test the Humber East Coast Tidal Inundation Plan. The Trust took part in a vulnerable person's workshop aiming to explore how data would be shared during the time of an incident.

Exercise Arctic Willow

A desktop exercise on MS Teams took place in December and was carried out over three days, this was regionally mandated by NHSE for ICBs to test their responsiveness to a range of threats such as severe weather, power outage and energy resilience. This was undertaken with all organisations that come under the place ICB EPRR team.

Exercise Mighty Oak

A nationally mandated power outage exercise in March being played out by The Cabinet Office, The Royal Family and all Local Resilience Forums across the country with Category 1 and 2 responders aiming to test and develop existing National and localised National Power Outage plans. Our Trust was unable to take part in the exercise as central government wanted this to be as realistic as possible and health should be represented by NHSE and the ICB, we did however, have two members of the team attend to undertake the role of official observers.

Based in both the Tactical Co-ordinating Group and Strategic Co-ordinating Group throughout the first day of the exercise, our staff were tasked with observing all aspects of the exercise covering elements such as notification, activation, communication, readiness, and multi-agency

collaboration and reporting back directly to Exercise Control. This was an engaging and insightful experience that allowed us to assist our Humber Local Resilience Forum colleagues whilst also acquiring information to support our own organisational Power Outage planning.

Community Services Business Continuity Plan Exercise

A tabletop Business Continuity Exercise was held on 12th May 2022 with teams from across our Community Services to test the newly combined Scarborough & Ryedale (S&R) and Whitby and Pocklington Community Services Business Continuity Plan (BCP). The Exercise was based around a severe weather and power outage scenario and was facilitated by the EPRR Team. A cross section of staff took part and lessons learned were captured and used to refine the plan during its annual review.

Our command and control arrangements continue to be tested whilst stepping up/down for the Industrial Action and the response required.

Communication tests to on call teams have also continued to take place every six months in line with current requirements. This tests their ability to respond to an incident in the out of hours period and is becoming an embedded process for those who provide on call cover across all areas of the Trust.

5.5 Responding to external influences

COVID19

Although still cognisant of the Covid19 virus the NHS alert level was lowered from level 3 to level 2 in August 2022. Under the new EPRR arrangements a level 2 incident would be managed at local level by the ICB, as outlined in the table below, therefore we continue to be responsive to any changes to the situation and are able to step up to requests if required.

Alert Level	Description	Responding Organisation
1	An incident of event which impacts on a single provider, and which can be managed within place or with ICB support	Led by affected provider organisation with support from their ICB (place)
2	An incident of event which impacts multiple providers within an ICB footprint or requires mutual aid between providers within a single ICB.	Led by the ICB with support of the regional EPRR team
3	An incident of event which impacts multiple providers within an ICB footprint or of such a magnitude/specialism that it requires regional coordination. May require national support.	Led by NHSE regional team
4	An incident of event affecting multiple regions or of such a magnitude that it requires national involvement in order to lead the NHS response.	Led by NHSE national team

Industrial Action

Planned Industrial Action in December by the ambulance services meant that arrangements for coordinating the Trusts preparedness for any impacts due to the strike action was undertaken by

the stepping up of Silver Tactical command and control with escalation to Gold command as necessary.. A number of pieces of work were undertaken in preparedness by operational teams, corporate services and the EPRR team, for example in ensuring that additional transport arrangements were put in place in the event patients needed to be transferred to hospital for treatment and joint working with our local partners and ICB

The following Industrial Action has been coordinated and managed by the EPRR team alongside Operational Managers and the medical workforce teams:

Ambulance Strikes -	11 th & 23 rd January, 6 th , 10 th and 20 th February 2023
NEU (Teachers) -	1 st and 28 th February, 15 th & 16 th March 2023
RCN (nurses) –	6 th and 7 th February 2023
Doctors in Training -	13 th -15 th February 2023 and 11 th – 14 th March

Silver Tactical meetings were stood up the week before each period of action and the morning of action. Planning meetings in the weeks prior also took place with the medical director, medical workforce, union representatives, Deputy Chief Operating Officer and the EPRR team to finalise plans in place, rota cover and command and control arrangements.

5.6 Business Continuity Management

The EPRR team continue to support directorates and divisions with the annual updating of their business continuity plans and ensure these remain standardised across all services of the Trust. The need to test plans still remains an audit requirement and the team actively engage with teams in order to support and facilitate any desk top exercises as required.

In support of the Trusts business continuity plans, the Trust has a robust on-call manager and director rota system as well as a new centralised evening duty manager whose rota is also managed by the EPRR team.

The EPRR team continues to collate and publish a number of plans including the weekend clinical capacity and contingency plan and bank holiday plan that incorporates key service information from all areas of the Trust which support the on-call staff with any issues that may arise during their out of hours duties.

Comprehensive and up to date on-call packs also provide a range of information, policies, maps and procedures to support the on-call teams.

5.8 Emergency Preparedness Plans

The EPRR Team continues to develop, update and improve trust-wide resilience plans in alignment with updated national risk registers, local risk registers, national guidance, and

learning from incidents, events, exercises and in response to new emerging specific threats or hazards. The following plans have been reviewed:

- The Major/Critical Incident Plan has had a full re-write incorporating all the lessons learned from implementation during Covid19 and was published following approval in April 2022.
- A new Business Continuity Policy has been developed to provide a framework for staff to work to and outlines their roles and responsibilities in Business Continuity Management.
- The Pandemic Plan has been reviewed and rewritten in collaboration with the Infection Prevention Control Team and published after approval in September 2022.
- An Energy Resilience Plan and an Evacuation and Shelter Plan are in the early stages of development for the Trust.

6. Assurance and Governance Arrangements

6.1 Internal Audit

A Business Continuity and Resilience Audit which began in September 2022 has now concluded, early indications from the draft report is that the resulting outcome is 'Significant Assurance with only 1 moderate recommendation and 4 minors. Each of these recommendations will be completed within the timescales identified.

6.2 Local Health Resilience Partnership (LHRP) and Local Resilience Forums (LRF)

The LHRP for the NHS Humber and North Yorkshire Integrated Care Board has now been established and provides additional governance and oversight in terms of reviewing the Trusts submission of its EPRR core standards and its self-assessment. The LHRP is chaired by the ICB EPRR lead and attended by Accountable Emergency Officers or director equivalent from each organisation including Humber Teaching NHS Foundation Trust.

The LRF is a multi-agency partnership made up of representatives from local category 1 and 2 responder organisations including the NHS. They work collaboratively with the LHRP for their respective areas. Although not categorised we continue to be made welcome and maintain a presence at the Humber LRF meetings where possible and the ICB represents health at the North Yorkshire LRF.

7. Conclusion and EPRR Priorities for 2023/24 for Emergency Planning, Response and Resilience

2022/23 has been another challenging year for Humber Teaching NHS Foundation Trust in terms of EPRR response. The EPRR team is dedicated to meeting the demands faced in terms of responding to Industrial Action and Covid19 whilst continuing to ensure the out of hours rotas have been managed, weekend and bank holiday plans have been distributed, system assurance deadlines have been met, flooding and severe weather has been accounted for, training has continued and a programme of work for 2023/24 has been planned.

As new guidance is developed, introduced and learning from each response is collated the teams key priorities for the 2023/24 are as detailed below:

- Raise the level of compliance against the NHS England Core Standards through work programmes that address the Trust's improvement requirements and continue to strive to improve on those areas currently achieving partial compliance in order to bring them up to full.
- Ensure the updating of the Trust's suite of plans, including the Major Incident Plan, policies and procedures in order to ensure that they reflect national guidance; best practice and learning from live and test situations.
- Improve care and service safety, resilience and response through a programme of EPRR training, testing and learning from incidents internally and through networks and partners.
- Further embed the importance of Business Continuity Management with operational services by delivering support and training and ensure an evidence-based approach is taken.
- Continue to improve on the system and monitoring mechanisms with our MH partners and stakeholders as a whole.



Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting 31 st May 2023			
Title of Report:	Health Stars Annual Report 22/23 and Operational (fundraising) Plan 23/24			
Author/s:	Clare Woodard, Head of Smile Health			
Recommendation:	To approve		To discuss	
	To note	X	To ratify	
	For assurance			
Purpose of Paper:	To update the Board on the progress of Health Stars and plan for 23/24.			
	Both of these documents were agreed at Charitable Funds Committee on 16 th May.			
Key Issues within the report:				
Positive Assurance to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Alternative funding streams have been identified and are being explored New 3 year SLA has been issued to HEY Smile Foundation with agreed and measurable KPI's and FR targets in place from 1/4/23 New team structure agreed and 2 x posts currently out for recruitment 		<ul style="list-style-type: none"> Refreshed look for Health Stars including a relaunch of the Circle of Wishes across the Trust Increased focus and commitment to fundraising 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> The shortfall in income generation Lack of a formal SLA Staff retention rates 		<ul style="list-style-type: none"> New HEY Smile Leadership in place. Renewed Commitment to ensure Health Stars achieves its goals Renewed relationship commitment from Trust 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	

	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	16/5/23	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary: Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)

√ Tick those that apply

√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances
√	Developing an effective and empowered workforce
√	Maximizing an efficient and sustainable organization
√	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

The purpose of this paper is to update the Board on the progress Health Stars has made against the agreed charity strategy for Humber Teaching NHS Foundation Trust charitable funds 2022/23.

2. 2022/2023 Overview

The past 12 months have been a challenge for Health Stars, in terms of our impact, our people and our partnership with the Trust. Fundraising targets, wish delivery and staff engagement have all been affected due to a number of factors. The pandemic has meant significant changes to working practices within HEY Smile Foundation and the Trust, which now sees many of the NHS staff teams permanently working from home.

This has impacted the visibility of the charity as well as the opportunity for in person staff engagement and fundraising events – something that was more easily achievable pre-pandemic. Coupled with significant changes to charity staff it has not been easy to fulfil our objectives.

Despite this, we have focused on what we have been able to achieve. We looked at fundraising through grant applications and spending plans for existing funds.

The CEO challenge in the Summer was a great success and raised over £3,100 for the Staff engagement fund. Sponsors, staff and service users joined Michele Moran on her gruelling 85mile static bike ride from Inspire in Hull, taking in the distance between inpatient units along the way and “arriving at” Whitby Hospital on what turned out to be the hottest day of the year! It was amazing to see so many people getting involved after what has been a really difficult time for in person events.

Notwithstanding this success, it was clear there still needed to be refreshed vision and an increased focus for Health Stars fundraising. At the time the current SLA between Smile and Trust had expired, and it was unclear whether the partnership would continue.

Following conversations with the Exec Team, the new CEO of Smile and interim Head of Smile Health, it has recently been agreed that a new three year SLA be issued for Smile to continue to deliver the Health Stars contract, including a new set of KPI's.

This has given Smile the reassurance, stability and commitment from the Trust and has allowed us to reignite the passion and dedication we have always for Health Stars. We can now plan and resources a dedicated and experienced team and are committed to making a huge success of Health Stars once more.

Thanks to a successful grant application to NHS Charities Together, Health Stars was awarded £30,000 to support the development of its brand, its processes, its strategy and its people. All of which are now underway thanks to partnership working with the Trust Comms Team, Executive Lead and trust finance team.

It has been a challenging period for all but one we feel as a team we have approached head on with a positive attitude to achieve an effective outcome. Health Stars now benefits from a new leadership team at HEY Smile Foundation whose vision and passion for the charity and the Trust is clear.

Our continued thanks to go to Michele Moran CEO, and our executive lead Steve McGowan for their leadership of the charity and support to the Health Stars team along with all

members of the Charitable Funds Committee. Our aim is to see Health Stars grow into its role as a trusted strategic partner of Humber Teaching NHS Foundation Trust once again and continue from strength to strength over the next three years.

People

The staff team at Health Stars saw significant changes in 2022. In March, Kristina Poxon, Fundraising Manager who was full time for Health Stars, was given the opportunity to take up a secondment with East Riding of Yorkshire Council. As a generous employer, Smile supported this secondment and Victoria Winterton, Head of Smile Health at the time, took on the leadership of Health Stars while recruitment took place for a new Fundraising Manager. Chief Executive of HEY Smile Foundation at the time, Andy Barber also remained heavily involved adding expertise and guidance.

In July 2022 Cheryl Beal joined Health Stars on a P/T, twelve month contract and hit the ground running, meeting fund guardians, arranging fundraising activities and moving outstanding wishes through the process.

Cheryl made some great inroads but was offered another opportunity in October 22 which she was keen to pursue. The team are thankful to Cheryl for what she achieved in her time with Health Stars.

In November 2022, Victoria Winterton went on 12-month maternity leave. Her role as Head of Smile Health is currently being covered by Clare Woodard, who has previously worked at Health Stars and who is the Charity Manager at Health Tree Foundation, the NHS Charity at Northern Lincolnshire and Goole NHS FT (NLAG). Clare is well versed in the Circle of Wishes processes, as well as already having good relationships many of the key stakeholders across the Trust.

Also during November Smile said goodbye to its Chief Executive of 14 years Andy Barber, and welcomed Jamie Lewis to the organisation as new CEO. Jamie brings with him a wealth of knowledge and experience from the public, private and voluntary sector and has brought to Smile renewed vision, enthusiasm and drive. Jamie is committed to building relationships with the Trust and hopes to hold regular CEO meetings with Michele as well as attending the Charitable Funds Committee. Jamie is dedicated to supporting the Smile Health Team to lead Health Stars for the next three years.

Smile continues to provide financial admin support to Health Stars and is able to use its own procurement channels and credit system to order goods and services which the Trust is unable to, through their procurement team.

During 2022 Smile's Trustee board also saw some changes, with Jim Dick, OBE Lord-Lieutenant, stepping down a Chair and Trish Dalby appointed as his replacement.

Current resource:

- Victoria Winterton (Lead, Head of Smile Health maternity leave until Nov 2023)
- Clare Woodard (interim Head of Smile Health)
- Plus as part of the new SLA for 2023 to 2026, two new Health Star roles Charity Coordinator and Charity Administrator

Additional support from Smile: CEO Jamie Lewis, Finance Team, Design Team

Presence

Health Stars has re-started social media interaction over the past few months. We are publishing details of the weekly charity lottery numbers and rollovers, case studies on “Wish Wednesday” and Fundraising ideas and events on “Fundraising Fridays”. We’ve also worked with Trust comms to ensure social media is coordinated with their key messages.

Thanks to the NHS Charities Together Development grant, we undertook a piece of work to refresh the Health Stars brand. Once the new designs are approved by Exec team and CFC it is hoped that a soft launch of the new image can start to be rolled out from June 23. We have worked with the Trust comms team to ensure all new branding ideas are aligned to the new Trust identify.

We began to develop a new Circle of Wishes system and thanks to funding this platform will soon allow wish makers, divisions and fund guardian to log in and track wishes in real time. Plans are in place to create a new charity website with the new Health Stars brand fully embedded across the Trust to coincide with the NHS 75th Birthday in July 23.

We continued to capture case studies and good news stories and appreciate the power of storytelling. When we get re-established across the Trust, we aim to gather and share at least one per month through internal and external channels.

We have continued to expand our reach internally and externally of the Trust, through social media, local press and other information sources such as posters, leaflets and QR codes.

Projects

- **Whitby – *Bricks Appeal***

The Fundraising Bricks appeal relaunched in the Spring 22 but sadly did not have desired uptake. Since January 2023, new emphasis has been placed on this appeal and we are seeing more people to dedicate bricks. The Head of Smile Health has regular meetings with the Service Manager at Whitby and a full relaunch event is planned for 22nd May 2023. We are working closely with partner charities to attend many of Whitby’s popular events.

Core activity

- **Circle of Wishes**

From 1st April 2022 to 31st March 2023 we received 138 wishes. Due to staffing difficulties and limited fundraising, these wishes have not progressed as we had hoped, however since the latter part of 2022 we have seen a significant increase in both the granting and receiving of wishes.

35 Wishes were granted by Health Stars. There are 72 wishes in progress. This is due to several factors including waiting for more info from the divisions/services, waiting for quotes or awaiting funding confirmation. This number also includes the wishes we have identified for us to turn into fundraising appeals. This applies particularly those wishes which require a bigger ticket item or need a substantial investment i.e. building or ground works, gyms equipment or specialist medical kit. We’ve done this with a cluster of wishes for the children’s and young people’s services as well as the many wishes that will see us improving green spaces across the Trust. By having a “wish list” to build a fundraising appeal around makes it much easier for people to visualise the difference their donations can make.

We received a high number of non-charitable wishes (19) including items for individuals, funding for other charities, core items such as stationary, printing and meeting refreshments as well as one wish for a departmental leaving do. We believe this is due to a lack of clarity around the wishes criteria, something we are work hard to communicate widely across the trust.

12 wishes have been withdrawn, because they are no longer required of have been funded from budget line.

1-4-22 to 31-3-23 Wishes Received	Wishes Granted	Wishes in progress	Wishes Declined	Wishes Withdrawn
138	35	72	19	12

Examples of the wishes funded by Health Stars include:

- Chaplaincy Team Cards
- DBT Items
- Boxing Punch bags and exercise aids
- Jigsaws and Easels
- Improvement to outdoor areas
- First Steps Nutrition books for parents
- Craft Supplies
- CAMHS Animated Video
- Stress balls and sensory relief aids
- Childrens waiting area furniture.
- Humber Centre Shop supplies
- Wellbeing packs
- Anatomy models

We hope to improve the throughput of wishes for 2023 to ensure we are having a big impact on patient and staff experience. We also need to continue to work with the Trust to identify the next large fundraising appeal.

The skills and connections of the Health Stars and Smile teams ensure that we make funding go further, work harder and last longer.

A focus for the team in the coming year will therefore be.

- *Increasing fundraising Income to at least £150k P/A*
- *Granting wishes at pace (within 14 days)*
- *Improved staff engagement and visibility of the charity*
- *Encouraging high quality charitable wishes*

Finances

This year has been a challenging year for fundraising. We have unfortunately not raised as much as we have spent in staff costs due to the factors raised earlier in this report.

Profit and Loss
Health Stars
1 April 2022 to 31 March 2023

31 Mar 23

Income	
Donation	£3,063.47
Donation - In Memory	£100.00
Events & Appeal Income	£17,976.73
Grants	£46,500.00
Income - Charity Lottery	£3,003.60
Interest Income	£6,610.60
Total Income	£77,254.40
<hr/>	
Less Cost of Sales	
Event & Appeal Costs	£1,214.13
Wishes - Environment	£2,342.46
Wishes - General	£7,893.32
Wishes - Medical Equipment	£67.82
Wishes - Patient Benefit (including -£85k for Whitby)	£95,592.34
Wishes - Staff Benefit	£1,042.53
Total Cost of Sales	£108,152.60
<hr/>	
Gross Profit	-£30,898.20
<hr/>	
Less Operating Expenses	
Admin Fees - Smile	£39,477.49
Advertising & Marketing	£68.82
Audit & Accountancy fees	£1,200.00
Bank Fees	£86.06
HS Staff Costs	£19,521.13
Staff Travel Expenses	£243.36
Subscriptions	£999.20
Total Operating Expenses	£61,596.06
<hr/>	
Net Profit	-£92,494.26
<hr/>	

The Future

We are the first to recognise and admit, last year was tough, however now is the time to look forward. Smile is delighted to have agreed a three-year partnership to continue to manage Health Stars and are dedicated to uplifting Health Stars across the Trust once again. We have been set ambitious fundraising targets and have devised a full schedule of fundraising events, communication themes and exciting campaigns across the divisions in order for us to take on the challenge and achieve our goals. 2023/24 will see Health Stars hosting a number of events including supporting the CEO Challenge, NHS 75th Birthday Big Tea, Corporate Golf Day and a Comedy festival/Bongo Bingo event. As well as Christmas themed events and campaigns.

We have taken time to focus on what the charity can achieve. We know what resources are required to successfully deliver Health Stars and a revised staffing structure is in place for the next three years. We are proud of the team and are looking forward to facing the next challenge head on.

We remain focused on reducing our fund holding however income generation will be a priority for 23/24, working with partners within the communities we serve to maximize the funding opportunities for greater impact. We are aware that there are opportunities to better improve relationships and work with internal services and departments and this is something we are actively exploring and developing.

With a revitalized proactive approach and a renewed energy we can continue to develop, even in tough operating circumstances, supporting our NHS teams, patients and relatives. Our Corporate Trustee continues to expand its services and has received more national recognition for service improvements and innovation. In the coming year we hope to support that continued success even further.

Health Stars aims to become the charity of choice for local supporters and businesses, staff and patients, exciting those we work with and for, and create a positive and sustainable future to help keep enhancing local NHS services.

Agenda Item 8
Health Stars
Fundraising/Operations Plan 2023/24

	Proposed Plan 22/23	Proposed Plan 23/24
	£	£
INCOME		
Voluntary Income - Donations	£ 18,000.00	
Donations from Legacies IMO Giving	£ 4,800.00	
Donations from Partner Charities	£ 18,000.00	
Fund Raising Income - Appeals and Events	£ 72,000.00	
Grant Income	£ 36,000.00	
Total Donated Income	£ 148,800.00	0
Investment Income	£ 2,000.00	
TOTAL INCOME	£ 150,800.00	0

Per Month	ACTIONS	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
INCOME TARGET													
£1,500	* HS plan to publish articles in weekly Global to show people what donations have been received and how they have been put to good use. *Posters and text giving info to be widely circulated around the hospitals and across the community *promote just giving page and QR codes at each site *Monthly round up topics to encourage donations for specific fund zones	*Monthly Round up topic = Awareness of QR Codes for all sites - Promote *100k Your way * Stress awareness Month * 2 April Autism Awareness Day * 13 April Nutriation and hydration Week begins 22 April Stephen Lawrence Day *24 April World Immunisation Week begins	*A1 Publicity boards all around the units promoting text/QR donations *Monthly Round up topic = Fundraisers and what they have enabled us to fund * National Walking Month - GSP links * 2 May National Fitness Day * 6 May King Charles Coronation * 12 May International Nurses Day * 15 May Mental Health Awareness week/dementia action week	*Monthly Round up topic = Fundraisers/Gift Aid (Highlight and promote Gift Aid) *National Diabetes week (14th - 20th) *Summer newsletter * Pride Month * 1 June Volunteer week starts * 6 June Carers Week * 13 June infant mental Health week * 19th June LD week begins * 22nd June Windrush day * 24 Armed forces day * Launch One year one Charity Scheme	*Monthly Round up topic = Fundraisers own Events *5th July NHS Birthday (NHS Big Tea) * Disability Pride Month * 3 July alcohol awareness Week	*Monthly Round up topic = Your Charity Lottery promotion * 1 Aug world breastfeeding week begins * 3 Aug cycle to work day	*Monthly Round up topic = Charity of the year *National Urology Awareness Month * 5 Sept Day of Charity * 10 Sept Suicide prevention day * 13 Sept World Sepsis Dat * 17 Sept World Patient safety day * 25 Sept World inclusion week	*Monthly Round up topic = Health Stars Month (How we have made a difference)	*Monthly Round up topic = Fundraisers Christmas special edition *Winter newsletter	*Monthly Round up topic = New Year	*Monthly Round up topic = Charity of the year	*Monthly Round up topic = Year end Round up *Spring Newsletter	
£400	*highlight on legacy donations and differences they can make	*Highlight what legacies have funded	*Focus on someone who has left an IMO donation	Produce leaflets and posters for free will month		*Contact local solicitors with leaflets and posters ask about free wills month Oct 2023		*Free Will Month		Thank you for free will month			
£1,500	*Actively engage with partnership charities. Malton LOF/NHS CT etc	*Connect with Children in need - Funding portal opens	*Reach out to local Lof	* Link with Rotary Club	*Link with MADL	* Link with Lions Clubs	* Link with Inner Wheel	*Link with Supermarkets Community Champions	*Link with Make some noise charity Xmas gifts	*Rotary Club	*Local community groups	*Link with (Easter Gifts)	
£6,000	*Planned Fundraising Events for 2023 Estimated Fundraising £72,000 over 12months *Community Engagement with appeals and fundraising events *Corporates. *Raise awareness for Collection boxes with Pubs, Clubs, Churches, School, colleges. *QR giving points at all sites. *Newsletter and fundraising ideas sent to schools and corporates x2 per year.	*Set up Just Giving Account Link with Corporate businesses to sponsor Christmas gifts for patients e.g. Baubles, Socks or Blankets. *Link with local crafting groups for their support with items for Christmas 2023 *	*Kings Coronation event *Link with Corporate businesses for them to sponsor an appeal/Sparkle Wish Grant applications per site	*Collection box awareness (Community days for raise awareness for HS & hosting a collection tin)	*NHS Big Tea event - Fundraising within the trust/Corporate Businesses *Attend local community groups for Speaker Presentations to promote HS *Funday/Games day	*Funday/games day Event * Bongo-Bingo Night	#Climbfor Health Stars Challenge	*Awareness month	*Link with local schools/businesses for Fundraising at Christmas/Christmas Jumper days	*Christmas bingo event *tree of life (Light up a tree for your loved one this Christmas) *Santa Run/Jingle Jangle Walk	*Jog into Jan	*IMO Giving - a declaration of love	*Bingo Charity Event *Choc's away Challenge
£3,000	AT least one grant application completed per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month	1 Grant applications per month
£12,400.00													

PUBLICITY AND BRANDING	*Actively increase brand awareness across all sites to help boost public and staff engagement * Refresh HS Brand in line with New Trusts logos and colours	*Get quotes and arrange printing for newsletters *Get quotes and arrange printing for Legacy information packs	HS posters around the Sites with QR codes					*Start to publicise free wills month Oct 2023		*Start to publicise National Elf Day *Santa Run/Jingle Jangle publicity and marketing quotes	*Elf on the shelf social media campaign		
EVENTS	*A full schedule of FR events in place to excite and engage the public, staff and corporate supporters				* Funday/games day outdoors on hospital grounds	Bang Bang Bingo Night	Golf Day	Zumba on the Humber	Comedy Night	*Christmas Fairs *Charity Bingo Night			*Charity Bingo Night
OFFICE	* Ensure professional working practices are maintained												
SPENDING FOCUS	*Work with business managers and divisions to produce a robust spending plan for the year, taking into account trust project delivery dates and priorities* Work with departments to excite them about he circle of wishes to promote the scheme and generate some really good quality requests *Wishes roadshows throughout the year across all sites *Drop in wishes information session		*Each month promote different fund zone to spend/fundraise towards :- Maister Lodge	*Each month promote a different fund zone to spend/fundraise towards :- PICU	*Each month promote a different fund zone to spend/fundraise towards :- Holistic Therapies	*Each month promote a different fund zone to spend/fundraise towards Older Adults	*Each month promote a different fund zone to spend/fundraise towards :- ISPHS/CAMHS	*Each month promote a different fund zone to spend/fundraise towards :- CAMHS	*Each month promote a different fund zone to spend/fundraise towards :- In your Community	*Each month promote a different fund zone to spend/fundraise towards :- Newbridge's	*Each month promote a different fund zone to spend/fundraise towards :- Malton	*Each month promote a different fund zone to spend/fundraise towards :- Whitby	*Each month promote a different fund zone to spend/fundraise towards :- GP's

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023			
Title of Report:	Report on the Use of the Trust			
Author/s:	Michele Moran Chief Executive			
Recommendation:	To approve		To discuss	
	To note	<input checked="" type="checkbox"/>	To ratify	
	For assurance			
Purpose of Paper:	The purpose of this report is to inform the Trust Board of the use of the Trust Seal for the period 1st April 2022 to 31st March 2023.			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> The Trust secretary maintains a register of the use of the seal which is available for review. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> None 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> None 		Decisions Made: <ul style="list-style-type: none"> None 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Annual report	✓

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	Fostering integration, partnership and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce

	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	

Use of the Trust Seal Report

1 Introduction and Purpose

The purpose of this report is to inform the Trust Board of the use of the seal for the period 1st April 2022 to 31st March 2023.

In line with the Trust Standing Orders (8.3.1) a report of all sealing's is made to the Trust Board on an annual basis.

2 Background

The common seal of the Trust is held in a secure place by the Trust Secretary on behalf of the Chief Executive.

The Seal is used in order to execute a deed or agreement and when required to do so by law, for example during the conveyance of land

Where it is necessary to use the Trust Seal, the seal is affixed in the presence of a senior manager duly authorised by the Chief Executive and is attested by that person.

The Trust secretary maintains a register of the use of the seal which is available for review.

3 Use of Trust Seal

Over the period 1st April 2022 – 31st March 2023, the Trust Seal has been used 8 times.

The Trust Secretary maintains a register of the use of the seal which includes parties to the agreement which is available for review

Internal Ref Number	Date of Sealing	Description of Document
03/22	27.6.22	Assignment of Lease for Manor House Surgery, Providence Place, Bridlington YO15 2QW (From Humber Teaching NHS Foundation Trust to Humber Primary Care Ltd). Seal used x 3 - Lease Assignment - HM Land Registry TR1 form (x2)
04/22	27.6.22	Contract for the sale of The Chestnuts, 45 Thwaite St, Cottingham HU16 4QX
05/22	21.10.22	Operated Health Care Facilities Agreement relating Whitby Hospital, Springhill, Whitby, North Yorkshire.
06/22	21.10.22	Deed of Variation Agreement relating Whitby Hospital, Springhill, Whitby, North Yorkshire.
07/22	27.10.22	Counterpart/Lease of Rights of Way relating to Land at Willerby Hill, Willerby.
08/22	6.12.22	Contract for the purchase of Freehold land relating to Granville Court, Esplanade, Hornsea, HU18 1NQ.

Internal Ref Number	Date of Sealing	Description of Document
01/23	29.3.23	License to assign, lease of Princes Medical Centre, Princes Court, Princes Avenue, Hull.
02/23	31.3.23	Tripartite agreement to provide indemnity between Humber Teaching NHS Foundation Trust, James Alexander Family Practice and the Integrated Care Board.

4 Recommendation

The Board is asked to note the use of the Trust Seal

Agenda Item: 16

Title & Date of Meeting:	Trust Board Public Meeting, 31 May 2023															
Title of Report:	Standing Orders, Scheme of Delegation and Standing Financial Instructions - Annual Review															
Author/s:	Name: Stella Jackson Title: Head of Corporate Affairs		Pete Beckwith 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:	The Board is asked to approve the proposed changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions (which have been considered by the Audit Committee) as detailed in this report.															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> The Standing Orders, Standing Financial Instructions and Scheme of Delegation have served the Trust well. The proposed changes ensure the document remains fit for purpose in the future. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> n/a 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> n/a 		Decisions Made: <ul style="list-style-type: none"> n/a 														
Governance:		Date		Date												
	Audit Committee	16/5/23	Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													
			Other (please detail)													

Monitoring and assurance framework summary:

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

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

Standing Orders, Scheme of Delegation and Standing Financial Instructions

1. Introduction:

The document was reviewed in full and last approved by Board in September 2021 and minor amendments have been made to it since then. A full review has been undertaken in 2023 and the proposed changes are detailed below.

2. Proposed Changes:

a) General changes

References to 'NHS Improvement' throughout the document have been replaced with 'NHS England' and, following a request by the Audit Committee, references to 'Chairman' have been replaced with 'Chair'. Additionally, a small number of typographical errors have been corrected and references to specific sections of the Trust Constitution have been removed as these may change following a review of the Constitution, which is currently taking place. The wording now refers the reader to the Constitution but not to a specific section of it.

These amendments are not material and have not, therefore, been highlighted below. They are, however, captured via track changes in the document which is attached at Appendix 1.

b) Page 10 Section 1: Introduction

The address of the former headquarters has been replaced with the address of the new headquarters.

c) Page 11 – Composition of the Membership of the Trust Board

This paragraph currently restricts the number of Executive, Non-Executive and Associate Non-Executive Directors on the Board and the Audit Committee believed this should be reviewed. Consequently, it is recommended this is amended to read:

'The current composition consists of:

- The Chair of the Trust (appointed by the Council of Governors);
- 5 other Non-Executive Directors (appointed by the Council of Governors);
- 5 Executive Directors (but not exceeding the number of non-officer members) including;
 - a Chief Executive
 - a Finance Director
 - a Registered Medical Practitioner
 - a Registered Nurse
- A non-voting Director;
- An Associate Non-Executive Director (also non-voting)

The Trust may appoint other Executive, Non-Executive and Associate Non-Executive Directors as deemed necessary in accordance with the Scheme of Delegation'.

d) Page 12 – Appointment and Powers of Deputy Chairman (Paragraph 2.4.3)

The words 'then the term Chairman' and, following discussion at the Audit Committee, the words 'should a Deputy Chair have been appointed' have been added to the paragraph so that

it reads 'Where the Chairman of the Trust has ceased to hold office or has been unable to perform their duties as Chairman owing to absence through illness or any other cause, **then the term Chairman** shall, so long as there is no Chairman able to perform those duties, be taken to include references to the Deputy Chairman, **should a Deputy Chair have been appointed**'.

e) Page 14 - Relationship between the Trust Board and the Council of Governors (Paragraph 2.11.1)

The paragraph has been updated to make it clear that the appointment of the external auditors is made following recommendations made by any task and finish group established to progress the appointment (rather than the Audit and Finance Group which no longer exists) and now reads 'In summary the Trust Board manage the business of the Trust (in accordance with the Constitution) and the Council of Governors conduct a number of tasks amongst them, approving the appointment of Non-Executive Directors and deciding their remuneration, terms and conditions (following recommendations from the Appointments, Terms and Conditions Committee); appointing the external auditors (**following recommendations made to the Council of Governors by any task and finish group established to progress the appointment**); and to review various periodic reports listed in the Constitution, presented to them by the Trust Board.....'.

f) Page 15 – Notice of Meetings and the Business to be Transacted (Paragraph 3.2.1)

This paragraph has been amended to reflect the fact that notice can be served by email. Reference to the notice having to be 'signed by the Chairman or any officer authorised by the Chairman to sign on their behalf' has been removed as this practice does not occur. The paragraph now reads 'Before each meeting of the Trust Board a written notice specifying the business proposed to be transacted shall be delivered to every Director (by **email or** post to the usual place of residence of each Director) so as to be available to members at least five clear days before the meeting. Lack of service of such a notice on any member shall not affect the validity of a meeting. Details of meetings and the public agenda will be published on the Trust's website'.

g) Pages 22-24 – Committees

The number of Non-Executive Directors (NEDs) on the following committees have been increased to three from two: Audit Committee; Quality Committee; Charitable Funds Committee; Mental Health Legislation Committee; Finance and Investment Committee; and the Workforce and Organisational Development Committee.

h) Page 28 – Recording of interests in Trust Board minutes

The second paragraph under 7.1.4 has been removed as this is repeated under paragraph 7.1.6. The paragraph reads 'During the course of a Trust Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion or decision'.

i) Page 35 - Scheme of Matters reserved to the Trust Board and delegation

Reference to the Trust Board approving the appointment and dismissal of the external auditor has been removed as this is the role of the Council of Governors.

The section regarding policies has been updated to reflect the fact that the Executive Management Team approves policies and that these are only referred to the Board for **ratification** if the issues are novel, contentious, contrary to guidance, breaking new ground **or if the policy is a new one**.

j) Page 38, Decisions/Duties Delegated by the Board to Committees

NHS organisations are required to obtain NHS England/HM Treasury approval of special severance payments. Currently, there is no reference to this within the Scheme of Delegation and it is proposed that the Remuneration Committee approves any such payments prior to these being forwarded to NHS England/HM Treasury for formal approval. It is recommended that the following sentence be added to the Remuneration and Nominations Committee section (page 38) of the Scheme of Delegation: ***Approval of any special severance payments in accordance with HM Treasury guidance.***

k) Page 46 – Part E Scheme of Delegation from Standing Orders

The Role of the Governors in approving the appointment and dismissal of the External Auditor has been added to this section.

l) Pages 60 and 61 – Scheme of Budgetary Delegation

The following changes are proposed to the financial thresholds on page 60 in order to align these with the financial thresholds on page 61:

The Director of Finance to authorise goods and services including estates and maintenance of values between £100,000 and £249,999. The Chief Executive to authorise same with a value of £250,000 to £750,000 and Trust Board to authorise all invoices over £750,000.

The words 'including income' have been added to the header at the top of the table on page 60: *Non-Pay Revenue and Capital Expenditure/Requisitioning/Ordering/Payment Of Goods. Contracts (Including Income) and Non Pay Revenue. Stock/Non-stock requisitions.*

m) Page 88

The responsibility for Processing Payroll (18.4) has been updated to reflect that this sits under the Director of Finance's portfolio.

**Standing Orders,
Scheme of Delegation and Standing Financial Instructions**

May 2023

Deleted: 2

Date Approved: 31, May 2023

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SECTION A:

INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

Introduction

Within the Terms of Authorisation issued by the Independent Regulator - NHS [England](#) (NHSE), the statutory entity that regulates NHS foundation trusts, NHS Foundation Trusts are required to demonstrate appropriate arrangements to provide comprehensive governance arrangements in accordance with the Health and Social Care (Community Health and Standards) Act 2008.

Standing Orders (SOs) regulate the proceedings and business of the Trust and are part of its corporate governance arrangements. In addition, as part of accepted Codes of Conduct and Accountability arrangements, boards are expected to adopt schedules of reservation of powers and delegation of powers. These schedules are incorporated within the Trust's Scheme of Delegation.

These documents, together with Standing Financial Instructions, Standards of Business Conduct and Managing Declarations of Interests Policy for NHS Staff, Budgetary Control Procedures, the Anti Bribery Policy and the procedures for the Declaration of Interest provide a regulatory framework for the business conduct of the Trust. They fulfil the dual role of protecting the Trust's interests and protecting staff from possible accusation that they have acted less than properly.

The Standing Orders, Scheme of Delegation, Standing Financial Instructions and Budget Manual provide a comprehensive business framework that is to be applied to all activities, including those of the Charitable Foundation. Members of the Trust Board and all members of staff should be aware of the existence of and work to these documents.

These documents apply to all activities of the Trust and specifically including commissioning activities undertaken via the Provider Collaborative which should follow the same principles as the Trust who has the overall responsibility for the reporting arrangements.

Interpretation

Save as otherwise permitted by law, at any meeting the [Chair](#) of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive or Secretary to the Trust Board).

Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990 and other Acts relating to the National Health Service or in the Financial Regulations made under the Acts shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition:

"Accounting Officer" means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

"Associate Member" means a person appointed to perform specific statutory and non-statutory duties which have been delegated by the Trust Board for them to perform and these duties have been recorded in an appropriate Trust Board minute or other suitable record.

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“Associate Non-Executive Director” means a person appointed to support the Board succession strategy without the associated rights or liabilities. Associate Non-Executive Directors cannot participate in any formal vote at Board.

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“Audit Committee” means a Committee whose functions are concerned with the scrutiny and review of Trust systems, risk management and internal control.

“Budget” means a resource, expressed in financial terms, proposed by the Trust Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

“Budget Holder” means the Director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

“Chair of the Trust Board (or Trust)” is the person appointed to lead the Board and Council of Governors and to ensure that it successfully discharges its overall responsibility for the Trust as a whole.

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The expression “the **Chair** of the Trust” shall be deemed to include the Deputy **Chair**, if one is appointed, of the Trust if the **Chair** is absent from the meeting or is otherwise unavailable.

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“Chief Executive” means the Chief Officer of the Trust.

“Commissioning” means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

“Committee” means a Committee or sub-Committee created and appointed by the Trust Board.

“Collaborative Committee” – means a Committee whose functions are to hold delegated responsibility to provide commissioning leadership and monitoring functions on behalf of the Provider Collaborative.

“Committee members” means persons formally appointed by the Trust Board to sit on or to chair specific Committees.

“Contracting and procuring” means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

“Council of Governors” means the body of persons elected and appointed, to fulfil the functions in accordance with the Constitution authorised to be members of the Council of Governors and act in accordance with the Constitution.

“Deputy Chair” means the Non-Executive Director appointed by the Council of Governors to take on the **Chair**'s duties if the **Chair** is absent for any reason.

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“Director of Finance” means the Chief Financial Officer of the Trust.

“Finance & Investment Committee” means a Committee whose functions are to monitor, review and support the finance functions of the Trust.

“Funds held on trust” shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under S.90 of the NHS Act 1977.

“Independent Regulator” means the regulator for the purpose of Part 1 of the 2003 Act NHS [England \(NHSE\)](#), the statutory entity that remains the regulator of NHS foundation trusts.

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“Member” means officer or non-officer member of the Trust Board as the context permits. Member in relation to the Trust Board does not include its **Chair**.

"**Nominated Officer**" means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

"**Non-Executive Director**" means a Director who is not an officer of the Trust and who has been appointed in accordance with the Constitution. This includes the [Chair](#) member of the Trust Board who does not hold an executive office of the Trust.

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"**Officer**" means employee of the Trust or any other person holding a paid appointment or office with the Trust.

"**Officer Member**" means a member of the Trust who is either an officer of the Trust or is to be treated as an officer by virtue of regulation 1(3) (i.e. the [Chair](#) of the Trust or any person nominated by such a Committee for appointment as a Trust member).

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"**Provider Collaborative**" – A group of providers who have agreed to work together to improve the care pathway for their local population.

"**Provider Licence**" – replaced the Terms of Authorisation and is how the Independent Regulator regulates providers of NHS Services.

"**Quality Committee**" means a Committee whose functions are to provide the strategic overview of and assurance against clinical and quality governance, clinical risk and patient and carer experience and engagement issues in the Trust.

"**Secretary**" means a person appointed by the Trust (the Trust Secretary) to act independently of the Trust Board and Council of Governors and monitor the Trust's compliance with the law, Standing Orders, Department of Health guidance, the Constitution and Provider Licence.

"**Senior Employee**" means an employee on Very Senior Manager pay and conditions

"**Senior Manager**" means an employee of band 8c and above.

"**SFIs**" means Standing Financial Instructions which regulate the conduct of the Trust's financial matters.

"**SOs**" means Standing Orders.

"**Trust**" means Humber Teaching NHS Foundation Trust.

"**Trust Board**" means the [Chair](#), Chief Executive, Non-Executive Directors and Executive Directors of the Trust collectively as a body.

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SECTION B: STANDING ORDERS

1. Introduction

Statutory Framework

Humber Teaching NHS Foundation Trust ("the Trust") came into existence on 1 February 2010 pursuant to authorisation of Monitor under the Health and Social Care (Community Health and Standards) Act 2008 ("the 2008 Act"). Prior to 1st April 2018 the Trust was known as Humber NHS Foundation Trust.

The principal place of business is:-

Trust Headquarters
[Building A](#)
Willerby Hill,
Beverley Road,
Willerby,
[HU10 6FE](#)

NHS Foundation Trusts are governed by the Health and Social Care Act 2012, its Constitution, Provider Licence, Governors and members.

As a Foundation Trust the Trust has specific powers to contract in its own name and to act as a corporate trustee. It is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health.

The Trust also has statutory powers under Section 28A of the NHS Act 1977, as amended by the Health Act 1999, to fund projects jointly planned with local authorities, voluntary organisations and other bodies.

The Code of Accountability requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals. The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

NHS Framework

In addition to the statutory requirements the Secretary of State through the Department of Health issues further directions and guidance. These are normally issued under cover of a circular or letter.

The Constitution requires that, inter alia, Trust Boards' draw up a Schedule of Matters Reserved to the Trust Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives

The Constitution also requires the establishment of an Audit Committee and a Remuneration Committee with formally agreed terms of reference. The Trust also has a Code of Conduct for Directors.

Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the

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Arrangements for the Exercise of Functions (SO 5) the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a Committee, sub-Committee or joint Committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or as the Independent Regulator may direct".

2. The Trust

All business shall be conducted in the name of the Trust.

The roles and responsibilities of the Trust Board are set out in Annex 8 of the [Constitution](#)

The powers of the Trust established under statute shall be exercised by the Trust Board except as otherwise provided for in Standing Order 4.

Directors acting on behalf of the Trust as corporate trustee of the NHS FT Charitable Funds are accountable for charitable funds held on trust to the Charity Commission.

2.1 Composition of the Membership of the Trust Board

2.1.1 In accordance with the Constitution the composition of the Board shall comprise both Executive and Non-Executive Directors. The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

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The current composition consists of:

:

- The Chair of the Trust (appointed by the Council of Governors);
- 5 other Non-Executive Directors (appointed by the Council of Governors);
- 5 Executive Directors (but not exceeding the number of non-officer members) including:
 - a Chief Executive
 - a Finance Director
 - a Registered Medical Practitioner
 - a Registered Nurse
- A non-voting Director;
- An Associate Non-Executive Director (also non-voting)

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The Trust may appoint other Executive, Non-Executive and Associate Non-Executive Directors as deemed necessary and in accordance with the Scheme of Delegation'.
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2.2 Appointment of Chair and Non-Executive Director Members of the Trust Board

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2.2.1 The Chair and Non-Executive Directors shall be appointed and removed by the Council of Governors in accordance with the Constitution. The Chief Executive shall also be appointed and removed in accordance with the Constitution.

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2.3 Terms of Office of the Chair

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2.3.1 The provisions governing the period of tenure of office of the Chair and the termination of the office of the Chair are contained in the Constitution. The Chair

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and the Non-Executive Directors are to be appointed for a period of office in accordance with the Constitution. The terms and conditions of the office are decided by the Council of Governors at a General Meeting.

2.4 Appointment and Powers of Deputy Chair

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2.4.1 The Council of Governors may appoint a Deputy Chair in accordance with the Constitution.

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2.4.2 Any Non-Executive Director so appointed may at any time resign from the office of Deputy Chair by giving notice in writing to the Chair.

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2.4.3 Where the Chair of the Trust has ceased to hold office or has been unable to perform their duties as Chair owing to absence through illness or any other cause, then the term, Chair shall, so long as there is no Chair able to perform those duties, be taken to include references to the Deputy Chair, should a Deputy Chair have been appointed.

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2.5 Appointment of Senior Independent Director

2.5.1 The Trust Board shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be their Senior Independent Director, using the procedure set out in the Constitution.

2.5.2 Role of Trust Board

The Board will function as a corporate decision-making body. Executive and Non-Executive Directors will be full and equal members. Their role as members of the Trust Board will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

2.6 Joint Directors

2.6.1 Where more than one person is appointed jointly to a post in the Trust which qualifies the holder for Executive Directors, those persons shall become appointed as an Executive Director jointly and shall count for the purpose of Standing Orders as one person.

2.6.2 Where a post of Executive Director of the Trust Board is shared jointly by more than one person:

- (a) either or both of those persons may attend or take part in meetings of the Trust Board;
- (b) if both are present at a meeting they should cast one vote if they agree;
- (c) in the case of disagreements no vote should be cast;
- (d) the presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 3.11 Quorum.

2.7 Role of Members

2.7.1 The Trust Board will function as a corporate decision-making body, Executive Directors and Non-Executive Directors will be full and equal members. Their role as members of the Trust Board will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

2.7.2 **Executive Members**

Executive Members shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

2.7.3 **Chief Executive**

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. He/she is the Accounting Officer for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer Memorandum for Trust Chief Executives.

2.7.4 **Director of Finance**

The Director of Finance shall be responsible for the provision of financial advice to the Trust and to its members and for the supervision of financial control and accounting systems. He/she shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

2.7.5 **Non-Executive Directors**

The Non-Executive Directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as members of or when chairing a Committee of the Trust which has delegated powers.

2.7.6 **Chair**

The **Chair** shall be responsible for the operation of the Trust Board and chair all Trust Board meetings when present. The **Chair** must comply with the terms of appointment and with these Standing Orders.

The **Chair** shall liaise with the representatives of the Council of Governors over the appointment of Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance.

The **Chair** shall work in close harmony with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Trust Board in a timely manner with all the necessary information and advice being made available to the Trust Board to inform the debate and ultimate resolutions.

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2.8 **Corporate Role of the Trust Board**

2.8.1 All business shall be conducted in the name of the Trust.

2.8.2 All funds received in trust shall be held in the name of the Trust as corporate trustee.

2.8.3 The Trust has the functions conferred on it by the Health and Social Care (Community Health and standards) Act 2003 and by its Provider Licence, which include the Constitution.

2.8.4 The Trust Board shall define and regularly review the functions it exercises on behalf of the Independent Regulator.

2.9 **Schedule of Matters Reserved to the Trust Board and Scheme of Delegation**

2.9.1 The Trust Board has resolved that certain powers and decisions may only be exercised by the Trust Board in formal session. These powers and decisions are set out in the Schedule of Matters Reserved to the Board in Section B of this document and shall have effect as if incorporated into the Standing Orders. Those powers which it has delegated to officers and other bodies are contained in the Scheme of Delegation.

2.10 Lead Roles for Trust Board Members

2.10.1 The [Chair](#) will ensure that the designation of lead roles or appointments of Board guidance will be made in accordance with that guidance or statutory requirement.

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2.11 Relationship between the Trust Board and the Council of Governors

2.11.1 In summary the Trust Board manage the business of the Trust (in accordance with the Constitution) and the Council of Governors conduct a number of tasks amongst them, approving the appointment of Non-Executive Directors and deciding their remuneration, terms and conditions (following recommendations from the Appointments, Terms and Conditions Committee); appointing the external auditors (following recommendations made [to the Council of Governors by any task and finish group established to progress the appointment](#)); and to review various periodic reports listed in the Constitution, presented to them by the Trust Board. The Council of Governors will represent the views of their constituencies so that the needs of the local health economy are taken into account when deciding the Trust's strategic direction.

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2.11.2 In the event of any issues of conflict between the Trust Board and the Council of Governors, this should be raised with the Lead Governor and Senior Independent Director (SID). If a resolution cannot be found, the issue should be escalated to the [Chair](#) whose decision shall normally be final.

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3. Meetings of the Trust Board

The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Trust Board but shall be required to withdraw upon the Board resolving as follows:

'That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).'

The [Chair](#) shall give such direction as seen fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on the grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Trust Board resolving as follows:

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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.

Matters to be dealt with by the Board following the exclusion of representatives of the press, and other members of the public, as provided above, shall be confidential to the members of the Board.

Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'in confidence' or minutes and papers headed 'private' outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

Nothing in these Standing Orders shall require the Trust Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

3.1 Calling Meetings

3.1.1 Ordinary meetings of the Trust Board shall be held on a bi-monthly basis at such times and places as the Trust Board may determine. Meetings of the Trust Board will be held in public.

3.1.2 The Chair of the Trust may call a meeting of the Trust Board at any time.

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3.1.3 One third or more of the voting Directors of the Trust Board may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

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3.2 Notice of Meetings and the Business to be Transacted

3.2.1 Before each meeting of the Trust Board a written notice specifying the business proposed to be transacted shall be delivered to every Director (by email or post to the usual place of residence of each Director), so as to be available to members at least five clear days before the meeting. ChairChair, Lack of service of such a notice on any member shall not affect the validity of a meeting. Details of meetings and the public agenda will be published on the Trust's website.

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3.2.2 In the case of a meeting called by members in default of the Chair calling the meeting, the notice shall be signed by those members.

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3.2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.6.

3.2.4 A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.

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3.2.5 Before each meeting of the public Trust Board a notice of the time and place of the meeting shall be displayed on the Trust's website at least three clear days before the meeting. The public agenda and papers will be available on the Trust's website.

3.3 Agenda and Supporting Papers

3.3.1 The agenda will be sent to members 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda,

3.4 Petitions

3.4.1 Where a petition has been received by the Trust the Chair shall include the petition as an item for the agenda of the next meeting.

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3.5 Notice of Motion

3.5.1 Subject to the provision of Standing Orders 3.7 'Motions: Procedure at and during a meeting' and 3.8 'Motions to rescind a resolution', a member of the Trust Board wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.

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3.5.2 The notice shall be delivered at least 14 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6 Emergency Motions

3.6.1 Subject to the agreement of the Chair, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a member of the Trust Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

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3.7 Motions: Procedure at and During a Meeting

3.7.1 i) Who May Propose

A motion may be proposed by the Chair of the meeting or any Director present. It must also be seconded by another Director.

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3.7.2 ii) Contents of Motions

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

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- the receipt of a report;
- consideration of any item of business before the Trust Board;
- the accuracy of minutes;
- that the Trust Board proceed to next business;
- that the Trust Board adjourn;
- that the question be now put.

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3.7.3 iii) Amendments to Motions

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Trust Board

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

3.7.4 iv) **Rights of Reply to Motions**

a) Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

b) Substantive/original motion

The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

3.7.5 v) **Withdrawing a Motion**

A motion, or an amendment to a motion, may be withdrawn.

3.7.6 vi) **Motions Once under Debate**

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;
- the appointment of an 'ad hoc' Committee to deal with a specific item of business;
- that a Director be not further heard;

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In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Trust Board who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

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3.8 Motion to Rescind a Resolution

3.8.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of three other Directors, and before considering any such motion of which notice shall have been given, the Trust Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

3.8.2 When any such motion has been dealt with by the Trust Board it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

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3.9 Chair of Meeting

3.9.1 At any meeting of the Trust Board the Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy-Chair (if the Board has appointed one), if present, shall preside.

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3.9.2 If the Chair and Deputy Chair are absent, such member (who is not also an Officer Member of the Trust) as the members present shall choose shall preside.

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3.10 Chair's Ruling

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3.10.1 The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

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3.11 Quorum

3.11.1 No business shall be transacted at a meeting unless 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) is present.

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3.11.2 An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.

3.11.3 If the Chair or another Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see Standing Order 7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

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3.12 Voting

3.12.1 Save as provided in Standing Orders 3.13 - Suspension of Standing Orders and 3.14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Directors present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chair of the meeting) shall have a second, and casting vote.

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3.12.2 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

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3.12.3 If at least one third of the Directors present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).

3.12.4 If a Director so requests, their vote shall be recorded by name.

3.12.5 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

3.12.6 A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise the voting rights of the Executive Director.

3.12.7 A manager attending the Trust Board meeting to represent an Executive Officer during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. A manager's status when attending a meeting shall be recorded in the minutes.

3.12.8 For the voting rules relating to joint directors see Standing Order 2.6.

3.13 Suspension of Standing Orders

3.13.1 Except where this would contravene any statutory provision or the rules relating to the Quorum (SO 3.11), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Trust Board are present (including at least one member who is an Executive Director of the Trust and one member who is a Non-Executive Director) and that at least two-thirds of those Directors present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board' minutes.

3.13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the [Chair](#) and Directors of the Trust.

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3.13.3 No formal business may be transacted while Standing Orders are suspended.

3.13.4 The Audit Committee shall review every decision to suspend Standing Orders.

3.14 Variation and Amendment of Standing Orders

3.14.1 These Standing Orders shall not be varied except in the following circumstances:

- upon a notice of motion under Standing Order 3.5;
- upon a recommendation of the [Chair](#) or Chief Executive included on the agenda for the meeting;
- that two thirds of the Trust Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Executive Directors vote in favour of the amendment;
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

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3.15 Record of Attendance

3.15.1 The names of the [Chair](#) and Directors/members present at the meeting shall be recorded.

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3.16 Minutes

3.16.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

3.16.2 No discussion shall take place upon the minutes except upon their accuracy or where the [Chair](#) considers discussion appropriate.

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3.17 Admission of Public and the Press

3.17.1 Admission and Exclusion on Grounds of Confidentiality of Business to be Transacted

The public and representatives of the press may attend each meeting of the Trust Board, but shall be required to withdraw upon the Trust Board as follows:

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 Trust Board meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend.

Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However, questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

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3.17.2 General Disturbances

The Chair (or Deputy Chair) or the person presiding over the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Trust Board resolving as follows:

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'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public'.

3.17.3 Business Proposed to be Transacted when the Press and Public have been Excluded from a Meeting

Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public, as provided in 3.17.1 and 3.17.2 above, shall be confidential to the members of the Trust Board.

Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' "private" or minutes headed "strictly confidential, not for wider circulation" outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Trust Board meeting which may take place on such reports or papers.

3.17.4 Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Trust or Committee thereof. Such permission shall be granted only upon resolution of the Trust.

3.17.5 Observers at Trust Board Meetings

The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. Appointment of Committees and Sub-Committees

4.1 Appointment of Committees

4.1.1 Subject to such directions as may be given by NHS England, the statutory entity that regulates NHS foundation trusts, the Trust Board may appoint Committees of the Trust.

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4.1.2 The Trust Board shall determine the membership and terms of reference of Committees and Sub-Committees and shall if it requires, receive and consider reports of such Committees.

4.2 Joint Committees

4.2.1 Joint Committees may be appointed by the Trust Board by joining together with one or more other Trusts, Local Authorities or health service bodies consisting of, wholly or partly of the Chair and members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.

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4.2.2 Any Committee or joint Committee appointed under this Standing Order may, subject to such directions as may be given by the Independent Regulator or the Trust or other health bodies in question, appoint sub-Committees consisting wholly or partly of members of the Committees or joint Committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not members of the Trust or health bodies in question or the Committee of the Trust or health bodies in question.

4.3 Applicability of Standing Orders and Standing Financial Instructions to Committees

4.3.1 The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any Committees established by the Trust. In which case the term "Chair" is to be read as a reference to the Chair or other Committee as the context permits, and the term "member" is to be read as a reference to a member or other Committee also as the context permits. There is no requirement to hold meetings of Committees, established by the Trust in public.

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4.4 Terms of Reference

4.4.1 Each such Committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Trust Board), as the Trust Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Independent Regulator. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.5 Delegation of Powers by Committees to Sub-Committees

4.5.1 Where Committees are authorised to establish sub-committees they may not delegate executive powers to the sub-Committee unless expressly authorised by the Trust Board.

4.6 Approval of Appointments to Committees

4.6.1 The Trust Board shall approve the appointments to each of the Committees which it has formally constituted. Where the Trust Board determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to a Committee the terms of such appointment shall be within the powers of the Trust Board as defined by the Independent Regulator. The Trust Board shall define the powers of such appointees and shall agree allowances, including reimbursement for

loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7 Appointments for Statutory Functions

4.7.1 Where the Trust Board is required to appoint persons to a Committee and/or to undertake statutory functions and where such appointments are to operate independently of the Trust Board such appointment shall be made in accordance with the regulations and directions made with the relevant authority.

4.8 Committees Established by the Trust Board

The Committees, sub-Committees, and joint-Committees established by the Board are:

4.8.1 Audit Committee

In line with the Standing Orders, the NHS Audit Committee Handbook, the Audit Code for NHS Foundation Trusts and the Code of Governance issued by the Independent Regulator, an Audit Committee will be established and constituted to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. The terms of reference will be approved by the Trust Board and reviewed on a periodic basis.

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The Committee will be comprised of a minimum of ~~three~~ Non-Executive Directors, unless the Trust Board decides otherwise, of which one must have significant, recent and relevant financial experience.

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4.8.2 Quality Committee

In line with the Standing Orders, a Quality Committee will be established and constituted to provide the Trust Board with a strategic overview of and assurance against clinical and quality governance, clinical risk and patient and carer experience and engagement issues. The terms of reference will be approved by the Trust Board and reviewed on a periodic basis.

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The Committee will be comprised of a minimum of ~~three~~ Non-Executive Directors.

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4.8.3 Remuneration and Nominations Committee

In line with Standing Orders, the Audit Code for NHS Foundation Trusts and the Code of Governance issued by the Independent Regulator, a Remuneration and Nomination Committee will be established and constituted.

The Committee will provide assurance and advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors, other senior employees on a Very Senior Managers contract and conditions including:

- (i) all aspects of salary (including any performance-related elements/bonuses);
- (ii) provisions for other benefits, including pensions and cars;
- (iii) arrangements for termination of employment and other contractual terms.

The Committee will approve, to the levels outlined in the ToR, recruitment and retention premia awarded to any member of staff not covered by Agenda for Change where there are national recruitment and retention pressures (for example medical consultants).

The Committee will be comprised exclusively of Non-Executive Directors, a minimum of three, who are independent of management.

4.8.4 Trust and Charitable Funds Committee

In line with its role as a corporate trustee for any funds held in trust, either as charitable or non-charitable funds, the Trust Board will establish a Charitable Funds Committee to administer those funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission and to provide assurance in relation to charitable funds to the Trust Board. In doing so, the Board will recognise that the establishment of a Trust and Charitable Funds Committee does not alter the responsibilities of the Board, which remains the trustee as a corporate body.

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The provisions of this Standing Order must be read in conjunction with Standing Order 2.8 and Standing Financial Instructions 27.

The overall role of the Charitable Funds Committee is to oversee the operation of the charitable funds on behalf of Humber Teaching NHS Foundation Trust. The Committee will:-

- review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame.
- ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Board.
- review fund-raising and consider and recommend investment policies.

The Committee will be comprised of a minimum of three Non-Executive Directors.

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4.8.5 Mental Health Legislation Committee

The Mental Health Legislation Committee is constituted as a sub-committee of the Trust Board.

The Committee will provide strategic leadership and assurance to the Trust Board pertaining to the Mental Health Act, the Mental Capacity Act and their respective Codes of Practice and other mental health related legislation and will;

- monitor, provide challenge and seek assurance of compliance with external standards relating to Mental Health Legislation.
- approve and review mental health legislation policies and protocols.
- promote and encourage joint working arrangements regarding the implementation of Mental Health Legislation with partner organisations including local authorities, clinical commission groups, acute hospital trusts, police and ambulance services.
- receive report regarding inspecting authorities and to monitor the implementation of action plans in response to any recommendations made

The Committee will be comprised of three Non-Executive Directors.

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4.8.6 Finance and Investment Committee

The Finance and Investment Committee is constituted as a sub-committee of the Trust Board.

The Committee will 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.

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The Committee will;

- Scrutinise, review and endorse all financial plans prior to seeking Board approval.
- Approve the processes and timetable for annual budget setting, and budget management arrangements
- Monitor delivery of Trust's Capital Investment Programme
- [Monitor progress and seek assurance on the progress against the Trust Digital Plan](#)
- Scrutinise all business cases for new business and investment and review all tenders presented to the Committee
- Review and assess business cases to support and govern all investments, contracts and projects as set out in the committee's terms of reference.
- Review the robustness of the risk assessments underpinning financial forecasts
- Monitor delivery of the Trust's budget reduction strategy and other financial savings programmes

The committee is comprised of [three](#) Non-Executive Directors.

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4.8.7 Workforce and Organisational Development Committee

The Workforce and Organisational Development Committee is constituted as a sub-committee of the Trust Board.

The Workforce and Organisational Development 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 workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care.'

The Committee will be comprised of [three](#) Non-Executive Directors.

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4.8.8 Provider Collaborative Committee

The Provider Collaborative Committee is constituted as a sub-committee of the Trust Board.

The Trust is the Lead Provider within the Humber Coast and Vale (HCV) Provider Collaborative and will hold the Lead Contract with NHS [England](#). The Trust as Lead Provider will sub-contract with a range of healthcare providers in the delivery of:

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

The Collaborative Committee has been established by the Trust as the Lead Provider and holds delegated responsibility to provide commissioning leadership and monitoring functions. On behalf of the Provider Collaborative and Lead Provider the Collaborative Committee will review any significant service proposals to ensure developments are in line with the assessed population needs and can be met from within the resources available within the Provider Collaborative. The Collaborative Committee will provide the Trust Board with a strategic overview of and assurance against provider collaborative issues.

The committee will be comprised of two Non-Executive Directors.

4.8.9 Other Committees

The Trust Board may also establish such other Committees as required to discharge the Trust's responsibilities.

5. Arrangements for the Exercise of Trust Functions by Delegation

5.1 Delegation of Functions to Committees, Officers or Other Bodies

5.1.1 Subject to the Constitution and directions as may be given by the Independent Regulator, the Trust Board may make arrangements for the exercise, on behalf of the Trust Board, or any of its functions

- a) by a Committee, sub-Committee appointed by virtue of Standing Order 4, or by an officer of the Trust,
- b) or by another body as defined in Standing Order 5.1.2 below,
- c) in each case subject to such restrictions and conditions as the Trust thinks fit.

5.1.2 Where a function is delegated to a third party, the Trust has responsibility to ensure that the proper delegation is in place. In other situations, i.e. delegation to Committees, sub Committees or Officers, the Trust retains full responsibility.

5.2 Emergency Powers and Urgent Decisions

5.2.1 The powers which the Trust Board has reserved to itself within these Standing Orders (see Standing Order 2.9) may in emergency or for an urgent decision be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Trust Board in public session for formal ratification.

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5.3 Delegation to Committees

5.3.1 The Trust Board shall agree from time to time to the delegation of executive powers to be exercised by other Committees, or sub-Committees, or joint-Committees, which it has formally constituted in accordance with directions issued by the independent regulator. The Constitution and terms of reference of these Committees, or sub-Committees, or joint Committees, and their specific executive powers shall be approved by the Trust Board in respect of its sub-Committees.

5.4 Delegation to Officers

5.4.1 Those functions of the Trust which have not been retained as reserved by the Trust Board or delegated to a Committee or sub-Committee or joint-Committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain accountability to the Trust.

5.4.2 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Trust Board subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Trust Board as indicated above.

5.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Trust Board of f the Director of Finance to provide information

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and advise the Board in accordance with statutory or independent regulator requirements. Outside these statutory requirements the roles of the Director of Finance shall be accountable to the Chief Executive for operational matters.

5.5 Schedule of Matters Reserved to the Trust Board and Scheme of Delegation of Powers

5.5.1 The arrangements made by the Board as set out in the "Scheme of Matters Reserved to the Board" in Section C shall have effect as if incorporated in these Standing Orders.

5.6 Duty to Report Non-Compliance with Standing Orders and Standing Financial Instructions

5.6.1 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Trust Board for action or ratification. All members of the Trust Board, Council of Governors and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6. Overlap with Other Trust Policy Statements/Procedures, Regulations and Standing Financial Instructions

6.1 Policy Statements: General Principles

6.1.1 The Trust Board will from time to time agree and approve Policy statements/ procedures which will apply to all or specific groups of staff employed by Humber Teaching NHS Foundation Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

6.2 Specific Policy Statements

6.2.1 Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- the Standards of Business Conduct and Managing Declarations of Interests Policy for NHS Staff
- the staff Disciplinary and Appeals Procedures adopted by the Trust both of which shall have effect as if incorporated in these Standing Orders.

6.3 Standing Financial Instructions

6.3.1 Standing Financial Instructions adopted by the Trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

6.4 Specific Guidance

6.4.1 Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health:

- Caldicott Guardian 1997;
- Confidentiality: NHS Code of Practice 2003;
- Human Rights Act 1998;
- Freedom of Information Act 2000.

7. Duties and Obligations of Trust Board Members/Directors and Senior Managers under the Standing Orders

7.1 Declaration of Interests

7.1.1 Requirements for Declaring Interests and Applicability to Trust Board

The Constitution, 2006 Act and the Code of Conduct and Accountability requires Trust Directors to declare interests which are relevant and material to the NHS Board of which they are a member. All existing Board Directors should declare such interests. Any Directors appointed subsequently should do so on appointment. It is a condition of employment that those holding director or director-equivalent posts provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts. Fitness to hold such a post is determined in a number of ways, including (but not exclusively) by the Trust's Provider Licence, the Health & Social Care Act 2012 (Regulated Activities) Regulation, and the Trust's Constitution.

7.1.2 Interests which are Relevant and Material

Interests which should be regarded as "relevant and material" are:

- a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies);
- b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
- c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
- d) A position of authority in a charity or voluntary organisation in the field of health and social care;
- e) Any connection with a voluntary or other organisation contracting for NHS services;
- f) Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust including but not limited to lenders and banks
- g) Research funding/grants that may be received by an individual or their department;
- h) Interests in pooled funds that are under separate management

Any member of the Trust Board who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in Standing Order 7.3 and elsewhere) has any pecuniary interest, direct or indirect, the Trust Board member shall declare his/her interest by giving notice in writing of such fact to the Trust as soon as practicable.

7.1.3 Advice on Interests

If Trust Board members have any doubt about the relevance of an interest, this should be discussed with the [Chair](#) of the Trust, or with the Trust Secretary.

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Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more

important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.1.4 Recording of Interests in Trust Board Minutes

At the time Directors' interests are declared, they should be recorded in the Board minutes. Any changes in interests should be declared at the next Board meeting following the change occurring and recorded in the minutes of that meeting.

7.1.5 Publication of Declared Interests in Annual Report

Directors' Directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

7.1.6 Conflicts of Interest which Arise during the Course of a Meeting

During the course of a Trust Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion or decision. (See overlap with SO 7.3)

7.2 Register of Interests

7.2.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Trust Board. In particular the Register will include details of all directorships and other relevant and material interests (as defined in SO 7.1.2) which have been declared by both Executive and Non-Executive Trust Board members.

7.2.2 These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

7.2.3 The Register will be available to the public in accordance with paragraph 34 of the Constitution and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of local population and to publicise arrangements for viewing it.

7.3 Exclusion of Chair and Members in Proceedings on Account of Pecuniary Interest

7.3.1 Definition of Terms used in Interpreting 'Pecuniary' Interest

For the sake of clarity, the following definition of terms is to be used in interpreting this Standing Order:

- (i) "spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);
- (ii) "contract" shall include any proposed contract or other course of dealing.
- (iii) "Pecuniary interest"
Subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if:-

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For the purpose of this Standing Order the Chair or a director shall be treated, subject to SO 7.1 as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

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- a) he/she, or a nominee of his/her, is a Director of a company or other body (not being a public body), with which the contract was made, or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration, or
 - b) he/she is a partner, associate or employee of any person with whom the contract is made or proposed to be made or who has a direct pecuniary interest in the other matter under consideration.
- iv) Exception to Pecuniary interests

A person shall not be regarded as having a pecuniary interest in any contract if:-

- a) neither he/she or any person connected with him/her has any beneficial interest in the securities of a company of which he/she or such person appears as a member, or
- b) any interest that he/she or any person connected with him/her may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence him/her in relation to considering or voting on that contract, or
- c) those securities of any company in which he/she (or any person connected with him/her) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

Provided however, that where paragraph (c) above applies the person shall nevertheless be obliged to disclose/declare their interest in accordance with Standing Order 7.1.2.

7.3.2 Exclusion in Proceedings of the Trust Board

- (i) Subject to the following provisions of this Standing Order, if the Chair or a Director has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- (ii) The Board may exclude the Chair or a Director of the Trust Board from a meeting of the Board while any contract, proposed contract or other matter in which he/she has a pecuniary interest is under consideration.
- (iv) Any remuneration, compensation or allowance payable to the Chair or a Director by virtue of the 2006 Act shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- (v) This Standing Order applies to a Committee or sub-Committee and to a joint Committee or sub-Committee as it applies to the Trust and applies to a member of any such Committee or sub-Committee (whether or not he/she is also a member of the Trust) as it applies to a member of the Trust.

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7.4 Standards of Business Conduct

7.4.1 Trust Policy and National Guidance

All Trust staff must comply with the Trust's Standards of Business Conduct and Managing Conflicts of Interest Policy for NHS Staff and the national guidance produced by NHS England on Managing Conflicts of Interest.

7.4.2 Interest of Officers in Contracts

- i) Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in SO 7.3) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or Trust Secretary as soon as practicable.
- ii) An Officer should also declare to the Chief Executive any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- iii) The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7.4.3 Canvassing of and Recommendations by Members in Relation to Appointments

- i) Canvassing of Members of the Trust or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Orders shall be included in application forms or otherwise brought to the attention of candidates.
- ii) A Member shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.
- iii) Informal discussions outside appointments panels or Committees, whether solicited or unsolicited, should be declared to the panel or Committee.

7.4.4 Relatives of Members or Officers

- i) Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.
- ii) The [Chair](#) and every Director and Officer of the Trust shall disclose to the Chief Executive any relationship between himself/herself and a candidate of whose candidature that Director or Officer is aware. It shall be the duty of the Chief Executive to report to the Board any such disclosure made.
- iii) On appointment, Directors (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust Board whether they are related to any other Director or holder of any office under the Trust.

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- iv) Where the relationship to a Director of the Trust is disclosed, the Standing Order headed 'Exclusion of Chair and Members in proceedings on account of pecuniary interest' (SO 7.3) shall apply.

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8. Custody of Seal, Sealing of Documents and Signature of Documents

8.1 Custody of Seal

- 8.1.1 The common seal of the Trust shall be kept by the Chief Executive or a nominated Manager by him/her in a secure place.

8.2 Sealing of Documents

- 8.2.1 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of a senior manager duly authorised by the Chief Executive and shall be attested by them.

8.3 Register of Sealing

- 8.3.1 The Chief Executive or another manager authorised by the Chief Executive shall keep a register in which a record of the sealing of every document is entered. A report of all sealings shall be made to the Trust Board on an annual basis.

8.4 Signature of Documents

- 8.4.1 Where the signature of any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises be signed by the Chief Executive or any Executive Director

In land transactions, the signing of certain supporting documents may be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

- 8.4.2 Commercial opportunities - for example a joint venture, either contractual or corporate or a subsidiary company shall not be entered into or incorporated unless authorised by the Board.

- 8.4.3 The Executive Directors are authorised to develop commercial opportunities which may (or may not) lead to the establishment of a joint venture, either contractual or corporate or the formation of a subsidiary company. This includes authority to sign non legally binding documents that may be associated with the development of commercial opportunities prior to Board sign off, where this is required, for example Memorandum of Understanding or Articles of Association. The Executive Directors shall keep the Board apprised of the subject matter and of any non legally binding documents entered into via the Chief Executive (or nominated officer).

9. Miscellaneous

9.1 Joint Finance Arrangements

The Trust Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 28A of the NHS Act 1977. The Trust Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services,

using its powers under Section 28A of the NHS Act 1977, as amended by section 29 of the Health Act 1999.

See overlap with Standing Financial Instruction No. 19.3.

SECTION C:**SCHEME OF MATTERS RESERVED TO THE TRUST BOARD AND DELEGATION**

Part A: Decisions Reserved to the Board

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
NA	THE BOARD	General Enabling Provision The Trust Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers under the 2006 Act, its Constitution and its Provider Licence.
NA	THE BOARD	Regulations and Control <ol style="list-style-type: none">1. Approve Standing Orders (SOs) of the Trust Board a Schedule of Matters Reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business.2. Suspend Standing Orders under SO 3.133. Vary or amend the Standing Orders.4. Ratify any urgent decisions taken by the Chair and Chief Executive in public session in accordance with SO 5.25. Approve a Scheme of Delegation of powers from the Board to Committees.6. Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration.7. Require and receive the declaration of officers' interests that may conflict with those of the Trust.8. Approve arrangements for dealing with complaints.9. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto.10. Receive reports from Committees including those that the Trust is required by the Independent Regulator or other regulation to establish and to take appropriate action on.11. Confirm the recommendations of the Trust's Committees where the Committees do not have

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REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
		<p>executive powers.</p> <p>12. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for charitable funds held on trust.</p> <p>13. Establish terms of reference and reporting arrangements of all Committees and sub-Committees that are established by the Trust Board.</p> <p>14. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property.</p> <p>15. Authorise use of the Trust seal.</p> <p>16. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with SO 5.6.</p> <p>17. Discipline members of the Board or employees who are in breach of statutory requirements or SOs.</p> <p>18. Authorisation of any long term loans to be taken out by the Board within the authorisation limits set out in SFI 20.1.6</p> <p>19. Approve the formation of any joint venture, either contractual or corporate or a subsidiary company.</p> <p>20. The granting of loans to any subsidiaries will be subject to approval by the Board regardless of value.</p>
NA	THE BOARD	<p>Appointments/ Dismissal</p> <p>1. Appoint the Senior Independent Director.</p> <p>2. Subject to the Regulatory Framework, appoint and dismiss Committees (and individual members) that are directly accountable to the Board.</p> <p>3. Appoint, appraise, discipline and dismiss Executive Directors based on recommendations of the Remuneration and Nomination Committee. (Chief Executive appointment requires Council of Governors approval)</p>
NA	THE BOARD	<p>Strategy, Plans and Budgets</p> <p>1. Set and define the strategic aims and objectives of the Trust.</p> <p>2. Identify the key strategic risks, evaluate them and ensure adequate responses are in place and are monitored.</p> <p>3. Approve strategies covering all key areas of the Trust business.</p> <p>4. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust.</p>

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
		5. Approve the Trust's Risk Management Strategy policies and procedures for risk management. 6. Approve Outline and Full Business Cases for Capital Investment. 7. Approve budgets. 8. Approve annually the Trust's proposed Organisational Development proposals. 9. Approve the Trust's Organisation Development Strategy and annual plans 10. Approve proposals for acquisition, disposal or change of use of land and/or buildings. 11. Approve Private Finance Initiative (PFI) proposals. 12. Approve the opening of bank accounts. 13. Approve proposals on individual contracts amounting to, or likely to amount to over £500,000 14. Consideration of any proposal not to tender a contract opportunity for a new health care service or a significantly changed health care service. 15. Approve Executive Management Team's proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Finance (for losses and special payments) previously approved by the Trust Board. 16. Approve proposals for action on litigation against or on behalf of the Trust. 17. Review use of NHSLA risk pooling schemes (LTPS/CNST/RPST).
	THE BOARD	Policy Determination 1. Ratify management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff. 2. Policies will be determined and approved by the Executive Management Team, exceptionally a policy may be referred to the Board for ratification, particularly if the issues are novel, contentious, contrary to guidance or breaking new ground of if the policy is a new one.
	THE BOARD	Audit 1. Approve the appointment and dismissal of the internal auditors. 2. Receive the annual management letter received from the external auditor and taking account of the advice, where appropriate, of the Audit Committee. 3. Receive an annual report from the Internal Auditor and agree necessary actions taking account of advice from the Audit Committee.

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REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
NA	THE BOARD	<p data-bbox="553 400 869 421">Annual Reports and Accounts</p> <ol data-bbox="553 448 1368 523" style="list-style-type: none"> <li data-bbox="553 448 1294 469">1. Receive and approval of the Trust's Annual Report and Annual Accounts. <li data-bbox="553 474 1368 494">2. Receive and approval of the Annual Report and Accounts for funds held on trust. <li data-bbox="553 499 1151 520">3. Receive and approve the Trust's Annual Quality Accounts
NA	THE BOARD	<p data-bbox="553 552 667 572">Monitoring</p> <ol data-bbox="553 600 1563 823" style="list-style-type: none"> <li data-bbox="553 600 1563 647">1. Receive such reports as the Board sees fit from Committees in respect of their exercise of powers delegated. <li data-bbox="553 652 1518 700">2. Continuously monitor the affairs of the Trust by means of the provision to the Board as the Board may require from Directors, Committees, and officers of the Trust as required. <li data-bbox="553 705 1563 753">3. Receive reports from the Director of Finance on financial performance against all internally and externally set targets and standards. <li data-bbox="553 758 1120 778">4. Approve and monitor the Board Assurance Framework <li data-bbox="553 783 1491 804">5. Approve the Annual Governance Statement based on the Audit Committee's recommendation <li data-bbox="553 809 1227 829">6. Approve the Trust's registration with the Care Quality Commission

PART B: DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
SFI 11.1.1	AUDIT COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Advise the Trust Board on internal and external audit services; 2. Monitor compliance with Standing Orders and Standing Financial Instructions; 3. Review schedules of losses and compensations and making recommendations to the Board. 4. Review schedules of debtor/creditor balances 5. Review the annual financial statements prior to submission to the Board. 6. Review the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advise the Board accordingly.
	QUALITY COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1 Provide a strategic overview of Clinical Governance, Risk and Patient Experience to the Trust Board. 2 Co-ordinate all activities relating to Quality, Patient Safety and Patient Experience on behalf of the Trust Board. 3 Provide an assurance to the Trust Board that risk and governance issues of all types are identified, monitored and controlled to an acceptable level. 4 Provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust's strategic objectives 5 Ensure all areas/departments of the Trust produce a risk register that relates local risks to achieving the Trust's strategic objectives. 6 Advise the Trust Board on significant risks and governance issues, identifying recommendations, to enable it to take appropriate action. 7 Ensure that there is an effective mechanism for reporting significant risks and governance issues to the Trust Board in a timely manner. 8 Provide a strategic overview of patient and carer experience, regularly reviewing outcomes and satisfaction 9 Oversee the strategic direction of the recovery College 10 Monitor and advise the work of the Research and Development Committee 11 Quality Committee will ensure that there is an integrated approach to quality and effectiveness, and patient and staff safety throughout the Trust.

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		<p>12 Ensure that work plans are produced, and a range of actions are undertaken by other committees and meetings, reporting to the Quality Committee to provide assurance to the Trust Board.</p> <p>13 Monitor trust compliance with the required standards for regulation and registration with the Care Quality Commission and other national guidelines.</p> <p>14 Implement and monitor any action required to achieve regulatory and registration standards.</p>
	REMUNERATION AND NOMINATION COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors, other senior employees on a Very Senior Managers contract and conditions including: <ul style="list-style-type: none"> • All aspects of salary (including any performance-related elements/bonuses); • Provisions for other benefits, including pensions and cars; • Arrangements for termination of employment and other contractual terms; 2. Make recommendations to the Trust Board on the remuneration and terms of service of Executive Directors and senior employees to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff; 3. Proper calculation and scrutiny of termination payments taking account of such national guidance and as is appropriate advise on and oversee appropriate contractual arrangements for such staff; 4. Approval of any special severance payments in accordance with HM Treasury guidance; 4 The Committee shall report in writing to the Trust Board the basis for its recommendations.
	MENTAL HEALTH LEGISLATION COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective Codes of Practice and other mental health related legislation. 2. Monitor, provide challenge and seek assurance of compliance with external standards relating to Mental Health Legislation. 3. Approve and review Mental Health Legislation policies and protocols 4. Promote and encourage joint working arrangements regarding the implementation of Mental Health Legislation with partner organisations including local authorities, clinical commissioning groups, acute hospital trusts, police and ambulance services. 5. Receive reports regarding inspecting authorities and to monitor the implementation of actions plans in response to any recommendations made.

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
	CHARITABLE FUNDS COMMITTEE	<p>The Committee will;</p> <ol style="list-style-type: none"> 1. Review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame. 2. Ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Trust Board. 3. Review fund-raising and consider and recommend investment policies.
	FINANCE & INVESTMENT COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Scrutinise, review and endorse all financial plans prior to seeking Board approval. 2. Approve the processes and timetable for annual budget setting, and budget management arrangements 3. Monitor delivery of Trust's Capital Investment Programme 4. Review the robustness of the risk assessments underpinning financial forecasts 5. Monitor delivery of the Trust's budget reduction strategy and other financial savings programmes 6. Review and assess business cases for: <ul style="list-style-type: none"> • Capital expenditure over £500k • New business development projects with an annual value in excess of £500k in total • Any reconfiguration project which has a financial and/or resource implication over £500k per annum • Leases, contracts or agreements with revenue, capital and/or resource investment/commitment in excess of £500k per annum • The purchase or sale of any property • The purchase or sale of any equipment above £250k • All Borrowing or investment arrangements • Horizon scanning regarding business opportunities. • To periodically consider strategic risks to business and ensure these are reflected and mitigated within any business cases.
	WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Provide oversight and assurance to the Board in relation to robust processes for the effective management of Workforce and Organisational Development; 2. Be assured on the management of the high operational risks on the corporate risk register which relate to workforce and

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
		<p>organisational development and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.</p> <ol style="list-style-type: none"> 3. Be assured of the Trust's response to all relevant Directives, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded. 4. To be assured that the views of staff are captured, understood and responded to. 5. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity, staff health and well being, safe working for junior doctors and freedom to speak up.
	COLLABORATIVE COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Provide commissioning leadership and monitoring functions 2. Provide assurance to the Board on matters of financial performance 3. Undertake contractual monitoring, financial and performance management of the Provider Collaborative to deliver the HCV aims 4. Monitoring performance including quality assurance on outcomes, experience, safety, activity and finance. 5. Contract management, including quality assurance across NHS and independent sector. 6. Appropriate reporting to Humber Coast and Vale – Specialised Mental Health and Learning Disability - Provider Collaborative Oversight Group and NHSE/I (including nationally required returns)

PART C: SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM

DELEGATED TO	DUTIES DELEGATED
CHIEF EXECUTIVE	Accountable through NHS FT Accounting Officer to Parliament for stewardship of Trust resources. NHS Foundation Trust Accounting Officer memorandum issued by the Independent Regulator is the reference document.
CHIEF EXECUTIVE AND DIRECTOR OF FINANCE	Ensure the accounts of the Trust are prepared under principles and in a format directed by the Independent Regulator. Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs. Sign the accounts on behalf of the Trust Board.
CHIEF EXECUTIVE	Sign a statement in the accounts outlining responsibilities as the Accountable Officer. Sign a statement in the accounts outlining responsibilities in respect of Internal Control.
CHIEF EXECUTIVE	Ensure effective management systems that safeguard public funds and assist the Trust Chair to implement requirements of corporate governance including ensuring managers: <ul style="list-style-type: none"> • "have a clear view of their objectives and the means to assess achievements in relation to those objectives • be assigned well defined responsibilities for making best use of resources • have the information, training and access to the expert advice they need to exercise their responsibilities effectively."
CHIEF EXECUTIVE	Implement requirements of corporate governance.
CHIEF EXECUTIVE	Achieve value for money from the resources available to the Trust and avoid waste and extravagance in the organisation's activities. Follow through the implementation of any recommendations affecting good practice as set out on reports from such bodies as the Audit Commission and the National Audit Office (NAO).
DIRECTOR OF FINANCE	Operational responsibility for effective and sound financial management and information.
CHIEF EXECUTIVE	Primary duty to see that Director of Finance discharges this function.
CHIEF EXECUTIVE	Ensuring that expenditure by the Trust complies with Parliamentary requirements.
CHIEF EXECUTIVE and DIRECTOR OF FINANCE	The Chief Executive, supported by the Director of Finance, to ensure appropriate advice is given to the Trust Board and the Council of Governors on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.

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DELEGATED TO	DUTIES DELEGATED
CHIEF EXECUTIVE	If the Chief Executive considers the Trust Board, the Council of Governors or the Chair is doing something that might infringe probity or regularity, the Chief Executive should set this out in writing to the Chair , the Council of Governors and the Trust Board. If the matter is unresolved, the Chief Executive should ask the Audit Committee to inquire and if necessary inform the Independent Regulator of the position, if possible before the decision is taken so that the Independent Regulator can intervene if appropriate.
CHIEF EXECUTIVE	If the Trust Board is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the Chief Executive's responsibility for value for money, the Chief Executive should draw the relevant factors to the attention of the Trust Board and the Council of Governors. If the outcome is that you are overruled it is normally sufficient to ensure that your advice and the overruling of it are clearly apparent from the papers. Exceptionally, the Chief Executive should inform the Independent Regulator as appropriate. In such cases the Chief Executive should, as a member of the Trust Board, vote against the course of action rather than merely abstain from voting.

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PART D: SCHEME OF DELEGATION

DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
THE BOARD	Approve procedure for declaration of hospitality and sponsorship.
THE BOARD	Ensure proper and widely publicised procedures for voicing complaints, concerns about misadministration, breaches of the NHS Foundation Trust Code of Governance, the Code of Conduct, and other ethical concerns.
ALL BOARD MEMBERS	Subscribe to the NHS Foundation Trust Code of Governance and Code of Conduct.
THE BOARD	Board members share corporate responsibility for all decisions of the Trust Board.
CHAIR AND NON-EXECUTIVE MEMBERS	The Chair and Non-Executive Directors are responsible for monitoring the executive management of the organisation and are responsible to the Independent Regulator for the discharge of those responsibilities.
THE BOARD	<p>The Trust Board has six key functions for which it is held accountable by the Independent Regulator:-</p> <ol style="list-style-type: none"> 1. to ensure effective financial stewardship through value for money, financial control and financial planning and strategy; 2. to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation; 3. to appoint, appraise and remunerate senior executives; 4. to ratify the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them; 5. to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary; 6. to ensure effective dialogue between the organisation, the Council of Governors, members and the local community on its plans and performance and that these are responsive to the community's needs.
THE BOARD	<p>It is the Trust Board's duty to:</p> <ol style="list-style-type: none"> 1. act within the Regulatory Framework and other statutory financial and other constraints; 2. be clear what decisions and information are appropriate to the Board and draw up Standing Orders, a Schedule of Decisions Reserved to the Board and Standing Financial Instructions to reflect these, 3. ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account;

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DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
	<ol style="list-style-type: none"> 4. establish performance and quality measures that maintain the effective use of resources and provide value for money; 5. specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Board can fully undertake its responsibilities; 6. establish an Audit Committee and Remuneration and Nominations Committee on the basis of formally agreed terms of reference that set out the membership of the sub-Committee, the limit to their powers, and the arrangements for reporting back to the main Board.
CHAIR	<p>It is the <u>Chair's</u> role to:</p> <ol style="list-style-type: none"> 1. provide leadership to the Board, the Council of Governors and to ensure the two bodies work effectively together; 2. enable all Board members to make a full contribution to the Board's affairs and ensure that the Board acts as a team; 3. ensure that key and appropriate issues are discussed by the Board in a timely manner, 4. ensure the Board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions; 5. lead Non-Executive Board members through a formally appointed Remuneration and Nominations Committee of the main Board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other Executive Board members; 6. appoint Non-Executive Board members to an Audit Committee of the main Board; 7. advise the Council of Governors on the performance of Non-Executive Board members via the Appointments, Terms and Conditions Committee
CHIEF EXECUTIVE	<p>The Chief Executive is accountable to the <u>Chair</u> and Non-Executive Directors of the Trust Board for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship.</p> <p>The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Trust Board.</p> <p>The other duties of the Chief Executive, as Accountable Officer, are laid out in the NHS Foundation Trust Accountable Officer Memorandum.</p>
NON-EXECUTIVE DIRECTORS	<p>Non-Executive Directors are appointed (and removed) by the Council of Governors to bring independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers, the Independent Regulator and to the local community.</p>
CHAIR AND DIRECTORS	<p>Declaration of conflict of interests.</p>

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DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
THE TRUST BOARD	NHS Boards must comply with legislation and guidance issued by the Independent Regulator and the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.
ASSOCIATE HOSPITAL MANAGERS	Under Section 23(6) of the Mental Health Act 1983 the Trust delegates its power of discharge to individuals authorised by the Board for that purpose.

PART E: SCHEME OF DELEGATION FROM STANDING ORDERS

SO REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
3.10	<u>CHAIR</u>	Final authority in interpretation of Standing Orders (SOs).
2.2	COUNCIL OF GOVERNORS*	Appointment of <u>Chair</u> and other Non-Executive Directors
2.4	COUNCIL OF GOVERNORS*	Appointment of Deputy <u>Chair</u>
<u>2.11.1</u>	<u>COUNCIL OF GOVERNORS</u>	<u>4. Approve the appointment and dismissal of External Auditors</u>
3.1	<u>CHAIR</u>	Call meetings.
3.9	<u>CHAIR</u>	Chair all Board meetings and associated responsibilities.
3.10	<u>CHAIR</u>	Give final ruling in questions of order, relevancy and regularity of meetings.
3.12	<u>CHAIR</u>	Having a second or casting vote
3.13	BOARD	Suspension of Standing Orders
3.13	AUDIT COMMITTEE	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board)
3.14	BOARD	Variation or amendment of Standing Orders
4.5	BOARD	Formal delegation of powers to sub-committees, joint Committees and approval of their Constitution and terms of reference
4.6	BOARD	Approve appointments to each of the Committees it has formally constituted
5.2	<u>CHAIR & CHIEF EXECUTIVE</u>	The powers which the Trust Board has retained to itself within these Standing Orders may in emergency be exercised by the <u>Chair</u> and Chief Executive after having consulted at least two Non-Executive Directors.

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SO REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
5.4	CHIEF EXECUTIVE	The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals that shall be considered and approved by the Board, subject to any amendment agreed during the discussion.
5.6	ALL	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
7.1	BOARD	Declare relevant and material interests.
7.2	CHIEF EXECUTIVE	Maintain Register(s) of Interests.
7.4	ALL STAFF	Comply with national guidance contained in <i>Managing Conflicts of Interest in the NHS - Guidance for staff and organisations</i> " (Publications Gateway Reference: 06419)
7.4	ALL	Disclose relationship between self and candidate for staff appointment. (Chief Executive to report the disclosure to the Board.)
8.1/8.3	CHIEF EXECUTIVE	Keep Seal in safe place and maintain a register of Sealing.
8.4	CHIEF EXECUTIVE OR EXECUTIVE DIRECTOR	Approve and sign all documents which will be necessary in legal proceedings.

*A full list of Statutory Roles and Responsibilities of the Council of Governors is appended to this document.

PART F: SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS (SFIs)

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
10.1.3	DIRECTOR OF FINANCE	Approval of all financial procedures.
10.1.4	DIRECTOR OF FINANCE	Advice on interpretation or application of SFIs.
10.1.5	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.
10.2.1	CHIEF EXECUTIVE	Responsible as the Accountable Officer to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control.
10.2.2	CHIEF EXECUTIVE & DIRECTOR OF FINANCE	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.
10.2.3	CHIEF EXECUTIVE DIRECTOR OF FINANCE	Responsible for: a) Implementing the Trust's financial policies and coordinating corrective action; b) Maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; c) Ensuring that sufficient records are maintained to explain Trust's transactions and financial position; d) Providing financial advice to members of the Board and staff; e) Maintaining such accounts, certificates etc as are required for the Trust to carry out its statutory duties.
10.2.4	CHIEF EXECUTIVE	To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.
10.2.5	CHIEF EXECUTIVE	Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.
10.2.6	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
11.1.1	AUDIT COMMITTEE	Provide independent and objective view on internal control and probity.
11.1.2	CHAIR	Raise the matter at the Trust Board meeting where the Audit Committee considers there is evidence of ultra vires transactions or improper acts.
11.1.3 & 11.2.1	DIRECTOR OF FINANCE	Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.) Ensure the annual report is prepared for consideration by the Audit Committee.
11.2.1	DIRECTOR OF FINANCE	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.
11.3	HEAD OF INTERNAL AUDIT	Review, appraise and report in accordance with NHS Internal Audit Manual Audit Code for NHS Foundation Trusts, NHS Foundation Trust Reporting Manual, the NHS Foundation Trust Accounting Officer Memorandum and best practice.
11.4		Ensure cost-effective External Audit and comply with the Audit Code for NHS Foundation Trusts.
11.5	CHIEF EXECUTIVE & DIRECTOR OF FINANCE	Monitor and ensure compliance with the Audit Code for NHS Foundation Trusts guidance on fraud and corruption including the appointment of the Local Counter Fraud Specialist.
11.6	CHIEF EXECUTIVE	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist.
12.1.2 & 12.1.3	DIRECTOR OF FINANCE	Submit budgets to the Board for approval. Monitor performance against budget; submit to the Board financial estimates and forecasts.
12.1.6	DIRECTOR OF FINANCE	Ensure adequate training is delivered on an ongoing basis to budget holders.
12.2.1	CHIEF EXECUTIVE	Delegate budget to budget holders.
12.2.2	CHIEF EXECUTIVE & BUDGET HOLDERS	Must not exceed the budgetary total or virement limits set by the Board.

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SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
12.3.1	DIRECTOR OF FINANCE	Devise and maintain systems of budgetary control.
12.3.2	CHIEF EXECUTIVE/ BUDGET HOLDERS	Ensure that a) any likely overspend or reduction of income that cannot be met from virement is incurred without prior consent of the Board; b) approved budget is not used for any other than specified purpose subject to rules of virement; c) no permanent employees are appointed without the approval of the Chief Executive other than those provided for within available resources and manpower establishment as approved by the Trust Board
12.3.4	CHIEF EXECUTIVE	Compile and submit to the Trust Board an Annual Plan which takes into account financial targets and forecast limits of available resources. This will contain: <ul style="list-style-type: none"> a statement of the significant assumptions on which the plan is based; details of major changes in workload, delivery of services or resources required to achieve the plan.
12.3.4	CHIEF EXECUTIVE	Identify and implement cost improvements and income generation activities in line with the Strategic Plan
12.5.1	CHIEF EXECUTIVE	Submit monitoring returns
13.1	DIRECTOR OF FINANCE	Preparation of annual accounts and reports.
14.1	DIRECTOR OF FINANCE	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (The Board approves the arrangements.)
15.	DIRECTOR OF FINANCE	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.
15.2.3	ALL EMPLOYEES	Duty to inform Director of Finance of money due from transactions which they initiate/deal with.
16.	CHIEF EXECUTIVE	Tendering and contract procedure.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
16.6.3	CHIEF EXECUTIVE	Waive formal tendering procedures.
16.6.3	CHIEF EXECUTIVE	Report waivers of tendering procedures to the Board.
16.7.2	CHIEF EXECUTIVE	Responsible for the receipt, endorsement and safe custody of tenders received.
16.7.3	CHIEF EXECUTIVE	Shall maintain a register to show each set of competitive tender invitations dispatched.
16.7.4	CHIEF EXECUTIVE AND DIRECTOR OF FINANCE	Where one tender is received will assess for value for money and fair price.
16.7.7	CHIEF EXECUTIVE CHAIR	No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive and Chair
16.7.11	CHIEF EXECUTIVE	Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.
16.7.11	DIRECTOR OF FINANCE	Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the Chief Executive.
16.8.2	CHIEF EXECUTIVE	The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money.
16.8.4	CHIEF EXECUTIVE or DIRECTOR OF FINANCE	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
16.10	CHIEF EXECUTIVE	The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
16.10	BOARD	All PFI proposals must be agreed by the Board.
16.11	CHIEF EXECUTIVE	The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.
16.12	CHIEF EXECUTIVE	The Chief Executive shall nominate officers with delegated authority to enter into contracts of

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SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		employment, regarding staff, agency staff or temporary staff service contracts.
16.17	CHIEF EXECUTIVE	The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.
16.17.5	CHIEF EXECUTIVE	The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.
17.1.1	CHIEF EXECUTIVE	Must ensure the Trust enters into suitable Service Level Agreements (SLAs) with service commissioners for the provision of NHS services
17.2	CHIEF EXECUTIVE	As the Accountable Officer, ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA
18.1.1	BOARD	Establish a Remuneration & Nomination Committee
18.1.2	REMUNERATION & NOMINATION COMMITTEE	Advise the Board on and make recommendations on the remuneration and terms of service of the Chief Executive, Executive members and senior employees to ensure they are fairly rewarded having proper regard to the Trust's circumstances and any national agreements; Monitor and evaluate the performance of individual senior employees; Advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.
18.1.3	REMUNERATION & NOMINATION COMMITTEE	Report in writing to the Trust Board its advice and its bases about remuneration and terms of service of Directors and senior employees.
18.2.2	CHIEF EXECUTIVE	Approval of variation to funded establishment of any department.
18.3	CHIEF EXECUTIVE	Staff, including agency staff, appointments and re-grading.
18.4.1 and 18.4.2	DIRECTOR OF FINANCE/DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT	Payroll: a) specifying timetables for submission of properly authorised time records and other notifications; b) final determination of pay and allowances; c) making payments on agreed dates; d) agreeing method of payment; e) issuing instructions (as listed in SFI 18.4.3).
18.4.4	NOMINATED MANAGERS	Submit time records in line with timetable. Submitting termination forms in prescribed form and on time.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
18.4.5	DIRECTOR OF FINANCE/DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
18.5	NOMINATED MANAGER	Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and Deal with variations to, or termination of, contracts of employment.
19.1.1	CHIEF EXECUTIVE	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.
19.1.2	CHIEF EXECUTIVE	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
19.2.1	REQUISITIONER	In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply shall be sought.
19.2.2	DIRECTOR OF FINANCE	Shall be responsible for the prompt payment of accounts and claims.
19.2.2.1	DIRECTOR OF FINANCE	<ul style="list-style-type: none"> a) Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed; b) Prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds; c) Be responsible for the prompt payment of all properly authorised accounts and claims; d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable; e) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; f) Instructions to employees regarding the handling and payment of accounts within the Finance

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		Department; g) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received
19.2.3	APPROPRIATE EXECUTIVE DIRECTOR	Make a written case to support the need for a prepayment.
19.2.4	DIRECTOR OF FINANCE	Approve proposed prepayment arrangements.
19.2.5	BUDGET HOLDER	Ensure that all items due under a prepayment contract are received (and immediately inform the Director of Finance if problems are encountered).
19.2.6	CHIEF EXECUTIVE/DIRECTOR OF FINANCE	Authorise who may use and be issued with official orders.
19.2.7	MANAGERS AND OFFICERS	Ensure that they comply fully with the guidance and limits specified by the Director of Finance.
19.2.8	CHIEF EXECUTIVE DIRECTOR OF FINANCE	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.
19.3	DIRECTOR OF FINANCE	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act.
20.1.1	DIRECTOR OF FINANCE	The Director of Finance will advise the Board on the Trust's ability to pay dividend on PBC, and any proposed borrowing limits set by its Provider Licence and report, periodically, concerning the PDC debt and all loans and overdrafts.
20.1.2	BOARD	Approve a list of employees authorised to make short term borrowings on behalf of the Trust. (This must include the Chief Executive and Director of Finance.)
20.1.3	DIRECTOR OF FINANCE	Prepare detailed procedural instructions concerning applications for loans and overdrafts.
20.1.5	CHIEF EXECUTIVE OR DIRECTOR OF FINANCE	Be on an authorising panel comprising one other member for short term borrowing approval, following prior agreement of the board

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
20.2.2	DIRECTOR OF FINANCE	Will advise the Board on investments and report, periodically, on performance of same and report to Monitor on any major investments that will affect the financial risk rating of the Trust.
20.2.3	DIRECTOR OF FINANCE	Prepare detailed procedural instructions on the operation of investments held.
21.1.1	DIRECTOR OF FINANCE	Ensure that Board members are aware of the Financial Framework and ensure compliance
22	CHIEF EXECUTIVE	Capital investment programme: a) ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans b) responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost; c) ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences; d) ensure that a business case is produced for each proposal.
22.1.2	DIRECTOR OF FINANCE	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.
22.1.3	CHIEF EXECUTIVE	Issue procedures for management of contracts involving stage payments.
22.1.4	DIRECTOR OF FINANCE	Assess the requirement for the operation of the construction industry taxation deduction scheme.
22.1.5	DIRECTOR OF FINANCE	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.
22.1.6	CHIEF EXECUTIVE	Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender. Issue a Scheme of Delegation for capital investment management.
22.1.7	DIRECTOR OF FINANCE	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.
22.2.1	DIRECTOR OF FINANCE	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
22.2.1	BOARD	Proposal to use PFI must be specifically agreed by the Board.
22.3.1	CHIEF EXECUTIVE	Maintenance of asset registers (on advice from the Director of Finance).

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
22.3.5	DIRECTOR OF FINANCE	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
22.3.8	DIRECTOR OF FINANCE	Calculate and pay capital charges in accordance with Monitor requirements.
22.4.1	CHIEF EXECUTIVE	Overall responsibility for fixed assets.
22.4.2	DIRECTOR OF FINANCE	Approval of fixed asset control procedures.
22.4.4	BOARD, EXECUTIVE MEMBERS AND ALL SENIOR STAFF	Responsibility for security of Trust assets including notifying discrepancies to the Director of Finance, and reporting losses in accordance with Trust procedure.
23.2	CHIEF EXECUTIVE	Delegate overall responsibility for control of stores (subject to Director of Finance responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded.
23.2.1	DIRECTOR OF FINANCE	Responsible for systems of control over stores and receipt of goods.
23.2.1	DESIGNATED PHARMACEUTICAL OFFICER	Responsible for controls of pharmaceutical stocks
23.2.1	DESIGNATED ESTATES OFFICER	Responsible for control of stocks of fuel oil and coal.
23.2.2	NOMINATED OFFICERS	Security arrangements and custody of keys
23.2.3	DIRECTOR OF FINANCE	Set out procedures and systems to regulate the stores.
23.2.4	DIRECTOR OF FINANCE	Agree stocktaking arrangements.
23.2.5	DIRECTOR OF FINANCE	Approve alternative arrangements where a complete system of stores control is not justified.
23.2.6	DIRECTOR OF FINANCE	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.
23.2.6	NOMINATED OFFICERS	Operate system for slow moving and obsolete stock, and report to Director of Finance evidence of

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		significant overstocking.
23.3.1	CHIEF EXECUTIVE	Identify persons authorised to requisition and accept goods from NHS Supplies stores.
24.1.1	DIRECTOR OF FINANCE	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.
24.2.1	DIRECTOR OF FINANCE	Prepare procedures for recording and accounting for losses, special payments and informing police in cases of suspected arson or theft.
24.2.2	ALL STAFF	Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department / nominated officer should then inform the Chief Executive and Director of Finance.
24.2.2	DIRECTOR OF FINANCE	Where a criminal offence is suspected, the Director of Finance must inform the police if theft or arson is involved. In cases of fraud and corruption the Director of Finance must inform the relevant LCFS and NHS Counter Fraud Authority.
24.2.2	DIRECTOR OF FINANCE	Notify NHS Counter Fraud Authority and External Audit and the Independent Regulator of all frauds.
24.2.3	DIRECTOR OF FINANCE	Notify the Board and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial).
24.2.4	BOARD	Approve write off of losses (within limits delegated by H M Treasury's Managing Public Money).
24.2.6	DIRECTOR OF FINANCE	Consider whether any insurance claim can be made.
24.2.7	DIRECTOR OF FINANCE	Maintain a losses and special payments register.
25.1.1	DIRECTOR OF FINANCE	Responsible for accuracy and security of computerised financial data.
25.1.2	DIRECTOR OF FINANCE	Ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation assurances of adequacy must be obtained from them prior to implementation.
25.2.1	RELEVANT OFFICERS	Send details of the outline design of the computer system to the Director of Finance.
25.3	DIRECTOR OF FINANCE	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
		data during processing, transmission and storage, and allow for audit review. Seek periodic assurances from the provider that adequate controls are in operation.
25.4	DIRECTOR OF FINANCE	Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place.
25.5	DIRECTOR OF FINANCE	Where computer systems have an impact on corporate financial systems satisfy himself that: a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management trail exists; c) Director of Finance and staff have access to such data; Such computer audit reviews are being carried out as are considered necessary.
25.1.3	DIRECTOR OF NURSING	Shall publish and maintain a Freedom of Information (FOI) Scheme.
26.2	CHIEF EXECUTIVE	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.
26.3	DIRECTOR OF FINANCE	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of.
26.6	DEPARTMENTAL MANAGERS	Inform staff of their responsibilities and duties for the administration of the property of patients.
27.1	DIRECTOR OF FINANCE	Shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately.
28	CHIEF EXECUTIVE	Ensure all staff are made aware of the Trust policy on the acceptance of gifts and other benefits in kind by staff
29	CHIEF EXECUTIVE	Ensure retention of document procedures in accordance with NHS Records Management: Code of Practice

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
30.1	CHIEF EXECUTIVE	Ensure a Risk Management programme is in place
30.1	BOARD	Approve and monitor Risk Management programme.
30.2	BOARD	Decide whether the Trust will use the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.
30.4.1	DIRECTOR OF FINANCE	<p>Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.</p> <p>Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Trust Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.</p>
30.4.1	DIRECTOR OF FINANCE	Ensure documented procedures cover management of claims and payments below the deductible.

PART G: SCHEME OF BUDGETARY DELEGATION

Quotation, Tendering and Control Procedures				
Goods and Services including Estates and Maintenance <i>(where this relates to contracts over more than one year, the annual value is delegated as per below)</i>				
Value (excluding VAT)	Minimum No	Opened by	Adjudicated by	Authorised by
Up to £9,999	At discretion of budget holder/Purchasing officer	Any Officer	Purchasing Officer or budget holder	Budget holder
£10,000 to £49,999	3 or more quotes	Any Senior Manager	Purchasing Officer or budget holder	Director
£50,000-£99,999	3 or more competitive tenders	Any Senior Manager	Head of Procurement/+1 Director	Director of Finance
£100,000 to £249,999	3 or more competitive tenders	2 Senior Managers/Directors not from originating department	Head of Procurement/+ 1 Director	Director of Finance
£250,000- £750,000	5 or more competitive tenders	2 Senior Managers/Directors not from originating department	Director of Finance + 1 other Director	Chief Executive
Over £750,000	6 or more competitive tenders	2 Senior Manager/Directors not from originating department	Director of Finance + 1 other Director	Trust Board
All contracts for goods, services, works and subsequent variations to contracts				
Values as in table above – <i>Quotation, Tendering and Control Procedures</i>				

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Non-Pay Revenue and Capital Expenditure/Requisitioning/Ordering/Payment Of Goods. Contracts (Including Income) and Non Pay Revenue. Stock/Non-stock requisitions	
Financial Limit <i>(where this relates to contracts over more than one year, the annual value is delegated as per below)</i>	Delegated to
Up to £9,999	Senior Manager/other staff on authorised signatory list up to their delegated limit
£10,000 to £24,999	Divisional General Manager
£25,000 to £49,999	Director subject to quotes
£50,000-£249,999	Director of Finance subject to quotes
£250,000-£750,000	Chief Executive subject to tenders
All invoices over £750,000	Trust Board

Deleted:

Authorisation of Losses and Special Payments		
Delegated Matter	Up to £5,000	£5,000 to £49,999
Losses of cash	Director of Finance or Trust Secretary	Chief Executive and Director of Finance

Drawing Down of Pre-Arranged Loans		
	1st Signatory	2nd Signatory
Any pre-arranged loan	Chief Executive or Director of Finance (or person acting up*)	Deputy Director of Finance or Executive Director

Short term loans		
Short term borrowing up to £499,000	With the authority of two members of an authorised panel, one of which must be the Chief Executive or Director of Finance	The Board must be made aware of all short term borrowings at the next Board meeting.

Expenditure on Charitable and Endowment Funds	
Up to £1000	Fund Manager, Health Stars Charity/Fundraising Manager
£1000 - £4,999	Fund Manager, Director of Finance
Over £5,000*	Fund Manager, Director of Finance and Charitable Funds Committee
*Any expenditure over £5,000 is subject to procurement rules and budgetary delegation set out above and elsewhere in the SFIs	
Over £25,000	Fund Manager, Director of Finance and Charitable Funds Committee (reported to Trust Board for information within Chairs Assurance Report)
Over £100,000	Trust Board as Corporate Trustees

**SECTION D –
STANDING FINANCIAL INSTRUCTIONS**

SECTION D - STANDING FINANCIAL INSTRUCTIONS

10. INTRODUCTION

These standing financial instructions (SFIs) refer to both the Trust as provider and any activities the Trust undertakes via the Provider Collaborative. SFIs for the provider collaborative are subject to the same principles as the Trusts as set out in this document.

10.1 General

- 10.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Trust (Functions) Directions 2000 issued by the Secretary of State which require that each Trust shall agree Standing Financial Instructions for the regulation of the conduct of its Directors and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SOs).
- 10.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with the requirements of the Independent Regulator in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Scheme of Matters Reserved to the Trust Board and the Scheme of Delegation adopted by the Trust.
- 10.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the Trust and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance.
- 10.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.
- 10.1.5 The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.
- 10.1.6 The Trust is considered as a commercial organisation under the terms of the Bribery Act 2010. As such all employees of the Trust are required to comply with these SFIs.

10.1.7 Overriding Standing Financial Instructions – If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All Directors of the Trust Board and officers have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.

10.2 Responsibilities and Delegation

10.2.1 The Board

The Board exercises financial supervision and control by:

- (a) approving the financial strategy; following formulation by the Finance & Investment Committee
- (b) requiring the submission and approval of budgets within approved allocations/overall income;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);
- (d) defining specific responsibilities placed on Board members and employees as indicated in the Scheme of Delegation

10.2.1.1 The Board has resolved that certain powers and decisions may only be exercised by the Board in a formal session. These are set out in the Scheme of Matters Reserved to the Trust Board document. All other powers have been delegated to such other Committees as the Trust has established.

10.2.2 The Chief Executive and Director of Finance

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Independent Regulator, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the [Chair](#) and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

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10.2.2.1 It is a duty of the Chief Executive to ensure that Directors, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

10.2.3 The Director of Finance

The Director of Finance is responsible for:

- (a) implementing the Trust's financial policies and for coordinating any corrective action necessary to further these policies;
- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

- (c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time;

and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Director of Finance include:

- (d) the provision of financial advice to other members of the Board and employees;
- (e) the design, implementation and supervision of systems of internal financial control;
- (f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

10.2.4 Board Members and Employees

All Board members and officers, individually and collectively, are responsible for:

- (a) the security of the property of the Trust;
- (b) avoiding loss;
- (c) exercising economy and efficiency in the use of resources;
- (d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

10.2.5 Contractors and their Employees

Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

- 10.2.6 For Board members and any officers employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board members and officers discharge their duties must be to the satisfaction of the Director of Finance.

11. Audit

11.1 Audit Committee

- 11.1.1 In accordance with Standing Orders, the Constitution, the 2006 Act (and as set out in the Audit Code for NHS Foundation Trusts, issued by the Independent Regulator) the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2014), which will provide an independent and objective view of internal control by:

- (a) overseeing Internal and External Audit services;
- (b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments.
- (c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;

- (d) monitoring compliance with Standing Orders and Standing Financial Instructions;
- (e) reviewing schedules of losses and compensations and making recommendations to the Board;
- (f) reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

The Audit Committee can delegate some of their detailed responsibilities to the but they remain accountable for the independent and objective view of all internal controls.

11.1.2 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the [Chair](#) of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health. In the first instance this should be referred to the Director of Finance

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11.1.3 It is the responsibility of the Director of Finance to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.

11.2 Director of Finance

11.2.1 The Director of Finance is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) ensuring that the Internal Audit is adequate and meets the NHS mandatory audit standards
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- (d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee. The report must cover:
 - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;
 - (ii) major internal financial control weaknesses discovered;
 - (iii) progress on the implementation of internal audit recommendations;
 - (iv) progress against plan over the previous year;
 - (v) strategic audit plan covering the coming three years;
 - (vi) a detailed plan for the coming year.

11.2.2 The Director of Finance or designated auditors are entitled without necessarily giving prior notice to require and receive:

- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

- (b) access at all reasonable times to any land, premises or Board members or officer of the Trust;
- (c) the production of any cash, stores or other property of the Trust under a Board member and or an officer's control; and
- (d) explanations concerning any matter under investigation.

11.3 Role of Internal Audit

11.3.1 Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other in scope management controls;
- (c) the suitability of financial and other related management data;
- (d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration;
 - (iii) poor value for money or other causes.
- (e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health and the Constitution, the 2006 Act (and as set out in the Audit Code for NHS Foundation Trusts, issued by the Independent Regulator)

11.3.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately.

11.3.3 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the [Chair](#) and Chief Executive of the Trust.

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11.3.4 The Head of Internal Audit shall be accountable to the Director of Finance. The reporting system for internal audit shall be agreed between the Director of Finance, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

11.4 External Audit

11.4.1 The External Auditor is appointed by the Council of Governors and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on to the Council of Governors if the issue cannot be resolved.

11.5 Fraud and Corruption

- 11.5.1 In line with their responsibilities, the Trust Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption.
- 11.5.2 The Director of Finance shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.
- 11.5.3 The Local Counter Fraud Specialist shall report to the Trust's Director of Finance and shall work with staff in NHS Counter Fraud Authority and the Regional Counter Fraud Specialist in accordance with the Department of Health Fraud and Corruption Manual.
- 11.5.4 The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the Trust.

11.6 Security Management

- 11.6.1 In line with their responsibilities, the Trust Chief Executive will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.
- 11.6.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS security management.
- 11.6.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management.
- 11.6.4 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD) and the appointed Local Security Management Specialist (LSMS).

12. Allocations, Planning, Budgets, Budgetary Control and Monitoring

12.1 Preparation and Approval of Plans and Budgets

- 12.1.1 The Chief Executive will compile and submit to the Board an annual budget which takes into account financial targets and forecast limits of available resources. The Strategic Plan will contain:
- (a) a statement of the significant assumptions on which the plan is based;
 - (b) details of major changes in workload, delivery of services or resources required to achieve the plan.
- 12.1.2 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:
- (a) be in accordance with the aims and objectives set out in the Annual Plan
 - (b) accord with workload and manpower plans;
 - (c) be produced following discussion with appropriate budget holders;
 - (d) be prepared within the limits of available funds;
 - (e) identify potential risks.
- 12.1.3 The Director of Finance shall monitor financial performance against budget and plan, periodically review them, and report to the Board.

- 12.1.4 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.
- 12.1.5 All budget holders will sign up to their allocated budgets at the commencement of each financial year.
- 12.1.6 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

12.2 Budgetary Delegation

- 12.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
 - (a) the amount of the budget;
 - (b) the purpose(s) of each budget heading;
 - (c) individual and group responsibilities;
 - (d) authority to exercise virement;
 - (e) achievement of planned levels of service;
 - (f) the provision of regular reports.
- 12.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.
- 12.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
- 12.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

12.3 Budgetary Control and Reporting

- 12.3.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:
 - (a) monthly financial reports to the Board in a form approved by the Board containing:
 - (i) income and expenditure to date showing trends and forecast year-end position;
 - (ii) movements in working capital;
 - (iii) movements in cash and capital;
 - (iv) capital project spend and projected outturn against plan;
 - (v) explanations of any material variances from plan;
 - (vi) details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
 - (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

- (c) investigation and reporting of variances from financial, workload and manpower budgets;
 - (d) monitoring of management action to correct variances; and
 - (e) arrangements for the authorisation of budget transfers.
- 12.3.2 Each Budget Holder is responsible for ensuring that:
- (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board;
 - (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
 - (c) no permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.
- 12.3.3 (a) Where an employee has more than one post with Humber Teaching NHS Foundation Trust then for the purposes of approval of expenses on-line the budget holder for the primary post will be the person designated to approve expenses claims for all posts held by the individual staff member.
- 12.3.4 The Chief Executive is responsible for ensuring the Trust identifies and implements cost improvements and income generation initiatives in accordance with the requirements of the Strategic Plan and a balanced budget.
- 12.4 Capital Expenditure**
- 12.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure.
- 12.5 Monitoring Returns**
- 12.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.
- 13. Annual Accounts and Reports**
- 13.1 The Director of Finance, on behalf of the Trust, will:
- (a) prepare financial returns in accordance with the accounting policies and guidance given by Monitor, the Trust's accounting policies, and generally accepted accounting practice;
 - (b) prepare and submit annual financial reports to Monitor certified in accordance with current guidelines;
 - (c) submit financial returns to the Independent Regulator for each financial year in accordance with the timetable prescribed by the Independent Regulator.
- 13.2 The Trust's annual accounts must be audited by an auditor appointed by the Council of Governors. The Trust's audited annual accounts must be presented to the Board for approval and received at a public meeting of the Council of Governors.

13.3 The Trust will publish an annual report, in accordance with the Constitution and present it to the Council of Governors. The document will comply with the Independent Regulator's Annual Report Guidance for NHS Foundation Trusts

14. Bank Accounts

14.1 General

14.1.1 The Director of Finance is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance/directions issued from time to time by the Monitor. In line with 'Cash Management in the NHS' the Trust's banking arrangements should be in line with the guidelines set out in the Trust's Treasury Management policy.

14.1.2 The Board shall approve the banking arrangements.

14.2 Bank Accounts

14.2.1 The Director of Finance is responsible for:

- a) the control and internal administration of the Trust's bank accounts;
- (b) establishing separate bank accounts for the Trust's non-exchequer funds;
- (c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- (d) reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn.
- (e) monitoring compliance with Department of Health guidance on the level of cleared funds.

14.3 Banking Procedures

14.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts which must include:

- (a) the conditions under which each bank account is to be operated.
- (b) those authorised to sign cheques or other orders drawn on the Trust's accounts.

14.3.2 The Director of Finance must advise the Trust's bankers in writing of the conditions under which each account will be operated.

14.4 Tendering and Review

14.4.1 The Director of Finance will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's commercial banking business.

14.4.2 The results of the tendering exercise should be reported to the Board. This review is not necessary for Government Banking Service accounts.

15. Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments

15.1 Income Systems

15.1.1 The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

15.1.2 The Director of Finance is also responsible for the prompt banking of all monies received.

15.2 Fees and Charges

15.2.1 The Trust shall follow the Department of Health's advice in the "Costing Manual" in setting prices for NHS service agreements.

15.2.2 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Trust's Standards of Business and Managing Conflicts of Interest Policy for NHS Staff shall be followed.

15.2.3 All employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

15.3 Debt Recovery

15.3.1 The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.

15.3.2 Income not received should be dealt with in accordance with losses procedures.

15.3.3 Controls should be in place to prevent overpayments arising. If there are incidences of such overpayments there need to be controls and processes in place to detect them and to initiate recovery.

15.4 Security of Cash, Cheques and other Negotiable Instruments

15.4.1 The Director of Finance is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- (b) ordering and securely controlling any such stationery;
- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
- (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

15.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

15.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

15.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

16. TENDERING AND CONTRACTING PROCEDURE

This procedure is used for when the Trust is procuring goods and services

16.1 Duty to Comply with Standing Orders and Standing Financial Instructions

The procedure for making all contracts by or on behalf of the Trust shall comply with these Standing Financial Instructions (except where SO 3.13 is applied).

16.2 Legislation Governing Public Procurement

(a) The Trust shall comply with the Public Contracts Regulations 2006 (the "Regulations") and any EU Directives relating to EU procurement law having direct effect in England (the "Directives") and any other duties derived from the EU Treaty ("Treaty Obligations") and any duties derived from the UK common law ("Common Law Duties") (the Regulations, Directives, Treaty Obligations and Common Law Duties together are referred to elsewhere in these SFIs as "Procurement Legislation"). The Procurement Legislation as from time to time amended shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

(b) The Trust should consider obtaining support from any suitably qualified professional advisor (including where appropriate legal advisors) to ensure compliance with Procurement Legislation when engaging in tendering procedures.

(c) The Trust shall consider the application of any applicable duty to consult or engage the public or any relevant Overview and Scrutiny Committee of a Local Authority prior to commencing any procurement process for a contract opportunity.

16.3 Guidance on Public Procurement and Commissioning

- a. The Trust should have regard to all relevant guidance issued by the Department of Health in relation to the conduct of procurement practice and the commissioning of health care services, including but not limited to:
- b. All off payroll engagements of more than six months in duration, for more than a daily rate of £220 should be referred to the Trust Procurement department before commitment to contract is given. This is to ensure contractual provisions are explicit that allow the Trust to seek assurance regarding the income tax and NICS obligations [and IR35](#) of the engage – and to terminate the contract if that assurance is not provided. The general provision in relation to tendering 16.6.1 and quotations 16.8.1 also apply in addition to this requirement

16.4 Decision to Tender and Exceptions to Requirement to Tender

16.4.1 Presumption to Tender

Where:

- (a) a contract opportunity that is required to be tendered under the Regulations

(i.e. the contract opportunity is governed by the Regulations and the value of the contract opportunity as calculated pursuant to the Regulations exceeds the relevant financial threshold excluding VAT for the requirement to run a formal tender process; then subject to SFI 16.7.5 the Trust shall ensure that contract opportunities with the Trust are advertised in accordance with SFI 16.6.9 and where more than one response is received that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;
- the rendering of services including all forms of management consultancy services;

- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and
 - subject to SFI 16.16 for disposals.

16.5 Capital Investment Manual and Other Department of Health Guidance

The Trust shall comply with the requirements of the Department of Health's Capital Investment Manual and Estatecode in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply with the Independent Regulator's Management Consultancy spending approval process

16.6 Formal Competitive Tendering

16.6.1 General Applicability

The Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;
- the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health);
- For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

16.6.2 Health Care Services

Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure and need to be read in conjunction with SFI 17.

16.6.3 Exceptions and Instances where Formal Tendering Need Not be Applied

Formal tendering procedures **need not be applied** where:

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed the threshold for tendering as set out in the Scheme of Delegation;
- (b) where the supply is proposed under special arrangements negotiated by the Department of Health in which event the said special arrangements must be complied with;
- (c) regarding disposals as set out in SFI 24;

- d) the Trust is entitled to call off from a Framework Agreement and the requirements of SFI 21.1.2 (Use of Framework Agreements) have been followed and have been approved in accordance with the Scheme of Delegation
- (e) for a contract opportunity for goods and services that it is not reasonably expected to exceed £49,999 as requirements of SFI 16.8 Quotations: Competitive and Non-Competitive thence apply;

Formal tendering procedures **may be waived** in the following circumstances:

- f) in very exceptional circumstances where the Chief Executive decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record;
- (g) where the requirement is covered by an existing contract;
- (h) where a Consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the Consortium members;
- (i) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;
- (j) where specialist expertise is required and is available from only one source;
- (k) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

when the goods required by the Trust are a partial replacement for, or in addition to, existing goods and to obtain the goods from a supplier other than the supplier who supplied the existing goods would oblige the Trust to acquire goods with different technical characteristics and this would result in:

- incompatibility with the existing goods; or
- disproportionate technical difficulty in the operation and maintenance of the existing goods;

but no such contract may be entered in for a duration of more than three years;

- (l) there is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;

when works or services required by the Trust are additional to works or services already contracted for but for unforeseen circumstances such additional works or services have become necessary and that such additional works or services:

- cannot for technical or economic reasons be carried out separately from the works or services under the original contract without major inconvenience to the Trust; or
 - can be carried out or provided separately from the works or services under the original contract but are strictly necessary to the latest stages of performance of the original contract; provided that the value of such additional works or services does not exceed 50% of the value of the original contract.
- (m) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

The Director of Finance will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

- (n) where allowed and provided for in the Capital Investment Manual.

The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded on a Tender waiver form which must be completed by Procurement, signed by the Chief Executive and reported to the Audit Committee at each meeting.

- (o) Where subcontracting arrangements arise following successful joint tender applications with partner organisations or where contracting arrangements/requirements are inherited under a Lead Provider arrangement.

16.6.4 Fair and Adequate Competition

Where the exceptions set out in SFI Nos. 16.1 and 16.8.3 apply, the Trust shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate having regard to their capacity to supply the goods or materials or to undertake the services or works required. The appropriate numbers are set out in the Scheme of Delegation

16.6.5 Equality of Treatment

The Trust shall ensure that no sector of any market (public, private, third sector/social enterprise) is given an unfair advantage in the design or conduct of any tender process.

16.6.6 Non-Discrimination

- (a) The subject matter and the scope of the contract opportunity should be described in a non-discriminatory manner. The Trust should utilise generic and/or descriptive terms, rather than the trade names of particular products or processes or their manufacturers or their suppliers.
- (b) All participants in a tender process should be treated equally and all rules governing a tender process must apply equally to all participants.

16.6.7 Building and Engineering Construction Works

The Trust shall ensure that firms/individuals invited to tender for building and engineering construction work, where this is not contrary to the Directives by the Council of the European Union (see Scheme of Delegation) are among those on approved lists or have been openly advertised in accordance with EU Procurement and UK legislation.

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Departmental of Health approval.

16.6.8 Items which Subsequently Breach Thresholds after Original Approval

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Chief Executive and be recorded in an appropriate Trust record.

16.6.9 Advertisement of Contract Opportunities

Where a formal tender process is required under SFI 16.4 then:

- (a) where a contract opportunity falls within the Regulations and a process compliant with the Regulations is required, an OJEU Notice should be utilised; or
- (b) Where a contract opportunity does not fall within the Regulations the Trust shall utilise a form of advertising for such contract opportunity that is sufficient to enable potential providers (including providers in member states of the EU other than the UK) to access appropriate information about the contract opportunity so as to be in a position to express an interest; and

16.6.10 Choice of Procedure

(a) Where a contract opportunity falls within the Regulations and a process compliant with the Regulations is required then the Trust shall utilise an available tender procedure under the Regulations.

(b) In all other cases the Trust shall utilise a tender procedure proportionate to the value, complexity and risk of the contract opportunity and shall ensure that invitations to tender are sent to a sufficient number of providers to provide fair and adequate competition (in any event no less than two).

16.7 Contracting/Tendering Procedure

16.7.1 Invitation to Tender

- (a) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.
- (b) All invitations to tender shall state that no tender will be accepted unless:
 - (i) submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) and the latest date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager;

- (ii) that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.
 - (iii) or are submitted electronically through the appropriate process using the Trust's e-tendering service, as instructed within the tender documentation;
- (c) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.

Every invitation to tender must require each bidder to give a written undertaking not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the Trust, its employees or officers concerning the contract opportunity tendered.

- (d) Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with Concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects.

16.7.2 Receipt and Safe Custody of Tenders

The Chief Executive or his nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

16.7.3 Opening Tenders and Register of Tenders

- (a) Tenders are received electronically and the Procurement team will be responsible for the unlocking of the e-tendering portal to allow bids to be opened with an audit trail kept on the accessing of the electronic tender submissions.
- (b) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders. (Standing Order No. 16.7.5 below).

16.7.4 Admissibility of Tenders

- (a) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are

insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Executive.

- (b) Where only one tender is sought and/or received, the Chief Executive and Director of Finance shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

16.7.5 Late Tenders

- (a) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Executive or his nominated officer decides that there are exceptional circumstances i.e. dispatched in good time but delayed through no fault of the tenderer.
- (b) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or his nominated officer or if the process of evaluation and adjudication has not started.
- (c) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer.

16.7.6 Accountability where In-house Bid

- (a) In all cases where the Trust determine that in-house services (which term includes Trust community services) should be subject to competitive tendering the following groups shall be set up:
 - Specification group, comprising the Chief Executive or nominated officer/s and specialist officer whose function shall be to draw up the specification of the service to be tendered.
 - In-house tender group, comprising a nominee of the Chief Executive and technical support to draw up and submit the in-house tender submission.
 - Evaluation group, comprising normally a specialist officer, a supplies or commissioning officer and a Director of Finance representative whose function is to shortlist expressions of interest received and evaluate tenders received. For services having a likely annual expenditure exceeding £100,000, a non-officer member should be a member of the evaluation team.
- (b) No officer or employee of the Trust directly engaged or responsible for the provision of the in-house service subject to competitive tendering may be a member of any of the specification or evaluation group established under SFI 16.7.12(a) but the specification group may consult with and take into account information received from such officers or employees in drawing up the Trust's specification subject at all times to observing the duty of non-discrimination at SFI 16.7.6. No member of the in-house tender group may participate in the evaluation of tenders.
- (c) The evaluation group shall make recommendations to the Board.
- (d) The Chief Executive shall nominate an officer to oversee and manage the contract awarded on behalf of the Trust.

16.7.7 Acceptance of Formal Tenders (See overlap with SFI No. 16.7)

- (a) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender.
- (b) Incomplete tenders (i.e. those from which information necessary for the adjudication of the tender is missing) and amended tenders (i.e. those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt) should be dealt with in the same way as late tenders (see SFI 16.7.5 above).
- (c) Where examination of tenders reveals errors which would affect the tender figure, the tenderer may be given details of such errors and afforded the opportunity of confirming or withdrawing his offer.
- (d) The lowest tender, if payment is to be made by the Trust, or the highest, if payment is to be received by the Trust, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

- (i) experience and qualifications of team members;
- (ii) understanding of client's needs;
- (iii) feasibility and credibility of proposed approach;
- (iv) ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

- (e) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
 - (i) No tender shall be accepted by the Trust which is obtained contrary to these SFIs except with the authorisation of the Chief Executive or Director of Finance.
 - (ii) All tenders should, subject to compliance with the provisions of the Freedom of Information Act 2000, be kept confidential and should be retained for 12 months from the date set for the receipt of tenders for inspection.
- (f) The use of these procedures must demonstrate that the award of the contract was:
 - (i) not in excess of the going market rate / price current at the time the contract was awarded;
 - (ii) that best value for money was achieved.
- (g) All tenders should be treated as confidential and should be retained for inspection.

- (h) All tendering activity carried out through e-tendering should be compliant with Trust policies and procedures. Issue of all tender documentation will be done electronically through a secure website with controlled access using secure login, authentication and viewing rules. All tenders will be received into a secure vault so that they cannot be accessed until an agreed opening time.

16.7.8 Tender Reports to the Board

Reports to the Board will be made on an exceptional circumstance basis only.

16.7.9 Monitoring and Audit of Decision to Tender

- (a) The waiving of competitive tendering procedures should not be used with the object of avoiding competition or solely for administrative convenience or subject to SFIs 16.8.2 to award further work to a provider originally appointed through a competitive procedure.
- (b) Where it is decided that competitive tendering need not be applied or should be waived, the fact of the non application or waiver and the reasons for it should be documented and recorded in an appropriate Trust record and reported to the Audit Committee at each meeting.
- (c) Where the Trust proposes not to conduct a tender process in relation to a contract opportunity for a new health care service or a significantly changed health care service then the Trust shall consider such proposal at a meeting of the Board as recommended by the Trust Procurement Guide

16.7.10 List of Approved Firms for Building and Engineering Construction Works

The Trust does not hold a physical approved contractors list as it uses general open tendering principles the same as for all other tenders created. Where relevant the Trust may use the services of construction industry standards such as Constructionline or YORBuild to pre approve contractors to bid for work.

16.7.11 Checks to be Undertaken When Not Using Approved Lists

Where a contract (and where appropriate a quote) is to be awarded to a contractor who is not on an approved list there should be appropriate checks to ensure that the Contractor is technically competent, financially secure and where appropriate that they comply with any appropriate equalities and health and safety legislation.

16.7.12 Contracts for Building or Engineering Works

- (a) Subject to SFIs 16.7.9(b) inclusive, every contract for building or engineering works shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with Concode.
- (b) When the content of the work is primarily engineering every contract shall embody or be in the terms of:
- the General Conditions of Contract recommended by the Institution of Mechanical Engineers; and/or
 - the Association for Consultancy and Engineering (Form A);
- (c) In the case of civil engineering work every contract shall embody or be in the terms of the General Conditions of Contract recommended by:
- the Institution of Civil Engineers; and/or

- the Association for Consultancy and Engineering; and/or
- the Civil Engineering Contractors Association.

(d) Each of the documents referred to in SFI 16.7.12 (a) to (c) inclusive may be modified and/or amplified to accord with Department of Health guidance and, with appropriate professional advice (including legal advice if necessary), to cover special features of individual projects.

16.8 Quotations: Competitive and Non-Competitive

16.8.1 General Position on Quotations

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds the threshold set out in the Scheme of Delegation.

16.8.2 Competitive Quotations

- Quotations should be obtained from up to 5 firms/individuals based on Scheme of Delegation prepared by the Trust.
- Quotations should be in writing unless the Chief Executive or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.
- All quotations should be treated as confidential and should be retained for inspection.
- The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record.

16.8.3 Non-Competitive Quotations

Non-competitive quotations in writing may be obtained in the following circumstances:

- the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the responsible officer, possible or desirable to obtain competitive quotations;
- the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts;
- miscellaneous services, supplies and disposals;
- where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this SFI (i.e.: (a) and (b) of this SFI) apply.

16.8.4 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Director of Finance.

16.9 Evaluation of Tenders and Quotations

16.9.1 Overriding Duty to Achieve Best Value

The Trust shall ensure that it seeks to obtain best value for each contract opportunity.

16.9.2 Choice of Evaluation Methodology

The Trust must for each contract opportunity which is subject to a tender or a competitive quotation choose to adopt evaluation criteria based on either:

- (a) the lowest price; or
- (b) the most economically advantageous tender, based on criteria linked to the subject matter of the contract opportunity including but not limited to some or all of:
 - quality;
 - price;
 - technical merit;
 - aesthetic and functional characteristics;
 - environmental characteristics;
 - running costs;
 - cost effectiveness;
 - after sales service;
 - technical assistance;
 - delivery date;
 - delivery period; and/or
 - period of completion
- c) Each invitation to tender or invitation to supply a competitive quotation must state the evaluation criteria to be used to evaluate the tender or quotation and the relative weightings of each such criteria.

16.9.3 Authorisation of Tenders and Competitive Quotations

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract will be decided as specified in Scheme of Delegation.

Formal authorisation must be put in writing. In the case of authorisation by the Board this shall be recorded in their minutes.

16.9.4 Form of Contract: General

Subject to the remainder of SFI 16.9.5 below the Trust shall consider the most applicable form of contract for each contract opportunity (including to the extent appropriate any NHS Standard Contract Conditions available) and should consider obtaining support from a suitably qualified professional advisor (including where appropriate legal advisors).

16.9.5 Statutory Requirements

The Trust must ensure that all contracts that are governed by mandatory statutory requirements (whether contained in Statute, Regulations or directions) comply with such requirements. Such contracts include, but may not be limited to:

- (a) GMS contracts;
- (b) PMS agreements;
- (c) SPMS contracts;
- (d) APMS contracts;
- (e) PCTMS contracts;

- (f) PDS agreements;
- (g) PCTDS contracts;
- (h) GDS contracts;
- (i) GOS contracts (mandatory and/or additional services contract)

16.10 Private Finance for Capital Procurement (See also SFI 22.2)

The Trust should normally market-test for PFI (Private Finance Initiative funding) when considering a capital procurement. When the Trust Board proposes, or is required, to use finance provided by the private sector the following should apply:

- (a) The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
- (b) Where the sum exceeds delegated limits, a business case must be referred to the appropriate Department of Health for approval or treated as per current guidelines.
- (c) The proposal must be specifically agreed by the Board.
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

16.11 Compliance Requirements for All Contracts

The Trust Board may only enter into contracts on behalf of the Trust within the statutory powers delegated to it by the Secretary of State and shall comply with:

- (a) The Trust's Standing Orders and Standing Financial Instructions;
- (b) EU Directives and other statutory provisions;
- (c) any relevant directions including the Capital Investment Manual, Estatecode and guidance on the Procurement and Management of Consultants;
- (d) such of the NHS Standard Contract Conditions as are applicable.
- (e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance.
- (f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.
- (g) In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.
- (h) In all contracts made by the Trust, the tendered value of the winning contract should not be exceeded. If, in the course of the contract, the tendered value is required to be exceeded then, prior to any agreement to vary the value, authorisation must be obtained by the relevant Director in charge of the business area. In the case of a capital contract, this agreement must be provided from the Capital and Redesign Group prior to any agreement being made. In all instances this agreement should only be sought when all other mitigating options have been explored.

16.12 Personnel and Agency or Temporary Staff Contracts

The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.

16.13 Health Care Services Agreements (See overlap with SFI No. 17)

Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the Trust. Service agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a PBC, is a legal document and is enforceable in law.

The Chief Executive shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Board.

16.14 Contracts for Health Care Services

Where a mandatory requirement of the Department of Health, the Trust shall utilise the most relevant NHS commissioning contract for the commissioning of health care services, or where a mandatory requirement of the Department of Health include standard provisions.

Health Care Services are classed as Light Touch under the Regulations. The Light touch regime applies to health care, social care, education, cultural and certain other services defined in the regulations. The Trust can design its own procedure for light touch regime procurements provided it complies with the Public Contract Regulations 2015 and follows its principles of equal treatment, transparency and setting time limits that are reasonable and proportionate. Contract opportunities should be advertised when/as required by SFI 16.6.9.

16.15 Commissioning Health Care Services: Decision to Tender

Health Care Services are classed as Part B Services under the Regulations. As such, no requirement to advertise arises by virtue of SFI 16.12 above, but may do under SFI 16.13 and each contract opportunity should be assessed against the Cross Border Test.

16.16 Disposals (See overlap with SFI 24)

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;
- (c) items to be disposed of with an estimated sale value below the threshold detailed in Scheme of Delegation;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- (e) land or buildings concerning which Department of Health guidance has been issued but subject to compliance with such guidance.

16.17 In-house Services

- 16.17.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.
- 16.17.2 In all cases where the Board determines that in-house services should be subject to competitive tendering the following groups shall be set up:
- (a) Specification group, comprising the Chief Executive or nominated officer/s and specialist.
 - (b) In-house tender group, comprising a nominee of the Chief Executive and technical support.
 - (c) Evaluation team, comprising normally a specialist officer, a supplies officer and a Director of Finance representative. For services having a likely annual expenditure exceeding £500,000 a Non-Executive Trust Board member should be a member of the evaluation team.
- 16.17.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.
- 16.17.4 The evaluation team shall make recommendations to the Board.
- 16.17.5 The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.

16.18 Applicability of SFIs on Tendering and Contracting to Funds Held in Trust (see also SFI 27)

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the Trust's trust funds and private resources.

17. NHS Service Agreements for Provision of Services (see also SFI 16.13).

17.1 Service Level Agreements (SLAs)

- 17.1.1 The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable Service Level Agreements (SLA) with service commissioners for the provision of NHS services.
- 17.1.2 All SLAs should aim to implement the agreed priorities contained within the Annual Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:
- the standards of service quality expected;
 - the relevant national service framework (if any);
 - the provision of reliable information on cost and volume of services;
 - that SLAs build where appropriate on existing Joint Investment Plans;
 - that SLAs are based on integrated care pathways.

- that SLA's are based on dialogue with clinicians, users, carers, public health professionals and managers
- that the SLA should apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this thus ensuring that the Trust jointly manages risk with all interested parties

17.2 Reports to Trust Board on SLAs

The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA. This will include information on costing arrangements, which increasingly should be based upon Healthcare Resource Groups (HRGs). Where HRGs are unavailable for specific services, all parties should agree a common currency for application across the range of SLAs.

18. Terms of Service, Allowances and Payment of Members of the Board and Employees

18.1 Remuneration and Terms of Service (see also SO 4)

- 18.1.1 In accordance with Standing Orders the Board shall establish a Remuneration and Nominations Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.
- 18.1.2 The Committee will:
- advise the Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors employed by the Trust, and other senior employees (if any) as it is designated to consider, including:
 - all aspects of salary (including any performance-related elements/bonuses);
 - provisions for other benefits, including pensions and cars;
 - arrangements for termination of employment and other contractual terms;
 - make such recommendations to the Board on the remuneration and terms of service of Executive Trust Board members (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such Board members and staff where appropriate;
 - ensure in consultation with the Chief Executive, that the performance of individual Executive Directors is regularly monitored and evaluated
 - advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.
- 18.1.3 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions but remain accountable for taking decisions on the remuneration and terms of service of Executive Directors. Minutes of the Board's meetings should record such decisions.

18.1.4 The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees and officers not covered by the Committee.

18.1.5 The Trust will pay allowances to the [Chair](#) and Non-Executive Directors in accordance with instructions issued by the Council of Governors.

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18.1.6 The Committee will approve recruitment and retention premia awarded to any member of staff not covered by Agenda for Change where there are national recruitment and retention pressures (for example medical consultants).

18.2 Funded Establishment

18.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.

18.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive.

18.3 Staff Appointments

18.3.1 No Trust Board member or officer may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) unless authorised to do so by the Chief Executive
- (b) within approved Scheme of Delegation

18.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

18.4 Processing Payroll

18.4.1 The Director of [Finance](#) is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications;
- (b) the final determination of pay and allowances;
- (c) making payment on agreed dates;
- (d) agreeing method of payment.

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18.4.2 The Director of [Finance](#) will issue instructions regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;

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- (f) authority to release payroll data under the provisions of the Data Protection Act;
 - (g) methods of payment available to various categories of employees;
 - (h) procedures for payment by cheque, bank credit, or cash to employees, liaising as necessary with the Finance Directorate;
 - (i) procedures for the recall of cheques and bank credits, liaising as necessary with the Finance Directorate;
 - (j) pay advances and their recovery, liaising as necessary with the Finance Directorate;
 - (k) separation of duties of preparing records and handling cash;
 - (l) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.
- 18.4.3 The Director of Finance will issue instructions regarding maintenance of regular and independent reconciliation of pay control accounts
- 18.4.4 Appropriately nominated managers have delegated responsibility for:
- (a) submitting time records, and other notifications in accordance with agreed timetables;
 - (b) completing time records and other notifications in accordance with the Director of Finance's instructions and in the form prescribed by the Director of Finance;
 - (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Director of Finance must be informed immediately.
- 18.4.5 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
- 18.5 Contracts of Employment**
- 18.5.1 The Board shall delegate responsibility to an officer for:
- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;
 - (b) dealing with variations to, or termination of, contracts of employment.
- 19. Non Pay Expenditure**
- 19.1 Delegation of Authority**
- 19.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

19.1.2 The Chief Executive will set out:

- (a) the list of managers who are authorised to place requisitions for the supply of goods and services;
- (b) the maximum level of each requisition and the system for authorisation above that level.

19.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

19.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (See also SFI 16)

19.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's Procurement department should be sought. Where this advice is not acceptable to the requisitioner, the Director of Finance (and/or the Chief Executive) shall be consulted.

19.2.2 System of Payment and Payment Verification

The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

19.2.2.1 The Director of Finance will:

- (a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Financial Instructions and regularly reviewed
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (i) A list of officers and Board members (including specimens of their signatures) authorised to certify invoices should be submitted to Finance and Purchasing by each Business Unit/HQ Directorate. It is the responsibility of the Assistant or Deputy Director /Departmental Director to re-submit specimen signatures where staff changes occur.
 - (ii) Certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;

- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment.
 - Email authorisation of invoices is allowable up to the thresholds within the Scheme of Delegation
- (iii) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
- (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI 19.2.4 below.

19.2.3 Prepayments

Prepayments are only permitted where exceptional circumstances apply. In such instances:

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).
- (b) The appropriate officer must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

19.2.4 Official Orders

Official Orders must:

- (a) be consecutively numbered;
- (b) be in a form approved by the Director of Finance;

- (c) state the Trust's terms and conditions of trade;
- (d) only be issued to, and used by, those duly authorised under the Scheme of Delegation

19.2.5 Duties of Managers and Officers

Managers and officers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement; (current thresholds are detailed in the Scheme of Delegation)
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health (The Procurement and Management of Consultants within the NHS)
- (d) where the item being procured is a capital investment or an estate or property transactions, the procurement must be in accordance with guidance issued by the Department of Health (Capital Investment Manual and Estatecode)
- (e) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - (ii) conventional hospitality, such as lunches in the course of working visits;

(This provision needs to be read in conjunction with SO 7 and 7.4.1)
- (f) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- (g) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract, purchases from petty cash or purchases made using the Trust purchasing card process ;
- (h) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (i) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (j) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
- (k) changes to the list of officers authorised to certify invoices are notified to the Director of Finance ;

- (l) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance ;
 - (m) petty cash records are maintained in a form as determined by the Director of Finance .
- 19.2.6 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within Concode and Estatecode. The technical audit of these contracts shall be the responsibility of the relevant Director.
- 19.3 Joint Finance Arrangements with Local Authorities and Voluntary Bodies**
- 19.3.1 Payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act **shall** comply with procedures laid down by the Director of Finance which shall be in accordance with these Acts. (See also SO 9.1)
- 20. External Borrowing**
- 20.1.1 The Director of Finance will advise the Board concerning the Trust's ability to pay dividend on and repay Public Dividend Capital (PDC) and any proposed new borrowing, within the limits set by the Department of Health. The Director of Finance is also responsible for reporting periodically to the Board concerning the PDC debt and all loans and overdrafts.
- 20.1.2 The Board will agree the list of officers (including specimens of their signatures) who are authorised to make short term borrowings on behalf of the Trust. This must contain the Chief Executive and the Director of Finance.
- 20.1.3 The Director of Finance must prepare detailed procedural instructions concerning applications for loans and overdrafts.
- 20.1.4 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cashflow position, represent good value for money, and comply with the latest guidance from the Department of Health.
- 20.1.5 Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Director of Finance. The Board must be made aware of all short term borrowings at the next Board meeting.
- 20.1.6 All long-term borrowing must be consistent with the plans outlined in the current Strategic Plan and be approved by the Board.
- 20.2 Investments**
- 20.2.1 Temporary cash surpluses must be held only in such public or private sector investments in accordance with the conditions set out in the Trust's Treasury Management Policy and the Independent Regulator's guidance "Managing Operating Cash in NHS Foundation Trusts"
- 20.2.2 The Director of Finance is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.
- 20.2.3 The Director of Finance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained. The Trust will comply with all the relevant guidance published in relation to investments.

21. Financial Framework

21.1.1 The Director of Finance should ensure that Board members are aware of the Financial Framework. This document contains directions which the Trust must follow. The Director of Finance should also ensure that the direction and guidance in the framework is followed by the Trust.

The Board will ensure that funds are available for short term cashflow management and this maybe by negotiating an irrevocable working capital facility. The value of this facility shall not exceed 30 days worth of normal operating expenditure.

21.1.2 Use of Framework Agreements

The Trust may utilise any available framework agreement to satisfy its requirements for works, services or goods but only if it complies with the requirements of Procurement Legislation in doing so, which include (but are not limited to) ensuring that:

- (a) the framework agreement was procured on its behalf. The Trust should satisfy itself that the original procurement process included the Trust within its scope;
- (b) the framework agreement includes the Trust's requirement within its scope. The Trust should satisfy itself that this is the case;
- (c) where the framework agreement is a multi-operator framework agreement, the process for the selection of providers to be awarded call-off contracts under the framework agreement is followed; and
- (d) the call-off contract entered into with the provider contains the contractual terms set out by the framework agreement.

22. Capital Investment, Private Financing, Fixed Asset Registers and Security of Assets

22.1 Capital Investment

22.1.1 The Chief Executive:

- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.

22.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

- (a) that a business case (in line with the guidance contained within the Capital Investment Manual) is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - (ii) the involvement of appropriate Trust personnel and external agencies;

- (ii) appropriate project management and control arrangements;
 - (b) that the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case.
- 22.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of Estatecode.
- 22.1.4 The Director of Finance shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.
- 22.1.5 The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.
- 22.1.6 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender (see also SFI 16.9);
- (c) approval to accept a successful tender (see also SFI 16.9).

The Chief Executive will issue a Scheme of Delegation for capital investment management in accordance with Estatecode guidance and the Trust's Standing Orders.

- 22.1.7 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes included in Annex C of HSC (1999) 246.

22.2 Private Finance (See also SFI 16.10)

- 22.2.1 The Trust should normally test for PFI when considering capital procurement. When the Trust proposes to use finance which is to be provided other than through its Allocations, the following procedures shall apply:
 - (a) The Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
 - (b) Where the sum involved exceeds delegated limits, the business case must be referred to the Department of Health or in line with any current guidelines.
 - (c) The proposal must be specifically agreed by the Board.

22.3 Asset Registers

- 22.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

- 22.3.2 The Trust shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Capital Accounting Manual or later guidance as issued by the Department of Health.
- 22.3.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 22.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 22.3.5 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 22.3.6 All assets are initially measured at cost and subsequently at fair value. For specialised buildings this involves a valuation based on modern equivalent assets (see accounting policies)
- 22.3.7 The value of each asset shall be depreciated using methods and rates as specified in the Independent Regulator's Financial Reporting Manual and IFRS.
- 22.3.8 The Director of Finance of the Trust shall calculate and pay capital charges as specified in the Capital Accounting Manual issued by the Department of Health.

22.4 Security of Assets

- 22.4.1 The overall control of fixed assets is the responsibility of the Chief Executive.
- 22.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:
- (a) recording managerial responsibility for each asset;
 - (b) identification of additions and disposals;
 - (c) identification of all repairs and maintenance expenses;
 - (d) physical security of assets;
 - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset;
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

- 22.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance.
- 22.4.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.
- 22.4.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.
- 22.4.6 Where practical, assets should be marked as Trust property.

23. Stores and Receipt of Goods

23.1 General Position

- 23.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:
- (a) kept to a minimum;
 - (b) subjected to annual stock take;
 - (c) valued at the lower of cost and net realisable value.

23.2 Control of Stores, Stocktaking, Condemnations and Disposal

- 23.2.1 Subject to the responsibility of the Director of Finance for the systems of control, overall responsibility for the control of stores shall be delegated to an officer by the Chief Executive. The day-to-day responsibility may be delegated by him/her to departmental officers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated estates manager.
- 23.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as health service property.
- 23.2.3 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 23.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.
- 23.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.
- 23.2.6 The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also SFI 23). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

23.3 Goods Supplied by NHS Supply Chain

- 23.3.1 For goods supplied via the NHS Supply Chain central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance who shall satisfy himself that the goods have been received before accepting the recharge.

24. Disposals and Condemnations, Losses and Special Payments

24.1 Disposals and Condemnations

24.1.1 Procedures

The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to managers.

- 24.1.2 When it is decided to dispose of a Trust asset, the Head of Department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

- 24.1.3 All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance;
- (b) recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

- 24.1.4 The Condemning Officer shall satisfy himself/herself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

24.2 Losses and Special Payments

24.2.1 Procedures

The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

- 24.2.2 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or Chief Executive. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved if this has not already been done. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the relevant LCFS and NHS Counter Fraud Authority Regional team

The Director of Finance must notify NHS Counter Fraud Authority, the External Auditor and the Independent Regulator of all frauds.

- 24.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must immediately notify:
- (a) the Board,
 - (b) the External Auditor.
- 24.2.4 Within limits delegated to it by the Managing Public Money guidance the Board shall approve the writing-off of losses.
- 24.2.5 The Director of Finance shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
- 24.2.6 For any loss, the Director of Finance should consider whether any insurance claim can be made.
- 24.2.7 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 24.2.8 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health.
- 24.2.9 All losses and special payments must be reported to the Audit Committee annually

25. Information Technology

25.1 Responsibilities and Duties of the Director of Finance

- 25.1.1 The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:
- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.
- 25.1.2 The Director of Finance shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.
- 25.1.3 The Director of Nursing shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the

information routinely published by a public authority. It describes the classes or types of information about our Trust that we make publicly available.

25.2 Responsibilities and Duties of Other Directors and Officers in Relation to Computer Systems of a General Application

25.2.1 In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of Trust's in the Region wish to sponsor jointly) all responsible directors and employees will send to the Director of Finance :

- (a) details of the outline design of the system;
- (b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

25.3 Contracts for Computer Services with Other Health Bodies or Outside Agencies

The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

25.4 Risk Assessment

The Director of Finance shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

25.5 Requirements for Computer Systems which have an Impact on Corporate Financial Systems

Where computer systems have an impact on corporate financial systems the Director of Finance shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) Director of Finance staff have access to such data;
- (d) such computer audit reviews as are considered necessary are being carried out.

26. Patients' Property

26.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as property) handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

- 26.2 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:
- a) notices and information booklets;
 - b) hospital admission documentation and property records;
 - c) the oral advice of administrative and nursing staff responsible for admissions,
- that the Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.
- 26.3 The Director of Finance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.
- 26.4 Where Department of Health instructions require the opening of separate accounts for patients' moneys, these shall be opened and operated under arrangements agreed by the Director of Finance.
- 26.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.
- 26.6 Officers should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 26.7 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

27. Funds Held on Trust

27.1 Corporate Trustee

- a) SO 2.8 outlines the Trust's responsibilities as a corporate trustee for the management of funds it holds on trust, along with SO 4.8.4 that defines the need for compliance with Charities Commission latest guidance and best practice.
- b) The discharge of the Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.
- c) The Director of Finance shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

27.2 Accountability to Charity Commission and Secretary of State for Health

- (a) The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.
- (b) The Schedule of Matters Reserved to the Trust Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Trust Board members and Trust Officers must take account of that guidance before taking action.

27.3 Applicability of Standing Financial Instructions to Funds held on Trust

- a) In so far as it is possible to do so, most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust. See also SFI No 16.18).
- b) The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

28. Acceptance of Gifts by Staff and Link to Standards of Business Conduct (See also SO 6 and SO 7.4.1)

The Director of Finance shall ensure that all officers are made aware of the Trust's Standards of Business and Managing Conflicts of Interest policy for NHS Staff on acceptance of gifts and other benefits in kind by officers. This policy follows the guidance published by NHS England) and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions.

29. Retention of Records

- 29.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health guidelines.
- 29.2 The records held in archives shall be capable of retrieval by authorised persons.
- 29.3 Records held in accordance with latest Department of Health guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

30. Risk Management and Insurance

30.1 Programme of Risk Management

The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Board.

The programme of risk management shall include:

- (a) a process for identifying and quantifying risks and potential liabilities;
- (b) engendering among all levels of staff a positive attitude towards the control of risk;

- (c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- (d) contingency plans to offset the impact of adverse events;
- (e) audit arrangements including; Internal Audit, clinical audit, health and safety review;
- (f) a clear indication of which risks shall be insured;
- (g) arrangements to review the Risk Management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make an Annual Governance Statement within the Annual Report and Accounts as required by current Monitor guidance.

30.2 Insurance: Risk Pooling Schemes Administered by NHSLA

The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Litigation Authority or self insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

30.3 Insurance Arrangements with Commercial Insurers

30.3.1 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, **three exceptions** when Trust's may enter into insurance arrangements with commercial insurers. The exceptions are:

- (a) Trust's may enter commercial arrangements for **insuring motor vehicles** owned by the Trust including insuring third party liability arising from their use;
- (b) where the Trust is involved with a consortium in a **Private Finance Initiative contract** and the other consortium members require that commercial insurance arrangements are entered into; and
- (c) where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the Litigation Authority. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Finance Director should consult the Department of Health.

30.4.1 Arrangements to be Followed by the Trust Board in Agreeing Insurance Cover

- (a) Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.
- (b) Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Trust Board is informed

of the nature and extent of the risks that are self insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

- (c) All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Director of Finance should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

Statutory Roles and Responsibilities of the Council of Governors

Subject always to provisions of the Constitution, the Governors shall have the following statutory roles and responsibilities:-

- Appoint and, if appropriate, remove the chair (Constitution paragraph 26);
- Appoint and, if appropriate, remove the other non-executive directors (Constitution paragraph 26);
- Decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors (Constitution paragraph 33);
- Approve (or not) the appointment of the chief executive (Constitution paragraph 28);
- Appoint and, if appropriate, remove the NHS foundation trust's auditor (Constitution paragraph 38);
- Receive the NHS foundation trust's annual accounts, any report of the auditor on them and the annual report at a general meeting of the Council of Governors (Constitution paragraph 44);
- Hold the non-executive directors, individually and collectively, to account for the performance of the Trust Board (Constitution paragraph 16);
- Represent the interests of the members of the Trust as a whole and the interests of the public (Constitution paragraph 12);
- Approve 'significant transactions' (Constitution paragraph 46);
- Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution (Constitution paragraph 46);
- Decide whether the Trust's non-NHS work would significantly interfere with its principle purpose, which is to provide goods and services for the health service in England or performing its other functions (Constitution paragraph 41);
- Approve amendments to the Trust's constitution (Constitution paragraph 44).

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting, 31 May 2023														
Title of Report:	Annual Declarations 2022/23														
Author/s:	Stella Jackson Head of Corporate Affairs														
Recommendation:	<table border="1" data-bbox="472 600 1458 723"> <tr> <td data-bbox="472 600 868 640">To approve</td> <td data-bbox="868 600 963 640" style="text-align: center;">x</td> <td data-bbox="963 600 1343 640">To discuss</td> <td data-bbox="1343 600 1458 640"></td> </tr> <tr> <td data-bbox="472 640 868 680">To note</td> <td data-bbox="868 640 963 680"></td> <td data-bbox="963 640 1343 680">To ratify</td> <td data-bbox="1343 640 1458 680"></td> </tr> <tr> <td data-bbox="472 680 868 723">For assurance</td> <td data-bbox="868 680 963 723"></td> <td data-bbox="963 680 1343 723"></td> <td data-bbox="1343 680 1458 723"></td> </tr> </table>			To approve	x	To discuss		To note		To ratify		For assurance			
To approve	x	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	<p>A paper regarding the Trust’s draft Annual Declarations for the 2022/23 financial year was considered by the Trust Board on 25 January 2023.</p> <p>The Council of Governors, at a meeting held on 20 April 2023, considered the assurance and declaration regarding the training of Governors. A challenge was made regarding the inclusion of assurance surrounding Condition G6 (which highlighted good assurance had been provided by Internal Audit regarding governance arrangements) as this assurance was given in 2018/19.</p> <p>It is recommended that Trust Board:</p> <ul style="list-style-type: none"> • Approves the following annual declarations, based on the evidence included in this report: <ul style="list-style-type: none"> • The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution. • The Trust has complied with required governance standards and objectives • The Trust has a reasonable expectation that required resources will be available to deliver designated services • That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role: • Considers whether the reference to the good assurance provided by the Internal Audit regarding governance arrangements should be removed; and • Notes a revised licence has been published by NHS England (effective from the 2023/24 financial year) and the need to self-certify against this will no longer be required. 														
<p>Key Issues within the report: This report provides evidence of how the Trust continues to meet the terms of its Licence, elements of the NHS Act and its Constitution.</p>															

Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:	
<ul style="list-style-type: none"> High level of assurance provided in June 2022 by Audit Yorkshire regarding the annual declarations process. 		<ul style="list-style-type: none"> None 	
Key Risks/Areas of Focus:		Decisions Made:	
<ul style="list-style-type: none"> None 		<ul style="list-style-type: none"> Trust Board agreed at its meeting on 25 January 2023 that information should be incorporated into the annual declaration evidence regarding the new governor induction pack and that the external well led review information should be updated. This information has been incorporated. 	
Governance:		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
			Other (please detail)

Monitoring and assurance framework summary:

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

Trust Board

Annual Declarations 2022/23

1. Introduction and Purpose

This purpose of this paper is to provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust and with the evidence of how the Trust meets these declarations.

2. NHS Licence Conditions

Currently, all NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and have complied with governance requirements.

For the 2022/23 financial year, the Trust is required to make the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

Previous reports to the Trust Board and Council of Governors have highlighted the evidence available to support the above declarations.

Audit Yorkshire reviewed the annual declarations process as part of the 2021/22 internal audit plan with a report provided in June 2022 giving a 'High' level of assurance.

2.1 Condition G6

Condition G6 requires the Trust to have effective systems and processes in place to ensure compliance with its provider licence, the NHS Act and the NHS Constitution. The Trust should identify any risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply occurring.

The Trust Licence (No 130053 – Issued 1st April 2013) contains seven sections which details conditions relating to the following areas:

- General Conditions
- Pricing
- Choice and Competition
- Integrated Care
- Continuity of Services
- NHS Foundation Trust Conditions
- Interpretation and definitions

Details of the Trust licence conditions and commentary to support compliance is attached at Appendix A.

Declaration G6 also requires the Board to declare that the Licensee continues to meet the criteria for holding a licence, there are currently 2 conditions:

- The Trust must be registered with the Care Quality Commission
- The Directors and Governors of the Trust must meet the 'fit and proper persons test'

The Trust is compliant with these conditions.

2.2 Condition FT 4

Condition FT4 requires the Trust to apply the principles, systems and standards of good practice which would reasonably be regarded as appropriate for a supplier of health care services to the NHS.

Evidence to demonstrate the Trust's compliance against the six statements is attached at Appendix B, this is not an exhaustive list and has been updated based on feedback from previous Board and Council of Governor discussions.

2.3 Condition CoS7

As the Trust is a provider of Commissioner Requested Services, it must make a declaration under CoS7, evidence for which is included in Appendix A.

3. Additional Declaration – Training of Governors

Whilst not a specific licence condition, the Trust is also required to make an annual declaration in relation to the Training of Governors. It is a requirement of the Health and Social Care Act that the Trust ensures governors are equipped with the skills and knowledge they require. The Trust is required to make the following statement

'The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to Governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they require to undertake their role'

Based on the statement above the following list provides evidence of the Trusts compliance:

- Governor Induction Programme (including the development and provision of an updated Governor Induction pack)
- Governor Development Workshop/Sessions
- Council of Governor Meetings

4. Next Steps

The deadline for annual declarations has yet to be published but in previous years declarations have been made in May and June.

This report was presented to the Council of Governors in April to enable them to seek assurance regarding the evidence within the report. A challenge was made regarding the inclusion of assurance surrounding Condition G6 (which highlighted good assurance had been provided by Internal Audit regarding governance arrangements) as the assurance was provided in 2018/19.

Annex A

Licence Conditions:

Condition	Explanation	Comments
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS Improvement/Monitor with any information it requires for its licensing functions.	<ul style="list-style-type: none"> • The Trust complies with any NHS England and Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS England and Improvement
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> • The Trust Board of Directors continues to meet in public with digital access available to view meetings. • Agendas, minutes and papers are published on the Trust's website. • Monthly board meetings include updates on operational performance, quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • Published Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candour.
G3. Payment of fees to NHS Improvement/Monitor	Gives NHS Improvement/Monitor the ability to charge fees and for licence holders to pay them.	<ul style="list-style-type: none"> • There are currently no plans to charge a fee to Licence holders. • The Trust's financial systems enable it to comply with this requirement in the future.
G4. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	<ul style="list-style-type: none"> • Governors and Members of the Board of Directors are required to make an annual declaration to ensure that they continue to meet the Fit and Proper Persons Test.

Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> • The Trust responds to guidance issued by NHS Improvement/Monitor. • Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes. • The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor
G6. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> • The Trust's Internal Auditors (Audit Yorkshire) considered the Board Assurance Framework and Risk Management as part of the 2020/21 audit work programme; the outcome provided 'High' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team. • Annual Governance Statement. The 2021/22 Annual Head of Internal Audit Opinion provided 'Significant' Assurance <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>
G7. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS Improvement/Monitor if their registration is cancelled.	<ul style="list-style-type: none"> • The Trust is registered with the Care Quality Commission (CQC). • The Trust's last full CQC inspection was in 2019 and assessed the Trust as 'Good' • The Quality Committee has reviewed all evidence to support submissions made to the CQC • The Trust Board and Quality Committee has oversight of CQC Action Plans
G8. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	<ul style="list-style-type: none"> • Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G9. Application of section 5 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	<ul style="list-style-type: none"> • CRS are defined in the Trusts contracts with Clinical Commissioning Groups • The Trust makes a declaration under CoS7
Pricing conditions (P)		

Condition	Explanation	Comments
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> The Trust has well established systems for coding, collection, retention and analysis of activity and cost information. The 2020/21 Internal Audit Programme undertook an audit of the National Cost Collection provided 'High' assurance
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> The Trust responds to guidance and requests from NHS England and Improvement.
P3. Assurance report on submissions to Improvement/Monitor	Obliges licensees to submit an assurance report confirming that the information provided is accurate.	<ul style="list-style-type: none"> The Trust Board have signed off the process in relation to National Cost Collection (July 2021).
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	<ul style="list-style-type: none"> All Trust contracts are agreed annually and are in line with the national tariff where applicable. Contracts are in place with the ICB which were approved at the Trust Board in November 2022 The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.
P5. Constructive engagement concerning local tariff modifications	Requires license holders to engage constructively with commissioner and to reach agreement locally before applying to NHS Improvement/Monitor for a modification	<ul style="list-style-type: none"> The Trust has positive working relationships with commissioners. The Trust adopted a new collaborative commissioning approach to contracting in 2018/19 The Trust became the Lead Provider for Specialist Services across Humber and North Yorkshire in October 2021
Choice and competition (C)		
C1. The right of patients to make choice	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider.	<ul style="list-style-type: none"> The Trust has in place a service directory setting out the services available. Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	<ul style="list-style-type: none"> • The Trust is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should Trust Board decide to consider any structural changes, such as mergers or joint ventures.
Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services.	<ul style="list-style-type: none"> • The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. • A number of services provided are done so through partnership working with other local stakeholders. • The Trust has become the lead provider in the Humber Coast and Vale Geography for the following specialised Mental Health Services <ul style="list-style-type: none"> ○ Adult Secure inpatient care (Low/Medium Secure) ○ Children's and Adolescent Mental Health Inpatient Services ○ Adult Eating Disorders Inpatient Services
Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	<ul style="list-style-type: none"> • The Current Contracts with commissioners require agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS Improvement/Monitor's consent before disposing of these assets IF NHS Improvement/Monitor has concerns about the licensee continuing as a going concern.	<ul style="list-style-type: none"> • The Trust maintains a full capital asset register. • Any disposals are reported/approved by the Trust Board

Condition	Explanation	Comments
CoS3. Standards of corporate governance and financial management	Licensees are required to adopt and apply systems and standards of corporate governance and management, which would be seen as appropriate for a provider of NHS services and enable the Trust to continue as a going concern.	<ul style="list-style-type: none"> • The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed May 2022. • The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	<ul style="list-style-type: none"> • The Trust does not operate and is not governed by an Ultimate Controller arrangement, so this License Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	<ul style="list-style-type: none"> • The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial stress	Applies when a licensee fails a test of sound finances and obliges the licensee to co-operate with NHS Improvement/ Monitor.	<ul style="list-style-type: none"> • The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> • The Trust has an approved budget and has remained on target throughout the financial year • The Trust continues to complete its on a going concern basis and there are no indications this will change • The Trust has maintained a bank balance of circa £30m <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>
Foundation Trust conditions (FT)		
FT1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS Improvement/Monitor.	<ul style="list-style-type: none"> • The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS Improvement with a copy of its Board approved Annual Report and Accounts.

Condition	Explanation	Comments
FT2. Payment to NHS Improvement/Monitor in respect of registration and related costs	The Trust would be required to pay any fees set by NHS Improvement/Monitor.	<ul style="list-style-type: none"> • If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.
FT3. Provision of information to advisory panel	NHS Improvement/Monitor has established an independent advisory panel to consider questions brought by governors. Foundation trusts are obliged to provide information requested by the panel.	<ul style="list-style-type: none"> • The Trust would comply with this as required through the provision of any requested information.
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	<p>* This is a signed declaration on behalf of the Trust as part of the annual submissions. Evidence against this submission is detailed in appendix B.</p>

Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – May 2022 Board. Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and 'ward to board' reporting. Well Led Review has taken place and all recommendations have been implemented.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business	<i>External Audit Opinion on VFM (ISA260)</i> <i>Going Concern review</i> <i>Annual Governance Statement</i> All Statutory requirements met Delivered Financial Targets in 2021/22 (2021/22 on plan) Previous use of Resource Score of 2 (currently not recorded) Trust plan agreed to its financial targets for 2022/23 Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board <i>Annual Report and Accounts</i> <i>Annual Quality Report</i>

	Statement	Sources of Evidence and Assurance
	plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Board Skill Mix</p> <p>CQC well led rating of Good</p> <p>Board Development Programme</p> <p>Standing Items to Board</p> <ul style="list-style-type: none"> • Performance Report • Finance • Chief Executive Update including <ul style="list-style-type: none"> ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update <p>Refreshed Trust Strategic Objectives</p> <p>Patient and Staff Stories reported to Board</p> <p>Programme of Exec Visits (Virtual and Physical)</p> <p>Friends and Family Test</p> <p>CQC Action Plan/Improvement Plan</p> <p>Midday Mail/Midweek Global</p> <p>EMT New Headlines</p> <p>Board Talk</p> <p>Meet with Michele</p>
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Trust Board undertake Fit and Proper Persons Test</p> <p>Board Secretary maintains declarations of interest register</p> <p>Staffing Figures reported to the board regularly.</p> <p>Trust Workforce Strategy</p> <p>Workforce included in Service Plans</p> <p>The Trust has established a Workforce Committee</p>

Title & Date of Meeting:	Trust Board Public Meeting, 31 May 2023															
Title of Report:	Provider License															
Author/s:	Stella Jackson Head of Corporate Affairs															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>x</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	x	To ratify		For assurance			
To approve		To discuss														
To note	x	To ratify														
For assurance																
Purpose of Paper:	<p>Up until the financial year 2023/24, NHS Providers were required to complete annual self-certifications (declarations) under the terms of the NHS provider licence. This requirement was removed from the Provider Licence which came into force on 1 April 2023. However, it is still expected that trusts will self-assess their compliance against the Licence conditions.</p> <p>The new Provider Licence contains a number of changes and evidence to support a self-assessment against the new Licence conditions is currently being compiled. This will be presented to the Executive Management Team later in the year for review.</p> <p>This report is presented for noting.</p>															
Key Issues within the report: None																
Positive Assurances to Provide: <ul style="list-style-type: none"> High level of assurance provided in June 2022 by Audit Yorkshire regarding the annual declarations process. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> None 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> None 		Decisions Made: <ul style="list-style-type: none"> None 														
Governance:		Audit Committee	Date	Remuneration & Nominations Committee	Date											
		Quality Committee		Workforce & Organisational Development Committee												
		Finance & Investment Committee		Executive Management Team												
		Mental Health Legislation Committee		Operational Delivery Group												
		Charitable Funds Committee		Collaborative Committee												
				Other (please detail) Board report	✓											

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

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

Trust Board
31 May 2023

Annual Declarations 2023/24

1. Introduction and Purpose

On Monday, 27 March, NHS England (NHSE) launched the [new NHS provider licence](#), together with [their response to the recent provider licence consultation](#). The new licence came into force on 1 April 2023.

The NHS provider licence forms part of the oversight arrangements for NHS providers. It was first introduced in 2013 and has since been held by all NHS foundation trusts, as well as independent sector providers, unless exempt. NHS trusts have been exempt until now, but changes brought by the Health and Care Act 2022 require them to be licenced too from 1 April 2023.

The new provider licence aims to: support effective system working; enhance the oversight of key services provided by the independent sector; address climate change; and make a number of necessary technical amendments.

2. Self certification against the Licence conditions

The new licence does not require licence holders to publish a declaration of compliance but they are expected to self-assess their compliance against the conditions. NHS England will not be monitoring compliance with the Licence and Integrated Care Boards will decide if and how they want to monitor compliance. However, NHS England will use the licencing framework to take action against an NHS provider should a breach occur.

The evidence of how the Trust meets the Licence conditions will be reviewed and updated to incorporate the changes brought about by the new Licence. This will be reviewed by the Executive Management Team.

Title & Date of Meeting:	Trust Board Public Meeting, 31 May 2023														
Title of Report:	Board and Committee Effectiveness Reviews 2022/23														
Author/s:	Name: Stella Jackson Title: Head of Corporate Affairs														
Recommendation:	<table border="1" data-bbox="523 629 1505 745"> <tr> <td data-bbox="523 629 919 667">To approve</td> <td data-bbox="919 629 1015 667">/</td> <td data-bbox="1015 629 1394 667">To discuss</td> <td data-bbox="1394 629 1505 667"></td> </tr> <tr> <td data-bbox="523 667 919 705">To note</td> <td data-bbox="919 667 1015 705"></td> <td data-bbox="1015 667 1394 705">To ratify</td> <td data-bbox="1394 667 1505 705"></td> </tr> <tr> <td data-bbox="523 705 919 745">For assurance</td> <td data-bbox="919 705 1015 745"></td> <td data-bbox="1015 705 1394 745"></td> <td data-bbox="1394 705 1505 745"></td> </tr> </table>			To approve	/	To discuss		To note		To ratify		For assurance			
To approve	/	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	<p>To present completed effectiveness reviews for the Trust Board and each of the Board's sub committees for 2022/23.</p> <p>To present Committee Terms of Reference for Board approval.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> The effectiveness reviews demonstrate good governance with committees and Board meeting the requirements of their terms of reference throughout the year. All committees have undertaken an annual effectiveness review and these are attached as appendices with their terms of reference. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> No actions identified 														
<p>Key Points/Risks:</p> <ul style="list-style-type: none"> One amendment has been made to the Remuneration and Nomination's Committee's terms of reference regarding special severance payments. This has been added following agreement by the Audit Committee (on 16 May 2023) to include reference to this in the Standing Orders, Scheme of Delegation, Standing Financial Instructions document and, due to this timing issue, has not been agreed by the Remunerations and Nominations Committee. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> Terms of Reference (ToR) have been reviewed by respective Board committees and amendments agreed for ratification by the Board. 														

- The proposed amendments to the terms of reference of the Finance and Investment Committee have not been considered by that Committee but have been agreed by the Committee Chair.

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

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	

Trust Board and Committee Effectiveness Reviews 2022-2023

1. Introduction

The Board has delegated functions to each of its committees as outlined in the Standing Orders, Scheme of Delegation and Standing Financial Instructions document.

An annual review of effectiveness has been undertaken for the Trust Board and each of the sub committees as outlined on the table below.

	Non-Executive Director Committee Chair
Quality Committee	Phillip Earnshaw
Finance and Investment Committee	Francis Patton
Workforce & Organisational Development Committee	Dean Royles
Charitable Funds Committee	Stuart McKinnon-Evans
Collaborative Committee	Stuart McKinnon-Evans
Mental Health Legislation Committee	Mike Smith
Audit Committee	Stuart McKinnon-Evans
Remuneration and Nomination Committee	Trust Chair
Trust Board	Trust Chair

2. Completed Reviews

The effectiveness reviews and terms of reference for each committee are attached as appendices:

- Appendix 1: Quality Committee
- Appendix 2: Finance and Investment Committee
- Appendix 3: Workforce & Organisational Development Committee
- Appendix 4: Charitable Funds Committee
- Appendix 5: Collaborative Committee
- Appendix 6: Mental Health Legislation Committee
- Appendix 7: Audit Committee
- Appendix 8: Remuneration and Nomination Committee
- Appendix 9: Trust Board

3. Summary

- The Trust Board and all sub committees have undertaken a committee effectiveness review for 2022-2023 and have reviewed their Terms of Reference.
- The Trust Board and all sub committees have a work plan for the 2022/23 year ahead and these are available on request.

4. Recommendations

- To receive and discuss effectiveness reviews for the Trust Board and its sub committees.
- To approve Terms of Reference for the Trust Board and sub committees.

Quality Committee

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2022 to 31st March 2023

The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that;

- *Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.*
- *Performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.*
- *The quality impact of proposed business change proposals (i.e. new models, budget reductions) are fully reviewed for their impact on quality*
- *The impact of quality improvements and audits are clearly tracked through performance and experience data.*

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether they believe that the Committee has operated effectively and added value

The Quality Committee was convened on five occasions in 2022- 2023. All sessions have been quorate with good interaction from all colleagues. During the year I took over the chairing of the committee and I would like to thank Mike Smith who took the chair in the interim before I started. The September meeting was focused on receiving a number of annual reports and these were uniformly of a high standard with new reports eg Psychology being received for the first time.

The Quality Committee has worked hard to maintain business as usual during unprecedented clinical pressures providing oversight and assurance to the Board in relation to all activities relating to quality, patient safety and patient experience on behalf of the Trust Board. The Committee has proactively contributed to Humber's work on quality improvement whilst also promoting research and development and Patient and Public Involvement.

We are underpinned by excellent work from the Quality Patient and Safety Group which supports the Committee and its wider contribution to assurance systems.

The whole organisational response from Humber Teaching NHS Foundation Trust to our recovery from Coronavirus combined with recent winter pressures has been proactive and outstanding with staff engagement throughout.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
To provide a strategic overview of Clinical Governance, Risk and Patient Experience to the Trust Board	<ul style="list-style-type: none"> Annual reports for Safeguarding, Patient Safety, Healthcare Acquired infection, Patient and Carer Experience report (which includes Complaints, PALS and E&D), Clinical Audit, Zero Events and Research and Development reported to the Committee. Quality Accounts 2021-22 oversight and approval prior to Board submission Quality Risk Register and BAF. 	
To provide an assurance to the Trust Board that risks, and governance issues of all types are identified, monitored and controlled to an acceptable level.	<p>Report of assurances and minutes of the meeting submitted to the Trust board.</p> <p>Escalated key assurances for Board review/ratification e.g. annual reports for Safeguarding, Infection Control, R&D, Patient and Carer Experience. Medicines Management work from 2021 Community Mental Health Survey</p> <p>Review of Quality related risks and the BAF prior to submission to the Board.</p> <p>Closed Culture and Trust Response presentation and discussion</p>	Quality Accounts 2023-24 to be submitted 1 June 2023 Quality Committee meeting
To provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust's strategic objectives To provide a regular review of the Board Assurance Framework relating to Quality	<p>Review of the Board Assurance Framework quality related risks at each meeting.</p> <p>BAF presented quarterly to the Board.</p> <p>Quality related risks reported to each meeting via the Quality Committee Risk Register</p>	
Drive improvements in the approach to quality improvement, innovation and quality assurance informed by the internal governance reporting structures and	<p>The committee reviewed the divisional quality improvement plans.</p> <p>Received presentations/discussion topics and information– including</p> <ul style="list-style-type: none"> – Patient Safety Strategy – progress update and next steps 	Continued oversight of divisional quality improvement plans and closed cultures work.



<p>external horizon scanning and learning from others</p>	<ul style="list-style-type: none"> - Suicide Strategic plan and presentation - Closed Cultures and Trust response/next steps - Allied Health Professionals Annual Report - Social Workers contribution to Quality Improvements - Clinical supervision - White Ribbon Accreditation - Autism Strategic Approach - Learning Disability standards - CMHT transformation - CQC compliance work and updates <p>Reviewed findings from a Safeguarding review noting actions and progress</p> <p>Reviewed findings from the Ockenden Report</p> <p>Review of the NHS FT Well Led External Audit Report</p> <p>The Committee receives a Quality Insight Report at each meeting detailing national policy and Trust quality improvements and performance/actions taken.</p>	
<p>To receive regular assurance reports that ensure all areas/departments of the Trust produce a risk register that relates local risks to achieving the Trust's strategic objectives.</p>	<p>Discussion topic in relation to a specific quality related issue at each Committee, agreed with the chair prior to each meeting</p> <p>Update on waiting list quality issues following review at the request of the Board</p> <p>Review of additional report on incidents, following the Zero Events Annual Report</p> <p>Discussion on the risk register entry and discussion following presentation of the NICE Guidance Annual report</p>	
<p>To ensure that there is an effective mechanism for reporting significant risks and governance issues to the Trust Board in a timely manner.</p>	<p>Monthly reports to the Board via the executive briefings in the Chief Executive board briefing.</p> <p>The Committee Board Assurance report.</p> <p>The Board Assurance Framework</p>	



To provide a strategic overview of patient and carer experience, regularly reviewing outcomes and satisfaction	Six monthly Patient and Carer report and annual report Patient Survey results including GP survey and Mental Health inpatient Survey	
To ensure that work plans are produced, and a range of actions are undertaken by other meetings, reporting to the Quality Committee to provide assurance to the Trust Board.	Minutes received from Quality and Patient Safety Group. Chair of Quality Committee has observed the meeting.	
To monitor Trust compliance with the required standards for regulation and registration with the Care Quality Commission and other national guidelines	CQC updates included in the Quality Insight report CQC compliance work reported.	
To monitor and advise on the Trust approach to Research and Development	R&D Strategy and progress reports submitted. Supported annual conferences and events	Continued support given to R&D events

3. Attendance

3.1 The Quality Committee met on five occasions during 2022/23

Members:	No of meetings attended
Non-Executive Director (Chair)	5/5
Two Non-Executive Directors	5/5
Director of Nursing, Allied Health and Social Care Professionals (Management support to the Committee)	5/5 (1xrep)
Medical Director	5/5
Chief Operating Officer	5/5

3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

Membership is effective, participation is good and has been strengthened with regular inputs from others.

3.3 *Include any recommendation for change to membership & reasons why*

It was agreed to split the Clinical Director and Deputy Medical Director as these will be separate roles moving forward. This has been updated in the Terms of Reference review.

4. Quoracy

The Committee was quorate on all occasions

5. Reporting / Groups or Committees

Which groups report to the Quality Committee? *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Quality and Patient Safety Group

Has the Committee approved the Terms of Reference for each of these groups?

Yes [] No [] *If no, action/timescale for receipt:_____*

Are ToR annual reviews for each reporting group on your Committee workplan to approve?

Yes [] No []

Has the Quality Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [] No []

If no, please provide an exception report on concerns/recommended changes below:-

Has the Quality Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2021/22?

Yes [] No []

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan? **Yes***
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting? **Yes***
- *Is the quality and timeliness of the minutes satisfactory? **Yes***
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through? **Yes***

7. Review of Terms of Reference

Chair to summarise any recommended changes to the committees' terms of reference in light of the annual evaluation.

Terms of reference updated to include an additional section on declaration of interest and members and aligned to match other sub-committees with Committee members and in attendance members. The Membership was amended slightly as noted in 3.3



8. Workplan for 2023/24

Has a workplan for the year ahead, 2023/24 been prepared?

Yes [] No []. *If no, when will it be presented to your committee?* ___N/A_____

9. Any Actions Arising from this Effectiveness Review? YES [] NO []



Terms of Reference
Quality Committee

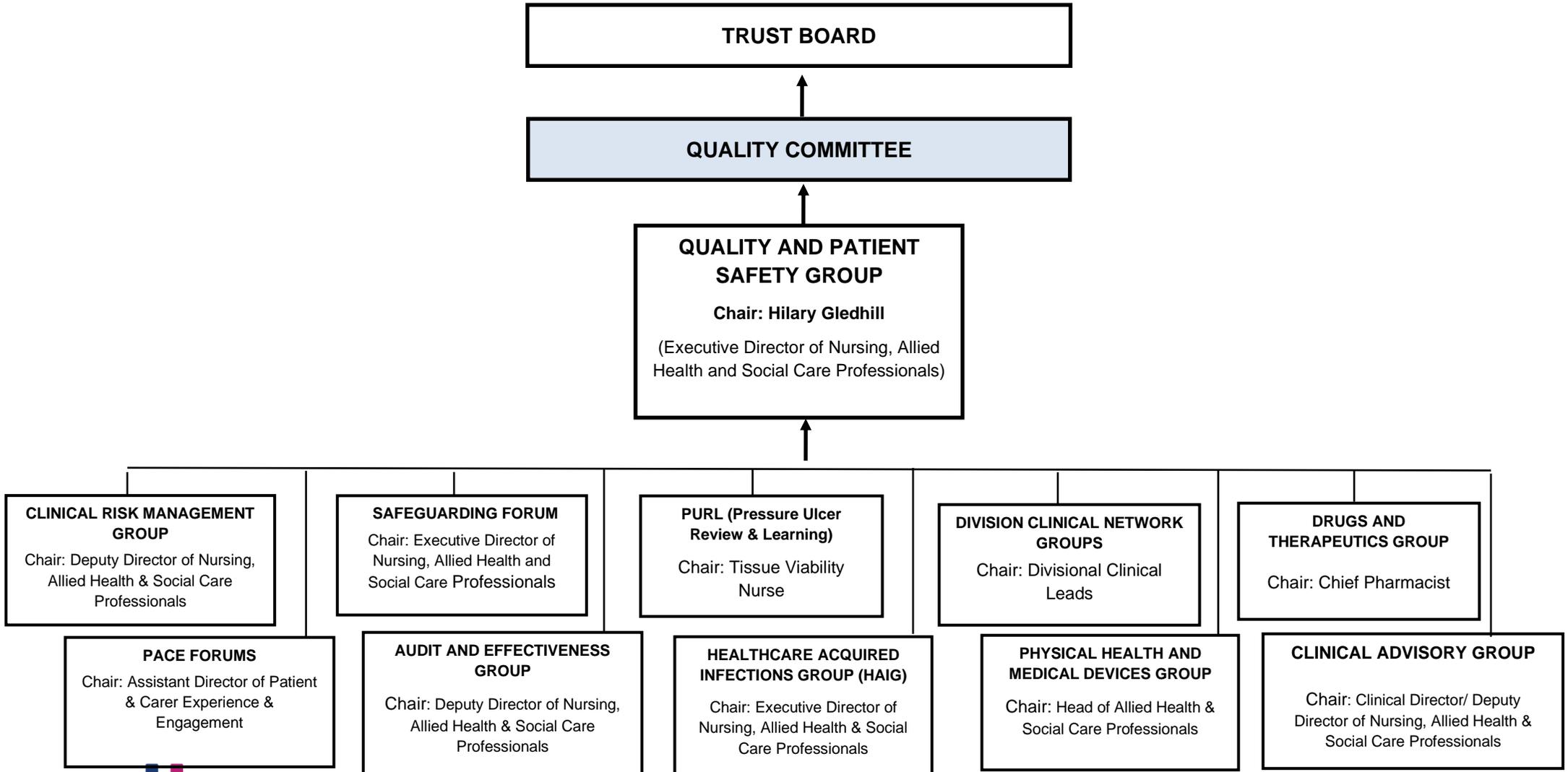
<p>Authority</p>	<p>The Quality Committee is constituted as a standing committee of the Trust’s Board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board of Directors’ meetings.</p>
<p>Overall Aim / Purpose</p>	<p>The purpose of the Quality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

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

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

	<p>Board in respect of meetings held for which minutes have not yet been approved.</p> <p>The Quality Committee will provide an annual Quality Account to the Trust Board.</p>
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.
Agreed by <i>Quality Committee</i>	<i>2 March 2023</i>
Date approved by <i>Trust Board</i>	
Review Date	<i>March 2024</i>

CLINICAL & QUALITY GOVERNANCE REPORTING STRUCTURE



Finance and Investment Committee

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2022 to 31st March 2023

The purpose of the Finance and Investment Committee is to provide strategic overview and 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.

1. Executive Summary

The year ending March 2023 saw the committee move from six meetings a year to four meetings a year although an extra meeting was added in March to review the year-end and plan for 2023/24. The committee functioned well with good attendance and input by all committee members and guests/presenters to the committee. Papers continue to improve year on year meaning a higher standard of discussion. Feedback from last year’s effectiveness review was taken on board and incorporated into the way the committee was run.

The committee has delivered against all its functions within its ToR as evidenced below. A formal review of the workings of the committee has been undertaken and a summary of this has been attached. Overall, the feedback is very positive with no changes suggested. In terms of the issues raised in last year’s review they have all been addressed.

In summary I am happy that the committee has the right membership and is working effectively and efficiently and is delivering sound, solid assurance to Board in terms of the financial performance of the Trust, its capital expenditure, its business planning, its estate planning and the delivery of its IT strategy.

2. Delivery of functions delegated by Board.

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
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.	<p>The Committee receive regular updates on all financial items.</p> <p>Challenge is undertaken at each meeting with actions allocated regarding assurance in a rolling tracker which is updated and</p>	None

	<p>monitored at each meeting.</p> <p>A Chair's log is taken to the Trust Board after each meeting.</p>	
Scrutinise all financial plans, including the Trust's annual financial plan, prior to seeking Board approval	A report was brought to the committee in March which highlighted the Trust's planning position, this was ahead of the Trust Board in April where the financial plan was approved.	None
Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes	<p>Monitoring of the Trusts BRS has been undertaken at every meeting.</p> <p>BRS 2023/24 has been reported to the committee</p>	Continue regular reports to FIC on the BRS
Approve the processes and timetable for annual budget setting, and budget management arrangements	<p>Regular reports have been brought to the committee on the implications of planning guidance and emerging financial plan.</p> <p>The paper to March sought approval for a budget to be uploaded to enable monitoring from April 2023.</p>	None
Review and challenge delivery of the Trust's Capital Investment Programme and approve the processes for managing the Trust's capital programme	<p>Regular updates have been brought on the capital programme and future years capital plans.</p> <p>This is a standing item on the forward work plan.</p>	None
Review and endorse the Trust's medium- and long-term financial plans prior to Board approval	Approved as part of the Financial Planning Papers in January and March which included the forward-looking Budget Reduction Strategy	None
Monitor the detailed monthly income and expenditure position of the Trust, overall financial performance (capital and revenue) against plan, and projected final outturn	Monitored at every meeting	None
Receive assurance from the Operational and Corporate Directors in respect of performance against annual budgets, capital plans and the BRS, quality, innovation, productivity and prevention plans, commissioning for quality and innovation plans (CQUIN), activity and key performance indicators, corporate governance activities and responsibilities;	COO is a member of the committee and Divisional Managers are invited to review the specific issues within their Directorate as required	None
Monitor effective balance sheet management, including asset management and cash planning	Monitored at every meeting	None
Monitor financial performance indicators, including compliance with Public Sector Payment Policy	Monitored at every meeting	None
Monitor the development, application	Primary Care Recovery Plan	Ongoing monitoring of

and delivery of financial recovery plans	monitored specifically at July, October 2022 and January 2023 meetings. Specific focus on Agency Costs in the January 2023 meeting.	recover plans for 2023/24 trajectories on both areas.
Review the robustness of the risk assessments underpinning financial forecast	Risk assessments are included within the BRS monitored at every meeting. Risk assessments are undertaken in terms of the BRS scheme proposals as per the BRS reviews.	None
Review the Finance Directorate risk register, including delivery of action	BAF and Risk Register are standing items at the quarterly meetings.	None
Approve financial policies & procedures, including standing financial instructions	Policies and procedures reviewed when required as per the deadlines and the policy review principles.	None
Work with the Audit, Workforce and Quality Committee's advising on the non-clinical aspects of risk management.	Committee Chair worked closely with Chairs of Audit Committee and Quality Committee to advise on non-clinical risks. Committee Chair also sits on Audit Committee and Workforce	None
Identify opportunities for improvement and encourage innovation	This is being undertaken with the Committee in terms of reviewing the Business Development which is reviewed at each meeting and reviews of Capital and Estates Group and Digital Delivery Groups	None
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.	Regular reviews are provided as part of the Insight Report	None
Review and challenge both the Estates & Facilities Work Programme, Policies & Procedures and the delivery of the Trust's Estate Strategy. Will review and challenge the Digital Delivery work programme, policies and procedures	Delivery of the Trust Estate Strategy and the Trust Digital Strategy is reviewed on a quarterly basis with an annual full review produced and an update of the Estates Strategy which was copied into Board.	None
Have due regard to the public sector equality duty and the Trust's equality objectives	Equality considered as standard practice throughout the Finance and Investment Committee's reporting. Particular reference to the BRS and QIA process (QIA overall responsibility is Quality Committee).	None
Refer issues arising to other Trust committees or group	This is done through the Chair's log, through the Chair attending	None

	other Committees and through conversations at NED meetings.	
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.	<p>Future Agenda items re agreed at each meeting,</p> <p>An annual work plan has been produced which will be reviewed at each meeting.</p>	None
<p>The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice:</p> <ul style="list-style-type: none"> • the Board (who may at any time request additional information, or information in a different format) and committees • commissioners, including CCGs and NHS England • public, patients and staff • budget holders • other stakeholders, e.g., other Trusts, local authorities 	<p>The Committee agreed for a Chair's log to be produced for Board which is also used with Governors and is available on the public website for all stakeholders.</p>	None
<p>Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. This will be achieved by:-</p> <ul style="list-style-type: none"> • reviewing and approving the business development and investment framework to support and govern all investments, contracts and projects as set out in the TOR. • evaluating post implementation, the financial performance of approved investments, contracts and development projects, and report the findings to the Board. • considering the Trust's medium- and long-term strategies in relation to both revenue and capital investment expenditure and make recommendations to the Board on a regular basis. • reviewing and assessing the business cases for: 	<p>All opportunities over £500k have been submitted as business cases to the Committees for discussion and a decision, taking account of the Trusts Strategy and long-term plan. Full reviews of benefits delivered are also undertaken.</p>	

<ul style="list-style-type: none"> ○ Capital expenditure over £500k. ○ New business development projects with an annual value in excess of £500k in total ○ Any reconfiguration project which has a financial and/or resource implication over £500k per annum ○ Leases, contracts or agreements with revenue, capital and/or resource investment/commitment more than £500k per annum ○ The purchase or sale of any property ○ The purchase or sale of any equipment above £250k ○ All Borrowing or investment arrangements ○ Horizon scanning regarding business opportunities. <p>To periodically consider strategic risks to business and ensure these are reflected and mitigated within any business cases.</p>		
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3. Attendance

The Finance and Investment Committee met on 5 occasions during 2022/23

Members:	No of meetings attended
Francis Patton - Non-Executive Director	5/5
Stewart Mckinnon- Evans - Non-Executive Director	4/5
Dean Royles	1/3
Lynn Parkinson - Chief Operating Officer	4/5
Peter Beckwith - Director of Finance	5/5
Iain Omand - Deputy Director of Finance	4/5
Di Roberts – Deputy Director of Finance	5/5
In attendance:	
Jonathan Duckles – Head of Business Development	3/5
Robert Atkinson – Deputy Director of Estates and Facilities	2/5

Paul Dent – Specialist Fire Safety Advisor Sarah Clinch – Strategy and Planning Lead	2/5 1/5
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3.2 The committee works well with all members contributing positively well providing good constructive challenge. This is reflected in the responses to the questionnaire forwarded to members and attendees. A summary is provided at Appendix 1.

4. Quoracy

The Committee was quorate on all occasions.

5. Reporting / Groups or Committees

Which groups report to Finance and Investment Committee (*these should be clearly identified on the schematic on your ToR*). Please list:

- Digital Delivery Group
- Capital Programme Board

Has the Committee approved the Terms of Reference for each of these groups?

Yes [] No [] *If no, action/timescale for receipt: N/A*

Are ToR annual reviews for each reporting group on your committee workplan to approve?

Yes [] No [X]

Reporting groups don't formally report into finance and investment committee, but logs are brought for information.

Has the Finance and Investment Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?

Yes [X] No []

Has Finance and Investment Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2022/23?

Yes [x] No []

6. Conduct of meetings

A full workplan was developed for the committee at the start of the year and has been delivered in full with all agendas appropriately scheduled.

Reports and papers have been issued in a timely manner with any minor delays being driven by closing down the month end. The quality of papers has been excellent with Executive summaries continuing to improve under the new format.

The Committee has had excellent secretarial support providing high quality minutes and action logs in a timely manner. All actions are clearly recorded and assigned to individuals and dealt with in a timely manner.

7. Review of Terms of Reference

A copy of the current Terms of reference are included at Appendix 2. Track changes have been used to highlight proposed changes.

8. Workplan for 2022/23

Has a workplan for the year ahead, 2023/24 been prepared?

Yes [] No []. *If no, when will it be presented to your committee?*

9. Any Actions Arising from this Effectiveness Review? YES [] NO [X]

Terms of Reference

Finance and Investment Committee

Authority	<p>The Finance and Investment Committee is constituted as a standing committee of the trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings.</p> <p>The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere.</p> <p>The Committee may form any working group, tasked for a specific purpose and for a fixed period of time, to support the delivery of any of its duties and responsibilities, or for relevant research.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice as it requires and to secure the attendance of those with relevant experience and expertise if it considers this necessary and appropriate by the Chair.</p>
Overall Aim/Purpose	<p>The Finance and Investment Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions. The primary role of the Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board as appropriate and taking actions as required.</p> <p>The Committee is authorised to require any Trust Officer to attend a meeting and provide information and/or explanation as required by the Committee</p>
Duties	<p>The Finance and Investment Committee will:-</p> <ul style="list-style-type: none"> • 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 • Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes • 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
- Receive assurance from the Operational and Corporate Directors in respect of performance against annual budgets, capital plans and the BRS, quality, innovation, productivity and prevention plans, commissioning for quality and innovation plans (CQUIN), activity and key performance indicators, corporate governance activities and responsibilities;
- Monitor effective balance sheet management, including asset management and cash planning
- Monitor financial performance indicators, including compliance with Public Sector Payment Policy
- Monitor the development, application and delivery of financial recovery plans
- Monitor the development, application and delivery of financial contingency plans
- Review the robustness of the risk assessments underpinning financial forecasts
- Review the [Trust Wide Risk Register and Board Assurance Framework relevant to the work of this committee.](#)
- **Approve financial policies & procedures, including standing financial instructions (This is current done at board)**
- Work with the Audit, Workforce and Quality Committee's advising on the non-clinical aspects of risk management.
- Identify opportunities for improvement and encourage innovation
- Monitor contract negotiation and performance noting the position of contracts and raising any concerns; receiving assurance from the Executive Directors in respect of the organisation meeting the contractual requirements and expectations of commissioners, meeting the legislative / regulatory requirements of regulators and other bodies'.
- Will review and challenge both the Estates & Facilities Work Programme, and the delivery of the Trust's Estate Strategy. Will review and challenge the Digital Delivery work programme.
- Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. This will be achieved by:-
 - reviewing and approving the business development and investment framework to support and govern all investments, contracts and projects as set out in the TOR.
 - evaluating post implementation the financial performance of approved investments, contracts and development projects, and report the findings to the Board.
 - considering the Trust's medium and long term strategies in relation to both revenue and capital investment expenditure, and make recommendations to the Board on a regular basis
 - reviewing and assessing the business cases for:
 - Capital expenditure over £500k

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Deleted: <#>Oversee the work of the Special Purpose Vehicle (SPV) Task and Finish Group¶

	<ul style="list-style-type: none"> ○ New business development projects with an annual value in excess of £500k in total ○ Any reconfiguration project which has a financial and/or resource implication over £500k per annum ○ Leases, contracts or agreements with revenue, capital and/or resource investment/commitment in excess of £500k per annum ○ The purchase or sale of any property ○ The purchase or sale of any equipment above £250k ○ All Borrowing or investment arrangements ○ Horizon scanning regarding business opportunities. ○ To periodically consider strategic risks to business and ensure these are reflected and mitigated within any business cases. <ul style="list-style-type: none"> ● 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. <p>The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice:</p> <ul style="list-style-type: none"> ● the Board (who may at any time request additional information, or information in a different format) and committees ● commissioners, including CCGs and NHS England ● public and patients staff ● budget holders ● other stakeholders, e.g. other Trusts, local authorities
Membership	<p>Membership of the committee shall be comprised of the following:</p> <ul style="list-style-type: none"> ● 3 x Non-Executive Directors (1 of whom shall chair the committee) <ul style="list-style-type: none"> ● Director of Finance (Executive Lead) ● Chief Operating Officer ● Deputy Director of Finance (x2) <p>General Managers and Deputy Directors will not be members but will attend for all or any part of a meeting as appropriate.</p> <p>Senior Clinical Leadership will be requested / invited to attend the Committee, a reciprocal arrangement will be take place for Finance attendance at the Quality Committee</p> <p>Non-Executive Directors are entitled to attend any Trust committee meeting.</p> <p>The Chief Executive has a standing invitation to attend any meeting.</p> <p>The Chair of the Trust has the right to come to any committee at any time.</p>

Deleted: <#>Chief Operating Officer ¶

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Deleted: <#>Clinical Director (Operational Services)¶

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	<p>Declarations of interest</p> <p>Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the Trust's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the Chairs' discretion. Declarations shall be recorded in the minutes.</p>
Quorum	A quorum shall be three of the above, comprising at least <u>two</u> Non-Executive Directors.
Chair	<ul style="list-style-type: none"> 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, <u>one of</u> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Notice of each meeting, including an agenda and supporting papers shall be forwarded to each member of the Committee not less than 5 working days before the date of the meeting. Minutes of all meetings of the Committee shall be taken by an appropriate and identified secretary and will kept by the Trust Secretary 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	<p>A written assurance report will be provided to the Board following each meeting.</p> <p>Formal minutes will be taken of the meeting and presented to the Board Part Two with the assurance report presented to Board Part One. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.</p>
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.

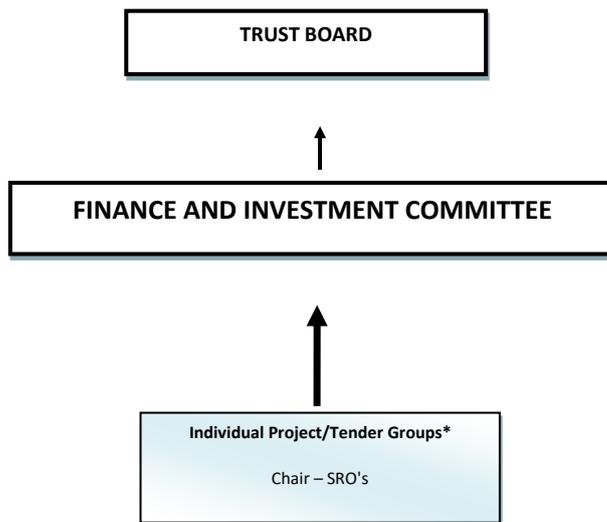
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Agreed by Committee	
Board Approved Date	
Review Date	April/May 2023

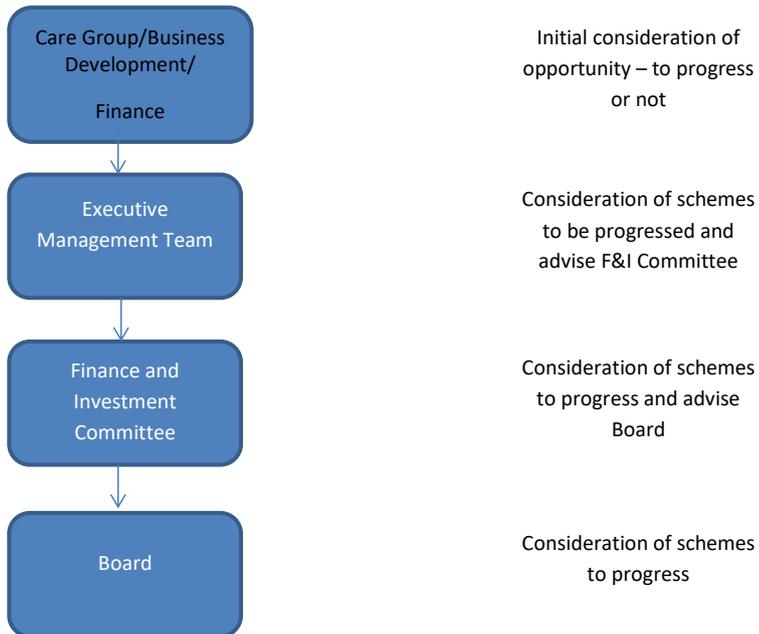
Schematic below:

FINANCE AND INVESTMENT COMMITTEE REPORTING STRUCTURE



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

Flow of decision making process re Investments



Workforce and OD Committee

**Annual Review of Committee Effectiveness and Terms of Reference
1st April 2022 to 31st March 2023**

The purpose of the Workforce and OD Committee is to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care. Its purpose is also to provide assurance to the Trust Board in relation to the health and wellbeing of staff and to provide assurance on the delivery of the relevant strategic objective assigned to the Workforce and Organisational Development Committee - Goal 4 – Developing an effective and empowered workforce.

1. Executive Summary

The Committee undertakes its delegated functions on behalf of the Trust Board. The Committee is one of the newer committees and continues to develop. The Committee achieved its objectives for 2022/23 and delivered on delegated functions. In addition, it has considered;

- Workforce Insight Reports
- Risk Registers
- Freedom to Speak Up Annual Report
- Presentations on 2022 Staff Survey Results
- Recruitment Task and Finish Group updates
- NHS People Plan
- Annual Equality Diversity and Inclusion Report
- Workforce Race Equality Standards and Workforce Disability Equality Standards reports
- Safer Staffing reports
- Gender Pay Gap report
- Leavers and Absence Deep Dive reports
- Trust Workforce Plan
- Statutory mandatory training recovery plan
- Guardian of safe working updates

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
Provide oversight and assurance to the Board in relation robust processes for the effective management of	Monthly Insight report Workforce Scorecard Risk Register	

Workforce and Organisational Development;		
Scrutinise structures in place to support workforce and organisational development to be assured that the structures operate effectively and action is taken to address areas of concern.	Insight report Sub group updates	
Receive assurance on the delivery of the Workforce and OD Strategy	Insight report Revised strategy to go to WOD following discussion at strategic time out	
Be assured on the management of the high operational risks on the corporate risk register which relate to workforce and organisational development and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.	Risk register provided (recently included in Insight report)	
Be assured of the Trust's response to all relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.	Insight report	
Receive assurance that the Trust has effective and transparent mechanisms in place to monitor workforce and organisational development performance.	Insight Report Workforce Scorecard	
To be assured that the views of staff are captured, understood and responded to.	Staff survey reports	
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity.	Annual EDI Report Staff survey reports	



Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for staff health and wellbeing.	Updates from the H&W Group (Lynn Parkinson chair)	
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for safe working for junior doctors	Junior doctors report	
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for freedom to speak up.	FTSU included in the Insight report	

3. Attendance

3.1 The Workforce and OD Committee met on 4 occasions during 2022/23. The meeting took place quarterly between 01 April 2022 – 31 March 2023.

Members:	No of meetings attended
Dean Royles - Non-Executive Director (Chair)	04/04
Francis Patton - Non-Executive Director (New Deputy Chair)	03/04
Steve McGowan - Director of Workforce and Organisational Development	04/04
Lynn Parkinson - Chief Operating Officer	04/04
John Byrne/Kwame Fofie - Medical	02/04
Hilary Gledhill – Executive Director of Nursing, Allied Health and Social Care Professionals	04/04
In attendance:	
Karen Phillips – Deputy Director of Workforce and OD	03/04
Caroline Flint – Chairman	01/04
Pete Cook – Head of Learning and Organisational Development	02/04
Philip Earnshaw - Non-Executive Director	00/04
Emma Collins – Senior HR Business Partner	03/04
Hanif Malik - Non-Executive Director	01/04



3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

The membership composition is effective, and all members have contributed to effective debate and discussion.

4. Quoracy

The Committee was quorate on all occasions.

5. Reporting / Groups or Committees

Which groups report to Workforce and OD Committee? *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Staff Health Wellbeing and Engagement Group
- Equality, Diversity, and Inclusion Group
- Medical Education Committee

Has the Committee approved the Terms of Reference for each of these groups?

Yes [X] No [] *If no, action/timescale for receipt: _____*

Are ToR annual reviews for each reporting group on your Committee workplan to approve?

Yes [X] No []

Has the Workforce and OD Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [X] No []

If no, please provide an exception report on concerns/recommended changes below:-

Has Workforce and OD Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2022/23?

Yes [X] No []

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan? Yes. Work plan has been approved and we have considered additional deep dives and assurance as appropriate.*



- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?* Yes. Feedback from members is that papers are well prepared and useful.
- *Is the quality and timeliness of the minutes satisfactory?* Yes
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?* Yes

7. Review of Terms of Reference

Chair to summarise any recommended changes to the committees terms of reference in light of the annual evaluation.

Revised ToR are attached.

8. Workplan for 2023/24

Has a workplan for the year ahead, 2023/24 been prepared?

Yes No . *If no, when will it be presented to your committee?* _____

9. Any Actions Arising from this Effectiveness Review? YES NO

*If any, please summarise in bullet point format below
A review of membership.*



Workforce and Organisational Development Committee

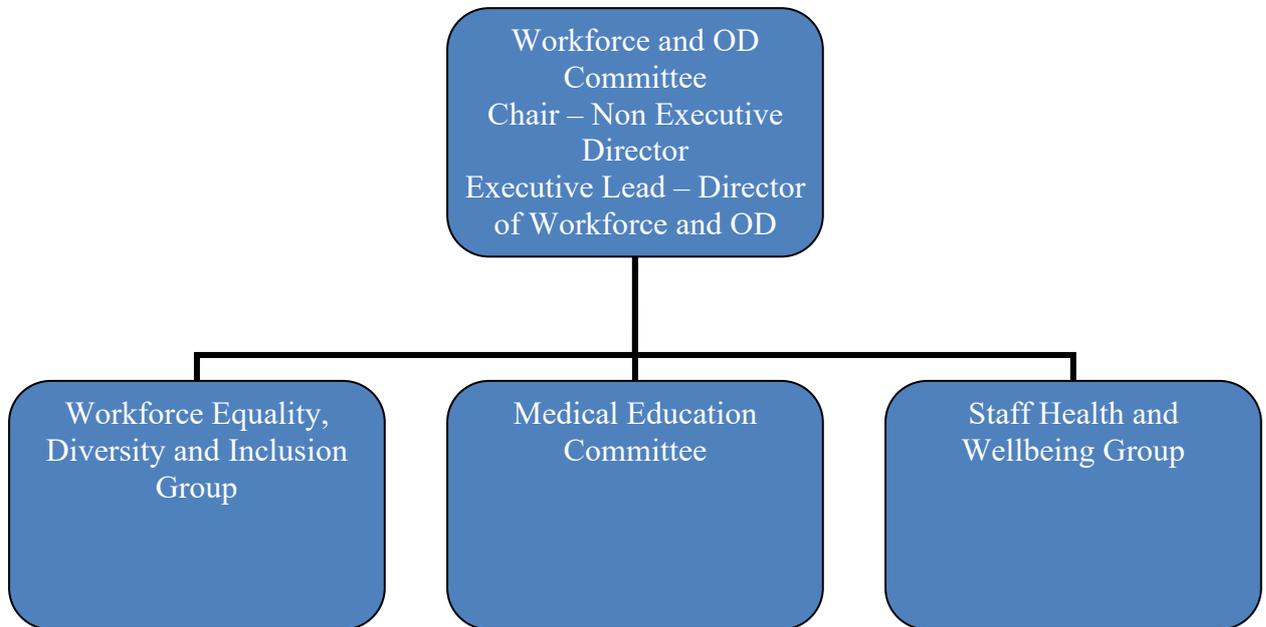
Terms of Reference

Authority	The Workforce and Organisational Development Committee is constituted as a standing committee of the trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings.
Overall Aim/Purpose	<p>The purpose of the Workforce and OD is to assure the Trust Board that appropriate processes are in place to give confidence that :-</p> <ul style="list-style-type: none"> • Workforce performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks. • Performance in relation to Workforce Equality and Diversity requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks. • The workforce impact of proposed business change proposals (i.e., new models, budget reductions) are fully reviewed for their impact on people • To provide assurance on the delivery of the relevant strategic objective assigned to the Workforce and Organisational Development Committee - Goal 4 – Developing an effective and empowered workforce.
Duties	<ul style="list-style-type: none"> • To provide the strategic overview of and assurance against workforce (including bank and volunteers) issues in the Trust • To provide a strategic overview of Workforce risks to the Trust Board • To provide oversight and assurance to the Board in relation to all activities relating to Workforce on behalf of the Trust Board to include but not limited to sickness, vacancies, turnover, training compliance, equality and diversity, appraisals, employment relations issues • To provide assurance to the Trust Board that risks, and governance issues of all types are identified, monitored and controlled to an acceptable level.

	<ul style="list-style-type: none"> • To provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust’s strategic objectives • To provide a regular review of the Board Assurance Framework relating to Workforce • Drive improvements in the approach to workforce informed by the internal governance reporting structures and external horizon scanning and learning from others. Scrutinise the robustness of the arrangements for and assure compliance with the Trust’s statutory responsibilities for equality and diversity. • Scrutinise the robustness of the arrangements for and assure compliance with the Trust’s statutory responsibilities for staff health and wellbeing. • Scrutinise the robustness of the arrangements for and assure compliance with the Trust’s statutory responsibilities for safe working for junior doctors. • Scrutinise the robustness of the arrangements for and assure compliance with the Trust’s statutory responsibilities for freedom to speak up.
<p>Declarations of Interest</p>	<p>All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.</p>
<p>Membership</p>	<p>The members of Committee are:</p> <ul style="list-style-type: none"> • Non-Executive Director (Chair) • 2 Non-Executive Directors • Director of Workforce and Organisational Development • Chief Operating Officer • Medical Director • Executive Director of Nursing, Allied Health and Social Care Professionals <p>The following roles will be routine attendees at the committee:</p> <ul style="list-style-type: none"> • Deputy Director of Workforce and OD • Head of Strategic People Services • Head of Operational People Services <p>All those that attend the meetings are required to attend a minimum of three meetings a year.</p>

	<p>Nominated deputies can attend meetings on behalf of Committee members and will count towards the quorum.</p> <p>The Chief Executive has a standing invitation to attend.</p> <p>The Chair of Audit Committee has a standing invitation to attend.</p> <p>Other relevant officers will be invited to attend as required by the Committee.</p>
Quorum	<p>2 Non-Executive Directors, 1 Executive Director and 1 other board member.</p> <p>The agenda will be agreed by the Chair, via the Director of Workforce and OD.</p>
Chair	The Chair of the Committee will be a Non-Executive Director.
Frequency of meetings	The Committee will meet as a minimum 4 times a year.
Agenda & Papers	<p>An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive 5 working days before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the Committee Secretary.</p>
Minutes & Reporting	<p>A written assurance report will be provided to the Board following each meeting.</p> <p>Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.</p>
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.
Agreed by Committee	17 May 2023
Approved by Trust Board	
Review	May 2024

Workforce and Organisational Development Committee Schematic



Charitable Funds Committee

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2022 to 31st March 2023

The Charitable Funds Committee oversees the management of charitable activity on behalf of Humber Teaching NHS Foundation Trust. The role of the Committee is to:-

- review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame.
- ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Board.
- review fund-raising and consider and recommend investment policies.

1. Executive Summary

During 2022/23 Charitable Funds Committee has:-

- Monitored the performance of Health Stars and charitable activity through reports at each Committee
- Undertaken a fundamental review of the arrangements for charitable activity. The options examined included: stop activity altogether; insource all functions; find a new partner; continue with current arrangements unchanged; continue with current arrangements, with revised performance management framework and expectations – this being the preferred option, supported by the Trust Board, with a target date of August 2023 to see improved fund-raising performance
- Encouraged the Trust to identify new fundraising appeals/initiatives for Health Stars to campaign on
- Pressed for improvement in the process by which Circle of Wishes requests are considered
- Challenged fund “zone” managers to clarify plans for and expedite the use of funds already raised
- Challenged fundraisers to close the funding gap for the Whitby Hospital campaign

- Welcomed the securing of a £30K grant from NHS Charities Together, which will be deployed to support the targeted improvement in performance
- Welcomed the significant assurance concluded by Internal Audit of their review of charitable funds financial management.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
<p>The Committee will review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame.</p>	<p>The Committee undertook a fundamental review of charitable activity arrangements, and performance management arrangements revised.</p> <p>In 2022/23, 138 Wishes were received, and 66 Wishes processed</p> <p>Health Stars and Trust Operations were asked to develop a clearer programme for fundraising campaigns/ initiatives</p> <p>Fund zone managers were asked to crystallise plans to expend funds already raised</p>	<p>Health Stars performance, especially on fundraising, must improve by August 2023; if not, new arrangements will be put in place</p> <p>To ensure the Wishes process is consistently efficient and effective</p> <p>To sign off and implement a fundraising strategy</p> <p>To ensure Fund zone managers utilise funds raised for the purposes defined and in appropriate timescales</p>
<p>The Committee will ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Trust Board.</p>	<p>The Accounts were presented to the Charitable Funds Committee in December 2022 and approved by the Trust</p>	<p>Maintain current standard of accounting/reporting</p>

	<p>board.</p> <p>The committee receives a finance update on fund zones and balances at each meeting.</p> <p>Internal Audit provided significant assurance on funds management.</p>	
<p>The Committee will review fund - raising and consider and recommend investment policies.</p>	<p>Fundraising performance was below expectations and at times disappointing, which led to the fundamental options review noted above.</p> <p>A total of £77,254.40k was raised during the 2022/23 financial year.</p> <p>Investment policies remained unchanged</p>	<p>See comments above regarding fundraising performance</p>

3. Attendance

3.1 The Charitable Funds Committee met on 4 occasions during 2022/23. 02 August 2022, 06 September 2022, 13 December 2022 and 21 February 2023

Members:	No of meetings attended
Stuart McKinnon-Evans - Non-Executive Director - Chair	4/4
Dean Royles -Non-Executive Director	2/4
Francis Patton – Non Executive Director	2/4
Hanif Malik – Associate Non Executive Director	3/4
Director of Finance	4/4

Director of Workforce & OD	4/4
Attendees:	
Chief Executive of Humber Teaching NHS Foundation Trust	4/4
Chief Executive Officer, HEY Smile Foundation	2/4
Head of Smile Health, HEY Smile Foundation	4/4
Fundraising Manager Smile Health, HEY Smile Foundation	0/4
Chief Executive	4/4
Marketing and Communications Manager, Humber Teaching NHS Foundation Trust	3/4
Chief Operating Officer, Humber Teaching NHS Foundation Trust	3/4

3.1 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

Membership is effective with joint membership and links with other committees. It is important the non-members who attend Committees for agenda items are fully briefed on the contribution expected of them

3.3 *Include any recommendation for change to membership & reasons why*

No recommendations for change, but looking ahead the departure of the Associated NED will leave a gap in experience of charity management which needs to be filled.

4. Quoracy

The Committee was quorate on 4 occasions.

5. Reporting / Groups or Committees

Which groups report to Charitable Funds Committee? *(these should be clearly identified on the schematic on your ToR)*. Please list:

There are no committees/ groups reporting to Charitable Funds Committee.

Has the Committee approved the Terms of Reference for each of these groups?

Yes [] No [] Not applicable – no groups formally report to CFC

Are ToR annual reviews for each reporting group on your Committee work plan to approve?

Yes [] No [] Not applicable – no groups formally report to CFC

Has the Charitable Funds Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?

Yes [] No [] Not applicable – no groups formally report to CFC

Has Charitable Funds Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2020/21?
Yes [] No [] Not applicable – no groups formally report to CFC

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan? Yes, but the workplan should be reviewed more explicitly at meetings.*
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting? Yes*
- *Is the quality and timeliness of the minutes satisfactory? Yes*
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through? Yes, though some actions have not been completed to initially defined timescale.*

7. Review of Terms of Reference

No changes proposed to ToR.

8. Workplan for 2023/24

Has a workplan for the year ahead, 2023/24 been prepared?

Yes [✓] No []._____

9. Any Actions Arising from this Effectiveness Review? YES [✓] NO []

The Effectiveness Review was completed by 4 respondents, with the following identified as scope for improvement:

- Firm up the scope and direction of the charity's activities

- Improve papers to the meetings (though no specific comments were provided)
- Monitor performance and activity using the revised set of KPIs, and ensure fund zone management is reported/held to account
- Ensure the Committee has members with experience of fund-raising/ charity management (in light of expected change of membership during 2023/24)
- Ensure contributors are consistently briefed [by the Chair/Executive lead] on what it expected at meetings.

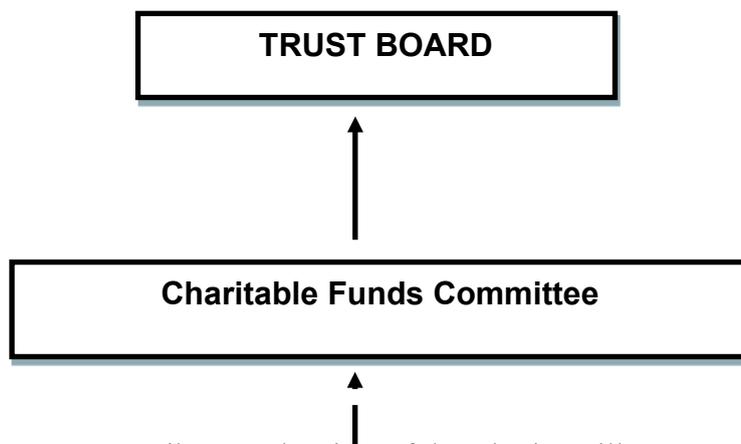
Charitable Funds Committee Terms of Reference

<p>Constitution and Authority</p>	<p>Humber Teaching NHS Foundation Trust is the Corporate Trustee of the charity known as Health Stars.</p> <p>The Charitable Funds Committee is established as a Committee of the Trust Board to oversee the charity’s operation on behalf of the Corporate Trustee.</p> <p>The Trust Board may delegate to the Committee or to the Director of Finance matters relating to the operation of the funds, but decisions regarding the investment of funds must be made within an overall strategy determined by the Trust Board taking account of the recommendations made by the Committee.</p>
<p>Role / Purpose</p>	<p>The overall role of the Charitable Funds Committee is to oversee the operation of the charitable funds on behalf of Humber Teaching NHS Foundation Trust’s Board of Directors – the Corporate Trustee. Registered charity number ...</p>
<p>Scope and Duties</p>	<p>The committees key roles are:</p> <ul style="list-style-type: none"> • To monitor and review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame. • To ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Trust Board as Corporate Trustee. • To develop the strategy and objectives for the charity for consideration by the Board • To assist the Board in meeting its responsibilities as the corporate trustee of the fund by overseeing the operation and development of charitable funds, expenditure and any investment plans • To monitor the performance of all aspects of the charity’s activities and ensure it adheres to the principles of good governance and all relevant legal requirements • To make decisions on behalf of the Board within the defined delegation and financial limits set out in the trust’s Standing Orders, Scheme of Delegation and Standing Financial Instructions. The Committee has delegated authority to approve expenditure of charitable funds in accordance with the financial delegation limits are set out below:

	<table border="1"> <thead> <tr> <th colspan="2">Scheme of Budgetary Delegation: Expenditure on Charitable and Endowment Funds</th> </tr> </thead> <tbody> <tr> <td>Up to £1000</td> <td>Fund Manager, Health Stars Charity/Fundraising Manager</td> </tr> <tr> <td>£1000 - £4,999</td> <td>Fund Manager, Director of Finance</td> </tr> <tr> <td>Over £5,000* <i>*Any expenditure over £5,000 is subject to procurement rules and budgetary delegation</i></td> <td>Fund Manager, Director of Finance and Charitable Funds Committee</td> </tr> <tr> <td>Over £25,000</td> <td>Fund Manager, Director of Finance and Charitable Funds Committee (reported to Trust Board for information within Chairs Assurance Report)</td> </tr> <tr> <td>Over £100,000</td> <td>Trust Board as Corporate Trustees</td> </tr> </tbody> </table> <p>Operational issues that relate to the work of the charity should be discussed in Executive Management Team meetings and operational decisions fed into discussions and decision making at the Committee.</p>	Scheme of Budgetary Delegation: Expenditure on Charitable and Endowment Funds		Up to £1000	Fund Manager, Health Stars Charity/Fundraising Manager	£1000 - £4,999	Fund Manager, Director of Finance	Over £5,000* <i>*Any expenditure over £5,000 is subject to procurement rules and budgetary delegation</i>	Fund Manager, Director of Finance and Charitable Funds Committee	Over £25,000	Fund Manager, Director of Finance and Charitable Funds Committee (reported to Trust Board for information within Chairs Assurance Report)	Over £100,000	Trust Board as Corporate Trustees
Scheme of Budgetary Delegation: Expenditure on Charitable and Endowment Funds													
Up to £1000	Fund Manager, Health Stars Charity/Fundraising Manager												
£1000 - £4,999	Fund Manager, Director of Finance												
Over £5,000* <i>*Any expenditure over £5,000 is subject to procurement rules and budgetary delegation</i>	Fund Manager, Director of Finance and Charitable Funds Committee												
Over £25,000	Fund Manager, Director of Finance and Charitable Funds Committee (reported to Trust Board for information within Chairs Assurance Report)												
Over £100,000	Trust Board as Corporate Trustees												
Membership	<p>The Charitable Funds Committee shall be appointed by the Trust Board and consist of up to:</p> <ul style="list-style-type: none"> • 3 Non-Executive Directors • Director of Finance. • Director of Workforce and Organisational Development <p>The Chief Executive has a standing invitation to attend any committee meeting.</p> <p>The following will be invited to attend the committee:</p> <ul style="list-style-type: none"> • The Charity Manager • Smile Representatives • The Communications Manager • Deputy Chief Operating Officer <p>The Committee will appoint a Chairman and Vice-Chairman to be reviewed annually.</p>												
Quorum	<p>The quorum necessary for the transaction of business shall be if two members are present including at least one Non-Executive Director from Humber Teaching NHS Foundation Trust.</p> <p>Deputies may cover in the absence of the nominated member.</p>												
Chair	The Committee shall be chaired by a Non-Executive Director.												
Frequency of Meetings	The Committee shall meet as and when required, but at least four times a year.												
Agenda and Papers	The agenda is to be agreed with the Committee Chairman taking account of the annual cycle of Committee business.												

	<p>All papers are to be forwarded to members and those attending no later than 5 working days before the date of the meeting unless otherwise agreed by the Chairman.</p> <p>Minutes are taken of the proceedings and resolutions of the Committee including recording the names of those present and in attendance. Minutes shall be promptly circulated to all members.</p> <p>A record is kept of matters arising and issues to be carried forward.</p>
Minutes and Reporting	<p>A written assurance report will be provided to the Board following each meeting.</p> <p>Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.</p> <p>The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure or require executive action.</p> <p>The Committee's annual report and annual accounts will be considered by the Committee prior to submission to the Board.</p>
Monitoring and Review	<p>An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.</p>
Agreed by Committee	16 May 2023
Board Approved	31 May 2023
Review Date	March/April 2024

CHARITABLE FUNDS COMMITTEE REPORTING STRUCTURE



Project groups set up to contribute to the aims of the Charity will report to Charitable Funds Committee throughout the lifespan of the group/s (as at April 2022 these include):



Humber Teaching
NHS Foundation Trust

**Collaborative Committee – Humber and North Yorkshire Specialised Provider
Collaborative**

**Annual Review of Committee Effectiveness and Terms of Reference
1st April 2022 to 31st March 2023**

Humber Teaching NHS Foundation Trust (HTFT) is the Lead Provider within the Humber and North Yorkshire (HNY) Provider Collaborative (PC) and will hold the Lead Contract with NHS England. HTFT as Lead Provider will sub-contract with a range of healthcare providers in the delivery of:

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

The Collaborative Committee has been established by the Lead Provider as an internal committee to provide assurance to the HTFT Board as Lead Provider within the Collaborative in relation to Contracting, Planning and Quality Assurance functions of the Provider Collaborative. These functions have been traditionally grouped under the label of commissioning. The Collaborative Committee is constituted as a standing committee of the Humber Teaching NHS Foundation Trust's Board of Directors.

The Collaborative Committee provides assurance to the HTFT Board on matters of finance, quality assurance and performance, to ensure delivery of the overall HNY Specialised Provider Collaborative aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders services.

Day to Day provision of patient care is the responsibility of Providers within the Provider Collaborative Partnership. Services are commissioned utilising NHS Standard Contracts with clear Key Performance Indicators (KPIs) and Outcomes.

The Provider Collaborative aims to reduce reliance on in-patient care, reduce out of area treatments, increase provision of care closer to home and reduce the expenditure on bed-based care; in doing so it aims to generate financial savings. These savings are reinvested in other parts of the Secure, CAMHS and Eating Disorders mental health and learning disability pathways through formal contracting and commissioning arrangements.

This approach ensures delineation between the Provider Partnership and Commissioning functions of the Provider Collaborative and enables our overall partnership to be conducted in an open and transparent way.

1. Executive Summary

The Collaborative Committee had its inaugural meeting on 8 December 2020 and was initially titled the Commissioning Committee. The Committee was established to provide internal

assurance and oversight to Humber Teaching NHS Foundation Trust as the Lead Provider and accountable to NHS England on the performance of the Provider Collaborative.

The Collaborative Committee has met 7 times over the last 12 months and has worked efficiently in the delivery of its objectives and duties:

- As Lead Provider provide assurance to the HTFT Board that it is fulfilling its duties and obligations within the HNY Specialised Mental Health Learning Disability and Autism Provider Collaborative
- Be assured that there are appropriate arrangements in place in respect of Serious Incidents, Safeguarding and a system is in place to ensure quality of care and to continuously learn and improve
- Ensure that the Collaborative Planning and Quality Team are working with partners; HNY place and ICS as well as neighbouring Provider Collaboratives to plan and quality assure care for people who originate from HNY area with the continued aim to improve services for people with a diagnosis of mental illness, learning disability and autism.
- Overall Contract management, including quality assurance across NHS and independent sector. This will be the first line of arbitration/mediation between partners

Reflecting HTFT's role, both as a provider of health and social care within the Collaborative and as a commissioner of the overall Collaborative, the governance framework in place ensures clear delineation of the two functions. All members of the committee who are employed by HTFT as a provider declare their interest at each meeting and any sensitive information shared and discussed at the meeting is dealt with appropriately.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
<p><i>Financial planning</i></p> <ul style="list-style-type: none"> ▪ Provide assurance to the HTFT Board that the planning programme is effectively established and managed and that risks to delivery of the plan and any significant service impacts, or risks are effectively managed or mitigated ▪ Along with PCOG and with Risk and Gain Share partners review in year performance against commissioned services and financial plans and examine the effectiveness of any remedial action plans. ▪ Provide assurance to the HTFT Board (as lead provider) on the delivery of agreed improvement programmes to reduce cost and increase efficiency including assurance on benefits realisation and value for money. 	<p>Financial reports for each work stream area and projected financial position are shared at each committee for information and discussion.</p> <p>During 2022/2023, increased investment into FREED Champion (eating disorders), CAMHS alternatives to hospital care for eating disorders, secure community forensic team (SCFT). In addition, increased funding to the Yorkshire and Humber Involvement Network (service user involvement).</p>	<p><i>Through continuous engagement at ICS level, seek to identify and implement more cost-effective capacity/arrangements</i></p> <p><i>Address imbalances within the overall Collaborative budget. I do think this is an action for the Committee, because these problems are structural in nature.</i></p>

	<p>The Collaborative Planning and Quality team have recruited additional Case Managers to ensure we are able to monitor all patient placements, quality assurance is robust and ensure transition through care pathways.</p>	
<p><i>Transactional</i></p> <ul style="list-style-type: none"> Following review and support by the Provider Collaborative Oversight Group; will ratify business cases (for both new service proposal and reduction of service delivery) and investments and/or disinvestments - provide financial assessment and scrutiny which will then be translated into contractual agreements which are held by the Lead Provider 	<p>FREED Champion</p> <p>Additional Investment into Yorkshire and Humber Involvement Network</p> <p>Phase 2 investment into SCFT</p> <p>All improve patient care and outcomes and have been built into 2022/2023 contracts with Providers</p>	<p><i>Continue to review all options for improving patient care and outcomes which will result in new business cases for consideration in 2023/2024</i></p>
<p><i>Contracting</i></p> <ul style="list-style-type: none"> To be assured that contracts are in place to address risk in relation to the quality and performance of commissioned services and thereby undertake the duties as expected of the Lead Provider. Following agreement at PCOG enact Contract Variations and necessary formal Commissioning Intentions dialogue with Provider Collaborative 	<p>Lead Provider Contract signed by HTFT. Sub-contracts and lead provider to lead provider contracts have been shared with partners and other provider collaborative. Sub-contract performance and quality meeting have commenced with partners in the collaborative</p> <p>Contracts Register held by the CPaQT.</p> <p>Action underway to agree SDIP with Inspire</p>	<p><i>None Identified</i></p>
<p><i>Risk Management:</i></p> <ul style="list-style-type: none"> To note, review any modifications to the risk registers, including ownership and delivery of action plans against defined timescales 	<p>Risk Registers is now on DATIX.</p> <p>Individual work stream risk registers inform the overall Risk Register.</p>	<p><i>None Identified</i></p>

<ul style="list-style-type: none"> Discuss and review of any issue likely to require inclusion on, or modification to, any risk register 	<p>This is shared at each CC meeting for discussion, so that we continue to improve the Risk Register.</p>	
<p><i>Quality Assurance</i></p> <ul style="list-style-type: none"> 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. 	<p>Information and reports are shared at each meeting to ensure oversight. There is a Quality Assurance and Oversight work stream as part of the Provider Collaborative governance framework.</p> <p>In February 2022 Schoen Clinic York was rated inadequate by CQC. Regular reports demonstrating work undertaken and progress shared at CC. Schoen Clinic CQC revisit in December 2022 – Good overall.</p> <p>Style and format of reporting has evolved and improved over 2022/23</p>	<p><i>Continuously review and improve the consistency of reporting from the three workstreams.</i></p> <p><i>Suggestion from September 2023 onward move the meeting to 4 times per year – other Trust Committees are 4 times per year</i></p>

3. Attendance

3.1 The Collaborative Committee met on 7 occasions during 2022/2023

Members:		No of meetings attended
<p>Members:</p> <p>Humber Teaching NHS Foundation Trust – Lead Provider</p> <ul style="list-style-type: none"> Non-Executive Director (Chair) Associate Non-Executive Director Non-Executive Director (who joined the Committee October 2022) Chief Executive (Vice Chair) Executive Director of Finance/Senior Information Risk Owner Director of Nursing, Allied Health and Social Care Professionals 		<p>5/7</p> <p>5/7</p> <p>3/3</p> <p>6/7</p> <p>6/7</p> <p>4/7</p>

<ul style="list-style-type: none"> • Planning Director – HNY Provider Collaborative – Collaborative Planning and Quality Team 		5/7
<ul style="list-style-type: none"> • Clinical & Quality Director, HNY Provider Collaborative – Collaborative Planning and Quality Team 		6/7

3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

The Collaborative Committee has had strong attendance during 2022/2023 (Mike Smith joined the committee in October 2022).

All members have contributed positively, and all have asked relevant questions and provided suggestions to ensure positive progress and outcome.

At our effectiveness review in February 2023, comments from members included

“Chair has been focused and allowing for appreciative challenge and dialogue”
“Committee is supportive and open to discussion – support and accountability is well balanced”
“CC feels like a safe place to have discussion”

3.3 *Include any recommendation for change to membership & reasons why*

None Identified

4. Quoracy

The Committee was quorate on 5 of the 7 occasions the committee met.

This was in part due to the previous Chair stepping down from the role and the new Chair commencing and dates already in the diary for Committee meetings. Any decisions to be made at the non-quorate meetings were ratified outside of the meeting and minuted at the next committee meeting.

From the ToR:

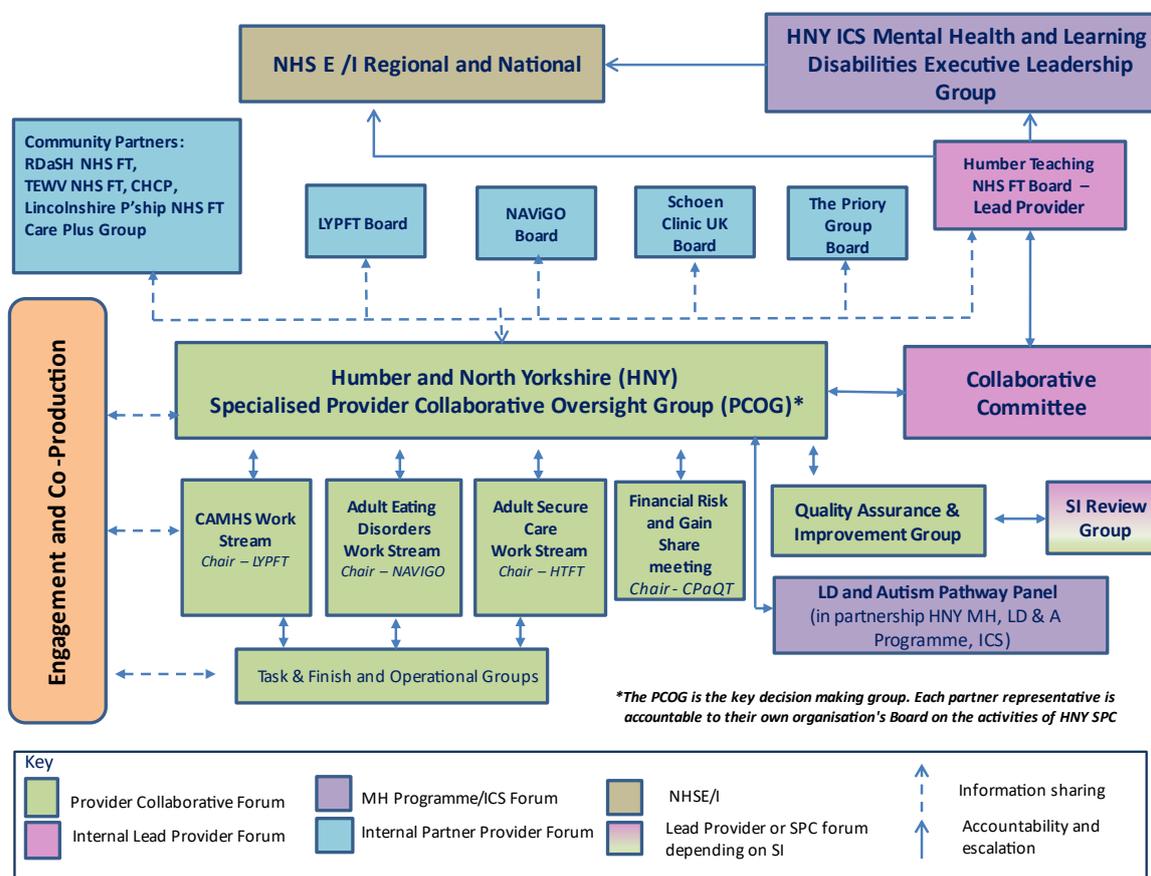
The quorum necessary for the transaction of business and decision making is three (3) members including.

1 Non-Executive Director and 1 Executive Director – one of whom must be the Chair or Vice Chair

5. Reporting / Groups or Committees

Which groups report to Collaborative Committee *(these should be clearly identified on the schematic on your ToR)*. Please list:

Whilst the Provider Collaborative Oversight Group does not report to the Collaborative Committee there is a link between the 2 meetings and within the Provider Collaborative Partnership Agreement it is acknowledged that the Collaborative Committee enacts decisions and recommendations from the Provider Collaborative Oversight Group.



Has the Committee approved the Terms of Reference for each of these groups?

As per the schematic the sub-groups do not formally report to the CC. However, for transparency the Committee has received and reviewed all the 3-work stream Terms of Reference, Quality Assurance and Improvement Group Terms of Reference and the PCOG Terms of Reference.

Are Terms of Reference annual reviews for each reporting group on your Committee workplan to approve?

As per the schematic the sub-groups do not formally report to the CC. However, for transparency the Committee has received and reviewed the work plan for each of the three work stream sub-groups to the PCOG

Has the Collaborative Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?
 Yes work stream reports and Chairs Logs are shared at CC.

Has Collaborative Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2022/23?

Yes [] No [X]

The work stream groups do not report directly to the Collaborative Committee. As these are groups which are part of the Specialised Provider Collaborative, they are not committees of HTFT and do not produce an annual assurance report. However, the Provider Collaborative overall does produce an annual report which is shared with NHS England as part of our contractual agreement. An annual review and annual update was shared at the HTFT Trust Board on 30 November 2022.

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

Yes

CC work plan reviewed during 2022/2023

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

However, on occasion papers have been scheduled on the day or shared 2 days before hand. This has been by exception and only where appropriate.

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

7. Review of Terms of Reference

The terms of reference were reviewed by the Collaborative Committee in December 2022 and a copy is attached.

8. Workplan for 2022/23

Has a workplan for the year ahead, 2022/23 been prepared?

Yes [X]

9. Any Actions Arising from this Effectiveness Review? YES / NO [X]

If any, please summarise in bullet point format below

The Collaborative Committee initially reviewed our effectiveness at the meeting on 15 February 2023. In addition, committee members have received and completed the *self assessment checklist (2022/23)*. The Committee reviewed the initial draft and agreed with the content at the meeting on 19.4.2023:

Summary of views from Collaborative Committee members -

Worked well

- Reports are detailed and useful – across the 3 workstreams
- Good practice examples shared
- Managed poor practice and CQC inadequate rating of a sub-contractor in 2022
- New NED joined the meeting – now 3 NEDs
- Developing committee – newest committee in Trust
- Chair has been focused and allowing for appreciative challenge and dialogue
- Committee is supportive and open to discussion – support and accountability is well balanced
- Varied agenda which covers the wide range of the work overseen
- ToR reviewed and developed as the committee has developed
- More focus and succinct meetings as committee work relationships have developed
- Collaborative Executive committee established to support the work of the Collaborative Committee
- Moving to bi monthly was a big step – but has worked well

Next Steps to improve further

- Continue to simplify the papers and streamline the agenda, to allow Committee to focus on key issues, rather than receive information already considered in other meetings
- Lessons and evaluation feedback into HNY ICB level
- Consideration of moving to 4 times per year during 2023 – agreed on 19 April 2023 to implement from September 2023 onward



**Humber Teaching NHS Foundation Trust
Provider Collaborative Committee**

Terms of Reference

<p>Constitution & Authority</p>	<p>Humber Teaching NHS Foundation Trust (HTFT) is the Lead Provider within the Humber and North Yorkshire (HNY) Provider Collaborative (PC) and will hold the Lead Contract with NHS E/I. HTFT as Lead Provider will sub-contract with a range of healthcare providers in the delivery of:</p> <ul style="list-style-type: none">• Child and Adolescent Mental Health In-Patient services• Adult Low and Medium Secure services• Adult Eating Disorder Services. <p>As detailed in the <i>NHS Mental Health Implementation Framework</i>, from April 2020 NHS England and NHS Improvement aim to mainstream the New Care Models approach for specialised mental health, learning disability and autism services, enabling local service providers to join together under NHS-led Provider Collaboratives.</p> <p>The Collaborative Committee has been established by the Lead Provider as an internal committee to provide assurance to the HTFT Board as Lead Provider within the Collaborative in relation to Contracting, Planning and Quality Assurance functions of the Provider Collaborative . These functions have been traditionally grouped under the label of commissioning. The Collaborative Committee is constituted as a standing committee of the Humber Teaching NHS Foundation Trust’s Board of Directors.</p> <p>The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere.</p> <p>Key Relationships –</p> <p>The HNY Provider Collaborative Oversight Group (PCOG) is the forum in which we come together as a Partnership with collective</p>
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	<p>expertise in provision, planning and quality assurance. The PCOG holds collective accountability and responsibility to steer the strategy and support the operational delivery of the Provider Collaborative programme across the partnership in line with the principles and requirements of the partnership agreement on clinical quality and business requirements.</p> <p>The Collaborative Planning and Quality Team (reporting to the provider Collaborative Oversight Group and the Collaborative Committee) – is an enabler supporting all partners within the Collaborative to ensure appropriate health care services are commissioned to serve the needs of the HNY population and in so doing, improve the efficiency, effectiveness, economy, and quality of services, reduce inequalities, and promote the involvement of patients, our partners, and the public alike in the development of our services.</p> <p>The Collaborative Committee will provide overview to enable HTFT to meet its legal and statutory requirements as the HNY PC Lead Provider and will operate within the delegated powers to complete any activity within the parameters of these Terms of Reference.</p> <p>The Committee will have the authority to establish sub-groups as necessary to fulfil its objectives however it may not delegate any powers delegated by the HTFT Board and will remain accountable for the work of any such sub-group.</p>
<p>Role / Purpose</p>	<p>The purpose of the Collaborative Committee is to provide assurance to the HTFT Board on matters of finance, quality assurance and performance ensuring delivery of the overall HNY Specialised Provider Collaborative aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders services.</p> <p>Day to Day provision of patient care is the responsibility of Providers within the Provider Collaborative Partnership. Services will be commissioned utilising NHS Standard Contracts with clear Key Performance Indicators (KPIs) and Outcomes. Via the PCOG the Collaborative Committee will take a partnership approach to working with Providers within the Provider Collaborative to deliver our overall strategic aims which are to improve care pathways and patient care outcomes.</p> <p>The Provider Collaborative aims to reduce reliance on in-patient care, reduce out of area treatments, increase provision of care closer to home and reduce the expenditure on bed-based care; in doing so it will aim to generate financial savings. These savings will be reinvested in other parts of the Secure, CAMHS and Eating Disorders mental health and learning disability</p>

	<p>pathways through formal contracting and commissioning arrangements.</p> <p>This approach will ensure delineation between the Provider Partnership and Commissioning functions of the Provider Collaborative and enable our overall partnership to be conducted in an open and transparent way and follow due process.</p>
<p>Scope & Duties</p>	<p>The objectives and duties of the Committee are to:</p> <ul style="list-style-type: none"> • As Lead Provider provide assurance to the HTFT Board – that it is fulfilling its duties and obligations within the HNY Specialised Mental Health Learning Disability and Autism Provider Collaborative • Be assured that there are appropriate arrangements in place in respect of Serious Incidents, Safeguarding and a system is in place to ensure quality of care and to continuously learn and improve • Working closely with PCOG linking in with the wider commissioning, planning and quality assurance system including other Provider Collaborative and local and national commissioners to improve services along whole pathways of care and manage pressures within the wider system • Overall Contract management, including quality assurance across NHS and independent sector. This will be the first line of arbitration/mediation between partners <p>Specific responsibilities</p> <p><i>Financial planning</i></p> <ul style="list-style-type: none"> ❖ Provide assurance to the HTFT Board that the planning programme is effectively established and managed and that risks to delivery of the plan and any significant service impacts or risks are effectively managed or mitigated ❖ Along with PCOG and with Risk and Gain Share partners review in year performance against commissioned services and financial plans and examine the effectiveness of any remedial action plans. ❖ Provide assurance to the HTFT Board (as lead provider) on the delivery of agreed improvement programmes to reduce cost and increase efficiency including assurance on benefits realisation and value for money. <p><i>Transactional</i></p> <ul style="list-style-type: none"> ❖ Following review and support by the Provider Collaborative Oversight Group; will ratify business cases (for both new service proposal and reduction of service delivery) and investments and/or disinvestments - provide financial assessment and scrutiny which will then be

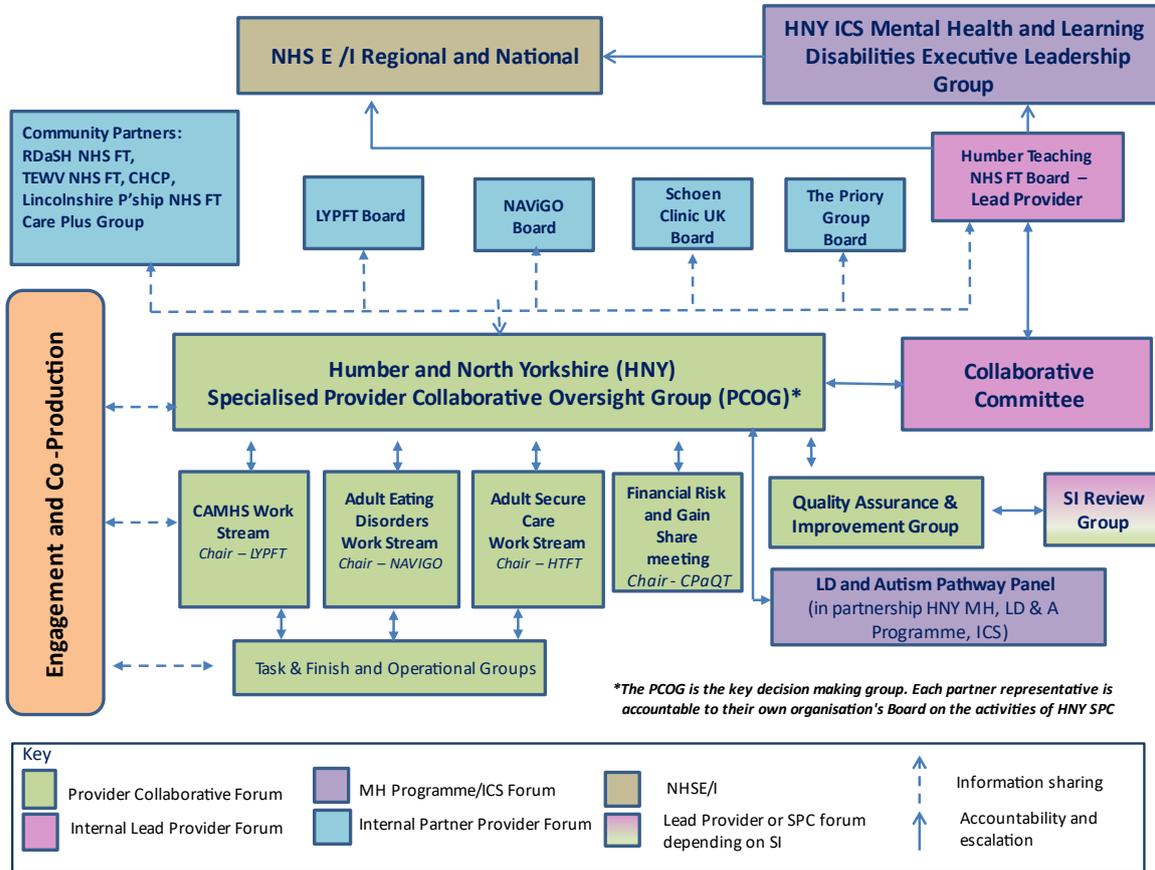
	<p>translated into contractual agreements which are held by the Lead Provider</p> <p><i>Contracting</i></p> <ul style="list-style-type: none"> ❖ To be assured that contracts are in place to address risk in relation to the quality and performance of commissioned services and thereby undertake the duties as expected of the Lead Provider. ❖ Following agreement at PCOG enact Contract Variations and necessary formal Commissioning Intentions dialogue with Provider Collaborative <p><i>Risk Management:</i></p> <ul style="list-style-type: none"> ❖ To note, review any 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, or modification to, any risk register <p><i>Quality Assurance</i></p> <ul style="list-style-type: none"> ❖ 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. <p>The Collaborative Committee will receive minutes and/or reports from sub-groups of the PCOG and the PCOG – for review and overall assurance.</p> <p>The Collaborative Committee will have relationships with other groups and committees that will inform its work including links with -</p> <ul style="list-style-type: none"> ▪ Transforming Care Alliance Network/Forum to ensure the needs of patients with learning disability and autism are understood and service developments are in line with the wider system developments. Further work will be necessary to define and agree definitive links once engagement with the Forum commences ▪ HNY place based health and care partners to ensure widest development of patient pathways to reduce admission to hospital care but also reduce length of stay ▪ Local Authorities within the geographical footprint ▪ HNY Integrated Care System ▪ NHSE/I
Membership	All members are required to make open and honest declarations of interest at the commencement of each meeting

	<p>or to notify the Committee Chair of any actual, potential, or perceived conflict in advance of the meeting.</p> <p>Humber Teaching NHS Foundation Trust – Lead Provider</p> <ul style="list-style-type: none"> • Non-Executive Director (Chair) • Non-Executive Director • Associate Non-Executive Director • Chief Executive (Vice Chair) • Executive Director of Finance/Senior Information Risk Owner • Director of Nursing, Allied Health and Social Care Professionals • Programme Lead –Collaborative – Planning and Quality Team • Clinical Director
Attendance	<p>HNY Provider Collaborative Planning and Quality team</p> <ul style="list-style-type: none"> • Quality Assurance and Improvement Lead • Head of Secure Commissioning • Head of CAMHS and Adult Eating Disorder Commissioning • Finance Manager • Expert by Experience <p>Clinical Work Stream Leads</p> <ul style="list-style-type: none"> • Clinical Lead, Adult Secure • Clinical Lead, Adult Eating Disorders • Clinical Lead, CAMHS inpatient Care
Quorum	<p>The quorum necessary for the transaction of business and decision making shall be three (3) members including.</p> <p>1 Non-Executive Director and 1 Executive Director – one of whom must be the Chair or Vice Chair</p> <p>Decisions will be reached by consensus. If a decision cannot be reached by consensus then it will be escalated to the Humber Teaching NHS FT Board for resolution.</p>
Chair	<p>The meeting will be chaired by HTFT Non-Executive Director.</p> <p>Vice-Chair will be Chief Executive, HTFT, to deputise for the Chair when necessary.</p>
Frequency of meetings	<p>Meeting will be held monthly, however frequency may increase during the annual planning cycle to ensure that the work undertaken by the Collaborative Planning and Quality Team are timely, reflecting the fast pace nature of contract negotiations.</p>

	Meetings may be held in person or utilising technology (Microsoft Teams)
Accountability and Reporting Arrangements	<p>The Collaborative Committee is responsible for providing an assurance report and the minutes after each Collaborative Committee meeting this will be to Part 1 of the Trust Board on its areas of responsibility of commercial confidentiality identified areas for Part 2 of The Board</p> <p>Members will be invited to declare any conflicts of interest.</p>
Agenda & Papers	<p>The Business Manager or Programme Lead will be responsible for arranging meetings.</p> <p>An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 1 week before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the Collaborative Planning and Quality Team Secretary.</p>
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)	December 2022
HFT Board Approved (Date)	25 January 2023
Review Date	December 2023

Reporting Schematic:

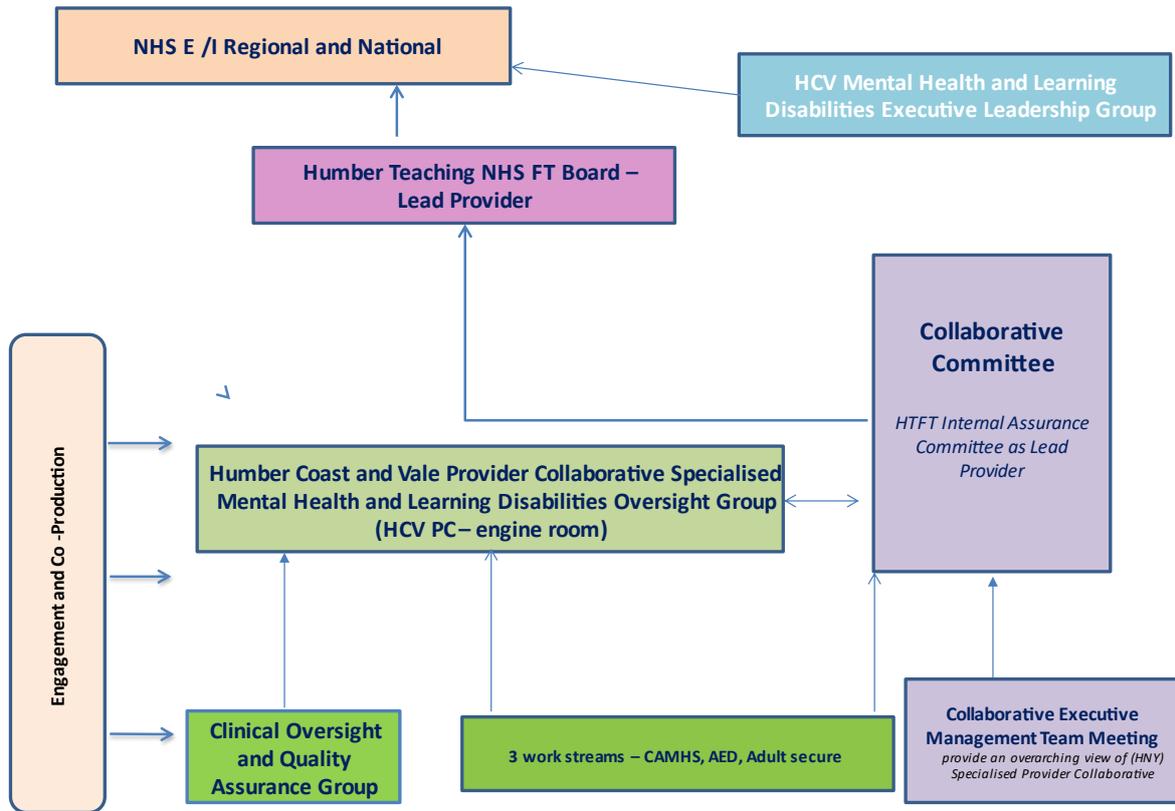
Overall Provider Collaborative Governance Framework



Key *

The PCOG is the engine room for the Collaborative of partner providers. Each partner will report and be accountable into their own organisation Board. All member organisations of the PCOG are also members of the HNY Integrated Care System and as Provider Collaborative members have agreed to represent and promote the Provider Collaborative at ICS meetings.

Lead Provider Delineation Governance Framework



Appendix 1

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

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 - Caring for People while ensuring they are always at the heart of everything we do.

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

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

In addition, we have specific Vision, Mission and Goals for our Planning and Quality Assurance work –

Our Vision (where we are going)

We will be effective and innovative planners of positive health outcomes by delivering the principle of care is provided within the least restrictive environment.

We will commission robust care pathways for our population working in partnership with (NHS, Independent Care providers, voluntary sector, and social care). We will enable people to feel empowered to care for themselves and remain independent for as long as possible.

Our Mission (why we are here)

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Humber and North Yorkshire.

Our Goals (how we will get there)

- Safe, Accessible, High Quality Health Outcomes
- Seamless Alliances and Integration
- Empowering Staff to deliver the high-quality care
- Responsible Use of all Resources available

Values (how we will behave)

- ❖ *We Do the Right Thing* by making decisions that are clinically safe
- ❖ *We Acknowledge Difficulties* and seek creative solutions
- ❖ *We Empower Staff* by encouraging them to be innovative, receptive to change and courageous in the way they work
- ❖ *We are Caring and Compassionate* by always putting the person at the heart of all decision making.
- ❖ *We are Approachable, supporting our Commitment* to our people who access services
- ❖ *We Acknowledge and Promote* the work of our colleagues and partners
- ❖ *Planning and Care Provision* are a partnership, and *We Listen to and Support* each other
- ❖ *We work Openly and Transparently*

MENTAL HEALTH LEGISLATION COMMITTEE

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2022 to 31st March 2023

The purpose of the Mental Health Legislation Committee (MHL) is to:

- Provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective codes of practices and other mental health legislation as required.
- Monitor, provide challenge and seek assurance of compliance with external standards relating to mental health legislation
- Have oversight of mental health legislation procedures and policies
- Promote and encourage joint working arrangements regarding the implementation of mental health legislation with partner organisations
- Receive reports regarding inspecting authorities and to monitor the implementation of action plans in response to any recommendations made.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

- The Committee undertakes its delegated function on behalf of the Trust Board in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and all other mental health related legislation. The Committee achieved its objectives for 2022-23 and delivered the functions delegated by the Board as outlined in section 2 below.
- The Committee had oversight of various policies/procedures, including the Associate Hospital Manager Policy, Inpatient Search Policy, and supported the updated MAPPA protocol. It also noted various other SOPs and policies reviewed or amended and approved via the MHL Steering Group. The Committee received assurance that all Mental Health Legislation policies were up-to-date.
- Received informative MAPPA reports, commended good work and noted recent system wide audit undertaken. Chair attended MAPPA foundation training.
- Mental Health Legislation Committee Terms of Reference reviewed.
- RRI ToR, MHL Steering Group ToR, and Associate Hospital Managers' Forum ToR presented as part of Committee Effectiveness Review paper and Chair has attended a meeting of MHLSG so as to receive assurance as to its effectiveness.
- MHL Committee Effectiveness Review paper and workplan approved.
- Received regular MHL Quarterly Performance Report and noted no obvious outliers with regards to key metrics. The Committee noted how there has positively been only one use of S4s for a number of months and that the commentary on the use of

section 4 had been wholly appropriate. Committee also noted steadily decreasing of numbers of CTOs for Trust.

- Committee noted significant reduction in patients being transferred out of area - additional 5 beds on Maister Court contributed to this, also older adults supported at home instead of admitting to hospital.
- Received detailed insight reports highlighting relevant documents of interest and impending changes to mental health legislation. For example: Mental Capacity (Amendment) Act 2019 – Draft MCA Code of Practice – published 17 March 2022, Care Quality Commission - Monitoring the Mental Health Act in 2020/21, Edenfield Report 'Toxic culture' of abuse at mental health hospital revealed by BBC secret filming, Mental Health Act Community Treatment Orders (CTO) – focused visits report – CQC, and MHA Statistics, Annual Figures, 2021-22 - Official statistics, National Statistics - Publication: 27 October 2022.
- Committee received a presentation on the CQC Out of Sight – Who Cares report and the follow up work completed by the Trust Learning Disability Service to provide assurance that we are achieving the recommendations made in the report. It was noted that the Trust are ahead of the national picture in respect of achieving the recommendations.
- Received regular RRI quarterly reports. Good assurance with the case studies which present a helpful context for reducing restrictive practices approach. Reports informed committee that data is within normal variations overall. Benchmarking data for prone restraint provided. Focus on training, especially DMI (De-escalation Management Intervention). Was set at 18-month refresh during Covid, but returned to 12 month. Making progress and improvement trajectory in place; training team capacity increased to support trajectory plan. RRI group considering findings of Edenfield specifically use of restrictive practices. Report highlighted team meetings and safety huddles relating to potential issues as highlighted at Edenfield Centre by BBC Panorama programme. Use of Force – accessible real time data in dashboard soon to be available to enable triangulation at ward and overall levels;
- Associate Hospital Managers Annual Progress Report noted - the Task and Finish Group set up to increase diversity has now completed its work with the implementation of an action plan that is showing positive results
- Committee noted the minutes of the MHL steering group.
- Fantastic work re rehabilitation in STaRS (Specialist Treatment and Recovery Service) ward.
- A connection was made between the Mental Health Act reform with regard to race and ethnic inequalities and the work taking place within the trust to expand our knowledge base outside the protected characteristics e.g. poverty, digital poverty.
- Committee received a presentation on consent to treatment audit where it became clear that we are not meeting standards with regard to the completion of the Z48 form (assessment of capacity to consent to treatment) by the Responsible Clinician. Re-audit of consent to treatment was completed in October 2022, which showed a small improvement and was presented to the Steering Group in November. Following a CQC visit to Mill View Court on 16/08/22 a new timescale of 3 working days to complete the form has been introduced. It was agreed at the Steering Group for



reaudit to be undertaken in April 2023 to allow new benchmark to embed and timeframe to cover September, October and November data to identify any trends. Process in place to chase up Capacity to Consent to Treatment forms and this has shown positive results.

- MHL Committee Annual Review paper received and approved.
- Committee received positive assurance from the Mental Health Legislation steering group minutes and it was also reported that recent CQC MHA visits had shown a good level of assurance often with no actions arising.
- Committee received positive assurance from an external observer.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
To have oversight of Trust-wide policies and procedures relating to Mental Health Legislation.	Minutes detail policies and procedures approved, and also detail regular updates on status of required policies in line with the Mental Health Act Code of Practice.	Policy plan approved and adhered to.
To receive reviews of assessment reports and recommendations from external bodies relating to Mental Health Legislation in the Trust.	CQC reports and visits included within MHL subgroup report. Action tracker for requirements and evidence available for in-depth scrutiny.	To continue to monitor compliance and evidence logs for CQC MHA action plans.
To monitor key indicators capable of showing Trust compliance with Mental Health Legislation.	New style report for performance monitoring of key indicators. Discussed and analysed quarterly at committee following scrutiny at steering group.	Ongoing review of current statistical presentation of data in performance report - continued use of statistical process control (SPC) charts.
To receive regular data on key indicators underpinning delivery of the Trust's duties and responsibilities under Mental Health Legislation.	Ward level MHA audits are completed on My Assurance monthly. Deep dive MHA audit completed annually on every ward by MH Legislation team.	Audit results reported via the MHL SG and action taken where necessary.

To receive minutes and/or reports from the Mental Health Legislation Steering Group and the Associate Hospital Managers' Forum.	MHL Steering Group minutes submitted to Committee and summary of AHM Forum minutes provided in subgroup report.	MHL Steering Group minutes presented for information and AHM summary of key issues arising included in Committee update.
To regularly review the Board Assurance Framework (BAF).	Minutes detail discussion of BAF in each Committee.	To continue to review and monitor.
Where appropriate to commission specific pieces of work and audits relating to Mental Health Legislation	RRI work - quarterly improvement reports against restrictive practices received by MHLC quarterly	To continue to review and monitor.

3. Attendance

- 3.1 The Mental Health Legislation Committee met on 4 occasions during 2022/23- May, August & November 2022 and February 2023 all chaired by Mike Smith. The meetings have benefitted from Dr Kwame Fofie, in the Clinical Director post leading on reporting and providing clinical leadership to the Committee until the MHLC in November 2022 when he took up his role as the Executive Medical Director. The new Clinical Director post has been appointed and they will provide the clinical leadership at future MHLCs.

Members:	No of meetings attended
Non-Executive Director, Mike Smith	4/4
Non-Executive Director, Dean Royles	3/4
Non-Executive Director, Phillip Earnshaw	1/1
Executive Medical Director, Dr John Byrne (May 22)	1/1
Interim Executive Medical Director, Dr Dasari Michael (August 22)	1/1
Executive Medical Director, Dr Kwame Fofie	2/2
Clinical Director, Dr Kwame Fofie	2/2
Executive Director of Nursing, Allied Health and Social Care Professionals / Caldicott Guardian, Hilary Gledhill	1/1
Deputy Director of Nursing, Tracy Flanagan, representing Hilary Gledhill, Director of Nursing/Caldicott Guardian	2/3
Deputy Chief Executive and Chief Operating Officer, Lynn Parkinson	4/4
Mental Health Act Clinical Manager, Michelle Nolan	3/4
Mental Health Legislation Manager, Sara Johns	4/4

RRI Lead (Clinical Lead, Mental health unplanned Division), Paul Johnson	1/1
Local Authority Representative (East Riding Local Authority) Derek Newton	0/1
Local Authority Representative (East Riding Local Authority), John Heffernan – took over from Derek Newton	2/3
Local Authority Representative (Hull Local Authority), Caron Hodgson	2/4
Named Nurse for Safeguarding Adult/MCA Lead, Rosie O’Connell	2/2
Safeguarding Practitioner (deputising for Ms O’Connell August 2022) Ellie Wagland	1/1
Principal Social Worker, Fran Ashton (HFT)	4/4
Kirsten Bingham (AMHP Service Lead)	4/4
Consultant Psychiatrist, Joanne Watkins	1/1
In addition to the members list Ms Kate Yorke (Associate Director of Psychology) attended the MHLC in May 2022 for item 4 and November 2022 for item 4; Michele Moran, Chief Executive attended 02 February 2023; Caroline Flint, Trust Chair, attended on 05 May 2022; Robin Ogley (Junior Doctor, final year Registrar with Learning Disability team, Townend Court) observer, August 2022; Ms Debbie Cahill (Clinical Lead Children’s & Learning Disability) for item 5, August 2022; Dr Kat King (Speciality Registrar) for item 9, August 2022; Ms Stella Jackson (Head of Corporate Affairs) observer November 2022.	

3.2 Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

The membership composition is effective and all members have contributed well. The importance of regular representation from Hull Local Authority is being progressed again as it is valuable to have their input and advice in order for all providers to maintain and develop effective services and good practice. As they have the legal responsibility for ensuring appropriate coverage for AMHPs in Hull their input is important.

3.3 Include any recommendation for change to membership & reasons why

Deputy Director of Nursing, Tracy Flanagan, has now left her role therefore Hilary Geldhill, Executive Director of Nursing, Allied Health and Social Care Professionals / Caldicott Guardian, is to attend meetings going forward. Following Dr Kwame Fofie taking up his post as Executive Medical Director, Dr Joanne Watkins will attend future Committees as Medical representative. Paul Johnson, current RRI lead, will continue attending the meetings as the new Clinical Director however a new RRI lead will be appointed to attend. Fran Ashton, Principal Social Worker, has been removed from the attendance list given the AMHP Lead, Kirsten Bingham, now attends the meetings.

4. Quoracy

The Committee was quorate on all four occasions.

5. Reporting / Groups or Committees

Which groups report to Mental Health Legislation Committee? *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Mental Health Legislation Steering Group.
- Associate Hospital Managers' Forum
- Reducing Restrictive Interventions Group

Has the Committee approved the Terms of Reference for each of these groups?
Yes [] No [] *If no, action/timescale for receipt:_____*

Are ToR annual reviews for each reporting group on your Committee workplan to approve?
Yes [] No []

Has the Mental Health Legislation Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [] No []

If no, please provide an exception report on concerns/recommended changes below:-

The Mental Health Legislation Committee has received sufficient assurance that its reporting groups are operating effectively. The Mental Health Legislation Steering Group is working effectively, though one meeting was inquorate. In respect of mental health legislation, the Steering Group has an important role giving operational input to the Committee. The Clinical Director has the task of chairing and overseeing attendance at the Steering Group; and this post has recently been vacant due to promotion. A new person has been appointed and the committee is hopeful that this will bring renewed vigour to the group. A summary of the minutes from this meeting was aggregated into the assurance report; however, it was agreed at the November Committee that provision of the minutes from the MHL Steering Group, along with other areas of mental health legislation would provide the Committee with the required level of assurance.

The Committee will keep under review the recruitment and retention of Associate Hospital Managers (AHMs), ensuring that an adequate number are retained and that their training and performance are regularly reviewed. A task and finish group has been working on increasing the diversity of hospital managers and this work has come to fruition with the appointment, in March, of three individuals from a younger age bracket who should bring in new perspectives, particularly for our CAHMs patients. The Committee recommends the appointment / re-appointment of AHMs for periods not exceeding 3 years.

Has Mental Health Legislation Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2021/22?

Yes [] No []

Committee receives an annual Associate Hospital Managers Report but the Steering Group reports quarterly. The Committee no longer receives an annual RRI Report as this is again produced quarterly.

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*
 - A work plan, as outlined in the Cycle of Business, was agreed at the start of the year and meetings and agendas have been appropriately scheduled to meet that.
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*
 - The reports and papers presented have been of a high quality and prepared in time for issue 5 working days ahead of the meeting.
- *Is the quality and timeliness of the minutes satisfactory?*
 - The quality and timeliness of the minutes are of a very good standard.
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*
 - An action log has been maintained and actions are clearly recorded, assigned to individuals with timelines and followed through.
 - Relationships have been established with the Quality Committee and issues have been cross referenced between committees e.g. prone restraint, AMHP plan. This avoids duplication and aids escalation.
 - Insight report provided, combining themes and issues report with publications and policy highlight report. This has established a contextual backdrop at each meeting.
 - Strong relationships with clinicians and MH Teams.
 - MHLC taken as the authoritative voice on issues, taking a sophisticated view looking at both the external world and internal processes and seeking to understand and act upon issues.

7. Review of Terms of Reference

Chair to summarise any recommended changes to the committee's terms of reference in light of the annual evaluation.

The Terms of Reference were reviewed by the Mental Health Legislation Committee on 03rd November 2022 and will be agreed at the MHL Committee in May 2023 as part of Committee Effectiveness Review. These are attached for reference (see below).

8. Workplan for 2023/24

Has a workplan for the year ahead, 2023/24 been prepared?

Yes [] No []. *If no, when will it be presented to your committee?* _____

A workplan for 2023 / 2024 has been prepared and is presented in a separate document on the MHLC agenda; below is a summary list of identified work for Committee focus:

- seek assurance concerning practices relating to the Mental Capacity Act, as well as monitoring support to the workforce in maximising compliance with this framework now that the implementation of the Liberty Protection Safeguards (LPS) has been put on hold – Trust to focus towards enhancing their existing policies
- monitor the progress of the Mental Health Act Review
- consider the impact / learning points of CQC inspections relating to other Mental Health active Trusts
- improve input and involvement of colleagues, partners and stakeholder via the opportunities provided by new ways of working
- Mental Health transformation
- further work on ethnicity
- monitor impact of capital programme and research on ligatures points
- monitor long term segregations, extended seclusions and CAFO (Care Away From Others) in the light of Edenfield

9. Any Actions Arising from this Effectiveness Review? YES [] NO []

Terms of Reference

Mental Health Legislation Committee

<p>Constitution and Authority</p>	<p>The Mental Health Legislation Committee is constituted as a standing Committee of the Trust's Board of Directors. Its Constitution and Terms of Reference shall be as set out below, subject to amendment at future Board of Directors meetings.</p> <p>For the purpose of these Terms of Reference, Mental Health Legislation refers to the Mental Health Act 1983, the Mental Capacity Act 2005 and other related primary and secondary mental health legislation. This includes government and regulatory policies, procedures and codes of practice which the Trust is bound to observe as a matter of law.</p> <p>The Committee is authorised by the Board of Directors to seek assurance on Mental Health Legislation. It is authorised to seek any information it requires from the relevant Director.</p> <p>The Committee is authorised by the Board of Directors to request the attendance of individuals with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.</p>
<p>Role / Purpose</p>	<p>The purpose of the Mental Health Legislation Committee (MHLC) is to:</p> <ul style="list-style-type: none"> • Provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective codes of practices and other mental health legislation as required. • Monitor, provide challenge and seek assurance of compliance with external standards relating to mental health legislation • Have oversight of mental health legislation procedures and policies • Promote and encourage joint working arrangements regarding the implementation of mental health legislation with partner organisations • Receive reports regarding inspecting authorities and to monitor the implementation of action plans in response to any recommendations made.
<p>Scope & Duties</p>	<p>All persons agreeing to bring back action or information to the Committee will do so, using an appropriate deputy if necessary and, where this has not been possible, will come up with a revised plan of action and report such matters to the Chair prior to the next meeting.</p>

	<p>The Committee will keep under review the recruitment and retention of Associate Hospital Managers (AHMs), ensuring that an adequate number are retained and that their training and performance are regularly reviewed.</p> <p>The Committee will recommend to the Board the appointment of AHMs for periods not exceeding 3 years (after which they may be re-appointed by the Board).</p> <p>Responsibilities of the Committee:</p> <ul style="list-style-type: none"> • To have oversight of Trust-wide policies and procedures relating to Mental Health Legislation. • To receive reviews of assessment reports and recommendations from external bodies relating to Mental Health Legislation in the Trust. • To monitor key indicators capable of showing Trust compliance with Mental Health Legislation. • To receive regular data on key indicators underpinning delivery of the Trust's duties and responsibilities under Mental Health Legislation. • To receive minutes and/or reports from the Mental Health Legislation Steering Group. These will be presented by the Clinical Director. • To receive a summary of key issues arising from the Associate Hospital Managers Forum • To receive quarterly reports regarding the reduction of restrictive practices. These will be presented by the RRI Lead. • To regularly review the Board Assurance Framework (BAF). • Where appropriate to commission specific pieces of work and audits relating to Mental Health Legislation
<p>Membership</p>	<p>The Committee will have full membership of:</p> <ul style="list-style-type: none"> • One Non-Executive Director (who is designated Chair) • At least two other Non-Executive Directors (one of which is also a designated Associate Hospital Manager, if not the Chair) • Medical Director • Chief Operating Officer • Clinical Director • Director of Nursing, Allied Health & Social Care Professionals • Clinical Lead for RRI • Mental Health Act Clinical Manager • Mental Health Legislation Manager • Named Professional for Safeguarding (Adults), MCA and Prevent Lead • Hull AMHP Lead • Local Authority representation covering the Humber area

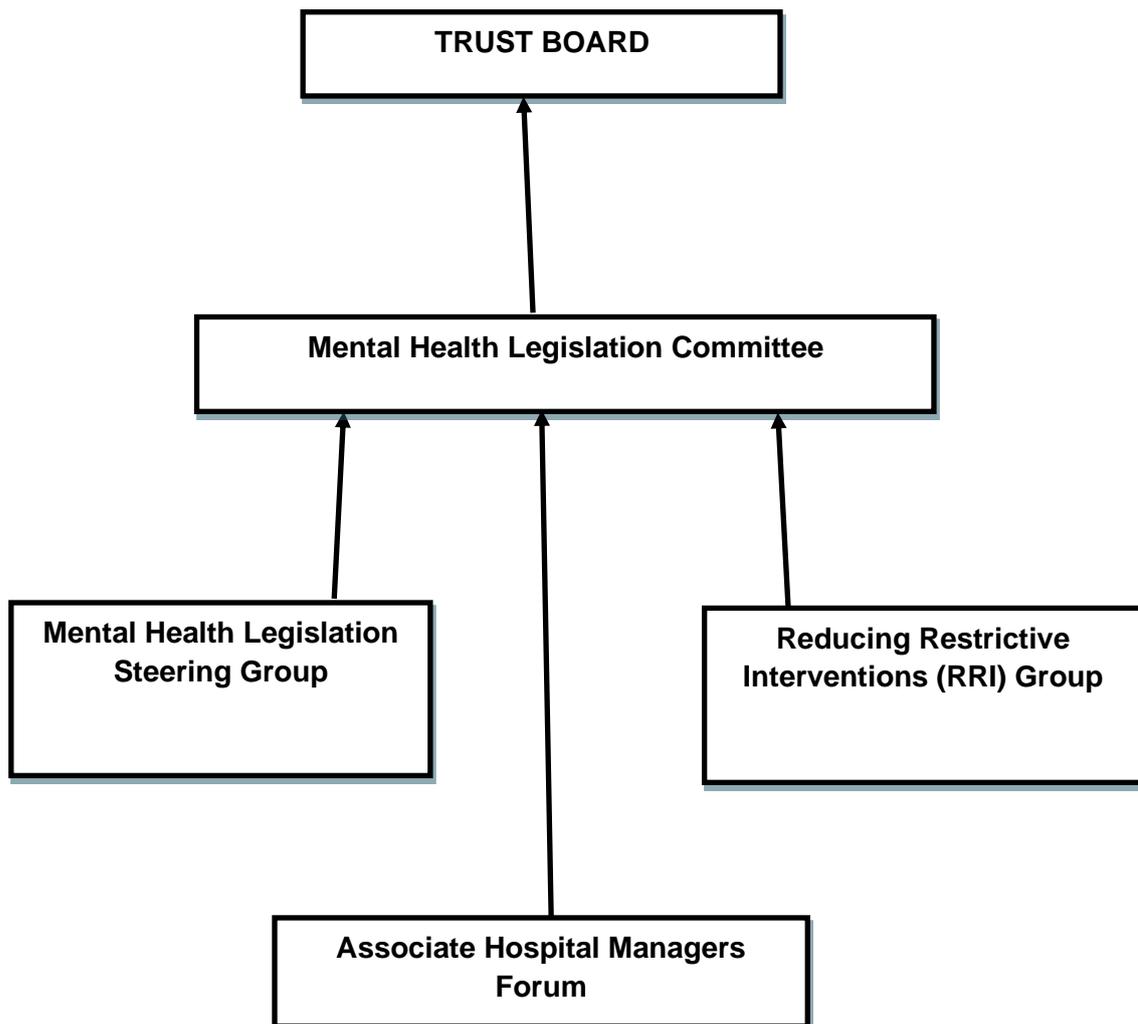
	<p>Core members are expected to attend each meeting. However where this is not possible deputies can attend by agreement of the Chair.</p> <p>Other individuals may be called to attend for all or part of any meeting, as and when appropriate.</p> <p>The Chief Executive has a standing invitation to attend any meeting.</p> <p>A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.</p>
Quorum	<p>The quorum necessary for the transaction of business shall be five including</p> <ul style="list-style-type: none"> • two Non-Executive Directors, • the Medical Director (or authorised deputy) and • another who must be a qualified clinician. <p>Members of the Committee must attend at least 3 meetings in each financial year but should aim to attend all scheduled meetings.</p>
Chair	<p>The Chair of the Committee will be a Non-Executive Director and will be appointed by the Trust Chair. In the absence of the Chair a Non-Executive Director shall Chair the meeting.</p>
Frequency of Meetings	<p>The Committee shall meet at least every quarter.</p> <p>Additional meetings may be held on an exceptional basis at the request of the chair or any five members of the MHL Committee.</p>
Agenda and Papers	<p>The Mental Health Act Clinical Manager (with appropriate support), will ensure that:</p> <ul style="list-style-type: none"> • There is agreement of the agenda with the Chair of the Committee, and that the necessary papers are produced, collated and circulated; • Minutes are taken of the proceedings and resolutions of all meetings of the Committee including recording the names of those present and in attendance. • Minutes shall be circulated promptly (within 20 working days) to all members of the Committee; • A record is kept of matters arising and issues to be carried forward; • An annual cycle of business is established



Minutes and Reporting	<p>A written assurance report will be provided to the Board following each meeting.</p> <p>Formal minutes will be taken of the meeting and presented to the Confidential Board, whilst the assurance report will go to the Public Board. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.</p>
Monitoring and Review	<p>An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.</p>
Agreed by Committee	<p>05 May 2022</p>
Board Approved	
Review Date	<p>February/March 2023</p>



MENTAL HEALTH LEGISLATION COMMITTEE REPORTING STRUCTURE



AUDIT COMMITTEE

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2022 to 31st March 2023

The purpose of the Audit Committee is to scrutinise and review the Trust's systems, risk management, and internal control. It reports to the Trust Board on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, in particular Strategic Goal 3, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

1. Executive Summary

Over the last year, the Audit Committee has complied with its Terms of Reference and completed its work plan. The Committee is supported effectively by the Trust's finance, procurement, risk management and performance teams, and by operational managers who attend as invited. Secretarial support is very good, with agenda-setting, papers, minutes and actions managed well. The work of the internal and external audit teams is of high quality. Attendance at the Committee is consistently good. Members make connections to the work of the Trust's other Committees and provide appropriate feedback to the Board and Governors. The objective for 2023/24 is to keep this standard of work up, making incremental improvements as opportunities are identified.

Stuart Mckinnon- Evans
Senior Independent Director and Chair of the Audit Committee

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
Keep an overview of the key elements of the Trust's governance and finance.	This forms the main work of the committee with updates from internal and external audit at each meeting, highlighting areas of concern and any actions required. All actions are followed up for assurance by the Committee	None
Monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting	The Audit Committee in June reviewed the Trust's Annual Accounts and External Audit Opinion, prior to these documents	None



judgements contained in them	being submitted to the Trust Board	
Review the Trust's Internal Controls	Internal Controls reviewed through the Internal Audit Reporting mechanism. Additional work included IR 35 Employment Tax and the Trust plan to increase control and Cyber Security and the work undertaken to mitigate risks. Agreed by Audit Committee that External Audit would present the Statement of Accounts to COG in April	None
Review and monitor the external auditor's independence and objectivity and the effectiveness of the external audit process, including approval of annual plans, taking into consideration relevant UK professional and regulatory requirements;	External Audit produce an update to each committee and attend to present	None
Monitor risks that are identified by the systems of internal control;	Updates are received at each Audit Committee on completed audits and audit follow up work. Updates are provided at the meeting on recommendations made and actions taken.	Actions from audits that are overdue for implementation are updated at each meeting. An internal system is in place to monitor outstanding recommendations and to remind managers of the agreed timescales and actions
Make recommendations to the Council of Governors through the Governor Finance and Audit Group, regarding the appointment, re-appointment and removal of the external auditor, including tender procedures	The contract for External Audit was let in November 2019 – Governor Finance and Audit Group involved in the appointment and a recommendation made to the Governors The Contract allowed for an extension for a further 1 year and a second year would be a Single Tender Waiver. COG in October 2022 received a report and approved the extension. A post meeting note was also circulated from the Director Of Finance regarding the decision.	None
Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm	The Policy for Use of Audit for Non Audit Services was approved by the Audit Committee in November 2018. Use of External Auditors for non-audit work is reported in the Trust's Annual Report.	None

Approve the appointment and/or removal of the internal auditors;	The Trust Appointed new Internal Auditors (Audit Yorkshire) on 1 October 2020 through a competitive tender process.	None
Report to the Board identifying any matters in respect of which it considers that action or improvement is needed, making recommendations as to the steps to be taken	Regular updates are provided to the Board following each audit committee.	None
Produce an annual report for the Trust Board	On June Agenda.	None
Review arrangements by which staff within the Trust may raise confidentially concerns over financial control and reporting, clinical quality and patient safety and other matters	Whistleblowing/Raising Concerns is included within Counter Fraud and is also considered by Workforce Committee and included in the reportable incidents log to the trust board.	Consider recommendation that the Audit Committee reviews the Whistleblowing policy. The Freedom to Speak Up Policy was reviewed by EMT in January 2022 and is due for review in March 2024. The Board receive regular Freedom to Speak Up reports and any concerns would be reported to the Board (in private) as part of the incidents log.

2.1 The Committee has specific ownership of Strategic Goal 3 (Fostering Integration, partnership and alliances). This was reviewed throughout the year by the Audit Committee as part of the Board Assurance Framework which is a standing item on the agenda.

3. Attendance

3.1 The Audit Committee has met on 5 occasions to date during 2022/23. The February meeting attendance will be added for the next report.

Members:	No of meetings attended
Stuart McKinnon-Evans Non Executive Director (Chair)	5/5
Francis Patton – Non-Executive Director	5/5
Mike Smith – Non-Executive Director	5/5
In Attendance:	
Peter Beckwith – Director of Finance	5/5
*denotes optional attendance at committee	

3.2 Chair (and Executive lead) are of the view that the Membership composition is effective and there is an appropriate level of contribution from all members of the Committee.

3.3 A questionnaire was forwarded to members of the Committee and those in Attendance and the responses are shown at Appendixes 2 and 3.

4. Quoracy

The quorum necessary for the transaction of business is two.

The Committee was quorate on **all** occasions.

5. Reporting / Groups or Committees

The Information Governance Group is a sub group of the Audit Committee and all minutes and reports received have given the required level of assurance.

A review of the Information Governance Group's ToRs has also been undertaken.

The Information Governance annual effectiveness review will be undertaken in May 2023 and reviewed at the committees August meeting.

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan? Yes*
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting? Yes*
- *Is the quality and timeliness of the minutes satisfactory? Yes*
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through? Yes*

7. Review of Terms of Reference

The latest version of the Terms of Reference are included at Appendix 1.

8. Workplan for 2023/24

Has a workplan for the year ahead, 2023/24 been prepared?

Yes [✓] No [].

9. Any Actions Arising from this Effectiveness Review? YES [] NO [✓]

Terms of Reference

Audit Committee

Constitution and Authority	<p>The Audit Committee is constituted as a standing committee of the trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings.</p> <p>The Audit Committee Terms of Reference are based on recommendations and guidance from the Cadbury Committee, the Combined Code, the NHS Audit Committee Handbook, the NHS Integrated Governance Handbook and subsequent guidance including Monitor's Audit Code, Code of Governance and Compliance Framework.</p> <p>Delegated Authority Section 4.8.1 of the Trust's Standing Orders, and Standing Financial Instructions sets out the modus operandi of the Audit Committee. The Terms of Reference of this Committee shall be reviewed by the Trust Board on an annual basis.</p> <p>As a Committee of the Trust Board, it will:</p> <ul style="list-style-type: none"> • be accountable and report to the Trust Board. • advise and make recommendations to the Trust Board on areas which fall within its remit and responsibilities. • review and approve policy where relevant and judged appropriate by the Committee for the discharge of its functions. • Monitor, review and advise on the effectiveness of the systems of integrated governance, risk management, and internal controls, and further to hold to account directors responsible for ensuring that these matters are effective and robust. • scrutinise any activity listed in its Terms of Reference and cycle of business
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	<ul style="list-style-type: none"> investigate any activity within the Terms of Reference and to seek any information it requires from any employee. Any other measures deemed appropriate, relevant and proportionate by the Committee for the discharge of its functions.
Role / Purpose	<p>The purpose of the Audit Committee is to scrutinise and review the Trust's systems, risk management, and internal control. It reports to the Trust Board on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.</p> <p>Key Responsibilities</p> <p>The Audit Committee is a Non Executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. Its key responsibilities are to:</p> <ul style="list-style-type: none"> keep an overview of the key elements of the Trust's governance and finance. monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them; review the Trust's internal controls; review and monitor the external auditor's independence and objectivity and the effectiveness of the external audit process, including approval of annual plans, taking into consideration relevant UK professional and regulatory requirements; monitor risks that are identified by the systems of internal control; make recommendations to the Council of Governors <u>regarding the appointment, reappointment of the External Auditor and removal of the external auditor</u>, including tender procedures; develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; monitor and review the effectiveness of the Trust's internal audit function and counter-fraud arrangements, including approval and review of related annual plans;

Deleted: through the Governor Finance and Audit Group, regarding the appointment, re...appointment and removal of appointment and removal of the external auditor

Deleted: appointment and removal of the external auditor

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

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

The Audit Committee

Governance, Risk Management and Internal Control

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

In particular, the Committee will review the adequacy of:

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

for the proportionate and independent investigation of such matters and for appropriate follow-up action.

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

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

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

External Audit

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

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

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

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

This will be achieved by:-

- consideration of the appointment and performance of the External Auditor, as far as the rules governing the appointment permit.
- review and agreement, before the audit commences, the nature

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

Other Assurance Functions

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

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

Counter Fraud

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

Management

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

The Audit Committee will receive assurance reports from the Information Governance Group, which is a delegated sub group of the audit committee.

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

Financial Reporting

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

The Audit Committee shall review the Annual Report and Accounts

before submission to the Board, focusing particularly on:

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

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

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

Trust Secretariat

The Audit Committee shall be supported administratively by the Trust Secretary whose duties in this respect will include:

- agreement of the agenda with the Chair and attendees and collation and circulation of papers in good time
- ensuring that those invited to each meeting attend
- minute-taking and keeping a record of matters arising and issues to be carried forward
- helping the Chair to prepare reports to the Board
- arranging meetings for the Chair – for example, with the internal/external auditors or local counter fraud specialists
- maintaining records of members' appointments and renewal dates etc

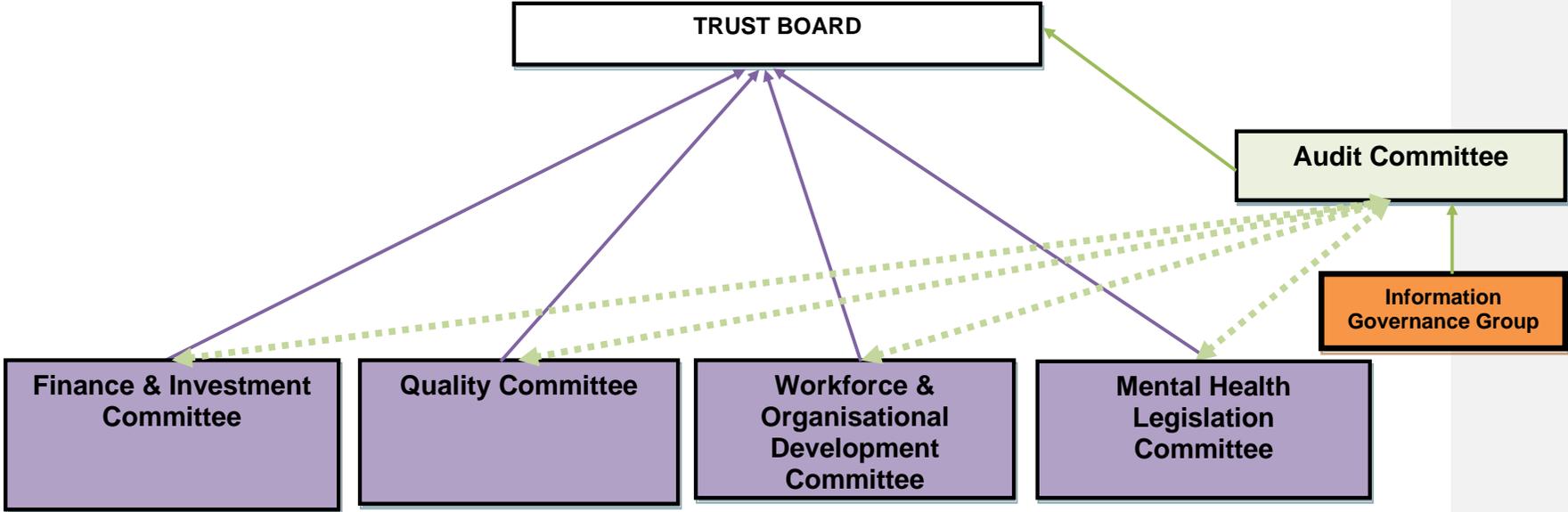
	<ul style="list-style-type: none"> • advising the Audit Committee on pertinent issues/areas of interest/policy developments • ensuring that action points are taken forward between meetings • supporting any ongoing training requirements for Non-Executive Directors as appropriate for their membership of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

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

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

	is needed, and making recommendations as to the steps to be taken.
Agreed by Committee	11 May 2022
Board Approved	18 May 2022
Review Date	May 2023

AUDIT COMMITTEE REPORTING STRUCTURE



Remuneration and Nomination Committee

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2022 to 31st March 2023

The purpose of the Remuneration and Nomination Committee is to provide a forum for agreement of remuneration and terms of service for Trust Executive's in accordance with national requirements and Executive Director appointments.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The Committee's duties fall under 3 key headings in the table below at section 2. The committee has operated effectively and there is evidence of each of these functions being delivered in year within the agendas, minutes and decisions recorded.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
National Requirements	Within meeting agendas and minutes - decisions adhered to national requirements when appointment/remunerating.	none
Appointments Role	Within meeting agendas and minutes - executive director appointments made	none
Remuneration Role	Within meeting agendas and minutes - executive remuneration agreed	none

3. Attendance

3.1 The Committee met on 6 occasions during 2022/23

Members:	No of meetings attended
Caroline Flint, Chair	6/6
Francis Patton, Non-Executive Director	6/6
Mike Smith, Non-Executive Director	6/6
Dean Royles, Non-Executive Director	6/6
Hanif Malik, Non-Executive Director	6/6
Stuart Mckinnon-Evans, Non-Executive Director	6/6

3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

Membership is made up of all Non-Executive Directors. All Non-Executive Directors attended meetings and contributed in year. The minutes of the meeting reflect engagement and challenge of members.

The Chief Executive attends each meeting, except when discussing matters relating to the Chief Executive.

The Director of Workforce and Organisational Development attends as required and provides advice and support to the committee

3.3 *Include any recommendation for change to membership & reasons why*

No recommendations for any change.

4. Quoracy

The Committee was quorate on all occasions.

5. Reporting / Groups or Committees

Has the Remuneration and Nomination Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group/committee provided the required level of assurance?

The nature of the Committee means it does not have any reporting groups and there are no proposals for change. Executive advice on matters for committee discussion is provided through attendance by the Chief Executive or Director of Workforce & Organisational Development as appropriate.

Abridged versions of the minutes or summary notes of key discussions and decisions have been presented to the Part II Trust Board but not consistently (see recommendation at section 8 below).

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

The committees work is largely reactive and an outline work plan is in place to reflect essential annual discussions ie review of ToR, effectiveness review etc but remains a reactive document.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

7. Review of Terms of Reference

The ToR have been reviewed and one change is proposed. The ToR are attached for approval.

8. Any Actions Arising from this Effectiveness Review?

To ensure that an assurance report is provided to Part II Board after each meeting.

Remuneration and Nomination Committee

Terms of Reference

<p>Constitution and Authority</p>	<p>The Remuneration and Nomination 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 meetings.</p> <p>The Committee is authorised by the Board to act, in accordance with Standing Orders, Scheme of Delegation and Standing Financial Instructions, and within its Terms of Reference. All members of staff are directed to co-operate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to instruct professional advisers and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its' functions.</p> <p>The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.</p>
<p>Role / Purpose</p>	<p>To provide a forum for agreement of remuneration and terms of service for Trust Executive's and Trust Very Senior Managers (VSM) in accordance with national requirements.</p>
<p>Scope and Duties</p>	<p>The Remuneration committee has delegated responsibility for setting remuneration for all Executive Directors (and also for those senior managers on the Very Senior Managers contract of employment) including pension rights and any compensation payments</p> <p>The Remuneration and Nomination Committee's duties are detailed below under the following headings:</p> <ul style="list-style-type: none"> • National Requirements • Appointments Role • Remuneration Role <p><u>National Requirements</u></p> <p>The Committee should ensure that any remuneration awards covered within the terms of reference of the committee should be in accordance with national pay guidance in effect at the time of decision making.</p> <p><u>Appointments Role</u></p> <p>The Committee will:</p> <ul style="list-style-type: none"> • Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations

to the Board and Appointment, Terms and Conditions Committee of the Council of Governors, as applicable with regard to any changes

- Give full consideration to and make plans for succession planning for the Chief Executive taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future. The same consideration will be given to other Executive Directors on the advice or recommendation of the Chief Executive.
- Receive assurance reports from the Chief Executive as required to ensure the executive level leadership needs of the Trust are kept under review to ensure the continued ability of the Trust to operate effectively in the health economy.
- It is a requirement of the 2006 Act that the Chair, the other Non- Executive Directors and – except in the case of the appointment of a Chief Executive – the Chief Executive, are responsible for deciding the appointment of Executive Directors. The appointments panel will consist of the Chair and one non-executive director from the Remuneration and Nomination Committee and the Chief Executive, except in the case of the appointment of a Chief Executive. The panel has responsibility for identifying suitable candidates to fill executive director vacancies, including shortlisting, assessment and selection and they make recommendations to the Remuneration and Nomination Committee.
- It is for the Non-Executive Directors to appoint and remove the Chief Executive. The appointment of a Chief Executive requires the approval of the Council of Governors. The Governors are responsible for the appointment, re-appointment and removal of the Chair and the other Non-Executive Directors.
- To approve appointments of all Executive Director positions on the Board determining their remuneration and other terms of service and monitoring their performance.
- When appointing the Chief Executive, the Committee shall be the Committee described in Schedule 77, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other Executive Directors the Committee shall be the Committee described in Schedule 7, 17(4) of the Act.
- When a Board level Executive vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation ensure that a description of the role and capabilities required for the particular appointment is prepared. In identifying suitable candidates the Committee shall ensure the use of open advertising or the services of external advisers are used to facilitate the search. The Committee will ensure the Trust considers candidates from a wide range of backgrounds and consider candidates on merit against objective criteria.
- Ensure that a proposed Executive Director's "other significant commitments" (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise.
- Ensure the proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Be advised of and consider any matter relating to the continuation in office of any Executive Director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.
- In considering appointments, receive assurance to ensure that all Directors meet the "fit and proper" person test of the general conditions of Monitor's provider licence.
- An Appointments Advisory Committee (AAC) will be established by the Trust when required to progress consultant recruitment and appointments. Any recruitment and retention premia approved by the Chief Executive will be

reported to the Committee. The Committee will be required to approve any recruitment and retention premia over £25,000.

- Consultant appointments will be reported to the public board meeting.

Remuneration Role

The Committee will:

- Have delegated responsibility for setting remuneration for all Executive Directors (and also for those senior managers on the Very Senior Managers contract of employment) including pension rights and any compensation payments. Those managers within this definition who are not on the Very Senior Managers Contract or Executive Directors are on national pay and terms and conditions and their posts are subject to job evaluation in line with the national scheme. *NB: The rights of all staff on the VSM contract who are in the NHS pension are bound by the national pension rules.*
- To receive proposals from the Chief Executive relating to the remuneration of the other Executives.
- In accordance with relevant laws, regulations, Trust policies and Standing Financial Instructions (SFIs) decide and keep under review the terms and conditions of office of the Executive Directors and those senior managers on the Very Senior Managers contract of employment, including:
 - Salary, including any performance related pay or bonus.
 - Provision for other benefits, including pensions and cars *NB rights of all staff on the VSM contract who are in the NHS pension are bound by the national pension rules.*
 - Allowances.
 - Payable expenses.
 - Compensation payments.

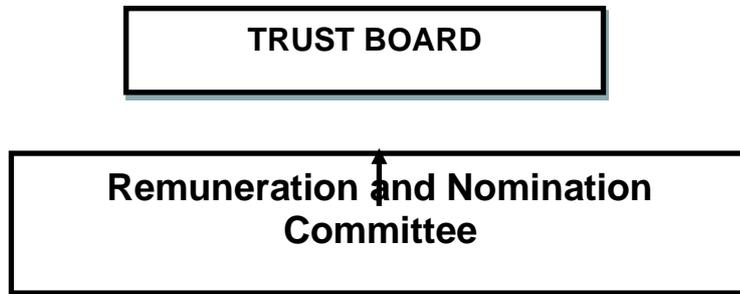
In adhering to all relevant laws, regulations and Trust policies:

- Approve levels of remuneration which are sufficient to attract, retain and motivate Executive Directors of the quality and with the skills and experience required to lead the Trust successfully without paying more than is necessary for this purpose, and at a level which is affordable to the Trust.
- Use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors (including senior managers on the Very Senior Managers contract of employment) while ensuring that increases are not made where Trust or individual performance do not justify them.
- Be sensitive to pay and employment conditions elsewhere in the Trust.
- Monitor and assess the output of the evaluation of the performance of individual executive directors and consider this output when reviewing changes to remuneration levels.
- Advise upon and oversee contractual arrangements for Executive Directors (including senior managers on the Very Senior Managers contract of employment) including but not limited to termination payments to avoid rewarding poor performance.
- In accordance with Trust Standing Orders the Committee will be informed of all recruitment of retention premia awarded by the Chief Executive to any member of staff not covered by Agenda for Change where there are national recruitment and retention pressures (for example medical consultants). The Committee will be required to approve any recruitment and retention premia over £25,000

	<ul style="list-style-type: none"> • To receive a report from the Chair on the objectives and performance of the Chief Executive. • To receive a report from the Chief Executive on the objectives and performance of the Executive Directors and senior managers on the Very Senior Managers contract of employment. • <u>To approve any special severance payments in accordance with HM Treasury guidance</u>
Membership	<p>The membership of the Committee shall consist of all Non-Executive Directors</p> <p>Only members of the Committee have the right to attend Committee meetings. When discussing matters relating to the Executive Directors other than the Chief Executive, the Chief Executive shall attend the Committee.</p> <p>At the invitation of the Committee, meetings shall normally be attended by the Director of Workforce and Organisational Development.</p> <p>Other persons may be invited by the Committee to attend a meeting to assist in deliberations.</p> <p>Any non-member, including the Secretary to the Committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.</p>
Quorum	<p>The Committee shall be deemed quorate if there is representation of a minimum of two Non-Executive Directors plus the Chair (or person deputising for the Chair). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.</p>
Chair	<p>The Trust Chair shall chair the Committee.</p>
Frequency of Meetings	<p>Meetings shall be held not less than twice a year and at such other times as the Chair of the Committee shall require.</p>
Agenda and Papers	<p>The Trust Secretary shall be the Secretary to the Committee and prepare and distribute papers and keep minutes of the Committee.</p>
Minutes and Reporting	<p>Formal minutes shall be taken of all Committee meetings.</p> <p>An assurance report and abridged minutes summarising key discussions and decisions will be presented to the Board of Directors following each meeting.</p>
Monitoring and Review	<p>The Committee shall monitor and review its performance through</p> <ul style="list-style-type: none"> • An annual effectiveness review against its terms of reference. The annual effectiveness review will be provided to the Board of Directors. • The Terms of Reference of the Committee shall be reviewed annually.
Agreed by Committee	<p>27/4/22</p>
Board Approved	<p>18 May 2022</p>

Review Date	May 2023
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REMUNERATION AND NOMINATION COMMITTEE REPORTING STRUCTURE



Trust Board
Annual Review of Trust Board Effectiveness and Terms of Reference
1st April 2022 to 31st March 2023

The Board's purpose - described in full in its Terms of Reference is to:-

- Set and oversee the strategic direction of the Trust
- Ensure accountability for delivery of the strategy
- Ensuring compliance with statutory requirements and duties
- Shaping a positive culture for the Trust
- Taking decisions that it has reserved to itself.

The Chief Executive is the Accountable Officer for the Trust.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The global coronavirus pandemic continued throughout 2022/23 and continued to affect the way in which a range of Trust services were delivered. Throughout this time, the Board continued to fulfil its duties and monthly Board meetings continued.

Adhering to covid restrictions the Board continued to meet virtually over Microsoft Teams and meetings were live streamed in order for members of the public to continue to have access to 'attend'. Virtual meetings also provided the opportunity to increase involvement by providing the opportunity for members of the public to join without having to travel to venues.

Patient or staff stories at the beginning of each Board were included on each agenda.

Board development days were held throughout the year that provided an opportunity to discuss more fully accountability and culture of the organisation and Board development. Regular strategy sessions were also provided which allowed regular informal discussions to inform the preparation of the Trust strategy.

The Board agreed that with effect from February 2023, Board meetings would occur bi-monthly and that Strategic Board Development sessions would occur in the months when formal Board meetings were not occurring. A work programme has been produced to capture items which will be considered at the Strategic Development meetings. The notes from the Strategic Development meetings will be forwarded to Board meetings.

The Trust Board has a forward-looking annual work plan set each year that clearly outlines mandatory and regular reports required for the meeting and a copy of this is included with monthly board papers.

The minutes of Board meetings clearly demonstrate debate, decision making and adherence to our Standing Orders, Scheme of Delegation and Standing Financial Instructions. There were no instances that required a report to the Board on non-compliance with these documents in year.

In 2022, Grant Thornton undertook an external review of governance. The requirement for an externally facilitated review is stipulated in the Code of Governance for foundation trusts. A number of recommendations were made and an action plan was produced in response. The Board received updates in July 2022 and January 2023 regarding the progress made in implementing the recommendations (all of which have been implemented and closed). The embeddedness of the actions will continue to be monitored by the Executive Management Team.

In summary it has been another year as an effective engaged Board with;

- very high attendance and engagement and continuity the Board has brought throughout the pandemic
- very good outturn and all-round performance for 2022/23 reflective of progress made by board
- the effective relationship, skills and experience of all Board members
- the promotion of the Trust's reputation in the system
- delegation of governance issues to sub committees which continues to enable more focussed Board meetings, with appropriate time to discuss more strategic issues
- the quality of papers presented to Board have continued to improve thus focussing the Board on the key issues

2. Delivery of functions delegated by Board

A number of functions are delegated to sub committees and assurance is provided at each Board.

3. Attendance

3.1 The Board met on 9 occasions during 2022/23 and attendance is detailed below:

Members:	No of meetings attended
Chair, Caroline Flint	9/9
Chief Executive, Michele Moran	9/9
Francis Patton, Non-Executive Director	9/9
Mike Smith, Non-Executive Director	9/9
Dean Royles, Non-Executive Director	9/9
Stuart McKinnon-Evans, Non-Executive Director	9/9
Phillip Earnshaw, Non-Executive Director	7/7
Hanif Malik, Associate Non-Executive Director (<i>Non-voting</i>)	9/9
Director of Finance, Peter Beckwith	8/9
Medical Director, John Byrne (up to June 2022)	3/3
Medical Director, Kwame Fofie (from Oct 2023)	4/4
Interim Medical Director, Dasari Michael (July – Sept 2022)	2/2
Director of Nursing, Allied Health and Social Care Professionals Hilary Gledhill	8/9

Chief Operating Officer, Lynn Parkinson Director of Workforce & OD, Steve McGowan (<i>Non-voting</i>)	9/9 9/9
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3.2 Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

Membership is standard for Trust Boards and deputies attend for executives as required. Invitations are extended to others throughout the year as appropriate. Good contributions were provided from members throughout the year.

3.3 Include any recommendation for change to membership & reasons why

The composition of the Board was reviewed in 2022/23 and there are no recommendations for change for the year ahead.

4. Quoracy

The Board meetings were quorate on all occasions.

5. Reporting Committees to Board

The following committees report to the Board:-

- Quality Committee
- Audit Committee
- Workforce & Organisation Development Committee
- Mental Health Legislation Committee
- Finance and Investment Committee
- Charitable Funds Committee
- Remuneration & Nomination Committee
- Collaborative Committee

Has the Board approved the Terms of Reference for each of these sub committees?

Yes.

The annual review of committee effectiveness and terms of reference for these committees for 2022/23 will be presented to the Board in May 2023 for approval.

Has the Board received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?

Yes, assurance reports from each committee are prepared and presented by the Non-Executive chair of each committee to the Board following each meeting.

Has the Board requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2022/23?

Yes - these are scheduled for presentation at the May 2023 Board meeting.

6. Conduct of meetings

Chair to consider the following questions

- Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?

Yes a workplan was agreed and forms the basis of monthly agendas. Any change to the workplan is highlighted when papers are despatched to Board members.

- Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?

Yes.

However, in order to ensure committee assurance reports provide up to date assurance after a sub-committee meeting (which can sometimes occur around meeting paper distribution day) these may follow a day or two after papers have been distributed to ensure the most up to date assurance is provided to Board. Any committee assurance reports to follow are clearly stated on the email when papers are sent to Board members.

- Is the quality and timeliness of the minutes satisfactory?

Yes

- Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?

Yes

7. Review of Terms of Reference

Chair to summarise any recommended changes to its terms of reference in light of the annual evaluation.

A number of amendments are proposed to the terms of reference as detailed below and highlighted in the terms of reference attached at Appendix 1:

- References to specific sections/paragraphs within the Constitution and Standing Orders to be removed as these may change when reviews of each are undertaken;
- Inclusion of information regarding the Board's role in taking account of the views of the public at large (to reflect requirements within the Health and Care Act 2022);



- Removal of the reference to `extraordinary' meetings as reference to this is no longer included in the Companies Act; and
- Frequency of meetings amended to reflect a move to bi-monthly Board meetings and Strategic Development meetings during the months when the Board does not meet.

The ToR are attached at Appendix 1 for approval.

8. Workplan for 2022/23

Has a workplan for the year ahead, 2023/24 been prepared?

Yes.

The workplans are included in the monthly Board papers.

9. Any Actions Arising from this Effectiveness Review? YES [] NO [x]

No issues arising from the 2022/23 effectiveness review.

Terms of Reference

Board of Directors

<p>Authority</p>	<p>The Trust is required to establish a Board of Directors in accordance with the requirements of the NHS Act 2006 (as may be amended by the Health & Social Care Act 2012), and the Trust's Constitution. All members of the Board shall act collectively as a unitary Board with each member having equal liability.</p> <p>The Trust has Standing Orders for the practice and procedures of the Board of Directors (Annex 8 of the Constitution). For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference, which do not form part of the Trust's Constitution.</p>
<p>Role / Purpose</p>	<p>The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.</p> <p>The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.</p> <p>The Trust may provide goods and services for any purposes related to the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and the promotion and protection of public health.</p> <p>The Trust may also carry out activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.</p> <p>The Trust has a Board which exercises all the powers of the Trust on its behalf, but the Board may delegate any of those powers to a sub-committee of the Board or to an Executive Director. Arrangements for the reservation and delegation of powers are set out in the Standing Orders, Scheme of Delegation and Standing Financial Instructions.</p> <p>The Board will ensure regular reviews of its effectiveness and that of its sub committees that have been delegated powers by the Board via annual committee effectiveness reviews and as part of an established ongoing Board development programme.</p> <p>The Board will achieve its purpose by:</p> <ul style="list-style-type: none"> • Setting and overseeing the strategic direction of the organisation within the overall policies and priorities of the Government, the Trust's

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	<p>regulators, and its commissioners, having taken account of the views of the Trust's members and public at large.</p> <ul style="list-style-type: none"> • Ensuring accountability by holding the organisation 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 and the statutory duties are effectively discharged including the Provider License conditions and the Care Quality Commission registration and appropriate returns and disclosures are made to the regulators • Shaping a positive culture for the organisation • Monitoring the work of the Executive Directors • Taking those decisions that it has reserved to itself. <p>The general duty of the Board of Directors and each Director individually, is to act with a view to promoting the success of the Trust to maximise the benefits for the members of the Trust as a whole and for the public.</p> <p>In carrying out their duties, members of the Board of Directors and any attendees must ensure that they act in accordance with the values of the Trust which are:</p> <ul style="list-style-type: none"> • Caring – our shared commitment to patient centred care, providing dignity and respect through our high quality and patient safety culture. • Learning – our shared commitment to actively engage, listen and learn from our people and empower them to use evidence-based teaching approaches. • Growing Together – our shared commitment to be an Accountable organisation, seeking collaborations with other to support and grown health and social care systems. <p>In addition, members of the Board must ensure compliance with the Health and Social Care Act (Regulated Activities) Regulation 2014 in relation to the Fit and Proper Persons Test.</p>
<p>Duties</p>	<p>The duties set out below shall not preclude the Board of Directors from reserving powers and duties to itself. These powers and duties shall be set out in the Standing Orders, Scheme of Delegation and Standing Financial Instructions and for the avoidance of doubt where there is a conflict, Standing Orders, Scheme of Delegation and Standing Financial Instructions will take precedence over these Terms of Reference.</p> <p>The duties of the Board of Directors are to:</p> <ul style="list-style-type: none"> • Set the values and strategic direction of the Trust; and ensure the Trust's Strategy is reviewed as necessary.

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	<ul style="list-style-type: none"> • Provide leadership to the Trust to promote the achievement of the Trust's Principal Purpose' as set out in the Constitution (i.e. the provision of goods and services for the purposes of health services in England), ensuring at all times that it operates in accordance with the Constitution and the terms of the license as issued by Monitor (now part of NHS Improvement) • Promote teaching, research and innovation in healthcare to a degree commensurate with the Trust's "teaching hospital" status • Engage as appropriate with the Trust's membership and Council of Governors. • Promote and develop appropriate partnerships with other organisations in accordance with the Trust's values and strategic direction. • Oversee the implementation of the Trust's strategic goals and monitor the executive team's delivery of the strategic objectives ensuring consistency with the role/purpose of the Board of Directors • Agree the Trust's financial and strategic objectives, including approval of the Strategic Plan. • Ensure that the Trust has adequate and effective governance and risk management systems in place • Monitor the performance of the Trust and ensure that the Executive Directors manage the Trust within the resources available in such a way as to: <ul style="list-style-type: none"> ▪ Ensure the safety of service users and the delivery of high quality care. ▪ Protect the health and safety of Trust employees and all others to whom the Trust owes a duty of care. ▪ Make effective and efficient use of Trust resources. ▪ Promote the prevention and control of healthcare associated infection. ▪ Comply with all relevant regulatory and legal requirements. ▪ Maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust. ▪ Maintain the high reputation of the Trust both with reference to local stakeholders and the wider community. • Receive and consider high level reports on matters material to the Trust detailing information and action with respect to: <ul style="list-style-type: none"> ▪ Service User and Carer experience. ▪ Human resource matters. ▪ Operational performance, including performance against targets and contracts ▪ Clinical quality and safety, including infection prevention and control ▪ The identification and management of risk ▪ Financial performance. ▪ Matters pertaining to the reputation of the Trust
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- Mental Health Act Legislation duty

- Review and approve any declarations/compliance statements to regulatory bodies prior to their submission.
- Review and adopt the Trust's Annual Report and Accounts.
- Act as corporate trustee for the Trust's Charitable Funds.

The Board may hold delegated responsibility to provide commissioning leadership and monitoring functions within the Humber ~~and North Yorkshire~~ (HNY) Integrated Care System, and will sub-contract with a range of healthcare providers in the delivery of:

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

The Board of Directors may delegate powers to formally constituted Committees.

The Board of Directors shall determine the membership and terms of reference of Committees and Sub-Committees and shall if it requires, receive and consider reports of such Committees. Minutes or reports from the Committees below, and any others that the Board so requests, shall be presented to the next scheduled meeting of the Board of Directors following the Committee meeting.

- Audit Committee
- Charitable Funds Committee
- Finance & Investment Committee
- Mental Health Legislation Committee
- Quality Committee
- Remuneration and Nomination Committee
- Workforce & Organisational Development Committee
- Commissioning Committee

Members of the Board of Directors must ensure that wherever possible they attend every Board meeting (including ~~additional~~ Board meetings when convened). An explanation of non-attendance should be made to the Chair. Attendance at meetings will be monitored by the Trust Secretary and shall be reported to the Chair on a regular basis and shall also be reported annually in the Annual Report.

Where, exceptionally, a Director is absent from a meeting they may not normally send a deputy in their place, although attendance in these circumstances will be at the discretion of the Chair. Where there are formal acting up arrangements in place the person acting up may attend and will

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assume the voting rights of the Director they are acting up for. If no formal acting up arrangements are in place the person attending may not assume the voting rights of the Director they are attending for.

The Board may invite non-members to attend its meetings on an ad hoc basis, as it considers necessary and appropriate, and this will be at the discretion of the Chair.

Minutes of the Council of Governors meetings shall be presented at a meeting of the Board of Directors for information.

The Executive Team will support the Chief Executive in the implementation of the Board's decisions and will facilitate the efficient and effective working of the Board of Directors by considering and responding to those matters referred to it. Detail of the sub-committee structure is appended to this document.

The Chair of the Board of Directors shall be the Chair of the Trust. In the absence of the Chair of the Trust, (or in the event of him/her declaring a conflict of interest in an agenda item) the Deputy Chair, if one is appointed, shall chair the meeting.

Should there be no Deputy Chair or one is not available (or where they too have also declared a conflict of interest in an agenda item), the meeting shall be chaired by one of the other independent Non-Executive Directors.

The Chair of the Trust will:

- Provide leadership to the Board of Directors
- Enable Directors to make a full contribution to the affairs of the Board of Directors ensuring that the Board acts as a cohesive team
- Ensure the key, appropriate issues, which place emphasis on service user and carers, services, policy issues and statutory requirements are discussed by the Board of Directors in a timely manner
- Ensure the Board of Directors has adequate support and necessary data on which to base informed decisions and monitor that such decisions are implemented.
- Provide a conduit between the Council of Governors and the Board of Directors.

The Senior Independent Director (SID) is appointed by the Board of Directors as an alternative point of contact for Governors (and Directors) when:

- They have concerns that have not been resolved through normal channels
- Contact with the Chair, Director of Finance or Chief Executive is inappropriate

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	<ul style="list-style-type: none"> • Discussing the Chair’s performance appraisal, remuneration or allowances <p>The SID is also a contact point for staff who wish to raise concerns under the Freedom to Speak Up process.</p> <p>The Non-Executive Directors are accountable to the Council of Governors for the performance of the Board of Directors. To exercise this accountability effectively, the Non-Executive Directors will need the support of their Executive Director colleagues.</p> <p>A properly functioning accountability relationship will require the Non-Executive Directors to provide Governors with a range of information on how the Board of Directors has assured itself on key areas of quality, operational and financial performance; to give an account of the performance of the Trust. The Non-Executive Directors will need to encourage questioning and be open to challenge as part of this relationship.</p>
<p>Membership</p>	<p>The membership of the Board of Directors, is determined in accordance with the Trust’s Constitution and, shall comprise both executive and Non-Executive Directors. Membership shall be as follows:</p> <ul style="list-style-type: none"> • A Non-Executive Chair • Up to 6 other Non-Executive Directors • Up to 6 Executive Directors • 1 Associate Non-Executive Director (non-voting)* <p>*Associate Non-Executive Director appointments will be non-voting and not count towards the 6 other Non-Executive Director positions.</p> <p>At all times at least half of the Board of Directors, excluding the Chair shall be Non-Executive Directors. For clarity the Executive Directors who are members of Board of Directors are:</p> <ul style="list-style-type: none"> • Chief Executive (voting) • Director of Finance (voting) • Medical Director (voting) • Director of Nursing, Allied Health and Social Care Professionals & Caldicott Guardian (voting) • Chief Operating Officer (voting) • Director of Workforce & Organisational Development (non-voting) <p>All full members of the Board of Directors shall have one full vote each, with the Chair having a second or casting vote should the need arise.</p>

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	The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be the Senior Independent Director. In consultation with the Chair of the Trust, the Council of Governors may also appoint one of the Non-Executive Directors as a Deputy Chair.
Quorum	No business shall be transacted at a meeting unless 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) is present.
Chair	Chair of the Board of Directors
Frequency	Board meetings will take place bi-monthly. Strategic Development meetings will occur during the months when the Board is not meeting.
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 working days before the meeting.
Minutes and Reporting	<p>The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.</p> <p>Meetings of the Board of Directors shall be held at such times and places as the Board may determine. The frequency of meetings shall be agreed by the Board of Directors and will normally be held bi-monthly. The Board may agree to vary the frequency; however, this shall not preclude meetings being convened in accordance with Standing Orders and the Constitution.</p> <p>All meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend. Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However, questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a part II meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. Such matters will be discussed in a separate closed session which will not be attended by members of the public. The public may attend each meeting of the Board of Directors, but shall be required to withdraw upon the Board of Directors resolving:-</p> <p><i>'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'</i></p>

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	<p>A full set of papers comprising the agenda, minutes and associated reports and papers will be sent within the timescale set out in the Standing Orders and Constitution (or as agreed by the Chair) to all Directors.</p> <p>A link to the public agenda and papers and a copy of the private agendas will be sent to members of the Council of Governors prior to any meeting.</p> <p>The Trust Secretary shall take the minutes and shall ensure these are presented to the next Board of Directors' meeting and signed by the person who presided at the meeting.</p> <p>Minutes from meetings of the Board of Directors will be presented to the Council of Governors when practicable, in accordance with a process agreed by the Council of Governors.</p> <p>The public agenda, papers and minutes of each meeting shall be displayed on the Trust's website.</p>
Monitoring	<p>A review of attendance and effectiveness will be undertaken annually.</p> <p>To comply with NHS Resolution Risk Management standards (which now incorporates the functions of the organisation formerly known as the NHS Litigation Authority (NHSLA), the Trust must include certain details in all its terms of reference documents. The Trust must also collect evidence of compliance with these areas.</p>
Approval Date	31 May 2023
Review Date	May 2024

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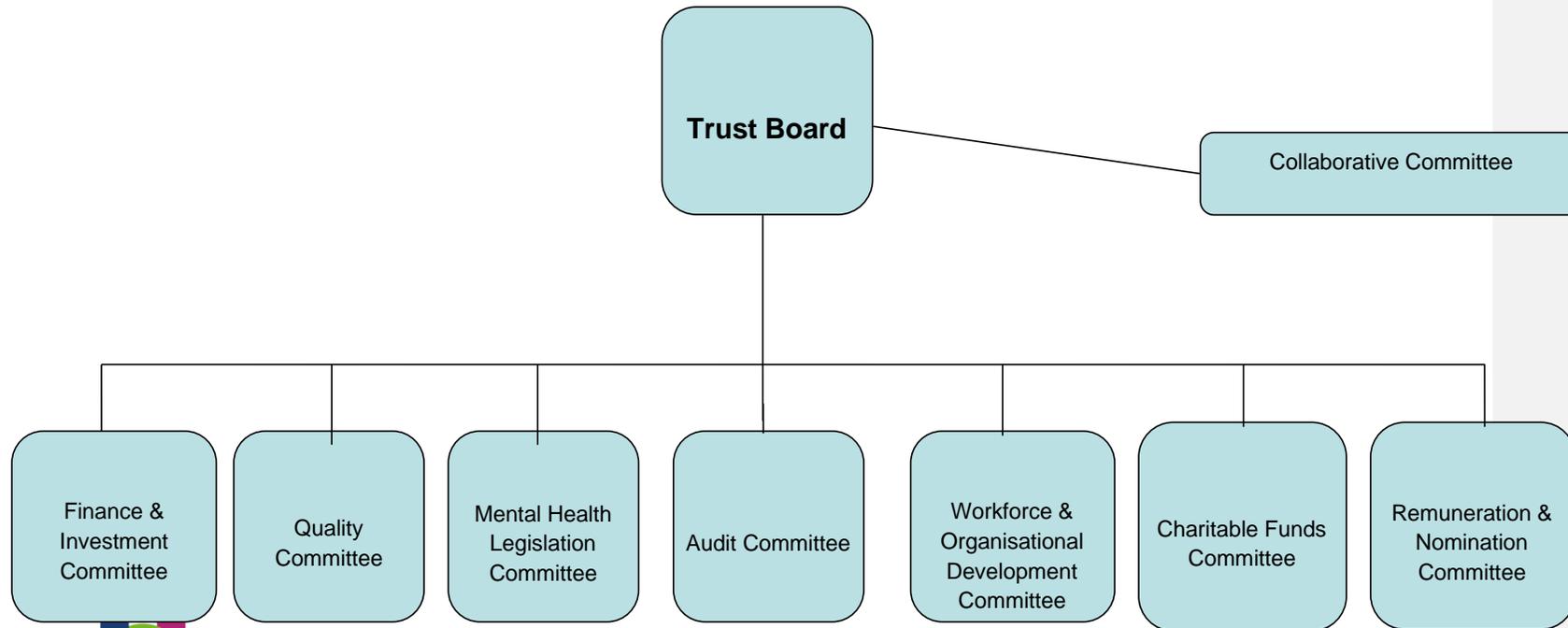
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Sub Committee Structure



Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023															
Title of Report:	Fit and Proper Persons Regulation (FPPR) and Trust Compliance 22/23															
Author/s:	Caroline Flint Trust Chair															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.															
Key Issues within the report:																
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:														
<ul style="list-style-type: none"> Note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place. 		<ul style="list-style-type: none"> N/A 														
Key Risks/Areas of Focus:		Decisions Made:														
No matters to escalate		<ul style="list-style-type: none"> N/A 														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													
			Other (please detail) Board report	✓												

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	

Fit and Proper Persons Regulation (FPPR) and Trust Compliance 2021/22

Introduction

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings. These regulations were introduced in November 2014 and the fundamental standards came into force in April 2015.

The regulations (Section 1, Paragraph 5, or 'Regulation 5' as CQC refers to them in its guidance) place a duty on trusts to ensure that their directors, as defined above, are compliant with the FPPR. The regulations stipulate that trusts must not appoint or have in place an executive or a non-executive director unless they meet the standards set out in this chapter. While it is the trust's duty to ensure that they have fit and proper directors in post, CQC has the power to take enforcement action against the trust if it considers that the trust has not complied with the requirements of the FPPR. This may come about if concerns are raised to CQC about an individual or during the annual well-led review of the appropriate procedures

According to the regulations trusts must not appoint a person to an executive or non-executive director level post unless, as stated in Paragraph 5 (3), they meet the following criteria:

- are of good character
- have the necessary qualifications, competence, skills and experience
- are able to perform the work that they are employed for after reasonable adjustments are made
- have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity
- can supply information as set out in Schedule 3 of the Regulations

In January 2018, the Care Quality Commission (CQC) published updated guidance in relation to the Fit and Proper Person Regulation. The guidance places ultimate responsibility on the Chair to discharge the requirements placed on the Trust. The Chair must assure themselves that new applicants and post holders meet the fitness checks and do not meet any of the unfit criteria. The Chair will be notified by the CQC of any non compliance with FPPR and holds responsibility for making any decisions regarding action that needs to be taken. In response to the review guidance from NHS Providers was published for providers with suggestions and the Trust's process reviewed.

Trust Position

The Trust has a robust system, managed by the Trust Secretary, to ensure the FPPR declarations are made and any identified issues are escalated. A report was also provided to the Board in February 2022 as part of the declarations of interest report.

For new appointments, this is an essential component of the recruitment process managed by workforce and organisational development as part of employment checks and declarations.

Reports which outline how the Trust would meet the requirements of the Fit and Proper Persons standard have been provided to the Board/Council of Governors previously. A process to meet current guidance was developed in relation to the checks that the Trust must carry out. Future reviews will be undertaken subject to the issue of any revised NHS guidance.

Compliance

Annual declarations were requested and provided by all Board members for 2022/23 and there was an annual declaration of ongoing compliance. A review of the disqualified directors and the insolvency service register was undertaken. There is a documented process for the fit and proper person's requirement that includes clear procedures and checks for new applicants.

The current process has worked well as part of the appointments process of several executive and Non-Executive Director appointments and there have been no issues with any aspect of the fit and proper persons regulation. The Removed Charity Trustees Register check could not be undertaken as the register was not available on the website for legal reasons. Additional information relating to registration expiry date for relevant professions is also collated.

Recommendation

The Board is asked to note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.

Agenda Item 21

Title & Date of Meeting:	Trust Public Board Meeting – 31 May 2023			
Title of Report:	Appointment of Associate Hospital Managers			
Author/s:	Michelle Nolan, Mental Health Act Clinical Manager Dr Kwame Fofie, Executive Medical 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>	To request that the Board consider approval of 2 new Associate Hospital Managers.			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> 8 people have expressed interest in the role since circulating the request for applications from people from a range of diverse characteristics 3 people have attended for interview and were appointed by the Board in March 2 further candidates have been interviewed and were deemed appropriate for the role; both were from ethnic minorities, and would be an asset in terms of being able to relate to our more diverse population of patients 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Recruitment and retention of Associate Hospital Managers (AHMs) will be kept under review to ensure that there is adequate diversity amongst the cohort. 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Current lack of diversity within Associate Hospital Manager cohort. 		Decisions Made: <ul style="list-style-type: none"> To request Board approval for the 2 people who attended for interview to be granted 3-year honorary contracts. 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Associate Hospital Manager Diversity Report

A task and finish group was established to consider our future recruitment to Trust Associate Hospital Managers roles to ensure that the diversity of our patient population is represented.

The purpose of the Task and Finish Group addressed the following tasks:

- Consider how the Trust can improve the diverse representation of our Associate Hospital Managers in order to ensure that our patients who are detained under the Mental Health Act have appropriate support and are safeguarded effectively.
- Approve any advertising material developed by group members with an aim of promotion of the role of Associate Hospital Manager
- Keep under review the recruitment and retention of Associate Hospital Managers (AHMs), ensuring that there is adequate diversity amongst the cohort.

All actions were completed as follows:

- Development of a single poster that represents people from a range of diverse characteristics - with an aim of promotion of the role of Associate Hospital Manager
- Development of an advertisement aimed at recruitment of people from diverse groups
- Diversity poster, advertisement and patient information leaflet circulated to:
 - LGBT forum
 - Humber Youth Action Group
 - Humber GP practices (Market Weighton, King Street Medical Centre (Cottingham), Northpoint Medical Practice, Princes Medical Centre, Field House Surgery , Humber Primary Care Limited)
 - Yorkshire MESMAC
 - Peel Street Project
 - Hull University website
 - EDI quarterly meeting (January 2023) – to then go out to Staff networks – (BAME, Humberbility, and Rainbow Alliance)

In addition to the above - the advert, poster and leaflet has been shared with a new Graduate Management trainee who recently joined the Trust, and was happy to share amongst her connections within the Muslim community in Hull.

Current position:

8 people have expressed interest in the role since circulating the information; all have been sent application forms and 6 completed forms have been received. All those interested were invited to attend an interview with the Mental Health Act Clinical Manager and the Mental Health Legislation Manager.

The interview process seeks to establish applicants' qualities such as:

- An interest in mental health;
- An understanding of equality issues;
- A good understanding of confidentiality;
- The ability to analyse complex problems;
- The ability to read and comprehend detailed reports;
- The ability to actively listen and question;
- The confidence to question and challenge sensitively;
- The ability to work as part of a team;
- The ability to be objective and impartial.

There were 3 applicants interviewed on 07 February 2023, all students at Hull University, who were deemed to meet the standard needed to be able to fulfil the role, and the board approved all 3 appointments for a 3-year honorary contract. As they are of the younger age bracket, they may be more relatable for the young people at our CAMHS inpatient unit particularly.

2 further applicants have been interviewed on 14 April 2023, one of black African ethnicity and one of Asian ethnicity. Both candidates interviewed well and are deemed suitable for the role.

Recommendation

Both candidates were felt to meet the standard needed to be able to fulfil the role. The board is asked to approve the appointments for a 3-year honorary contract. These are:

- Jamal Choudury
- Anthony Chidera

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023		
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log		
Author/s:	Francis Patton, Chair		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified. It is recommending that the Primary care strategy and a strategic review of future potential cost reduction asks are part of the December Board development session.		
Key Issues within the report:			
Positive Assurance to Provide: <ul style="list-style-type: none"> The Trust continues to deliver against plan and has a positive cash position. Continued delivery of the 22/23 BRS. Positive assurance around recruitment plans to tackle the agency overspend. That the 23/24 financial plan and BRS plan arising from it are agreed and ready to upload to the system. That the Effectiveness review for 2022/23 was undertaken and feedback showed a high level of assurance. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Agency and Primary Care recovery plans/trajectories are being overseen by the Executive with improvement expected from the beginning of 2023/24. 	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Both the NHS & ICS deficit position at month 11 and possible implications arising from it. The high level of agency spend versus plan. The current deficit position of Primary Care. 		Decisions Made: <ul style="list-style-type: none"> That the Trust should take a more prominent role within the ICS in terms of a consistent approach to monthly financial reporting. 	

Governance: <i>Please indicate which committee or group</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

The committee is providing assurance that the Trust financial performance remains on plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, risk 5 on the BAF and the 23/24 financial plan/budget. There was also positive assurance around ongoing business development opportunities.

Concerns were flagged around the NHS & ICS positions at month 11 and possible implications on the Trust, the delivery of both the Agency spend recovery plan and the Primary care recovery plan and finally the implications of the pay award as and when agreed.

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 12th of April were:

- In terms of the Insight report the key issues raised were: -
 - At month the 11 NHS England was reporting a £397m overspend compared to plan with systems overspent by £744m. Sixteen systems are forecast to overspend compared to

their plan for the year, with the combined overspend totalling £517m. Systems overspends have been offset by underspend centrally at NHSE, this is linked to the NHSE recruitment freeze and NHSE commitment to reduce central costs by between 30% and 40%.

- At Month 11 the Humber and North Yorkshire ICB recorded a deficit position of £5.3m (£6.6m adverse variance to plan) but continue to forecast a breakeven position.
- The Humber and North Yorkshire ICB submitted its financial plan (2nd submission) on the 30th of March 2023, key headlines from the plan submission include:
 - Current deficit plan of £118m.
 - Forecast balanced plan for capital allocation.
 - All resources (SDF, ERF, COVID, MHIS) deployed.
 - Principles agreed and applied for inter ICB providers.
- Guidance on the pay award was given but then superseded by the union not accepting the offer made.
- The capital delegated limits for trusts and foundation trusts have been changed as part of revised guidance on capital investment and property business case approvals. The guidance from NHS England delegated limits as follows.
 - for trusts and foundation trusts in financial distress at £25m (an increase from the previous £15m).
 - Foundation trusts not in financial distress have been set a delegated limit of £50m.
 - For self-financed digital capital schemes, the limits for trusts or foundation trusts in financial distress are £25m in capital cost or £30m in total whole-life costs. The limits are £30m in both cases for foundation trusts not in financial distress.
- The Trust remains on Track to deliver a break-even position for the financial year and recorded an overall financial position consistent with the Trust's planning target. The cash balance at the end of Month 11 was £33.510m and the Better Payment Practice Code figures show achievement of 92.1%. Expenditure in relation to the Yorkshire and Humber Care Record is expected to outturn with an underspend of £0.104m which would be carried forward in 2023/24. Two areas of concern are that Primary Care is showing an overspend of £1.388m against budget which is primarily caused by the use of Locum Doctors and the Year-to-Date Agency expenditure totalled 7.828m, this is £0.889m more than the previous year's equivalent Month 11 position. A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team, focussing on 2023/24 run rate and an Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team.
- At month 11 Children's and LD reported a £0.035m gross expenditure underspend; Community and Primary Care reported an overspend of 1.182m; Mental Health reported an underspend of £0.009m; Forensic services reported an overspend of £0.036m Corporate Services reported an underspend of £2.509m
- In terms of BRS for 2022/23 the Year to Date (YTD) actual savings are £1.648m. The Mental Health Division is currently forecasting an underachievement of £0.215m, continued progress to achieving the BRS targets is being made with Mental Health reviewing other potential of savings. The 2023/24 BRS will include any unmet target savings from 2022/23 and this has been factored into the 2023/24 BRS.
- The Committee received and noted both the draft BAF and risk register for those applicable to FIC. The Committee recommended that the issue of the pay award was added into the gaps in assurance. There was also a good discussion around the principal risks to the strategic

objectives and how these could be reworded to be more applicable which will be picked up at the Board Development session in April.

- The Committee received the latest update on financial plan/budget for 2023/24. The Trust can set a balanced plan for 2023/24 This means that the budget can be uploaded in a timely manner. The BRS plans for 2023/24 are developed and all schemes are RAG rated for deliverability. The Trust has a capital programme of £10.850m for 2023/24 including £2.3m of PDC funding and the cash position remains healthy.
- The committee received the Trust Strategy Monitoring Report Update but as yet it isn't sufficiently populated to review to the standard required. The report will be going to Board in May so will be circulated to committee members prior to that.
- The committee received reports from the Estates Strategy & Capital Delivery Group, the Digital Delivery Group, the BeDigital Programme Group and the Major Schemes Project Board. The only items arising to make Board aware of are that the Trust now has the monies to move to a single staff attack alarm system which will be implemented in 23/24 and that negotiations are ongoing for extra parking at Miranda house.
- The committee reviewed its Effectiveness review for 2022/23 and recommends it to Board.

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023														
Title of Report:	Workforce and Organisational Development (OD) Committee Assurance Report														
Author/s:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee														
Recommendation:	<table border="1" data-bbox="539 763 1525 880"> <tr> <td data-bbox="539 763 935 801">To approve</td> <td data-bbox="935 763 1031 801"></td> <td data-bbox="1031 763 1410 801">To discuss</td> <td data-bbox="1410 763 1525 801"></td> </tr> <tr> <td data-bbox="539 801 935 840">To note</td> <td data-bbox="935 801 1031 840">√</td> <td data-bbox="1031 801 1410 840">To ratify</td> <td data-bbox="1410 801 1525 840"></td> </tr> <tr> <td data-bbox="539 840 935 880">For assurance</td> <td data-bbox="935 840 1031 880">√</td> <td data-bbox="1031 840 1410 880"></td> <td data-bbox="1410 840 1525 880"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance	√		
To approve		To discuss													
To note	√	To ratify													
For assurance	√														
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting held on 17 May 2023 and a summary of key points for the board to note.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <p>Medical Education</p> <ul style="list-style-type: none"> • 1st in the Region for Workload • Top 20% of all Trusts in the UK for overall satisfaction • Top 10 in the UK for workload and rota design • Top 10 in the North for Workload Rota Design and Local Teaching • Top 5 in the region for feedback, study leave, teamwork and Education Supervision. - Trust vacancies have dropped below 10%. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Further promotion of the HHPDS and Mentoring schemes is required to encourage engagement from underrepresented groups. • Three outstanding reports to support recruitment (Medical Workforce Strategy, the Operational Services student and apprenticeship capacity and a Nurse Graduate Apprenticeship Scheme) will be available for the next Workforce Committee. • Assess progress made against gaps in assurance on the risk register. • Updates to be provided in the Insight report, workforce plan and the People Strategy to reflective workforce modernisation initiatives 														

- Statutory and mandatory training remains above target	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> High turnover in primary care, there is an action plan in place and assurance meetings that are taking place within the division. 41% of eligible teams are now on E Roster. With 10 months to go it is noted that progress will be under review by EMT to ensure the roll out progresses within the timescales. 	Decisions Made: <ul style="list-style-type: none"> .

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

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Staff Health & Wellbeing:

- Staff Health and well-being group continues to be vibrant. It's positive to see the work that commenced during COVID becoming embedded in a similar way, the EDI working group is contuse to develop.
- Encouraging to see the progress in the Staff Survey regarding health and wellbeing and how that informs the work planned for the coming year.

Equality & Diversity:

- A good and lively group, with a good representation from those with protected characteristics and from the staff networks, but also from those with expertise and lived experience attending the group. Also, encouraging to see the group providing a positive contribution in terms of organisational activities. A thank you to Lynn Parkinson for supporting Operational representation.
- Recognition of the group's contribution to workforce policy development and some great progress from workforce in terms of improving data quality, also noting that progress is being made around patient data.
- Noted that further promotion of the HHPDS and Mentoring schemes is required to encourage engagement from underrepresented groups.

Medical Education

- We have positive assurance, and some can see some great work in relation to the programmes of work detailed in the reports particularly around the HE Survey and the GMC Trainees.
- 1st in the Region for Workload
- Top 20% of all Trusts in the UK for overall satisfaction
- Top 10 in the UK for workload and rota design
- Top 10 in the North for Workload Rota Design and Local Teaching
- Top 5 in the region for feedback, study leave, teamwork and Education Supervision.

March 2023 Workforce Insight Report

Turnover and Vacancies

- The committee explored the turnover and vacancy position as set out in the Insight report, noting that turnover remains above target but has reduced over three consecutive months. Nurse, GP and Consultant vacancies remain high, which is a factor in agency spend. Committee noted the overlap in this area with finance committee. Overall, Trust vacancies have dropped below 10%.
- Noted that there are three outstanding reports to support recruitment (Medical Workforce Strategy, the Operational Services student and apprenticeship capacity

and a Nurse Graduate Apprenticeship Scheme) but assurance provided that they will be available for the next Workforce Committee. The committee noted the high turnover in primary care with assurance provided that there is an action plan in place and assurance meetings that are taking place within the division.

EDI and Sickness

- The committee acknowledged progress in reducing sickness absence rates, with a number of areas now below the Trust 5% target. Similarly, encouraging to see representation for protected characteristics increase and above regional demographics. The committee highlighted progress on the Rainbow badge accreditation, which has been well received by the LGBTQ+ community within the organisation.

LD & Stat Man Training

- Noted that the Trust has made excellent progress around the headline figure for statutory and mandatory training and the great work that has been taking place in respect of work experience, which is important for us as an anchor organisation.

Planning and E-rostering

- Noted that 41% of eligible teams are now on E Roster as part of the roll out programme. With 10 months to go it is noted that progress will be under review by EMT to ensure the roll out progresses within the timescales.

Risk Register and BAF

- Risk Register and BAF presented to the committee. FP suggested it would be a valuable exercise to assess progress made against gaps in assurance as a reflective exercise as part of the yearend review.

Guardian of Safe Working Hours Quarterly Report

- The quarterly report was noted by the committee and assurance gained that the systems issues within the content of the report have now been resolved.

2022 NHS Staff Survey Results

- The committee noted the progress and the positive impact following the staff survey and noted that actions and progress are being reviewed and monitored at EMT

2023/24 Workforce Plan

- The Workforce Plan was noted and excellent debate and discussion around the content.
- Excellent analysis of 21/22 with it being noted that the plan stayed within financial constraints with only 12WTE growth outside of projected figure
- Noted by the committee that there was limited workforce modernisation planned for 2023/24 in the original draft however assured that updates will be provided in the Insight report and the People Strategy also reflective of workforce modernisation going forward

2023/24 Hard to Fill recruitment Plan

- Update provided on the 'Hard to recruit' plan and progress within the Task and Finish Group. Noted by the committee that there is a plan to meet band 5 nurse recruitment targets

Health & Wellbeing Initiatives

- Sam Hemingway attended the meeting to deliver a presentation on the progress of the Workforce Wellbeing Team since it was established in September 2023. The committee were pleased to see the engagement so far with health and wellbeing initiatives being delivered.

**Minutes of the
Workforce and Organisational Development Committee
Held on
Wednesday 8TH February 2023
9:30 – 12:30pm
Microsoft Teams**

Present:

Members:

Mr Dean Royles (DR)	Non-Executive Director (Chair)
Steve McGowan (SMc)	Director of Workforce and OD
Caroline Flint (CF)	Trust Chair
Mrs Lynn Parkinson (LP)	Chief Operating Officer

Other attendees:

Lucy McRae (LM)	Personal Assistant (Note taker)
Karen Phillips (KP)	Deputy Director of Workforce and OD
Collete Conway (CC)	Associate Director of Nursing
Hanif Malik (HF)	Non-Executive Director
Soraya Mayet (SM)	Director of Medical Education (10:10 until 10:30am)
Rosie O'Connell (R'O'C)	Head of Safeguarding (10:27 until 10:50am)
Emma Collins (EC)	Senior HR Business Partner (11:10 – 11:50am)

01/23	Apologies for Absence - Phillip Earnshaw, Francis Patton, Hilary Gledhill and Kwame Fofie
02/23	Declarations of Interest None to discuss.
03/23	Minutes of the meeting held in October 22 The minutes were taken as an accurate record and accepted.
04/23	Action Log The action log was discussed, and actions were closed as appropriate.
05/23	Chairs logs from any groups reporting to this committee a) Staff Health, Wellbeing Engagement Group LP introduced the paper and reiterated the key points to the committee, this included staff survey results, workforce wellbeing updates, carer passports, cost of living pressures and flu vaccination uptake. CF queried how often the uptake of staff engagement and activities are reviewed and how these impact on sickness. LP responded, this is often reviewed and there is a focus at present on staff absence as a result of stress and how this can be improved. HM queried whether the workplan is taking into account the changing economic factors and how this is impacting staff wellbeing. LP responded that the workplan is always discussed at every committee and staff are always encouraged to feedback any concerns from themselves or their staff in the event change is needed on the workplan. b) Equality, Diversity, and Inclusion Group KP introduced the paper and reiterated the key points to the committee, this included improved

	<p>engagement within the meeting, the importance of operational and organisational attendance and policy development. HF queried the vacant workforce EDI role the impact of this. KP responded, this role has been filled temporarily whilst shortlisting and recruitment progresses. Reports are not due until April, there is confidence the post will be filled permanently prior to April. DR queried the concern highlighted in the paper of the lack of attendance for the disability network chair, KP responded this was due to a diary clash and higher escalation is not needed. The committee had a beneficial discussion on the Freddie campaign.</p> <p>c) Medical Education Committee</p> <p>SM introduced the paper and reiterated the key points. We are within the top ten in the GMC survey. Medical student training has risen by 25% this year. Various wellbeing events are underway to promote Humber. A debate is currently underway with the medical students at present on legalising cannabis. Medical education training is planning to return to face to face from March 2023. The medical education intranet has just been updated, there is valuable information accessible for medical graduates and trainees.</p>
06/23	<p>December 22 Workforce Insight Report</p> <p>SMc introduced the report and reiterated the key points. Positive assurances include, five consecutive months of sickness reduction, nursing vacancies are 9.4%, STAT man compliance is 93%, appraisal completion rates and 76% vacancies filled. Areas for concern include high GP and consultant vacancies.</p> <p>HM queried the financial impact in terms of filling the void of GP and consultant vacancies. SMc noted we have high agency roles which impacts financial spend. KF is currently leading work on the medical workforce plan to try to limit agency spend and fill more GP/consultant vacancies. LP highlighted three GP practices are undergoing transfer, when this has occurred this will significantly reduce the number of vacancies. HF queried whether this will impact on our quality of care with patients, LP reassured we would not have taken this step if this were to impact on quality of patient care.</p> <p>CF queried the trust time to recruit average of 3.7 days. DR confirmed this was a typo and it should state 63.7 days. CF queried the amount of male and disabled staff suspensions and the nature behind this. SMc responded he will collate the data on the reason behind the suspensions and distribute this around the committee. CF queried the annual leave rule breaks and staff who work over a 60-hour working week. SMc responded, this is due to the acute staffing issues the trust has with covering vacancies. Many ward staff often offer to cover as they require overtime, this is where these rule breaks are occurring. LP stated there is a huge focus on this and it is monitored at all times, LP has to approve staff working on their annual leave days/doing excessive overtime and determine whether this is suitable and safe.</p>
07/23	<p>Risk Registers and BAF</p> <p>KP introduced the paper and reiterated the key points. Workforce and OD are reporting yellow for quarter four. Progress is occurring against risks such as GP and consultant vacancies. DR noted that OS is going to review the risks and ensure they are being captured appropriately for future committees.</p>
08/23	<p>Guardian of Safe Working Hours Quarterly Report</p> <p>Deferred to the next meeting, KF sent apologies. Concerns over lack of representation of the freedom to speak up guardian within this committee. Need to ensure attendance going forward.</p>
09/23	<p>Update on Primary Care Training</p> <p>Deferred to the next meeting, KF sent apologies.</p>
10/23	<p>Statutory and Mandatory Training Deep Dive</p>

	<p>Safeguarding Level 3 Position</p> <p>R O'C introduced the paper and reiterated the key points. The safeguarding training package was reviewed in March 22 for the elements of training needed. Safeguarding training has been monitored at divisional level, this has improved significantly since last year. Some divisions are behind on their trajectories, this is improving.</p> <p>ILS/BLS Position</p> <p>CC introduced the paper and reiterated the key points. ILS compliance is currently at 87.8%. All low compliance areas are being reviewed within the next month. PLS training is scheduled for next month. CF queried the percentage of medical staff with out-of-date training based at Millview Court, CC highlighted all these staff receive their training as a group, therefore it expires at the same time. SMc highlighted, the TUPE transfer last April impacted on our mandatory training percentages as all transferred staff had not completed their training, we are ensuring they are compliant with their training going forward. LP assured, there needs to be a certain number of trained ILS staff to respond to an ILS incident, there is always significant numbers of ILS staff trained.</p>
11/23	<p>Internal Audit 23/24 – Areas of Focus</p> <p>SMc feedback on this item. External auditors are in the process of planning for next year, this will be reported into the audit committee. SMc requested feedback from the committee in preparation for the annual audit. DR noted it may be beneficial to review application of policies rather than development and monitoring of policies. SMc will carry out a review of the exit interview process, however, exit interviews are not mandatory where as return to work interviews are. The quality of how appraisals are carried out by managers needs to continue to be consistently reviewed.</p>
12/23	<p>Band 2 and 3 apprenticeship update</p> <p>KP introduced the paper and reiterated the key points, this included the apprenticeship first approach for all roles band 2 to 4. Roles which were not advertised as apprenticeships are detailed in the paper. The band 3 healthcare support worker programme will heighten apprenticeship numbers within the trust. Since November 2022 the trust implemented all band 2 apprenticeships are paid at the national living wage, not minimum wage to encourage more applications.</p> <p>SMc noted the apprenticeship first approach allows staff to receive a qualification whilst having reassurance there will be a permanent role for them available upon apprenticeship completion. CF noted the apprenticeship levy scheme has come under a lot of scrutiny nationally. DR noted the way the trust has approached it, ensuring staff are applied permanent from the beginning of their apprenticeship stands us in good stead in comparison to other organisations. HUTH are still employing apprenticeships on apprenticeship rate. DR noted we need to ensure we are preserving and reducing the number of roles which are exempted from the apprenticeship first approach, we will discuss this in the November committee.</p>
13/23	<p>Leavers and Sickness Deep Dive</p> <p>EC introduced the papers and reiterated the key points within them. Leaver deep dive headlines include trust turnover increasing, length of service of leavers, exit interview processes and exit interview surveys. HF enquired whether we could look at more measures to improve work life balance for staff, as this is one of the highest reasons for leavers. HF highlighted concern around 82 staff out of 279 leaving within the first year of service and whether there is a specific reason for this. CF enquired whether staff are able to tick boxes within an exit questionnaire for reasons for leaving. CC requested the data around nurse leavers within the first two years of service and whether these staff underwent a nurse trainee course. EC noted the employee and manager can only select one reason for leaving. The exit interview process is continuing to be redefined. EC will gain the information on data for nurse leavers and pass on to CC.</p>

	<p>Further development is underway to ensure all staff are clear of their career pathways within Humber. CF noted more clarity is needed within the paper on the process for staff wishing to change their hours. EC noted all flexible working requests are being monitored electronically. There is a national issue for flexible working in acute based roles. SMC noted various initiatives have been implemented to improve retention such as the golden hello for nurses, the talk before you walk campaign and more flexible working opportunities. LP noted for assurance, the data on leavers is used as patient safety performance and accountability reviews, this is reviewed every quarter to identify hotspot areas for turnover and how this can be improved.</p> <p>Sickness deep dive headlines included sickness absence rates, mental health absences, occupational health referrals and COVID absences. More data on sickness is available within the insight report.</p>
14/23	<p>Review of the meeting</p> <p>DR asked the committee whether they thought we had been Humber throughout the meeting, the committee was in agreement we had.</p>
15/23	<p>AOB</p> <p>The workplan was reviewed by the committee and it was agreed to add a reference to Being Humber. Items which have been on the agenda for the past year will be reviewed by DR along with a summary of how the committee is performing.</p>
	<p>Date of Next Meeting</p> <p>17th May 2023</p>

Title & Date of Meeting:	Trust Board Public Meeting May 31 2023		
Title of Report:	Assurance Report from 16 May 2023 Audit Committee		
Author/s:	Stuart McKinnon-Evans, Chair of Committee & Non-Executive Director		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of May 2023		
Key Issues within the report:			
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> The composite reports to this Committee were positive, with no concerns or key risks requiring escalation, since all actions are being appropriately handled at management level Endorsed procurement waivers Standing Order, Scheme of Delegation and Standing Financial Instructions have been updated Special payments were minimal in 2022/23 Gifts and hospitality report complete Good evidence of active risk management at Divisional level, and its cohesion with the corporate register 2022/23 accounts: a positive going concern assessment; the draft accounts have been submitted on time; and the external audit is progressing to plan Internal Audit Programme for 2022/23 was completed, with the three final audits again producing strong levels of assurance The Trust's internal control arrangements were described as "exemplary" by Audit Yorkshire Financial Sustainability Audited (prescribed by NHSE) proved a valuable learning exercise Counter Fraud action continues to keep staff updated, and the level of known fraud within expected low levels The internal Efficiency and Productivity Group is in place SIRO Plan is on track, supported by a very active work programme on Information 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> To reiterate work already commissioned, further development of the contents of the Board Assurance Framework 	

Governance	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> The external audit opinion on 2022/23 will once again be delayed by local government pension scheme audit timescales (a repetition of last year, and not unique to Humber) 	Decisions Made: <ul style="list-style-type: none"> Signed off Effectiveness review Endorsed the going concern assessment Approved Internal Audit Plan for 2023/24 Approved Counter Fraud Plan for 2023/24 Welcomed the External Audit Strategy (approach to 2022/23 audit) Approved the management letter of representation for the 2023/24 external audit

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		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
		Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues
The Committee, which was quorate, considered the following matters:

Effectiveness of the Audit Committee: The final report was signed off, with the 8 respondents “strongly agreeing” all statements, attesting to the continued effectiveness of the Committee, with only minimal follow up actions noted. The Terms of Reference were updated.

Single Tender Waivers Update: The single tender waiver controls continue to operate, with 34 previously reported waivers totalling £9.8m being monitored. A further 3 waivers with a combined value of £0.374m have been approved in the last quarter, all on grounds of providing continuity, which the Committee considered and endorsed. The clarity of the report was welcomed. 6 have now expired. The Committee also received information on competitively tendered contracts.

Standing Order, Scheme of Delegation and Standing Financial Instructions: we endorsed the changes proposed from the annual review, none of which fundamental. “Chairman” was replaced by “Chair”, and, following discussion, reference to the size of the Board deleted.

Losses and Special Payments in 2022/23: the annual report recorded 4 payments totalling £4,588 for the year.

Gifts and Hospitality Report for 2022/23: four gifts were duly recorded under the Trust’s policy.

Board Assurance Framework at Q4: The BAF was considered, recognising that the recent Strategic Board has discussed the form, composition and purpose of the BAF at length. The current assessments were endorsed, following discussion on the use and application of health needs analysis, and of the Trust’s role in perinatal mental health.

Trust-wide risk register: The corporate risk register was considered, again noting the substantive discussion on risk management held at the April Strategic Board. A risk referring to the adverse impact of high levels of GP vacancies is expected to be downgraded at next review, following the implementation on new primary care arrangements in Hull. The wording of the risk on CAMHS was discussed, noting the distinction between three separate but related matters in it (capacity; out of area location; and delayed transfers). Further discussion related to how the risk on waiting times relates to waiting list management and reporting.

A deep-dive into the Primary Care and Community Services risk register: The two highest residual risks (rated 12) relate to administrative capacity; and the large diabetes management caseload. A detailed discussion covered: how risk management is embedded into the division’s day-to-day, safety huddle, and management team discussions; how it is escalated to ODG and beyond; detailed discussion of the risk related to administrative capacity (which is expected to be downgraded in view of Primary Care arrangements now in place in Hull); and what other risks are on the minds of the division (capacity and demand in general; managing patient expectations; the efficacy of system-wide arrangements for service specification and commissioning). The Committee gained assurance that risk management in the Division is active, and connected to the corporate level.

Going concern assessment for 2022/23: The going concern assessment draws a positive conclusion, reflecting the Trust’s track record, its financial planning, and the strong liquidity position.

Draft (pre-audit) Accounts for 2022/23: the Committee undertook a preliminary review of the accounts, subject to ongoing audit. The June Committee will review the final set, prior to being presented to the Board. The Finance Team were congratulated in submitting the draft together with all working papers on time, and this was echoed by Mazars

Progress of the Internal Audit Plan: The three final reports for the year have been completed: Treasury management; Medicines management; and Board Assurance Framework. All gained a

significant (ie “good”) assurance. The Trust continues to manage follow up actions well, with just 5 recommendations not having yet been put in place (cf 70 completed). All KPIs have been achieved in delivering the plan. Audit Yorkshire’s opinion is that the Trust’s grip on the control regime is “exemplary”.

Draft Internal Audit Plan for 2023/34: The Internal Audit Plan was presented for approval. More emphasis will be placed on patient safety, quality and operations, and less on finance and recommendations follow-up. Explanations were provided about the planning process, and the rationale for the proposed plan, and the reserve list, which were all approved.

Financial Sustainability Audit: A report was received on the outcomes of the audit of financial sustainability of trusts, which had been prescribed by NHS England. Although the report did not detail the outcome for Humber, it collated themes identified from all Audit Yorkshire’s clients and from The Internal Audit Network. Discussion covered: how valuable the learning from the audit was; a review of financial forecasting underway; and the good assurance the Trust can take from the findings. The role of the internal Efficiency and Productivity Group was explained and welcomed.

Counter Fraud: The Committee received the report on Counter Fraud activity for February to April 2023, which included details of alerts, fraud prevention notices, advice and guidance issued, referral benchmarking information, update on the National Fraud Initiative, investigations update, and a breakdown of the 60 days used in 2022/23. The report raised no issues of concern, although there is a question mark over how widely the helpful newsletters are having an impact – we heard of new channels being tried to increase awareness and visibility. The Counter Fraud plan for 2023/34 was approved.

External Audit: We considered and endorsed the audit strategy for 2022/23, which guides the work of the auditors as per regulations and standards as well as the specific risk assessment of the Trust’s financial standing. The Committee received a verbal update on the progress of Mazars’ work on the 2022/23 accounts, which is going to plan.

Management Letter of Representation: In support of the external audit, the Committee approved Letters of Representation from both the Committee Chair and the Director of Finance. They provide the auditors the grounds on which the Trust’s management and control functions hold that we exercise appropriate oversight and control, present a true and fair set of accounts, and have made all relevant disclosures.

Changes to Contracts: No changes to contracts were notified.

Information Governance and Cyber Plan for Data Security Protection Toolkit: this SIRO Action Plan was considered. The meaning of Red was clarified to mean ‘not yet started’ as opposed to ‘at risk/difficult’. The Trust’s Information Assurance Group’s report for Q4 2022/23 was comprehensive and detailed. It raised concerns about the continued rise in the number of Subject Access. The number of staff completing their Information Governance was just below target at the time of reporting, but has since been pushed up. The committee endorsed the work of the group

Finally the Committee undertook a brief self-assessment against “**Being Humber**”, concluding that indeed we had been.

Title & Date of Meeting:	Trust Board Public Meeting – 31 st May 2023														
Title of Report:	Collaborative Committee Assurance Report														
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Wednesday 19 April 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.														
Key Issues within the report:															
Positive Assurance to Provide: <ul style="list-style-type: none"> Inspire: Nasogastric tube feeding and occupancy levels have improved; Service Development Improvement Plan (SDIP) expected to cease by May 2023 AED work stream have reviewed work plan priorities, and most are complete – new priorities to be identified for 2023 Positive Q3 contract monitoring meeting with NHS England Recruitment of new Clinical and Quality Director Recruitment to new Clinical Lead for Adult Secure Schoen Clinic are providing ‘community and outreach’ support to Tees, Esk and Wear Valleys NHS FT (TEWV) this is commissioned directly by TEWV and is working well. 2 new Provider Collaboratives (for Forensic CAMHS, and Perinatal Services) are being launched 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Review of each area work priorities and refresh for 2023/24 Revised work plan to be drafted due to change in number of annual meetings New service at Mill Lodge for CAMHS patients as alternative to hospital admission: we will monitor impact of new service on quality and financials Committee requested further analysis/explanation of reasons for out-of-area placements 													

Key Risks/Areas of Focus: <ul style="list-style-type: none"> CAMHS – 518 out of area bed days in February 2023 (this includes services not provided in HNY e.g., Low Secure and SEDU) Adult Secure (AS) – Secure Community Forensic Team (SCFT) – in Humberside the team have reached capacity, and this may result in delays in discharging patients from AS 	Decisions Made: <ul style="list-style-type: none"> Ratified Mill Lodge alternatives to hospital proposal Ratified the Financial Operational Plan for 2023/24 Ratified the Committee Annual Effectiveness Review Agreed Committee meetings will be 4 times per year from September 2023 onward – consistent with other Trust Committees
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	19.4.2023
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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 aim of this report is to provide assurance to the Humber Teaching NHS Foundation Trust Board (HTFT) about the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

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

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

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

The meeting on 19 April 2023 was quorate, and discussed the following matters:

Insight Report

Phase 2 of Provider Collaboratives

- Forensic CAMHS – Go Live 1 April 2023 – West Yorkshire are the Lead Provider Collaborative with HNY as a key partner.
- Perinatal – Go Live likely to be October 2023. NHS E meeting with Lead Provider Collaborative (W Yorkshire) to discuss the submitted Expression of Interest on 27 April; HNY PC will be represented at this meeting.

Quarter 3 Contract monitoring meeting with NHS E

- Formal notification that the NHS E contract with HNY PC has been extended for 2 years until 2026
- HNY PC praised on our work and our approach to Clinically Ready for Discharge (CRFD)
- Acknowledged new investment into Involvement network
- NHS E will be monitoring Lead Provider to Lead Provider contracts and the sign off of these contracts – Contracts Register already held at HNY PC which is shared with NHS E each month.
- Overall, a positive meeting with assurance from NHS E of the work of HNY PC

Risk and Gain Share finance meeting

- Positive meeting with all partners and agreement to continue to work in 2023/24 as we have in 2022 and that NAViGO continues to 'hold' underspend.
- The finance paper shared at the Collaborative Committee reflects the discussion at the Risk and Gain share meeting.

Work Stream Updates

1 CAMHS

- A revised paper for alternatives to hospital admissions / day places at Mill Lodge was presented, this paper had previously been received by the Collaborative Committee in 2022 and ratified, this paper has a revised staffing model and includes amendments to reflect current pressures within

CAMHS and how the new service can provide support to reduce admissions. The MHOST tool has been used to calculate the workforce need identified in the paper. No funding will be released until staff are recruited to this new development.

- Continued pressure on Specialised Eating Disorders (SEDU) 8 young people currently out of area in SEDU care; this is not a service provided in HNY area
- Total of 518 Out of Area bed days in February 2023 which is highest to date – this includes HNY young people in CAMHS Low secure and SEDU which are services we do not provide in HNY PC area
- Inspire SDIP likely to cease; date to be agreed, due to the considerable positive work of Inspire and improved occupancy levels on the unit. Monitoring thereafter would be part of routine contract monitoring.
- Inspire NG Feed and eating disorder treatment progressing well and positive feedback from service users and staff
- Agreed at the next meeting to include additional information on reason for why a young person is placed out of area

A paper was shared which provided greater detail on CAMHS activity for HNY since January 2020 – in summary:

Occupied Bed Days Per Annum	Out of Area	HNY	Total
January 2020 – December 2020	5,817	2,781	8,191
January 2021 – December 2021	3,582	2,826	6,408
January 2022 – December 2022	4,088	4,278	8,366

2 Adult Eating Disorder

- Occupancy at both Rharian Fields and Schoen Clinic is good overall – average length of stay at Rharian slightly higher in February but overall positive compared to previous years
- 1 patient in receipt of care out of area – due to clinical requirements
- Day Care at Schoen Clinic progressing well with positive feedback from service users and staff
- Schoen Clinic still to identify alternative premises
- Work Stream reviewed all Work Priorities at the March 2023 meeting and identified most priorities had been concluded or we close to completion, therefore at the next meeting new priorities will be identified for 2023 and we will build in a way to continue to monitor the progress of previous priorities.
- Schoen Clinic have been and are currently providing ‘community and outreach’ support to Tees, Esk and Wear Valleys NHS FT (TEWV) this is commissioned directly by TEWV
- As TEWV have been successful in recruiting additional community AED staffing – CPaQT will work with TEWV and HNY ICS to roll out the FREED Champion model across NYY

3 Adult Secure

- As of 31 March 2023, total of 138 people in adult secure which is a reduction from February 2023
- Overall Length of Stay continues to reduce
- As of 31 March, 17 people CRFD compared to 19 in February
- Bed modelling work for adult secure is in final draft – currently with partners for final comments
- Clinical Lead has been recruited to – formal communication to partners to follow
- Concern that SCFT in Humber has reached capacity and is creating pressure on patient flow.
- Communication received from Ministry of Justice on pressure in prison care at present – this has been seen to date by transfers of people from prison who require Psychiatric Intensive Care (commissioned by ICS) and then return to prison.
- Adult Secure workforce identified as Amber in the work stream report due to limited capacity of Consultant Psychiatry – Secure Community Forensic team at Locum cover at Clifton House.

Quality Improvement and Assurance

- Recruitment to Clinical and Quality Director progressing, and Dr Clare Whitton will join the team on 31 July 2023.
- A communication shared with all partners regarding the Junior Doctor strikes, no impact to specialised services in HNY
- All partner providers are Green for routine monitoring
- LD and Autism Safe and Wellbeing reviews undertaken in 2022 – National Requirement- decision by HNY ICS to undertake repeat of the reviews in 2023; dates are being agreed for HNY Specialised provider collaborative patients
- Edenfield – except for Leeds and York Partnership NHS FT, all providers have responded and shared assurance. This information will be discussed at the Quality Assurance and Improvement meeting and then shared with the Collaborative Committee in June.

Risk Register

- Overall HNY Provider Collaborative risk register shared; risks of 12 and above, shared and discussed
- Each work stream has their own individual risk register which is reviewed at each work stream meeting.
- New risk added – CAMHS financial pressure 2022/23 and potential pressure in 2023/24 – added 12 April 2023 after PCOG hence initial risk rating and current rating are the same
- Inspire SDIP risk has reduced due to positive progress and no longer on the overall risk register

Finance

- NHS Providers – Block Contract for 2023/24.
- All 2023/24 modelling has been undertaken based on historical trends and activity and identified activity in 2023/24
- Bed day prices have been increased based on NHS E planning guidance
- Infrastructure budget updated to reflect NHS pay awards
- Highest risk area for 2023/24 is CAMHS

Annual Effectiveness Review

- Initially discussed at the February 2023 meeting and initial draft developed, discussed in detail at the meeting and all members agreed with the Annual Effectiveness Review
- Agreed to move meetings to 4 times per year from September 2023 onward

Workplan

The Collaborative Committee reviewed the annual work plan and agreed the workplan will be updated to reflect moving to 4 times per year meetings and shared at the June meeting for further discussion.

Title & Date of Meeting:	Trust Public Board Meeting – 31 May 2023														
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 04 th May 2023														
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1" data-bbox="539 600 1524 719"> <tr> <td data-bbox="539 600 938 640">To approve</td> <td data-bbox="938 600 1031 640"></td> <td data-bbox="1031 600 1410 640">To discuss</td> <td data-bbox="1410 600 1524 640"></td> </tr> <tr> <td data-bbox="539 640 938 680">To note</td> <td data-bbox="938 640 1031 680">√</td> <td data-bbox="1031 640 1410 680">To ratify</td> <td data-bbox="1410 640 1524 680"></td> </tr> <tr> <td data-bbox="539 680 938 719">For assurance</td> <td data-bbox="938 680 1031 719"></td> <td data-bbox="1031 680 1410 719"></td> <td data-bbox="1410 680 1524 719"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 04th May 2023.</p>														
Key Issues within the report:															
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> • Committee assured regarding Reducing Restrictive Interventions (RRI) report: <ul style="list-style-type: none"> ○ high percentage training compliance ○ good case studies about working with families and people with eating disorders ○ benchmarking e.g. prone restraint compares well with the restraint reduction network ○ Use of force dashboard in its final testing phase. • Performance report highlighted no concerns and benchmarking work in progress: <ul style="list-style-type: none"> ○ figures for 136 are now inputted manually into the performance report to ensure accuracy in reporting. ○ work is ongoing to ensure correct completion of the s136 form and this is improving. • Ethnicity and MHA report – no significant outliers including no over representation of minority ethnic groups for detention or use of CTO. • Associate Hospital Managers – noted positive diversity intervention resulting from the task and finish group. • Good assurance from CTO report - cross referenced our Trust processes with CQC recommendations from their focused visits report and no issues identified for the Trust. • MAPPA – development of SPOC (single point of contact) in the divisions. • All mental health legislation related policies / procedures / guidance up to date. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Re-audit of capacity to consent to treatment is underway to cover September, October and November 2022 data to identify any trends and has allowed for new timeframe benchmark (3 working days) to embed. • Detention benchmarking work in progress. • Liberty Protection Safeguards (LPS) implementation date delayed until after the next general election. Trust is working within the current system and there are a number of pieces of work ongoing with regards to MCA 2005: reviewing training, policies, templates and support for staff. 														



Key Risks/Areas of Focus: <ul style="list-style-type: none"> N/A 	Decisions Made: <ul style="list-style-type: none"> Approved Number of Terms of Reference (Mental Health Legislation Committee, Mental Health Legislation Steering group, Associate Hospital Managers Forum and Reducing Restrictive Interventions Group) - all agreed subject to minor amends. CQC benchmarking progress report to be submitted to next Committee in relation to the Monitoring the Mental Health Act in 2021 / 2022 – Care Quality Commission findings – consider blanket restrictions and the understanding of the MHA. Z48 (capacity to consent to treatment form) - position improving - further report request for next committee to include context / process, data by percentage and timescales (how far overdue).
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Financial	√			by the author
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

- Insight report: - The Committee was informed that the Liberty Protection Safeguards (LPS) implementation date has been delayed until after the next general election. If the new government makes the decision to implement the LPS the expected date is not likely to be before 2027 if at all. The Trust is therefore working within the current system and there are a number of pieces of work ongoing with regards to MCA 2005: reviewing training, policies, templates and support for staff.
- CQC benchmarking progress report to be submitted to next Committee in relation to the Monitoring the Mental Health Act in 2021 / 2022 – Care Quality Commission findings – consider blanket restrictions and the understanding of the MHA.
- Received report on Community Treatment Orders (CTO) - cross reference our Trust processes with CQC recommendations from their focused visits report – good assurance and no issues identified for the Trust.
- MAPPA presentation – development of SPOC (single point of contact) in the divisions, MAPPA section on intranet gives easy access to updates and archived material, MAPPA level 4 (terrorists) guidance now complete.
- Received report on completion of Z48 (capacity to consent to treatment form) - position improving, required timescale for completion reduced from 7 to 3 days, with improved monitoring and further analysis by registrar who is currently carrying out a re-audit. Further report request for next committee to include context/process, data by percentage and timescales (how far overdue).
- Approved Number of Terms of Reference (Mental Health Legislation Committee, Mental Health Legislation Steering group, Associate Hospital Managers Forum and Reducing Restrictive Interventions Group) - all agreed subject to minor amends.
- Received Associate Hospital Managers annual report – noted positive diversity intervention resulting from the task and finish group and the face to face hearings reinstated if patient chooses / requested.
- Performance report – no concerns and benchmarking work in progress. S136 - link made with right care right person in conjunction with Humberside police. This work is not in national spotlight, though s136 detentions remain high, noted police are now released within one hour.
- S136 report – the correct figures for 136 are now inputted manually into the performance report to ensure accuracy in reporting. Work is ongoing to ensure correct completion of the form and this is improving.
- Received quarter 4 report on Reducing Restrictive Interventions - high percentage training compliance, high acuity, good case studies about working with families and people with eating disorders, benchmarking e.g. prone restraint compares well with the restraint reduction network. Use of force dashboard in its final testing phase.
- Received annual Ethnicity and MHA report – no significant outliers including no over representation

of minority ethnic groups for detention or use of CTO, good discussion on national data quality, non-homogeneous groups and gender, discussion about use of language/terminology. Still more work required in terms of data equality.

- All mental health legislation related policies/procedures/guidance up to date.
- MHLSG (Mental Health Legislation Steering group) minutes noted.
- MHLSG subgroups and CQC MHA visits updates report noted.
- Meeting review confirmed that we were “being Humber”.

Title & Date of Meeting:	Trust Board Public Meeting 31 May 2023														
Title of Report:	Assurance Report from Charitable Funds Committee of 16 May 2023														
Author/s:	Stuart McKinnon-Evans, Committee Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</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	X	To ratify		For assurance			
To approve		To discuss													
To note	X	To ratify													
For assurance															
Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its May 16 2023 meeting. The minutes of the meeting held on 12 February are attached for information														
Key Issues within the report:															
Positive Assurance to Provide: <ul style="list-style-type: none"> Signed SLA now in place between Trust and Smile with the new KPIs defined Securing of grants has boosted income in the last quarter, with a net surplus for the three months to April 2023 estimated at £42K 2 KPIs (expenditure budget; processing of wishes) are green 48 wished submitted to date in 2023, 7 granted, 34 in progress, 6 declined, 1 withdrawn 138 wishes submitted for 2022/23, of which 72 in progress Discussions held with some Fund Zone Guardian, including to ensure Wishes submitted in respect of those zones are being progressed Fundraising and supporting communications plan and monthly activity defined for 2023/24, with monthly targets and activities, covering: donations; legacies; fundraising through partners; appeals and events; grants; investment returns 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Reconciliation of Fund Zone balances to bank account Discussion with those Fund Zone Guardians who have not been recently contacted Update on CAMHS funds specifically for next meet; and generally to ensure each Committee meeting has a summary update of status of each Fund Zone Deployment of £30k NHS charities together grant to improvements in communications and other enablers Further consideration of how digital fundraising can feature more evidently in the activity plan Test out new branding with Trust leadership teams and EMT Relationship management with Newby Trust 													



Key Risks/Areas of Focus: <ul style="list-style-type: none"> The performance of the charity continues to be under close watch 3 KPIs (fundraising; staff awareness of charity; fundraising for charity by staff) are red, though the staff related one are due to be measured by survey in June Slow progress on a garden at Inspire has led to the threat of a £50K pledge from Newby Trust to be withdrawn – recovery action is in hand Financial result for 2022/23 will show total income of £77K, with a net loss of £92k Funds for Bridlington zone are typically restricted, which is making it more challenging to deploy them 	Decisions Made: <ul style="list-style-type: none"> Endorsed the fundraising and action, subject to further consideration of role of digital fundraising Agreed the annual effectiveness review and terms of reference
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	X	Collaborative Committee	
		Other (please detail) Report produced for the Trust Board		

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The Committee discussed forward-looking and retrospective information:

Finance report: Financial performance in the three months to April was boosted by securing grant funding, leading to a net surplus for that period of estimated £42K (taking into Smile monthly charge for April not reported in the papers). Fund balances were reported as £311k, but subject to outstanding reconciliation to bank account.

Insight report:

- 1) Fundraising activity was covered in detail in the subsequent discussion on Fundraising Strategy
- 2) Campaigns and Appeals: Whitby Day planned for May 22; Fundraising for Children’s Service to progress existing wishes and raise further funds (meetings held); GP Surgeries and Community Nursing (meetings planned); Dementia-friendly environments and equipment (initial ideas);
- 3) Performance against KPIs: 3 red (Income generation; 80% of staff awareness of charity; 5% of staff participating (though these latter two are not yet measured), 2 green (budget; Wishes process)
- 4) Wishes – 48 submitted so to date, all under active management, with supporting documentation/tracking systems now in better shape
- 5) Fund Guardians – report back on meetings with the some of the Fund Zone Guardians. The Committee asked for dialogue with all Fund Zone Guardians, especially those with significant sums. Noted: in Bridlington, fund restrictions are making deployment challenging; asked for update on CAMHS funds.
- 6) Ongoing dialogue with Newby Trust who are threatening to withdraw a pledge of £50K as part of a £130K project for a CAMHS garden at Inspire which has not yet progressed. The reason for delay included Covid; no responses from suppliers/ unaffordable responses from supplier to complete the brief
- 7) Communications improvements to support the KPIs are awareness and fundraising; social media developments; One Year One Charity initiative for businesses; refreshed branding (we agree that the brand proposals should be reviewed at EMT and with leadership teams)
- 9) Deployment of £30k NHS Charities Together grant on website, training, wishes platform and CRM system: the Committee pressed for clarity on timescales, but emphasised that this action is the means to the end of improved performance on the 5 main KPIs

Health Stars Operational Plan and Fundraising Strategy: Setting out a detailed monthly activity plan with a communications plan. The Committee considered the main components of fundraising (voluntary donations; legacies; fundraising through partners; events and appeals; grants). A challenge was raised about whether the One Year One Charity campaign aimed at business was sufficiently ambitious at £365 (the Smile team argued it was realistic in the current business climate. Discussion about the role of digital fundraising and how it could feature more evidently in the plan. It was recognised that Smile and Trust teams need to work together to make the plan successful.

Health Stars Annual Report: this report provided a retrospective on the activity undertaken by the Charity in 2022/23 and covered the issues which have featured in the Committee’s report over the year. Key data include:

Wishes: 138 wishes submitted, of which 35 granted, 72 still in progress, 19 declined, 12 withdrawn
Financials:

	£000
Total Income	77.2
Cost of Sales	108.1

Gross loss	(30.9)
Operating costs	61.6
Net Loss	(92.5)

Committee Effectiveness Review and Terms of Reference: The annual review was and the Terms of Reference updated with relevant date changes.

Charitable Funds Committee Part A
Minutes of the Charitable Funds Committee Meeting
Held on Tuesday 21st February 2023

Present: Stuart Mckinnon-Evans, Clare Woodard, Michele Moran, Francis Patton (from 11:39am)
Jamie Lewis, Steve McGowan, Lucy McRae (minute taker), Hanif Malik, Pete Beckwith, Rachel Kirby

Apologies: Robert Atkinson

01/23	<p>Declarations of Interest</p> <p>None disclosed.</p>
02/23	<p>Minutes of the Meeting held in December 2022</p> <p>The minutes were accepted as an accurate record.</p>
03/23	<p>Action List, Matters Arising and Work Plan 2023 – 2024</p> <p>The action log was updated accordingly.</p>
04/23	<p>Charitable Funds requests that require Committee Approval (over £5,000 up to £100,000)</p> <p>CW noted 1 charitable fund request for Malton needs signing off. SMcG noted a full paper is needed on this prior to any further discussion within this committee. JL enquired if there are queries, who can provide the knowledge and support. SMcG noted this is dependent on the fund zone, the specific fund zone manager needs approaching first to discuss the request prior to further discussion at the wider committee. MM noted if recurrent costs are occurring this needs to be highlighted to the committee.</p>
05/23	<p>CFC Finance Report</p> <p>CW reiterated the key points within the paper. Income for the past few months has been very low, CW is going to focus on improving this going forward. HM enquired about the fundraising strategy and what this entails. CW responded, the strategy will include developing wishes which are in progress and can be used as fundraising appeals, to improve the charitable funds income. SMcE enquired if there is a timescale for turnover of the figures, whilst using the new strategy. CW responded, there is a target to have a significant improve by the next quarter. Regular updates on the strategy and how it is progressing will provide reassurance to this committee. PB noted it will be beneficial to see a forecast projection, this can be discussed outside this meeting if necessary. The funds withdrawal from the CCLA will need to go to the trust board to sign off, not this committee. SMcE noted to CW actions underway need to be included within the front sheet of the paper.</p>
06/23	<p>Insight Report</p> <p>CW reiterated the key points within the paper which included all the wishes currently in progress. Income generation is a main focus of this paper. CW noted reassurance to the</p>

	<p>committee that work is underway to improve the charitable funds position. We have been successful with the charities together grant for 30k. HM highlighted the concern of the charitable funds at present and the need to get it right these next few months. We need to ensure we utilise the 30k appropriately. SMcG noted we need to allow CW and JL to progress with the charitable funds whilst giving clear strategic direction.</p> <p>SMcG highlighted concern around CW taking on the majority of the responsibility for SMILE at present. JL noted there is a full restructure ongoing to ensure adequate support going forward to provide successful results. SMcE enquired if there are any current KPIs Health Stars use relating to submissions and success rate of funding applications. CW noted not at present but they can be developed for the future. SMcG noted there is potential to shape the KPIs and make them outcome focused. RK noted if health stars need to communicate with specific departments across the trust to approach the comms team for guidance. SMcE asked if we have wishes which are in a queue, CW acknowledged this and these are being worked through from last year. There is approximately 25 outstanding. There is 1 wish from Maistor Lodge from April 2022 which needs reviewing, FP will forward this to CW to review. There is miscommunication on the charitable funds progress, further clarification is needed to avoid further delays. SMcG noted some delays are caused by zone managers not signing off wishes which are under 5k as they have authority to sign wishes off. SMcE queried the two large grants which have not been drawn down as yet and why this is, CW responded this has been delayed as the project on the garden has not begun yet, therefore the funds have not been withdrawn. Clarity is needed to see whether or not the funds are still available prior to work commencing.</p>
08/23	<p>To Review of the Meeting and Agree Content for Assurance Report</p> <p>SMcG noted reassurance from zone managers is needed and how this is collated. There is potential to invite them to future committee for discussion or ask for written updates to be brought as papers. SMcE noted written updates will be beneficial going forward.</p> <p>MM noted representation from OPs is needed, none in attendance today. An update from zone managers within the insight report will be beneficial, then the committee can pick up any escalations if necessary. SMcE agreed we need to be able to identify that our funds are being used efficiently in designated zones.</p> <p>HF noted a paper of the draft strategy would be useful for reassurance purposes going forward. CW will bring a paper to the next meeting in May.</p>
09/23	<p>Items for Escalation or Inclusion on the Risk Register</p> <p>Nothing to discuss.</p>
10/23	<p>Any Other Business</p> <p>Nothing to discuss.</p>
48/22	<p>Date and Time of Next Meeting</p> <p>16th May 2023</p>

Signed: Chair: Stuart McKinnon-Evans

Date:

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023															
Title of Report:	Council of Governors Meeting Minutes 19 January 2023															
Author/s:	Caroline Flint Trust Chair															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	The minutes of the meeting held on 19 January are presented for information															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> Meeting was quorate Annual Accounts 21/22 presented 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Outlined in the minutes 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Nothing to raise 		Decisions Made: <ul style="list-style-type: none"> N/A 														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													
			Other (please detail) Council of Governors	20.4.23												

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	

Agenda Item 3

Minutes of the Council of Governors Public Meeting held on Thursday 19 January 2023 via Microsoft Teams

Present:

- Rt Hon Caroline Flint, Chair
- Michele Moran, Chief Executive
- Cllr Julie Abraham Appointed Governor East Riding of Yorkshire Council
- Cllr Linda Chambers Appointed Governor, Hull City Council
- John Cunnington, East Riding Public Governor
- Tony Douglas, East Riding Public Governor
- Tim Durkin, Wider Yorkshire & Humber Public Governor
- Craig Enderby, Staff Governor
- Patrick Hargreaves, Hull Public Governor
- Jonathan Henderson, Appointed Governor, Humberside Fire & Rescue
- Anthony Houfe, Service User and Carer Public Governor
- Tom Nicklin, Staff Governor
- Doff Pollard, Whitby Public Governor/ Lead Governor
- Brian Swallow Hull Public Governor
- William Taylor, Staff Governor
- Jacque White, Appointed Governor, University of Hull

In Attendance:

- Phillip Earnshaw, Non-Executive Director
- Francis Patton, Non-Executive Director/SID
- Mike Smith, Non-Executive Director
- Hanif Malik, Associate Non-Executive Director
- Stuart McKinnon-Evans, Non-Executive Director
- Lynn Parkinson, Chief Operating Officer
- Peter Beckwith, Director of Finance
- Carol, Volunteer/Admin Apprentice (for item 04/23)
- Catherine Ceely, Voluntary Services Manager (for item 04/23)
- Val Higo, Voluntary Services (for item 04/23)
- Jenny Jones, Trust Secretary
- Katie Colrein, Membership Officer
- James Collier, Communications Officer

Apologies:

- Jenny Bristow, Appointed Governor Humberside Police
- Sue Cooper, East Riding Public Governor
- Marilyn Foster, Patient and Carer Governor
- Joanne Gardner, Staff Governor
- Ruth Marsden, East Riding Public Governor
- Sharon Nobbs, Staff Governor
- Helena Spencer, Hull Public Governor
- Dean Royles, Non-Executive Director

The meeting was held virtually via Microsoft Teams and was also live streamed.

01/23	<p>Declarations of Interest</p> <p>Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they should declare the interest and remove themselves from the meeting for that item.</p>
02/23	<p>Minutes of the Meeting held on 13 October 2022</p> <p>The minutes of the meeting held on 13 October were agreed as a correct record.</p>
03/23	<p>Matters Arising and Actions Log</p> <p>The action log was noted and no matters arising were raised.</p>
04/23	<p>Patient Story – “Living a Productive, Working Life with Borderline Personality Disorder” from Voluntary Services</p> <p>Carol attended the meeting to talk about her experiences of living productively with Borderline Personality Disorder (BPD). Carol had experienced various Mental Health struggles in the past and was out of work for 20 years due to these. She shared her inspiring story and how she had overcome the challenges she had faced.</p>
05/23	<p>Annual Accounts 2021/22</p> <p>Pete Beckwith, Director of Finance presented the audited annual accounts for 2021-22. He gave a short presentation which highlighted the key points from the accounts which would be circulated to Governors after the meeting. These included:</p> <ul style="list-style-type: none"> • Income £209 million • Expenditure £214 million • No borrowing on the accounts • Invested £9.5 million in capital estate to improve environments for patients and staff • £2.4 million spent on Digital Infrastructure <p>All audit work had been completed and the accounts had been laid before Parliament. An Unqualified audit opinion was received on the accounts. The Audit Completion Report from External Auditors (Mazars) was included with the report for information.</p> <p>On 2 February a workshop for Governors on how money is spent in the Trust would take place.</p> <p>Doff Pollard extended her thanks to everyone involved in the work. Craig Enderby asked if the External Auditors would be presenting their assessment on the accounts. It was confirmed that this would be taking place.</p> <p>Cllr Abraham asked if there was assurance that recommendations relating to the value of assessment were being actioned. Pete Beckwith explained there were two recommendations and systems were in place to address these.</p> <p>In relation to Humber Primary Care Ltd, Tim Durkin asked how this affected the Trust as a loss was recorded last year. It was explained that Humber Primary Care was a business arrangement with income coming into the Trust. The loss in primary care was absorbed in the overall financial position of the organisation. An offer was extended to provide more detail outside of the meeting to Tim Durkin if required</p> <p><u>Resolved:</u> The Council of Governors received and noted the annual accounts</p>

06/23	<p>Chair's Report The Chair gave a verbal update regarding the following:</p> <ul style="list-style-type: none"> • Resignation of Soraya Hutchinson, East Riding Public Governor. Soraya would continue with her volunteering work and the Chair thanked her for her contribution to the Council. • Planning for the next elections campaign • Governor development with the finance session on 2 February and Workforce and Organisational Development and the role of Governors training on the agenda for the March development meeting. • Work continued to embed changes including the way that meetings are held, opportunities to hear from Non-executive Directors and the visits programme. • Changes to the way that Board meetings are held and reporting back from Strategic Development meetings • Working with the Integrated Care System (ICS) <p><u>Resolved:</u> The updates were noted</p>
07/23	<p>Chief Executive's Report The Chief Executive presented her report which gave an update on local issues. Areas highlighted included:</p> <ul style="list-style-type: none"> • Industrial action taking place around the country and potential to impact on our services • Visit to The Warren Centre in Hull • Events co-ordinator recruited into the Communications team. Future events planned included sports days and an annual awards ceremony • Initial staff survey results had been received and were embargoed. Response rate of 44% which was on par with last year. • Planning guidance issued late December and was being worked through. <p>Lynn Parkinson provided an update on operational pressures. Business Continuity plans were being reviewed and plans were in place for any industrial action. Staffing had been increased in areas including primary care services at times of strike action. Silver command monitored the position and provided regular sit reps with no increased disruption reported. Balloting of junior doctors by the BMA was underway and any potential impact was being considered.</p> <p>Additional winter funding had been provided to support discharge. Some patients in mental health beds were affected by this. Out of area figures had reduced and were showing improvement.</p> <p>Cllr Abraham referred to the Child and Adolescent Mental Health (CAMHS) services and the reported breakdown of placements for young people in residential care which continued to lead to urgent and crisis admissions to mental health and acute hospital beds. She asked if this was a frequent occurrence and if it included eating disorders. The Chief Executive reported that internal and external work was taking place to look at this area as it was an issue regionally and nationally. Eating disorders figures had steadily increased since Covid. Community work had been bolstered and extra money provided to look at more community facilities and community support rather than beds. Young people were not placed in adult beds but in paediatric beds with staff to support them. A briefing note for Governors would be prepared on the work that was taking place.</p> <p>Tim Durkin asked what the Opel level in Scarborough and Ryedale was and if there</p>

were any problems. Lynn Parkinson reported that Scarborough Hospital has been through this period at Opel four, so their pressures had been very high and the aim was to support the acute hospital by avoiding admission where possible with community services delivering intensive care into patients' own homes. Recently the new virtual ward commenced for the frailty ward in Scarborough and Ryedale and was being monitored closely as it was part of a national program. The system had been complimentary about services and over the Christmas period the Trust was able to increase the number of patients to support those pressures. There were issues with delays of transfers out of those Community beds which had since improved.

Brian Swallow noted the 44% response rate for the staff survey and asked what was being done to improve the rate. Compared to other trusts it was noted that this was not an outlier and there were various reasons why staff did not complete it despite protected time being offered to do so. John Cunnington suggested including this as a target as part of annual reviews.

Pete Beckwith responded to John Cunnington's question about power outage resilience and generators providing detail of sites where there were generators and facilities for mobile generators. It was clarified that the question was related to the type of fuel the generators used and whether alternative options had been considered. This detail was not to hand and would be responded to outside the meeting.

Doff Pollard was pleased to read about the appointment of an Events Co-ordinator and asked that the added value of this post be captured in terms of Key Performance Indicators (KPIs) and cost benefit analysis. The Chief Executive agreed and had already started discussions to progress this. It would also link in with the Social Values report going to the January Board that looked at things that were not necessarily measured from a performance or metrics perspective.

A question was raised by Will Taylor who was seeking assurance that there was clinical governance at the stage of commissioning outside subcontractors and gave examples of ASD and ADHD. He asked if there was clinical governance around contracting and how it was embedded. The Chief Executive confirmed there was a rigorous process in place for contracts through the Quality and Audit Committees. There was also a strict governance process around contract award. Pete Beckwith added that as part of the procurement, there was involvement of the multi-disciplinary teams (MDT) and clinicians were involved in the development of service specifications. Contract review meetings were held to ensure there was the right level of performance, oversight and governance. He suggested that this could be a topic for a future Governor Development session with the Head of Contracting and other appropriate staff. The Chief Executive supported the proposal and added that as this was an operational issue, if there were any examples these could be escalated within the organisation as it was not just a Governor issue.

Resolved: The report and verbal updates were noted.

A briefing note for Governors on eating disorders to be produced for Governors Action

LP

Details of option appraisal for generator fuels to be provided to John Cunnington

Action PB

Contracting session to be arranged for a future Governor Development session Action

PB

08/23

Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback

The assurance reports from the Sub Committees of the Board were provided for

	<p>information and taken as read.</p> <p>The Non-executive Directors provided brief updates based on the reports which had been presented at previous Board meetings.</p> <p>Tim Durkin asked what the anticipated fiscal pressures were as referred to in the Audit Committee report. He was informed that this was to do with the external environment pressures. IR 35 was another area raised and whether the work that was taking place had identified if the money set aside in the accounts was appropriate. Francis Patton reported that at the recent Finance and Investment Committee meeting, assurance had been received that this would not exceed the amount in the accounts.</p> <p><u>Resolved:</u> <u>The reports were noted</u></p>
09/23	<p>Addendum to Statutory Duty of Governors</p> <p>The 'Your Statutory duties: A reference guide for NHS foundation trust governors' outlined ways in which governors might fulfil their statutory duties and an addendum to this had been published to reflect The Health and Care Act 2022 requirements. The paper provided information regarding the changes and the impact these would have on the way in which Governors fulfil their statutory duties.</p> <p><u>Resolved:</u> <u>The report was noted</u></p>
10/23	<p>Code of Governance</p> <p>NHS England had published a revised Code of Governance (the Code) and all NHS Providers (including NHS trusts that don't have a Council of Governors) would be required to abide by this from April 2023. The document contained an appendix which outlined the role of the Council of Governors and the lead Governor.</p> <p><u>Resolved:</u> <u>The report was noted</u></p>
11/23	<p>Council of Governor Sub Group Feedback</p> <p>A verbal update was provided from the Engaging with Members Meetings that had been held. Doff Pollard reported that the meetings had covered various items including a better understanding of Governor roles, communicating with members and holding Non-executive Directors (NED)s to account. Consideration was also being given to how Governors could contribute to the communication strategy and newsletters.</p> <p>Tim Durkin was congratulated on his reappointment to the Council of Governors. A new Governor would also be starting on 1 February. Tim believed the Wider Yorkshire and Humber constituency was too big for one person to cover. He offered to produce a report of the points to be considered. The Chief Executive felt that this would be helpful and would inform a wider review of the Constitution.</p> <p>Governor activity information was provided from Doff Pollard, Brian Swallow and Tim Durkin.</p> <p><u>Resolved:</u> <u>The updates were noted.</u></p>
12/23	<p>Governor Support Proposals Action Plan</p> <p>The action plan was presented by the Chair and showed that all actions had been completed.</p>

	<p>Brian Swallow queried whether the induction pack had been circulated. This would be circulated, and a paper copy provided on request.</p> <p>It was confirmed that Governor Development Days were in person meetings and Council of Governors meetings held on Microsoft Teams. Tim Durkin asked if face to face meetings could be reconsidered as some Governors preferred this format. He also commented that in terms of visits he was still waiting for community service team visits to be arranged in his area. The Chair explained that due to the geographical areas covered by Governors, virtual meetings enabled a greater attendance at meetings, development days were held in person. This format would continue to be followed.</p> <p><u>Resolved:</u> The action plan was noted <u>Governor Information pack to be circulated Action KC</u></p>
13/23	<p>Governor Questions No additional questions were submitted or raised by Governors at the meeting</p>
14/23	<p>Performance Update The report was presented to the Council of Governors by Pete Beckwith and taken as read.</p> <p>Tim Durkin referred to Paediatric ASD noting the plan to reduce this by December, however there were 294 patients with an over 52 weeks wait and an improved position was expected. A detailed quarterly update was provided to the Board and capacity was at a maximum so negotiations with commissioners were progressing. Tony Douglas asked if this was part of the neurodiversity model. Lynn Parkinson reported that it was all part of the same. There was a revised model with a targeted backlog approach to over 52 week waits. The neuro model going forward was predicated on early intervention and early support and reducing the number of children and young people that required diagnosis.</p> <p>Cllr Julie Abraham was concerned about the ones on the waiting list and what support they received and whether there was school involvement. The Chief Executive reported that rigorous processes were in place and there was close working with schools. The Quality Committee reviewed this aspect regularly to provide additional assurance. Will Taylor asked what support was provided for families as the usual steps in a different circumstance would be reasonable adjustment at school and he asked whether there was a structure for that negotiation? The Chief Executive responded that the multi-disciplinary team would review, and appropriate liaison would take place at that stage. There was also the Child and Adolescent Mental Health Services (CAMHS) pathway and system meetings with clinicians across the collaborative in the Integrated Care Board (ICB) that brought people closer together. More representatives for example housing were now being included in the meetings, but each individual case would be looked at on its own merit from a strategic point of view with involvement from the private sector, voluntary sector and other local statutory sectors.</p> <p><u>Resolved:</u> The report was noted</p>
15/23	<p>Finance Update The report presented provided a summary of financial performance for the Trust for the three-month period September 2022 to November 2022. The report was taken as read. A strong financial position was reported overall and consistent with the control total for the year and the cash position remained strong.</p>

	<u>Resolved:</u> The report was noted.
16/23	<p>Public Trust Board September and October 2022 Minutes The minutes of the public Board meetings for September and October were provided for information.</p> <p><u>Resolved:</u> The minutes were noted.</p>
17/23	<p>Any Other Business No other business was raised</p>
18/23	<p>Review of the Meeting – Being Humber It was agreed the meeting had been delivered in the Being Humber style.</p> <p>Doff Pollard commented that the papers had been weighty and felt that reports should be more concise and focussed. She asked if the agenda could be restructured so the Governor reports were not at the end of the meeting to allow more time for discussion.</p> <p>Tony Douglas asked if the performance report could be higher up the agenda.</p> <p>The Chair would consider the comments made.</p>
19/23	<p>Date and Time of Next Meeting Thursday 20 April 2023, 2.00pm by Microsoft Teams</p>

Signed..... Date
Chair

Title & Date of Meeting:	Trust Board Public Meeting – 31 May 2023			
Title of Report:	Board Strategic Development Meeting Agenda – June 2023			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide, for information the agenda for the 28 June meeting			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Areas of discussion 		<ul style="list-style-type: none"> As per the agenda 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> Noting to escalate 		<ul style="list-style-type: none"> N/A 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board update	✓

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	

Board Strategic Development Meeting

Agenda

28 June 2023, 9.30am for 10.00am start
The Multi-Use Room, New Trust HQ, Willerby

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Business Items: <ul style="list-style-type: none">Quality Accounts	HG	Approve	✓	10.00
3.	Notes from 26 April 2023 Meeting	CF	Note	✓	10.15
4.	System Working	MM	Discuss		10.20
5.	Primary Care Plan Update	LP/PB	Discuss		11.25
	Break				11.40
6.	Waiting List Position and Future Plan	LP	Discuss		11.50
	Lunch				12.20
7.	Annual Performance Report Review	PB	Discuss		12.50
8.	Board Development Programme (Real World)	SMcG	Discuss		13.50
9.	Date, Time and Venue of Next Meeting 1 August 2023, 9.30am, MS Teams				16.30