

Trust Board Meeting 24 September 2025 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 24 September 2025, via Microsoft Teams

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

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

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

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

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 30 July 2025	CF	Approve	√
4.	Action Log, Matters Arising and Work Plan	CF	Discuss	√
5.	Patient Story: Addictions – Drugs and Alcohol	KF	Discuss	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report • Including policies to ratify • Associated Hospital Manager Appointment Requiring Ratification	MM	Discuss/Ratify	√
8.	Publications and Highlights Report	MM	Note	√

Patient Safety and Quality				
9.	Patient and Carer Experience Annual Report (2024/25) including Complaints and Feedback) Mandy Dawley – Assistant Director of Patient and Carer Experience and Co-production	KF	Ratify	√
10.	Infection, Prevention and Control Annual Report	SS	Approve	√
11.	Safeguarding Annual Report	SS	Approve	√
12.	NHS England - Annual Self-Assessment for Placement Providers 2025	KP / KF	Approve	√
13.	Freedom to Speak Up Guardian's Annual Report 2024/25 Alison Flack, Freedom to Speak Up Guardian	MM	Ratify	√
Investing in People and Culture				
14.	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex A – Annual Board Report and Statement of Compliance	KF	Assurance	√
15.	EDS22 Annual Report	KP	Ratify	√
16.	Digital Optimisation Update Lee Rickles, CIO, Director & Deputy SIRO	PB	Assurance	√
Developing Leadership Behaviours				
17.	Overview of 2025 National Staff Survey Launch Plan	KP	Discuss	√
Embedding Improvement into Management Systems and Processes				
18.	Finance Report	PB	Note	√
19.	Performance Report	PB	Discuss	√
20.	Trust Winter Plan and Board Assurance Statement	LP	Approve	√
21.	Risk Management Strategy	SS	Approve	√
Assurance Committee Reports				
22.	People & Organisational Development Committee Assurance Report	DR	Assurance	√

23.	Quality Committee Assurance Report • 7 August 2025 • 11 September 2025	PE	Assurance	√
24.	Mental Health Legislation Committee Assurance Report	SP	Assurance	√
25.	Audit Committee Assurance Report	SMcKE	Assurance	√
26.	October Board Strategic Development Meeting Agenda	CF	Note	√
27.	Items to Escalate including to the High Level Risk Register & for Communication, any issues relevant to the Board Assurance Framework	CF	Discuss	verbal
28.	Any Other Urgent Business	CF	Discuss	verbal
29.	Review of Meeting – Being Humber • Has the Board focused on the right areas? • Did the quality of the papers enable Board members to perform their role effectively – did they enable the right level of discussion to occur? • Was debate allowed to flow and were all Board members encouraged to contribute? • Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)	CF	Discuss	verbal
30.	Exclusion of Members of the Public from the Part II Meeting			
31.	Date, Time and Venue of Next Meeting Wednesday 26 November 2025, 9.30am via Microsoft Teams			

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025			
Title of Report:	Declarations of Interest			
Author/s:	Rt Hon Caroline Flint Trust Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations: Amendment to Michele Moran			
Key Issues within the report:				
Positive Assurances to Provide: Updated declarations		Key Actions Commissioned/Work Underway: N/A		
Key Risks/Areas of Focus: No issues to note		Decisions Made: N/A		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Monthly Board report	✓ 30.07.25

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	

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• IMAS partner • Humber and North Yorkshire ICB Board Member (voting) • Non-Executive Director DHU Healthcare (a Social Enterprise organisation) • Co-opted Parish Councillor – Bamford with Thornhill
Mr Peter Beckwith, Director of Finance (Voting Member)	• Trustee of Heathstars, and Executive Lead for Humber Teaching NHS Foundation Trust • Son is a Resident Doctor at University Hospitals Sussex NHS Foundation Trust • Daughter is a Nursing Student at York St John University
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	• Director of Bluewaters Healthcare Limited • Spouse is Director of Bluewaters Healthcare Limited • Spouse is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust • Executive Lead for The Trust Research Department – which receives grant and funding to the department • Spouse is Clinical Director Harthill Primary Care Network (PCN)
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	• Husband works for HMRC • Son works for Labour MP as Communications Lead • Son works for Department of Health and Social Care
Mrs Sarah Smyth, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	• No interests declared
Mrs Karen Phillips, Associate Director of People and Organisational Development (non voting)	• No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Energy Security and Net Zero (DESNZ)
Mr Dean Royles, Non-Executive Director (Voting Member)	• Director of Dean Royles Ltd • Trustee of Health People Managers Association (HPMA) • Owner of Dean Royles Ltd • Associate for KPMG • Chair of NHS Professionals Strategic Advisory Board • Non-Executive Director at Sheffield Teaching Hospitals NHS Trust

Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	• Director of Conexus GP Federation • Owner of Phillip Earnshaw Ltd • Trustee of Prince of Wales Hospice • Five Towns PCN Clinical Director • Board Member of Wakefield District Health & Care Partnership • Chair and Trustee Smawthorne Community Project is a local charity in Castleford • Non-Executive Director for Lincolnshire Integrated Care Board
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	• No interests declared
Mr Keith Nurcombe, Non-Executive Director (Voting Member)	• Director of Dietary Assessments LTD • Director of WMSG (Part of West Midlands Combined Authority • Crown representative – Cabinet Office – UK Government • Chair of the Avalon Group • Chair of Derbyshire Health United (CIC)
Ms Stephanie Poole, Non-Executive Director (Voting Member)	• Husband is a Trustee of Yorkshire Coast Sight Support (YCSS), a registered charity
Priyanka Perera (Mihinduklilasuriya Weerasingha Indrika Priyankari Marguerite Perera) Associate Non-Executive Director (Non-Voting Member)	• Managing Director of B. Cooke & Son Ltd, Hull • Son in Law works as Brand Lead – New Dermatology and Portfolio Strategy for Sanofi

Trust Board Meeting

Minutes of the Public Trust Board Meeting held on Wednesday 30 July 2025, 9:30am – 12:35pm via Microsoft Teams

Present:

Rt Hon Caroline Flint, Chair
 Mrs Michele Moran, Chief Executive
 Dr Phillip Earnshaw, Non-Executive Director
 Mr Peter Beckwith, Director of Finance
 Dr Kwame Fofie, Medical Director
 Ms Stephanie Poole, Non-Executive Director
 Mr Keith Nurcombe, Non-Executive Director
 Mrs Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer
 Mrs Sarah Smyth, Director of Nursing, Allied Health and Social Care Professionals
 Mr Stuart McKinnon-Evans, Non-Executive Director
 Mr Dean Royles, Non-Executive Director
 Ms Priyanka Perera Associate Non-Executive Director

In Attendance:

Mrs Karen Phillips, Associate Director of People and Organisational Development
 Mrs Stella Jackson, Head of Corporate Affairs
 Mrs Laura Roberts, PA to Chair and Chief Executive (Minutes)
 Matthew Handley, General Manager (for item 88/25)
 Andy Churn, Clinical Operational Lead (for item 88/25)
 Sarah Clinch, Senior Partnerships and Strategy Manager (for item 93/25)
 Alison Flack, Programme Director (for item 95/25)
 Oliver Sims, Corporate Risk and Incident Manager (for item 103/25 & 104/25)

Apologies: There were no apologies noted.

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

85/25	Declarations of Interest The declarations were noted. Board members have been made aware that any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the person should declare the interest and remove themselves from the meeting for that item.	

	The Chief Executive; Director of Finance; Stuart McKinnon-Evans, Non-Executive Director and Stephanie Poole, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.	
86/25	Minutes of the Meeting held 28 May 2025 The minutes of the meeting held on 28 May 2025 were approved as an accurate record. <u>Resolved:</u> The minutes were approved by the Board.	
87/25	Action Log, Matters Arising and Workplan 2025/26 There were no matters arising. The action log and work plan were noted.	
88/25	Staff Story – Virtual Frailty Ward Matthew Handley and Andy Churn provided a background and overview of the services provided by the Virtual Frailty Ward. Stephanie Poole commented on the potential for scaling and asked what the gaps in the community were and what could be undertaken to aid the growth. Matthew responded that the ward was reaching a level of maturity, and work was taking place to look at supporting increased capacity. In relation to gaps the main element focused on frailty to meet the needs of the Trust patient population, with a national focus on respiratory and cardiac illnesses. Andy added that the specialisms were already available within the community teams. Stuart McKinnon-Evans asked about the 80% constraint on occupancy utilisation. Matthew responded that there were no constraints on occupancy and that 25 beds were available. There had been previous challenges in achieving 80% occupancy due to system partners not referring to the Trust, this had since been resolved, and work was being undertaken with partners to increase uptake further. Work was also being undertaken in conjunction with the Integrated Care Board and the University of York regarding the virtual ward pathway and comparisons to standard acute bedded wards. The Trust Chair asked if there was a baseline of admissions prior to the virtual ward implementation. Matthew replied that a baseline was carried out with GPs, which showed that 100% of referrals received by the virtual ward would have been to secondary care services. Of these, 86% had been an admission avoidance. Phillip Earnshaw enquired if the services would be expanded in secondary care and the Primary Care Networks and what support would be provided from the system, along with the associated risk management. Matthew responded that there was a case for expansion. Andy added that board rounds took place in the evening, handing over information from day to night staff.	

	Priyanka Peera asked for an example of digital maturity to improve the service. Andy replied that the service had point of care testing, which enabled tests such as bloods to be performed in the patient's home. Andy added that the implementation of the in-health remote monitoring system was imminent Dean Royles asked if there would be a scale up of services over the winter period. Lynn Parkinson responded that the focus was on optimising and maximising the services the Trust has. Lynn added that the expansion of virtual wards had been mentioned in the Long Term Plan. The Chief Executive suggested this work be fed into the developing Neighbourhood work, along with productivity working. Matthew and Andy were thanked for attending the meeting.	
89/25	Chair's Report The Trust Chair introduced the Chair's Report and highlighted the following key points: • Challenging times continued in relation to the changes within the Integrated Care Board and the Long Term Plan and Delivery Plan. Trust Board discussions were taking place. • Sian Johnson and Simon Mills were welcomed as new Staff Governors and Dan Meeke as the new representative for the Humberside Fire and Rescue Service. <u>Resolved:</u> The Board noted the report.	
90/25	Chief Executives Report (Including policies to ratify) The Chief Executive presented the report and reiterated key points from within it, which included: • The Care Quality Commission well led process update for the Trust, which could be impacted upon once the reaccreditation for Foundation Trusts guidance had been received. • Committee reporting structure changes. • The Chief Executive was now a voting member of the Humber and North Yorkshire Integrated Care Board (ICB) Board. • Changes to the ICB Board. • GP Survey results and action plans. Ratification was sought for the reappointment of Associated Hospital Managers: • Alwyn Onley • Tim Durkin The following policies were approved by the Board: • Sexual Misconduct Policy • Organisational Change Policy • Leave Policy The Revalidation and Registration Renewal for Nursing, Allied Health Professionals and Social Workers policy and Supporting Transgender	

	Patients and Service Users policy would be approved outside of this meeting due to technical issues which prevented Board members from being able to access these on the Board portal. Lynn Parkinson provided an update on the Resident Doctor industrial action and advised that business continuity plans had been in place and there was no disruption to services. Lynn Parkinson advised that the GP Survey results had been published and that the Executive Management Team had seen an overview of the results. Detailed action plans were being created in the division. The Board were informed by Lynn of the winter focus, learning, expectations and influenza vaccination staff uptake. Phillip Earnshaw commented on the improvements seen in the GP survey results for Humber Primary Care and highlighted concerns regarding the responses for the access to Market Weighton practice. Lynn Parkinson responded that the same technologies were in place across the three Trust practices, therefore the divisions were exploring this further. Stephanie Poole commented on the staff flu uptake and asked if the clinical staff figures were good and what the target was. Karen Phillips replied that the overall staff take up last year was over 60%, which was good when compared to the uptake in other trusts. Of this, 40% comprised of frontline staff. This year, trusts had been asked to strive for an additional 5% uptake. Karen also provided an overview of the flu vaccination campaign. The Board approved the annual Board Statement of Emergency Preparedness, Resilience and Response (EPRR) Resource Assurance 2025 for submission to the ICB. <u>Resolved:</u> The Board noted the report. The policies listed above, and reappointment of Associated Hospital Managers were ratified by the Board. The EPRR statement was approved.	
91/25	Publications and Highlights Report The report which provided an update on recent publications was accepted as read. <u>Resolved:</u> The Board noted the report.	
	<i>The agenda was taken out of order after this point</i>	
92/25	Review of Patient Safety across the Health and Care Landscape	

	Sarah Smyth introduced the Review of Patient Safety across the Health and Care Landscape report and highlighted some key points and recommendations from the paper. The Trust Chair had been disappointed regarding the indication of silo working in the NHS in relation to safety, quality and care. She then asked how each recommendation would be addressed. Sarah responded that at the current time not all the recommendations were appropriate for the Trust, and that the community mental health survey would be reported to Committees. Sarah added that this closely aligned with the well led work. The Trust Chair considered it important that this work be considered by the Committees and Dean Royles concurred. <u>Resolved:</u> The report was noted. The paper was to be presented at the relevant committees for further discussion and reported back to the Board in the assurance reports.	SS
93/25	Health Inequalities Update Sarah Clinch introduced the Health Inequalities Update report and reiterated key points from within the paper. Sarah advised that the risk relating to BI capacity would be downgraded. Phillip Earnshaw enquired as to the cultural embedding of initiatives and ways of working. Sarah replied that some work had been undertaken relating to assessment formulation and transitioning to a personalised care framework. Details on collaborative working with local charities was sought by Priyanka Peera. Sarah advised that some work had been undertaken with charities in the local area and with the Trust Communications team in relation to access to literacy. It was suggested that Priyanka and Sarah link in further outside of this meeting. The Trust Chair commented that the report template could be used as a standard for other reports. <u>Resolved:</u> The report was noted.	
94/25	Ten-Year Health Plan Headlines The Ten-Year Health Plan Headlines report was introduced by the Chief Executive who reiterated some key points from within in. She advised it was envisaged that the Delivery Plan would be received in September 2025. Additional monies were not expected to be received to support the Long Term Plan work and existing resources would need to be utilised. She added that the Neighbourhood work would be key for the Trust. The Trust Chair advised that that the plan and the impact on the Trust would be discussed in more detail at the September Board away day.	

	Phillip Earnshaw asked for clarity on the Trust role in the Neighbourhood implementation work. The Chief Executive responded that the final bids had not been seen as yet and that Lynn Parkinson had been actively involved in the process. The Trust had been asked for input but was not leading on any matters at the current time, although there had been discussions relating to a mental health collaborative, linking into metal health and frailty. She added that the Trust would play a key part in the North Yorkshire Alliance. Priyanka Peera questioned whether they would be any internal redundancies through the restructuring process. The Chief Executive responded that a corporate benchmarking exercise had been undertaken and as a result there would be no redundancies at the current time. She added the work on the Budget Reduction Strategy would continue, linking in with the productivity, transformation and quality improvement work. <u>Resolved:</u> The report was noted.	
95/25	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update Alison Flack introduced the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update and reiterated the key points from the report. Stuart McKinnon-Evans noted that the collaborative executive board would not support the promotion of right to choose options, however in the Trust's risk management paper, there was reference to the Trust supporting right to choose. Alison replied that monies were being invested on right to choose. Lynn Parkinson added that a case had been submitted to the Integrated Care Board regarding investment locally. Feedback was awaited on the recently revised document following demand and capacity analysis. This was specifically for the Hull and East Riding area and would be more cost effective and improve waiting times. The Trust Chair asked what the threshold was for right to choose and what if the Trust could not meet the right to choose in a timely manner. Lynn Parkinson responded that patients would rather use local services, however due to waiting times this was not always possible. Clarity was provided that patients were not being discouraged to use the right to choose option. The Chief Executive added that the patients could choose where to access services, however the collaborative was encouraging the use of local providers. <u>Resolved:</u> The report was noted.	
96/25	Safer Staffing Six Monthly Report Sarah Smyth introduced the six month Safer Staffing Report for the period 1 October 2024 – March 2025. Sarah advised that the Care Hours per Patient Day (CHPPD) remained consistent and favourable, with positive assurance received from internal audit. She added that an NHS England review had been undertaken, with the formal report awaited. Targeted interventions continued in relation to sickness challenges. The license had been received	

	for the revised Safer Nursing Care Tool for community, which would be rolled out after training. Sarah added that there was good performance measures and assurance across wards, with no more than 2 red flags recorded. Stuart McKinnon-Evans asked how staff sickness impacted upon the CHPPD. Sarah responded that the sickness would not have an impact directly on the CHPPD, although this absence would be covered by another route such as backfilled by another staff member, this was considered in the data. Stuart McKinnon-Evans commented on the CHPPD for the Trust of 13.5 as listed in the table in section 2.1 of the report. He asked whether, in comparison to the peer average and national average, the Trust was providing more CHPPD than other providers. Sarah responded that for safer staffing aspects, other elements alongside CHPPD should be used such as fill rates and unit size. The Trust Chair commented on the increased self-harm incidents at Westlands, PICU, STaRs and Inspire and asked how they related to CHPPD. Sarah responded that there had been higher rates of incidents, however the rates of harm were not higher. Positive assurance was received through the reporting of 99.3% of harm free care. The position would be monitored. The Trust Chair asked whether any collaborative work / discussions were taking place with 'outstanding' Trusts in relation to sickness. Sarah replied that the Care Quality Commission was undertaking more inspections and as a result some of the outstanding ratings for services at other trusts had been decreased. She added that meetings did take place with the Chief Nurse at Cumbria Trust as well as colleagues from other Trusts in order to understand good practice elsewhere. The Chief Executive added that shared learning and best practice took places with colleagues and other providers. She added that an increase in reporting was positive, with no or minimal harm recorded. <u>Resolved:</u> The Safer Staffing Six Monthly Report was approved.	
97/25	Gender Pay Gap Karen Phillips introduced the Gender Pay Gap report and highlighted the following key points: • The report had been presented at a variety of Groups and Committees and had been endorsed. • Good data had been presented as of 31 March 2024, with the best position reported as a Trust. • The Mean Gender Pay Gap was reported as 9.84%, which was an improvement on the previous year's score and the national average position. The Trust Chair enquired as to whether information on abuse due to race and disability could be included in the Gender Pay Gap report. Karen advised that this could be explored, and that the Equality Diversity and Inclusion Annual Report would be presented to the People Committee and would include some of this information.	

	<u>Resolved:</u> The Board ratified the Gender Pay Gap report.	
98/25	Workforce Disability Equality Standards Karen Phillips introduced the Workforce Disability Equality Standards report and highlighted the following key points: • The report had been presented at a variety of Groups and Committees and had been endorsed. • Good performance against the disability metrics, with 7 of the 10 standards being improved at Trust level; these were above the national average. • Assurance noted in improving representation, including across senior level roles and inclusive recruitment practices. • Some examples of individuals with disabilities from an ethnic background experiencing poorer experiences at work were noted. Work continued and improvements had been seen. Stuart McKinnon-Evans commented on section 4c of the report, and noted that despite work to tackle the issues, the level of disabled staff reporting abuse, bullying and harassment from colleagues was not acceptable. Stuart asked if the source of the behaviours could be identified. Karen responded that this was possible to a degree and targeted work was being progressed. <u>Resolved:</u> The Board ratified the Workforce Disability Equality Standards.	
99/25	Workforce Race Equality Standards Karen Phillips introduced the Workforce Race Equality Standards report and highlighted the following key points: • The report had been presented at a variety of Groups and Committees and had been endorsed. • Assurance noted in improving representation, including across senior level roles and inclusive recruitment practices. • Some examples of individuals with disabilities from an ethnic background experiencing poorer experiences at work were noted. Work continued, and improvements had been seen. • Good performance and improvements against the race metrics, with 7 of the 10 standards. <u>Resolved:</u> The Board ratified the Workforce Race Equality Standards.	
100/25	Finance Report Peter Beckwith introduced the Finance Report as at month 3 for the Trust and the month 2 Integrated Care Board (ICB) financial position. Peter highlighted the following key points: • The ICB position was achieved as the Trust had supported the position. • The Trust continued with a favourable in-year position; however, a breakeven plan was forecasted for the year.	

	• Recovery plan in place to support financial challenges within the Mental Health Division. • Impact of pay award being reviewed. • Strong cash position, with £19m in the bank. • The Better Payment Practice Code remained strong. • Agency use was significantly lower compared to the same time the previous year. <u>Resolved:</u> The report was noted.	
101/25	Performance Report Peter Beckwith introduced the Trust Performance Report for quarter 1 and highlighted there were some strong workforce metrics and waiting times continued to be a focus. Phillip Earnshaw commented that the out of area placements were the lowest in the past two years, apart from older people. Lynn Parkinson responded that on benchmarking the Trust has fewer older adult beds than other providers. She added that the focus was on improving the out of hospital capacity, with a plan to introduce 'step up' and 'step down' beds prior to winter. Phillip requested further information regarding the liaison Psychiatry targets which had not improved. Lynn Parkinson advised this had been investigated and there had been no changes to practice. It was believed the issue related to the recording of data and this would be resolved within the next few weeks. Stephanie enquired if there were any concerns in relation to the number of incidents per 10,000 for Forensic Services, which had been above the upper control limit a few months previous and was still rather high. Lynn advised that this tied in with the high reporting levels with low harm, however there had been increases in admissions and to the level of acuity within inpatients which included individuals released from prison. The Trust Chair commented on the data for 52 week waits for children and young people for assessment and diagnosis for ADHD and ASD and asked what had occurred between March and May 2024. Lynn Parkinson advised that the Trust was able to non-recurrently invest in additional resource capacity for ADHD and ASD, which significantly improved the 52 week waits. However, this investment was not sustainable due to the lack of funding and that a business case had, therefore, been presented to the Integrated Care Board (ICB). The Chief Executive added that she had written to the ICB regarding supporting the ADHD business case. <u>Resolved:</u> The report was noted.	
102/25	Risk Management Strategy This agenda item had been deferred until the September Board meeting.	

103/25	Risk Register Update Oliver Sims introduced the Risk Register for the Trust position since the last report in March 2025 and highlighted the following key points: • There were 4 risks scoring at 15+ • OPS 17 had been closed and replaced by two separate entries, one for adults and the other childrens and young people. • There was an oversight on the report front sheet in relation to the narrative for OPS31. The information related to OPS17; however, the risk score did represent the current position. • The report showed the end of year position. • The number of risks had reduced from 149 to 121. Resolved: The report was noted.	
104/25	Board Assurance Framework Update Oliver Sims introduced the Board Assurance Framework (BAF) in the new template format and advised that the reporting arrangements had changed from quarterly to bi-monthly. The Chief Executive added the Trust Auditors considered the Trust's BAF to be best practice. Resolved: The report was noted.	
104/25	Review of the Constitution Stella Jackson introduced the Constitution Review 2025 report which detailed the proposed changes to the constitution regarding the affixing of the Trust Seal. The changes reflected recently approved changes to the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions. Stella added that the Council of Governors approved the proposed changes at the July 2025 meeting. Resolved: The changes to the Constitution were approved.	
105/25	Finance Committee Assurance Report Keith Nurcombe introduced the Finance Committee Assurance Report for the last meeting. Keith advised that the agenda was to be reviewed. The Board was asked to approve the revised Green Plan for submission to NHS England. Since its circulation, the Finance Committee had proposed some minor changes to the Plan and the Board was asked to approve the Plan, subject to those comments being incorporated. Resolved: The report was noted. Subject to the minor changes from the Finance Committee the Green Plan was approved.	

106/25	Collaborative Committee Assurance Report Stuart McKinnon-Evans introduced the Collaborative Committee Assurance Report from the meeting on 23 June 2025 and highlighted the following key points: • Three work streams had been agreed with the 2025/26 priorities. • The Eating Disorders team had been shortlisted for a HSJ award. • Financial plan – risks seen in the previous year were now being managed. Resolved: The report was noted.	
107/25	People & Organisational Development Committee The People & Organisational Development Committee Assurance Report was introduced by Dean Royles who advised that the action plans for the Gender Pay Gap, WRES and WDES had been presented and agreed. Resolved: The report was noted.	
108/25	Strategic Board Meeting agenda The Trust Chair introduced the September Board Strategic Development Meeting Agenda for information. Resolved: The agenda was noted.	
109/25	Items to Escalate including to the High-Level Risk Register, Board Assurance Framework and for Communication There were no items to escalate.	
110/25	Any Other Urgent Business There were no other items of business raised.	
111/25	Review of Meeting – Being Humber The Board agreed the meeting had been held in the Being Humber style.	
112/25	Exclusion of Members of the Public from the Part II Meeting It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. The meeting concluded at 12:35pm.	
113/25	Date, Time and Venue of Next Meeting Wednesday 24 September 2025, 9.30am via Microsoft Teams	

Signed Date

Chair

Agenda Item 4

Action Log: Actions Arising from Public Trust Board Meetings

Summary of actions from July 2025 Board meeting and update report on earlier actions due for delivery in September 2025

Rows greyed out indicate action closed and update provided here

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
28.05.25	65/25	Committee Effectiveness Reviews 2024/25 (Including Terms of Reference)	Committee reporting structure to be forwarded to the Audit Committee	Head of Corporate Affairs	July 2025	Action Completed. This was discussed at the next Audit Committee meeting on 26 August 2025.

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
30.07.25	92/25	Review of Patient Safety across the Health and Care Landscape	The paper was to be presented at the relevant committees for further discussion and reported back to the Board in the assurance reports.	Director of Nursing, Allied Health and Social Care Professionals	November 2025	Due to be present at the Quality Committee in November 2025.

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

Board Public Workplan April 2025/March 2026 (v19)

Chair of Board: Caroline Flint
Executive Lead: Michele Moran

Board Dates:-	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
Reports:								
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Workplan	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors Updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM	x	x	x	x	x	x
Quarterly Items								
Finance Committee Assurance Report	Assur Comm	KN	x	x		x	x	
People & Organisational Development Committee	Assur Comm	DR	x	x	x	x		x
Quality Committee Assurance Report	Assur Comm	PE	x		x	x	x	x
Mental Health Legislation Committee Assurance Report	Assur Comm	SP	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE		x		x	x	x
High Level Risk Register (March, July, November)	Corporate	SS		x		x		x
Board Assurance Framework (tbc)								
Communications Plan Quarterly Update – Included in CEO Report) (January, May July and November)	Corporate	RK/MM	X (from 2026)	x		x	x	
Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Update	Corporate	MM		x		x		x
Six Monthly and Annual Agenda Items								
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report (July, January)	Corporate	SS		x			x	
Suicide and Self-harm Strategic Plan (next due September 2025)	Strategy	KF			x	x		

Board Dates:-	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
Reports:								
– moved to November)								
Recovery Framework Update (from 2026)	Strategy	KF						
Patient and Carer Experience Forward Plan (2023 to 2028 – next due September 2028))	Strategy	KF						
Presentation of Annual Community Survey Results	Corporate	KF		✖				
Guardian of Safeworking Annual Report	Corporate	KF			✖	x		
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			
Infection Control (Enabling) Plan (three yearly – next due in Sept 2026)	Strategy	SS						
Infection Prevention Control Annual Report	Quality	SS			x			
Safeguarding Annual Report	Quality	SS			x			
People Enabling Strategy	Strategy	KP						x
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards	Corporate	LP				x		
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	LP						x
NHS England - Annual Self-Assessment for Placement Providers	Quality	KP			x			
Annual Operating Plan	Strategy	PB						x
Freedom to Speak Up Annual Report (and Six Month Update)	Corporate	MM		✖			6 month update	
Annual Associate Hospital Manager Review	Quality	KF						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				SFI Thresholds	
Charitable Funds Annual Accounts	Corporate	PB					X Separate meeting of Trustees	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	Corporate	KF			x			
Gender Pay Gap	Corporate	KP		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board	Corporate	KP		x				
WRES Report reports into Workforce Committee with report to Board	Corporate	KP		x				

Board Dates:-	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
Reports:								
Board Terms of Reference Review (inc in Effectiveness review)	Corporate	CF	x					
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	SJ	x					
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM					x	
Fit and Proper Person Compliance	Corporate	CF	x					
Winter Plan	Corporate	LP			x			
Compliance with the New Provider License	Corporate	SJ	x					
Staff Survey Presentation to Board (IQVIA attending)	Corporate	KP	x	✖				
Staff Survey Progress Report	Corporate	KP			x			
Review of the Constitution	Corporate	SJ		x				
EDS22 Report (for approval)	Corporate	KP			x			
Auditors Letter	Corporate	PB				x		
Annual Members Meeting Minutes	Corporate	CF				x		
Risk Management Enabling Strategy Annual Report	Corporate	SS						x
Strategic Board Development Agenda	Corporate	CF	x	x	x	x	x	x
Adhoc/future Items								
Freedom to Speak Up Strategy 2024-2027 (next due May 2027)	Corporate	MM						
Review of Committee Membership and NED Champions (part of Chair report)	Corporate	CF			x			
Digital Optimisation (included in CEO Report)	Corporate	LP	x	X	x	x	x	x
Health inequalities	Corporate	KF	✖	X		x		x
Insightful Board Update	Corporate	SS/SJ	x	X	✖ Discussed at Private Board			
Mental Health Inpatient Redesign and Granville Court Development Progress Update (requested at the April Strategic Board Development meeting)	Corporate	PB				x		
Risk Management Enabling Strategy	Corporate	SS		✖	x			
Review of patient safety across the health and care landscape	Quality	SS		x				
Deleted /Removed Items								
Annual Non-Clinical Report	Quality	PB			✖			

Agenda Item 05

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	Karl's Story – 'A message of hope'														
Author/s:	Karl Benson (Service User and Peer Mentor) supported by: Dave Reade (Senior Group Work & Volunteer Coordinator, Changes Service) Fernanda Marbrow (Patient and Carer Experience Manager)														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>✓</td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss	✓	To note	✓	To ratify		For assurance			
To approve		To discuss	✓												
To note	✓	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Karl will tell his story to the Trust Board to share his life, his experience of care and his journey with East Riding Partnership, from a person suffering addiction to a proud and dedicated Peer Mentor with the Drug and Alcohol Service. Karl's story is a powerful reminder that substance misuse can affect anyone, regardless of background or circumstance. It shows that recovery begins with a single step and that with the right support, determination and willingness to seek help, it is always possible. Karl shares his story as a means of hope and inspiration for others and is hopeful that by sharing to Trust Board he will highlight the work taking place within our Drug and Alcohol service, alongside promoting increased awareness of the support available to those battling addiction.														
Key Issues within the report: NA															
Positive Assurances to Provide: • Supports the Trusts strategic goals (see section below) • Demonstrates the positive work taking place within our Drug and Alcohol Services • Demonstrates the impact of effective partnership delivery between the Trust and Alcohol and Drug Services. • Demonstrates a supported journey from service user to Peer Mentor, highlighting the effective partnership delivery of clinical support alongside lived experience.		Key Actions Commissioned/Work Underway: • Karl is actively involved with the Trust as a volunteer Peer Mentor, providing hope and recovery support to those accessing Drug and Alcohol Services • Karl is committed to increasing awareness of the support available to those facing addiction and actively shares his journey and experience. Karl is looking to work with the Recovery and Wellbeing College, with the potential for Podcasts to be produced and available to a community audience.													

Key Risks/Areas of Focus: None		Decisions Made:	
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	Audit Committee	Date	Remuneration & Nominations Committee
	Quality Committee		People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Collaborative Committee		Other (please detail)

Monitoring and assurance framework summary:

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

Patient Story for Trust Board September 2024

Introduction

Karl will attend the Board meeting via MS Teams accompanied by Dave Reade, Senior Group Work & Volunteer Coordinator from the Drug and Alcohol Service and Fernanda Marbrow, Patient and Carer Experience Manager. There will be an introductory overview of the service given by Dave, followed by Karl sharing his story '*A message of hope*'

Overview of Service

Humber Teaching NHS Foundation Trust work in partnership with the Alcohol and Drug Service to deliver addictions support across Hull (Hull Primary Care Addictions Service) and East Riding (East Riding Partnership).

The East Riding Partnership Adult Team (ERP) deliver a comprehensive range of high-quality services via a Multi-Disciplinary Team which includes social workers, clinicians, psychosocial workers and other professionals. The service operates out of three hubs: Goole, Bridlington and Hull with additional satellite bases across the area.

A clinical team provide a full range of medical interventions, stabilisation, maintenance and detoxification with structured aftercare support. Case management support is available throughout an individual's care journey with an agreed recovery plan which is regularly reviewed.

The team works closely with Primary Care services, the Criminal Justice Team and other partner organisations and operates within GP surgeries to increase the number of locations across the areas where people can access drug and alcohol support.

Professionals can refer an individual via completion of a referral form or by telephone with the person's consent. Individuals can also self-refer by contacting one of the three Hubs detailed above.

The comprehensive service provide is broken down into different service designations:

- Community Drug & Alcohol team – provides assessment, case management treatment plans and aftercare.
- Changes Service – Recruitment, training and supervision of volunteers, delivering support groups, individual one-to-one support with patients and the twelve-week community rehabilitation programme which is a five-day week abstinence-based programme that is an alternative to residential rehabilitation. Also delivers family support to family members of those whose loved ones are in active addiction.
- Health Inclusion Service – Delivered throughout the East Riding, via a mobile unit, providing support with all aspects of health advice and signposting to services, including a homeless navigator who work closely with other homeless services ensuring rough sleepers are cared for. The service also covers areas of advice on substance misuse and referrals.
- IPED Service – Image, performance and enhancing drug service. This service delivers harm reduction on steroid abuse and provides medical assessment due to the effects of steroids.
- Young People Service – Working with young people to address their substance misuse like the CDAT team.
- Alcohol & Intensive Engagement Service – Working with people who have had hospital admissions due to substance misuse and wish to be supported to address this.
- Primary Care – Delivering case management to patients in GP surgeries.
- Optimise Service – Supporting patients with addiction with addictive prescribed medication and to explore alternative less harmful medication.
- Criminal Justice Service – Working with patients in the criminal justice system and working alongside prison for people being released into the community.
- Revolution – Working with perpetrators of domestic abuse using a national tool called the behavioural change programme.
- (IPS) Individual Placement and Support – Working in partnership with the local authority delivering employment support.

Background

Karl began treatment with the Alcohol and Drug Service in 2020, following repeated hospitalisation for his alcohol addiction, which had affected him his entire adult life. Initially Karl received daily calls from ERP (held remotely due to Covid-19 restrictions) and participated in online SMART recovery groups which he feels gave him the structure and support he needed. After a year online, his care transitioned to in-person meetings, which he attended for two years.

Today, Karl is a proud Peer Mentor volunteer with The Alcohol and Drug Service. He dedicates himself to supporting others who face the same struggles he once did. Karl believes that small acts of kindness and support can start a “revolution of love and light” and his story is a powerful reminder that substance misuse can affect anyone, regardless of background or circumstance.

With the support of the team and his partner Lynne, Karl has abstained from Alcohol and remains sober to this day.

Key Messages

Karl's story is a powerful reminder that substance misuse can affect anyone, regardless of background or circumstance. It also shows that recovery is possible - with the right support, determination, and willingness to seek help and that every recovery journey begins with a single step.

Karl's work as a Peer Mentor Volunteer affords him front line experience of addiction services and he is open and honest in his feelings that there will always be more to do to fully meet the needs of those accessing support.

Links to Trust Strategic Objectives

- **Innovating Quality and Patient Safety**

Karl was discharged from the Drug and Alcohol Service in June 2021 and is now a proud and involved Peer Mentor Volunteer who dedicated himself to supporting others who face the struggles he once did. Karl's experience of accessing services gives him the lived experience required to effectively and safely provide peer support to others.

- **Enhancing prevention, wellbeing and recovery**

Karl's wish is to use his story widely to provide hope and inspiration to others who may find themselves in need of similar support. His journey demonstrates an individual's unique recovery journey within a supportive environment, with a team who provide the wrap around care required to enhance wellbeing and prevent deterioration in health.

- **Fostering integration, partnership and alliances**

Karl's story demonstrates the impact of effective working between provider partners, covering a vast demographic and geographical footprint. Volunteering as a Peer Mentor within the team allows for the safe and effective use of relevant lived experience in collaboration with clinical and social support.

- **Developing an effective and empowered workforce**

Karl is keen to work within the organisation and beyond to raise the profile of the Drug and Alcohol Service and of the support available to those facing addiction. He hopes to work alongside the Recovery and Wellbeing College to initially produce a podcast featuring discussion about his experience which will be available to all. Karl's story will also be shared within the organisation via clinical governance meetings and team meetings.

- **Promoting people, communities and social values**

Karl's story, and the sharing of his journey with our Drug and Alcohol Service and beyond, raises awareness of alcohol addiction, the challenges that many may face in accessing effective support services, and the critical need for such services to be accessible and responsive.

Ask of The Board

For Karl, attending this Board meeting to talk about his experience will provide an opportunity for him to reach a wider audience and to raise the profile of the work taking place within our Drug and Alcohol Service.

Karl's belief that recovery is individual, ongoing and always possible supports a trauma informed approach to care and he hopes that by sharing his experiences outside of the service he can widen the reach of support.

Karl's work as a Peer Mentor Volunteer affords him front line experience of addiction services and he is open and honest in his feelings that there will always be more to do to fully meet the needs of those accessing support.

Agenda Item 6

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025			
Title of Report:	Trust Chair's Report			
Author/s:	Rt Hon Caroline Flint			
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 provide updates on the Chair, Non-Executive and Governor activities since the last Public Board meeting. To note Chair's decision to maintain present arrangements for Committee membership and Champions pending outcome of Non-Executive Directive (NED) recruitment campaign.			
Key Issues within the report:				
Positive Assurances to Provide: - Humber achieves NHS England Segment 2. - Information from Board Strategic Development Away Day. - Governor Elections preparations. - Chair/NED Visits. - NED recruitment campaign completed shortlisting ready for interview stage.		Key Actions Commissioned/Work Underway: - Long Term Plan/10 Year Plan – impact on Humber and opportunities. - Digital Board development work – Phase 2 planned. - Non-Executive Directors Recruitment Campaign.		
Key Risks/Areas of Focus: - Changes at Humber North Yorkshire Integrated Care Board (HNYICB) causing uncertainty and decision delays. - Influence NHS England reform changes to deliver positive outcomes for mental health and community services.		Decisions Made: Chair decision to maintain Committee Membership and NED Champions until new NEDs recruited.		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	

Please indicate which committee or group this paper has previously been presented to:	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Trust Chair's Board Report – 24 September 2025

Humber achieves Segment 2 in NHS National League Table - Congratulations

In November 2024 the Secretary of State announced that NHS England would assess NHS Trusts against a range of performance criteria and publish the results. This happened on 9 September.

Humber's metric scoring, segmentation and related league table ranking calculated under the new NHS Oversight Framework for Q1 2025/26 are as follow:

- Metric score 2.22 (lower the score the higher performing in range between 1 and 4)
- Segment 2
- Ranking in the national league table for mental health/community NHS providers is 22/61

As one of our governor's said It is confirmation of hard work put in with the results there to see. Segment 2 is a good position but one that Humber will continue to aim to improve, alongside other measures regarding patient care. Segment 1 is the aim, and the Chief Executive has discussed with me three measures for focused improvement:

1. Waiting List Reduction - we had 54 patients waiting for speech and language community appointments which are being addressed and have reduced significantly,
2. Contact with children, young people under 18
3. Crisis referrals

Sickness and absence figures meet our trust target but the teams are doing a lot of work to reduce and improve.

On behalf of the Board, all who use our services, our staff and partners we can be proud of the high position of our Trust. Thank you to everyone who has contributed.

Non-Executive Director (NED) Recruitment Campaign

Longlisting and Shortlisting for a general NED and Audit Chair NED took place on the 4 and 11 September respectively. The general NED interviews are due to take place on 23 September and the Audit Chair NED interviews on 28 October.

Board Committee Chairs/membership and Champions for 25/26

I have reviewed the Board Committee Chairs/membership and Champions for 25/26 for which Appendix 1 is attached to note. The Committee Membership and Champion Roles have been kept the same pending completion of the current recruitment campaign for a general NED and Audit Chair NED and on Stuart McKinnon-Evans term of office ending in January 2026 when they will be updated.

Humber's Annual General Meeting and Annual Members Meeting 25 September – like last year we have a marketplace of our services, Meet the Governors Stand and guest speakers alongside the usual business and report backs. All taking place in our Lecture Theatre.

Trust Board Away Day 15 September 2025

An away day at my home with lunch cooked by me. Brave Board. It was an opportunity to have a longer more informal discussion about the Long-Term Plan, what it means for Humber and our Vision for the Future.

Also discussed was the Provider Capability Assessment Framework. NHS England will use these assessments to understand how capable an organisation is of improving without additional support. Capability will determine circumstances in which providers can obtain increased freedoms or where performance falls and/or there are governance concerns regulatory powers may be used to step in and secure improvement.

We also took the opportunity to spend some time reviewing papers for the Board and sub committees and any ideas for improvement as well as our Board Development Plan for 2025/26.

1. Chair's Activities Round Up

New Innovative Hub and Ideas Portal – I attended an online demonstration along with staff. This can be a useful tool to motivate even more staff and patient engagement to share ideas to improve services for better outcomes and access other best practice externally. I have asked about the use of AI as a tool to capture ideas, avoid duplication and apply learning to outcomes. It was good to hear that whilst we aren't there, yet a working group is looking at AI application.

MPs Briefings 5 September – Michele Moran and I provided briefings for our local MPs in two online sessions reflecting the different locations of Humber and constituencies. Eight MPs were represented by their staff covering: Bridlington and the Wolds; Goole and Pocklington; Thirsk and Malton; Scarborough and Whitby; Kingston upon Hull North and Cottingham; Kingston Upon Hull West and Haltemprice; Beverley and Holderness, Great Grimsby and Cleethorpes. They were updated on national NHS changes affecting Humber and our challenges as well as answering their queries. Everyone thought it was a helpful session which we will hold twice a year in addition to the new MP Newsletter they receive.

On the 9 September I met with John Lawlor who as an independent Chair has been working with all the Chief Executives involved in the development of collaborative arrangements. He is coming to the end of his contract, and the final workshop will focus on how far the collaborative has come and next steps. **Following Board discussion in July** Michele and I wrote to Jason Stamp, the newly appointed Chair for Humber North Yorkshire Integrated Care Board and Acting Chief Executive Teresa Fenech seeking continuing HNY ICB support for realising the benefits of a larger scale collaborative model for Mental Health, Learning Disabilities and Autism.

Internal meetings included:

Quality Sub Committee 11 September

Appointments and Terms and Conditions (ATC) Committee 11 September

External meetings included:

Mental Health, Learning Disabilities and Autism (MHLDA) Chais and Chief Executives

2. Visits

Director of Nursing Sarah Smyth and I paid an unannounced evening visit to Maister Court on 10 September. Despite Maister Court being a compact environment, we heard about how they imaginatively provide a patient centred approach to caring and encouraging participation both on the unit and on external activities. We had an interesting conversation about meeting patients' physical health needs and what more support/training Humber could provide to staff where required. Best practice was evidenced from the nurse in charge in relation to end of shift checking

that observations and engagements have been completed and documented accordingly on the ward form and SystmOne. We heard about their trauma informed approach to ensure safe transfers of care. We had a look at a patient's room with ensuite, the therapy room, garden space and lounge. It was good to see well presented information on the walls and a memory wall with pictures and stories about local places. Thanks to the staff on shift for our visit.

NED/ANED Visits since last Trust Public Board

Unannounced (with Executive Director)

Millview Lodge	Dean Royles and Lynn Parkinson	26/08/2025
Maister Court	Caroline Flint/Sarah Smyth	10/09/2025
Crisis Service	Kwame Fofie and Priyanka Perera	11/09/2025

Announced

Hull Older People's Community Mental Health Team	Dean Royles	12/08/2025

3. Governors

Governors Elections Autumn/ Winter 2025 – the schedule is being developed for the next round of elections. There are two vacancies for Public Governors in Hull and Rest of England.

Appointments, Terms and Conditions Committee (ATC) met on 11 September and discussed Non-Executive Directors' terms of office and the Associate Non-Executive Director programme.

Governor Development and Information: Governor Briefings 2025 are open to all governors including our Partner Governors. They take place ten times a year from 0900-1000 online with time for an informal catch up and for a bitesize brief on a specific service or topical issue relevant to governors. They are recorded and along with slides are shared with governors.

Governor Briefing 31 July– What services we provide for children.

The next **Governor Briefing on 31 July** will provide a bitesize brief on: Peer Support Workers led by Tom Nicklin.

An updated schedule is attached as Appendix 2. Governors will be informed about any changes to the schedule, and we continue to welcome further topic suggestions from governors for 2026.

Trust Board Sub Committee Chairs, Members and Non-Executive Director (NED) Champion Roles for 2025/26.

Introduction

The report is presented for noting and identifies the Non-Executive Directors who chair and are members of the Trust Board Sub Committees and the Non-Executive Directors who have been allocated NED Champion roles. The allocation was last agreed at Trust Board 25 September 2024.

The Committee Membership and Champion Roles are the same pending completion of the current recruitment campaign for a general NED and Audit Chair NED and on Stuart McKinnon-Evans term of office ending in January 2026 when they will be updated.

The Associate Hospital Managers – these are not a NHSE recommended role, but we follow Rapid Review guidance. Currently Dean Royles, Phillip Earnshaw and Stephanie Poole are assuming this role and undertaking training to provide insight to the Board.

Committee Membership (NEDs):

Mental Health Legislation Committee Members	Workforce Committee Members
Stephanie Poole (Chair) Phillip Earnshaw Dean Royles	Dean Royles (Chair) Keith Nurcombe Phillip Earnshaw
Quality Committee Members	Audit Committee
Phillip Earnshaw (Chair) Dean Royles Keith Nurcombe	Stuart McKinnon-Evans (Chair) Stephanie Poole Keith Nurcombe
Finance Committee	Collaborative Committee
Keith Nurcombe (Chair) Stuart McKinnon-Evans Dean Royles	Stuart McKinnon-Evans (Chair) Stephanie Poole

NED Champions: The table below highlights those roles which NHS England/Improvement recommend should be assigned a NED champion (NHSE guidance dated December 2021):

Role	Legal Basis	Status/Proposal
Wellbeing Guardian	Recommended	Dean Royles undertakes this role
Freedom To Speak Up NED Champion	Recommended	Dean Royles undertakes this role
Doctors Disciplinary NED Champion/ Independent Member	Statutory	Phillip Earnshaw undertakes this role
Security Management (including Cyber Security) NED Champion	Statutory	Keith Nurcombe undertakes this role

Other NED Champion roles within the Trust (these are not mandatory/recommended):

Role	Status
Emergency Preparedness	NHSE Guidance states responsibility for EPRR sits with the whole board and all NEDs should assure themselves that requirements are being met. EPRR should be included on appropriate committee forward plans (i.e. Audit Committee) and EPRR Board reports, including EPRR annual assurance, should be taken to the Board at least annually. Stephanie Poole is the NED Champion.

Non-Executive Director (NED) Mandatory Training Requirements:

Fire Safety (every 2 years)	Equality and Diversity (every 3 years)	Health, Safety and Welfare (every 3 years)
Infection Control (every 3 years)	IG and Data Security (annual)	Mental Capacity Act (every 3 years)
Moving and Handling (required to undertake once)	Basic Prevent Awareness (every 3 years)	Safeguarding Adults (every 3 years)
Safeguarding Children (every 3 years)	Oliver McGowan (required to undertake once)	Patient Safety Level 1 (every 3 years)
Associate Hospital Manager Training for half of NEDs		

Governor Development/Briefing Schedule 2024-25

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

Title	Date	Presenter	GB or GDS
Our Community Services	27/11/2025	Matthew Handley	GB
Overview of Co-Production work across Humber Divisions and Experts by Experience	13/11/2025	Lynn Parkinson Kwame Fofie	GDS
Developing Place and Integrated Care Board	30/10/2025	Michele Moran Pete Beckwith	GB
Tom Nicklin and Peer Support Workers	25/9/2025	Lynn Parkinson	GB
What services do we provide for children.	31/7/2025	Justine Rooke	GB
Role of the Board Sub-Committees Audit, Collaborative & Finance	10/7/2025	NED Chairs Stuart McKinnon-Evans Keith Nurcombe	GDS
Humber Ministry of Justice (MoJ) Contracts/ Prisons and Humber Centre Services	10/7/2025	Lynn Parkinson Paula Phillips	GDS
Health Inequalities	10/7/2025	Kwame Fofie	GDS
What Learning Disabilities Services we provide.	26/6/2025	Justine Rooke	GB
Mental Health Team and Emergency Department Streaming at Hull Royal Infirmary	29/05/2025	Adrian Elsworth	GB
How we recruit staff	24/04/2025	Karen Phillips	GB
How our Multi-Disciplinary Teams (MDTs) work	27/3/2025	Paul Johnson	GB
Role of the Sub-Committees Workforce, MHL & Quality	13/3/2025	NED Chairs	GDS
How we collect feedback from our patients and service users and how we handle complaints	13/3/2025	Mandy Dawley & David Napier	GDS
Yorkshire and Humber Care Record	27/2/2025	Lee Rickles & Ian	GB
Governance and liability for services we commission	30/1/2025	Pete Beckwith	GB

Improving our estates (any major developments, key priorities etc)	28/11/2024	Pete Beckwith & Rob Atkinson	GB
Delayed Transfers of Care – understanding the reasons for a patient's discharge being delayed	14/11/2024	Lynn Parkinson & Claire Jenkinson	GDS
Interweave Connecting Care Information	7/11/2024	Caroline Flint	Email
EPR progress update	24/10/2024	Lynn Parkinson & Lee Rickles	GB
Significant Transactions	15/8/2024	Pete Beckwith	GDS

Agenda Item 07

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025				
Title of Report:	Chief Executive's Report				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve		To discuss	✓	
	To note		To ratify	✓	
	For assurance				
Purpose of Paper:	To provide the Board with an update on local, regional and national issues. Areas of note include: Associated Hospital Manager Appointment Requiring Ratification. Ratification of policies for: • Seclusion and Segregation Policy • Bullying and Harassment Policy • Flexible Working Policy • Attendance Management Policy • Physical Restraint Policy				
Key Issues within the report:					
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:			
• Work contained within the report		• Contained within the paper			
Key Risks/Areas of Focus:		Decisions Made:			
• Nothing to escalate		• Ratification of Policies			
Governance:		Date		Date	
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		People & Organisational Development Committee		
	Finance Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Collaborative Committee		Other (please detail) Monthly report to Board		

Monitoring and assurance framework summary:

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

Chief Executive's Report

1 Policies for Approval

1.1 Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Seclusion and Segregation Policy	26.08.2025	Medical Director	The policy has been updated to reflect feedback received. In particular, information has been added (for clarification purposes) regarding the seclusion management plan, nursing review arrangements, Independent multi-disciplinary team/monthly independent reviews, and segregation transfers. References to Lorenzo have been replaced with EPR.
Bullying and Harassment Policy	26.08.2025	Director of People and Organisational Development	This policy has been subject to a full review and a number of changes have been made including: References incorporated regarding the 'Report It' campaign, Sexual Misconduct policy, just culture, and 'No Excuse for Abuse' guidance. Manager responsibilities have been clarified, and the formal process procedure and definitions have been updated.
Flexible Working Policy	26.08.2025	Director of People and Organisational Development	Policy reviewed to ensure it is in line with 'Your Flex Plus'. The Remote Working Policy has been merged into this Policy to cover Agile/ Hybrid working. Clarity added regarding Term Time working and Annualised hours.
Attendance Management Policy	09.09.2025	Director of People and Organisational Development	Day one sickness absence reporting requirements have been clarified within the policy.

Physical Restraint Policy	16.09.2025	Medical Director	• Definitions on page 5 added. • Consideration given throughout policy of issues relating to ethnicity. • Clarified training requirements at 5.2 on page 9. • Additional section re safety pods added as well as sections on specific considerations for certain groups of people. • Changed references relating to old EPR system. • Wording enhanced to make statements clear about use of prone restraint (see page 12 in policy with track changes).

1.1.1 - New Associated Hospital Manager Appointment Requiring Ratification

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

The Board is requested to approve the appointment of the following person who was recently interviewed (including a patient/carer representative on the panel) and deemed an appropriate candidate for the role as well as potentially improving diversity within the current group:

- **Kai Turner**

Recommendation to Board for appointment of one new AHM (Kai Turner) for a 3-year honorary contract, incorporating a 6-month probationary period.

All newly appointed Associate Hospital Managers are required to take part in face-to-face hearings as well as virtual and also will take on the role of Chair when deemed competent.

1.2 Leadership Visibility

It's been a busy time but my visits continued both in person and on line. My focus this month has been preparing staff for flu vaccination and the staff survey. Staff were sent ice creams given the heat we have experienced over the summer. There was a great visit from Number 10 Mission Delivery Unit to discuss the best practice the 0-19 service is doing with the 2.5 years check. We lead this work, and the visit was to see if there was any learning for the PM's developing strategy.

I undertook some clinical practice during my visit to Malton alongside meeting the all the teams as usual.

1.2.1 Around the Trust

Help Us Understand Staff Survey Engagement

Communications have developed a short, anonymous survey about the NHS Staff Survey as we want to understand why some colleagues choose not to complete it, and how we can make it more meaningful for everyone.

East Riding

The East Riding 0-19 Breastfeeding team have been awarded gold status for the 6th year in a row, a remarkable achievement especially as one of the few Trusts to attain gold, this demonstrates strong partnerships with the Local Authority. Breast feeding rates remain high due to this collective work.

Sickness

I have sent a card to every member of staff (1015) who have had no sickness in the last twelve months, as a way of recognising this and saying thank you.

HSJ Patient Safety Award Final Night

We were Highly commended in the Learning Disabilities initiative of the year - connect website.

2 Around the System

Integrated Care Board

The Secretary of State for Health and Social Care has officially confirmed Jason Stamp as the Chair of the Humber and North Yorkshire Integrated Care Board for the next year. Jason is a well-respected leader in the health and care system, on both a regional and national level and has been our Acting Chair since May 2025.

Tess Esk and Wear Valleys NHS Foundation Trust

Alison Smith has now commenced as the new CEO taking over from Brent Kilmurray earlier in the year. Alison and I have dates to meet up.

Hospital Group

Sean Lyons, the first Group Chair of the Humber Health Partnership (HHP), will step down from his role on 10 October, after almost four years at the helm. No further announcements have been made regarding replacement.

2.1 National Update

National Integrated Care Board (ICB)

Following on from the operational changes to the NHS the number of ICBs have reduced from 42 to 26, the 26 being:

East of England:

Integrated Care Board	Clusters
Bedfordshire, Luton and Milton Keynes ICB	Bedfordshire, Luton and Milton Keynes ICB with Cambridgeshire and Peterborough ICB and with Hertfordshire and West Essex
Cambridgeshire and Peterborough ICB	
Hertfordshire and West	

Essex ICB	ICB
Mid and South Essex ICB	N/A*
Norfolk and Waveney ICB	Norfolk and Waveney ICB with Suffolk and North East Essex ICB

London:

Integrated Care Board	Clusters
North Central London ICB	North Central London ICB with North West London ICB
North West London ICB	
North East London ICB	N/A
South East London ICB	N/A
South West London ICB	N/A

Midlands:

Integrated Care Board	Clusters
Birmingham and Solihull ICB	Birmingham and Solihull ICB with Black Country ICB
Black Country ICB	
Coventry and Warwickshire ICB	Coventry and Warwickshire ICB with Herefordshire and Worcestershire ICB
Herefordshire and Worcestershire ICB	
Derby and Derbyshire ICB	Derby and Derbyshire ICB with Lincolnshire ICB and with Nottingham and Nottinghamshire
Lincolnshire ICB	
Nottingham and Nottinghamshire ICB	
Leicester, Leicestershire and Rutland ICB	Leicester, Leicestershire and Rutland ICB with Northamptonshire ICB
Northamptonshire ICB	
Shropshire, Telford and Wrekin ICB	Shropshire, Telford and Wrekin ICB with Staffordshire and Stoke-on-Trent ICB
Staffordshire and Stoke-on- Trent ICB	

North East and Yorkshire:

Integrated Care Board	Clusters
Humber and North Yorkshire ICB	N/A
North East and North Cumbria ICB	N/A
South Yorkshire ICB	N/A
West Yorkshire ICB	N/A

North West:

Integrated Care Board	Clusters
Cheshire and Merseyside ICB	N/A
Greater Manchester ICB	N/A
Lancashire and South Cumbria ICB	N/A

South East:

Integrated Care Board	Clusters
Buckinghamshire, Oxfordshire and Berkshire West ICB	Buckinghamshire, Oxfordshire and Berkshire West ICB with Frimley ICB
Frimley ICB	
Hampshire and Isle of Wight ICB	N/A
Kent and Medway ICB	N/A
Surrey Heartlands ICB	Surrey Heartlands ICB with Sussex ICB
Sussex ICB	

South West:

Integrated Care Board	Clusters
Bath and North East Somerset, Swindon and Wiltshire ICB	Bath and North East Somerset, Swindon and Wiltshire ICB with Dorset ICB and with Somerset ICB
Dorset ICB	
Somerset ICB	
Bristol, North Somerset and South Gloucestershire ICB	Bristol, North Somerset and South Gloucestershire ICB with Gloucestershire ICB
Gloucestershire ICB	
Cornwall and Isles of Scilly ICB	Cornwall and Isles of Scilly ICB with Devon ICB
Devon ICB	

NHS England (NHSE)

NHSE have announced the appointment of 5 new Non-Executives, these being:

- David Bennett – chair of pathology provider Synnovis, a public/private partnership whose services were hit by a cyberattack last year. He was previously a leader of provider regulator Monitor, and a Number 10 adviser in the 2000s;

- Sir Sam Everington – a GP in east London, former clinical commissioning group chair, and longstanding champion of general practice and community-based care.
- Paul Corrigan – a health adviser under the Blair government, and from last year a strategy adviser to Wes Streeting, who is now stepping down from this role and becoming an NED, as previously reported.
- Ravi Gurumurthy –chief executive of Nesta and the behavioural insights team, and a former senior civil servant.
- Louise Ansari, chief executive of Healthwatch England, which is due to be scrapped under the 10-Year Health Plan.

NHS Confederation

It has been announced that the Confederation's Chief Executive, Matthew Taylor, will step down from his role in April 2026 after nearly five years in post. No information has been offered regarding replacements.

Model Region

The model region has now been published and is being worked thorough by the Integrated Care Board (ICB) in the context of the Model ICB and their organisational changes.

Basic aspects include:

Strengthening the regional governance and leadership model. Regional CEOs will have responsibility for the success of the health system they manage, with a clear line to the CEOs of provider and commissioner organisations.

Strengthening regional leadership, the government plans to create the new role of regional chair with responsibility for supporting the non-executive directors in ICBs and NHS providers in their region to put in place effective governance and operate to the highest standards

The new chairs will also provide assurance to the national centre and the public by formulating an independent view on non-executive capability.

The core function of the regions – which will operate as integral part of the reformed centre – is that of holistic oversight, which will consist of performance management, strategic leadership.

ICBs will be held accountable for assessing performance of commissioned services as part of driving improved population health and maximising healthcare value, as well as the performance management and quality.

National Director Mental Health

Clare Murdock has resigned a National Director for Mental Health during the month. No replacement has been discussed.

3 Director Updates

3.1 Chief Operating Officer Update

3.1.2 Leadership Visibility

The Chief Operating Officer continues to undertake a series of visits to in patient units and community teams, unannounced and out of hours. Visits include Malton ward and Millview Lodge. Current operational challenges are discussed, areas of transformational change work are considered and any barriers to making progress are picked up and addressed. Overall staff are motivated and committed to service improvement. The Chief Operating Officer continues to deputise for the Chief Executive when required and has attended the Humber and North Yorkshire ICB Leaders Forum, the North Yorkshire Health Collaborative Board and workshop.

3.1.3 Operational Position, Winter Preparedness and Service Planning

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

Our operational pressures continue to be monitored through our daily OPEL (operational pressures escalation levels) and 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. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent escalation are robust. Triggers continue to be in place that stand up daily executive director level response when necessary. We continue to report daily via the national UEC-RAIDR system (a web-based tool that provides real time information on capacity and pressures across providers within an integrated care system).

Operational service pressures have been stable in most areas of the Trust in August and early September. The highest pressures were seen in our Adult Mental Health Division with short periods of high demand for mental health beds.

The Trusts overall operational pressures in the last two months using the new UEC-RAIDR triggers have been OPEL 2/3 for mental health and OPEL 2/3 for community services.

System pressures remained stable in the Humber and North Yorkshire areas during August and early September. Acute hospital partners in all parts of our area have reported pressures during this period predominantly at OPEL 3 with occasional escalation to OPEL 4.

System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity which has been adversely impacted by pressures. Local UEC Boards continue to focus on prioritised plans to address and expedite Urgent and Emergency Care (UEC) performance in our integrated care system.

The Trusts winter plan for 2025/26 has been developed and submitted as a draft plan to ICB partners, the final plan is included in the Trust Board agenda for September for approval. The plan has been predicated on Winter Key Lines of Enquiries (KLOE's) published in August to support ICBs and providers in their

planning and the [National Urgent and Emergency Care Plan 2025/26](#) and the requirements that it must:

- improve vaccination rates.
- increase the number of patients receiving care in primary, community and mental health settings
- meet the maximum 45-minute ambulance handover time standard.
- improve flow through hospitals with a particular focus on patients waiting over 12 hours and eliminate corridor care.
- set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings.
- patients who are categorised as Category 2 – such as those with a stroke, heart receive an ambulance within 30 minutes.
- a minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours.
- reducing the number of patients who remain in an emergency department for longer than 24 hours while awaiting a mental health admission. This will provide faster care for thousands of people in crisis every month.
- seeing more children within 4 hours, resulting in thousands of children receiving more timely care than in 2024/25

Our plan was subjected to a regional NHS England UEC winter testing exercise on 3rd September. The purpose of the exercise was to:

- Test plans across all systems within the region, to reduce the risk of delays to care and care in settings, as well as maximising alternatives to ED.
- Test winter response plans against three demand scenarios for a base case, moderate and extreme winter surge.
- Ensure an integrated approach to winter, across all providers to winter planning and escalation.
- Ensure that individual organisations have tested internal arrangements to respond to increasing levels of pressure from winter virus outbreaks.
- Assess system leadership arrangements. Ensure that organisations will collaborate under pressure, with a shared understanding of the relative risk and impact of individual actions on partners.
- Use lessons learned during the exercise to finalise and sign off winter plans through Board assurance.

The plan also incorporates preparation for mitigating the impact of further industrial action and adverse weather. Some minor adjustments were made to our plan following the event.

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge for operational services. In all these areas demand exceeds commissioned capacity. Dialogue is still taking place with the ICB to agree a way forward on these waiting times for 2025/26 and beyond. Excessive waiting times for children and adult neurodiversity services are continuing to be challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years. Unfortunately, some children on the neurodiversity waiting lists are continuing to present with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds

continues to be good. Focus continues on our children's early intervention services, particularly embedding the support teams in schools.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this, our data demonstrates that whilst some fluctuation is taking place, overall reduction is being achieved. Our daily bed occupancy has been between **87% – 74.2%**. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans progressed to expand the use of the Older Peoples Acute Community Service (intensive community support). Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement. Plans are continuing to be progressed to change our current PICU based at Miranda House to an all-male unit and to make alternative provision for female patients by developing a High Dependency Unit (HDU) within our current estate. The current timescale for achieving this is Quarter 1 2026/27.

Patients who are Clinically Ready for Discharge (CRFD) from our mental health beds remains a key priority. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms remain in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. The nationally recommended rapid improvement methodology for multiagency discharge event (MaDE) is being utilised across all of our inpatient beds to reduce the number of bed days lost due to delayed transfers or discharges for those patients who are clinically ready for discharge.

The overall staff absence position due to sickness is currently at 6.98% (inclusive of 2.02% mat leave).

The Trust continues to effectively manage the impact of system pressures within its ongoing arrangements. Reducing the number of patients who are clinically ready for discharge/patients with no criteria to reside (NCTR) and reducing out of area placements remains a key operational priority in relation patient flow and access to inpatient mental health beds.

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

Service planning for 2026/2027 has commenced and this is being taken forward in line with the **Planning Framework for NHS England** timeline. Targeted work is taking place to improve and sustain performance against the operational measures included in the [NHS Oversight Framework](#), this is being overseen through our Performance and Productivity group, reported via Organisational Delivery Group (ODG) and escalated to the Executive Management team. Focus on improved efficiency and productivity continues. Work is taking place to reduce the Trust's National Cost Collection Index, each service has a targeted plan for those areas

above the Trusts target and service transformation plans are required to set out the expected productivity and efficiency gains.

The EPR Programme Board remains in place with a focus on stabilisation and optimising the use of the new system in order to realise the programme benefits as set out in the business case.

3.1.4 Multi-Agency Public Protection Arrangements (MAPPA) Update

MAPPA is not a statutory body but a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. MAPPA is made up of the Responsible Authority (RA), Police, National Probation Service and Prisons. Other agencies are known as Duty to Cooperate Agencies (DTC), of which Mental Health services are one. The duty to cooperate requirement includes the Trust and practitioners working in the Trust to cooperate with MAPPA processes including identification of individuals who may be subject to MAPPA and sharing information relevant to assessing and managing the risk posed by those individuals.

Helen Courtney (Forensic Division Clinical Lead) continues in the role of the Operational Lead for MAPPA, attending the Strategic Management Board (SMB) and leading on the day to day coordinating and liaison between the Trust and responsible authority, and with the leads for MAPPA in each division. The lead role supports the coordination of access and availability of training, reviews and updates the MAPPA Trust Protocol and any other duties that arise in relation to MAPPA and criminal justice in the Humber region. The network of MAPPA divisions leads continue to attend all MAPPA level 2 and 3 meetings as a core panel member and are the link between the MAPPA panel and clinical areas in the Trust. The leads support gatekeeping and quality checking of referrals to MAPPA and are the link to the clinical teams to support decision making and understanding of MAPPA and its application.

To support the interface between MAPPA and the Trust, an operational interface meeting takes place every four months between the Trust and the MAPPA co-ordinator and MAPPA administrator. The purpose of these meetings is to share information and update on any changes or challenges within the MAPPA system and procedures and an opportunity to raise any issues or concerns regarding applying the duties as a duty to cooperate agency. The last meeting took place in May 2025 and covered the new EPR, data validation and MAPPA process/flow charts, amongst other topics. The next meeting is scheduled for September 2025.

As part of the MAPPA governance process the MAPPA team undertake an annual audit/census of MAPPA cases which is supported by our divisions MAPPA leads. This identifies the number of patients we have identified on our records as being managed under MAPPA Category 2, Level 1 on 31st March each year. This year, that number was 52, which is consistent with expectations. A further quality audit is currently being planned by MAPPA to be carried out later in the year. The audit area or date has not been confirmed yet but is likely to be focused stalking. The Trust will be undertaking a quality audit of our MAPPA cases in quarter 3 which will be reported to the quality committee,

Annual MAPPA foundation level training is delivered by the MAPPA coordinator from the responsible authority. The training is delivered via MS Teams and is also

available as a recording though a link obtained from the responsible authority's MAPPA internet page. The annual training is promoted across the Trust and through all the divisions through the MAPPA leads. The most recent training took place in April 2025 and over 50 Trust staff attended the live event, and it is anticipated that more will have accessed the training as a recording.

Attendance and involvement at all MAPPA meetings including the SMB, Performance and Quality Assurance (PQA) group and MAPPA panel meetings remains good, with no issues in attendance being raised through the Trust interface meeting, the SMB, or the annual audits through the PQA group. Feedback from the MAPPA co-ordinator and SMB remains positive about the Trust and the level of responsibility it takes to ensure compliance with MAPPA procedures and undertaking its duties as a duty to cooperate agency.

3.1.5 Langdale End Fire Incident

The Langdale End Fire started on the evening of 12th August. North Yorkshire Fire & Rescue declared a Major Incident on 13th August. The fire was then contained after 2 weeks, within fire breaks, however on Monday 26th August, due to the change in wind direction, the fire expanded to cover more of the North Yorkshire Moors. On Wednesday 3rd September the multi-agency incident transitioned from response to recovery. Monitoring continues to take place from North Yorkshire Fire & Rescue and plans are in place should the fire re-establish itself.

Trust Response

Between 26th August to 3rd September, the Trust stood up daily calls and situational awareness reports, due to the impacts of the smoke plume on Whitby hospital and the requirement to support in evacuation planning for communities. The community services team supported the HNY ICB Health Coordination Group and North Yorkshire Evacuation & Shelter meetings during this time. Key actions were put in place to minimise the impact of the smoke plume on patients and staff, and vulnerable persons data was shared with North Yorkshire Council to aid their evacuation planning.

The key risks that were identified and addressed through our business continuity plans were:

- Increase in the fire footprint leading to road closures and travel disruption.
- Evacuation of some communities leading to actual and potential impact on our patients and staff.
- The impact of the smoke plume leading to reduced air quality and potential risks to health.
- Operational pressures due to increased workload (impacted by travel disruption and potential rise in respiratory problems)

Trust Recovery

Whitby hospital is still monitoring the air quality on a regular basis and have actions in place to minimise the impact of the smoke plume. The community services team and EPRR team will continue to link into the North Yorkshire multi-agency recovery process through HNY ICB colleagues. An incident debrief has been planned and will be undertaken and reported via ODG and EMT. Our staff responded to and managed to impact of this incident extremely well.

3.1.6 Emergency Preparedness, Resilience and Response (EPRR): Annual Assurance

NHS England sent a letter explaining to all ICBs and service providers with EPRR responsibilities that the annual assurance process for 2025/26 has started and summarised the actions for NHS organisations to take. The letter ([NHS England » Emergency preparedness, resilience and response: annual assurance](#)) includes a reminder that boards of each NHS Organisation are responsible for EPRR, and should be engaged as part of the assurance process.

Current Trust compliance with the EPRR core standards was 60% following the annual core standards assurance process in 2024. A detailed project plan was developed following this outcome and this is monitored by the Organisational Delivery Group with escalations to the Executive Management Team. The core standards process for 2025 has been set out by HNY ICB and includes evidence being submitted for standards that have moved to a compliant state. The evidence portal was opened on 7th April, with dedicated Health Assurance Meetings taking place 6 weekly between the Trust and the ICB to monitor progress, a peer review (like that undertaken 2024) is also scheduled to take place.

All elements of the project plan to improve compliance with the core standards have been progressed and achieved in line with the scheduled timeline and our evidence has been incrementally uploaded to the portal. The only exception being those standards relating to Chemical, Biological, Radiological and Nuclear (CBRN) threat where the ICB has arranged for Yorkshire Ambulance Service to support mental health and community providers and this has been delayed, this has been escalated via the ICB.

Core standard KPI's relating to business continuity plans (BCP's) are critical to compliance with the core standards and Trusts Boards are required to be sighted on these for assurance, a summary of our position in relation to these is set out below:

KPI metric	Response
All services to have completed a Business Impact Analysis (BIA)	Yes – completed as part of their Business Continuity Plan review rolling programme.
Exercise(s) have been completed to test all aspects business continuity arrangements.	Yes – within service level BCP's.
Any business continuity incidents have been entered onto the EPRR Team Incident Log	Yes
Any business continuity exercises have been entered onto the EPRR Team Exercise Log	Yes
Any lessons identified from incidents and exercises and their resultant actions have been captured on the Master Action Tracker	Yes
Business continuity plan has been reviewed, incorporating any changes to BIAs and/or changes due to lessons identified through incidents or exercising	Yes - Small changes to the plan made as a result of the exercises and BC audit in March 2025.

The Board will receive the Trusts annual self-assessment results and the ICB review outcome at the November public Board meeting.

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility

The Executive Director of Nursing, Allied health and Social Care Professionals has visited Maister Court with the Trust Chair, Rt Hon Caroline Flint and the Inspire Unit with the Executive Director of Finance, Pete Beckwith. Feedback from these visits is shared with staff and via the Global.

3.2.2 Professional Updates

The England Professional Strategy for Nursing and Midwifery

The professional strategy for nursing and midwifery will set out a compelling vision for the long-term future of our professions, focussing on their vital role in delivering the ambitions for a modern health and care system in England.

To do this we need to consider how our professions will transform, to meet the needs of our changing population across all settings and embrace opportunities in the context of the wider strategic direction of travel, including the commitments in the 10 Year Health Plan.

To frame this part of the conversation, NHS England have identified a number of areas where we need to focus the professions' role in:

- working in and with our neighbourhoods and communities
- prevention and health promotion
- addressing global health challenges
- research and innovation
- digital and technology

Across England and as a Trust we need to consider how we better support all nurses, midwives and nursing associates to maximise opportunities throughout their career.

As a Trust we will support the national engagement exercise, and this will focus on how we support our professions more broadly through:

- **Developing a professional narrative that reflects the modern role of nursing and midwifery and makes our professions a modern career of choice.**
- **How we can develop and improve our approach to professional education to reflect the modern needs of practice.**
- **How we develop career pathways, underpinned by effective education and training to support nurses, midwives and nursing associates to continue to develop during their careers.**
- **How we can improve our professional cultures and better support the wellbeing of our professions.**

The Nursing elements of the national strategy will be integrated into the development, co production of the Trust enabling Professional Strategy.

If you want to read more about the professional strategy for nursing and midwifery, being developed by the Chief Nursing Officer for England, visit the [NHS England website](#).

Nursing and Midwifery Genomics Framework in England – Published 28th August 25 [NHS England » Nursing and midwifery genomics framework in England](#)

Genomics is transformative in driving our knowledge and understanding of health and illness forward, enabling earlier and faster diagnoses and treatments. As genomic technologies advance, there will be continued improvements in predicting, preventing and diagnosing disease, and the use of precision medicines. The use of genomics across cancer, rare and inherited diseases management has already enabled patients to access innovative precision medicines as well as enabling access to clinical trials, resulting in improvements in clinical outcomes.

As set out in the Accelerating genomic medicine in the NHS strategy, published in 2022, all health care professionals need to develop sufficient, up-to-date knowledge of genomics in their field of practice. As nurses and midwives are the largest professional group in the NHS, it is essential that they are enabled and supported to develop these skills and have the knowledge and confidence to support their patients. This Nursing and Midwifery genomics framework illustrates how nurses and midwives should be enabled and empowered to adopt genomics into their clinical practice.

The Genomics framework will be considered part of the development of the enabling professional strategy as Genomics research is revealing the genetic contributions to mental health conditions, enabling more personalized approaches to treatment and diagnosis.

NHS England have published the following guidance - Enhanced therapeutic observation and care: developing a local policy - Published 28th August 25 [NHS England » Enhanced therapeutic observation and care: developing a local policy](#)

This guide is designed to support trusts develop and implement their enhanced therapeutic observation and care (ETOC) policy. Trusts should create ETOC policies that are living documents, enabling ongoing implementation and continuous improvement that responds to local needs. The information in this guide is applicable to all clinical settings. **The Trust is reviewing the guidance as part of its safe and effective staffing plan and ensuring there is alignment to the supportive engagement policy.**

National Preceptorship Multi-Professional Quality Mark

The trust has had national recognition from the Chief Nursing Officer for England and has been awarded the Multi-Professional National Preceptorship Quality Mark, which remains valid until 21st July 2028. We were invited to be one of 26 organisations that participated in the early implementer pilot group, this entailed completing a self-assessment against a set of core, nursing and AHP criteria and submit evidence displaying how our Preceptorship Academy offer aligns with the criteria. Our multi-professional Preceptorship programme has been positively recognised as it

- Goal 1 – Engage with children and families.
- Goal 2 - Enhance medication safety.
- Goal 3 - Improve diagnostic safety.
- Goal 4 - Prevent health care associated infections.
- Goal 5 - Reduce risk for small and sick newborns.

We are working with our clinical teams across the organisations to shine a light on the amazing work they do every day to help keep our children and young people safe and will share this through our communications and webpage.

A message of thanks will be communicated to our dedicated staff thanking them for their valuable contribution, raising awareness of the international campaign and acknowledging the difference they make in giving the children we care for the best start in life.

3.3 Director of People & Organisational Development (OD) Updates

3.3.1 Leadership Visibility

Visit Summary: Mill View Court & Mill View Lodge

The Executive Director of People and the Executive Director of Finance recently visited Mill View Court and Mill View Lodge, where they were met with a warm and enthusiastic welcome from staff and leadership alike. The visit provided a valuable opportunity to engage with a wide range of colleagues across multiple professions, reflecting the diversity and dedication of the workforce.

Throughout the visit, conversations focused on several key themes:

- **Staff Recognition and Reward:** Colleagues shared ideas and feedback on how recognition could be more meaningful and inclusive, with a strong emphasis on celebrating everyday contributions.
- **Estates and Environment:** Staff highlighted areas where improvements to the physical environment could enhance both patient care and staff wellbeing, with constructive suggestions for future investment and discussion with how to better access charitable funds.
- **Health and Wellbeing Support:** There was a clear appetite for more visible and accessible wellbeing resources, and the leadership team committed to exploring how support can be better tailored to local needs.
- **Engagement with Flu Vaccination and the NHS National Staff Survey:** The visit also served as a platform to encourage participation in the upcoming flu vaccination programme and the NHS Staff Survey, recognising their importance in shaping future workforce priorities whilst also understanding how we can drive up engagement and dispel myths.

The visit reinforced the value of direct engagement with frontline teams and the importance of listening to staff voices in shaping strategic decisions. The both Karen and Pete expressed their appreciation for the openness and energy of the teams and committed to following up on the insights shared.

Visit Summary: Hawthorn Court

A visit was undertaken to Hawthorn Court, facilitated by member of the Estates team, which provided an opportunity to meet members of the Granville Court team, who were readying themselves for the move, as well as an opportunity to look at the enhanced facilities, for Granville Court residents, as interim accommodation whilst Granville is renovated. Huge thanks to the team for the tour and the opportunity to speak to the staff.

Visit summary: The Grange – Hull CMHT

This joint visit with the Director of Finance is summarised in the Director of Finance update.

3.3.2 New regulation for NHS managers: outcome and next steps

Published on 22nd July Outcomes and next steps following DHSC's response to the consultation on regulation of NHS managers.

Background and context

In November 2024 the Department of Health and Social Care (DHSC) consulted on whether to introduce regulation for managers in the NHS. The proposals have been shared as part of the government's 10 year health plan, and the formal response which outlines the intention for new regulation to apply to board level members in the NHS and their direct reports, was published by DHSC on 21 July 2025.

Key messages

- There has been a decision to introduce a form of regulation, this will be a statutory barring scheme.
- This is a complex and novel form of regulation, unique for the health sector.
- It is different to other regulation that exists; in that it is not a register for which individuals must meet a set of educational and fitness standards to be able to practise in a particular role.
- It will be a register which identifies those individuals who are unfit to be appointed to a board level role or a senior direct reporting role.
- The Health and Care Professions Council (HCPC) will hold responsibility for the scheme.

Next steps

- There will be a formal consultation on the method of regulation. This is likely to happen in late 2026
- Draft legislation will be prepared which will follow the usual parliamentary passage to become legislation.
- In parallel, the HCPC will formally consult on rules and processes including a Code of Conduct as well as engaging with stakeholders on the design of the scheme.

When the scheme infrastructure has been designed and approved, ahead of its implementation, there will be a period of up to 12 months, in which the requirements will be clearly articulated to those who will be subject to the scheme.

3.3.3 Guidance updated following immigration rule changes

The first round of immigration rule changes following the publication of the Immigration White Paper have come into effect.

From 22 July employers will need to be aware of the following changes:

- Increasing the skills threshold for Skilled Worker Visas to RQF 6 (graduate level), removing 112 previously eligible RQF 3-5 occupations (across all sectors).
- Increasing the salary threshold for general skilled workers from £38,700 to £41,700.
- The salary threshold for most Health and Care Visa holders, who are paid according to national pay scales, remains unchanged at £25,000.
- Skilled Worker Visa holders who currently work in below degree level occupations can continue to work, extend their visas, bring dependants, change employment and take supplementary employment in occupations below RQF 6, if they meet occupation salary thresholds.
- Only allowing time-limited access to below degree level occupations through an expanded Immigration Salary List (ISL) and interim Temporary Shortage List (TSL), with restrictions on bringing dependants.
- Closing the Social Care Worker Visa route to overseas recruitment for new applicants and removing the requirement to work with regional partnerships to employ displaced workers.

Following an impact assessment, we have identified 7 individuals whom we will no longer be able to legally sponsor, upon their current right-to-work ceasing. These individuals have been notified accordingly and have been offered Occupational Health support. The appropriate processes from a HR perspective will follow in line with their visa end dates.

3.3.4 Off Framework Agency Use

There has been a strive to eradicate all off-framework agency usage by the organisation, supported by the efforts of the Flexible Workforce Team (FWT), in line with the NHS mandate. The FWT team have not booked any off-framework agency staff since June 2024. Since then, a reduction across general agency usage has been seen, whilst still maintaining safer staffing levels.

The Trust has maintained a zero HCA agency usage position, however, there is still some reliance on framework agency usage for Nurses. With that said, the overall agency usage for Nurses has seen a reduction of 10% in 12 months and there are plans to reduce further throughout the remainder of 2025/26. Since January 2025, FWT have recruited more bank nurses than projected, thus meaning there will be less reliance on agency once all have been cleared for work.

Over the last 12 months, the team have reduced agency use by roughly 47%, resulting in a saving in excess of £115,000. Within this same period, there has also been a reduction of bank by over 9%.

3.3.5 Recruitment Statistics

Recruitment data from Trac is monitored monthly to ensure the service provision is robust and meeting the needs of both recruiting managers and candidates alike. The Recruitment team work alongside recruiting managers to ensure that they can recruit the right people as quickly and efficiently as possible to ensure as a Trust we continue to have a positive impact on patient care and experience by having the right people in posts at the right time.

In the month of August 2025, the following metrics were achieved:

- **‘Conditional offer to checks ok’** was an average of 19 days, below the 20-day target. This KPI has been under target since January 2025.
- **‘Closing date to start date’** was an average of 59.6 days, below the 65-day target. A healthy position is maintained each month, with only a few occasions of the KPI being breached.

Trac benchmarking data (for the previous quarter) places Humber in the top 10% across 204 NHS organisations for ‘time to hire.’

The Recruitment team are working proactively with managers to address ‘time to shortlist’ metrics which have been consistently above the 2-day target since January 2025.

A plan to provide recruiting managers with additional support and guidance is currently in progress.

3.3.5 Working Towards a Healthier Workforce – An intelligence Led approach to reducing sickness absence

The ‘towards a healthier workforce’ strategy aims to address the move from sickness to prevention, as outlined in the NHS 10-year plan.

Following presentation at the EMT/ODG Timeout in June 2025 and a subsequent discussion at Trust ODG in August 2025, a task force is currently being established with operational and corporate colleagues across the Trust.

A Terms of Reference has been devised to ensure that the programme reports into the relevant governing committee and that appropriate representation is provided across all teams, in efforts to ensure a multi-disciplinary approach to addressing sickness absence. A number of KPIs are currently being scoped in order for the success of the programme to be measured.

Regular updates will be fed into EMT for awareness and decision-making.

3.3.6 Job evaluation – updated nursing and midwifery profiles and data collection

In May 2025, NHS England issued a letter to NHS leadership outlining the importance of ensuring staff are paid appropriately for the work they perform. This follows the publication of updated job evaluation profiles for nursing and midwifery roles by the NHS Staff Council (NHSSC), as part of the Agenda for Change non-pay deal.

There are a series of actions that are required to provide NHS England with assurance regarding board-level readiness. A report has been prepared, which will go to EMT on 23rd September, and subsequently be presented to Board. The report includes a summary of the Trust's self-assessment ahead of a formal audit which will commence in Autumn 2025. The self-assessment has identified an overall strong position with a handful of areas for development, all of which have been mapped out in an accompanying action plan.

3.3.7 Flexible Working Requests (2024-25)

The following data show the number of flexible working requests made by Trust colleagues, with highlighted months illustrating those from the point at which 'Your Flex Plus' offer was pro-actively discussed and shared around the Trust geography. A total of 331 applications have been accepted with the remainder either withdrawn, rejected or pending a decision. Most requests involve changes to working days or shifts, and they are primarily submitted by female nurses in Band 5 or 6 roles

	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
No of Requests in Month	29	35	51	54	36	68	56	47	59	44	58	41	36
Rolling 12 Months	440	439	459	483	495	520	538	560	561	554	579	592	597

3.3.8 Workforce Wellbeing

The following data show the uptake of the Workforce Wellbeing Team's services, with data of physical and wellbeing MOTs for the first quarter of this year. We can see a total of 278 new referrals for staff attending for a physical or wellbeing MOT and that figures have been consistent peaking in June 2025 with 82 staff seen.

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Total (25/26)
Number of new referrals for MOT appointments – physical health and wellbeing	72	32*	82	55	37								

Total number of physical health MOT appointments	66	27*	80	50	30								
Total number of wellbeing MOT appointments	0	0	0	2	0								
Number of new referrals for 1-2-1 appointments	5	6	2	3	7								
Total number of 1-2-1 appointments	0	0	0	23	23								

Health and Wellbeing Activities - Participation/Booking requests (1 April – 31 August 2025):

Health and Wellbeing activity	Number of staff
Yoga	39
Massage	223
Tai Chi	15
Dance classes	2
Climbing	2
Totals	281

Wellbeing Remote Clinics and Drop ins (1 April – 31 August 2025):

Location	Site
Whitby	Whitby Hospital
Hull	Inspire Inpatient Unit Mill View Court Westlands Inpatient Unit
Malton	Malton Hospital
Driffield	Alfred Bean Hospital
Bridlington	Providence Place and Station Avenue Medical Centres
Scarborough	Prospect Road Hub

In addition, the Team have **delivered presentations, provided wellbeing input at team days/meetings and other events and delivered targeted support.** Between 1 April and 31 August 2025 these have included, for example attendance at:

- Community Forensics Team meeting, Humber Centre

- Preceptorship Academy Spring School
- Forensic Services Reception Team – Away Day in Pine View
- Wellbeing Roadshows with the Professional Nurse Advocates for International Nurses Day in Malton Hospital and Rosedale Community Unit
- Trust Medical Staff – building resilience and mindfulness taster
- West and East Hull Community Mental Health Team bases
- Whitby Hospital.

The Team also provided input into monthly corporate induction sessions held between 1 April and 31 August 2025.

3.3.9 Flu Programme 2025/26

Planning for flu season 2-25/26 is underway within the Trust with an overall goal of achieving a 5% increase in vaccination rates across the Trust.

Seasonal flu vaccination remains a critical important public health intervention and a key priority for 2025/2026 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures whilst continuing to recover from the impact of the coronavirus (COVID - 19) pandemic.

In 2024/25 the Trust achieved an overall 62.50% flu vaccine uptake rate. However, the uptake of frontline teams was 43.02%.

Vaccine delivery to the Trust has now been confirmed for 10th September 2025 and the Government have announced we can start to offer the vaccine to our staff from 1st October 2025.

The National Flu Letter published by the UKSHA defines the eligibility for the flu vaccine 2025/26 and this includes:

- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

With a high campaign profile this flu season we will see the introduction of t shirts, MS Teams background promotion, Trust car advertising and targeted site visits and clear comms to enable us to achieve a greater flu vaccine uptake for 2025/26

Targeted work has been integrated into the flu plan this year with a focus on delivering additional support to areas with high sickness absence due to cold and influenza viruses in winter 2024 and areas with low uptake figures for flu vaccines.

A task and finish group has been established, bringing together the operational teams in occupational health, pharmacy and the comms teams to ensure the campaign remains a high priority and has clear visibility across the Trust.

Peer vaccinator training is now available online and comms will encourage retention of previous peer vaccinators and recruitment of more peer vaccinators this year. Key areas with low uptake in 2024/25 will not only be encouraged to have a strong peer vaccinator presence but occupational health will also offer additional support to achieve greater uptake rates for 2025/26 by attending sites and offering the vaccine to staff within their work area.

Peer vaccinator meetings with occupational health have commenced in August 2025 and will continue two-weekly throughout the lead up to flu season commencing.

Key dates for Learning Centre flu clinics are arranged for:

Thursday 2nd October 2025, Monday 6th October 2025, Wednesday 8th October 2025, Friday 10th October 2025, Tuesday 14th October 2025, Thursday 16th October 2025.

3.3.10 Statutory and Mandatory Training Update

Overall compliance for facilitated courses continues to perform well above the Trust target of 85%, with statutory and mandatory training rates rising slightly from 95.62% in June to 95.93% in July. Seven of the ten facilitated courses improved, most notably Paediatric ILS (+17.24%) and Safeguarding Adults Level 3 (+3.26%), while DMI Refresh (+1.76%) and Safeguarding Children Level 3 (+0.52%) also showed sustained growth.

Performance dips were minimal, with BLS down slightly to 87.47% (still comfortably above target), Corporate Induction dipping marginally but remaining exceptionally high at 98.71%, and Disengagement Training (CRT) continuing to sit below target in the mid-70% range. CRT remains the primary area of concern, linked to capacity constraints within the PET team, and is on the risk register.

Key highlights include consistently strong results in Corporate Induction, Mental Health Act, M&H People (L2), DMI Refresh, and BLS, alongside steady safeguarding improvements following changes implemented in May.

Alongside these results, we continue to pilot a new compassionate reminder system for overdue training. Initially launched with medical colleagues, this personalised approach, developed to overcome ESR's limitations, is now being extended to other staff groups. Looking ahead, we are focusing on manager capability in monitoring and addressing non-attendance. ESR already provides clear data on Did Not Attend (DNAs) and attendance, but these tools are under-used. Strengthening manager engagement with this data is a priority to improve accountability, individual learning performance, and the effective use of internal training resources.

We remain committed to ensuring that training is relevant, accessible, and meaningful—underpinning safe, competent care and positioning Humber as a leader in workforce development and compliance.

3.3.11 Leadership and Talent Development Update

- **Humber Talent Programme Update**

In July delegates spent their development day focusing on self-directed activities such as coaching, mentoring, shadowing or working on content for their QI project. Two QI improvement projects were submitted in July with more due to be submitted in September and October. In August, eight colleagues attended an external development workshop on 'Telling your story/ Building Brand and improving presentation skills' feedback from attendees has praised the workshop and highlighted that it was a reflective and inspiring session. Two colleagues were unable to attend due annual leave over the summer period however the content has been shared for them to review and keep on track to complete the programme.

- **Mentor service**

As part of the PROUD programme of Organisational Development, we offer staff the opportunity to connect with an internal mentor if they wish. Since April 2025, 15 colleagues have reached out and received 121 Mentoring support with a total of 31hours of Mentoring being delivered so far.

- **Alumni Programme Update – Third Workshop**

The third and final workshop of the Alumni's inaugural year, *Leading through Dysfunction*, is now well underway, with over 30 leaders and managers taking part so far. The next session is scheduled for 8th September. Building on the success of developing the Alumni Change Model in earlier sessions, this workshop shifts the focus towards creating a practical formula and toolkit to help teams recognise and address dysfunction effectively.

3.3.12 Career Development Update

The Career Development Team continue to work hard to establish Humber as an anchor employer in our region—attending local school and college events, engaging with young people, and offering meaningful support. Our work plays a leading role in developing local talent pipelines, strengthening the regional economy, and setting the standard for workforce development, while creating a skilled, loyal, and future-ready workforce.

3.3.13 Widening Participation

We are shifting focus to widening participation at Humber in three ways:

- **Expanding our reach internally** – engaging with more teams and services, particularly those yet to host an apprentice or provide work experience. This ensures we extend opportunities into every part of the organisation.
- **Broadening the demographics we engage** – particularly with young men, who currently engage with us in low numbers. By amplifying the wide range of NHS careers and showcasing inspirational male role models, we aim to challenge assumptions and encourage greater interest in our pathways.
- **Focusing on our most deprived communities** – exploring ways to create equitable access to entry-level and career development opportunities. By working creatively, we aim to provide life-changing opportunities for those who choose to live and work in our communities.

3.3.14 Apprenticeships

Apprenticeships enable us to nurture talent within our workforce, unlocking potential and supporting growth. This leads directly to improved care for our patients. We currently have 123 apprentices on programme across nearly all departments, demonstrating our commitment to building an empowered workforce, while recognising there is more we can do to extend opportunities into other teams.

We are also working with Humber Health Partnership and Corndel to deliver Level 3 and Level 5 management apprenticeships. The response has been excellent, with 14 Humber employees attending the recent insight session.

3.3.15 Work Placements

We have arranged 22 T-Level and work experience placements over the summer, particularly aimed at students transitioning into further education or apprenticeships.

Careers Events

Looking ahead, the team are planning a series of careers events for the new academic year to strengthen relationships with local education communities and showcase the extraordinary work of our teams. We continue to be inspired by Humber colleagues who give their time to support and motivate young people—and we are proud to build our brand as a truly Humbelievable career choice.

3.3.16 Sexual Violence and Misconduct Update

Further to the Worker Protection (Amendment of Equality Act 2010) Act 2023 coming into force on 26th October 2024 which places a duty on employers to “take reasonable steps” to prevent sexual harassment of their employees, the Trust has appointed Karen Phillips, Executive Director of People and OD as Executive sponsor for this programme of work. In addition, Rosie O’Connell – Head of Safeguarding and Alison Meads – Head of People Experience have been appointed as the Trust’s leads for Sexual Safety.

During week commencing 8th September 2025 a launch of the Trust’s Sexual Safety programme of work took place which included:

- The launch of the Trust’s Sexual Safety intranet pages as a hub of information and links to the policy, resources and support.
- All staff were invited to a number of open sessions delivered throughout the week outlining the Trust’s approach, policy, how to report incidents and again reiterating that support is available.
- Communication and encouragement to all employees to complete the highly recommended E-learning module around sexual safety
- Awareness raising of the Trust’s new Sexual Misconduct Policy which is now live and available on the intranet.
- A review of the national assurance framework (updated 20th August 2025) carried out by the sexual safety group to assure that the Trust is meeting all obligations in relation to sexual safety.
- The Sexual Safety Group has carried out a review of all risk assessments carried out across the Trust.

- An update report on all elements of the programme of work will be compiled and considered by EMT Mid-October 2025

3.3.17 Equality, Diversity and Inclusion

Patient and Carer Race Equality Framework (PCREF)

Following a change in senior portfolios, the lead for the Patient and Carer Race Equality Framework (PCREF) was transferred to the EDI Lead. Subsequently, a review was conducted to identify what the Trust could learn from the pilot trusts and PCREF early adopters. A position statement was then drafted to assess the Trust's alignment with the key milestones and metrics of the framework. This led to the creation of terms of reference for a PCREF task and a Finish Group, and, in collaboration with the Project Management team, a project plan was developed to guide the implementation of the framework. This progress was compiled into an EMT paper for review in September.

Staff Network Chair Recruitment

In the latter half of August, the Trust began a comprehensive recruitment campaign looking for the next generation of Staff Network Chairs. This campaign will continue for the first two weeks in September to ensure we reach all our staff. New chairs will be supported through a comprehensive induction programme, new guidance documentation and invited to the Trust's EDI Steering Group.

EDI Insight report

We created a new EDI Insight report for the People and OD Committee, a sub-group of the Board. This detailed, high-level review highlights the scope and impact of current EDI workstreams and activities. Included within the report are changes to Trust demographics, the impact of specific workstreams, and details of linked activities, such as the Care, Culture, and Equity Steering Group.

EDI Newsletter

A new initiative was launched to create an EDI newsletter. This aimed to inform staff about the scope and impact of current EDI workstreams and activities, while including interviews with staff, links to EDI initiatives such as Respect and No Excuse for Abuse, celebrating staff involvement, and highlighting upcoming events like PRIDE in Hull. We are working with the communications team to examine how we can better embed this in our staff communications.

Staff Networks

Our Staff Networks have been active in supporting the organisation to be more inclusive. The following provides a summary of the monthly network discussions and escalations from the meetings held between June and August 2025;

1. Rainbow Alliance Network

- Members of the network attended Hull Pride in July, and the network arranged for twenty free tickets to be distributed to wider staff on a first-come basis.
- In light of the recent Supreme Court Judgement, the network supported the review of the Supporting Transgender Patients and Service Users policy

- The networks' duty chair attended the Trans Inclusion Task and Finish Group
- Members of the group are developing a guide to support LGBTQ+ patients.
- The network lacks a chair and is being wonderfully maintained by the deputy chair, with plans in place for Chair recruitment in the summer.

2. Disability Network

- The network chair has stepped down, and the deputy chair continues to maintain the meetings diligently.
- The network provided peer support to members with questions through one-on-one mentorship for employees with disabilities.
- Members collaborated with the EDI Lead to ensure questions regarding reasonable adjustments were answered.

3. Race Equality Network

- Network continues to be held together by two deputy chairs as we undertake our recruitment campaign.
- A paper was presented to EMT discussing the network's desire to rename the network the Anti-Racism Network, to align the network with current NHS practice better, addressing Anti-Racism practice in providing services. This will align their work with the PCREF and Culture of Care Programme, as well as recent race equity training.
- Escalated support for a member of staff to the EDI Lead who had concerns in their area of work.

3.3.18 Future Workforce Solution Update

The NHS Business Services Authority (NHSBSA) is currently leading a transformation programme to identify and deliver a future workforce solution to nearly 2 million NHS colleagues across England and Wales. This will see the eventual replacement of the Electronic Staff Record (ESR) product currently used within the Trust and across the wider NHS.

Procurement of the future solution is currently nearing the end after a lengthy process, and we anticipate updates on the successful supplier in the autumn. While the transition to the new product is not expected to take place for a few years, organisationally we are starting to plan for what this may involve, whilst also maximising our current use of the existing ESR system, with further updates to be issued as they become available.

3.4 Medical Director Updates

3.4.1 Leadership Viability

The Executive Medical Director continues to prioritise visits across the Trust to maintain strong engagement with frontline teams. Recently, I visited Miranda House, where I had the opportunity to connect with several key teams, including the Mental Health Crisis Intervention Team (MHCIT), the Bed Management Team, and the in-house NHS 111 Option 2 team.

The time spent with these teams was both valuable and insightful. Discussions focused on effective ways of working, day-to-day operational challenges, and current

support and supervision arrangements. These visits continue to inform leadership understanding and ensure that the voices of staff are heard and reflected in decision-making.

3.4.2 Pharmacy

Controlled Drugs Accountable Officer and Medicines Safety Officer Annual Report 2024–25

The Controlled Drugs Accountable Officer and Medicines Safety Officer Annual Report for 2024–25 was presented to QPaS, Executive Management Team, and the Quality Committee. The report provides assurance that effective systems are in place for the safe management of medicines and Controlled Drugs across the Trust. A total of 912 medicine-related incidents were reported during the year, a 5.8% increase on the previous year with 92.2% resulting in no harm to patients. Notably, no 'Moderate Harm' incidents were reported across Humber Teaching NHS Foundation Trust.

Setting against the background that 598,742 administrations of medicines had been carried out during this period, i.e. an increase of 8.332 (1.41% more than the previous year), with 4.3% increase in admissions and 3.9% increase in the number of medicine items prescribed, these represented a high level of patient safety across the Trust.

A key area of focus has been the proactive improvement of near-miss reporting. This has involved consistent reinforcement by pharmacy teams, targeted training, and the sharing of learning through divisional Medicines Matters meetings and the Trust intranet. These efforts have supported a culture of openness and continuous improvement, helping to prevent recurrence of incidents and drive safer practice.

Looking ahead, the Medicines Safety Team has identified several priorities for 2025–27. These include strengthening competency assessments for Medicines Optimisation training, enhancing team visibility through collaboration with the Communications team, and developing a simplified near-miss reporting tool to encourage wider engagement. The team will also place a greater emphasis on near-miss reporting efforts across services to reinforce learning and staff engagement.

3.4.3 Mental Health Legislation

- Appointments of 3 new Associate Hospital Managers now established and have started shadowing panels. Bespoke training completed. One new appointment still going through the recruitment process. Another person recently interviewed and requiring approval at September Board.
- We carried out mock CQC visit to Townend Court at the end of July but have not done any since due to other pressing priorities however we plan to do more once the holiday season is over.
- We currently have significant resource pressures in the team due to an increase in workload and complexity in some of the issues needing dealing with. We recruited someone temporarily to cover an additional day a week, originally in order to oversee some of the monitoring of restrictive practice such as rapid tranquilisation and LTS reviews, however this is not priority and they are currently covering some of the general team duties to try to alleviate the

pressure that the team are under. This post holder is also dealing with the S117 information requests from both Local Authorities and the ICB.

3.4.4 Medical Education

- Humber Multi-Professional Self-Assessment Report (SAR) for NHS England in the process of being completed – final submission date 31st October 2025
- Medical Education Insight Report presented to the People & OD Committee by Dr Soraya Mayet, DME, 20th August 2025.
- General Medical Council National Training Survey (GMC NTS) results 2025 – Triple green outlier i.e. positive results which are above national average for 3 consecutive years for Foundation Doctors workload
 - Achieved through ensuring that workload remained appropriate by fostering a supportive and well-structured environment.
 - From the outset, clear communication and structured induction allowed new doctors to understand their roles and feel confident in their responsibilities.
 - A strong emphasis on close supervision, with senior colleague readily available for advice and clinical support.
 - The foundation tutor plays a key role in providing consistent guidance, regular check ins, and feedback sessions, ensuring that any concerns about workload or learning needs were addressed promptly.
 - Medical Education team worked collaboratively with clinical supervisors and medical workforce to monitor workload and balance protected time for training, development and clinical duties. This ensured that the foundation doctors had adequate opportunities to learn, reflect and build confidence without being overwhelmed by the service demands.
- Dr Desmond Chandranath, Locum Consultant, CAMHS, appointed as new SAS Tutor – commences in post 1st October 2025.
- Annual Medical Education Conference- ‘CAMHS 2025: Collaboration, Innovation, and Hope’, fully booked (150 places), increasing numbers to accommodate additional Trust colleagues.

3.4.5 Research

Our annual Research Conference is set to take place at the MKM Stadium on 19 November. All 160 in-person places have been snapped up, but people can still register to join online as this event is running as a hybrid event and will be streamed live on the day. All those registering will also be given access to a recording of the conference afterwards, which means those unable to join live on the day won't miss out on our wonderful celebration and sharing of research.

This year's line-up of speakers is equally as impressive as in previous years and includes a mix of our own Trust staff alongside other national experts we're working with from across the UK. We're delighted that our morning keynote will be Prof William Bird (MBE), GP and CEO/Founder of Intelligent Health, who was awarded his MBE in 2010 for services to physical activity and health, previously nominated by the Independent on Sunday as one of the 100 people to make people happy in Britain and named by BBC Wildlife magazine as one of the top 30 environmentalists in the UK. We'll also hear from Prof Tom Phillips, who leads the new £11m NIHR-funded Centre for Addictions and Mental Health Research at the University of Hull.

The day is going to include a really diverse range of topics; perinatal mental health, dementia, social isolation, green social prescribing, inclusion of Eastern European Communities, gaming, experiences of violence, and digital exclusion. It's set to be a really fascinating day and will showcase the breadth of research we're involved in; the opportunities we provide for our communities and the role research plays in helping reduce health inequalities.

3.4.6 Psychology

- There's been lots of recognition of great work from our psychologists in the last couple of months: Nathan Badger, Clinical Psychologist, won employee of the month for August, for "unwavering commitment to both our team and the people we support", Forensic Psychologists Elizabeth Drury and Rachel Healey were awarded a Greatix for the work delivering Motivational Interviewing training to colleagues in the prison, whilst Higher Assistant Psychologist Heidi Thacker also received a Greatix for her work with prison colleagues promoting the full range of services offered by Humber, and Carolyn Scott, Forensic Psychologist received a virtual bouquet for "being a superb Deputy Chair of Clinical Network and Clinical Governance - and for stepping in at the last minute!"
- Clinical Psychologist in Older People's services, Sara Appleyard, has recently had a paper published by the British Psychological Society, based on her work on behaviour charts in dementia care: Asquith, Ian, Appleyard, Sara Wozniak, Karolina (2025) *Colour coded behaviour charts: Reflections on implementation and utility of colour coded behaviour charts in line with the utilisation of Positive Behaviour Support in dementia inpatient care*, Clinical Psychology Forum 390
- Our Annual Report was very well received by ODG, QPaS and EMT, and has been shared at Quality Committee.
- We are pleased to welcome back Dawn Peters, Lead Psychologist for Adult Mental Health after a long period of time off work. Her return will bring more stability to psychology workforce in the AMH division, and free up the Associate Director of Psychology to focus on other tasks. Both Sarah and Dawn would like to thank all the senior psychologists in the AMH division who have worked hard to keep things going and being flexible with taking on additional tasks in Dawn's absence; they really have pulled together and done a great job.
- All 26 places for the Doctorate in Clinical Psychology have been recruited to, and we are currently working through the pre-employment checks to welcome the new cohort of trainees into the Trust. The continuing increase in trainee placement requirements is proving a challenge, however the psychological professionals within the Trust are going above and beyond to accommodate the increased demand and finding creative placement and supervision solutions.
- The Connect to Thrive Trauma Informed Conference tickets have officially launched today, although a third of them have already been sold through pre-launch bookings and via professional networks. This promises to be an event

which really puts Humber's Psychological Professionals on the map in a national forum.

3.4.7 Patient and Carer Experience Team

Fieldwork commenced mid-August for the 2025 Community Mental Health Service User survey. A randomly selected cohort of 1250 service users have been invited to participate in the survey which will run until 28 November 2025. The Trust has introduced a robust internal and external communications and marketing plan to support staff and service users to maximise take up of this year's survey.

A warm welcome to the Yorkshire and Humber Involvement team who transferred over to the Patient and Carer Experience team on 1 September. An extended welcome to the Trust's Voluntary Services and Recovery and Wellbeing College teams who transfer over to the PACE team on 1 October.

The Experience of Care Framework was published by the National Quality Board on 18 February 2025 as a refresh of the previous provider Patient Experience Improvement Framework (2018). The Trust has approached the Experience of Care Framework from a 'gap' perspective and has reviewed all 88 questions to identify any areas where improvements can be made, and the Trust is either achieving or excelling for 80 questions and the remaining 8 questions require further improvement work to be undertaken to progress towards 'achieving' or 'excelling' in these areas. Improving Patient Care Together (IMPACT) includes 22 questions which fully align to the Experience of Care Framework 88 questions.

EMT has agreed for the Experience of Care Framework to be aligned to IMPACT and the 8 question areas requiring focussed attention within the Experience of Care Framework to be addressed alongside similar IMPACT questions to avoid duplication, which will then be progressed through The Improvement Strategy.

3.4.8 NHS England's 10 Point Plan for Resident Doctors (2025)

NHS England's 10 Point Plan, published in August 2025, sets out a strategy to improve the working lives of resident doctors across the UK. Recognising the critical role these doctors play in delivering frontline care, the plan aims to address persistent issues around wellbeing, scheduling, and administrative burdens.

It forms part of the broader 10-Year Health Plan and requiring all trusts to act within a 12-week window.

One of the central themes is improving workplace wellbeing. Trusts are expected to create healthier environments, both physically and psychologically, while also ensuring fair and transparent rota systems. Annual leave must be allocated equitably, and doctors should receive schedules in line with the NHS Code of Practice. To reinforce accountability, each trust board must appoint a senior leader and a peer representative specifically focused on resident doctor concerns.

The plan also tackles long-standing administrative frustrations. It mandates the elimination of payroll errors caused by rotations and insists that doctors should not have to repeat mandatory training when moving between trusts. Timely reimbursement for course-related expenses is another priority, alongside support for exception reporting, where doctors log hours worked beyond their contracts. These

measures aim to reduce financial and emotional stress, making the system more responsive and humane.

Finally, the plan calls for smoother transitions between employers during training and efforts to minimise disruption caused by frequent rotations. By simplifying these processes and ensuring continuity, NHS England hopes to retain talent and boost morale.

The progress on this plan will be shared with People & Organisational Development Committee and with Board.



PRN02140 Getting
the basics right for re

3.5 Director of Finance Updates

3.5.1 Leadership Visibility

Since the last board meeting the Director of Finance has visited Whitby Hospital with Iain Omand (Deputy Director of Finance), visited East Hull CMHT and Mill View with Karen Phillips and visited inspire with Sarah Smyth, it was great to hear from staff on a number of topics not only from the finance directorates portfolio.

A series of site visit continue to be arranged with the senior Finance Directorate team to learn more about the work of the directorate and for any questions on our portfolio to be raised, the next visit is planned for Whitby on the 31st July. We are also looking at how we might link these visits with other Directors.

3.5.2 Cyber Security Updates

NHS England's Cyber Security teams release several alerts each month. These are (currently) referred to as CareCERT advisories and the trust must ensure that action is taken to deploy the remediation for each

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- Cyber Alerts issued during 2025: 94 (Inc. 11 in August)
- High Priority Cyber Alerts Issued during 2025: 13 (Inc. 2 in August)
- August Cyber Alerts with patch(s) NOT approved for deployment: 0

- August Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 9
- August Cyber Alerts not 100% deployed (due to devices still to check in): 2

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during May or June 2025.

Other Digital updates

- Interweave are now working with NHS England as on of the proof-of concept solutions for the single patient record.
- Dorset ICS have now joined the Interweave partnership, target go live date of April 2026.can now collect the prescriptions electronically from any community pharmacy.
- The BeDigital benefits dashboard has been launched and appears elsewhere on this agenda.
- AU and software as a medical device policy is currently out to consultation.
- 97% of windows 10 devices have been updated or replaced to Windows 11. All remaining devices to be updated by the 14th October 2025

3.5.3 Finance Department Updates

- The Trust has been re- accredited with both CIPFA and ACCAs registered employers scheme and this will be in place until 2028.This allows Trust members of both Professional accounting bodies to be able to complete their Continuing Professional Development through the Trusts appraisal system. This is a very positive outcome for the Trust and its Qualified Accountancy Staff who are members of both bodies with the Trust demonstrating its commitment to support the professional development of Finance Staff.

3.5.4 Facilities Management Updates

- Ongoing discussions have taken place with the Comms Team as to how we can accompany the rebranding as Humber Facilities Management with a logo. This offers the potential for this to be incorporated as the department do undertake work for outside organisations.
- Work is also taking place with comms to consider any opportunity to include for campaigns (such as flu vaccinations etc) on the FM fleet. This will be acted upon should the approved messaging and graphics be received.
- Works have been undertaken to improve the environment at College House, including new carpets and decorations. Further work is planned facilitate a usable outdoor space to the rear of the building and a requirement to provide for MS Teams room and new screens within the group rooms/meeting rooms.
- Trust accommodation at Princess Court Hull was flooded as a result of a fault within the Primary Care area on the first floor, as a result of this the service is temporarily utilising the Trust community mental health facilities. The Landlord is engaged with their insurers and the team are working on a plan to remediate the area with the Landlord's agent.
- Consultation to commence on 15 September to increase the Estates on call rota from 6 to 9 staff members. This is to increase resilience and breadth of knowledge within the department.

- The Trust has been successful with an application to Greener NHS for national capital to deliver Solar PV at Humber Centre & Newbridges to the value of £668,000.00
- Works at the Humber Centre Search Room Project to commence end of Sept.
- Contractor appointed for internal refurb works at Pocklington Health Centre, this work is linked to Beckside decant and consolidation of estate in Pocklington.
- Following CQC Inspection of temporary decant facility at Hawthorne Court, further engagement being sought with the trust CQC link as to the next steps that need to be undertaken to register the facility for Regulated Activities.
- Migration from PodPoint EV charging infrastructure to Mer is continuing, communications will be issued as this is rolled out across the sites.
- All Trust buildings have completed at least one full fire evacuation; around 30% have completed two.
- Trust buildings inspected by the fire service have all passed their inspection, the last one was the Walker Street centre, where no issues were identified.
- Consultation commenced on the introduction of a 7 day working rota for the supervisory staff (Soft FM). This is to ensure that weekend cover is formally managed, and supervision is available for those staff that work only weekends.
- Introduction of waste stream to support new Simpler Recycling requirements. This includes for the separation of all food waste and glass recycling. Education sessions and presentations to leadership forums has commenced.
- All outstanding Whitby Sub Leases have been completed. Arrangements being put into place to offer up one room to the PCN for the remainder of the financial year FoC. Further discussion required with the ICB in respect of the cost of Whitby Hospital and future use of accommodation by other organisations.
- The Ground Lease to HUTH for the CDC at ERCH is ready to complete, and the early access letter has been approved allowing HUTH to start works on site. These have a completion date in December 2025.

Partnerships and Strategy

Children and Learning Disability Division

- The Trust's 0-19 services have been successful in a bid to become a pilot site for a year to deliver the Health Visitors Pathfinder Programme. The Government's Manifesto outlined a commitment to 'enable vaccinations for babies and children as part of health visits'. Aligning with work to increase uptake in the 0 to 5 cohort, NHSE is working as part of a tripartite team, with DSHC and UKHSA, to undertake a Pathfinders programme to test delivery of this manifesto commitment ahead of a wider roll out. The aim of the Pathfinder Programme is to facilitate local testing of the hypothesis that "access to and uptake of childhood vaccinations in underserved groups can be improved by administering childhood vaccinations as part of health visits." It is anticipated that this initiative will be operational from November 2025.
- The Trust has secured £20,000 of funding from the National Lottery Awards for All over 2 years, to continue the LD Community Hub events following 4 successful pilot events in 2024/25. This will ensure capacity within the Trust LD services to support the planning and coordination of future events, the

hiring of accessible, easy to reach venues, and the continuation of these valuable events for the next two years across Hull and the East Riding.

- The Learning Disability Cancer Screening Project has been nominated for a Humber and North Yorkshire Cancer Alliance Excellence in Cancer Award in the Championing the Patient Voice category. The winner will be announced at the Cancer Alliance's Annual Conference on the 25th September. Breast Screening uptake data for the year to date demonstrates the positive impact of the project across Bridlington Primary Care Network.

Mental Health Division

- A Full Business Case has been submitted to NHSE to support the application for £1.8 m capital to develop the Trust's Psychiatric Intensive Care service and provide separate male and female estate.
- This will stop unnecessary out of area placements for the Humber region, leading to an improved experience for our patients as they will be cared for closer to home.
- Integrated Neighbourhood Teams- Hull has recently refreshed its work and launched a new Hull Neighbourhood Health and Care Delivery Group. There are 3 senior clinical leads from the Trust as core members. The first meeting held monthly took place on 2 September 2025.

Forensics

- An outline business case has been developed to rebuild the Ouse and Derwent medium secure wards at The Humber Centre. The Partnerships and Strategy Team worked with the Estates Team, Citycare and Forensics division staff to design a solution which meets the current and future needs of the service. The proposed building works would create a modern, trauma informed and operationally optimised environment. Funding to deliver the OBC is yet to be identified.
- The Forensics inpatient service has introduced 10 exciting new Expert by Experience roles for Humber Centre patients. The postholders will be responsible for representing their ward at the service's Humber Voices patient meeting as well as undertaking engagement work on their ward. This innovative project empowers patients to develop valuable skills and experience as well as increasing patient involvement in how the service is run.

Health Inequalities

- In October 2025, we are holding a workshop to explore the impact that financial challenges have on health & wellbeing and share about some good practice examples both from within our Trust and externally. The workshop will enable collaborative discussions between patients, carers, staff and community members about how we can address financial inclusion within the Trust.
- Since launching our Equality and Health Inequalities Impact Assessment in October 2024, the template has been used to assess the impact of 149 Trust

policies on vulnerable groups who are at risk of experiencing health inequalities and barriers to accessing services.

4 Communications Update

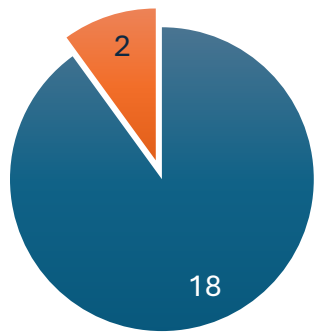
See Appendix 1

5 Health Stars Update

See Appendix 2

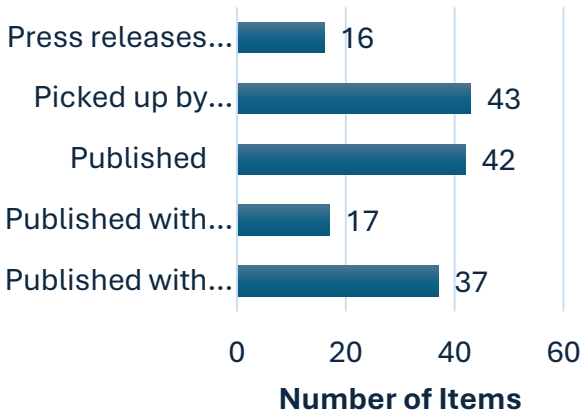
Media Coverage – July & August

Positive vs Negative News
Target - 5:1 p/m



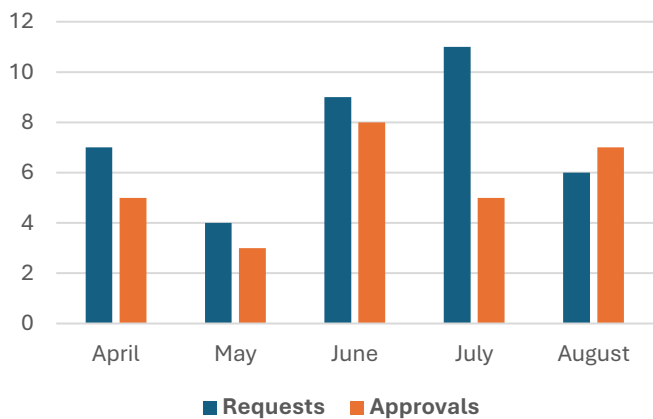
■ Positive ■ Negative

Media Pickup Rate

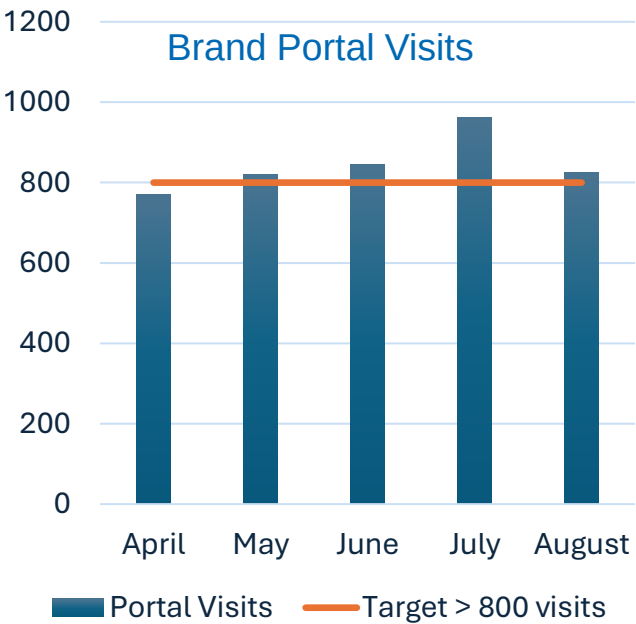


Brand Management

Brand Requests vs Approvals

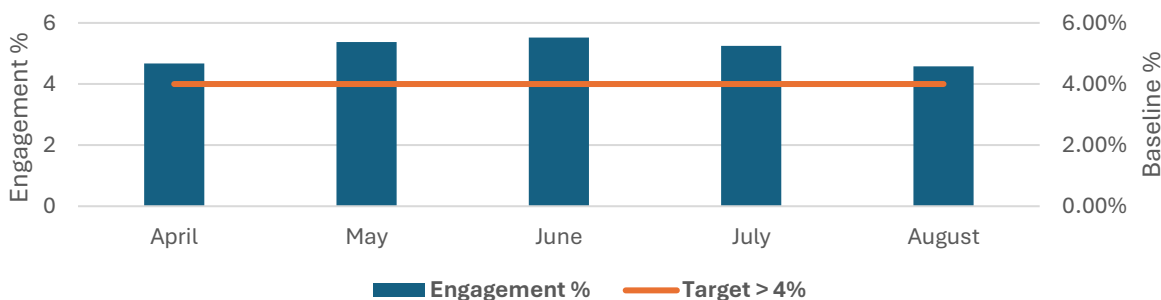


Brand Portal Visits



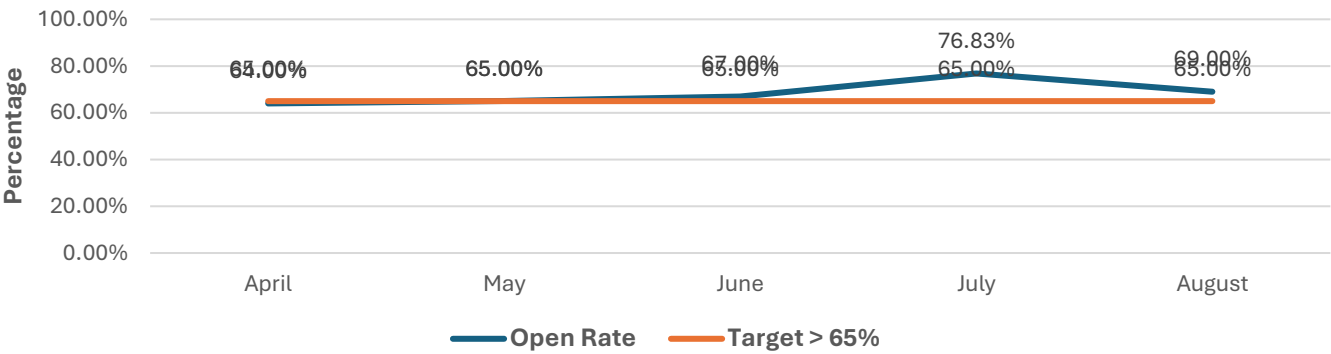
Social Media

Social Media Engagement Rate

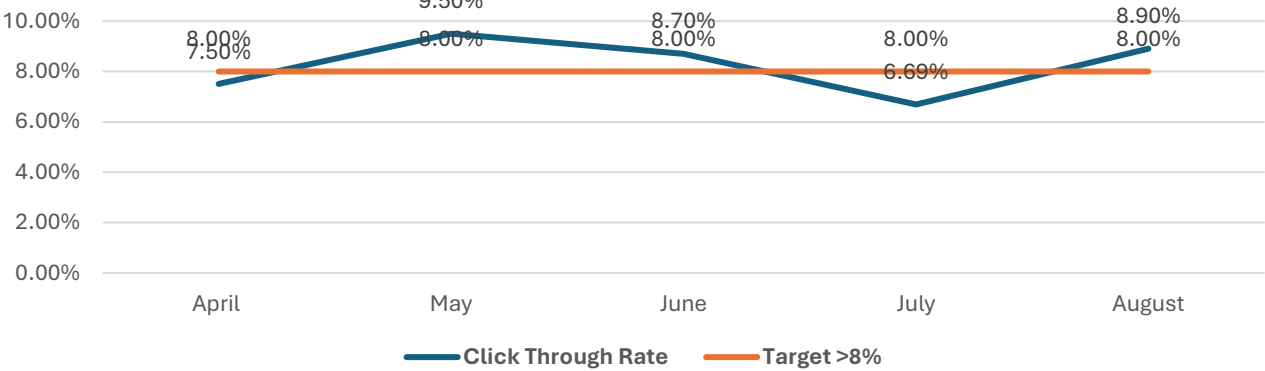


Internal Communications

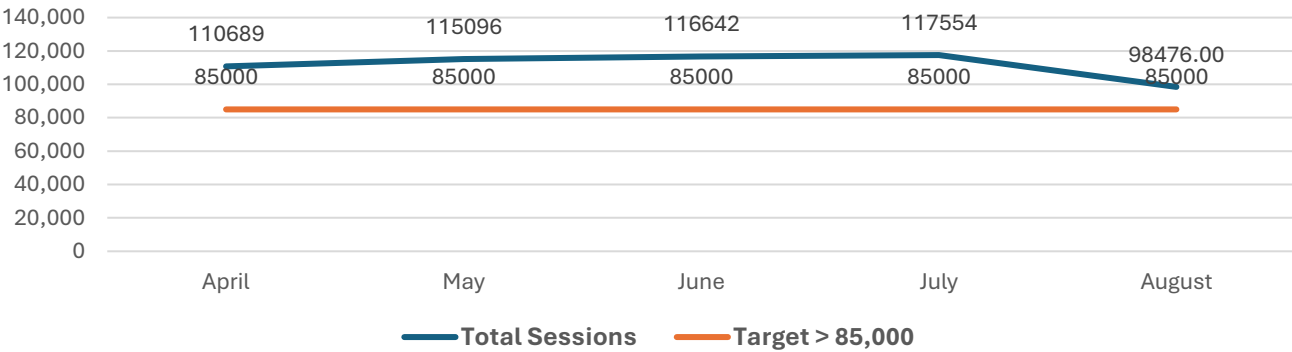
Global Open Rate



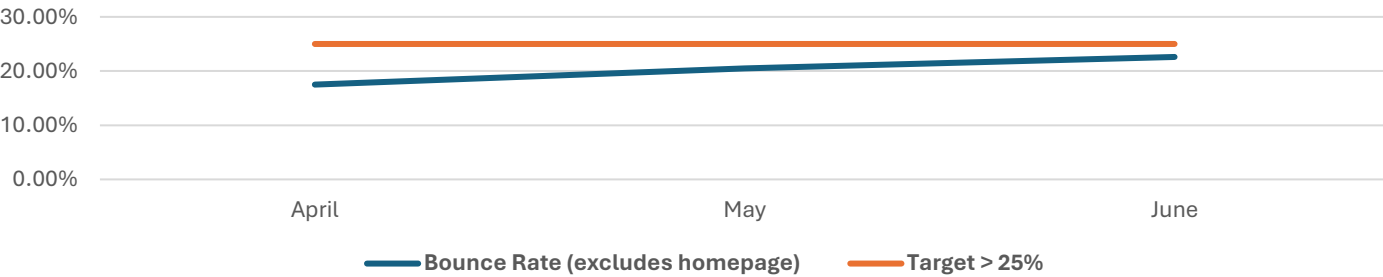
Global Click Through



Intranet Sessions



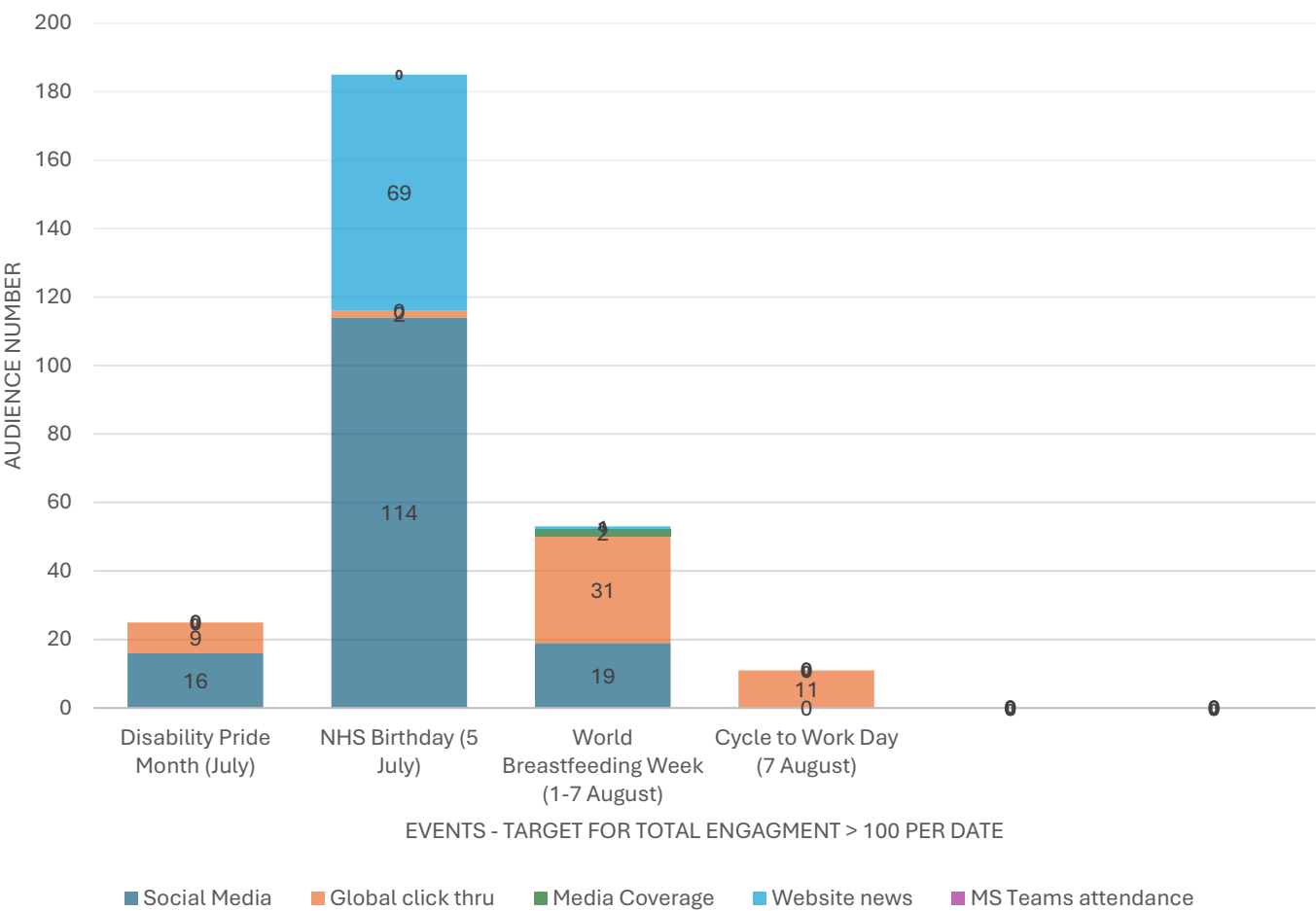
Intranet Bounce Rate (Excluding homepage)



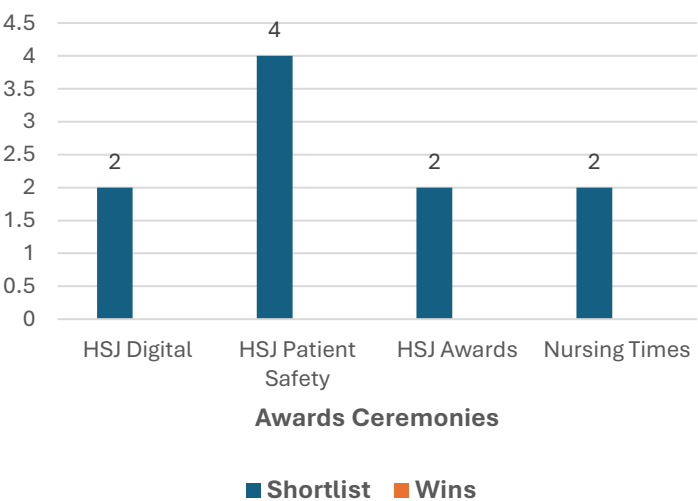
Expected decline in intranet sessions and open rate due to high levels of annual leave in August .

Events

Awareness days engagement



Award Nominations and Wins

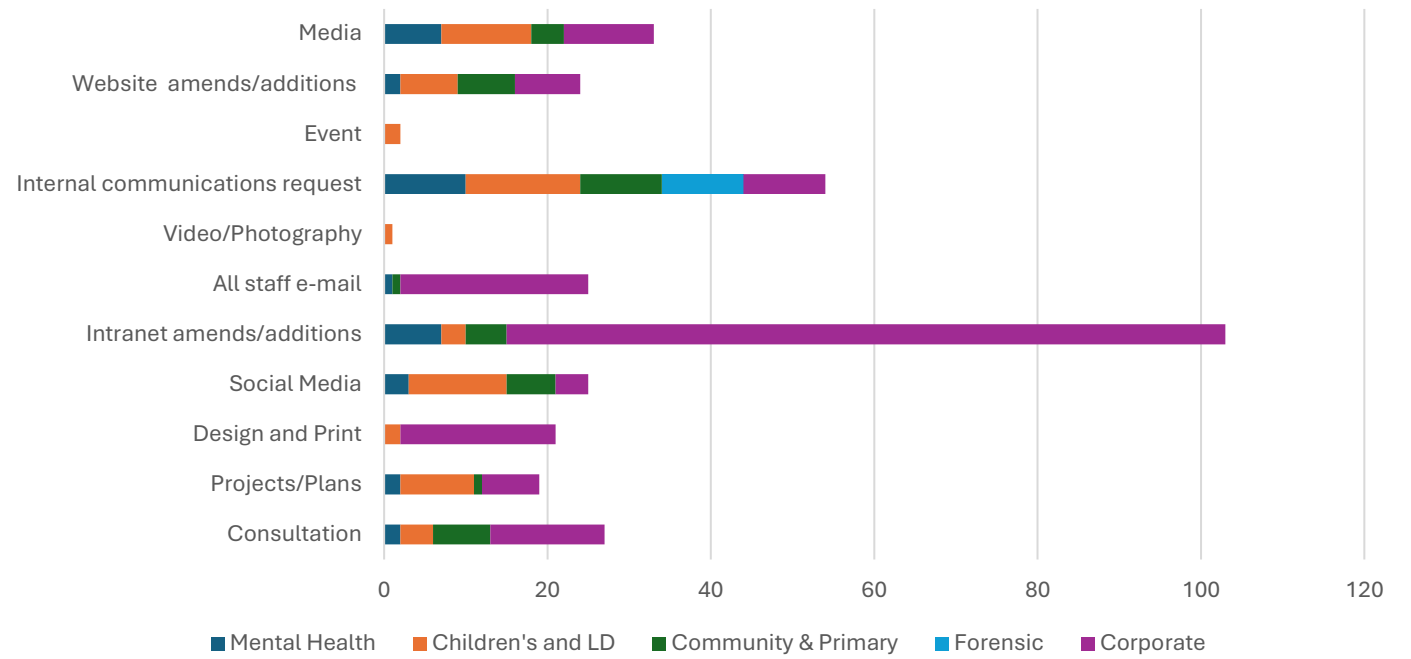


Sponsorship secured during reporting period

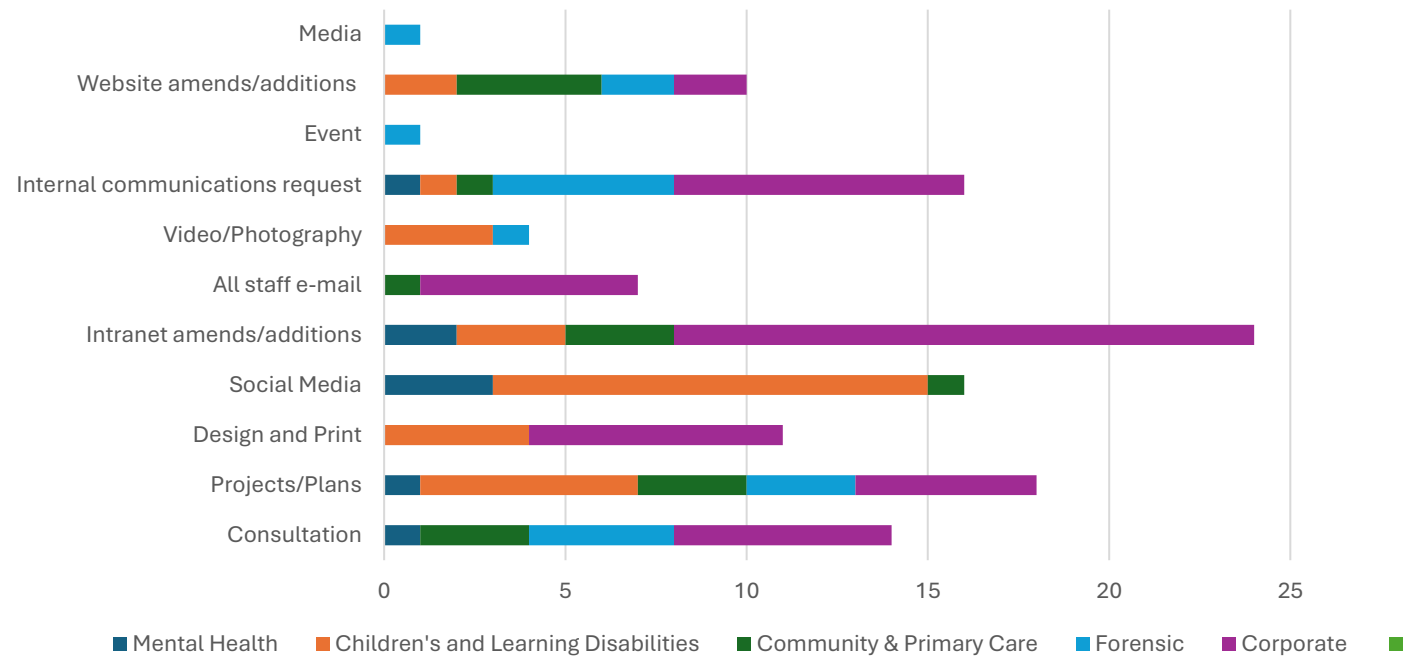
£68,000

Communications Service

July



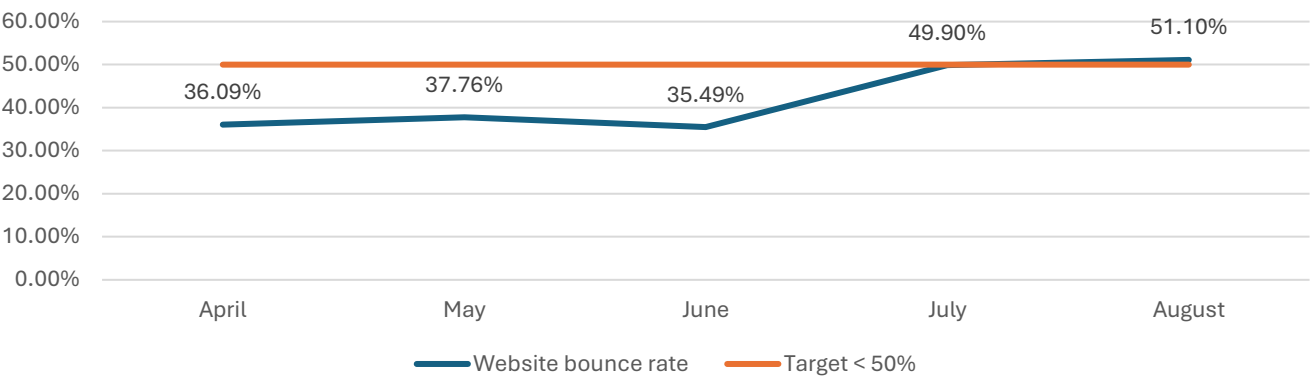
August



Total support requests July /August - 455

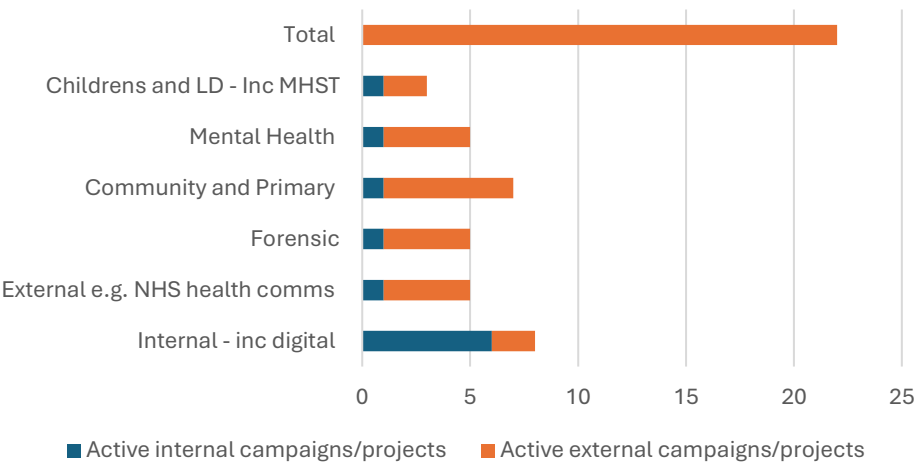
Website

Homepage Bounce Rate



Projects

Campaign/Project Totals



Finance & Fundraising Report

Including update on Wishes and Dreams

August 2025

Reporting on July 2025

Anita Green – Charity Manager
John Busby – Senior Finance Officer

Health Stars

Better Healthcare, Brighter Futures



Highlights Dashboard: July 2025

1. Delivering Outstanding Care



2. Enhance Healthcare experiences and outcomes



75% wishes approved
Target = 75%



6 Dreams
in process

3. Improve staff health, wellbeing and development



CEO Challenge
HYAG
Inspire
PICU
ODG



Wishes for staff
wellbeing including
picnic benches



4. Improve health and wellbeing of communities

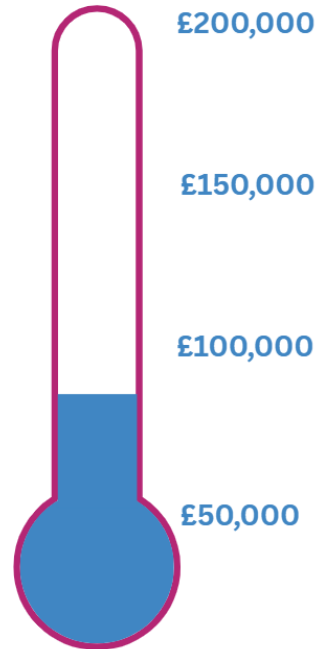
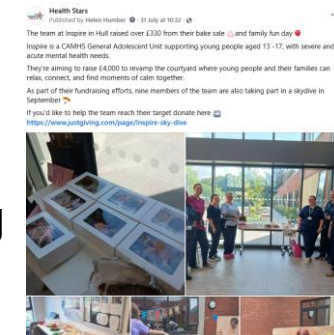


Views on
Facebook



Top social story:
Inspire fundraising

6743 views
2573 reach



£85,782
Total raised YTD

Financial position as at: 31st July 2025



Balance Sheet Reconciliation

The following table provides a reconciliation of fund balances to resources

As per trial balance at 31/07/2025	£
Bank account balance NHS Foundation Trust	10,000
Bank account balance NHS FT Fund Deposit	464,789.61
Charities Investment Fund (CIOF)	355,000
Investment – H Butler Shares	9,556
Total resources held	839,345.61
Accrual (to be reviewed)	(1,200)
Debtors	0.00
Gifts In Kind (Inventory)	12,844
Prepayments	41,756
Other liabilities - Humber Teaching NHS FT (Wish recharges)	(274,025.53)
Current commitments	(15,265.50)
Net funds at DATE	603,454.58

Fund Zone Balances

Figures based on balances as at 31-07-25

Fund Zone	Sub Funds	Current Commitments	Balance 05/06/2025	Balance June 2025	Balance July 2025	Remaining	Percentage Split	Operating Costs YTD	Less Operating Costs YTD	
Community & Primary Care	Community & Primary Care - General	3,454.60	86,128.16	86,128.16	85,732.16	82,277.56	14.17%	(2,393.18)	79,884.38	
	Malton	0.00	2,250.93	2,250.93	2,902.09	2,902.09	0.50%	(84.41)	2,817.68	
	Whitby	0.00	29,921.96	29,921.96	29,921.96	29,921.96	5.15%	(870.33)	29,051.63	
	Bridlington	4,788.89	24,576.11	24,576.11	24,576.11	19,787.22	3.41%	(575.54)	19,211.68	* pre restructure legacy held here
	Betty Whatling Legacy (Alfred Bean)	0.00	39,513.00	39,513.00	39,513.00	39,513.00	0.00%		39,513.00	
	Better Days	0.00	2,344.91	2,344.91	9,438.82	9,438.82	1.63%	(274.54)	9,164.28	
Children, Young People & Families	Children, Young People & Families - General	190.31	336.69	336.69	2,565.01	2,374.70	0.41%	(69.07)	2,305.63	
	Inspire	0.00	30,099.60	30,099.60	30,099.60	30,099.60	5.18%	(875.50)	29,224.10	
	Learning Disabilities	466.61	368.42	523.18	523.18	56.57	0.01%	(1.65)	54.92	
	LD Community Hub				20,000.00	20,000.00	3.44%	(581.73)	19,418.27	
Mental Health & Wellbeing	Mental Health & Wellbeing - General	685.72	6,619.79	6,665.77	6,665.77	5,980.05	1.03%	(173.94)	5,806.11	
	Westlands	0.00	246.63	493.57	493.57	493.57	0.08%	(14.36)	479.21	
	Maister Lodge	0.00	758.57	1,609.56	1,677.88	1,677.88	0.29%	(48.80)	1,629.08	
	Newbridges	0.00	58.97	58.97	58.97	58.97	0.01%	(1.72)	57.25	
	Millview Court	0.00	278.30	278.30	278.30	278.30	0.05%	(8.09)	270.21	
	Millview Lodge	0.00	104.76	491.81	506.07	506.07	0.09%	(14.72)	491.35	
	Avondale	0.00	1,551.60	1,551.60	1,551.60	1,551.60	0.27%	(45.13)	1,506.47	
	Forensics	13.35	13.35	13.35	13.35	0.00	0.00%	0.00	0.00	
Healthstars Central Fund	Healthstars Central Fund - General	5,255.96	98,175.57	100,079.03	173,620.89	168,364.93	28.99%	(4,897.17)	163,467.76	
	Volunteers	351.12	4,689.77	4,689.77	4,689.77	4,338.65	0.75%	(126.20)	4,212.45	
	Recovery College	0.00	347.69	347.69	347.69	347.69	0.06%	(10.11)	337.58	
	DBT	58.94	79.34	79.34	79.34	20.40	0.00%	(0.59)	19.81	
	Grimsby Fishermen's Grant	0.00	15,000.00	15,000.00	0.00	0.00	0.00%	0.00	0.00	
	Humber Youth Action Group Walk				9.51	9.51	0.00%	(0.28)	9.23	
	Small Community Grants Fund	0.00	200,000.00	200,000.00	200,000.00	200,000.00	34.43%	(5,817.32)	194,182.68	
	Scarborough District Nursing Team				350.00	350.00	0.06%	(10.18)	339.82	
Central Charges	Central Charges		4,818.70	(11,195.63)	(16,894.56)	(16,894.56)				
Total:		15,265.50	548,282.82	535,857.67	618,720.08	603,454.58	100.00%	(16,894.56)	603,454.58	
P&L Balance:			548,282.82	535,857.67	618,720.08					
			0.00	0.00	0.00					

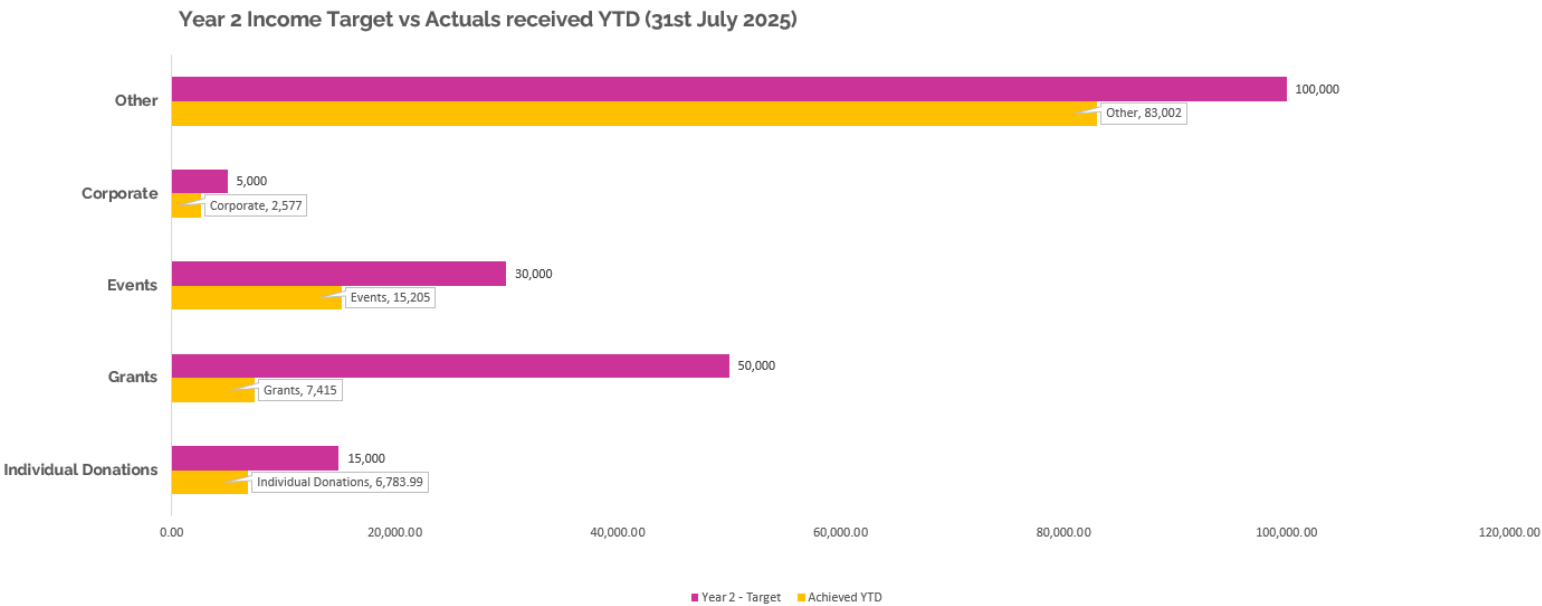
In Year Financial Performance:

Year 2 income target £200,000

Grants: £50,000 Actual: £7,415	Events/Comm: £30,000 Actual: £15,205	Ind. donations: £15,000 Actual: £6,784	Corporate: £5,000 Actual: £2,577	Other: £100,000 £83,002
NHS Charities Together Grants, Trusts and Foundations	Health Stars own events or hosted by third parties Seasonal campaigns and appeals	Individual fundraising Major gifts Planned giving (in memory, celebration) General donations	Charity of the Year Fundraising within businesses (not connected to an event)	Investment income Legacies / gifts in wills

As at the end of July 2025 actual year to date income of £115,213 had been received.

The following graph shows the year to date performance against the annual target for the five fundraising pillars.



Fundraising: Grants

Grants: £50,000

NHS Charities Together

Grants, Trusts and Foundations

Total raised to date: £7,415

A green starburst graphic with many sharp points, containing text about grant applications.

Applications
submitted to:

Jack Brunton Trust
Malton Town Council
Norton Town Council

A green starburst graphic with many sharp points, containing text about a demo.

Attended demo
from Grant Finder

Fundraising: Events and Community

Events: £30,000

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

Total raised to date: £15,205

Money received
through
Just Giving
YTD:
£10,926

15 people signed
up to the Skydive
have raised over
£5500 so far!

Fundraising: Individuals

Individual donations: £15,000

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

Total to date: £6,784

Confirmed own
fundraising events:

Skydive (£838)

VD Day Run (£65)

Birmingham Half (£380)

(Money on JG page so far)

Two members of
Maister staff
walked the Wolds
Way and raised
£840

Humber Youth
Action Group
sponsored walk
raised
£400

Fundraising: Corporate

Corporate: £5,000

Charity of the Year

Fundraising within businesses (not
connected to an event)

Total to date: £2,577

£2312

received from
EEM Community
Fund

Fundraising: Other

Other: £100,000

Investment income

Legacies / gifts in wills

Total to date: £83,002



Legacy received in
July 2025:
£76,472

Fundraising Update (to 13th August 2025)

Event	Date	Participants	Minimum projected income	Sponsorship on page so far
Skydive (individual)	August	1	No minimum	£828
Wolds Way Walk	July	2	No minimum	£840
VJ Day 10K	September	1	No minimum	£70
Birmingham Half	September	1	No minimum	£435
Skydive	13 September	15	£6900	£5530
Yorkshire Marathon	19 th October	1	£200	£70



£3095 raised



Teams from PICU,
Inspire, Malton

£13,086
raised on
Just Giving
(01/04 – 13/08)

27 people
taking part in
our events
(target = 20)

6 people
taking on their
own challenge
(target = 10)

Small Community Grants Scheme

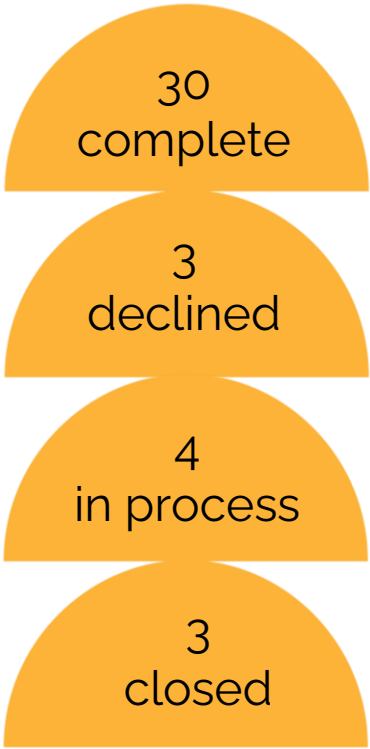
- £200,000 transferred to Health Stars to administer a Small Community Grants Scheme
- Similar scheme took place in 2023/2024 and gave grants to around 35 local grassroots organisations who were working with people in the community to improve their mental health.
- Money came from Humber, was administered by Smile. We've taken it in-house.
- Application form etc will sit on Health Stars website for organisations to apply for a grant (up to £5000).
- **Form, Guidance, FAQs and Evaluation has been created and webpage ready**
- **Anita has spoken with East Riding VCSE Network and met with Community Coordinator at HEY Smile**
- **Launch in September 2025**





Month	Wishes submitted
April 2025	10
May 2025	9
June	11
July	10
August	
September	

Month	Wishes submitted
October	
November	
December	
January 2026	
February	
March	



75%
KPI = 75%



JULY 2025

Children and LD	LD Services	Noodle - therapy dog	£320.00	Complete
Children and LD	West Wolds ISPHN Team	Health & Development resources	£146.61	Complete
Children and LD	CAMHS Crisis Home intensive treatment team	Staff picnic table *	£219.00	In process
Children and LD	Children's Speech and Language Therapy	Intervention group - Rock City	£48.00	Complete
Community	East Riding Hospital	Patio dining set *	£499.98	In process
Community	Whitby Hospital	Corporate Humber Mugs	£100.00	Closed Provided by Workforce Wellbeing
Community	Community Services	Get up & go booklets	£160.00	Complete
Corporate	Youth Engagement	Rounders equipment	£85.98	Complete
Forensics	Pine View	Sensory and music items	£90.53	Complete
Mental Health	Social Prescribing for NHSE trainees / YOURhealth	Drink & snack contribution	£120.00	Closed Not possible in current format

* FURNITURE

New Trust guidance has been published stating that **ALL furniture** – regardless of where it's located in the Trust and who will be using it – **must be purchased through approved suppliers**. This has increased the price of several wishes and has taken time to process. We have worked with the Procurement Team to find a list of these approved suppliers that we can share with teams. We have also uploaded a guidance document onto the Health Stars website.

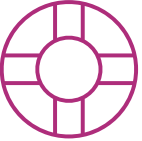


Current dreams

	Malton Day Room	Creating a dementia friendly day room on the Fitzwilliam Ward	£50,000	Appeal launched Donor wall installed Community event = 19 th September	Community and Primary
	Whitby Hospital Children's Area	Creating a fun and child-friendly space within the waiting area	£30,000 in fund	Plans with Whitby team for comment	Community and Primary
	0-19 Mobile Clinic	To provide services within communities	Unknown cost	Anita to look into funding options with P&S team	Children and LD
	Granville Court Eyegaze machine	Purchase of 2 Eyegaze machines to support patients who communicate through their eyes	Approx £8000	Hornsea Freemasons have no money so not able to fund. Working with P&S to look for alternative funding	Children and LD



Current dreams

	Flojac - Scarborough	An inflatable bed which could be used to assist in palliative care. A lot of patients when nearing the end of life need to have a mattress upgrade but due to their condition it is difficult to move them. This often includes having to use the fire brigade and as many staff as possible, which can be difficult to organise and can cause a delay.		Application unsuccessful. Working with P&S to look for alternative funding	Community and Primary
	Granville Court	Huge transformation of Granville Court – Anita finding out how Health Stars can be involved	Anita to attend next Project meeting		Children and LD
	Inspire Courtyard Garden	Transform the courtyard garden at Inspire	Unknown	Initial meetings and engagement with HYAG and patients	Children and LD



Appeal plans: Summer 2025

Events, Community, Individuals			Grants			Just Giving appeal Target
Donor wall	£300	Installed!	Jack Brunton Trust	£4250	Application submitted	£1000
Scouts bag pack	£150	Next space at Morrisons = October	Malton Town Council	£500	Application submitted	
			Norton Town Council	£500	Application submitted	
			Rotary / Lions	£3000	Anita and Pete visited Malton Lions in July	



Target for summer 2025:
£10,700

£10,070

Target: **£20,770**

£30,000

£40,000

£50,000



Good News

Check out our latest news stories:

healthstars.org/news



Fiona has worked at Malton Community Hospital for 23 years and is the Ward Clerk for Fitzwilliam Ward. After 16 years in banking, she made the switch to healthcare in 2002 when a part-time admin job came up. Over time, she covered different roles throughout the hospital, but Fitzwilliam Ward stood out. When the ward clerk position became available, Fiona applied and has never looked back.

“I enjoy being part of a team and helping patients, visitors, and colleagues,” says Fiona. “I take pride in what I do and genuinely love coming to work.”

Fiona is now supporting the Better Days Appeal, a campaign from Health Stars to improve the hospital environment for patients. The team is raising funds to create a dementia-friendly day room, something Fiona believes will have real impact.

“This room will give patients a chance to move away from the bedside and take part in activities. It will help people feel more like themselves,” she explains. “My mum had Alzheimer’s and was once a patient on this ward. So this appeal means a lot to me personally.”

The Fitzwilliam Ward at Malton Community Hospital helps patients regain independence after being poorly or having treatment like an operation. The ward also provides compassionate palliative care, ensuring comfort and dignity for those in their final days.

Fiona and her team are proud of the work they do, and the new room will help them do even more.

To support our Better Days Appeal please visit [Better Days - Malton Hospital Appeal - JustGiving](#)

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025															
Title of Report:	Publications and Policy Highlights															
Author/s:	Name: Michele Moran Title: Chief Executive															
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">To approve</td> <td style="width: 10%;"></td> <td style="width: 40%;">To discuss</td> <td style="width: 10%;"></td> </tr> <tr> <td>To note</td> <td style="text-align: center;">√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss														
To note	√	To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To inform and update the Trust Board on recent publications and policy since the July 2025 Board meeting (as detailed below): <i>Assessing Providers Capability – Guidance for Boards</i> <i>Financial Reset</i> <i>Mental Health Waiting Times</i> <i>Emergency Preparedness, Resilience and Response (EPRR): Annual Assurance</i> <i>Social Values Playbook</i> <i>Proposals to Regulate NHS Managers Consultation Response</i> <i>Digital Transformation and the Productivity and Efficiency Challenge</i> <i>National Cyber Security Centre – Principles for building a cyber security culture</i> <i>Ten Year Health Plan</i> <i>Workforce Race Quality Standard</i> <i>Review of Patient Safety</i> <i>Sexual Misconduct</i>															
Key Issues within the report:																
Positive Assurances to Provide: n/a		Key Actions Commissioned/Work Underway: n/a														
Key Risks/Areas of Focus: n/a		Decisions Made: n/a														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail)													

Monitoring and assurance framework summary:

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

Publications and Policy Highlights

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

1. Assessing Providers Capability – Guidance for Boards

The [NHS oversight framework 2025/26](#) (NOF) set out how NHS England (NHSE) would use provider capability assessments to determine their improvement response, enabling them to understand how capable an organisation is of improving without additional support.

The capability self-assessment guidance confirms that boards will need to **self-assess annually against the six oversight domains** set out in [The insightful provider board](#).

NHSE notes potential overlap with aspects of boards' existing effectiveness reviews, and evidence used for the annual governance statement (AGS) in annual reporting can be reused for this exercise where relevant.

The self-assessment should be submitted to their regional NHSE oversight team along with supporting evidence, for example the board paper(s) used to agree the self-assessment. The self-assessment should highlight any areas of concern, the reasons why, and planned or taken actions to address.

The timescales for this during 2025 are for boards to do the self-assessment within eight weeks of when they receive the guidance. They should then submit the required declaration form to the regional team, which then has four weeks to review and triangulate with information from a variety of other sources, before coming to a view about a capability rating. These will be discussed with provider boards, and trusts allocated to the Provider Improvement Programme (PIP) will be told in December.

Link to the report and NHS Providers response is available here: [Assessing provider capability – guidance for boards](#)

Lead: Chief Executive

The Board has previously discussed the Trust's compliance against the Insightful Board domains and whilst the Trust is largely compliant, a small number of gaps have been identified and captured in an action plan. The action plan will be monitored by committees for assurance seeking purposes. The Board will review and monitor the 'Strategy' domain. The Board had a detailed session on the framework at our recent Board Away Day.

2. Financial Reset

On 6 March 2025, NHS England (NHSE) chief executive Sir James Mackey, wrote to trust and integrated care boards (ICB) leaders stating that their initial financial plans indicated a £6.6bn aggregate deficit. This triggered an immediate "[financial reset](#)".

The [2025/26 planning guidance](#) was clear; trusts and systems were required to work within fixed funding allocations, cut their cost base by at least 1%, and improve productivity by 4%. To close the £6.6bn gap, NHSE instructed ICBs to halve their running costs and trusts to halve the growth in post-pandemic corporate cost growth by October.

NHS England has published a long-read on what the 2025/26 financial reset means for trusts, the impact so far, and the support trust leaders need from government and national bodies.

NHS Providers has summarised the information: [What do trusts need to help them to deliver the 2025/26 financial reset?](#)

Lead: Director of Finance

The Trust Board, Executive Management Team and Finance Committee are regularly informed of the financial challenge across the wider NHS, including updates on the Regional and Local Systems financial position. Whilst the Trust remains in a strong financial position, the wider risk across the NHS is considered in terms of planning for the future. The highlights from this report will be taken to the Finance Committee in October.

3. Mental Health Waiting Times

Rethink Mental Illness has analysed NHS data regarding mental health waiting times and the analysis shows people wait significantly longer for mental health care than physical care, leading to worsened conditions, crises, and increased demand for urgent services. Recent findings show a widening gap, where 14,586 people waited 18+ months for community mental health treatment in May 2025, compared to 1,237 for physical care. The charity emphasises that long waits have serious consequences and has highlighted to government the need for a dedicated strategy to address these issues.

Link to the report: [New analysis of NHS data on mental health waiting times](#)

Lead: Chief Operating Officer:

Improving access to all mental health services is a priority for the Trust. Waiting times are monitored very closely and where necessary detailed recovery plans are in place with the ambition that all waiting times are at least 18 week compliant. The position the charity takes on long waits having potentially serious consequences is supported by the Trust. The continuation of oversight by our quality committee of timely access to our services ensures that the patient care and quality impact of waiting is prioritised.

4. Emergency Preparedness, Resilience and Response (EPRR): Annual Assurance

NHS England has sent a letter explaining to all ICBs and service providers with EPRR responsibilities that the annual assurance process for 2025/26 has started, and summarising the actions for NHS organisations to take.

Supporting information provided includes an updated self-assessment tool. The letter includes a reminder that boards of each NHS Organisation are responsible for EPRR, and should be engaged as part of the assurance process.

Further details are available via this link: [NHS England » Emergency preparedness, resilience and response: annual assurance](#)

Lead: Chief Operating Officer

The Trust has been undertaking a detailed programme of work to improve compliance with the EPRR core standards and is prepared to make our annual submission through the annual self-assessment process. The Chief Operating Officer and Accountable Emergency Officer will continue to keep the board briefed on progress on this (see COO section in the CEO report)

5. Social Value Playbook

NHS England has produced guidance on applying social value in each stage of the procurement and commissioning lifecycles of NHS goods and services. The guidance covers question setting, evaluation, and contract management to build confidence across commercial teams and supply chains.

Lead: Director of Finance

Since April 2022, our Trust along with all other public sector contracting authorities have taken account of Social Value when commissioning and purchasing goods and services and awarding contracts. We have been guided by details published by Cabinet Office in Procurement Policy Notes (PPNs) and more recently by NHS England's Social Value Playbook and supporting materials. As a Trust, we actively pursue Social Value related outcomes through our procurement processes.

In particular, we ensure that Social Value accounts for at least 10% of the overall evaluation criteria score when tendering for goods and services and that we develop meaningful key performance indicators to ensure we can monitor supplier's commitments made in their tender submissions.

The Procurement Team have contributed two sections to the latest Trust Social Values report producing narrative for sections "Keeping our Spending Local" and "Procurement & Net Zero".

6. Proposals to Regulate NHS Managers Consultation Response

Following the consultation regarding proposals to regulate NHS Managers, the government is now bringing forward secondary legislation to implement a statutory barring system for senior NHS managers who commit serious misconduct. The consultation explored ways to strengthen oversight and accountability of NHS managers, including a duty of candour. With 4,924 responses, 92% agreed that NHS managers should be regulated, largely citing improving accountability and trust in management decision making as reasons for this. This feedback has been considered to inform future policy decisions on how NHS managers and leaders will be regulated and to determine what wider support should be in place for managers and leaders.

Link to the report: [Leading the NHS: proposals to regulate NHS managers - GOV.UK](#)

Lead: Director of People and Organisational Development

Plans are underway to respond to and implement the wider proposals in regard to the regulation of NHS Managers, with regular updates provided within the CEO report.

7. Digital Transformation and the Productivity and Efficiency Challenge

NHS Providers has produced a report which focuses on the potential of digital transformation in the NHS, and explores the potential sources of productivity gains with case studies from across the sector. It includes practical advice for NHS boards and senior leaders on driving productivity through technology.

Link to the report: [Digital transformation and the productivity and efficiency challenge](#)

NHS Providers has also published a [briefing](#) on mastering supplier relationships for a digital NHS and a document outlining the [10 principles to help effective prioritisation of your digital agenda](#)

Both of these reports will be considered at the Trust Be Digital Group, with any resulting actions reported via Executive Management Team.

The National Cyber Security Centre (NCSC) has published a set of six principles for building a cyber security culture within an organization

This report will be considered at a future Information Governance Group in terms of alignment and relevance to existing trust practice and policy.

A briefing has been produced which provides health care leaders with an at-a-glance view of the key takeaways from 10 Year Health Plan for England, and offers the NHS Confederation's analysis on the detail.

The Executive Management Team and Trust Board has reviewed the key impacts and opportunities arising from the Ten-Year Plan and discussed these in detail. Guidance is now awaited regarding delivery of the Plan.

The latest Workforce Race Equality Standard data shows the NHS is more ethnically diverse than ever before, with ethnic minority staff making up 28.6% of all staff. Despite this, significant disparities between the experiences of ethnic minority and white staff at work persist.

NHS Providers published the following resources designed to support trusts with inclusive leadership, recruitment and restructuring:

- The Trust has shown sustained improvement year on year within the Workforce Race Equality Standard, as presented at the July Board. We are committed to continuing to deliver against core areas of focus and will exhaust all available resources in conjunction with our work plan.

On 7 July, Dr Penny Dash, chair of NHS England, published a review of patient safety across the health and care landscape in England. This review was commissioned by the Department of Health and Social Care.

NHS Providers has produced a [briefing](#) which outlines the key policy announcements and provides the NHS Providers' analysis, along with their press statement on the plan.

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

The Board considered a briefing on the report at the last board meeting in July. The Quality Committee will receive a further update in December.

12. Sexual Misconduct

Every NHS trust and integrated care board (ICB) in the country has signed up to a Sexual Safety Charter. More recently, NHS England has asked that further actions be taken to identify and act against potential perpetrators of sexual misconduct in the NHS.

The further actions include a self-assessment against an assurance framework, e-learning for staff on sexual misconduct and a review of staff policies and processes to ensure appropriate sharing of concerns about healthcare professionals with future employers and host organisations.

Further information is available via this link: [NHS England » Actions to tackle sexual misconduct in the NHS](#)

Lead: Director of People and Organisational Development

The Trust is delivering against its commitments as set out in the Sexual Safety Charter. A full launch of the programme reinforcing our commitment will take place the week commencing 8th September, with all additional actions added to the assurance framework that is reported to EMT.

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	Patient and Carer Experience Annual Report (2024/2025) including Complaints and Feedback														
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Co-production) David Napier (Complaints and Feedback Manager)														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td>✓</td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify	✓	For assurance			
To approve		To discuss													
To note		To ratify	✓												
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To ask Trust Board to ratify the Patient and Carer Experience Annual Report (2024/2025) including Complaints and Feedback. A short film including highlights of the annual report will support this written document.														

Key Issues within the report:

Positive Assurances to Provide:

By listening to feedback, it is helping us to understand and influence our service provision as well as shape the services we deliver. Key highlights from the past year include:

- The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch. The forums share the work taking place across the Trust and invite members to get involved with Trust activities. Forum members are given the opportunity to co-produce the agendas for each meeting.
- In April, the Trust launched its new Friends and Family Test (FFT) dashboard, which displays the results of FFT Surveys from patients, service users, and carers. Accessible to all staff, the dashboard provides performance insights at the organisational, divisional, and team levels. All feedback is now thematically analysed into ten themes, divided into positive and negative sentiments, highlighting good

Key Actions Commissioned/Work Underway:

- The Trust has started working on the Patient and carer race equality framework (PCREF), which all providers of NHS Mental Health Services must use to support their organisations to become anti-racist organisations. This is needed because national and international data shows that both access to mental health services, and the treatment people receive, can vary by ethnicity.
- A significant amount of work has been carried out to address findings from the key surveys, where our patients, service users and carers participate. Action plans are in place and are overseen by survey working groups including patient, service user and carer representation. Regular meetings continue to place to seek assurance that the identified actions are being implemented.
- The Trust continues to be a lead Provider in the Humber and North Yorkshire Integrated Care System's (ICS) 'A Good Experience'

experiences and identifying quality improvement opportunities.

- In July we introduced a more streamlined process for recruiting Experts by Experience (EbE). Our EbE are people with experience of using services as either a patient, service user or a carer and once registered on our EbE database, will be remunerated for undertaking activities with the Trust. During the past twelve months 32 EbEs have been involved in 28 Trust projects and initiatives where they have been paid for their contribution.
- October saw the launch of the Children's and Adult Learning Disability Services Connect website, which hosts 28 children's and learning disability services into one platform. It offers easy access to important information and features animations co-produced by service users and the individual services. The website was designed and developed in partnership with service users, system partners, commissioners, and staff to ensure its effectiveness and relevance.
- October the Trust launched our Survey Landing page on the Trust website to help individuals to navigate the various surveys available.
- February 2025 saw the Patient and Carer Experience and Continuous Improvement Teams host the Trust's first "Caring Together" event, celebrating how patient and carer experiences have driven continuous improvements. With over 150 attendees both in-person and virtually, the event featured presentations from staff and patient representatives across the Trust. A special recognition section honoured four Patient and Carer Experience Champions and the Humber Youth Action Group for their dedicated support.
- Patients, service users and carers continue to provide feedback by participating in a number of surveys including; Friends and Family Test, Community Mental Health Service User survey and the national GP survey. Feedback is shared with staff and where learning is required, action plans are produced to make improvements.

initiative. In time, this project will develop a Communication Charter identifying several principles around an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS. York St John University has partnered with the ICS to provide additional support.

- The Patient Stories Framework is in the process of being refreshed. The refresh is being supported by Experts by Experience who have previously shared their stories at the Trust Board.
- The Trust continues to support the Armed Forces Community by working towards our Veteran's Aware Principles to enhance career opportunities and support for the Armed Forces Community and increase awareness and understanding within the Trust of the needs and contributions of the Armed Forces community.
- A Staff Champion of Patient Experience (SCoPE) working group has been introduced to look at strengthening the role of SCoPE Champions. Resources and a training package are being developed to promote the role and to equip to potential and current SCoPEs with additional knowledge and skills to support them in the role.

• There is an intrinsic link between staff satisfaction and the direct impact on patients and the standard of care they receive - the Trusts 2024 staff survey results share a very positive picture of staff experience, which directly enhances patient care and satisfaction, ultimately highlighting a supportive and effective healthcare environment. • Since its launch in 2021, 89 pieces of work have been honoured with the co-production logo stamp and during the past 12 months there have been 36 pieces of work awarded. The logo demonstrates the tremendous effort that goes on behind the scenes to co-produce work. • During the past year the Trust has responded to a total of 502 complaints: 188 formal complaints and 314 informal complaints. For the previous year, the Trust responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. • Of the 188 formal complaints responded to, 43 (23%) were upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld, of which 6 were withdrawn. • 47 of the Trusts 133 clinical teams (35%) have not received any formal or informal complaints in the last twelve months. For the previous year, 34 (35%) of the Trusts 97 clinical teams did not receive any formal or informal complaints.	
Key Risks/Areas of Focus: • Where teams are not receiving Friends and Family Test responses, they have developed action plans to help to strengthen their approach to disseminating FFT survey forms to their patients, service users and carers as well as collect responses. Since the start of the action plans being introduced there has been a 24% improvement in teams across the Trust receiving responses. • Strengthened governance and assurance process to support the Community Mental Health Service User survey.	Decisions Made: • Due to the success of the Caring Together event held on 13 February 2025, we will look to introduce bi-annual events moving forwards.

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	7.8.25	People & Organisational Development Committee	
	Finance Committee		Executive Management Team	29.7.25
	Mental Health Legislation Committee		Operational Delivery Group	23.6.25
	Collaborative Committee		Other (QPAS)	3.7.25

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			
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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	√			
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Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Patient and Carer Experience

Annual Report (2024/2025)
including Complaints and Feedback



Caring, Learning
& Growing Together





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1.0

Executive Summary

The Patient and Carer Experience Annual Report (April 2024 to March 2025) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the past twelve months to support the patient and carer experience and co-production agenda.

Involving our communities continues to be our priority at Humber Teaching NHS Foundation Trust (HTFT). Our commitment to ensure our patients, service users, their carers and partner organisations voices are heard in all that we do has become an integral part of our culture and everyday thinking. Our inclusive commitment to listening to valuable feedback continues to support our innovation and transformation plans reflecting diverse community needs.

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

future. The Trusts 2024 staff survey results share a very positive picture of staff experience, which directly enhances patient care and satisfaction, ultimately highlighting a supportive and effective healthcare environment.

Over the past year we have made significant progress in delivering the Patient and Carer Experience Five Year Forward Plan (2023 to 2028) where a number of milestones have been achieved. This report shares some of the great co-production work taking place across the Trust where involving our communities has made significant enhancements to our services.

We continue to strengthen our patient, service user and carer involvement offer in decision-making processes, ensuring their voices are heard and valued. The Trust participates in various surveys to support with the collection of feedback from patients, service users and carers, aiming to enhance the quality of care and patient experiences. These efforts help the Trust identify areas for improvement and ensure the provision of the best possible care. To help those individuals who access our services navigate the different surveys available, we have created a Survey Landing Page on our Trust website. We have also strengthened our approach to developing actions in response to surveys and have patients, service users and carers on working groups offering their valuable feedback to support with this process.

In April, the Trust launched its new Friends and Family Test (FFT) dashboard, which displays the results of FFT Surveys from patients, service users, and carers. Accessible to all staff, the dashboard provides performance insights at organisational, divisional, and team levels. All feedback is now thematically analysed into ten themes, divided into positive and negative sentiments, highlighting good experiences and identifying quality improvement opportunities.



The organisation has started working on the Patient and carer race equality framework (PCREF), which all providers of NHS mental health services must use to support their organisations to become anti-racist organisations.

This is needed because national and international data shows that both access to mental health services, and the treatment people receive, can vary by ethnicity.

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch.



In April, the Trust launched its new Friends and Family Test (FFT) dashboard, which displays the results of FFT Surveys from patients, service users, and carers.

Over the past twelve months, from a total of 16,409 completed surveys received during the year, 90.4% of respondents confirmed they are happy with the overall service they received, 93.5% thought staff were friendly and helpful, 91% of respondents thought they were involved in their care and listened to and 90.1% felt staff gave them enough information.



Over the past year 47 of the Trust's 133 clinical teams (35%) have not received any formal or informal complaints.

In July we introduced a more streamlined process for recruiting Experts by Experience (EbE). Our EbE are people with experience of using services as either a patient, service user or a carer and once registered on our EbE database, will be remunerated for undertaking activities with the Trust. During the past twelve months 32 EbEs have been involved in 28 Trust projects and initiatives where they have been paid for their contribution.

February saw the Patient and Carer Experience and Continuous Improvement Teams host the Trust's first "Caring Together" event, celebrating how patient and carer experiences have driven continuous improvements. With over 150 attendees both in-person and virtually, the event featured presentations from staff and patient representatives across the Trust. A special recognition section honoured four Patient and Carer Experience Champions and the Humber Youth Action Group for their dedicated support.

We are delighted to share that since its launch in 2021, 89 pieces of work have been honoured with the co-production logo stamp and during the past 12 months there have been 36 pieces of

work awarded. The logo demonstrates the tremendous effort that goes on behind the scenes to co-produce work.

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During the past year the Trust has responded to a total of 502 complaints: 188 formal complaints and 314 informal complaints. For the previous year, the Trust responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. Of the 188 formal complaints responded to, 43 (23%) were upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld, of which 6 were withdrawn. For the previous year, the Trust responded to 198 formal complaints of which 60 were upheld (30%), 56 were partly upheld (28%) and 82 were not upheld

(42%). On comparing the 2 years there has been an overall decrease by 52 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

Over the past year 47 of the Trust's 133 clinical teams (35%) have not received any formal or informal complaints. For the same period last year, 34 out of a possible 97 teams in scope (35%) did not receive any formal or informal complaints.

Over the past 12 months the Trust received 432 compliments, which compares to 303 compliments received for the previous year. This year we have expanded the number of compliment themes and have aligned them more closely with our complaints theme categories. We have also introduced a new range of sub-themes; these are aligned with the Trust's 'Being Humber' values and behaviours framework and will enable us to gather and triangulate rich data regarding our positive feedback.

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

The five year forward plan includes three outcomes (all of which underpin the six organisational goals) and are the focus for the Trust's patient and carer experience, engagement and involvement agenda. These include:



Outcome 1 – Our Care

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

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

Outcome 2 – Our Partnerships

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

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

Outcome 3 – Our Workforce and Organisation

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

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

2.0

Achievements over the last year

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

2.1 Trust-wide

1

Our Care

2.1.1 Trust Forums

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch. The forums share the work taking place across the Trust and invite members to get involved with Trust activities. Forum members are given the opportunity to co-produce the agendas for each meeting. Please refer to our website for details of all our forums taking place: www.humber.nhs.uk/patients-carers/patient-and-carer-experience/



Forum Name	Staff	Partner Organisations	Patients, Service Users & Carers	Total
Hull & East Riding	49	33	18	100
Whitby & District	27	28	19	74
Scarborough & Ryedale	45	43	15	103
Veterans	42	32	6	80
Staff Champion of Patient Experience	215	0	0	215
Total Forum Members	378	136	58	572

Here is a snapshot of where we have listened to feedback from members of the Patient and Carer Experience forums and how we have acted upon it.

Hull and East Riding Patient and Carer Experience Forum

Patient and Carer Experience Forum Members Said	In Response, The Trust Did
Older people’s health inequalities are not referenced in the Trust’s Health Inequalities Plan.	The Trust Health Inequalities lead has included older people in the definition of health inequalities.
Older people’s voice has not been heard in development of the Trust Health Inequalities Plan.	The Health Inequalities lead for the Trust has met with the Patient and Carer Experience forum member to discuss identified areas of the plan which support older people.
Would like to know more about the complaints and feedback process and see some examples of feedback relating to Primary Care.	Complaints and Feedback Manager was invited to a forum to deliver a presentation.

Whitby and District Patient and Carer Experience Forum

Patient and Carer Experience Forum Members Said	In Response, The Trust Did
Meetings to provide the opportunity for regular open group discussions.	Open group discussion is now a standardised item on all agendas.
Would like the opportunity to share feedback about services outside of the Trust’s provision.	Members to share feedback in the open group discussion at each meeting and Trust to discuss in the Whitby Hospital Building User Group meetings.

Scarborough and Ryedale Patient and Carer Experience Forum

Patient and Carer Experience Forum Members Said	In Response, The Trust Did
Would like the contact details for the virtual ward in the Bridlington area.	We shared the link to the information on the City Health Care Partnership website and information leaflet.
To make the information shared in forums more accessible.	All forum documents are printed in A3 on each table in a large font.
To increase membership of the forum.	All members were asked to share and market the forum poster.

2.1.2 Friends and Family Test

The Trust continues to collect feedback about all the services it provides using the Friends and Family Test (FFT) online and hard copy survey forms.

From a total of 16,409 completed surveys received during this year, 90.4% confirmed they are happy with the overall service they received. 93.5% of respondents thought staff were friendly and helpful, 91% thought they were involved in their care and listened to and 90.1% felt staff gave them enough information.

The mode for completing the FFT survey was predominantly digital (90% of individuals completed the survey via the Trust website) and the remaining 10% completed a hard copy survey form. The FFT feedback provides a valuable insight into what people are saying about the services we provide. Our teams look at the feedback to identify where we have got it right and where there is room for improvement.

When asked ‘Please tell us what we did well’, here are some examples of the positive FFT feedback we have received over the past year.

“That you listened to me and went above and beyond. really went out of your way to help us.”

Learning Disability Services

“Everything. They got me out and about and helped with my confidence. To me it is like having a family member being with me.”

Mental Health Planned Services

“Always warm, friendly and empathetic to my health needs. Calm, professional, engaging service received by both was excellent.”

Community Services

“Always feel supported and offered help if I need it.”

Forensic Services

“Was very patient, was gentle, coaching to engage with my son, very friendly, calm gave lots of information and tips.”

Children’s Services

“The appointment didn’t feel cold and judgemental, I felt at ease and could be honest without worry.”

Addictions Services

“A warm welcome. understood my problems and undertook a sound examination, then onward referrals made.”

Primary Care Services

“Miranda has changed and changed for the better, the team you have are brilliant “not all heroes wear capes” your team in my eyes are heroes, I now feel worthy as a human and I feel valued. I cannot thank you all enough. Outstanding set of heroes.”

Mental Health Unplanned Services



Here are some examples of where we have listened to the FFT feedback and have made changes as a result.

Humber Primary Care Patients Said	In Response, Humber Primary Care Did
More appointments required at the surgery.	The practice’s clinical meeting has been moved to an evening to free up more appointment slots.
Waited in the queue for 10 minutes whilst the receptionist completed an online consultation for someone.	The practice has attached an iPad to the wall in the waiting room so patients can complete their own online consultations to avoid being held up in the queue.

King Street Medical Centre Patients Said	In Response, King Street Medical Centre Did
Private space to be able to have a conversation with the reception team if required.	Room 9 has been made accessible for private and confidential conversations with the reception team when patient requests privacy.
Develop customer service skills further.	All admin staff were booked on Care Navigation training.

Market Weighton Practice Patients Said	In Response, Market Weighton Practice Did
More availability of appointments in Market Weighton would be good.	Working with the Primary Care Network, the practice has been able to secure further Musculoskeletal appointment availability in the practice from January 2025.
It was not clear that samples should be handed back into the practice by 2pm.	A new sign has been put up in the waiting room and a slip is now handed out by the receptionist to confirm the cut off time.

2.1.2.1 Friends and Family Test Zero Reporting

Where teams are not receiving Friends and Family Test (FFT) responses, they have developed action plans to help to strengthen their approach to disseminating FFT survey forms to their patients, service users and carers as well as collect responses.

- For the pilot period January to March 2024, of the 176 teams with an FFT code, 93 teams (53%) did not receive any survey form responses.
- For the second reporting period, April to September 2024, of the 174 teams with an FFT code, 51 teams (29%) did not receive any survey form responses. This is a reduction of 42 teams (24%).

The Trust will continue to produce a six monthly zero response report for each division and will compare and contrast divisional reporting data against the previous reporting periods. This information will be shared with each division every six months, where they will be asked to provide feedback on the work taking place in every zero reporting team. This will provide assurance that an FFT approach for collecting feedback is embedded across the Trust.

Moving forwards, the Trust will continue to conduct targeted interventions with teams who have consistently received zero FFT responses. Teams will also be supported to analyse the feedback received and identify areas for quality improvement.



2.1.3 Launch of the Trust’s New Friends and Family Test Dashboard

April 2024 saw the launch of the Trust’s new Friends and Family Test (FFT) dashboard which shows the results of the FFT Surveys received from patients, service users and carers who have accessed our services. The dashboard is accessible to all staff and shows how we are performing at an organisation, division and team level and includes:

- Number of survey forms received.
- Percentage of people who are satisfied with our services.
- Breakdown of positive, neutral, ‘don’t know’ and negative responses.
- Qualitative feedback comments including; main reason for saying you are satisfied with our services/or not, what we did well and what we could do better.

All feedback is now thematically analysed into one of ten themes and is also divided into positive and negative sentiments. Positive themes confirm good experience, and negative themes inform where there is a potential quality improvement opportunity.

2.1.4 Caring Together “Celebrating Continuous Improvement with our Patients and Carers”

The Patient and Carer Experience and Continuous Improvement Teams hosted the Trust’s first “Caring Together” event in February of this year. The event showcased how patient and carer experience has informed continuous improvements across the Trust. Over 150 people attended the event in person as well as people attending virtually.

The audience listened to excellent presentations from staff who in some instances were supported by our patients, service users and carers from teams across the Trust. A special recognition section rewarded four of the Trust’s Patient and Carer Experience Champions and the Humber Youth Action Group who have all dedicated numerous hours over the past few years to support the Patient and Carer Experience and Continuous Improvement agendas.



Feedback from the event:

“Thank you for a really informative and positive day. All the presenters have done a fantastic job. I was grateful there was a link to join online, but didn’t expect it to run so smoothly and be so high tech! It’s made it easy to stay engaged.”

“Thank you so much it’s been a such a great and informative day.”

2.1.5 Patient and Carer Stories at Trust Board Meetings

Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved, or best practice shared. Patients, service users and carers attend our Trust Board meetings to share their experiences of either using our services or caring for someone who has used our services.

2.1.6 Co-production Logo Stamp

Since its launch in 2021, **89** pieces of work have been honoured with the co-production logo stamp and during the past 12 months there have been **36** pieces of work awarded. The logo demonstrates the tremendous effort that goes on behind the scenes to co-produce work.

The Trust's Quality Improvement Manager was awarded the Co-production Logo for a Continuous Quality Improvement patient information leaflet, and said:

“Our Patient and Carer Continuous Improvement Information Leaflet was co-produced by our Patients and Carers for the Caring Together showcase event but will be used more widely at future events. The process was easy to complete, and it was wonderful to be awarded the co-production logo to display on the leaflet. The addition of the logo not only demonstrates that it was co-produced but provides the additional assurance to anyone thinking about getting involved in our improvement journey that their voice is listened to and they can make a difference.”



Congratulations to staff from the Learning Disability Cancer Screening Project who were the lucky winners of the March 2025 Staff Champion of Patient Experience Forum's Co-production Logo Stamp draw for their cancer screening video with Expert by Experience feedback on screening support materials.

The Learning Disability Service Engagement Lead, Danni Wolverson, collected the award presented by the Patient and Carer Experience team.

2.1.7 Experts by Experience

Experts by Experience (EbE) are people with experience of using services as either a patient, service user or a carer who are interested in undertaking activities with the Trust. Our Trust is committed to involving our communities in its work and values their time and effort to support the Trust in activities. For effective involvement, people need to feel supported, and their contribution valued. The level of involvement that EbE have in supporting the work of the Trust will vary. Engaging EbE in paid work, where appropriate, mirrors the Trust's co-production philosophy whereby EbE and staff work together as equal partners to develop and improve services.

During the past twelve months 32 EbE have been involved in 28 Trust projects and initiatives where they have been paid for their contribution.



Patients have fed back positive feedback about the updated booklet including:

“Just wanted to say what a very informative and easy to read the booklet is. The addition of bluebells make it a calm pretty pictures.”

*“Not a lot of people are aware of the **tell us once** and it is so welcome when you are in grief and can't think straight.”*

Review of the Expert by Experience Process

This year the Trust has reviewed and updated the process for individuals to become Experts by Experience (EbE) to make it easier for people to participate in paid for activities.

Case Study: Learning Disability Service

Views from adults with a learning disability were collected and shared to highlight the barriers of the application process for becoming EbE within the Trust. The service has only had the opportunity to work with one EbE since the launch of the initiative nearly two years ago.

The feedback supported the review and development of the new EbE process which went live in July 2024. To support the review, there was also collaboration with people with lived experience to review the current easy read application form

and changes were made to make this more accessible. Between July and September 2024 there has been an increased awareness in the Learning Disability service and subsequently a demand for EbE to support project work in the division.

The Learning Disability service currently has 5 individuals who have commenced their new EbE roles in various projects. The team look forward to working alongside people with lived experience to strengthen services and care provision in the future.

2.1.8 Bereavement Booklet

The Trust's bereavement booklet has undergone a review and refresh to ensure it includes current and up to date information. As well as reviewing the bereavement booklet, the Trust has also developed a 'Survey of the Bereaved.' This survey is for those who have experienced the death of someone close to them and feel able to provide feedback around the care our Trust provided for their loved one. The survey links are on the back page of the new bereavement booklet and feedback received will help the Trust to continue to learn and improve our care.

You Said (Trust Staff)	We Did
The Trust's current bereavement booklet included out of date information including medical certification of death.	The Patient and Carer Experience team worked together with the Trust's Professional Lead for Palliative and End of Life Care to refresh the bereavement booklet to ensure that all information is now accurate and up to date. This included reaching out to our patients and carers for their feedback on the booklet to further strengthen the content.

2 Our Partnerships

2.1.9 Veteran Aware Healthcare Alliance

The Trust is a Veteran Aware Healthcare organisation. We were originally accredited in May 2020 and were re-accredited in 2023 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA). We continue to support the Armed Forces Community by working towards our Veteran Aware Principles to enhance career opportunities and support for the Armed Forces Community, and increase awareness and understanding within the Trust of the needs and contributions of the Armed Forces Community.

Our principles demonstrate the Trust's strong commitment to making a positive difference to fulfilling the Armed Forces Covenant and supporting the wider Armed Forces Community.



You Said (Co-produced Veteran Aware Principles - developed with our Veteran's Forum members)	We Did
To be an employer who supports the Armed Forces Community by offering programmes such as 'Step into Health' to develop careers in the NHS.	The Trust has introduced an Armed Forces Covenant Working Group to oversee the work taking place to deliver on the four Veteran Aware Principles. An action plan is in place to provide regular updates on progress made for assurance.
To continue to promote the flexible working opportunities and roles available in the Trust to meet the needs of the individual and the Trust through existing Trust opportunities including the Veterans Forum, Armed Forces Community Navigator, Reservists and 'Step into Health'.	One example of work the Trust is progressing – we are working towards silver accreditation with the Armed Forces Employer Recognition Scheme.
To ensure staff undertake training to raise awareness of the specific needs of the Armed Forces Community and requirements of the Armed Forces Covenant.	We attended a Hull4Heroes Employers Day in February 2025 to showcase job roles in the Trust to the Armed Forces Community. The Trust's interim Recruitment and Resourcing Manager said: <i>"it was an absolute privilege to meet the serving personnel, veterans and families. It really helped me to put the works in our policy into context."</i>
To continue to identify the Armed Forces Community at first point of contact and staff are able to signpost individuals to relevant services.	

"it was an absolute privilege to meet the serving personnel, veterans and families. It really helped me to put the works in our policy into context."

2.1.10 A Good Experience Integrated Care System Engagement Project

A Good Experience is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS and will also support staff from all organisations within the ICS. The end product will be a Communications Charter. It is hoped that the initiative will realise the following benefits:

- **Improved Communication:** Enhanced communication between health and care organisations, patients, and staff.
- **Enhanced Patient Experience:** Improved patient experience through better communication practices, therefore a reduction in concerns, complaints and other negative feedback.
- **Staff Engagement:** Increased staff satisfaction and engagement by addressing communication barriers and facilitating better interactions.

Over the past year York St John University has partnered with the Humber and North Yorkshire ICS and is supporting with the project. First, the university carried out a literature review which summarised the necessity for tailored communication approaches for different individuals with diverse needs and identified barriers and enablers in the communication process. It also concluded that as the development of the Communication Charter progresses, it is crucial to consider the impact for the different participants and to create support frameworks and templates to support frontline communication efforts.



2.1.11 Accessible Information Standard

For the period April 2024 to March 2025 the Trust did not receive and respond to any formal or informal complaints or compliments relating to people with a communication need under the Accessible Information Standard (AIS).

The Trust produces reports for assurance that staff are identifying people with a communication need. For the period April 2024 to March 2025, 56 individuals were flagged as having a communication need on their Electronic Patient Record.

The Trust holds a Brand workshop every six weeks where the Accessible Information is discussed (approximately 30 people attend each session).



2.1.12 Healthwatch Annual Reports

The Trust continues to strengthen our relationship with local Healthwatch organisations across the geographical area. Healthwatch organisations attend all of the Trust's Patient and Carer Experience forums and support the agenda by contributing to a range of Trust activities.

Healthwatch East Riding, Hull and North Yorkshire Annual Reports 2023/24 all showcased a number of initiatives dedicated to ensuring that service delivery is equitable and responsive to the diverse needs of the community. Notably, the following projects align closely with the Trust's services and/or areas of focus:

2.1.12.1 Healthwatch East Riding

- **Engagement with Underserved Communities:** Healthwatch East Riding reached out to wider communities, including those using food banks and elderly residents in remote coastal areas, to gather feedback on health and social care issues.
- **Neurodiversity Support:** Healthwatch East Riding focused on addressing challenges faced by young people with neurodiversity, ensuring their voices were heard and their needs met. Due to the feedback received, the Healthwatch East Riding Manager meets on a regular basis with the Trust's Complaints and Feedback Manager to share intelligence and help mitigate ongoing concerns, including updates and useful information for patients, service users and carers.
- **Rural and Coastal Access:** Healthwatch East Riding worked on improving access to services in rural and coastal communities, which often face unique challenges. This helped to identify specific needs and barriers to access such as healthcare facilities, transportation issues and social isolation.
- **Cost of Living Crisis:** Healthwatch East Riding addressed the impact of the cost of living crisis on health and social care, advocating for better support and resources for affected individuals. They gathered feedback to help understand how the cost of living crisis was affecting peoples' access to healthcare services – these included issues such as avoiding NHS appointments and prescriptions due to costs. Resources were shared with the public such as travel reimbursement schemes and ensuring freephone access to healthcare services.

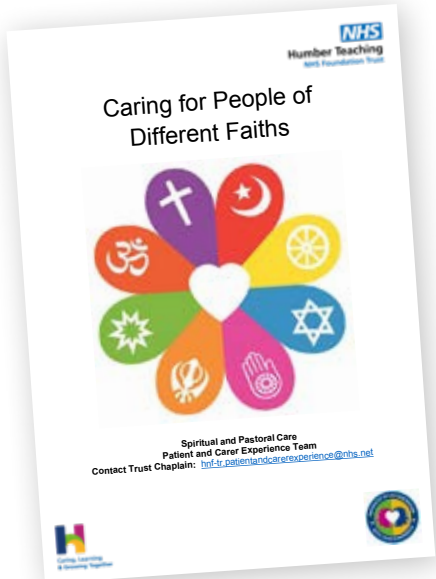
2.1.12.2 Healthwatch Hull

- **Access to Yorkshire Ambulance Service for Homeless Individuals:** This project focused on improving access to ambulance services for people experiencing homelessness. It aimed to address the challenges faced by this vulnerable group and ensure they receive timely and appropriate care.
- **Recommissioning of Housing Related Support with Hull City Council:** Healthwatch Hull partnered with Hull City Council on the recommissioning of housing-related support services. This project aimed to enhance the support provided to individuals in need of housing assistance, ensuring their voices were heard in the decision-making process.
- **Engagement with Marginalised Groups:** Healthwatch Hull continued to engage with the most vulnerable and marginalised groups in the community. By gathering public feedback and analysing trends, they highlighted issues to service providers and worked towards reducing health inequalities. The project involved reaching out to groups including the elderly, people with disabilities, and ethnic minorities to gather their feedback on health and care services. Healthwatch Hull used this feedback to highlight issues and advocate for changes that would reduce health inequalities and improve access to services for these groups.
- **Volunteering and Community Involvement:** The report emphasised the importance of volunteering and community involvement. Healthwatch Hull's engagement work ensured that the community were at the heart of all activities, making a significant impact on health and care services in the area. Volunteers played a role in gathering the feedback from the community by conducting surveys and participating in the engagement events.



2.1.12.3 Healthwatch North Yorkshire

- **Continence Care:** This project aimed to address the stigma associated with continence care and improve access to support for individuals facing continence issues. Healthwatch North Yorkshire highlighted the struggles people face in accessing continence care and worked to raise awareness and advocate for better services.
- **Accessible Information Standard:** Healthwatch North Yorkshire called upon partner NHS organisations (including our Trust) to review and update the Accessible Information Standard to ensure that everyone receives the care they need in formats that are accessible to them. This project aimed to improve the quality of information provided to patients and ensure that it meets their needs.
- **Rural Healthcare Access:** Healthwatch North Yorkshire listened to feedback from people in rural areas about the challenges they face in accessing healthcare. The project aimed to break down the barriers of rurality and ensure that people in rural areas receive the care they need. A major issue identified was the difficulty in accessing healthcare services due to limited transportation options, around having to travel long distances, sometimes involving multiple changes in transportation to reach healthcare facilities. On occasions individuals had to book overnight accommodation if their appointments were late in the day.
- **Aids and Equipment Services:** Healthwatch North Yorkshire gathered feedback about the service provided by Medequip, which supplies aids and equipment on behalf of the NHS and North Yorkshire Council. The feedback was used to ensure that these services work better for people who rely on them. A number of recommendations were identified, including reviewing the suitability of equipment, improving communication and customer service, ensuring timely and efficient delivery and collection of equipment, and being open to ongoing feedback from individuals to help shape improvements.



2.1.13 Equality, Diversity and Inclusion Priorities for Patients, Service Users and Carers (2023 to 2025)

The Trust has made good progress to deliver on our four Equality, Diversity and Inclusion (EDI) priorities which were co-produced with patients, service users, carers, staff and partner organisations in a workshop in May 2023. As a result, the Trust has a strengthened offer to accommodate religious practices because of the “Caring for People of Different Faiths” booklet refreshed by the Trust Chaplain last year, and the pastoral and spiritual services she hosts. The awareness days and weeks hosted by the Trust has enabled our patients, service users, carers and staff to have a greater understanding of the cultural differences including beliefs, behaviours and practices unique to ethnicity and race.



Trust Chaplain, Eve Rose, continues to host virtual services over the year, bringing people together virtually and physically for spiritual and pastoral support. Patients, members of the public and staff openly share their lived experiences with poems and readings; many of which they have written themselves.

You Said (Priorities Co-produced in EDI Workshop May 2023)

We Did

1. To strengthen patient demographical data collection to tailor care that meets individual needs.	• The Trust has implemented a new Electronic Patient Record across all areas which has enabled more consistent data collection and refreshed reporting processes. • The “Why Ask” booklet has been re-circulated to managers attending the Trust’s Senior Leadership Forum for sharing with their teams. The booklet provides information to help us to understand demographical data questions (including protected characteristics and health inequalities) so that staff can better personalise interactions and conversations with patients. • Work is under way to refresh the “Why Ask” booklet through co-production.
2. To further enhance our faith offer to ensure inclusivity.	• Trust Chaplain, Eve Rose, continues to host virtual services over the year, bringing people together virtually and physically for spiritual and pastoral support. Patients, members of the public and staff openly share their lived experiences with poems and readings; many of which they have written themselves. • The Chaplain has been strengthening relationships with other faith leaders through her membership of the Hull and East Riding Inter Faith group, which gives her access to a wide range of faith and spiritual practitioners to further strengthen the offer to individuals from a diverse range of beliefs and traditions. • The “Caring for People of Different Faiths” booklet has been produced in hard copy (supported by Health Stars) so staff and patients can refer to it easily. This was shared at the Humber Centre Equality, Diversity and Inclusion launch event in March 2025 as a more accessible format for patients and was very well-received.
3. 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.	• During 2024/25, staff have attended sessions at the Peel Street Women’s Friendship group. A number of Trust teams attended the Peel Street Health Fair in August 2025, including Humber Youth Action Group, Research, and Patient and Carer Experience (PACE). In response to last year’s racist riots targeting the local area, the PACE team took leaflets to the fair on accessing mental health services in a range of languages targeted at those preferred by service users from the HU3 area. • Also, in response to the racist riots, the Chaplain and a PACE team representative participated in the community meeting held in Spring Bank with faith leaders, elected representatives, and other community leaders to discuss what the community had recently experienced. • A PACE representative met with members of the Humber All Nations Alliance in November 2024 to better understand their experiences of accessing healthcare, and other services.
4. To introduce cultural celebration weeks to educate and support people to understand cultural differences.	• In response to patient feedback, a co-produced EDI group has formed to improve information and awareness of equality, diversity and inclusion in the Humber Centre. Activities are planned for 2025, and the first of these - the Humber Centre EDI Launch Event was held in March 2025. It was well-attended by patients, carers and staff, who engaged with the PACE and EDI stalls. A range of information was available, including the “Caring for People of Different Faiths” booklet in hard copy for this audience, which will be available for subsequent distribution. • Education around cultural differences is supported by the Recovery College, with the production of an online course based on the information within the “Caring for People of Different Faiths” booklet. • Preparation for a series of podcasts has been underway in 2024/25, which will result in a series of podcasts investigating faith, belief, and cultural differences to be produced in 2025/26. This will provide a bank of resources for reference as needed.

2.1.14 Patient and Carer Race Equality Framework

Humber Teaching NHS Foundation Trust (HTFT) has started working on the Patient and carer race equality framework (PCREF), which all providers of NHS mental health services must use to support their organisations to become anti-racist organisations. This is needed because national and international data shows that both access to mental health services, and the treatment people receive, can vary by ethnicity.

To ensure that all patients are treated appropriately, we will be co-producing and embedding concrete actions alongside people who have lived experience of mental health issues and their wider communities. Together we can better understand how we can improve our services for communities whose needs may not currently be met, to reduce racial inequalities within them.

The framework looks at key elements of improving services:

- Leadership and Governance**
Our Board will be leading on establishing and monitoring concrete plans of action to reduce health inequalities.
- Data**
New data on improvements in reducing health inequalities will be published, along with details on ethnicity in existing data collection.
- Feedback Mechanisms**
New visible and effective ways for patients and carers to feedback will be established, as well as clear processes to act and report on that feedback.

The infographic details the PCREF framework. At the top, it lists four key actions: 1. Nominate an executive board lead and establish governance structures, accountability and leadership across the organisation. 2. Identify priorities for improvement in meeting the specific legislative and regulatory requirements relating to equalities to include in local PCREF plans. 3. Co-develop, implement and review local PCREF plans with racialised communities and your workforce. 4. Monitor core measures at board level on a regular basis and publish PCREF plans. Below these are the four main pillars: Leadership and Governance, Patient and carers feedback mechanism, National Organisational Competencies, and How mental health providers will embed anti-racism through the PCREF. The National Organisational Competencies section lists: Cultural awareness, Staff knowledge and awareness, Partnership working, Co-production, Workforce, and Co-learning. The bottom section lists three outcomes: Engage with racialised communities to identify and agree core organisational competencies, Agree on measurable and practical actions to co-develop in local PCREF plans, and Ensure the whole organisation is aware of its responsibilities in implementing local PCREF plans.



The framework itself has been co-produced and is a core part of the Advancing Mental Health Equalities Strategy. Although the title refers to patients and carers, the framework also directly relates to staff, and to wider communities.

Work carried out in 2024/25 has ensured the appropriate leadership and governance is in place. We have developed an understanding of the reporting requirements, which has emphasised the need to ask all service users questions about their personal characteristics. Work on the PCREF links with health inequalities work taking place across the organisation, as well as the work underway to deliver the Culture of Care initiative within four of the Trust's inpatient units. Staff are working closely together to share lessons learned and reduce potential duplication.

The Trust has been developing relationships with community groups serving diverse communities and will be doing more of this to strengthen co-production of our action plan over the coming year. A co-production forum will be introduced in 2025/26 where patients, service users, carers, staff and partner organisations will work together to contribute to the delivery of the Trust's PCREF implementation plan.

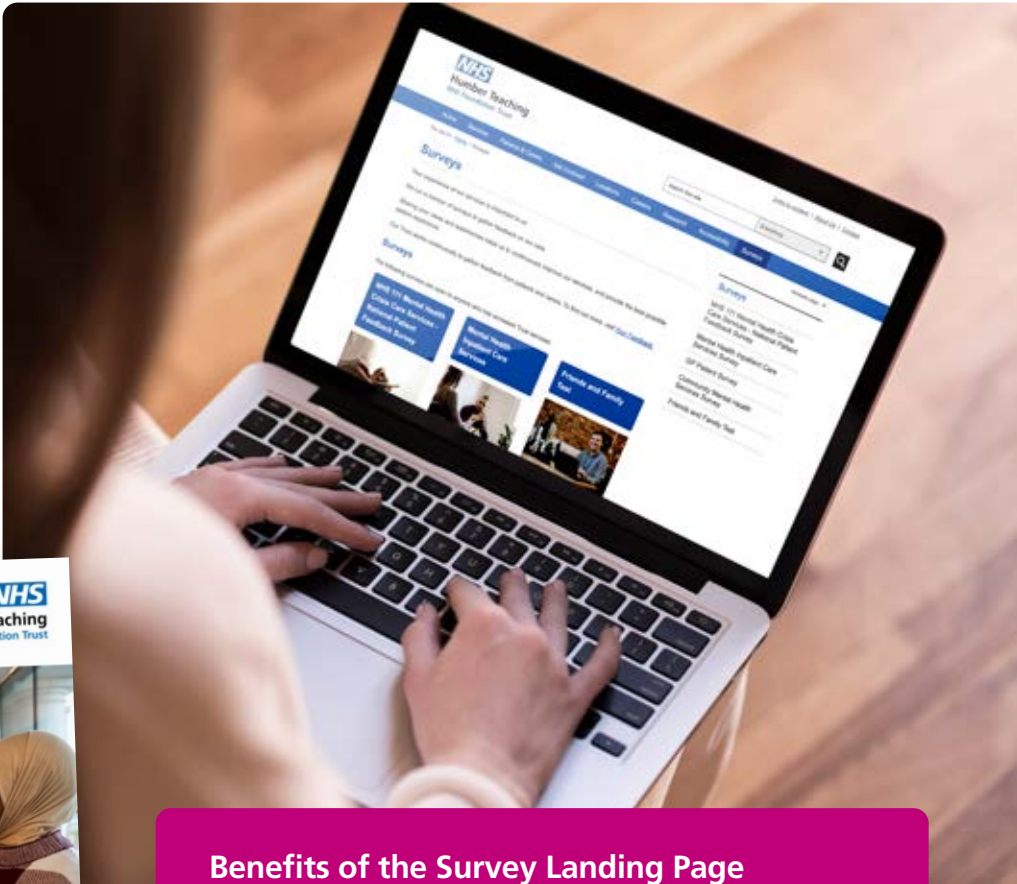
2.1.15 Survey Landing Page

The Trust participates in various surveys to support with the collection of feedback from patients, service users and carers, aiming to enhance the quality of care and patient experiences.

These efforts help the Trust identify areas for improvement and ensure the provision of the best possible care. To help those individuals who access our services navigate the different surveys available, we have created a Survey Landing Page on our Trust Website.



We have also strengthened our approach to developing actions in response to surveys and have patients, service users and carers on working groups offering their valuable feedback to support with this process.



Benefits of the Survey Landing Page

The introduction of the Survey Landing Page on the Trust Website will help patients, service users, and carers navigate the various surveys available, enhancing the collection of valuable feedback. This feedback is crucial for identifying areas of improvement and ensuring the provision of the best possible care.

By making it easier to participate in surveys and actively involving those who access services in the process, the Trust can continuously improve and tailor its services to better meet the needs of our communities.

3

Our Workforce and Organisation

2.1.16 Staff Champions of Patient Experience

The Trust has a network of Staff Champions of Patient Experience (SCoPEs). The role of the SCoPE was first introduced within the Trust in 2017 and currently has over 200 members from across all Trust divisions and services. The main role of a SCoPE within our organisation is to ensure that patients, service users and carers are always listened to and that their voice is heard. SCoPEs share information, good practice, knowledge and experience to ensure that this can happen, and they promote and celebrate the importance of patient and carer involvement.

At the SCoPE Forum in October 2024, a workshop was held to discuss people's experiences and expectations of being a SCoPE. It was decided to form a task and finish group to strengthen the SCoPE role. The first task and finish group meeting took place in January 2025, where positive discussions were held about SCoPE expectations, benefits, and commitments. A new poster will be created to promote the role to potential and current SCoPEs.

2.1.17 Staff Experience linked with Patient Experience

All staff at the Trust contribute to improving care, which includes our corporate services as well as clinical staff. We continue to develop a positive, inclusive and compassionate culture in accordance with our newly refreshed Being Humber Behavioural Framework, which sets out our cultural and values driven expectations, setting out the characteristics we expect and those that we will not accept; in other words how we can truly identify as 'Being Humber.' These characteristics empower staff to foster a respectful, safe and inclusive culture at all levels across the Trust. www.youtube.com/embed/ShPO-eaPXBs

There is an intrinsic link between staff satisfaction and the direct impact on patients and the standard of care they receive. If staff love their job, feel part of a trusted and safe team and work together with patients to make a real difference, we know we have the right culture and that the Trust is a great place to work. A compassionate culture makes a real difference to how our patients, service users, their families and loved ones perceive the care we provide, and our staff survey

is a meaningful way for us to measure whether we are getting this right and to frame our actions to be even better in the future.

The national staff survey sets out a number of questions to help us gauge staff experience and satisfaction, with five questions specifically focussed on staff impact on patient care.

The organisations improvement journey is apparent across these questions with a 16.9% increase between 2018 and 2024 for the question 'Care of patients/service users is my organisations top priority,' a 21.7% improvement for the question 'I would recommend my organisation as a place to work' and a 11.3% increase for the question 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.' Whilst the Trust will continue its efforts to provide the very best care and to be recognised as the very best employer, we are proud of the progress made so far and the difference we know this makes to those receiving care.

	2018	2019	2020	2021	2022	2023	2024
Q6a. I feel that my role makes a difference to patients / service users.	87.4%	87.8%	88.8%	86.87%	87.35%	88.25%	87.4%
Q25a. Care of patients / service users is my organisation's top priority.	64.1%	65.7%	75.6%	73.87%	75.58%	80.14%	81%
Q25b. My organisation acts on concerns raised by patients / service users.	67.4%	66.4%	72.7%	74.5%	73.44%	77.50%	79%
Q25c. I would recommend my organisation as a place to work.	47.6%	49%	61%	59.45%	62.83%	66.98%	69.3%
Q25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	60.5%	58.4%	66.8%	65.41%	65.25%	69.64%	71.8%

2.1.18 Patient Experience to Inform Quality Improvement

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

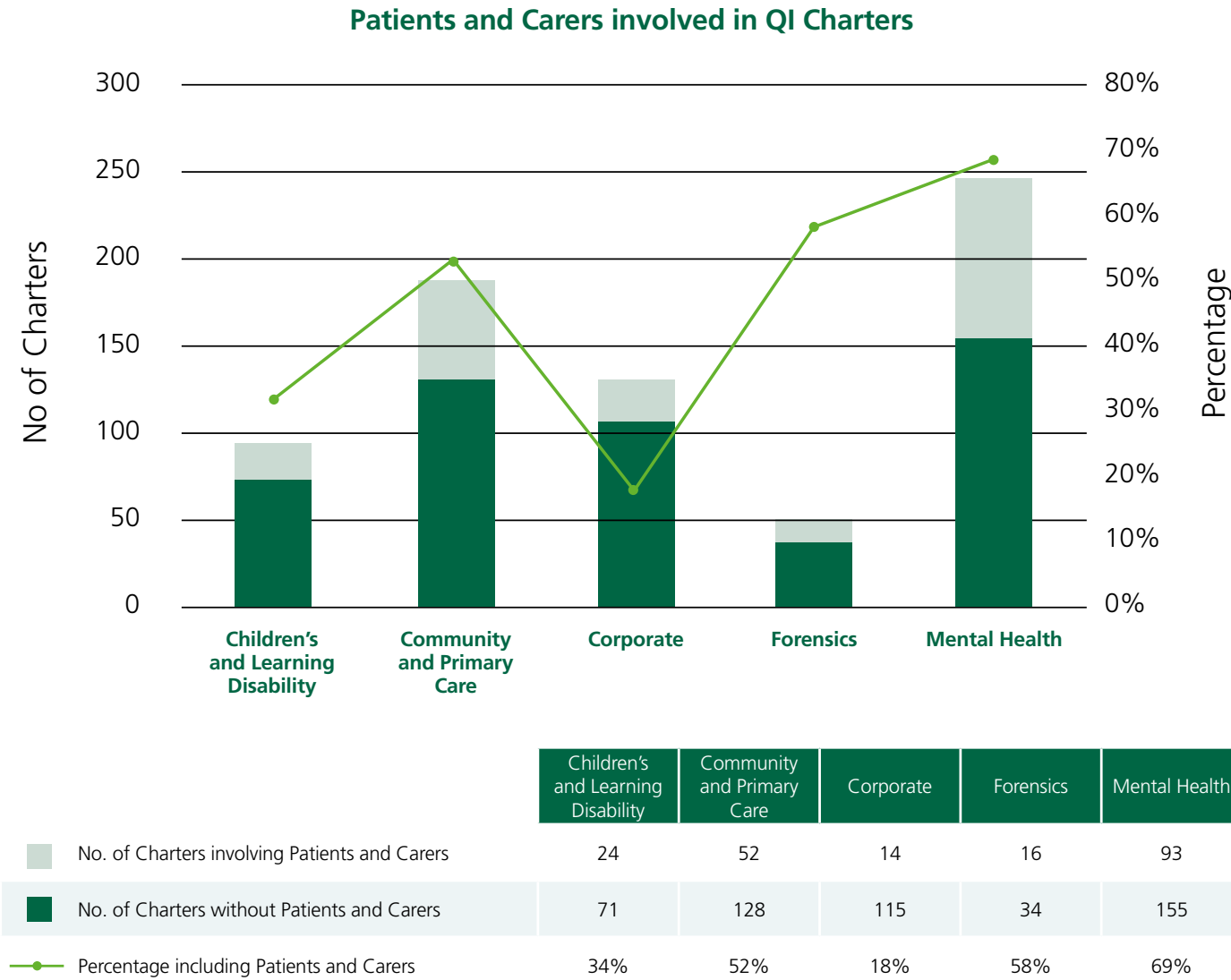
The QI charter continues to provide the tracking of patient and carer involvement within QI activities across the Trust.

The Trust has achieved 48% for operational teams to co-produce activities with patients and carers, which has dropped by 16% during the year against a 75% target by March 2026.

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

In contrast, 98% of open and completed activities have indicated that the activity would benefit our patients, service users and carers.

The fall in the percentage/number of improvement activities including patients and carers has been raised with the Operational Delivery Group, the Engagement Leads and central Patient and Carer Experience for support but may, in part, be linked to changes in staffing.



2.1.18 Patient Experience to Inform Quality Improvement (continued)

To raise awareness of the importance of including patients and carers in improvement activities, a number of approaches will be undertaken during 2025/26:

- Patient and Carer Voice to be included in QI Training.
- Liaison with the Trust Lived Experience Lead to ensure QI Charters are completed where appropriate.
- Request a slot at the Clinical Networks to raise awareness.

Here are a few examples of how our patients and carers have been listened to:

"It was a useful event, and I found out about some services I didn't know could help me. I will tell my friends about it for next time."

Patient

"Even though the weather was atrocious, I felt that the people who braved the storm felt that the event was good and informative. I spoke to all the stall holders, and they said that they had some interesting conversations and would be pleased to attend next year's event."

Market Weighton Patient Participation Group, Co-chair



Market Weighton Practice Health and Wellbeing Day

The Market Weighton Practice were asked to facilitate a Health and Wellbeing Day alongside the Patient Participation Group. This event took several months to organise and was held in the Community Hall in Market Weighton to raise patient awareness of organisations who can support their Health and Wellbeing, and the practice received positive feedback.

"I visited the Health and Wellness event and was pleasantly surprised to find so many different organisations, charities and support groups in attendance. They varied from Market Weighton Surgery, Cohens, The Acorns, Dementia Awareness, Health Watch and many more. There were people to talk to about anything from Diabetes and caring for your feet to loneliness and mental health awareness. I stayed for a lot longer than I imagined I would and gathered lots of useful information and contacts for an event I was planning at St John's later in the year."

Patient

Animated Film

For the animated film, we undertook step-by-step discussions and feedback to build a storyboard. It was decided the film's example project would be to improve a drab, unused sensory room.

A meeting was arranged with the film staff who put together our agreed choices, followed by choosing a voice and then the film making went ahead.

The next step was a preview to make any changes needed and check on any safety issues such as lighting. The final check gave a relaxing calming space. The animated video was presented at the Caring Together conference.



One of the Trust's Patient and Carer Experience Champions who supported the animated film and patient and carer information leaflet projects said:

"Quality improvement is important in all areas of service. It may be a small change or project which must be planned and carried out methodically. Recently I was able to gain experience and be part of the animated film and patient and carer information leaflet projects."

Continuous Improvement Patient Information Leaflet

The wish to create a patient and carer information leaflet was identified by our patients and carers as part of the Quality Improvement Strategy 2021-2026 to raise awareness of the continuous improvement programme and provide opportunities for patients and those with lived experience to get involved. A small team of patients and those with lived experience developed the leaflet with the QI Manager which was shared with Healthwatch for a plain English review and with the Trust's Communications team to ensure branding was adhered to. The leaflet was finally shared with the members of Patient and Carer Experience Forums for final comment before it was finalised in January 2025. It was used for the first time as part of the Trust's Caring Together Event in February 2025.

"I believe that the leaflet is an essential aid to give Patients/Carers the information they need to feel confident that they are receiving the right care at the right time. It also allows them to feel they can be involved in their care to their benefit."

Market Weighton Patient Participation Group, Co-chair



2.2 Children’s and Young People’s Services

1

Our Care

2.2.1 Humber Youth Action Group Youth Board

The Humber Youth Action Group (HYAG) currently has 31 young people on its membership and continues to actively engage young people between the ages of 11 and 25.

The group enables young people to safely share their thoughts, ideas, and experiences and provides a platform for people to learn about important health topics, voice their opinions, and work in partnership with Trust staff to enhance the care provided to young people. The group also provides an insight into how the Trust works, provides the opportunity for valuable work experience, and engagement with other organisations and youth groups on broader topics of importance.

Improving services for young people



2.2.1.1 Humber Youth Action Group Demographics

Gender:
26 female, 1 gender fluid and 4 males

Ethnicity:
1 British Indian, 25 White, 1 Pakistani, 1 Igbo (African) and 3 Asian

Special Education Needs:
2 Learning Disability and 7 Neurodivergent

Locality:
19 East Riding and 12 Hull



31 young people are currently members of the The Humber Youth Action Group (HYAG)

2.2.2 Connect Website

October saw the launch of the Children’s and Adult Learning Disability Services Connect website, which combines 28 children’s and learning disability services into one platform. It offers easy access to important information and features animations co-produced by service users and the individual services. The website was designed and developed in partnership with service users, system partners, commissioners, and staff to ensure its effectiveness and relevance.

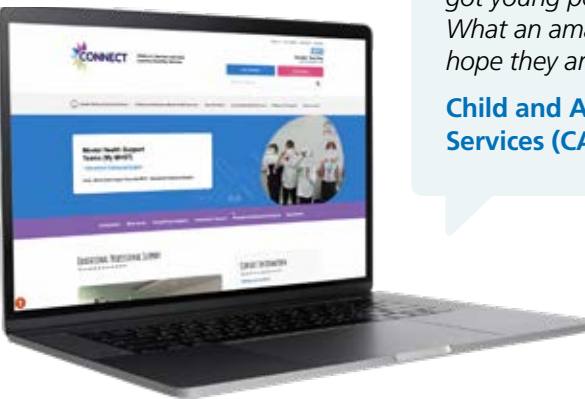
The website design and development has realised numerous benefits including:

- Single Point of Access which provides a centralised platform for important information, making it easier for individuals to find the information they need.
- Tailored content specifically designed to individual needs, ensuring relevance and ease of use.
- Animations featuring 28 bespoke animations co-produced with service users, enhancing the user experience and making the content more engaging.
- Collaborative design whereby service users, system partners, commissioners, and staff were involved in all stages of design and development, to ensure the website meets the needs of everyone accessing it.
- The co-production process has provided opportunities for those involved to improve their communication skills and boost their confidence.
- Engaging service users in meaningful roles, such as voiceovers, has helped individuals to develop new skills and contribute to the project.



“Co-producing the website has offered me so many fascinating opportunities. Working with various services and professionals to develop photography and animations has been amazing for my communication and confidence. I am so proud of what we have created and hope it will be easier for more young people across the region to access the service they need.”

Expert by Experience



“These are fantastic, I love that they have got young people to do the voiceovers. What an amazing job they have done. I hope they are proud of themselves”

Child and Adolescent Mental Health Services (CAMHS) Service Manger

2.2.3 Clinically-Led workforce and Activity Redesign (CLEAR) Programme

The Clinically-Led workforce and Activity Redesign (CLEAR) programme is a Health Education England supported quality improvement tool for addressing unwarranted clinical variation in service access and outcomes. It is led by clinical staff and aims to redesign clinical pathways and facilitate workforce redesign.

The Trust has been invited to participate in a pilot of which is a 26 week programme targeting Core Child and Adolescent Mental Health Services (CAMHS) and the Adult Mental Health Crisis service.

The programme aligns to strategic priorities in the NHS Long Term Plan and the Humber and North Yorkshire Integrated Care Board (ICB) Mental Health, Learning Disability and Autism Strategic Plan.

The CLEAR project is designed to improve outcomes for young people and their families by:

- Streamlining the model.
- Reducing waiting times.
- Ensuring family involvement is central to the work.
- Improving communication.
- Introducing a keyworker for everyone.

Co-production

There were 11 recommendations made by the Humber Youth Action Group to the CLEAR Project team.



2.2.4 East Riding 0-19 Health Visiting and School Nursing Service

There was a need to improve the attendance of the 3-4 month health development contacts, as attendance of second time mothers was reducing. This included understanding peoples’ experiences and ways to improve their attendance.

The Engagement team worked in collaboration with the service to create a bespoke survey where a cohort of 51 service users that qualified for a 3-4 month review completed the survey. From the survey feedback, a thematic analysis was completed.

You Said	We Did
Parents wanted their babies weighed at this appointment.	Self-weigh stations are now available at our 3-4 month group sessions.
Parents shared that they felt the appointment letter did not make it clear it was for an appointment.	The letter was amended to be clearer in its language.
Families shared that they wanted partners to be able to attend appointments.	A line was added to the letter stating partners are welcome.

Overall, the changes have made a significant difference to parents. Firstly, the convenience of being able to weigh their babies, helping them feel more confident about their babies’ growth and health. Clearer communication in the letters means parents better understand the purpose of the appointments, likely reducing confusion and missed appointments, leading to better engagement and utilisation of the service. Finally, allowing partners to attend appointments offers additional support to parents, making them feel more comfortable and supported, enhancing their overall experience.

2 Our Partnerships

2.2.5 Humber NHS Cadets Programme in Collaboration with St Johns Ambulance

The first cohort of young people graduated July 2024. The cadets shared how the programme has inspired them to think about a career in the NHS and has helped them think about the different career routes into the organisation.

Wyke College shared

“This has been an amazing programme for our young people. The work experience and skill development this programme provides are invaluable.”

September saw the second launch of the Humber NHS cadet programme. The Engagement team have focussed on promoting the programme through their children’s services and encouraging staff to come and talk at the sessions. We expect 22 Humber cadets to graduate from this year’s programme on Wednesday 9th April 2025.

You Said	We Did
Young people said they wanted more opportunities to learn new skills, gain further knowledge and experience, and explore a career within the NHS.	The programme, which runs in partnership with St John’s Ambulance, gives young people the opportunity to access an 11-month programme. It aims to reach a diverse range of young people who have barriers to entering health volunteering and/or a health care career. As NHS Cadets, young people develop key skills, boost their self-confidence, and get to explore careers in the healthcare sector.



We expect 22 Humber cadets to graduate from this year’s programme.

3 Our Workforce and Organisation

2.2.6 Anna Freud Training

Young people who took part in the **Clinically-Led workforceE and Activity Redesign** (CLEAR) Project suggested that staff should undertake training to better understand young people who are neurodivergent and the impact this has on their mental health.

Understanding neurodiversity means professionals can understand and communicate better with neurodiverse young people using strategies that work for them. This will improve the quality of care that is delivered to our service users and their families.

Two young people have now completed the Anna Freud Child and Adolescent Mental Health Services (CAMHS) Community Settings Training. Over 2025 this training will be delivered to our Core, Looked After Children, Early Intervention and Eating Disorder CAMHS staff. The young people will deliver this training in partnership with trained staff.

Feedback from Young People

"The Anna Freud autism training is so important as it is going to help all practitioners to support their autistic young people better. And for autistic individuals in the CAMHS system to feel that their needs and wishes are seen and granted."



2.2.7 Children's and Adult Learning Disability Engagement Team Annual Report 2024/25

The Children's and Adult Learning Disability Engagement Team have created a new annual report to celebrate those we have worked alongside over the last year and their amazing accomplishments. They have been pivotal in shaping and improving our care. If you would like to read the full report, please contact Bethia Dennis by emailing hnf-tr.hyag@nhs.net.

"This training is so important so that children and young people can receive the correct care suited to their needs and so that professionals feel more equipped to give their patients the best possible care."

2.3 Community Services and Primary Care

1 Our Care

2.3.1 National GP Patient Survey

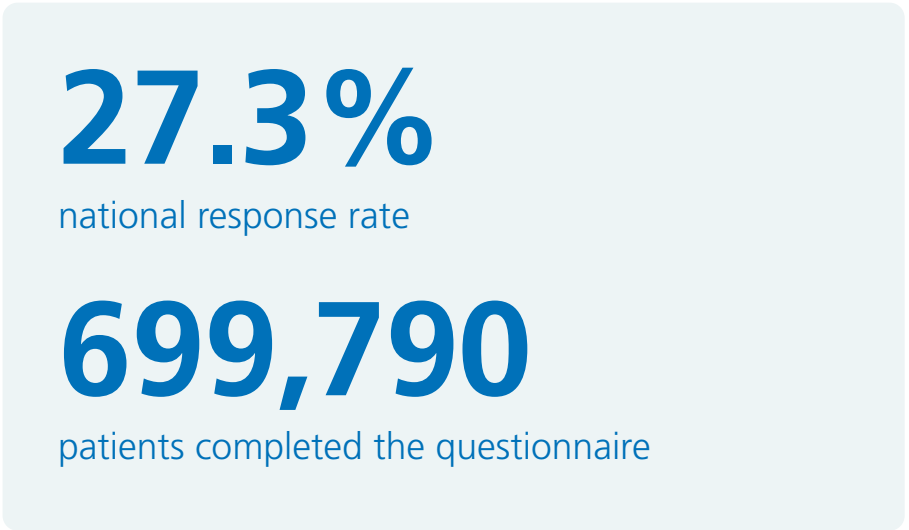
The National GP Patient Survey, conducted independently by Ipsos for NHS England, gathers insights from around 2.56 million individuals aged 16 and over who are registered with GP practices in England. The survey ran from January 2024 to March 2024, and achieved a national response rate of 27.3%, with 699,790 patients completing the questionnaire. This is a slight decrease from the previous year by 1.3%.

The questionnaire was redesigned for 2024 to better capture the current state of primary care services and patient experiences. It addresses local GP practice services, recent interactions, quality of care, overall practice experience, after-hours services, pharmacy services, NHS dentistry, and current health conditions.

Due to the redesign, trend analysis is not feasible this year, as changes in survey methodology have introduced variations in results unrelated to actual shifts in patient experience.



The Trust has 3 GP practices all who discuss the feedback from the survey at their Patient Participation Groups (PPGs) where action plans are co-produced to address the lower scoring question areas.



2.3.1.1 Humber Primary Care

The practice's Patient Participation Group (PPG) is actively involved in the development of actions to address the lower scoring question areas.

During the year the practice introduced Health Promotion days including staff from the practice, Healthwatch East Riding, the Trust's Research team, Social Prescribers and Patient and Carer Experience.

This year the Practice Manager attended a six-month General Practice Improvement Plan programme run by NHS England, informing on how to implement a modern General Practice.

The table below highlights two areas for improvement identified from the National GP survey.



You Said	We Did
13% of patients said they find it easy to contact the GP Practice using their website. This compares to the national result which is 48% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 52%.	The practice website has been reviewed and redesigned involving feedback from over 1600 patients. As a result, the website has a new layout and better functionality to make it easier to navigate. The new design website went live May 2024. It is hoped that listening to patients and making their recommended changes will see an improvement in the overall patient experience when contacting the practice using the website, and that this will be reflected more positively in the National GP Patient Survey 2025 results.
37% of patients describe their overall experience of this GP Practice as good. This compares to the national result which is 74% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 75%.	The practice has an active PPG who are involved in the development of action/improvement plans. The practice's online consult is available 24 hours per day, 7 days per week for administration queries. This can include retrieving information for test results, requesting a GP letter, information about sick notes/fit notes, follow up on referral information etc. NHS England representatives visited the practice to look at best practice and are planning a revisit.



2.3.1.2 King Street Medical Centre

The practice has an active Patient Participation Group who act as a catalyst to support with improvements around the communication flow to patients within the practice.

There is a drive towards educating those who are more confident with technology to make use of the digital platforms, which will help the practice to free up phone lines for those patients who rely on the more traditional telephone method for contacting the surgery.

The table below highlights two areas for improvement identified from the National GP survey.

You Said	We Did
23% of patients said they find it easy to get through to the GP Practice by phone. This compares to the national result which is 50% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 51%.	A new phone system went live in June 2024. There is a call back option within the new system, and this has been extended so it covers the hours of 8am to 4pm, so patients can request call backs throughout the day. Since the call back system went live, the practice has noticed abandoned call rates have reduced as patients are becoming more confident in using the call back feature without losing their place in the queue.
47% of patients felt they waited about the right amount of time for their last GP appointment. This compares to the national result which is 66% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 67%.	The practice continues to educate patients on the different ways to book appointments – reception staff, care navigators and practice volunteers have supported with awareness and education. The practice online consult administration section is now open 24 hours per day, 7 days per week for administration queries (this includes but is not an exhaustive list) test results information, requesting a GP letter and follow up referral letters. The practice has increased capacity on Mondays where the demand is highest.



2.3.1.3 Market Weighton Practice

The practice continues to work with the Market Weighton Patient Participation Group to discuss areas where improvements can be made to systems, processes and methodologies relating to patient and carer experience, e.g. the practice website, the practice newsletter and the practice information booklet.

Healthwatch is invited into the practice to talk to patients about their experiences of the surgery.

This year the Practice Manager and Assistant Practice Manager attended a six-month General Practice Improvement Plan programme run by NHS England, informing on how to implement a modern General Practice.

The table below highlights two areas for improvement identified from the National GP survey.

You Said	We Did
18% of patients said they find it easy to get through to the GP practice by phone. This compares to the national result which is 50% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 51%.	A new phone system went live on 1 August 2024. Staff have all received training and patients have started to make use of the call back facility now available. The practice is running weekly review meetings to discuss set up access and overall performance with the system service provider 'The One Point'.
11% of patients said they usually get to see or speak to their preferred healthcare professional when they would like to. This compares to the national result which is 40% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 40%.	As part of improving the patient experience when completing and submitting an on online consultation form on the practice website, reception staff and volunteers have been supporting patients to inform them that they can add a note highlighting their preferred healthcare professional.



2.3.2 Patient Feedback Received about Addictions Services

The table below highlights how we have listened to and acted upon feedback about our East Riding Partnership Addictions Service.

You Said	We Did
"An updated waiting room would be helpful for my treatment."	Added new posters and resources relating to treatment, with a view to install an informational screen.
"I would like to learn more about the medication you prescribe."	Developed detailed information packs about prescriptions that our prescribing doctors can issue.
"I am struggling to get to my current pharmacy for my prescription"	Arranged swift dispensing at other pharmacies for the patient's convenience.
"The waiting room is too hot/cold."	Carried out maintenance on air conditioning and heating units which allow for a comfortable waiting room.
"It would be nice to have a hot drink whilst being in the waiting room. (Bridlington Hub)."	Service manager contacted Health Stars charity, and a hot drinks machine was awarded to the Bridlington Hub.

2.3.3 East Riding Partnership Addictions Service: Patient Community Rehabilitation Programme

The Community Rehabilitation Programme was evaluated to see where any potential improvements could be made. Patients valued seeing how far they had come and felt hopeful about a happy future. They appreciated the supportive and respectful environment that helped them express themselves freely. Hearing open and honest stories about real-life experiences inspired patients by showing how recovery can lead to a better life—stronger families, healthier relationships, improved health, financial stability, and overall happiness. These shared stories helped patients feel connected and motivated by real examples of positive changes and life improvements.

You said:

"When I finish the Community Rehabilitation Programme it would be nice to have extra aftercare with a Peer Mentor."

We did:

We reopened a building that gave us the opportunity to offer one-to-one peer support sessions that occur weekly for people leaving the programme after 12-weeks.

2 Our Partnerships

2.3.4 Whitby Hospital Dementia Sensory Gardens and Landscaping Projects

Funding was secured to develop the surrounding areas of the hospital where private landscaped spaces have been created for patients and staff. Seating and viewing platforms overlooking the town centre with views of the Abbey have also been created.

Dementia Sensory gardens are being utilised by staff, patients and visitors so they can have quiet reflection time. Families can request a memorial plaque on the garden memorial wall to commemorate those they have loved and lost. The Hospital War Memorial stands proud with a flagpole to celebrate Poppy Day and the sounding of the last post for those lost in combat. The flag is hung at half-mast as a mark of respect when a patient or member of staff passes.



2.3.5 Market Weighton Practice Patient Participation Group Wellbeing Event

The practice worked in partnership with the Market Weighton Patient Participation Group to hold an event to engage with the local community to share the different health and wellbeing services available from the practice and partner organisations.

The event was a success and as a result, the next event will also hold workshops including; an NHS App awareness session, how to complete online consultations and how to navigate the practice website. This is hoped to encourage a greater public footfall at the next session.

2.3.6 GP Practice Newsletters

The GP practices are working in partnership with their Patient Participation Groups to co-produce the practices' newsletters around design and content.

Examples of our new style practice newsletters:



Patient feedback on the new design:
"Much better information and content. Better layout. More informative and less of just a practice corporate newsletter. Gives opportunity for PPG to promote their groups and specific articles they want to talk about to the patient community."

3 Our Workforce and Organisation

2.3.7 Whitby Hospital Artworks

The story of healthcare in Whitby stretches back nearly a millennium, with its first hospital dating to the 11th century. The more recent War Memorial Hospital, established in the 1920s was gifted and commissioned many significant artworks, that celebrate the dedication of staff and the gratitude of its patients and community.

In 2020 the hospital was refurbished and volunteers from the Whitby community along with staff from the Trust catalogued artwork that once adorned the corridor walls of the War Memorial Hospital and curated a new digital display in the hospital, preserving them as reminders of the past. The artwork is giving patients and staff the opportunity to view and learn about the history of the hospital and surrounding area. There are framed photographic images displayed on walls throughout the hospital. Other commissioned works of art are displayed within walled gardens around the exterior grounds of the hospital.



QR codes displayed with the framed artwork links to website pages and are also displayed on the electronic screen in the hospital reception area.

2.4 Forensic Services

1

Our Care

2.4.1 Equality, Diversity and Inclusion, “Where Are You?”

A patient has played a key role in supporting the Equality, Diversity and Inclusion (EDI) agenda at the Humber Centre by giving a presentation to the senior leadership team at the divisions Operational Delivery Group meeting. During the presentation, the patient shared his observations and put forward recommendations for improving the information available for service users about EDI. The recommendations were well-received and fully supported by the meeting attendees. As a result, a task and finish group has been established, with the service user appointed as the lead. This group was tasked with addressing the concerns and implementing the recommendations made in the presentation.

You Said	We Did
A patient raised concerns in the ‘Your Voices’ group about the lack of information and support for service users about EDI.	Invited the patient to present his concerns to the senior leadership team at the division’s Operational Delivery Group meeting. As a result, a new task and finish group has been established where the patient is the lead. Since the start of the group, it has; co-produced an information card “Speak Up, Speak Out”, created an easy read EDI survey for staff, patients, family and friends to complete, organised an EDI awareness event which took place on 25 March 2025 and has ran an art competition to develop a logo to represent EDI in the Forensic Services division.



2.4.2 National Mental Health Act Quality Improvement Programme

The Ullswater Ward is participating in the National Mental Health Act Quality Improvement (QI) Programme with support from the Trust’s Executive Medical Director.

As part of the Ullswater Ward’s participation on the National Mental Health Act QI Programme, two projects have been implemented.

2.4.2.1 Working Together to Deliver Meaningful Activity

You said:

To promote a more inclusive, community based ward culture and develop better therapeutic relationships with an understanding of patients by supporting ward-based staff to provide more enrichment activities for patients?

We did:

Staff and patients from the Ullswater Ward and patients are meeting weekly in a “coffee and chat group” to move the project forward. The meetings have led to increased engagement and meaningful activities on the ward and the group have received training on the active support model.



2.4.2.2 Review of Multi-Disciplinary Team Working and Access to Digital Translation Services

This project was introduced to review and improve the working practice and patients’ experiences of the multi-disciplinary team (MDT) meetings.

Since the project commenced, the following benefits have been realised:

- Increased direct face-to-face interactions between patients and the medical team before the full MDT meeting.
- Patients are now being asked how they would like the meeting to be conducted and who attends.

2

Our Partnerships

2.4.3 Culture of Care Initiative

The Culture of Care initiative adopts a Quality Improvement (QI) approach, with staff teams and patient groups working together on 20 QI projects over a two-year period. The primary objectives of these projects are to enhance the ward culture and to celebrate and invest in co-production. Additionally, the initiative aims to create an enabling environment for both staff and patients.

Overall, the focus is on fostering positive change, promoting partnership working, and building a supportive and inclusive atmosphere within the ward.

3 Our Workforce and Organisation

2.4.4 Developing Vocational Opportunities for Patients in Forensic Services

The project initially involved several patients working in the Forensic Services division shop. Their contributions and the success of this initiative have paved the way for extending the project further. Working with Voluntary Services, there are plans to develop registered volunteer roles within the Forensic Service. This expansion aims to integrate more service users as volunteers, enabling them to contribute meaningfully and gain valuable experience within the Forensic Service.

It is great to see how the success of the shop has led to broader opportunities for patients within the Humber Centre.



You said:

Patients asked if there could be more vocational opportunities available for them.

We did:

Work experience initiative implemented for patients to work in the on-site shop.



2.4.5 Level 2 Food Hygiene Training

Staff and patients are undertaking their Level 2 Food Hygiene training so they can prepare and cook food independently and together in the Humber Centre.

You said:

Both service users and staff asked at the Patient Council if they could access level 2 food hygiene training.

We did:

In partnership with the Trust's Hotel services, we compiled a list of staff and service users who wanted to complete the training. 59 staff and 30 patients came forward.

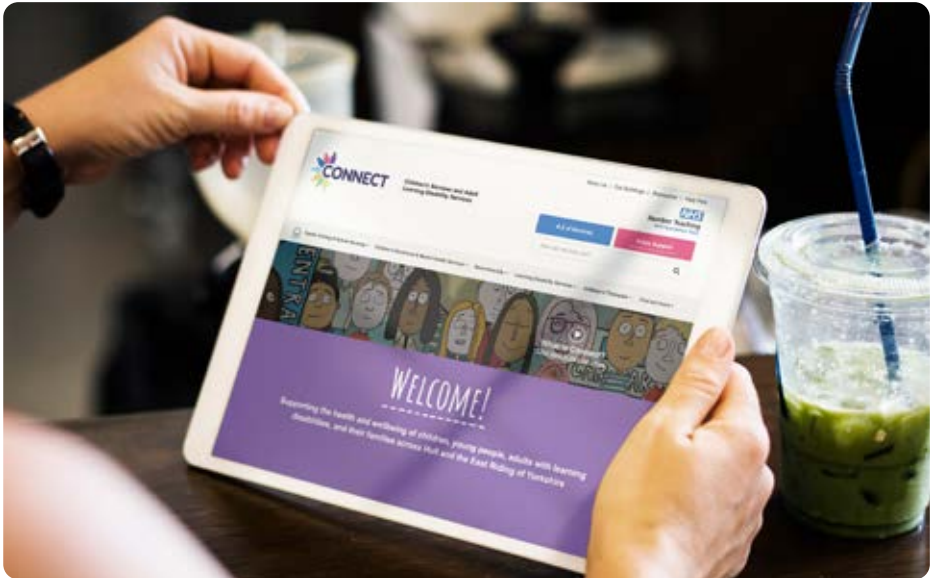
An external provider was contacted, and a series of bespoke in-house training days are now being organised.

2.5 Learning Disabilities Service

1 Our Care

2.5.1 Connect Website

Refer to item 2.2.2.



2 Our Partnerships

2.5.2 Learning Disability Community Hub

The project originated from discussions at the Hull Health Inequalities Innovation Hub. During these discussions, there was a call for proposals that emphasised a preventative, neighbourhood-based, and strengths-based approach to addressing health inequalities faced by adults with learning disabilities.

The project aims to support people with a learning disability to benefit from a range of support to help them live their lives to the fullest. As well as breaking down barriers for people accessing services to get the help they need, it also aims to support people before they reach crisis point.

There is evidence that people with a learning disability experience barriers to accessing health care and or receive poor quality health care. Mencap uses

the term 'avoidable death' for deaths that could have been avoided by the provision of good quality healthcare.

The Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) reviews showed the lack of reasonable adjustments provided to people with a learning disability (especially in accessing clinic appointments and investigations) as a contributory factor in a number of avoidable deaths.

In October 2024, the Learning Disability service attended the first pilot event of the community hub. This event brought together various health, social care, and voluntary services in one place, allowing people to learn more about available support in their local area.

Feedback from staff members:

"Nice informal set up. Great range of organisations and good networking opportunity."

"Very relaxed and comfortable setting. Good range of support available."

Feedback from visitors

"Enjoyed coming to the event as I find it easier to talk face to face rather than phone call."

"Staff and people here are open and friendly."

"There were interactive sessions with lots of resources to read through."

3 Our Workforce and Organisation

2.5.4 Interview Panel Volunteers for the Learning Disability Service

This project commenced to create a clear process for interview panel volunteers (clients/carers) to support the Learning Disability Service interview panels including accessible resources.

The Trust has a system in place and promotes its commitment to work in partnership with its patients, service users and carers. The Trust acknowledges that the involvement of interview panel volunteers benefits both patients and the Trust; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high-quality services. The Learning Disability Service did not have a standardised accessible and inclusive approach in place. Two clients co-produced an easy read booklet for interview panel volunteers together with resources.



Feedback from Client

"I like being helpful, busy and keeping my mind active. I liked learning from listening to what people said to each question. It's important to me, to pick someone who is good for the job, is reliable, shows up on time each day and make sure they can meet people's needs."

The Trust has a system in place and promotes its commitment to work in partnership with its patients, service users and carers.

2.6 Mental Health Services

1 Our Care

2.6.1 De-escalation, Management and Intervention (DMI) Training

This training has been enhanced by the introduction of lived experience films.



Since the introduction of the films, the quotes below are from staff who have benefited from the new lived experience films:

- "Great to hear from a patient's perspective."
- "Really interesting especially when staff have to apply restrictive interventions."
- "Even though they have been in hospital for a long time they seem to really respect the staff and the care they get."
- "Brilliant videos."
- "Great to have a different outlook from different services."



You Said	We Did
Patients often say that unless someone has gone through a similar experience, they can't fully grasp what it's like, and this has an impact on the delivery of patient care. Understanding the patient perspective is especially important when a patient has restrictions placed upon them.	We identified patients and service users who had experienced restrictive interventions while in receipt of mental health care and recorded films of them sharing their experiences. These films were incorporated into DMI training to improve the training by making it more meaningful which will enhance the care provided.

Understanding the patient perspective is especially important when a patient has restrictions placed upon them.

2.6.2 Community Mental Health Service User Survey (2024)

Each year, a national study takes place across the NHS to gather patients’ experiences of using community-based mental health services. This year the survey took place between August and December 2024.

This year the survey was sent to a basic sample size of 1250 service users receiving services in the Trust and 236 completed questionnaires were returned. 26 patients were excluded from the sample because they had either moved/not known at this address (13), or deceased (13). The survey response rate was 19.36% compared to last year’s response rate of 18%, therefore the Trust has seen a 1.36% increase in responses this year.

Key highlights from the survey are as follows:

The Trust scored above the highest 80% threshold in comparison to all Trusts surveyed for four questions as follows:

- Q15: To what extent did your NHS mental health team involve you in agreeing your care plan?
- Q26: Thinking about the last time you received therapy, did you have enough privacy to talk comfortably?
- Q27: Would you know who to contact out of office hours within the NHS if you had a crisis?
- Q34: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

The Trust scored in the bottom 20% of all Trusts surveyed for the following four questions:

- Q14: Do you have a care plan?
- Q19: Do you feel in control of your care?
- Q30: Thinking about the last time you contacted this person or team, how do you feel about the length of time it took you to get through to them?
- Q38: Do you feel the support provided meets your needs?

The Trust scored in the intermediate 60% threshold for 27 questions.

The Trust has a Community Mental Health Service User Survey working group (including 2 Experts by Experience) which meets monthly to review the survey results, identify areas of concern, and oversee implementation of the actions to address areas where improvements are required. The working group

carries out focused work paying particular attention to; the questions where the Trust scored in the lowest threshold compared to the national picture, the Trust’s bottom five scoring questions and specific targeted questions of concern i.e. areas that have been targeted for improvement in the past and actions have been implemented to address however improvements have not been realised in the current survey results, therefore, further work is required.

As a result of the last twelve month’s targeted action planning, improvements highlighted in the 2024 survey have been realised as follows:

- NHS Mental Health Workers checking to see how service users are getting on with their medicines and NHS Mental Health Team asking service users if they need support to access their care and treatment (both of which are in the top five questions where the Trust improved year on year – 2024 score compared with the 2023 score).

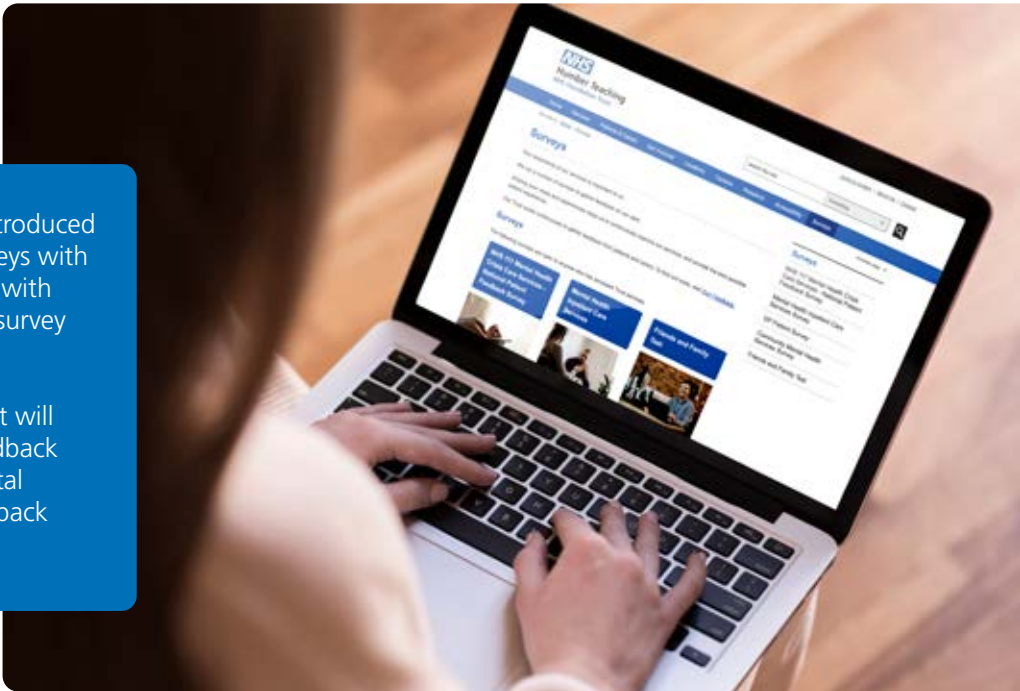


The information below shares some of the work the Trust has carried out in response to feedback received from the 2023 survey.

You Said	We Did
73% of service users said that they were happy with the support they received regarding their medication.	We are increasing access to consultation regarding medication by pharmacy technicians.
24.8% of service users who responded to the survey stated that their mental health team had given them advise or support with finances or accessing benefits.	Individual Placement and Support (IPS) team to offer briefing videos, drop-in sessions and information sheets about accessing support for finances and benefits for services who do not have direct IPS access.
21.9% of respondents said that they had been asked to provide views about the quality of their care in the past 12 months.	The Friends and Family Test (FFT) now includes a thematic analysis, and the Mental Health Services division has developed action plans in teams where there are little or no FFT responses received in a six month period.
19.4% of service users said that their mental health team had given them advice or support with finding or maintaining employment.	To effectively signpost service users to cost-of-living and other support areas, we are upskilling staff through Making Every Contact Count (MECC) training, to foster a confident culture for vital health and wellbeing conversations.

A survey landing platform has been introduced on the Trust’s website for all Trust surveys with details of the surveys and what we do with the results/benefits of completing the survey (refer to item 2.1.14).

Over the forthcoming months the Trust will co-produce actions to address the feedback received in the 2024 Community Mental Health Service User survey where feedback suggests improvements are needed.



2.6.3 Mental Health Inpatient Survey

The Mental Health Inpatient Survey launched in 2023. It was co-produced internally with staff, service users and carers to give detailed feedback from service users admitted to Trust inpatient units and, in turn, to allow teams to create actions to address any areas of issue which arise from responses to improve the experience of those who use our mental health inpatient services.

Looking ahead, we will further focus on the survey approach and increasing response rates. We will work closely with the Mental Health Services Division to support teams to offer the survey to all service users and also to strengthen the support given to service users to complete the survey. Any consistent areas of concern which repeatedly appear in the survey results will be addressed with an action plan to resolve.

You Said	We Did
Westlands Inpatient Unit received feedback via the Mental Health Inpatient Survey around how they engaged with carers. Some felt that the contact with family members could have been better, that there weren't always enough updates, and that sometimes communication was provided last minute.	Westlands offer carers weekly contacts with a Peer Support Worker. Peer Support Workers are staff members with unique lived experience who can help alleviate carers' stress by providing simple updates regarding their loved one's care with one-to-one sessions offering information and guidance. This helps carers feel supported and involved in the care process, giving them a platform to express any concerns and discuss available support for carers, including signposting. As well as these weekly contacts, carers are also offered additional in-person support sessions; these are offered either before or after patient visits. To enhance information accessibility and transparency, Westlands have also co-produced a carers booklet. It serves as a clear outline and reference for families, providing them with a better understanding of the inpatient unit and what both carers and patients can expect from our services. It also contains key information about other parts of the Trust carers can explore such as Complaints, Patient and Carer Experience and how to get involved.



Positive feedback received following the implementation of Peer Support Workers at Westlands:

"Having someone to help us support us through this has been such help, my mother has been in an inpatient setting a few times and I have never before had contact from a peer support worker with this in place now it's helped me massively and helps me feel supported and informed."

Patients Daughter (Carers Contact)

"I've been having contact with Peer Support weekly since when mum was admitted, this has happened before, and it has been really useful."

(Inpatient Survey)

2 Our Partnerships

2.6.4 Carers Card

A Carers Card has been designed to connect carers and families to support available within our communities. By having a business sized card including relevant information to hand when needed will encourage more individuals to access support services.

You said:

Adult Mental Health Coproduction Group members told us that information for carers' support services needs to be easily accessible. They said that having this information on a business sized card, so they can keep it to hand when needed, would make them more likely to use the support services available.

We did:

A working group was brought together to design a Carers Card. Members from Hull, East Riding and North Yorkshire Carers Support Services, the Carers Advisory Group, Adult Mental Health Co-production Group, Patient Participation Groups and Trust staff generated ideas to develop the card.

Feedback received on the Carers Card includes:

"I think the information is clear and precise. The layout is warm, and the overall look is appealing. Very well designed, in my opinion."

Carer

"That looks fantastic! Well done to all involved."

Service User

3 Our Workforce and Organisation

2.6.5 Co-production Toolkit

To standardise the framework for involving individuals in Trust activities across the Mental Health Services division, a Co-production Toolkit has been developed.

Providing a consistent approach for involvement is enabling staff to efficiently access co-production tools and techniques without reinventing the wheel each time.

The clear guidelines and procedures are strengthening their ability to engage in co-production activities effectively, helping them to develop skills and knowledge in engagement and involvement activities.

Feedback from a member of staff on using the new toolkit:

"As a service we are always keen to think about how we can more actively involve individuals and their family members/carers so that we can develop the service in a way that suits the needs of those accessing it. The co-production toolkit helped us in thinking more about how we could do this and enabled us to start this process in a collaborative and helpful way."

You said:

Members of the Adult Mental Health Co-production Group shared that the quality of co-production was inconsistent across Mental Health Services.

We did:

The division pulled together all the tools and techniques relating to involvement and co-production into one document to improve knowledge and understanding bringing consistency to the delivery of co-production activities across the Mental Health Services division.

3.0

Complaints and Feedback



During the past year (1 April 2024 to 31 March 2025), the Trust has responded to a total of 502 complaints: 188 formal complaints and 314 informal complaints. For the previous year, the Trust responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints.

Of the 188 formal complaints responded to, 43 (23%) were upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld, of which 6 were withdrawn. For the previous year, the Trust responded to 198 formal complaints of which 60 were upheld (30%), 56 were partly upheld (28%) and 82 were not upheld (42%).

On comparing the 2 years there has been an overall decrease by 52 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

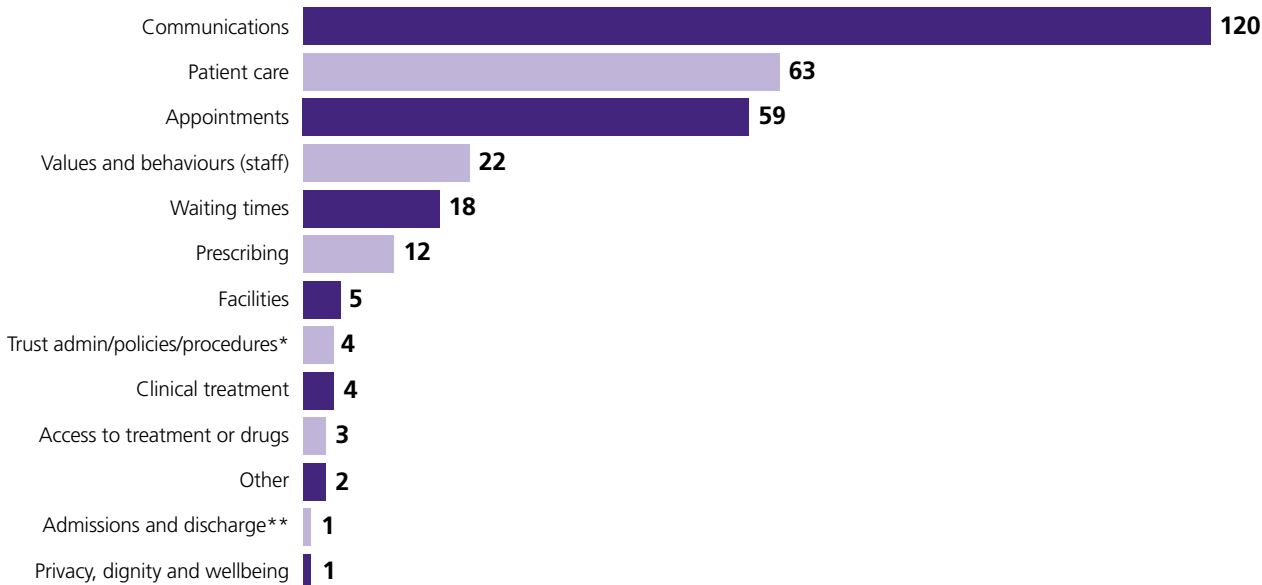
The Trust implements actions because of formal complaints responded to which are upheld/partly upheld and lessons are learnt from the feedback.

3.1 Informal Complaints

For the period 1 April 2024 to 31 March 2025, the Trust responded to 314 informal complaints. The primary subjects/themes are highlighted in Graph 1. For the previous year, the Trust responded to a total of 356 informal complaints.

The primary subjects/themes for informal complaints responded to for the period 1 April 2024 to 31 March 2025 are highlighted in Graph 1.

**Graph 1 – Total informal complaints responded to by primary subject
1 April 2024 to 31 March 2025**



*Including patient record management **Excluding delayed discharge due to absence of a care package

3.1.1 Informal Complaints Escalated to Formal Complaints

For the period 1 April 2024 to 31 March 2025, a total of 8 informal complaints have been escalated to formal complaints. For the same period last year, a total of 9 informal complaints were escalated to formal complaints. Here is a detailed analysis of informal complaints escalating to formal complaints for the past year.

- Community Services and Primary Care – Humber Primary Care Practice**
Primary subject: Prescribing
Reason for escalation: The complainant originally raised concerns regarding the practice's alleged refusal to supply them with medication unless a further health check was carried out. As the complainant felt they did not receive a timely response to this on an informal basis, they requested escalation to a formal complaint.
- Community Services and Primary Care – Market Weighton Practice**
Primary subject: Appointments
Reason for escalation: The complainant originally raised concerns regarding the practice's lack of timely response to both their own care needs and those of their child. The complainant felt that the practice did not offer an urgent or compassionate response to the informal complaint and confirmed that they wished to escalate to a formal complaint.
- Community Services and Primary Care – Humber Primary Care Practice**
Primary subject: Prescribing
Reason for escalation: The complainant originally raised concerns regarding difficulty obtaining medication from the practice for their mother. Although the medication issue was resolved, the complainant subsequently confirmed that they wanted a formal investigation into the cause of the issue.
- Children's and Learning Disabilities Services – Learning Disability Intensive Support Team**
Primary subject: Patient care
Reason for escalation: The complainant originally requested a formal complaint around multiple issues relating to their son's care with the team. After an initial conversation with the complainant, the service reported the complainant was happy with the proposed way forward and it was felt that the complaint could be resolved on an informal basis. However, the service was subsequently unable to resolve these issues informally to the complainant's satisfaction, and they requested escalation to formal complaint.
- Planned Care Mental Health Services – Mental Health Triage and Assessment Team**
Primary subject: Communications
Reason for escalation: The complainant originally raised a concern regarding the Trust's use of a contracted provider. The issue was initially addressed via an informal written response at the complainant's request; however, the complainant was not satisfied with this response and requested escalation to formal complaint.
- Corporate Services – Medical Records Team**
Primary subject: Trust admin/policies/procedures including patient record management
Reason for escalation: The complainant originally raised a concern regarding a subject access request for medical records that they had yet to receive. They were subsequently informed that the records had been sent to a third party on their behalf without sharing with themselves first as requested, and they requested escalation to a formal complaint.
- Planned Care Mental Health Services – Psypher**
Primary subject: Patient care
Reason for escalation: The complainant originally raised concerns over the alleged lack of care they had received from the service. The service was unable to resolve the issues to the complainant's satisfaction on an informal basis, and they requested escalation to a formal complaint.

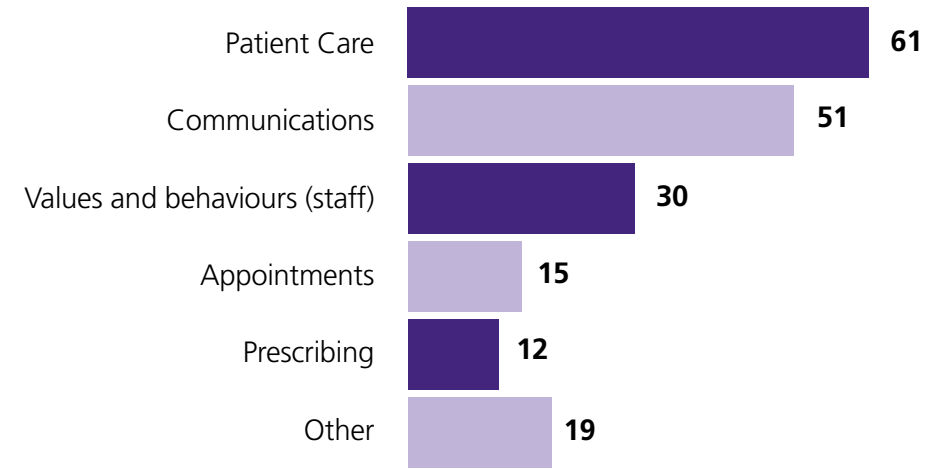
3.2 Formal Complaints

During the past year (1 April 2024 to 31 March 2025), the Trust received 194 formal complaints compared to 216 for the previous year.

The Trust responded to 188 formal complaints which compares to 198 for the previous year (a decrease of 10 formal complaints). The Complaints and Feedback Manager considers that this position is due to the combination of an overall reduction in complaints for Primary Care compared with the previous year, and a smaller overall increase in complaints for the Mental Health Division, across both Planned and Unplanned Care.

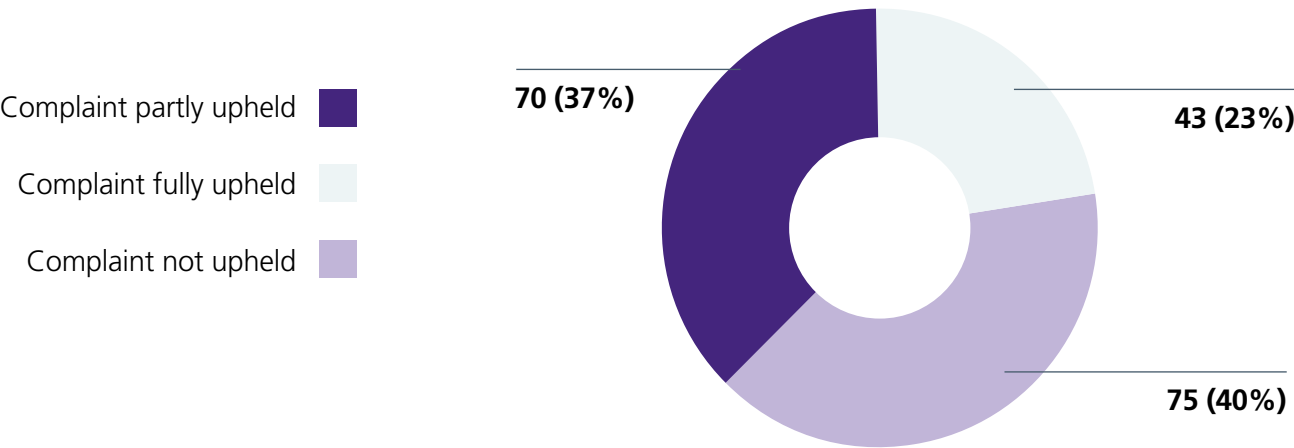
The primary subjects/themes are highlighted in Graph 2.

Graph 2 – All formal complaints responded to – primary subjects including Top 5
1 April 2024 to 31 March 2025



Of the 188 formal complaints responded to, 43 (23%) were fully upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld. For the previous year, the Trust responded to 198 formal complaints of which 60 were upheld (30%), 56 were partly upheld (28%) and 82 were not upheld (42%). The outcomes are highlighted in graph 3.

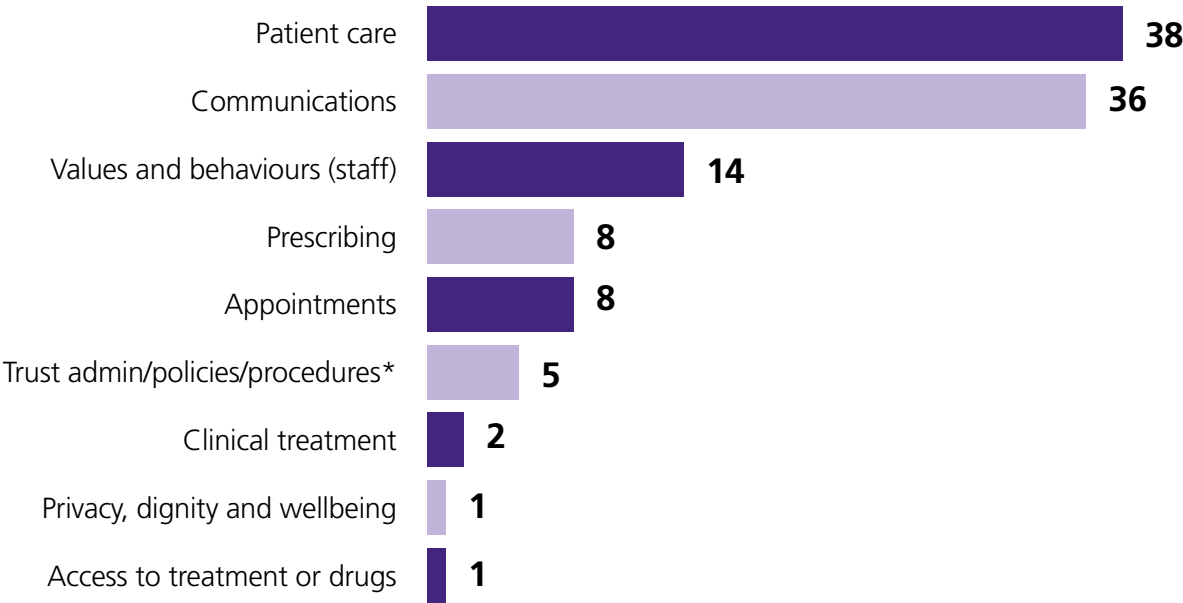
Graph 3 – All formal complaints responded to – outcomes
1 April 2024 to 31 March 2025



3.2.1 Themes and Trends

On analysing the total number of formal complaints responded to over the last twelve months where the outcome was either upheld or partly upheld, Graph 4 highlights that patient care is the top subject for the Trust, followed by communications then values and behaviours of staff.

Graph 4 – Total formal complaints responded to – upheld and partly upheld
1 April 2024 to 31 March 2025



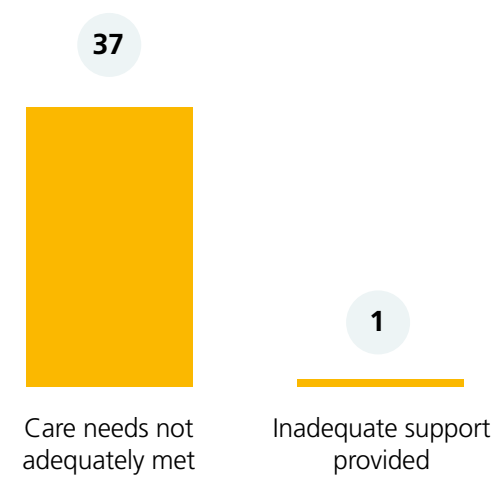
*Including patient record management **Excluding delayed discharge due to absence of a care package

Analysis

Patient Care

On critiquing the top subject of patient care, further analysis (Graph 5) confirms that **care needs not adequately met** is the highest sub subject for the Trust, and also the sub subject for all complaints apart from 1, for inadequate support provided. There was a total of 61 formal complaints responded to with patient care as the primary subject during the twelve month period. Of these, 12 were fully upheld following investigation and 26 were partly upheld, with the remaining 23 not upheld.

Graph 5 – Formal complaints responded to - upheld and partly upheld
Patient care – 1 April 2024 to 31 March 2025



Of the 38 complaints that were fully and partly upheld, 18 (47%) were for the Mental Health Division across both Planned and Unplanned Care, and the majority of complaints for this division resulted in a partly upheld outcome, including all complaints for Unplanned Care.

Of the 37 complaints which had a sub-subject of ‘care needs not adequately met’, 15 related to an overall lack of care provided by the services in question, whilst 12 related to a delay in accessing care and support.

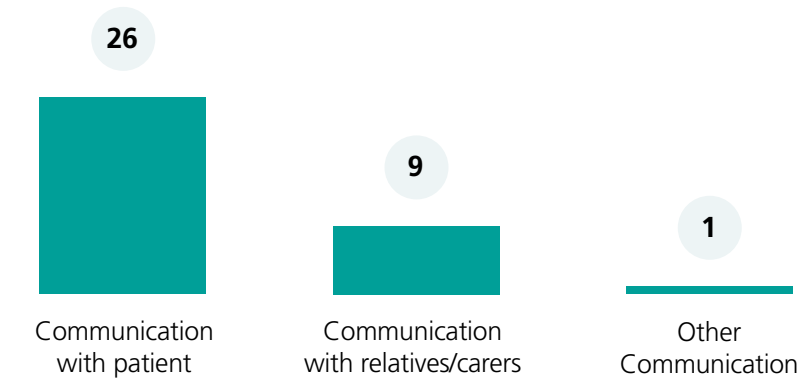
As there was just 1 complaint with a different sub-subject of ‘inadequate support provided’, there were no further trends to observe.

Analysis

Communications

On critiquing the second highest subject of communication, further analysis (Graph 6) confirms that communication with patient is the highest sub subject in this category; followed by communication with relatives/carers, then other communication. There was a total of 51 formal complaints responded to, with communication as the primary subject during the twelve-month period. Of these, 15 were fully upheld following investigation and 21 were partly upheld, with the remaining 15 not upheld.

Graph 6 – Formal complaints responded to – upheld and partly upheld
Communications – 1 April 2024 to 31 March 2025



Of the 36 complaints that were fully and partly upheld, 16 were for Community Services and Primary Care, 11 were for Planned Care Mental Health Services, 6 were for Unplanned Care Mental Health Services, 2 were for Children’s and Learning Disabilities Services, and 1 was for Corporate Services.

The top three sub-subject themes highlight:

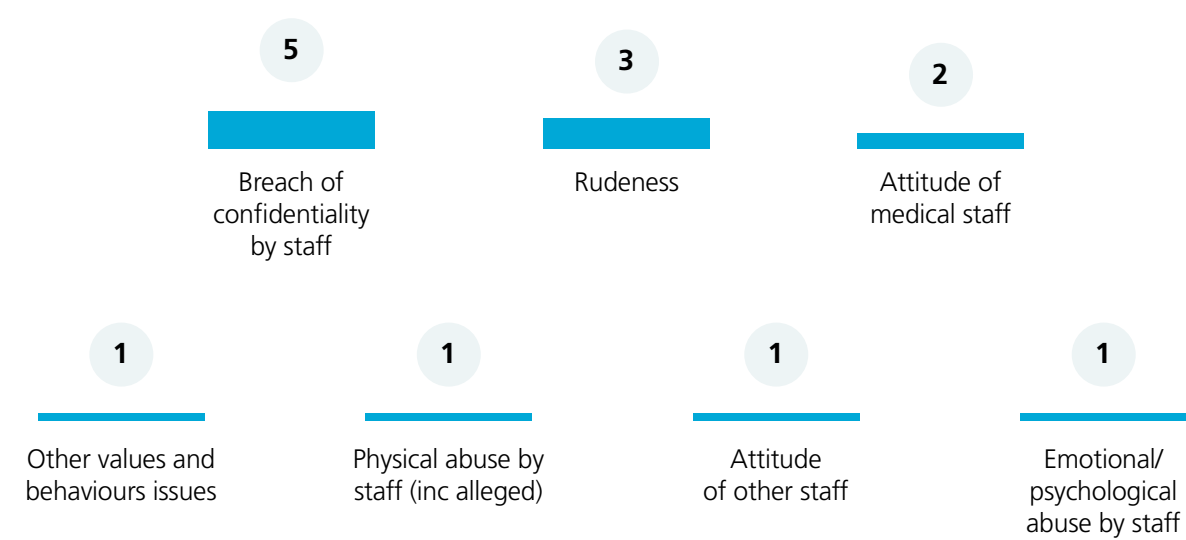
- 26 had a sub-subject of ‘communication with patient’, and of those, 11 were fully upheld and 15 were partly upheld. 15 of these complaints related to an overall lack of contact from the service. Of the 11 complaints for Primary Care with this sub subject, 5 related to a lack of contact around test results.
- 9 had a sub-subject of ‘communication with relatives/carers’, and of these, 6 related to an overall lack of contact from the service.
- There was 1 complaint for ‘other communication’; therefore no notable trend to observe.

Analysis

Values and behaviours of staff

On critiquing the third highest subject of values and behaviours of staff, further analysis (Graph 7) confirms that breach of confidentiality by staff is the highest sub subject for the Trust, followed by rudeness, then attitude of medical staff. There was a total of 30 formal complaints responded to, with values and behaviours of staff as the primary subject during the twelve month period. Of these, 7 were fully upheld following investigation and 7 were partly upheld, with the remaining 16 not upheld.

Graph 7 – Formal complaints responded to - upheld and partly upheld
Values and behaviours of staff – 1 April 2024 to 31 March 2025



Of the 14 complaints that were fully and partly upheld, 7 were for Planned Care Mental Health Services, then 2 each for Community Services and Primary Care, Unplanned Care Mental Health Services and Children’s and Learning Disabilities Services, with a further 1 for Corporate Services.

The top three sub-subject themes highlight:

- 5 had a sub-subject of ‘breach of confidentiality by staff’, and of these, 4 related to information being shared or disclosed to third parties without the patient’s consent.
- 3 had a sub-subject of ‘rudeness’, and there were no notable trends to observe.
- 2 had a sub-subject of ‘attitude of medical staff’, and there were no notable trends to observe.

3.2.2 Learning Responses

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

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

Theme 1: Patient care

Issues upheld	Learning responses
Primary Care – The complainant had been given a telephone appointment with the practice, but they were not given a specific timeslot and experienced difficulty with being available to answer the call as a result.	The practice will ensure that patients are given a 2 hour window for the telephone consultation to ensure they have time to answer the call for the appointment.
Learning Disability Services – The complainant requested crisis support from their child’s community team, but were told that the team could not help with this and they would need to speak to the Crisis team instead.	As part of their service provision, the team will develop a locally agreed protocol for responses to patients who may be in distress or a crisis.
Planned Care Mental Health Services – The complainant experienced significant impact on their care and treatment planning due to being passed between multiple different teams, which protracted the length of time taken and caused them significant distress.	The services will develop a direct extraordinary meeting and/or escalation process including involved clinicians where a pathway cannot be established for a patient within our current forums.

Theme 2: Communications

Issues upheld	Learning responses
Primary Care – Due to human error, the referral for the patient was sent to the Medical Examiner two days later than the undertaker was advised.	The division will ensure there is at least two staff at each GP site that are competent in undertaking the Medical Examiner process to ensure there are no delays.
Planned Care Mental Health Services – The complainant was telephoning the service consistently but was not contacted by them within 24 hours of their call as appropriate.	To ensure patients receive telephone follow-up in a timely manner, the service will revise and clarify the duty and shift coordinator role, including a new role description and process for tackling pressures.
Children’s Services – The complainant received inadequate communication from their child’s clinical team whilst the child was in crisis.	The service will review the documented response plan for supporting the patient during a crisis, originally developed from an interaction with crisis services, alongside the patient and family to help further embed this into patient centred care.

Theme 3: Values and behaviours of staff

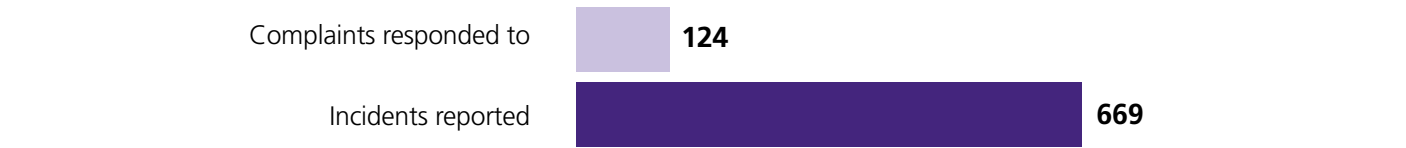
Issues upheld	Learning responses
Planned Care Mental Health Services – The complainant had requested on several different occasions for their information not to be shared with their GP; unfortunately, this was not recorded on the ‘active alerts’ section on the electronic patient record.	Information will be circulated to all staff via email to utilise the patient alert section when documenting and accessing information around data sharing.
Unplanned Care Mental Health Services – The staff's communication around the complainant's care did not demonstrate a person centred or compassionate approach whilst they were in distress.	All service staff will be undertaking Trauma Informed Care principal training to improve knowledge of staff and experience of those using the service.
Children's Services – The complainant attended a course for parents accompanied by their adult aged child; the course does not allow offspring (including adults) to attend, and the reasons for this were not explained adequately to the complainant on the day of the session.	• The service will add to the group intervention letter for the workshop/ course that offspring are not allowed and explain why, along with contact details for parents to raise concerns. • Staff will discuss at the initial assessment whether group intervention is subsequently required. • The service will review group intervention to consider access and reasonable adjustments.

3.2.3 Thematic Review of Patient Care Aligned to Patient Safety Incidents

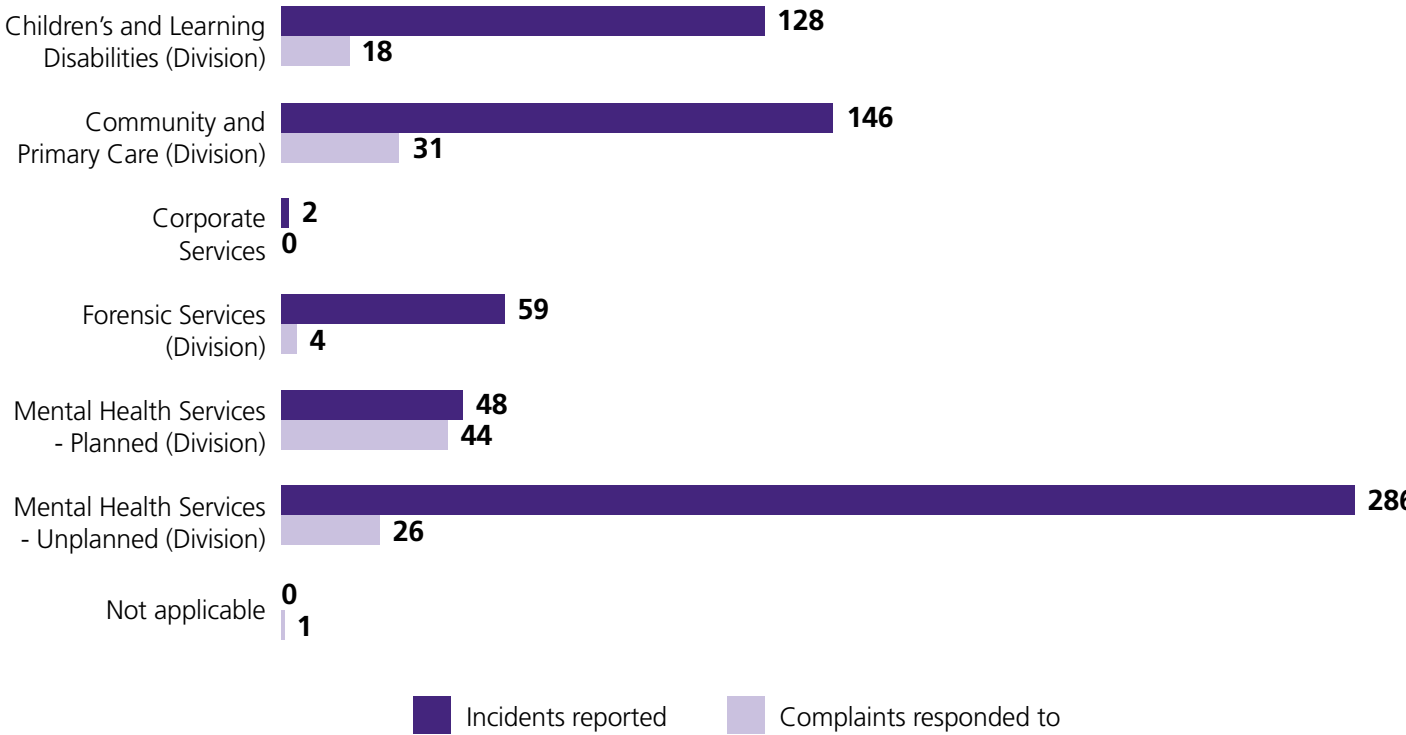
To gain a more joined-up understanding of the top theme of patient care, we have undertaken a closer look at these complaints alongside patient safety incidents received for the same theme. This category is recorded for incidents as **‘Patient Care Problem’** and it is the 4th highest recurring theme for patient safety incidents in 2024/25.

The total number of formal and informal complaints responded to and incidents reported against the theme of patient care for 1 April 2024 to 31 March 2025 are compared in Graph 8 below, whilst Graph 9 demonstrates this split by clinical division.

Graph 8 – All formal/informal complaints and incidents with a primary subject of patient care
1 April 2024 to 31 March 2025



Graph 9 – All formal/informal complaints and incidents with a primary subject of patient care - by division - 1 April 2024 to 31 March 2025



Analysis

Formal and informal complaints with a primary subject of patient care

On critiquing the top subject of patient care, **care needs not adequately met** is the highest sub subject for the Trust during the period, with 37 formal complaints (upheld or partly upheld) and 63 informal complaints. There was 1 other sub subject across either category, which was ‘inadequate support provided’ for a formal complaint.

Of the 37 formal complaints upheld or partly upheld with the sub-subject of ‘care needs not adequately met’:

- 24 formal complaints related to a lack or omission of care provided by the services in question
- 15 formal complaints related to a delay in accessing care and support
Within the above, 11 formal complaints related to both these themes
- 9 formal complaints related to a decision in care and support which the complainant was unhappy with.

It must be noted that some formal complaints include more than one theme.

Of the 63 informal complaints with the sub-subject of ‘care needs not adequately met’:

- 41 informal complaints related a lack or omission of care provided by the services in question
- 20 informal complaints related to a delay in accessing care and support.
Within the above, 16 informal complaints related to both these themes
- 18 informal complaints related to a decision in care and support which the complainant was unhappy with.

Patient safety incidents with a primary subject of patient care

On critiquing the top subject of patient care, **Care Problem/Error - Other** is the highest sub category for the Trust during the period, with 97 incidents reported, followed by ‘Delay in Patient Care/Treatment’ with 82 incidents reported.

Of the 97 patient safety incidents with the sub-subject of ‘Care Problem/Error - Other’:

- 32 related to an overall lack of care provided by the services in question
- 16 related to a delay in accessing care and support.
7 incidents reported related to both these themes
- 3 were related to missed appointments or referrals.
2 incidents reported relate to all 3 of the above themes
- 8 related to various concerns about the services in question – no trends to observe.
- 47 were out of scope as they were concerns raised by the service regarding patients themselves, rather than Trust care provision.

Of the 82 patient safety incidents with the sub-subject of ‘Delay in Patient Care/Treatment’:

- 44 related to a delay of less than 2 weeks
- 27 related to longer-term delays in accessing care and support.
- 11 were out of scope as they were concerns raised by the service regarding patients themselves, rather than Trust care provision.

Summary

- On comparing complaints and incidents against the theme of patient care more closely, two trends emerge consistently as the top subcategories across both; a lack or omission of care from the service(s) involved and/or a delay in receiving care and treatment. Although the totals of each are somewhat different, the proportions are relatively balanced.
- The Mental Health Division (Planned and Unplanned Care) accounts for the majority of formal/informal complaints responded to and incidents reported on this theme, and there are similar totals for both – 56% of complaints and 49% of incidents.
- The majority of complaints and incidents regarding longer term waits or delays in care relate to patients awaiting support from the Community Mental Health Team.
- There is a significant difference between the overall numbers of complaints responded to and incidents reported by the clinical divisions. This appears to be mostly due to the fact that unlike complaints, incidents may also include concerns raised by the services regarding their patients. The exception to this is Planned Care Mental Health, against which only 4 more incidents were reported than complaints responded to on the theme of patient care.

3.2.4 Complaints and Feedback Complainant Survey

Following the closure of each complaint, the Complaints and Feedback Team send out a feedback survey to all formal and informal complainants. This anonymous questionnaire gives complainants an opportunity to comment on their experience of the complaint process and to provide insight into how we are doing from a patient/carer/public perspective. As of April 2024, the survey is provided in a variety of formats including web link, hard copy and SMS text message. Last year the Trust introduced SMS text message where we have seen an increase in the response rate to the survey. For 2023/24 the response rate was 6, compared to 43 responses received during 2024/25 (22 for formal complaints and 21 for informal complaints), this is an increase of 37 responses (717%).

Formal complaints:

- **55%** of respondents felt that making their complaint was a simple process.
- **27%** of respondents felt that their complaint was taken seriously and handled fairly.
- **50%** of respondents felt that the response was personal to them and specific to the nature of their complaint.
- **41%** of respondents felt that the response was clear and understandable and addressed their concerns, even if they did not agree with the outcome.
- **9%** of respondents felt that that the learning/actions identified were appropriate to the outcome of their complaint.

Informal complaints:

- **81%** of respondents felt that making their complaint was a simple process.
- **52%** of respondents felt that their complaint was taken seriously and handled fairly.
- **57%** of respondents felt that the service listened to them and took their personal preferences into account.
- **52%** of respondents felt that the service addressed their concerns appropriately, even if they did not agree with the outcome.

We have taken the above feedback into consideration during our policy refresh and have made changes to address some of the areas of challenge (see 3.3). We will further draw on this feedback when we update our complaints training offer (see 3.7) in line with the recent policy changes.

3.3 Complaints and Feedback Policy Review

A full review of the Trust’s Complaints and Feedback Policy has been undertaken in 2024/25 and a significant number of changes have been implemented, following consultation with our staff, patients, service users and carers. As part of this process, the policy was assessed to ensure compliance with the Parliamentary and Health Service Ombudsman (PHSO) NHS Complaints Standards Summary of Expectations 2022; the majority of the policy was found to be compliant with the standards and identified gaps have now been incorporated into the document.

- Based partly on feedback from the complainant survey (see 3.2.4), the refreshed policy provides the opportunity for complainants to co-produce formal complaint action plans as part of the investigation process.
- The refreshed policy recognises the significance of both operational and clinical assurance in the complaints process by proposing that all formal complaints should receive division level assurance by both the General Managers and the divisional Clinical Leads.
- Following the conclusion of the formal complaint investigation process, meetings will be offered to all complainants to discuss the early findings of the complaint.
- The content has been strengthened to reflect the current operational procedures carried out on a day-to-day basis.

3.4 Parliamentary and Health Service Ombudsman (PHSO)

Of the 188 formal complaints responded to from 1 April 2024 to 31 March 2025, 2 of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman.

There are currently 3 further cases being considered by the PHSO which were closed during 2023/24.

There is currently 1 case under investigation by the Ombudsman which relates to a complaint from April 2022.

3.5 Zero Informal and Formal Complaints

The total number of teams across the Trust where no formal or informal complaints were received during the reporting period (1 April 2024 to 31 March 2025) is 47 (35%) (out of 133 teams in scope). For the same period last year, 34 teams out of a possible 97 teams in scope (35%) did not receive any formal or informal complaints.

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

Division	Teams in scope	No. of teams with zero complaints	% of teams with zero complaints
Children’s and Learning Disabilities Services	44	21	48%
Community Services and Primary Care	25	13	52%
Forensic Services	17	4	24%
Planned Care Mental Health Services	24	3	13%
Mental Health Services - Central	1	1	100%
Unplanned Care Mental Health Services	22	5	23%
Total	133	47	35%

34 of the 97 clinical teams (35%) have not received any formal or informal complaints in the last twelve months.

3.5.1 Actions to Address Zero Complaints

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

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

Training and presentations – As part of the Trust’s complaints training package (see 3.7), staff are made aware of the zero complaints reporting process and the importance of the Trust complaints process being visible to patients and the public. The Complaints and Feedback Team has also given presentations on the complaints process at Trust stakeholder meetings including the Governors Development Day and the Hull and East Riding Patient and Care Experience Forum, both of which included executive management in attendance. The team is scheduled to present at further meetings into the future.

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

Peer reviews – Complaints are one of 8 performance indicators in peer reviews relating to stakeholder feedback and there is a question regarding complaints information for patients (environment/site visit), staff, team leaders and as part of the closed culture metrics. An estimated 103 reviewers have responded to these in last year’s peer review cycle, including the Trust’s Patient Safety Partners.

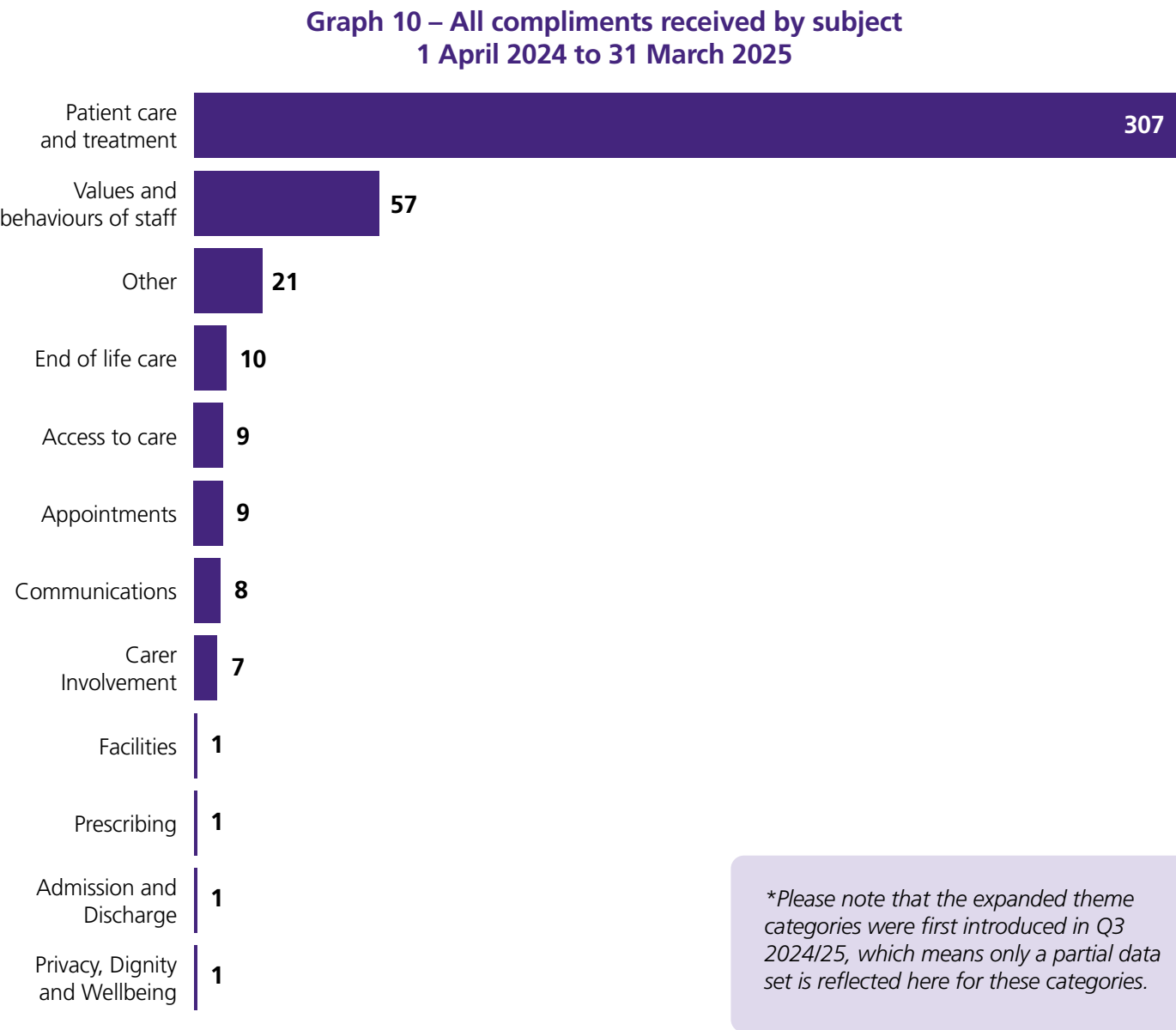
Accessible literature – The Complaints and Feedback Manager has received assurance from the Learning Disabilities division that easy read leaflets for making a formal complaint to the Trust are currently available within the Learning Disabilities community and inpatient settings. The division employs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

3.6 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful services they provide. The Trust received 432 compliments for the period 1 April 2024 to 31 March 2025, which compares to 303 compliments received for the previous year. Graph 10 below informs on which division the compliment relates to and the type of compliment received.

This year we have expanded the number of compliment themes available to align these more closely with our complaints theme categories. We have also introduced a new range of sub-themes; these are aligned with the Trust’s Being Humber values and behaviours framework and will enable us to gather and triangulate rich data regarding our positive feedback.

To assist staff to record as many compliments as possible, a short training video has been developed by the team which demonstrates how quick and simple it is to record a compliment on our internal Trust system.



3.7 Complaints and Feedback Training Offer

The Complaints and Feedback Team are now offering an enhanced two-tier staff training package, designed to ensure that staff are informed with regular and up-to-date information about the complaints process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns as they arise.

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

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

To strengthen the Complaints Awareness Training session, in accordance with the Zero Complaints actions (see 3.5.1) around ensuring patients and carers know how to make a complaint or raise a concern, the session now also includes a section on Zero Complaints and appropriate dissemination of complaints information to patients and colleagues.

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

The Complaints Investigation and Resolution Training course is a more in-depth session aimed at those staff who may lead on or support with formal

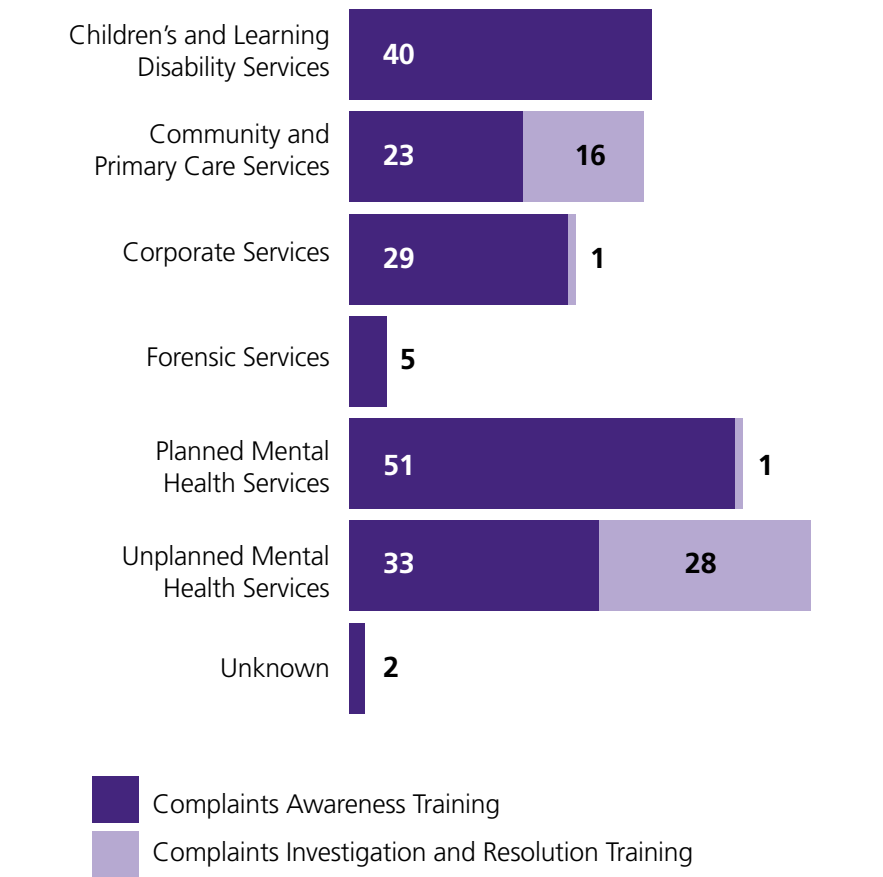
complaint investigations. Sessions are booked via the Complaints and Feedback Team and can be held either virtually or face to face. The objectives of the course are to ensure that anyone involved with a formal complaint understands:

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

Both courses will receive a comprehensive update in 2025/26 in line with the recent changes to the Complaints and Feedback Policy (see 3.3) and additionally taking into account the feedback we have received from the complainant survey (see 3.2.4).

Our complaints training courses were accessed by a total of 229 staff during the year. Graph 11 informs on the number of staff per division who accessed the training.

Graph 11 – Total complaints training numbers by division 1 April 2024 to 31 March 2025





Priorities for 2025/26

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

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Trust wide	We will further strengthen the Trust's Friends and Family Test (FFT) process by monitoring response rates across all divisions and teams with low/no feedback and will implement actions to address.		We will continue to support and contribute to the Humber and North Yorkshire Integrated Care Board (ICB) engagement project 'A Good Experience' to help inform the development of a Communications Engagement Charter.		We will strengthen the resources and support for our Staff Champions of Patient Experience.	
	We will strengthen our approach to addressing feedback received from FFT survey responses by ensuring positive feedback is celebrated and negative themes are followed up with Quality Improvement Charters.		We will continue to support the wider Integrated Care System (ICS) and attend the Humber and North Yorkshire ICB Experience of Care Group to network and share Place and provider based intelligence and insight across the system to inform quality improvement and share learning.		We will further develop our Patient and Carer Experience Training modules to reflect the evolving landscape.	
	We will review and refresh the Patient Stories Framework to strengthen our approach when supporting individuals to share their stories of accessing Trust services.		We will continue to build and sustain relationships with partner organisations including diverse communities to ensure everyone has the opportunity to have a voice, to be heard and to be listened to.		We will continue to work closely with the Quality Improvement team to ensure that the patient, service user and carer voice informs continuous quality improvement initiatives.	
	We will strengthen our Patient and Carer Experience forums' membership through regular communications and marketing.				We will review and refresh the Panel Volunteers Framework to strengthen our approach when supporting individuals who choose to be part of the Trust's recruitment process.	

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Trust wide	We will evaluate the effectiveness of our Experts by Experience initiative by analysing the impact of their involvement in Trust activities.					
Children's and Young People's Services	We will ensure therapy spaces used by children, young people, and their families, are welcoming, friendly, inclusive, and reasonable adjustments have been made. We will work closely with staff on the Inspire Inpatient Unit to ensure the voice of young people is heard and actioned, shaping the care delivered on the unit and their experiences.		We will review the Humber Cadets programme to add further enhancements, as we plan for the commencement of the 3rd cohort and ensure the programme is fully embedded as a consistent annual offer for the young people across Hull and the East Riding of Yorkshire.		We will seek feedback from our staff, service users and stakeholders regarding the Connect website. This feedback will help us measure its impact, ensure it is meeting the needs of our community and services, and to action improvements if required. We will review the Humber Youth Action Group (HYAG) which will be steered by the HYAG members and will take into consideration how it operates, the recruitment and promotion processes, future goals, training required and opportunities to deepen its ability to improve care received by children, young people, and their families. The HYAG will also grow its relationship with Health Stars, helping to raise target funds for key projects chosen by the young people.	
Forensic Services	We will increase family and friends' engagement in the division.		We will continue to develop the inpatient service user volunteer pathway/registration and vocational opportunities.		We will develop the full time Involvement and Engagement role within the division.	
	We will identify the needs for engagement and involvement within the Forensic Community Teams and provide support where needed.		We will continue to use the Secure Quality Involvement (SEQUIN) tool and benchmarking information to improve practice standards.		We will strengthen the role of Peer Support within the division.	
			We will continue to develop the physical health/ primary care service with a focus on reducing levels of obesity and diabetes and increasing awareness and access to services around health and wellbeing for all patients within Forensic Inpatient services.			
Primary Care, Community Services and Addictions Services	We will create a child friendly waiting room area in the Whitby Urgent Treatment Centre.		We will create both a dementia-friendly and a calming, public reflective area in the Fitzwilliam Ward, Malton Hospital.		We will expand the involvement of Experts by Experience and Panel Volunteers across Community Services and Addictions services to strengthen partnership working.	

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Primary Care, Community Services and Addictions Services	We will work in partnership with patients to co-produce information posters and leaflets on Opioid Substitution Therapy to promote shared understanding of information available.		We will continue to strengthen our relationships with external partners who support our patients, their families and carers.		We will expand the number of Staff Champions of Patient Experience across the division to support with the co-production agenda.	
	We will continue to develop action plans with our GP practices' Patient Participation Groups based on findings from the GP National Survey 2025.					
Mental Health Services	We will continue to progress with the Culture of Care programme which is one of our clinical programmes underpinning the division's Patient Safety priority. Continuing to develop a positive and supportive environment for patients and staff leading to better patient outcomes and experiences. (Linked to Mental Health Division Patient Safety Culture priority)		We will support the exploration and development of neighbourhood models bringing care back into the heart of communities including a real focus on partnership working within these hubs. (Linked to Mental Health Division Clinical Pathways priority)		We will continue to support the development of staff in relation to developing, supporting, and managing staff with lived experience ensuring trauma informed consistent approaches to the management of this to standardise the process when they are involving people with lived experience of Mental Health Services. (Linked to Mental Health Division Recovery and Sustainability priority and Our People priority)	
	We will continue to focus on family and carer inclusivity in care delivery when working with our patients. This will include each service area identifying improvements needed for family engagement, an increase in family and carer link workers across the division and service specific information for family and carers when accessing care of their loved one. (Linked to Mental Health Division Patient Safety Culture priority)				We will encourage, as standard, people with lived experience to work for the Trust by creating an environment which is inclusive for all including supporting the review of workforce recruitment processes to ensure language and communication is inclusive of people with lived experience. (Linked to Mental Health Division Recovery and Sustainability priority and Our People priority)	
	We will support the division in their clinical pathway's priority ensuring the patient and carer voice is modelled within service reconfiguration work. (Linked to Mental Health Division Clinical Pathways priority)					

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Mental Health Services	We will ensure collaboration from our patients and carers to inform remodelling of assessment and formulation project. (Linked to Mental Health Division Patient Safety Culture priority)					
Learning Disabilities	We will explore Expert by Experience opportunities to ensure patient and carer experience informs projects and initiatives across the service.		We will continue to deliver ongoing projects including the Culture of Care and Cancer Screening projects.		We will explore opportunities to develop training packages alongside Experts by Experience across the service. We will continue to connect with staff members across the service to ensure Patient and Carer Experience is embedded across the division.	

5.0

Conclusion

Patient, service user and carer feedback is fundamental for identifying areas for improvement in healthcare services. This continuous feedback loop ensures that services evolve to meet the needs of those we support, leading to even better care delivery and outcomes. There are numerous opportunities for individuals to get involved in Trust activities and have a voice, and we will continue to empower our communities to share their experiences, opinions and suggestions to deliver responsive, inclusive and patient-centred services.

Our Experts by Experience have contributed valuable insights to support with time sensitive projects and their input enriches the conversation when working with staff to ensure that services are relevant and effective.

The refreshed Friends and Family Test (FFT) Dashboard has brought a new

A significant amount of work is taking place across the Trust to ensure individuals are being heard and listened to. Involving our patients, service users, carers and our diverse communities is helping us to address health inequalities and ensure that care is accessible and equitable for all. Listening to and respecting everyone’s views is helping us to deliver care that meets the unique needs and preferences of our communities to enhance the quality of care delivered.

dimension to analysing feedback by providing thematic analysis at the touch of a button. The feedback is helping to identify positive and negative sentiments, driving quality improvements and enhancing patient experiences.

The co-production logo stamp has become a beacon to demonstrate where projects have been co-designed with patients and carers, ensuring their voices are integral to work taking place across the Trust. It's excellent to see staff looking for the co-production logo stamp on documents they receive. The stamp is becoming a cultural norm.

All these initiatives demonstrate how active involvement and engagement of patients, service users and carers lead to better healthcare experiences, improved outcomes, and a more inclusive and responsive organisation.

A compassionate culture makes a real difference to how our patients, service users, their families and loved ones perceive the care we provide. Our 2024 staff survey results share a very positive picture of staff experience, which directly enhances patient care and satisfaction, ultimately highlighting a supportive and effective healthcare environment.

The Trust is committed to actively engaging, involving, hearing, listening to and acting upon feedback and we hope this report demonstrates the significant strides we are making to involve everyone so we can provide the best outcomes possible for our patients, service users, their carers and families.

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

**Humber Teaching NHS
Foundation Trust**

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

Tel: 01482 301700

Email: hnf-tr.contactus@nhs.net

 [@humbernhsft](https://twitter.com/humbernhsft)

 [@humbernhsft](https://www.facebook.com/humbernhsft)

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

**Humber Teaching NHS
Foundation Trust**

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

Tel: 01482 389167

Email: hnf-tr.patientandcarerexperience@nhs.net

Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025				
Title of Report:	Infection Prevention and Control Annual Report 01 April 2024 – 31 March 2025				
Author/s:	Executive Lead: Sarah Smyth, Executive Director of Nursing, Allied Health and Social Care Professionals Authors: Stephanie Hope, Advanced Infection Prevention and Control Nurse Debbie Davies, Lead Nurse Infection Prevention and Control				
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 provide a summary of the performance and key work undertaken with regards to infection prevention and control for the reporting period 01 April 2024 – 31 March 2025. The Board is asked to approve the annual report.				
Key Issues within the report:					
Positive Assurances to Provide: - The number of outbreaks experienced during 2024-2025 has been low despite a high number of respiratory illnesses in general circulation throughout the year. 85% compliance baseline exceeded for Level 2 IPC mandatory training Trust wide. - The 85% compliance baseline exceeded for Hand Hygiene and PPE competency Trust wide. - Ventilation improvement works completed within Newbridges, Westlands units and the seclusion suites at Westlands and PICU. - The opportunity to 'Co produce' is now considered and applied as part of all the IPC work. - IPC team adoption of PSIRF methodology for IPC related incidents. - IPC audit programme maintained.			Key Actions Commissioned/Work Underway: - Collaborative working commenced with local partners to develop an IPC Tier 3 training however this has now paused due to the training requirements being reviewed nationally. - Aseptic Non-Touch Technique (NTT) training and competency assessment being developed. - Enhanced ventilation work for the seclusion suite at Avondale scheduled for 2025.		
Key Risks / Areas of focus: - Water Safety issues remain at Maister Lodge despite remedial action programme. However, the risk continues to be mitigated through the use of filters - The aging estate continues to pose challenges and a significant financial burden.			Decisions Made: Ventilation improvement works will continue at the design briefing stage of any proposed building works.		
Governance:			Date		Date

Please indicate which committee or group this paper has previously been presented to:	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	07/08/25	People & Organisational Development Committee	
	Finance Committee		Executive Management Team	08/07/25
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Healthcare Associated Infection Group (HAIG)	14/05/25
			Quality and Patient Safety (QPAS) Group	03/07/25

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	



Humber Teaching
NHS Foundation Trust

Infection Prevention and Control

Annual Report

01 April 2024 – 31 March 2025

Forward

In line with the *Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections* (Department of Health and Social Care, updated 2022), Humber Teaching NHS Foundation Trust is required to provide annual assurance that effective Infection Prevention and Control (IPC) systems are in place. This report, covering the period from 01 April 2024 to 31 March 2025, outlines the Trust's progress against the IPC 5-Year Plan (2023–2028) and demonstrates our commitment to delivering safe, high-quality care.

As the Director of Infection Prevention and Control, I am pleased to present this report, which highlights our continued efforts to embed IPC principles across all services. Infection prevention and control remains central to our patient safety strategy and reflects our dedication to continuous improvement and collaborative working.

Some of the achievements this year include:

- Sustained **95% hand hygiene compliance** across inpatient areas.
- Adoption of the **PSIRF methodology** for reviewing IPC-related incidents.
- Development of the **Trust Antimicrobial Stewardship Policy and Plan**.

These accomplishments reflect the dedication of our staff and the strength of our IPC governance. I would like to thank all colleagues for their ongoing commitment to maintaining high standards of care and safety.

We remain focused on delivering the objectives of our IPC strategy and ensuring that infection prevention and control continues to be a core priority across the organisation.

Looking forward, we will continue to strengthen our IPC infrastructure, foster innovation, and work in partnership across the system to ensure that infection prevention and control remains a core priority in everything we do.

Sarah Smyth

Executive Director of Nursing, Allied Health & Social Care Professionals
Director of Infection Prevention and Control
Caldicott Guardian



1.0 Introduction

In accordance with the requirements of the Health and Social Care Act 2008: code of practice on the prevention and control of infections (Department of Health and Social Care, updated 2022) each NHS organisation is required to produce an annual report providing assurance that effective Infection Prevention and Control (IPC) systems and processes are in place.

This report, covering the period 01 April 2024 to 31 March 2025 aims to provide assurance to the Trust Board of Directors of the achievements and progress made against the Trust IPC 5 Year Plan 2023 - 2028 and the key criteria within the Health and Social Care Act 2008: code of practice on the prevention and control of infections (2022).

1.1 Key achievements

- ✓ 95% hand hygiene observational audit compliance achieved each quarter across the inpatient areas.
- ✓ 90% of clinical staff have achieved the Hand Hygiene and Personal Protective Equipment (PPE) Clinical Competency across the organisation.
- ✓ Improved IPC environmental audit scores across Primary Care services due to planned programme of improvement work.
- ✓ IPC Mandatory training compliance exceeded 85% baseline throughout the year.
- ✓ Patient Safety Incident Reporting Framework (PSIRF) methodology now adopted for the review of all IPC related incidents.
- ✓ Worked in partnership to support the enhancement of ventilation in Newbridges and Westlands inpatient units.
- ✓ Collaborative production of the Trust Antimicrobial Stewardship Policy and Plan.

2.0 Goal 01 – Innovating Quality and Patient Safety



1. We will embed a culture of continuous quality improvement in all infection control related activities undertaken on behalf of the Trust

2.1 Governance Arrangements

The Trust Infection Prevention and Control Arrangements Policy N-014 outlines the specific role responsibilities, management structure and the systems that are in place ensuring that IPC practice and management is effective and efficient within the Trust. This policy has been reviewed in 2024 to ensure it reflects current arrangements.

The Chief Executive holds ultimate responsibility for ensuring effective IPC arrangements are in place.

The Executive Director of Nursing, Allied Health and Social Care Professionals holds the role of Director of Infection Prevention and Control (DIPC) within their portfolio and reports directly to the Chief Executive and the Trust Board.

The Deputy Director of Nursing, Allied Health and Social Work Professionals continues to provide managerial support and clinical supervision to the Lead Nurse, Infection Prevention and Control as part of their portfolio.

The Lead Nurse continues to provide strategic leadership and expert advice in relation to all matters pertaining to IPC, working collaboratively with all teams within the organisation and partner agencies to ensure effective working relationships and evidence-based infection control is practiced to minimise the risks to patients, staff and the public. The Lead Nurse continues to meet regularly with the DIPC throughout the year.

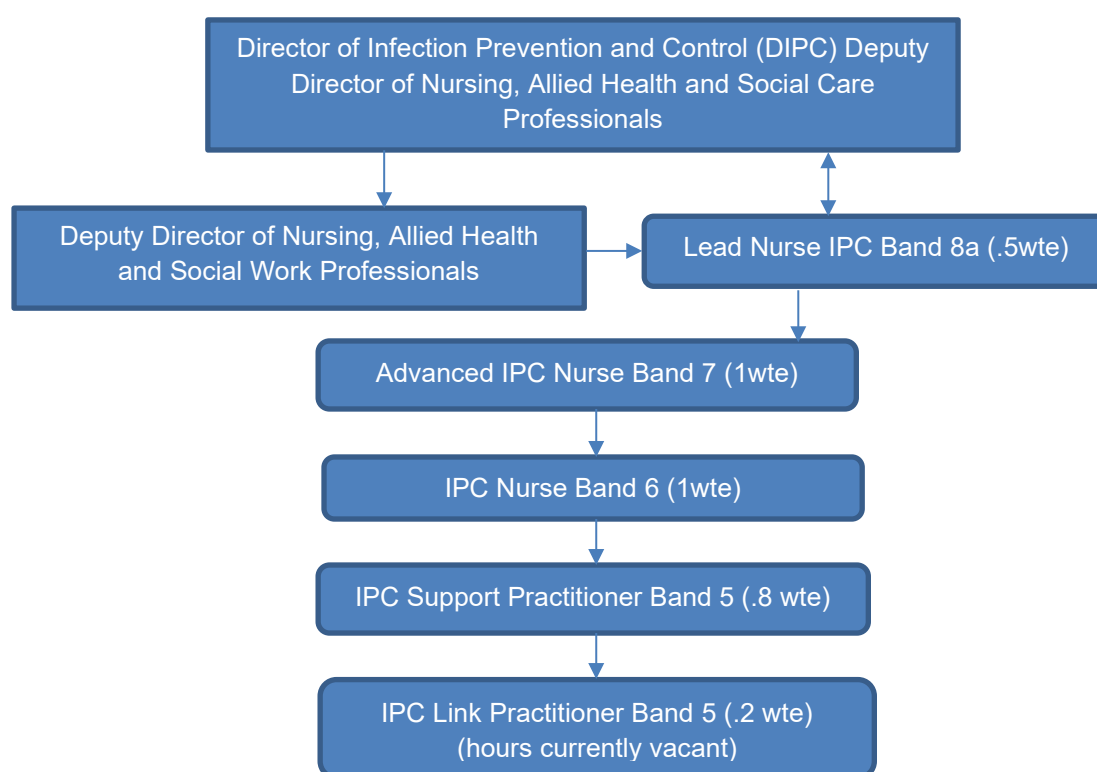
In quarter 4 following the notification of the planned termination of the existing contract with Closer Healthcare for the provision of an Infection Control Doctor (ICD) a new Service Level Agreement (SLA) was agreed with Optima Clinics for 1 session weekly. The ICD personnel and agreed specifications remained unchanged. The ICD provides support, expertise, and guidance to the IPC team on IPC and antimicrobial stewardship queries.

The provision of the IPC 5 Year Plan and annual progress report is seen as an essential element in continuing the Trust focus on reducing Healthcare Associated Infections (HCAIs) and in ensuring compliance to the Care Quality Commission (CQC), Regulation 12(2)(h) assessing the risk of, and preventing, detecting, and controlling the spread of infections, including those that are healthcare associated.

The Healthcare Associated Infection Group (HAIG) have continued to meet quarterly, meeting minutes and items requiring approval in accordance with Trust governance structure are scrutinised at the Quality and Patient Safety (QPAS) Group.

2.2 The Structure of the Infection Prevention and Control Team

Table 1. The Structure of the IPC Team as of 31 March 2025



2.3 The IPC Link Practitioner Network

The IPC Link Practitioner Network continues to expand with approximately 157 members represented from across all the Care Divisions. Membership of the group remains diverse with various disciplines and roles represented across Trust clinical services.

The enhanced level of knowledge and skills the Link Practitioners gain supports individual development, wider engagement and compliance with the IPC audit programme. Many members now fulfil the Competency Assessor role for the Hand Hygiene and Personal Protective Equipment (PPE) Clinical Competency implemented in 2023-2024.

The IPC team spend a great deal of time in supporting the development of the IPC Link Practitioners as the role requires a broad range of competencies to effectively protect patients and staff from infections. These competencies encompass knowledge, skills and attitudes crucial for developing and implementing successful IPC programmes.

To strengthen the role profile a review of the effectiveness of the training has been completed, resulting in the development of a competency workbook. The workbook has been adapted from work completed regionally but has been adapted and edited to suit our organisational needs.

Disappointingly we have not returned to the pre-pandemic attendance rates at the IPC Link Practitioner meetings. A survey was undertaken to understand why and to identify the groups preferred method of training delivery. It was determined that the preference was for quarterly network meetings to continue with alternative face to face meetings and virtual meetings held to accommodate those who worked in all areas within the geographical patch. Collective feedback received throughout 2024-2025 following the delivery of the meetings is summarised below:

- 100% said the meetings provided relevant information to feedback to the clinical team.
- 100% said the meeting duration was right.
- 100% said the meetings stimulated motivation as an IPC Link Practitioner
- Feedback to clinical teams is done via MDT, Business meeting or group supervision.

Meeting agendas have included IPC updates, hot topics, interactive quizzes and guest speakers. Despite seeking the views of the network however the face-to-face meetings held have resulted in a disappointing number of attendees at times. Work has now commenced with the clinical leads within each unit to ensure attendance is maximised.

2.3.1 Developing Healthcare Support Workers Course

Following the introduction of the 'Developing Healthcare Support Workers' Course in May 2024 jointly commissioned by the regional IPC and Nursing Workforce Teams and the Florence Nightingale Foundation (FNF) we were pleased to offer the opportunity to the Trust Link practitioners. Two Healthcare Assistants within the Trust availed themselves of the opportunity to complete the programme.

The programme was designed to build confidence in the applicants enabling them with the necessary skills to influence and contribute to the implementation of changes in practice at a local level and provided positive feedback below:

'I thoroughly enjoyed this course, it had me hooked from the beginning, learning about the history of germs, vaccinations and the people who made a difference to healthcare. Also learning about myself how others perceive me and how to get the best out of individuals when we introduce change. I am looking forward to applying the skills I have taken away from this course over time. The tutors were supportive, and the learning style was easy to follow, and you can go at your own pace. I did not feel under pressure, because it was interesting all the time'.

'I really enjoyed the course; it was well delivered, and I felt I learnt a lot about myself. I feel confident within my role and would highly recommend the course to others'.

It is hoped that the course will be repeated in the future to allow other Link Practitioners to benefit.

2.4 Performance against Key Indicators

2.1 Mandatory Surveillance of Healthcare Associated Infections

Healthcare Associated Infections (HCAIs) can develop either as a direct result of healthcare interventions or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections. The most well known include those caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* (C.difficile). HCAIs pose a serious risk to patients, staff and visitors (NHS England).

The NHS Standard Contract 2024/25 outlines the quality requirements for acute NHS Trusts and Integrated Care Boards (ICBs) to minimise *Clostridioides difficile* (C.difficile) and Gram-negative Bloodstream Infection (GNBSI) rates to threshold levels set by NHS England.

No regionally contractually agreed thresholds are in place for the number of HCAIs reported in 2024-2025 for the Trust, however individual HCAI cases continued to be monitored and reviewed as part of our focus to support the actions to reduce the risk of the infections and patient outcomes across the ICB.

Table 2. Trust performance against HCAI Key Indicators

Trust wide confirmed bloodstream infection cases	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0	0
E.coli	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0

It is pleasing to note that zero cases of Trust MRSA, MSSA or *E.coli* bloodstream infections have been reported during April 2024 – March 2025.

2.4.2 Surveillance of Clostridioides difficile Infections

The IPC team works in collaboration with the Humber and North Yorkshire ICB IPC Leads and partners in reducing avoidable infections, sharing information and learning, having met regularly throughout 2024-2025.

A review has been held of five reported cases of Clostridioides difficile (C.difficile) infections identified following admission into our care during 2024-2025, 4 of which had been transferred from secondary care to Malton Hospital ward and 1 to Whitby Memorial ward. The Patient Safety Incident Response Framework (PSIRF) methodology has been utilised to determine any learning and from quarter 1 an After-Action Review (AAR) was facilitated by the IPC team. The AAR once completed is presented to HAIG, the respective Clinical Governance Network and the Clinical Risk Management Group (CRMG) identifying any learning or improvement areas.

Learning identified

Patient 1

- Transferred from secondary care after a prolonged stay.
- Had received multiple courses of antibiotics prior to transfer, deemed to be a significant factor in the acquisition.
- Delay noted in the transfer of the patient into the side room. Ward staff did not raise the competing challenges with the side room availability with the IPC team. Regular weekly side room reviews are completed to enhance knowledge and manage patients with conflicting demands more effectively.
- Missed doses of treatment identified. This has been addressed at ward level.

Patient 2

- Care was in accordance with the Trust C.difficile policy and the National Institute for Health and Care Excellence (NICE) antimicrobial prescribing algorithm.
- Environmental cleanliness noted to be good at the time of the acquisition mirrored in the domestic cleanliness audit results at the time of acquisition.
- Positive feedback was noted from the patients regarding the level of care received.
- Inconsistencies were noted with the quality of documentation.

Patient 3

- Care delivered in accordance with national guidance however the IPC team were not promptly informed of the C.diff toxin result by the ward or via the team inbox from the processing microbiology lab. A reminder of this provided to the ward and the manager of the microbiology laboratory which processed the specimen.

Patient 4

- Patient was known to have had at least six courses of antibiotics within secondary care prior to transfer, this is known to be the most significant risk factor for C.difficile.
- All care received by the patient within Memorial Ward was in accordance with the local Trust C.difficile policy and NICE national prescribing algorithm.
- Source isolation precautions were adopted and prompt specimen taking completed.
- Effective antimicrobial stewardship demonstrated. Antimicrobial prescribing advice was sought, and treatment was discussed but not required.

- Duty of candour was completed but full details of the discussion held not documented within the patient electronic record. The current care plan does not currently include a section to include the details of any discussions held.
- No environmental issues identified cleanliness noted to be good.

Patient 5

The AAR was held in quarter 1 2025-2026 and awaiting the approval of the final AAR report.

2.3 Hand Hygiene Compliance

Hand hygiene remains a fundamental component in the prevention of HCAs and the IPC team continue to promote hand hygiene compliance in accordance with the 'WHO five moments for hand hygiene'. Hand hygiene compliance, including bare below the elbow principles is a requirement for all Health Care Workers who provide clinical care as part of their duties.

Opportunistic hand hygiene observations are undertaken by the IPC Link Practitioners on a quarterly basis utilising the Hand Hygiene Observational Audit. Compliance is noted to be achieved at 95% and above. The Trust overall average compliance threshold of 95% has been achieved each quarter during 2024-2025.

Table 3. Trust Hand Hygiene Compliance percentage according to Quarter 2024-2025

Inpatient area	Hand Hygiene Observations			
	Q1	Q2	Q3	Q4
Avondale	100%	97%	100%	100%
Mill View Court	100%	100%	100%	97%
Newbridges	97%	100%	100%	100%
PICU	100%	93%	100%	100%
Westlands	100%	100%	100%	100%
STaRS	100%	100%	100%	100%
Maister Lodge	100%	100%	100%	100%
Mill View Lodge	100%	97%	93%	93%
Maister Court	100%	100%	100%	100%
Derwent	100%	100%	100%	100%
Ouse	100%	100%	100%	100%
Swale	93%	90%	97%	90%
Ullswater	87%	93%	93%	97%
Pine View	100%	100%	100%	100%
Lilac	100%	100%	100%	100%
Willow	100%	100%	100%	100%
Granville	100%	100%	100%	100%
Whitby Memorial	100%	100%	100%	100%
Malton Fitzwilliam	100%	100%	100%	100%
Orion	100%	93%	100%	100%

InPhase Hand Hygiene Observation Audit results 2024–2025 RAG+B rating key:

- 0-69.9% Red (Inadequate)
- 69.9%- 94.9% Amber (Requires Improvement)
- 95%-99.9% Green (Good)
- 100% Blue (Outstanding)

The themes affecting the inpatient areas compliance of 95% compliance target are in relation to bare below the elbow principles by a small number of staff wearing smart watches, wrist watches, false nails, or nail varnish.

The actions taken in practice to address poor compliance with the principles have included:

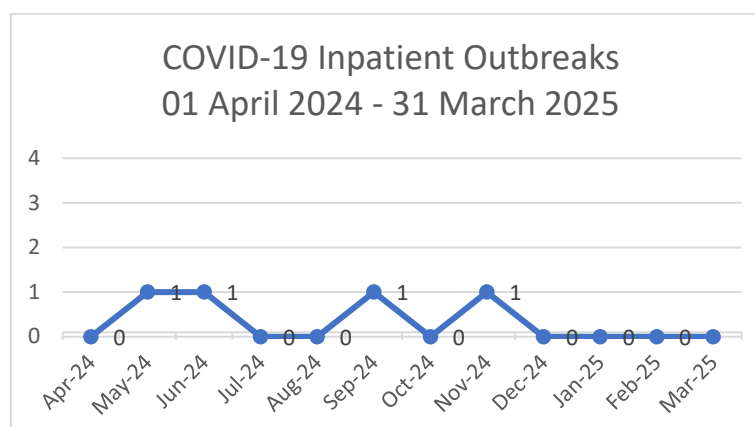
- Hand hygiene refresher training with all staff
- Discussion within individual staff clinical supervision
- Email correspondence supported by management regarding bare below the elbow adherence
- Use of visual prompts, communication updates to IPC staff communication board

The IPC team continue to provide support to all Link Practitioners, staff and management colleagues when improvement is not sustained.

2.5 Outbreaks of Communicable Infection

In line with the mandatory national reporting requirements the Trust have reported 4 COVID-19 outbreaks within an inpatient setting during 2024–2025. In each instance Outbreak Control Group meetings have been held to support clinical areas in the management of both symptomatic patients and staff ensuring patient safety and minimising the risk of onward transmission. Please see graph 1 below for details according to month:

Graph 1. COVID-19 Outbreaks in the inpatient setting according to month April 2024 – March 2025



During 2024-2025 each COVID-19 outbreak was reviewed for learning, from quarter 2 an AAR was completed for each outbreak. An outline of the outbreak and findings for each individual area can be seen below in table 4.

Table 4. COVID-19 Outbreak details and learning

Quarter	Unit	Date of closure	Date of reopening	Patient affected	Staff affected	Learning
1	Pine View	10/05/24	16/05/24	2	6	• Initial cases were patients, both had been accessing the community. • 2 social events the proceeding weekend following outbreak being declared. Subsequent staff cases who had attended.

1	Lilac	03/06/24	08/06/24	3	2	• Delay in considering COVID-19 testing for the initial patient case despite displaying respiratory symptoms. Pathway discussed and circulated. • No onward transmission to patients being nursed in CAFO and seclusion suite. • Delay in actioning replacement lead for the air scrubber on Lilac.
2	Ouse	24/09/24	30/09/24	2	5	• Staff to patient transmission likely as patients had not been off the ward. • Staff members displaying respiratory symptoms not managed in accordance with Trust guidance. • Challenges due to ward operating across 2 wards due to refurbishment. This restricted space on Ouse for patients and staff. Key information and pathway discussed in staff meetings. Previous information was displayed for staff reference but removed due to redecoration. Management of supplies specifically alcohol hand rub and PCR swabs across the service not effectively managed. Review undertaken and revised process put into place for the ordering and management of supplies.
3	STaRS	01/11/24		3	1	• Missed opportunity to consider LFD testing for a patient symptomatic in the preceding week to the initial 2 positive cases. • An adaption made to the management of PPE and LFD stock. • Patients were each accessing leave off the unit prior to symptom onset. • A revised process was implemented to improve communicating updates regarding defect logs on the ward.

2.6 Incidences of Notifiable Communicable Infection

2.6.1 Identification of a patient with a confirmed Salmonella positive result

In quarter 4 a patient residing on Fitzwilliam Ward yielded a positive Salmonella (Java strain) result. A review of the patient journey was completed utilising AAR methodology. The production kitchen on the site was subject to an inspection and found no areas of concerns or identified areas for improvement. All Hazard Analysis and Critical Control Points (HACCP)

documents were in place, no concerns with equipment and no related catering staff sickness absence (gastrointestinal). No source of acquisition was identified. The patient recovered and was discharged to place of residence.

2.6.2 Measles preparedness following an increase in the national prevalence of measles cases

Following a national resurgence of measles commencing in 2023. The Trust have continued to ensure that key services such as Primary Care, Urgent Treatment Centre (UTC) Whitby Hospital and Inpatient services are adequately prepared to identify and manage suspected or confirmed cases of measles within the clinical area.

All staff who are patient facing are screened for 2 doses of the measles, mumps and rubella (MMR) vaccine as they come into post. Any staff without full MMR protection are vaccinated, facilitated by the Occupational Health Team. Managers are notified if a staff member does not attend their immunisation appointment.

Although the IPC Team were notified of 2 suspected measles cases presenting within Trust services no confirmation had been received for either case. On both occasions the staff members who had contact with the suspected cases were fully protected having received 2 doses of the MMR vaccine.

2.6.3 Pertussis preparedness

Pertussis (whooping cough) is a highly contagious infectious disease that can spread rapidly from person to person through contact with infectious respiratory particles. In February 2024 the UKHSA published new guidance for the management of cases during the resurgence of pertussis in 2023 and a significant increase in 2024 resulted in a national outbreak being declared. The outbreak highlighted the importance of ensuring uptake of pertussis vaccine in every pregnancy, as well as in babies and children.

The IPC team produced a new Pertussis staff guidance adding to the existing infections within the evolving Guidance at a Glance series of documents available on the intranet for all staff reference. Preparedness work was undertaken with key services in the Trust such as the UTC and Primary Care. The IPC team have not been notified of any suspected or confirmed Pertussis cases having accessed Trust services in 2024-2025.

2.6.4 Mpox preparedness

On the 14 August 2024 the World Health Organization (WHO) declared a public health emergency of international concern because of the rapid spread of a Mpox virus strain, clade 1 circulating in the Democratic Republic of the Congo (DRC). In response UKHSA issued an alert in relation to the spread of Mpox Clade I in Eastern and Central Africa, setting actions for NHS organisations.

To ensure services were adequately prepared for a potential increase in cases the IPC team commenced work with colleagues within priority areas where a patient may potentially present with symptoms suggestive of Mpox. This included the UTC Whitby Hospital, Primary Care settings and the Mental Health Crisis Intervention Team.

The work included:

- The production of a clinical guidance pathway to support the initial assessment and clinical management requirements for a patient presenting within a department / service.
- The review and enhancement of the Respiratory Protective Equipment (RPE) Face Fit testing programme within each of the priority areas.
- The procurement and enhancement of the PPE resources in each area ensuring that any staff member who may be required to undertake any level of clinical intervention would be adequately protected with the appropriate level of PPE.

The IPC team have not been notified of any suspected or confirmed Mpox cases having accessed Trust services in 2024-2025.

Mpox Clade 1a was derogated from being considered a High Consequence Infectious Disease (HCID) in quarter 4.

2.7 Antimicrobial Stewardship

Slowing the development of microorganisms resistant to antimicrobials, increasing the longevity of our available agents and minimising the occurrence of healthcare acquired infections is a national and international priority. All healthcare professionals are therefore encouraged to facilitate good prescribing practices.

To support the UK National Action Plan goals the Lead Nurse has assisted the Trust Chief Pharmacist in producing a Trust Antimicrobial Stewardship Policy and Plan 2024-2027 which has been approved in quarter 4. An action plan has been produced, and progress will be reviewed six monthly via the Drugs and Therapeutic Group.

The Drugs and Therapeutic Group within the Trust is responsible for the monitoring and the provision of advice on the optimal and cost-effective prescribing of antimicrobial agents. Its aim is to facilitate the development, implementation and audit of policies, guidelines and protocols related to antimicrobial prescribing, with reference to local variations in antimicrobial susceptibility. All antimicrobial data collected is presented and reviewed at both the above mentioned meeting, the Healthcare Associated Infection Group (HAIG) and the relevant Clinical Network meeting.

Key findings of antimicrobial prescribing audits for Community Inpatient and Primary Care 2024-2025

Areas of good practice

- Clinical face to face reviews occurring before antibiotics are prescribed
- Dosage of antibiotic therapy are often as per recommendations

Areas for improvement

- Consistency required across all areas to ensure first line antimicrobial therapy is considered in the first instance
- Documentation of rationale in patients' records needs to be consistent
- Work is required to ensure all prescribers are aware of the requirement to use minimum effective duration for antibiotics, particularly in the management of respiratory tract infections.

Improving Compliance with Local Antibiotic Formulary



**CLINICAL MEETING
DISCUSSION TO REINFORCE
ADHERENCE TO ANTIBIOTIC
GUIDELINES.**



**INDIVIDUAL FEEDBACK
PROVIDED TO PRESCRIBERS
TO SUPPORT ACTION
PLANS FOR IMPROVEMENT.**

Key findings of antimicrobial prescribing audits in the mental health inpatient settings 2024-2025

- All antibiotics prescriptions have continued to be scrutinised by the Inpatient Pharmacists for appropriateness in accordance with Local and National guidelines, and interventions are made when there are discrepancies with these, particularly in relation to indication, dose, and duration.
- All antibiotic prescriptions scrutinised have had an indication either on the prescription chart, or on the patient notes. However, due to the changed Electronic Patient Record (EPR) systems from Lorenzo to SystmOne this year, working with the digital team during optimisation to set the Indication Field on the prescriptions charts as mandatory, so no antibiotic is prescribed without an indication attached to the actual prescription, making auditing much more efficient.
- As per the latest audit for all inpatient wards performed in September 2024, 80% of the initial prescriptions were compliant with current Local guidelines, and of the 20% that were not, interventions were made on all of them to correct the issues identified, particularly on duration of treatment.

To enhance performance an Antimicrobial Stewardship and Prescribing Educational update has been added to the annual medical education programme. A session was delivered by the Trust Principal Pharmacist for Mental Health, Learning Disability, Forensics and CAMHS Services in September 2024.

An Antimicrobial Prescribing update was also provided for the Non-medical Prescribers across the Trust facilitated by the Antimicrobial Stewardship Lead in the Humber and North Yorkshire ICB.

2.8 Sharps Management

To seek external assurance on the Trust sharps practice, the IPC team continue to organise an annual external sharps audit conducted by Daniels Healthcare Limited. This was completed in quarter 1 and it is pleasing to report the audit findings were an improved position from the previous audit in 2022-2023. The audit was not completed in 2023-2024 due to external factors outside of the IPC team control.

The audit demonstrated a significant improvement in overall compliance. A total number of 137 sharps containers were inspected across 51 departments. It was reassuring to note that there were no high or medium risk findings.

The low-risk category findings identified 3 sharps containers had mismatched lids and label, 4 containers to be incorrectly labelled and 5 containers found to have inappropriate content i.e. none sharps items. The audit report has been shared with all the service leads who have produced an action plan where necessary. The audit report is shared with the Health and Safety Group and HAIG including updated actions.

3.0 Goal 02 – Enhancing Prevention, Wellbeing and Recovery



2. We will enhance patient and carer involvement in all matters relating to infection prevention

A member of the IPC team remains an active Staff Champion of Patient Experience (SCoPE) and is supported by the IPC Support Practitioner within the team. Work continues to ensure IPC initiatives, policies, information resources are shared with all PACE forum members to raise awareness and gain valuable input, maximising opportunities for coproduction. An annual IPC PACE Development Plan is in place and progress is monitored in accordance with the agreed time scales during the ensuing year.

Summary of IPC PACE achievements for 2024-2025

- IPC SCoPE attendance at the various PACE related forums has been fulfilled throughout the year.
- In quarter 1 IPC SCoPE attended the Humber Youth Action Group (HYAG) meeting to introduce IPC to the group, discussed the new IPC Education Framework, sharing the opportunity to feedback regarding content in future Trust training. Attendance was well received, and a group member volunteered to support IPC engagement work in the future.
- Following attendance at the HYAG, the IPC SCoPE was contacted by the programme lead for the Humber NHS Cadet Programme to attend a meeting to provide an overview of IPC including the national IPC manual, standard precautions and transmission-based precautions and being an IPC nurse. Attendance was well received.
- In quarter 3 as part of the scheduled review, the IPC Admission Transfer and Discharge Policy and Aseptic Non-Touch Technique (ANTT) protocol were shared with the PACE forums for feedback, unfortunately no feedback was received.
- In quarter 4 a new PACE Staff Champion Working Group was formed to review the SCoPE role profile, the IPC SCoPE volunteered to join the group. Work with the group will continue into 2025-2026.
- In quarter 4 a scheduled review of all Trust IPC patient, carer and visitor leaflets commenced. At time of this report, valuable feedback has been received from the PACE forums including HealthWatch. Approved leaflets to be approved and published in 2025-2026.

A delay has occurred in the displaying of the MS form patient survey developed in quarter 4 to provide patients residing on a ward / unit the opportunity to feedback regarding IPC, this formed part of the work standardising patient information in the inpatient areas in conjunction with the Communications Team. Responsibility and progress are with individual units to ensure all the standardised IPC information developed is displayed.

4.0 Goal 03 – Fostering Integration, Partnership and Alliances



3. We will work collaboratively with local and regional partners to drive forward further reductions in the number of healthcare associated infection

Working collaboratively is essential in the reduction of HCAIs and the IPC team have continued to meet and work with colleagues both locally and nationally to share learning and best practice.

Examples of the opportunities to share learning, supporting colleagues and raising a concern resulting in practice guidance production during 2024-2025 have included:

- The delivery of a presentation at a regional PSIRF shared learning event (quarter 4). A senior member of the IPC shared the teams experience of the adoption of the use of AARs in response to HCAIs and IPC related incidents in the Trust. The presentation content was well received and generated discussion amongst partner colleagues.
- Participation in the Delphi Study conducted by NHS Education for Scotland (NES) and Glasgow Caledonian University (GCU). The purpose of which is to develop a progressive, multidisciplinary IPC Education Framework for the specialist IPC Workforce.
- The opportunity for concerns to be discussed and shared regarding an inconsistency in sharps practice guidance requirements between the British Association for Sexual Health and HIV (BASHH) guidance and the National IPC Manual. Following discussion at the Humber and North Yorkshire (HNY) IPC Huddle this was escalated to the national Clinical Oversight Group. This resulted in the production of an SBAR Best practice management of needlestick injuries document in January 2025.

Both the senior members of the IPC team remain members of the national Infection Prevention Society (IPS), which provides opportunities for networking at a regional and national level and access to appropriate educational resources, study days and conferences. In 2024-2025 the IPC team implemented the IPS Competencies Framework for IPC workforce for each team member to support development and identifying areas for focus.

5.0 Goal 04 – Developing an effective and empowered workforce



4. We will strive for exemplary infection prevention and control principles to be embedded in practice throughout all areas within the Trust

The prevention of any avoidable infection remains a priority within the Trust, effective IPC measures and practices are the responsibility of everyone who works within the Trust. Care should be exemplary and delivered by staff who understand and effectively discharge their role and individual responsibilities for the prevention and treatment of HCAIs. Work undertaken to support all staff in the delivery of their responsibilities during 2024-2025 in captured in this section of the report.

5.1 Review of Infection Prevention and Control Policies and Guidance

In accordance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections (2022) the Trust infection prevention and control policies and guidance are reviewed to ensure they up to date with current evidence base and in line with

the national requirements. The IPC policies, standard operating procedures (SOPs) and protocol reviewed in 2024-2025 are captured below in table 5.

Table 5. Reviewed Trust IPC policies, SOPs and protocol April 2024 – March 2025

Policy / Standard Operating Procedure	Date approved	Changes
MRSA (Methicillin Resistant Staphylococcus Aureus) Policy N-021.	Stepped down May 2024	08 April 2024 DIPC approved for the policy to be stepped down and replaced by a MRSA SOP. Replaced with MRSA SOP.
MRSA SOP 24-032	26 May 2024	The new SOP was approved at HAIG.
Isolation Precautions Policy N-020.	Stepped down May 2024	08 April 2024 DIPC approved for the policy to be stepped down and replaced by a new Transmission Based Precautions SOP.
Transmission Based Precautions SOP 24-033	26 May 2024	Elements of the Isolation Precautions Policy were included in this new SOP which provides the operational detail required organisationally to embed the content of the national IPC manual. The SOP was approved at HAIG.
Guideline for the Management of a Patient with a Transmissible Spongiform Encephalopathy (TSE) (G391).	Stepped down May 2024	08 April 2024 DIPC approved for the Guideline to be stepped down and replaced with the Guidance at Glance document for staff reference. The new Guidance at a Glance was approved at HAIG 26/06/24.
The Management of an Outbreak of Communicable Infection Policy (N-009)	11 September 2024	Updated by Emergency Planning Team following feedback from NHSE, Emergency Preparedness Resilience and Response (EPRR) Core Standard 12 submission. Command and Control arrangements for large scale outbreak and role in a community outbreak added. When to contact the Emergency Planning Team updated and reference to the new Transmission Based Precautions SOP. The policy was approved at HAIG 21/08//24 and QPAS 11/09/24.
Use of Portable Fans in the Clinical Environment (SOP24-045)	21 August 2024	New SOP, approved at HAIG.
Aseptic Non-Touch Technique Protocol	27 November 2024	Scheduled protocol review, minor changes to improve clarify and reflect the current Trust clinical training and competency assessment programme, removing the need for the stand-alone audit tool. References reviewed and updated. The new Trust Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit completed and utilised for this protocol. The protocol was approved at HAIG.
Infection Prevention and Control Admission, Transfer and Discharge Policy.	23 January 2025	A full scheduled review completed. Minor changes to improve clarify and reflect the considerations staff to be aware of on admission, transfer and discharge for health inclusion groups based on the new Trust Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit completed and utilised for this policy. References reviewed and updated. The policy was approved at HAIG 27/11/24 and QPAS 23/01/25.

The IPC team have enhanced the series of IPC ‘Guidance at a Glance’ staff quick reference documents and new topics have included:

- Transmissible Spongiform Encephalopathies (TSE)
- Tuberculosis (TB)
- Chicken pox and shingles
- Pertussis (whooping cough)
- Hand, Foot & Mouth Disease

Four existing ‘Guidance at a Glance’ documents have been reviewed and updated. These have included:

- MRSA
- Streptococcus A
- Scabies
- Management of a patient suspected or confirmed COVID-19

5.2 Infection Prevention and Control Training Programme

IPC is an integral part of the Trust mandatory training programme for all staff and the commitment to education continues to be a priority throughout the year. The IPC Nurses (IPCNs) continue to participate in the Trust Corporate Induction programme for all newly appointed staff. The session includes an introduction to the team, providing guidance on how to access IPC information via the Trust Intranet. A brief overview of Sepsis is included to support raising awareness and signposting to further information and guidance.

The IPC team have continued to utilise the national evidence-based infection prevention and control national education programme for both clinical and non-clinical staff utilising the virtual platform and eLearning packages. As shown in table 6 below the Trust training compliance target of 85% has been exceeded each month during April 2024 – March 2025.

Table 6. Infection Prevention and Control Mandatory Training Compliance 2024-2025

Compliance percentage	April 24	May 24	June 24	July 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Level 1	98.84	98.56	98.40	98.05	98.94	98.80	98.55	98.29	98.19	98.71	98.14	98.13
Level 2	96.46	96.44	96.43	96.60	96.85	96.39	96.82	96.49	96.93	96.54	96.78	96.72

Following the publication of the national IPC Framework (NHS England) and the expectation of national resources to support the new framework being published these have yet to be produced in 2024-2025. The Trust Education and Training Group has updated that a review of the Skills for Health Core Skills Training Framework and the IPC Framework is being undertaken at a national level. The IPC team have commenced work for a new management level IPC package with local partner colleagues.

The Hand Hygiene and Personal Protective Equipment (PPE) competency has continued to roll out in 2024-2025 to all clinical teams. The compliance target has been achieved and exceeded from May 2024. The Trust overall compliance percentages can be seen below in table 7.

Table 7. Trust Hand Hygiene and PPE Competency Compliance April 2024 – March 2025

Month	Compliance
April 2024	79.04%
May 2024	85.99%
June 2024	86.19%
July 2024	86.86%
August 2024	88.03%
September 2024	88.13%
October 2024	87.99%
November 2024	87.83%
December 2024	88.86%
January 2025	90.25%
February 2025	90.49%
March 2025	90.97%

5.3 The Continuing Professional Development of the IPC Team

The IPC team has continued to develop and maintain their professional development through a variety of sources. The IPCN successfully completed the Advanced Professional Development Module in Negotiated Studies (HE7) which is designed to support the development and enhancement of professional practice, clinical judgement, decision making and leadership skills to challenge and implement safe standards of IPC practice. To enhance their leadership development further the team member is scheduled to commence the Trust PROUD Leadership programme in 2025-2026.

The IPC Support Practitioner successfully completed the Trust Quality Service Improvement and Re-Design (QSIR) Practitioner Programme to support Quality Improvement (QI) principles being applied into IPC projects.

In quarter 3 and 4 both the senior members of the IPC team and IPCN completed the AAR training provided by the Health Services Safety Investigation Body (HSSIB) as part of their development in relation to the adoption of PSIRF methodology in the team. This has resulted in an increase in confidence and competence when completing a review. Feedback provided post reviews has been very positive. The IPC Support Practitioner is scheduled to complete in quarter 1 2025-2026.

6.0 Goal 5 - Maximising an efficient and sustainable organisation



5. We will continue to support improving our healthcare environments to ensure they are clean, safe and facilitate the prevention and control of infection

6.1 Inpatient IPC Environmental Audit Programme

The Trust has an extensive IPC audit programme established which is both environmentally and clinically focused. It is targeted at monitoring and improving IPC practices for all disciplines across the Trust. Any environmental concerns determined to be of immediate risk are escalated via the Care Division structure and the Clinical Environmental Risk Group (CERG).

The audit programme is completed either by the IPC Link Practitioners, IPC team or the matrons. The audit results are included as part of the quarterly matron report and are scrutinised at the HAIG meeting where each matron is invited to present their reports and improvement plans where required. To support the transition to the new Trust audit software the IPC team developed staff guidance to support navigation and completion for all IPC audits.

The results of the IPC environmental audits completed in the inpatient areas during April 2024 – March 2025 can be seen below in table 8.

Table 8. Inpatient Environmental Audit results April 2024 – March 2025

Inpatient area	Environment			
	Q1	Q2	Q3	Q4
Avondale	91%	87%	90%	95%
Mill View Court	91%	83%	84%	88%
Newbridges	83%	100%	97%	97%
PICU	100%	88%	100%	98%

Westlands	98%	97%	97%	97%
STaRS	85%	98%	95%	95%
Maister Lodge	100%	92%	99%	100%
Mill View Lodge	92%	100%	100%	100%
Maister Court	97%	97%	98%	98%
Derwent	92%	95%	98%	98%
Ouse	95%	98%	97%	100%
Swale	94%	86%	91%	95%
Ullswater	84%	92%	87%	95%
Pine View	100%	98%	98%	100%
Lilac	98%	95%	87%	97%
Willow	98%	97%	95%	97%
Granville Court	97%	95%	97%	93%
Whitby Memorial	98%	98%	97%	95%
Malton Fitzwilliam	89%	99%	97%	100%
Orion	100%	94%	97%	98%

InPhase IPC Inpatient Environment audit results 2024-25 RAG+B rating key:

- 0 - <70% Red (Inadequate) 70%
- <90% Amber (Requires Improvement)
- 90% -99% Green (Good)
- 100% Blue (Outstanding)

An improvement plan is developed within areas where a satisfactory result is not been achieved (i.e. amber or below). An additional enhanced level of support is provided as required from the IPC team, Hotel Services and the Estates team to facilitate a collaborative approach to address cleanliness and environmental remedial concerns.

Mill View Court has received additional level of input from all support teams to address issues identified, unfortunately throughout 2024-2025 a series of issues have been identified across the quarters and resolutions to certain elements have been subject to lead times for example furniture repair or replacement.

The discovery of a rat infestation in quarter 3 resulted in a full refurbishment of the ward kitchen. The work resolved the infestation but has also resolved ingress issues identified from the Estates led investigation. Significant building work in the surrounding area of the unit is deemed to have been a contributory factor to the problem occurring. Enhanced support from the IPC team and Hotel Services will continue into 2025-2026 with the aim to achieve sustained improvement.

It is pleasing to report Westlands has maintained an improved IPC environmental audit position throughout 2024-2025 with further environmental improvement work which includes bathrooms and staff toilet, and shower facilities upgrade scheduled for 2025-2026.

Townend Court (Lilac and Willow units) continues to be supported to address the extensive environmental damage that has occurred and continues to occur due to the patient profile. A programme to address and enhance the patient environment has seen redecoration, flooring and cool room works completed in 2024-2025. Further capital investment is required to ensure enhanced robust and sustainable furnishings.

6.2 Primary Care IPC Environmental Audit Programme

Despite challenges across the Primary Care estate due to buildings that are not owned by the Trust and the need for effective communication and negotiation skills with our landlords it is pleasing to report an improved IPC environmental audit position across Primary Care services as shown in table 9 below.

Table 9. Primary Care Environmental Audit results April 2024 – March 2025

Practice	Environment			
	Q1	Q2	Q3	Q4
King Street Medical Centre	91%	91%	87%	98%
Humber Primary Care - Providence Place	98%	92%	98%	98%
Humber Primary Care - Station Avenue	92%	94%	94%	94%
Market Weighton Practice	100%	92%	98%	100%

6.3 Environmental Cleanliness

It is pleasing to report that the level of cleanliness has met the national standards and local specified requirements within all the Trust inpatient settings during 2024-2025. Issues previously identified within Fitzwilliam ward at Malton are noted to have now been resolved with the additional recruitment of staff and an enhanced level of supervisory and managerial oversight. A slight drop in the cleanliness was noted at Granville Court however this has been rectified and the score has improved in quarter 4.

6.3.1 Annual Efficacy Audits

Cleaning and infection prevention are intrinsically linked. It is therefore essential to demonstrate cleaning efficacy by auditing both the outcome of cleaning and the process by which the cleaning standards are achieved. To meet safe standards, the efficacy of the cleaning process is as important as the technical outcomes of cleaning, which is why it is now a priority area of focus.

The Trust is now able to demonstrate full compliance with all the requirements outlined within the National Standards of Healthcare Cleanliness 2021, the Efficacy Audit Programme is designed to provide the assurance that standards of cleaning are being met in all areas where patients and visitors present.

The IPC team attended the audits across all the services, the multi-disciplinary team approach was found to be extremely beneficial. The opportunity to meet domestic staff, team leaders and allowing feedback to be given which was positive and empowering for the domestic staff to hear directly.

A report has been produced and discussed at HAIG, identifying actions and learning which are monitored through the scheduled Monitoring Audits. The overall findings from the 2024-2025 Efficacy Audits were positive with all areas audited achieving a 'pass'.

6.4 Patient Led Assessments of the Care Environment (PLACE) 2024

PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent / private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors), in the Trust registered volunteers and individuals for the Lived Experience Team fulfil the patient assessor role.

PLACE assesses aspects of the healthcare setting identified as important by patients and the public, known as domains:

- Cleanliness
- Food and hydration
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia: how well the needs of patients with dementia are met
- Disability: how well the needs of patients with a disability are met

PLACE assessments are led and coordinated by the Trust Hotel Services with all findings reported to the Trust Health and Safety Group, Estates and Capital Programme Group, Operational Delivery Group and Executive Management Team. The national results were published in quarter 4. Acknowledging the detailed Trust Board report provided by the Director of Finance and Operations Manager, Soft Facilities Management, a summary of the Trust and national results pertaining to IPC interlinked domains i.e. cleanliness and condition appearance and maintenance are provided below in table 10.

Table 10. PLACE results 2024-2025

Domain	Trust score	National Score	MH Trust score	Community Trust Score
Cleanliness	99.77%	98.31%	98.07%	99.16%
Condition, appearance and maintenance	93.96%	96.36%	95.91%	96.65%

The Trust is slightly below the national average for the condition, appearance and maintenance domain, influenced by the scores recorded at Granville Court and Newbridges. The score for Granville Court is reflective of the current environment. The works that are programmed at Granville Court are therefore expected to further improve the scores for this domain, once the facility reopens in 2026-2027.

The score for Newbridges is a reduction from the score received in 2023, when the assessment followed recent redecoration at the unit. The scores for this domain were reflective of the decorative state of the facilities at the point of assessment. The score for Newbridges was illustrative of the ongoing challenges associated with the patient environment, which is being addressed as part of the action plan for the unit. A dashboard has been introduced which tracks the status and progress of actions identified.

6.5 Environmental Facilities Development / Refurbishment

The IPC team continue to work closely with the Trust Facilities Management team to support and provide expertise for issues pertaining to IPC to ensure clinical facilities are designed and finished in a way to minimise the transmission of infection and support care delivery in accordance with good IPC practice and standards.

Refurbishment work was completed on a phased approach over the whole of 2024 (started May completed December) on the inpatient wards Ouse and Derwent within Forensic services to upgrade the bedrooms and communal bathing facilities. Further upgrade work to replace all sanitaryware on Swale and Ullswater wards within Forensic Services is pending ratification by the Estates Strategy and Capital delivery Group in early 2025-2026.

Planning work continued throughout 2024-2025 to facilitate a major refurbishment of Granville Court, a specialist nursing home for adults who have profound and multiple learning disabilities alongside complex physical health needs that require nursing care to be constantly available. Regular project group meetings have been held with relevant stakeholders throughout 2024-2025. Remediation work commenced at a site within the Trust, Hawthorne Court, to adapt and ensure environmental suitability for the temporary relocation of the residential service. This work commenced in 2024-2025 and is scheduled to complete in early 2025-2026 ready for service occupation.

In addition to existing block allocations (backlog / compliance / Clinical Environmental Risk / PLACE / Estates Strategy / Green Plan, the following work is planned for 2025-2026:

- Improvement to patient facing areas at Rivendell (Driffield)
- Improvement to both staff and patient areas at Alfred Bean Hospital (Driffield)
- Pineview reception upgrade
- Darley Seclusion Suite upgrade
- Swale and Ullswater sanitaryware replacements
- Dementia room at Malton Hospital (linked to health stars project)

6.6 The Improvement of Ventilation within the Trust Estate

The Ventilation Group has continued to meet quarterly throughout 2024-2025. An ongoing programme to improve the ventilation within our clinical settings continues. Work completed in 2024-2025 included the enhancement of ventilation in both the Newbridges and Westlands inpatient units. Communal spaces were agreed as key priority areas due to the concentrated presence of multiple patients within these areas posing an increased risk of potential respiratory pathogenic circulation and transmission. Areas included the lounges, dining rooms and activity rooms. A bedroom at both the units was enhanced to create a designated room for the management of a patient presenting with a communicable respiratory illness. To be noted since the completion of the ventilation work both units have not experienced a respiratory related outbreak.

Further enhancement of ventilation completed in 2024-2025 was included in the refurbishment of the seclusion suites at Newbridges, Westlands, and the Psychiatric Intensive Care Unit (PICU). Enhancing the ventilation within the suite at Avondale is scheduled to commence in 2025-2026.

Further improvement work across the Trust estate remains under regular review and discussion. A briefing report has been produced and presented to the Executive Management Team.

6.7 Water Safety Management

The Trust has an established Water Safety Management Group (WSMG) and has continued to meet quarterly throughout 2024-2025. A subgroup consisting of key members of the WSMG meet fortnightly to review sites across the Trust estate.

An external audit programme has continued to be undertaken by the Trust appointed Authorising Engineer (Water) throughout 2024-2025 and consists of an annual Governance

audit and a 6 monthly Water Quality audit to review and assess the management and operational processes within the Trust.

The annual external Governance Audit reported 'Limited Assurance' however this was due to very low number of the WSMG members completing their Governance Questionnaire (40%). The form is now currently being reviewed by the Authorising Engineer (Water) to improve the format to support a more user friendly, efficient approach aimed to increase completion uptake. This will be monitored by the WSMG.

The Trust achieved 'Reasonable Assurance' following the latest 6 monthly Water Quality audit on 30 January 2025. This is seen to be a significant improvement from the previous audit position in June 2024.

6.7.1 Water Safety Training

Four General Awareness and Usage Evaluation and Flushing Training sessions were provided in quarter 4 facilitated by external experts. The training was offered to inpatient ward managers to enhance their water safety management knowledge and personal responsibilities understanding. 14 inpatient areas were represented, additionally 4 areas have previously received and remain in management roles for the respective units. The training is to be an annual offering for Trust staff. The training was well received with insight and appreciation gained regarding the aspects for a safe water system. Feedback received from Newbridges Ward Manager provided below:

'I found it incredibly interesting. Facilitator was knowledgeable, open to questions and able to offer answers. Kept the subject light in terms of delivery and made for an easily digestible transfer of information and knowledge'.

6.7.2 Continued Water Safety remedial work – Maister Lodge

Despite an extensive programme of remedial actions and ongoing routes of investigation throughout 2024-2025 the site continues to experience legionella colonisation in the water system. Improvement in areas of the system have been gained however the system design and accessibility pose challenges. All necessary mitigations remain in place and key members of the WSMG have continued to meet fortnightly to review plans and progress. A formal Exit Strategy is in place for the mitigation measures in place specifically the Point of Use Filters fitted to water outlets.

7.0 Goal 06 – Promoting People, Communities and Social Values



6. We will avail ourselves of every opportunity to promote the importance of infection prevention and control community wide

The IPC teamwork programme have continued to actively support all global IPC awareness raising events. An example of some of the work undertaken by the IPC team or the Link Practitioners is detailed below.

7.1 World Hand Hygiene Day 5 May 2024

The IPC team provided communications for The Global, encouraging staff to test their knowledge within their clinical routines with 'My 5 Moments: The Game' an interactive game resource developed by the World Health Organisation (WHO).

The activity coordinator on Avondale Clinical Decisions Unit supported creativity with staff and patients producing a fantastic wall display to mark World Hand Hygiene Day.



The IPC team invited the Ecolab representative (hand product manufacturer) to the quarter 1 Link Practitioner network meeting to provide an overview of the importance of hand hygiene in clinical practice. This was followed by a fun quiz and cleanest hands competition with the group which was enjoyed by all, an attendee stated they would be feeding back to their team to 'Ensure people are aware of the risks of not washing their hands adequately and the germs that can accumulate'.

7.2 World Sepsis Awareness Day 13 September 2024

The IPC team provided communications for The Global including information on how to become 'Sepsis Savvy' raising awareness of the signs and symptoms of sepsis and the importance of preventing infections that could potentially lead to sepsis. The IPC team provided a sepsis presentation during the quarter 2 Link Practitioner Network meeting with a fun quiz which staff found 'very informative'.

Patients on Avondale Clinical Decisions Unit attended a Pink Picnic, which consisted of many pink treats to promote sepsis awareness in which a patient gave an insight of their own experience of sepsis as a child which helped to put into context for their peers and staff.





Staff at Granville Court participated in raising awareness through sharing the Sepsis video and held a discussion about the signs and symptoms with staff and residents. Fun was had utilising pink objects and wearing pink clothing garments. Feedback from a clinical staff member supported they had learnt new information about the 'Warning signs of sepsis' and they would share this information with friends, family and colleagues to continue to raise awareness by 'generalised conversation and awareness events (through work)'



The IPC team attended a Wellbeing Event held at the Scarborough Hub on 11 September 2024 in which sepsis adult and children signs and symptoms cards were provided to raise awareness and to enable timely referral of patients if sepsis is suspected.



7.3 International Infection Prevention Week 13-19 October 2024

Information and signposting to resources to raise awareness were provided Trust wide via The Global.

The Wellbeing Event at the Scarborough Hub provided an opportunity for the IPC team to refresh staff about the standard infection control precautions to minimise transmission of infection as part of routine clinical practice for International Infection Prevention Week. An engaging activity utilising the UV light box following hand washing was well received by staff.

Positive feedback received:

'I saw lots of staff asking questions on the IPC stand. Great advice given about all disposing of medical waste and prevention of infection'

The Humber Primary Care team had fun recapping hand hygiene to mark the week and enhance awareness. A focus on the importance of good hand hygiene and preventing the transmission of infection and participated in activities including word searches and a foam activity which visually demonstrated the importance of handwashing during removal of PPE enabling the staff to reflect how easy it was to increase transmission of infection through cross contamination.

7.4 World Antimicrobial Resistance (AMR) Awareness Week 18-24 November 2024

The IPC team provided information and national resources cascaded via The Global for all staff reference. The IPC team promoted awareness by wearing or accessorising with blue on the day of the Link Practitioner Network meetings along with those who attended.

Services in Primary Care were visited and information, and promotional leaflets were provided for both patients and staff.



8.0 IPC 5 Year Plan Key Priorities 2024-2025 progress update

1. Innovating quality and patient safety We will embed a culture of continuous quality improvement in all infection control related activities undertaken on behalf of the Trust.			
How we will achieve this	How we will know we have achieved this	2024-2025 Progress update	Further work required for 2025-2026.
Utilise the National Infection Prevention and Control (IPC) Board Assurance Framework (BAF) to monitor and evaluate Trust IPC compliance against the Health and Social Care Act 2008 code of practice on the prevention and control of infections and related guidance (updated 13 December 2022) in each inpatient and residential setting.	- Full compliance demonstrated against all the key criteria outlined within the Health and Social Care Act 2008. - The use of the National IPC Board Assurance Framework document is fully embedded as a self-assessment tool in each Trust inpatient/residential setting.	- IPC Board assurance self-assessment completed 2024. - Initiation of unit IPC BAF visits in quarter 3 by the Lead Nurse IPC. - A localised action plan produced for each visit completed.	- The Lead Nurse IPC to complete all inpatient visits in Q1 2025. Report to be produced and presented at HAIG - Electronic tool to be developed on InPhase
Enhance the mechanisms in place for monitoring compliance to Infection Prevention and Control (IPC) standards and policies to improve IPC practices and outcomes.	- A Trust wide IPC audit programme approved and in place. - Annual review of the content of the IPC audit programme evidenced. - Compliance monitored and rated as 'excellent' in all clinical areas.	- The IPC audit programme maintained, compliance and actions monitored via the quarterly IPC Matron reports and within in the IPC annual report. - Annual External Sharps Audit completed in quarter 1.	IPC audit programme to be reviewed with stakeholders i.e. waste management.
Maintain the production of IPC guidelines, Standard Operating Procedures (SOPs) to address clinical and operational needs.	All new and existing Trust IPC policies developed and reviewed in accordance with the relevant national guidance, and available for our staff on the Trust Intranet.	- All IPC policies, SOPs, guidance documents have been maintained, reviewed when scheduled or required to ensure all documents are up to date and in line with the National Infection Prevention and Control Manual (NIPCM) for England and relevant national guidance. - The production of Trust IPC Guidance at glance has been maintained and	

		additional topics have been developed for staff. All documents available on the trust intranet.	
Complete timely and accurate reporting of mandatory surveillance of all alert organisms.	- All mandatory alert organisms are reported promptly and in accordance with national and contractually agreed requirements. - National and locally agreed infection prevention and control targets are met or exceeded.	- All reportable Healthcare Associated Infections (HCAIs) and outbreaks are reported via DATIX - IPC monthly performance data submitted. - A review of each case completed.	To review NHS Contract 2025/26 to determine any changes to Trust reporting arrangements.
Review and strengthen the infection control enquiry and investigation processes across the Trust when dealing with an incident and an outbreak of communicable disease.	- Evidence is available that a multidisciplinary approach is adopted in the management and review of all infection control incidents and outbreaks. - All serious infection incidents are investigated utilising the Patient Safety Incident Response Framework (PSIRF). - We can evidence that any learning is used to promote change across pathways.	- Adoption of PISRF Methodology for agreed HCAIs and IPC related incidences. 9 After Action Reviews (AAR) facilitated by the IPC team. - Trust local PISRF training received by all IPCT. 3 members of the IPC team attended the AAR Health Services Safety Investigations Body (HSSIB) training. - AAR reports are discussed at Care Division Clinical Governance Groups, CRMG and HAIG. - Actions taken from issues identified from AAR / management of cases.	Outstanding IPC team member to attend the AAR HSSIB training.

2. Enhancing prevention, patient wellbeing and recovery We will enhance patient and carer involvement in all matters relating to infection prevention			
How we will achieve this	How we will know we have achieved this	2024-2025 Progress update	Further work required for 2025 - 2026
Maximise every available opportunity to actively engage with all our patients and patient groups.	- Able to demonstrate that adjustments have been made to our care delivery because of patient or carers feedback. - All relevant policies, procedures, and guidelines will reflect feedback received and shared in line with the Trust processes and guidance.	- The IPCT continues to have Staff Champions of Patient Experience (SCoPE) within the team. - IPC team SCoPE attended the Humber Youth Action Group in quarter 1 to talk about IPC and discuss opportunities for engagement and coproduction. Attendance was	To fully embed in all IPC future work / projects.

		well received and interest for future engagement with the team was raised by a group member. • IPC team SCoPE attended the NHS Humber Cadets meeting providing a brief overview of IPC, the NIPCM, standard and transmission based precautions and about being an IPC nurse. The session was well received. • Revised IPC policy and protocol in quarter 3 was circulated to all the Patient and Carers Engagement (PACE) forums for feedback, unfortunately none was received. • IPC team produced IPC related posters as part of the inpatient standardising information displayed led by the Trust Communication Team. One poster includes the ability for patients to provide feedback by a QR code. • IPC circulated a survey regarding mandatory training to the PACE forums. Feedback received from carers. • Positive feedback received from a patient diagnosed with a CDI. • Following each inpatient area having experienced an outbreak, patient feedback is sought and positive feedback has been received.	
• We will work collaboratively with the Patient and Carer Experience (PACE) Team and the Trust Communication Team to promote, receive, and share information about IPC work with patients, carers, volunteers, and the local communities.	• Evidence the IPC team Staff Champion attendance at the PACE Forum and events, linking in with external relevant work streams. • Ongoing progress is made in respect of the Trust approved IPC PACE Development Plan. • Co-produced patient information / leaflets that reflect patient needs and	• Continued IPC team maintenance of an annual PACE Development Plan., progress is reviewed by the SCoPE and captured in the annual report. • All IPC patient, carer, and visitor information leaflets have been circulated to all the PACE forums. Feedback has been received and amendments made based on the feedback.	

	current evidence base are readily accessible to all patients. • The Trusts co-production stamp is displayed on all co-produced work.		

3. Fostering integration, partnership and alliances			
We will work collaboratively with local and regional partners to drive forward further reductions in the number of healthcare associated infection			
How we will achieve this	How we will know we have achieved this	2024-2025 Progress update	Further work required for 2025-2026
• The continued commitment of the IPC team to avail themselves of every opportunity to share and learn with colleagues across the local health economy.	• Shared learning with regional partners is demonstrated by the continued regular attendance at regular local and regional meetings. • Representation and contribution to regional working parties and groups can be evidenced. • Contribute to the consultation process for national and regional IPC guidelines and policy, ensuring learning outcomes shared.	• Regular attendance achieved by the Lead Nurse and Deputy at the Humber and North Yorkshire IPC Huddle. • Lead Nurse and Deputy are members of the Infection Prevention Society (IPS) and several IPS Special Interest Groups having attended regular meetings which are beneficial to shared learning. • IPC participation in the e-Delphi study (for the development of an IPC Education Framework for the specialist IPC Workforce) • Lead Nurse attendance at the regional and Trust hydration group for hydration. • IPC team contribution into the National Survey, a consultation exercise reviewing the national IPC BAF. • IPC team member presentation at a regional IPC PSIRF Sharing and Learning in relation to IPC and AARs, highlighting our journey.	• To support the development of a local and regional Hydration Plan.
• We will work with partners locally to develop and implement a Trust Antimicrobial Strategy.	• A Trust Antimicrobial Strategy will be developed and approved. • Evidence that the Board receives a formal report on antimicrobial stewardship activities annually which	• Trust Antimicrobial Stewardship Policy and Plan (2024-2027) produced and approved. • A Trust antimicrobial prescribing audit programme is in place for all	

	includes the Trust progress against the UK action plan for antimicrobial resistance (AMR). The formalised Trust audit programme of adherence with antimicrobial prescribing demonstrates a high level of compliance and an effective response when areas for improvement are identified.	Trust inpatient and Primary Care settings. Reports provided to HAIG and the Drug and Therapeutics Group. - National Point Prevalence survey report published – provided a good level of performance. - IPC team support provided in the celebration of annual World Antimicrobial Resistance (AMR) Awareness Week. Awareness raised across the Trust sites through information cascade, visits and engagement with staff and patients. Educational sessions attended and provided by the Pharmacy team to staff.	
Working in partnership with members of the Northeast and Yorkshire Regional Hydration Improvement Network we will support the delivery of a plan to improve hydration in the clinical inpatient settings as means of reducing infection.	A Trust Hydration Quality Improvement programme will be developed and in place.	- Hydration summit event attended - Active IPC participation in both the regional and Trust Hydration group.	To support the development of a local and regional Hydration Plan.

4. Developing an effective and empowered workforce			
We will strive for exemplary infection prevention and control principles to be embedded in practice throughout all areas within the Trust			
How we will achieve this	How we will know we have achieved this	2024-2025 Progress update	Further work required for 2025-2026
Review the current IPC Trust Mandatory Training Programme to ensure it fulfils all the recommendations highlighted within the recently produced NHS England Infection Prevention and	- All Trust staff are trained in accordance with the 2023 National IPC Education Framework recommendations. - A full suite of learning resources will be readily available for all staff which support the application of clinical best practice.	- IPC mandatory training Tiers 1 and 2 in place in the organisation via national eLearning. - Collaborative planning with local healthcare partners has commenced in quarter 4 for developing Trust Tier 3 training package / resources. Work	- Water Safety Management training to be factored into the training agenda annually. - Transmission Based Precautions Clinical Competency and educational package to be developed with Trust Instructional Designer.

Control Education Framework (2023).	An 'excellent' Trust wide mandatory training compliance rate achieved for all staff groups.	halted however following communication received from national colleagues. External Water Safety Management training provided in quarter 3 to inpatient managers and matrons.	
Fully embed the use of the newly designed Hand Hygiene and Personal Protective Equipment (PPE) Clinical Competency assessment tool.	- Evidence is available via the Electronic Staff Record 'ESR' that the Hand Hygiene and PPE Clinical Competency has been successfully attained by each member of staff who are required to deliver direct clinical care. - Hand hygiene practice and the appropriate use of PPE audit compliance results are consistently exceeding the Trust agreed threshold.	- The Hand Hygiene and PPE Clinical Competency compliance Trust wide has exceeded the 85% baseline from May 2024. - Quarterly IPC observational audits completed as part of the IPC audit programme.	
Enhance the IPC Link Practitioner Network membership and skills across all clinical services, ensuring that they are equipped with the knowledge and experience of IPC related matters commensurate to their role.	- All clinical staff will have access to an infection control link practitioner and a record of these links will be held and updated by the IPC team. - Evidence of regular IPC Link Practitioner meetings available to access and attendance monitored. - Evidence provided of the IPC Link Practitioner cascading and sharing information available in each clinical area.	- A blended approach to the network meetings implemented following the 2023-2024 survey findings. - New link practitioner IPC Competency and Resource Package developed in quarter 4.	- Link Practitioner Competency and Resource Package to be implemented. - Explore methods to improve engagement and network meeting attendance and opportunities.
We will support and enhance the professional expertise of all members of the IPC team by ensuring they are armed with the necessary training and skills to undertake the roles successfully.	- Each IPC team member has a recognised formal IPC qualification or are working towards. - A recognised leadership training programme has been successfully attended by senior members of the team. - Each member of the IPC team is familiar with and utilises the Trust Quality, Service Improvement and Redesign (QSIR) Practitioner Programme methodology in the undertaking of all quality improvement work.	- Quality, Service Improvement and Redesign (QSIR) Practitioner Programme has been completed by 3 out of four members of the team. - Successful achievement of an accredited IPC qualification for 1 of the IPC team members.	- An IPC team member to commence the PROUD programme. - Exploration of the opportunity for the one remaining team member to gain an accredited IPC qualification.

We will adopt the National IPC Competency Framework to support and enhance the professional expertise of all members of the IPC team.	Each member of the IPC team can demonstrate their level of competency as outlined within the National IPC Competency Framework.	IPS competency framework implemented in quarter 3 for all members of the IPC team.	
Provide a learning opportunity to all healthcare learners as a bespoke placement with the infection control team	Evidence available for Student evaluations completed on the Practice Assessment Record and Evaluation Website.	IPC team placement profile on the PARE system audit maintained.	

5. Maximising an efficient and sustainable organisation We will continue to support the improvement of our healthcare environments to ensure they are clean, safe and facilitate the prevention and control of infection			
How we will achieve this	How we will know we have achieved this	2024-2025 progress update	Further work required for 2025-2026
Work in collaboration with our Facilities colleagues to ensure that IPC is considered specific goals relevant to each construction project are achieved to ensure the provision of a safe and appropriate environment.	- Evidence is available that all capital schemes and preventative maintenance schemes have involved the IPC team from the initial stage of the project. - IPC sign off can be evidenced at all stages of the project. - Evidence is available that improvements to the ventilation system are considered and made in all new builds.	IPC involvement noted in all major developmental work. This has included; - Ventilation enhancement works (Newbridges and Westlands units) - Seclusion suite upgrades plus the instillation of adequate ventilation - Proposed redesign of Granville Court - Involvement in the early stage of the development of a new unit on the Humber sight.	Continue to support all improvement work programmes.
Ensure that the built environment meets all infection control and national specifications (e.g. HTM /HBN – Technical standards and guidance (health building notes/health technical memoranda documents).	The fabric of the environment is suitable to meet the needs of the patients, staff and visitors whilst meeting all infection control and HTM/HBN requirements.	Involved in ensuring all fixtures and fittings approved in new builds or significant refurbishment projects are in line with HBN specifications.	
Work in collaboration to ensure that the National Standards of Healthcare Cleanliness (2021) are fully embedded in all areas.	Cleanliness audits independently undertaken by Facilities Services, the Matrons and the IPC team demonstrate a high level of cleanliness in all areas within the Trust Estate.	IPC involvement in the implementation of the efficacy audit programme to comply with national cleanliness guidance.	

	Positive patient feedback can be evidenced.	Developed a standardised IPC Inpatient feedback form.	

6. Promoting people, communities and social values			
We will avail ourselves of every opportunity to promote the importance of infection prevention and control community wide.			
How we will achieve this	How we will know we have achieved this	2024-2025 progress update	Further work required for 2025-2026
The IPC team will support the Trust participation in local, national and global IPC promotional campaigns raising IPC safety awareness.	All IPC activities and promotional events undertaken will be shared organisationally and with our collaborative partners.	- The IPC team supported several awareness events throughout the year e.g. World Hand Hygiene Day, World Sepsis Day, International IPC week and World AMR Awareness Week. - Communications produced and cascaded via the Global, intranet and the Link Practitioner Network meetings. - Sepsis and IPC awareness promoted by the IPC team when attended the Wellbeing Event at Scarborough Hub in quarter 3 raising - The IPC team attended primary care sites providing information for patients and staff raising AMR awareness. - Trust induction presentation continues to include Sepsis awareness.	
We will enhance the quality and availability of all Trust IPC promotional resources.	The usage of a variety of key media styles, including the internet, intranet, and social media platforms has been adopted to promote effective IPC practice and IPC team involvement in all.	- All IPC leaflets reviewed. - IPC produced inpatient posters as part of the standardisation projects for information.	Review the effectiveness of the standardised IPC patient information and feedback form developed.

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	Safeguarding Annual Report - 1st April 24 – 31 st March 25														
Author/s:	Executive Lead: Sarah Smyth, Executive Director of Nursing, Allied Health and Social Care Professionals Rosie O'Connell, Head of Safeguarding and Named Professional for Adult Safeguarding Kerry Boughen, Named Nurse for Safeguarding Children														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td>✓</td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve	✓	To discuss		To note		To ratify		For assurance			
To approve	✓	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To seek the approval of the Safeguarding Annual Report 2024/25 which presents the annual work of the safeguarding team and safeguarding activity across the Trust, including performance, key achievements and priorities for 2025/26.														
Key Issues within the report:															
Positive Assurances to Provide: - Trust compliance above set 85% target overall for safeguarding adults (92.4%), children (94.4%), MCA 2005 (93.8%) and Prevent (96.6%). - Increasing compliance in L3 safeguarding training following joint piece of work with Learning Centre Team, with safeguarding adults' compliance now above set 85% target July 25 - Safeguarding Adults 83.2%, Safeguarding Children 89.1%. - Trust continues to contribute to statutory safeguarding processes by making referrals, supporting safeguarding enquiries and strategy discussions, and participating in safeguarding reviews such as domestic abuse related death reviews, safeguarding adult reviews and safeguarding practice reviews. - Progress made with systems work in terms of implementation of new MCA 2005 templates and changes to S1 leading to better information sharing between services, internally and externally with partners in safeguarding hubs. - Safeguarding and PSIRF processes more closely aligned, as are complaints and human		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Work to implement a Trust wide safeguarding template for all services is underway, which will improve quality and consistency of recording safeguarding information. - Program of quality improvement and audits agreed and underway for 2025/26. - Support of sexual safety work including sexual misconduct in the workplace policy launch later this year, closely linked to PIPOT process. - From 2025/26, the introduction of part 2 paper to support the annual report detailing statutory and non-statutory safeguarding reviews, that the Trust is involved in, themes, recommendations and how learning has been embedded. - Review of Safeguarding Learning and Development Forum and introduction of Safeguarding Assurance Group.													

resources processes where there are potential implications for safeguarding. Bespoke training and campaigns delivered across Trust, working with partners, on topics including self-neglect, mental capacity act, local authority harm thresholds and domestic abuse/violence against women agenda.			
Key Risks/Areas of Focus: The Safeguarding Team entered business continuity at the end of the year, therefore there was an increased demand on the safeguarding team. However, During Q2 of 25/26 this has resolved.		Decisions Made: Agreed priorities for 2025/26.	
Governance: Please indicate which committee or group this paper has previously been presented to:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee	11.09.25	People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Collaborative Committee		Other (please detail)
			QPaS 24.07.25

Monitoring and assurance framework summary:

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

Humber Safeguarding

Annual Report 2024/25



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1. Introduction

1.1 Foreword by Sarah Smyth, the Executive Director of Nursing, Allied Health and Social Care Professionals

I am pleased to present the Humber Safeguarding Annual Report 2024-2025. The report demonstrates the Trusts commitment to safeguarding children, young people and vulnerable adults and that safeguarding is at the heart of patient safety and quality and the work being undertaken as part of a learning organisation, committed to improving patient care and experience and delivering excellence. This report also provides an overview of how the Trust is meeting statutory responsibilities in respect of safeguarding children and vulnerable adults and provides an analysis of the effectiveness of the arrangements the Trust has in place, as well as how we contribute to the multi-agency safeguarding arrangements.

The report also provides a progress position against the priorities that were agreed last year as we continue to raise the profile of safeguarding, increase our visibility and support of services, improve efficiency and information sharing across systems and promote a safeguarding empowered workforce.

I would like to thank all our dedicated staff, our supportive partners, the Executive Team and Trust Board who continue to work positively together to ensure safeguarding is everybody's business. I would also like to thank our patients, carers and volunteers who work alongside our Safeguarding Team to deliver work set out in the Trusts Safeguarding Plan 2023-2026.

Sarah Smyth, Executive Director for Nursing, Allied Health and Social Care Professionals



1.2 Safeguarding Commitments

Humber Teaching NHS Foundation Trust is committed to safeguarding all children, young people and adults who access our services from harm, abuse or neglect. We deliver this through: -

Safe and effective safeguarding services for children, young people and adults will be delivered by staff who feel empowered and supported to work in collaboration with our patients and their families to achieve the best outcomes.

An organisational wide approach will be taken to safeguard and promote the welfare of our patients. Safeguarding responsibilities will be embedded at all levels and across all staff groups in accordance with our statutory responsibilities.

Senior leaders and the Trust Safeguarding Team will be visible to both our patient and staff groups, promoting a positive culture where open conversations about safeguarding are encouraged, patients, carers and families are listened to, suspected abuse or neglect is readily reported and ensuring that when mistakes are made, we learn from them.

The safeguarding commitments ensure that we support the delivery of the Trust strategic goals of:

- **Innovating** for quality and patient safety



- **Enhancing** prevention, wellbeing and recovery
- **Fostering** integration, partnership and alliances
- **Promoting** people, community and social values
- **Developing** an effective and empowered work force
- **Optimising** an efficient and sustainable organisation

1.3 The Humber Safeguarding Team

The Humber Safeguarding Team is an integrated service that provides advice and support to Trust staff on both adult and child safeguarding issues. The team consists of the Named Professional for Adult Safeguarding, Mental Capacity Act and Prevent Lead (who has overall management responsibility for the team), the Named Nurse for Safeguarding Children (who acts as deputy manager for the team), 4 Specialist Safeguarding Practitioners, 3 Safeguarding Practitioners and 3 Safeguarding Administration Assistants. Our team has a mix of different professional backgrounds including social work, health visiting/school nursing, midwifery, and learning disability and mental health nursing.

The teams core functions include:

Providing advice and support on safeguarding matters, including attending meetings, on a day-to-day basis via a duty desk	Providing safeguarding supervision for complex safeguarding cases, and support escalations to partners where there are concerns that cannot be resolved
Providing clinical leadership as an expert in matters relating to safeguarding practice to support the provision of high-quality safeguarding practice for both children and adults	To design and deliver safeguarding, prevent and mental capacity training to support safeguarding practice development and compliance with statutory and mandatory training requirements
To share learning from both internal and external reviews of cases and best practice and raise awareness of key safeguarding issues and national awareness campaigns across the Trust	To carry out or support PSIRF reviews where safeguarding issues are identified, this includes the facilitation of Swarm Huddles and MDTs as part of the wider patient safety work within the Trust
To participate in Trust governance processes to provide safeguarding expertise and oversight when reviewing incidents, investigations and the development of Trust policies and procedures	Develop and lead the Trusts Safeguarding Plan which includes the delivery of the safeguarding development plan, and safeguarding quality improvement and audit plan
To provide support to staff, and coordinate the training offer, on Mental Capacity Act 2005	Participating in external statutory review processes such as child death reviews, domestic abuse related death reviews and safeguarding adult reviews
Carrying out independent reviews on individuals in seclusion, long term segregation and care away from other arrangements	Responsibility for the management of allegations/concerns raised against people in position of trust (PIPOT) working for our Trust

1.4 Safeguarding Governance Arrangements

Safeguarding is firmly embedded within the core duties of Humber Teaching NHS Foundation Trust. Responsibilities for safeguarding are enshrined in legislation and guidance which the Trust must adhere to, including the Children Act 2004, Working Together to Safeguard Children 2023, the Mental Capacity (Amendment) Act 2019, the Prevent Strategy 2011 and Prevent Duty Guidance: England (2023), the Mental Health Act 2007, the Care Act 2014, Care and Support Statutory Guidance 2016 and the Safeguarding Accountability and Assurance Framework 2022. Under the requirements of Section 11 of the Children Act 2004 the Trust completes annual Section 11 audits and submits them to the local safeguarding children's partnerships to provide assurances on how we are meeting the duties.

The statutory function for the Trust is held by the Executive Director of Nursing, Allied Health, and Social

Care Professionals, who is the executive member for the Trust at the Hull and East Riding Safeguarding Boards and Partnerships. The Trust actively participates in the Boards, Partnerships and Subgroups to ensure safeguards are in place across all our services. There is a line of sight on Safeguarding activity from floor to Board through:

Review of all incidents at the Daily Corporate Safety Huddle attendance and reporting of Section 42 investigations to the Clinical Risk Management Group (CRMG) for approval

Safeguarding policies approved via Quality and Patient Safety Group (QPAS) and safeguarding SOPS and guidelines approved via the Safeguarding Learning & Development Forum

Annual report presented to the Quality and Patient Safety Group (QPAS), EMT, Quality Committee and Public Board. It is also presented to our partners at the annual open Safeguarding Learning & Development Forum.

Performance data on safeguarding contact and referral activity presented to the Safeguarding Learning and Development Forum, Quality Committee and Executive Management Team meetings.

Duty desk provision which allows for safeguarding oversight of all patient safety incidents and responses to any queries/ guidance professionals across the Trust require.

Investigations and reviews are monitored on an investigation tracker which reports into Safeguarding Business Meeting to ensure all actions are complete and learning embedded. Towards the latter part of 2023/24 the team moved to recording the progress of reviews and investigations on Datix.

Safeguarding Learning & Development Forum which is attended by each clinical division and other key areas of the Trust, including an open Forum each year for our external partners, sharing patient stories, learning from safeguarding investigation and review, training and development activity and updates on the delivery of the Safeguarding Plan 2023-2026.

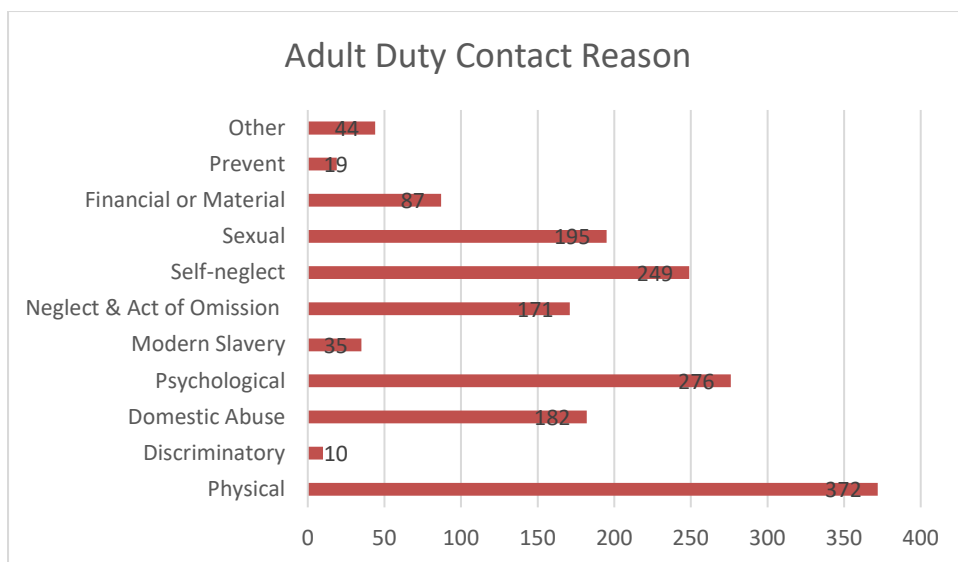
Weekly updates presented to Executive Director and Deputy Director of Nursing, AHP and Social Work and monthly reportable log submitted to Trust Board .

2. Performance

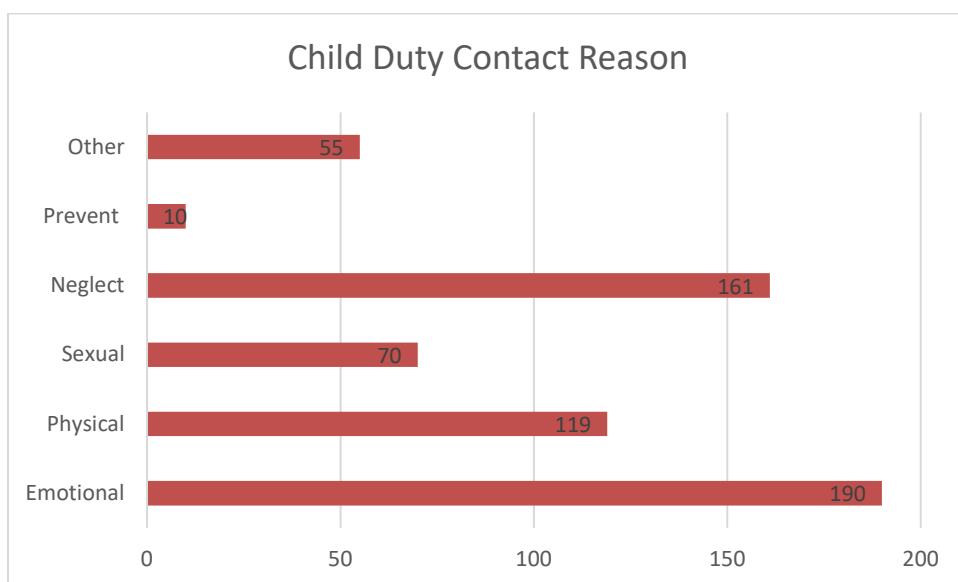
2.1 Duty Contacts

The safeguarding team offer a duty function which means that practitioners are available to provide advice and guidance to staff across the Trust between Monday—Friday 09:00-17:00. The practitioner assigned to duty on a specific day will attend the Corporate Safety Huddle to provide safeguarding oversight of reported incidents, provide advice and guidance via email/phone/MS Teams and attended meetings where appropriate and able to do so.

In 2024/25 there were 1827 adult duty desk contacts (187 resulting in referrals) recorded for adult concerns, and 893 (288 resulting in referrals) for children. It should be noted that some contacts, where there are regular meetings with regards to the concern, are regularly updated to keep relevant information in one place rather than completing new contacts.



In 2024/25 the most reported categories of adult abuse or neglect staff contacted the duty desk to discuss were physical (372), psychological (276) and self-neglect (249), which is in line with the previous year's categories. Safeguarding incidents reported in the daily corporate safety huddle are sent to the Team for review and safeguarding oversight. It is likely that the provision of inpatient care accounts for the higher proportion of physical and psychological abuse being reported to the duty desk; any incidents between patients resulting in harm must be reported to the Trust Safeguarding Team.

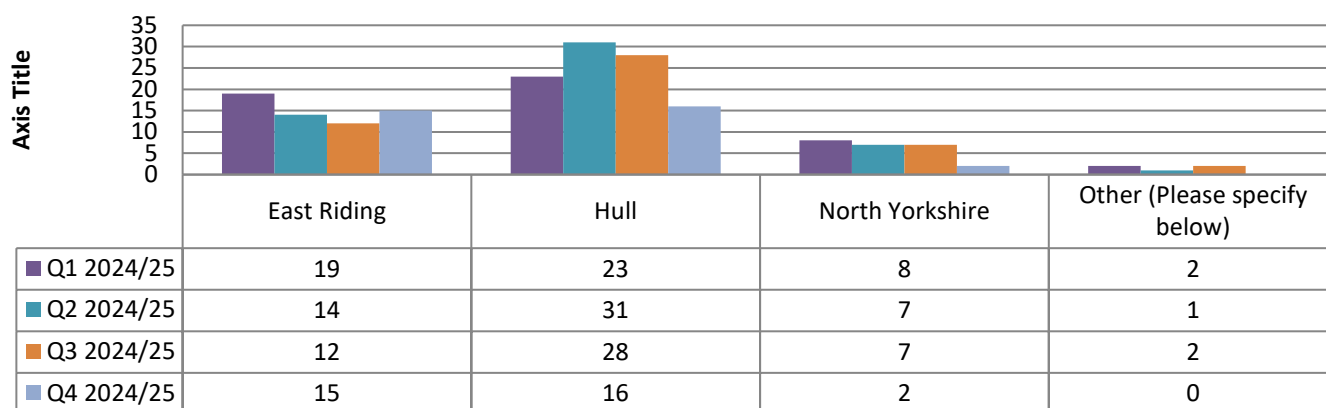


In 2024/25 the most reported primary category of child abuse or neglect discussed with the duty desk was emotional; this is an increase from the previous year of 153 and replaces neglect which was the most reported the previous year. Domestic Abuse contacts are now being recorded by its primary statutory category, emotional harm (as above) rather than within the 'other' category, which may explain the increase in concerns about emotional abuse as witnessing domestic abuse as a child can lead to short and long term physical and psychological problems. This reflects the general increase in domestic abuse concerns recognised by Trust staff.

2.2 Safeguarding Adults Performance

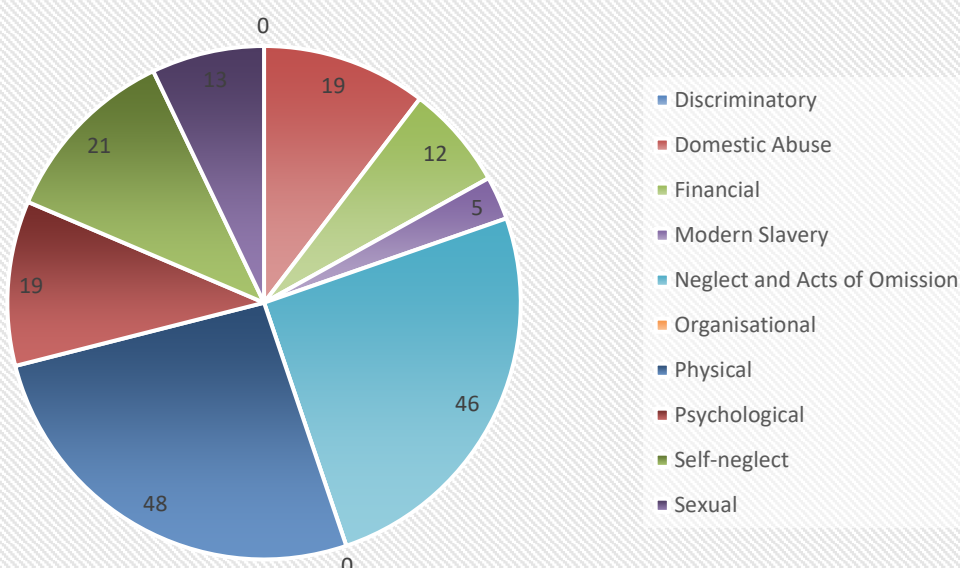
In 2024/25 187 adult concerns were referred to the Local Authority, a decrease from the previous year in which 246 were submitted. 10.2% of duty contacts resulted in a referral, a reduction from 12.% the previous year.

Adult Safeguarding Referrals by Local Authority Area



A reason for the reduction in Q4 may be due to changes that were implemented following an audit of adult safeguarding concerns submitted in Q2 of this year, which was audited in Q3. The audit reviewed 52 adult concerns reported to be submitted during that quarter and found that 23 had been misreported as adult concerns, meaning only 29 were submitted to the local authority during that period. Some reported adult concerns were found to be submissions for domestic abuse or other safeguarding support services, and some professionals who had contacted the safeguarding duty desk and spoken to a practitioner, had misrecorded this as contacting the local authority safeguarding team. Referrals are also not being recorded on datix consistently despite this being a well established requirement within policy and process, it is likely this due to the requirement to record it on a separate system to the electronic patient record and staff not always doing this once they have updated the clinical record. Over the year the Safeguarding Team have worked to improve reporting of safeguarding information and have created a new Trustwide safeguarding template on SystmOne that once implemented will provide a greater depth of information and mean that safeguarding referral data can be taken directly from the patient record. In the meantime, the recording on Datix has been reviewed in order to streamline the process, and errors in reporting have been rectified, which accounts for the noticeable reduction in Q4 of this year.

Adult Concerns by Category - 2024/25



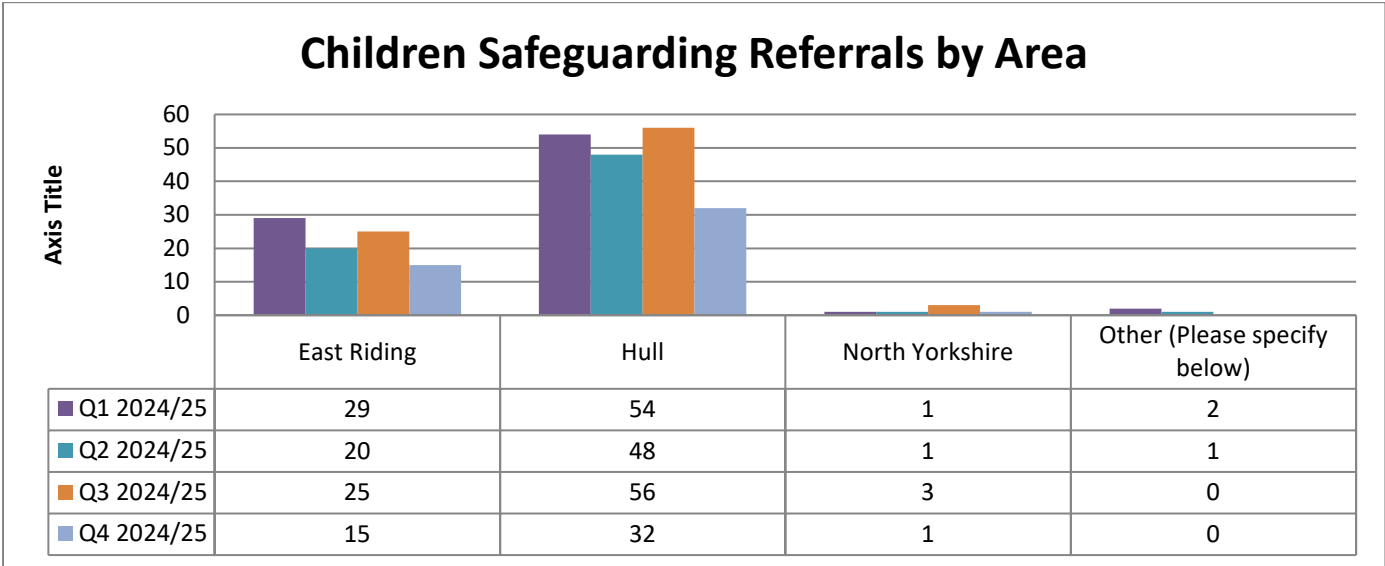
The Trust submitted a total of 48 safeguarding concerns for physical abuse, 46 for neglect and acts of omission, 21 for self-neglect and 19 for psychological harm and domestic abuse. Nationally, neglect and acts of omission are most commonly recorded within Section 42 enquiries, followed by physical, financial and psychological; the national data set does not report on the categories of referrals made which would allow for more accurate comparisons to be made. However, if compared with national categories within

Section 42 enquiries, the Trusts reporting has always been in line with those levels in terms of physical abuse and neglect and acts of omission being the most reported. The Trust reports more concerns around self-neglect, domestic abuse and psychological harm than it does financial, this is a consistent pattern over the years. There were no referrals made for discriminatory or organisational abuse; these are two of the lowest categories reported within Section 42 enquiries. This year in 2024/25 the duty practitioners recorded 10 discussions held around discriminatory abuse but these did not result in a referral being needed, no organisational abuse contacts were recorded however its likely these are recorded under another category such as neglect and act of omission, as the reporter may not recognise their concern as being one of a number about poor care across a care setting.

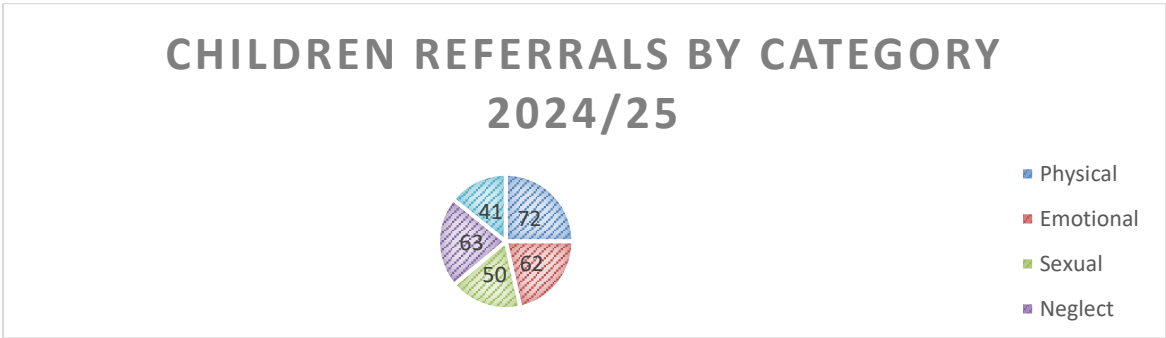
The Trust supports Local Authority partners where organisational safeguarding concerns are raised, and across 2024/25 attended and supported provider of concern meetings held by the local authority when concerns had been raised about a specific care provider whereby the Trust had some professional involvement with.

2.3 Safeguarding Children Performance

In 2024/25 288 safeguarding referrals were submitted to local authorities, a slight decrease of 8, 32 % of contacts resulted in referrals being made to the local authority. The remaining 64% were reviewed and a referral not required due to the threshold of significant harm not being reached and would therefore be requests for other support such as early help. Early Help referrals will be recorded on the new SystmOne trust wide safeguarding template in 2025/26, when implemented.

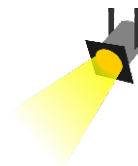


There was a similar reported dip in referrals being made in Q4 which are likely to be due to changes being made following an audit of safeguarding children’s referrals. One key finding of the audit was a total of 36% of the referral contacts audited were for Early Help referrals instead, and did not meet the threshold for significant harm. This data was corrected following the audit and a decision made that Early Help referrals would be recorded under a different category; this work was completed towards the end of 2024/25 and along with the new SystmOne template will allow for improved and more accurate recording of both safeguarding and early help referrals into 2025/26. The Trust continues to submit the most referrals in the Hull local authority area which is in line with previous patterns and due to the large number of children’s services within this area – including CAMHS, 0-19 – and the increased safeguarding activity across the population.



The most commonly reported category of abuse when making a referral to the local authority was physical, followed by neglect, emotional and sexual. There are 41 referrals for other categories of abuse recorded earlier in the year before changes were made to Datix to improve recording of statutory categories, these relate to domestic abuse and sub types of abuse such as exploitation and FGM. Statistically across the country neglect continues to be the most common reason children are on a child protection plan in 2024 with 1 in 10 children being subject to this. Our Trust made 63 referrals this year with regards to this, and there are plans within the Safeguarding Development Plan 2023-2026 to increase the awareness of child neglect and child neglect tool to support clinicians to recognise and respond to concerns of child neglect.

2.4 Safeguarding Spotlight – Systems and IT



Across 2024/25 the Trust transitioned to using one single electronic patient safety record – SystmOne. This presented an opportunity to review and refresh the safeguarding template used across the Trust as users of SystmOne were using different templates to record safeguarding information based on what module they had, and some did not have a template to use at all. This led to an inconsistency in recording and data capture.

Safeguarding Template

The Trusts Safeguarding Plan 2023-26 identified the need to introduce a single safeguarding template to be used across all services, this template has been designed and is currently in its final phases before being implemented. This template will allow staff to record safeguarding information and action taken, including where referrals to services such as Early Help and Domestic Abuse support are made. This will also mean that safeguarding information is easily found on a patients record. Data can then be taken from this to improve safeguarding reporting. The template will also link to referral forms and guidance notes to support staff making these referrals.

Information sharing between agencies

Now the Trust has transitioned to one single patient record, mental health services are now using the same systems as our community services, this means for example that CAMHS can see information entered by health visitors and vice versa. Due to sharing agreements in place it also means that our partners such as CHCP can see relevant information, one example of this being that the safeguarding practitioner who sit in multi-agency safeguarding hubs at the local authority can see if a person has had recent involvement with our services, and our services can see any GP or community information that they wouldn't have normally seen. Sharing information is quite often identified as an issue in safeguarding reviews so this is an extremely positive step towards improving how we share safeguarding information and work together to support families.

2.5 Safeguarding Reviews and Investigations

The Trust works across 3 local authorities and the safeguarding team supports statutory and non-statutory safeguarding reviews held in these. The Head of Safeguarding and Named Professional for Adult Safeguarding, or Named Nurse for Safeguarding Children or Deputy sit on decision making panels across the local authority areas where safeguarding reviews are discussed and agreed. Where a review is agreed and the Trust has, is or was involved with the individual, a member of the Safeguarding Team supports the review process. Staff from the Clinical Divisions who worked with the individual are also involved in the process and attend practitioner events with support and debrief opportunities.

In 2024/25 the Trust supported 36 local authority reviews or investigations. This includes 12 S42 Enquiries however it is recognised that some local authorities approach teams directly, particularly CMHT where they are jointly commissioned and use the same electronic patient record. Work is underway to introduce a safeguarding template across the electronic patient record to capture these. The number does not include requests for agency reports to consider safeguarding reviews and investigations, these are requested and completed in advance of each discussion panel and helps the panel to determine if the review criteria is met.

There has been an increase in the number of reviews and investigations being referred to boards and partnerships and therefore the number of requests for agency reports to be completed by the Trust. This

has impacted on workload within the Trust Safeguarding Team; in response to the increase in demand practitioners are now supporting the Named Professional and Nurse in their role, and where the Trust has completed an IIR or further PSIRF review, boards and partnerships accept those reviews as evidence of learning and what action has been taken in response. This reduces duplication and evidences the Trusts proactive approach to reviewing incidents and identifying learning.

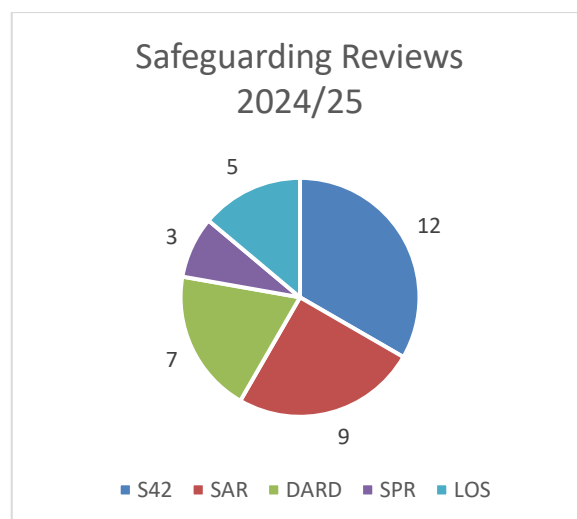
There are a number of non-statutory child review processes in place across Hull and East Riding, fewer for North Yorkshire due to the limited child footprint. Although they are non-statutory, they do reflect the principles of statutory guidance (DfE 23) These include Line of Sight reviews (HSCP) and Safeguarding Assurance Group reviews and Joint Targeted Area Inspection practice reviews (JTAls) (ERSCP).

These are all multi agency reviews that form part of the Partnership's learning and quality assurance frameworks. They occur monthly with nominations for cases taken from all partners. Learning and best practice from the reviews is taken through the Partnership's governance structures and actions are monitored for assurances from providers. Outcomes are also shared with divisions and relevant teams and where possible, clinical workers from the cases are invited to attend the reviews along with the safeguarding team. All actions are recorded on the safeguarding investigations tracker, overseen in the safeguarding learning and development forum, they are also reflected in the safeguarding development plan.

Some of the themes arising from recent reviews include:

- Domestic abuse.
- Injuries to babies and young children.
- Neglect and limited use of assessment tools.
- Substance misuse.
- Mental health – child and adult.
- Communication between Trust services and external information sharing.

A SOP is currently being developed to provide a framework in response to the review requests made to the team. A breakdown of review numbers and learning themes can be found below.



Work is underway to improve the recording and reporting of learning from safeguarding reviews and investigations through the newly introduced Safeguarding Assurance Group in 2025/26.

2.6 Safeguarding Spotlight – Our PSIRF Journey



The Patient Safety Incident Response Framework (PSIRF) sets out new guidance on how NHS organisations respond to patient safety incidents and ensures compassionate engagement with those affected. Safeguarding is embedded through it from start to finish by:

- Safeguarding attendance at the Corporate Safety Huddle to advise on, and highlight, any incidents with safeguarding issues.
- Review of incidents and mortality reports at Clinical Risk Management Group to advise on safeguarding issues and what action needs to be taken.
- Supporting, and where appropriate leading, patient safety reviews to provide advice on safeguarding issues and ensure appropriate response within review and safety actions.
- Contributing to the development of patient safety policies and procedures.
- Where there are co-existing statutory safeguarding reviews, ensuring the two processes are linked and feeding progress and updates into the patient safety review process and vice versa.
- Facilitating SWARM huddles.
- Facilitating patient safety MDTs.
- Named Professional and Named Nurse leading Corporate Safety Huddle in capacity as senior lead for the Nursing and Quality Directorate.
- Supporting delivery of safety actions identified as part of the patient safety review, which may involve actions such as setting up bespoke training, reviewing processes or providing safeguarding supervision to a service on a particular issue.



Having the processes so closely aligned means that safeguarding considerations are made at each point a patient safety incident is explored. It helps to identify when safeguarding referrals may need to be submitted, or referrals for to the local safeguarding board or partnership to consider a safeguarding review such as a Safeguarding Adults Review or Safeguarding Practice Review. The Trusts proactive approach to incident reviews and safeguarding means that quite often when a statutory review is declared, the Trust has responded to the incident, carried out a patient safety review and started to put any identified safety actions into practice.

3. Training

The Safeguarding Team oversees training for Safeguarding Adults, Safeguarding Children, Prevent and Mental Capacity Act 2025.

Safeguarding Adults and Safeguarding Children courses are delivered using a blended approach. Levels 1 and 2 are e-learning courses, and Level 3 requires staff to complete e-learning prior to attending an interactive taught session by a Safeguarding Practitioner. The Prevent courses are split into two levels; Prevent awareness and Prevent WRAP which is designed for front line staff working with patients. Currently, Prevent training doesn't have to be completed every three years, however a training needs analysis is underway to consider this following a recommendation made in the Prevent Learning Review: Southport attack. The Mental Capacity Act courses are also split into two levels; MCA L1 for awareness and MCA L2 which comprises of 6 e-learning modules on specific areas of the subject including assessing capacity, making best interest decisions, restraint, MCA for young people aged 16-17, DOLS and LPA/Deputyships and advanced decisions. Overall training for the above courses across the Trust at the end of the year, March 2025, was:

MCA	Prevent	Safeguarding Adults	Safeguarding Children
91.9%	96.1%	87.8%	89.5%

At the time of writing this report, June 2025, compliance had increased further in all areas and consistently remain above the 85% target set by the Trust.

Safeguarding Adults and Children Level 3 courses previously underwent a review which changed the way each course was recorded and accessed, the review also involved checking all staff roles across the Trust and ensuring they were aligned to requirements set out in the Intercollegiate Documents for Health. In 2024/25 further work was undertaken to improve the courses; working alongside the Learning Centre and ESR Teams the training packages were reviewed and changes made to how they are accessed and recorded on ESR. These changes have improved reporting for managers and allowed them to identify what part of the course the staff members are compliant or not compliant in and provide targeted support. Following feedback from staff who were struggling to attend the taught session due to clinical pressures/staffing, sessions were increased and put on across different days/weeks to offer more flexibility. The table below shows Level 3 compliance at the end of the year, and currently at time of writing the report in June 2025.

SGA L3 end of year	SGA L3 current	SGC L3 end of year	SGC L3 current
73.3%	80%	77%	88.6%

The Team have also offered safeguarding spotlight sessions across the year on topics such as:



3.1 Safeguarding Spotlight – Self-Neglect

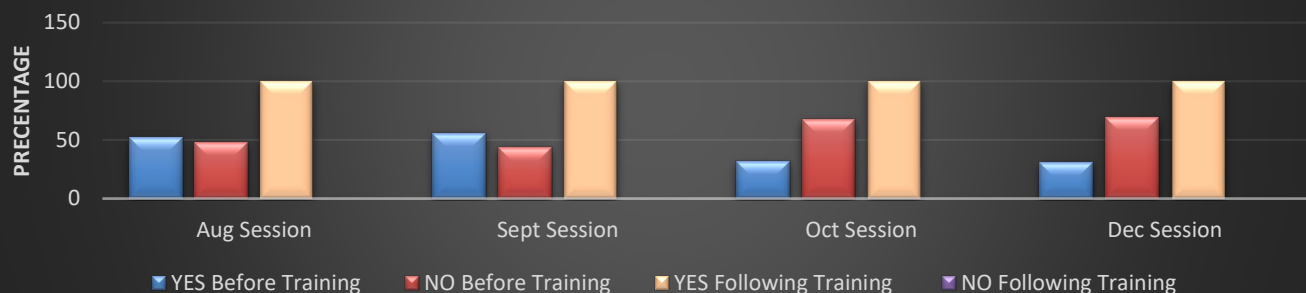


Nationally, Safeguarding Adult Reviews have highlighted that self-neglect is the most prevalent category of abuse with 45% of all reviews finding this to be a factor. This year we have seen a lot of progress in this area, with the development of clear policies and procedures, and the implementation of the new Multi-Agency Risk Management meeting procedure which replaces the Vulnerable Adult Risk Management procedure, this is a joint process across both Hull and East Riding local authority areas.

Working with individuals who self-neglect can be challenging and staff report feeling uncertain about certain aspects of this area such as the legislative framework and how best to assess mental capacity when individuals are self-neglecting and not engaging with services. The Safeguarding Team designed and delivered 4 in person sessions at the Lecture Theatre between August and December 2024 and a total of 237 staff were able to attend this. Further sessions were put on over MS Teams. The sessions covered:

- Understanding self-neglect, including signs and causes.
- Understanding the Legal Framework in relation to self-neglect and how to properly, proportionately, and confidently use this within practice.
- Understanding best practice when responding to issues/concerns relating to self-neglect focusing on: Older People, Drug and Alcohol Misuse and Hoarding.

Do you feel confident in responding to issues around Self-Neglect?



Feedback from participants included:

“It was really good training; we went away with tons of clients in our heads and actions we wanted to take which is a really good sign that you got us thinking”.

“I fed-back to Rosie how much I enjoyed the session, and how useful I think it is for us in CMHT! I will certainly be encouraging my team to attend any future sessions”

“I really took a lot from the training and have already started sharing my knowledge with patients particularly around the hoarding and fire service information which has effected some change even through early conversations so that is brilliant”.

Work is now underway to embed the new MARM process across the Trust and a safeguarding spotlight session has been delivered to highlight the new process, alongside updated policy and guidance which is available on the intranet. When the new Trust wide safeguarding template is implemented, the Safeguarding Team will look at how MARMs can be captured on the electronic patient record to improve reporting on how the Trust is responding to self-neglect concerns.

3.2 Safeguarding Spotlight – Mental Capacity Act (MCA) 2005 & Court of Protection

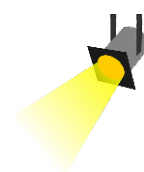
The Head of Safeguarding holds the MCA lead role within the Trust, and the Safeguarding Team provide support to staff on mental capacity matters as well as safeguarding. MCA work across the Trust feeds into the Mental Health Legislation Steering Group.

Training

As well as the mandated mental capacity act training clinical staff are required to do, the Safeguarding Team offer bespoke advice and support for staff who are managing complex cases involving mental capacity issues; for example, fluctuating capacity, non-engagement in assessment, executive capacity and functioning, and the impact of substance misuse on an individual's ability to make a decision. The Team have seen an increase in complex cases in the community requiring this type of support, particularly where an individual is not engaging with services and at risk of significant harm or death, this may result in a Multi-Agency Risk Management meeting being convened if the person is assessed to have mental capacity to decline care and support.

Templates

In 2024/25 a working group was convened to review and refresh the current mental capacity assessment and best interest decision templates. Feedback from staff included that it would be useful to include prompts and links to case law and guidance to support a better quality of assessment being completed. New templates were co-produced with clinical teams, bringing them in line with current mental capacity legislation and case law and making them more user friendly – prompts and guidance are now on the templates. The templates have been uploaded to all SystmOne units meaning all clinical services are now using the same template – something that previously differed.



Court of Protection cases

There has been an increase in Court of Protection cases for individuals known to the Trust. The legal team support any legal statements and court appearances required from staff or on behalf of the Trust, as does the MCA Lead. Cases may be referred to the Court of Protection where a decision is required about an individual who has been assessed to lack capacity to make the decision themselves. In 2024 the Trust were involved with 28 COP cases, and in 2025 the number stands at 8. These cases are often complex and lengthy.



Audit

A mental capacity audit was completed this year to review the quality of assessments and decisions and compliance with the key principles of the Act, following its completion recommendations were made and include:

- To create a taught training package on completion of MCA assessment and best interest decisions, to be available to clinicians across the Trust
- To create a Gillick competency template for those under the age of 16, to support clinicians in assessing competency to make decisions for those they work with

MCA reporting

To improve reporting of MCA across the Trust, the Safeguarding Team have requested a dashboard for MCA to include number and detail of assessments and best interest decisions undertaken each quarter, training compliance broken down to each division and any key narrative such as case law updates that will impact on the Trust and any themes/trends being observed. This is due to be implemented in 2025/26.

4. Partnership Working

The Executive Director of Nursing, Allied Health and Social Care Professionals is the named executive member for safeguarding at the Trust at the Hull and East Riding Safeguarding Boards and Partnerships; the Deputy Director of Nursing, Allied Health and Social Care Professionals, Named Professional and Named Nurse deputise on their behalf. The Named Professional and Named Nurse also represent the Trust in North Yorkshire Boards and Partnerships.

The Trust is represented at strategic and operational partnership meetings including key multi agency safeguarding meetings across the areas where risk is considered, and agencies work together to mitigate that. These meetings are attended by agencies including Police, Local Authority, Education, Health, Voluntary, Probation, and the Trust shares information proportionately and appropriately throughout these meetings.

The Named Professional and Named Nurse work closely with local authority and ICB colleagues where safeguarding issues need to be escalated due to a concern about action taken (or not) or risk to the person not being managed, this is supported by the professional relationships the Trust have with other agencies across safeguarding board and partnership areas, and work is undertaken jointly to find a resolution. There are established escalation processes across the local authority areas and work is underway to record and report on escalations in 2025/26, using Datix.

4.1 Domestic Abuse

In 2024/25 there were 226 contacts to the duty desk in relation to adult domestic abuse concerns and 48 for children. The number of child contacts will be lower due to the category of abuse being recorded under one of the statutory categories, this is likely to be the cause of the increase in contacts for emotional abuse.

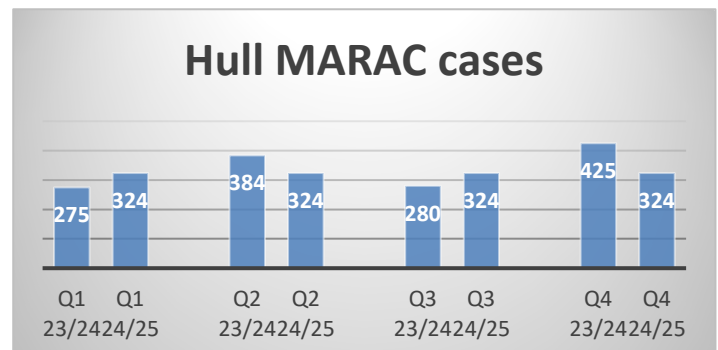
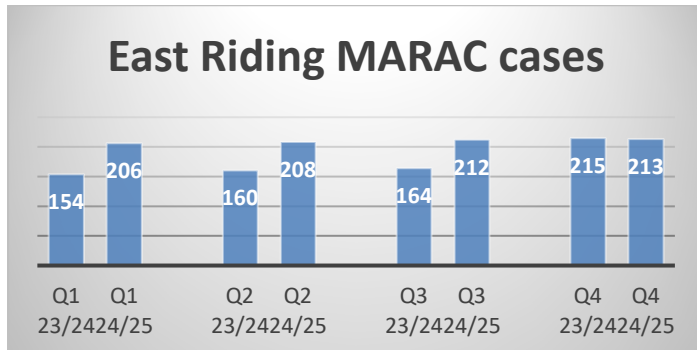
Multi agency risk assessment conference (MARAC) and Multi agency tasking and coordination (MATAC)

MARAC is a multi-agency meeting where information is shared on high-risk domestic abuse cases and safety plans are put into place to increase the safety of victims of domestic abuse and those around them. The Trust has representatives at, and regularly attends, both Hull and East Riding MARAC, and introduced a standard operating procedure in the last year to ensure consistency in information sharing and recording due to several staff from across Trust attending the MARAC meetings, this ensures that minutes are recorded in a consistent

manner and that information shared with MARAC and others is appropriate and proportionate.

During MARAC, cases are discussed, and the Trust contributes information from its services. The representative supports a multi-agency discussion to consider the risk, immediate actions that need to be taken and ongoing safety planning for the victim and those around them such as children in the house.

In 2024/25, there were 839 cases discussed at East Riding MARAC which is a 21% increase from the previous year. In Hull there were 1296 cases discussed which is a decrease of just under 5%, this is because case numbers are now limited to 54 per MARAC.



Both Hull and East Riding MARACs take place over two days per month due to the case numbers discussed.

MARAC has been established for over two years now, but numbers of cases discussed remain lower than expected. The purpose of the group is to focus on repeat perpetrators of domestic abuse and how to work with them to reduce the risk of harm to victims, this is a consent-based process which explains why numbers are lower than MARAC, meetings generally have a case discussion number of around 4 to 6. A Specialist Safeguarding Practitioner attends this meeting; last year it was observed that a high number of individuals discussed were known, open to or had substance misuse issues. As a result, a representative from the East Riding Partnership was invited to attend, they are able to provide up to date information and bring valuable contribution to the discussion process with their knowledge and expertise in the substance misuse area.

White Ribbon

The Trust is entering its final year of the White Ribbon Plan having been accredited for a second year running. On 3rd December we held our annual White Ribbon conference which covered topics such as:

- Humber Teaching NHS Foundation Trust Domestic Abuse Champions
- Supporting sex workers
- Untold stories of people with lived experience of sex work and domestic abuse
- Positive masculinity
- Domestic abuse and older people
- Non-fatal strangulation



We were pleased to be joined by Amanda Hailes and Susie Winter who campaign to raise awareness of the experience of women who engage in sex work, to shatter the stigma and create understanding for women with similar experiences who face marginalisation.

This year the White Ribbon Plan has on working to support staff as well as patients who may experience domestic abuse, and the Safeguarding Team have worked with the ICB, Humberside Police and the Trusts Security Lead to secure a license for Hollie Guard Extra which is a mobile phone application designed to support those who are victim of domestic abuse or stalking. This can be given to staff and patients for free by the Security Lead or Trust Safeguarding Team.

Audit and Quality Improvement

The Safeguarding Audit and Quality Improvement Plan has a number of audits into domestic abuse identified. This includes planned audits on use of routine and selected enquiry and MARAC referrals, and QI projects on domestic abuse, learning disability and older people. A recent audit completed by the

Safeguarding Team on the completion of the Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) checklist by staff found:

More than 50% of disclosures made after routine enquiry

55% of disclosures resulted in adult or child safeguarding referral

79% of disclosures resulted in provision of local DA support services

1 in 7 disclosures resulted in completion of DASH assessment

Coercive control most common sign of abuse (76%) followed by physical (55%)

93% of disclosures were recorded on clinical systems

The above audit was presented to the Safeguarding Learning and Development Forum, and recommendation included the development of resources to support staff undertaking a DASH risk assessment; this led to the Trust designing and implementing its own DASH e-learning module which is now mandatory for all staff assigned to Level 3 Safeguarding Adults or Children training.

4.2 Safeguarding Spotlight – Sexual Safety



Humber Teaching NHS Foundation Trust signed up to the NHS Sexual Safety Charter in September 2023. The Sexual Safety Group was established in February 2024 and is co-chaired by Head of Safeguarding and Head of People Operations, to promote both staff and patient sexual safety. In October 2024 the Worker Protection (Amendment of Equality Act 2010) Act 2023 came into force which places a new duty on the Trust to take reasonable steps to prevent sexual harassment of their employees.

The Sexual Safety Plan for the Trust continues to be monitored via the Trusts Sexual Safety Group, and reports are sent regularly to EMT on the status of this. In 2024/25 the Sexual Misconduct in the Workplace policy and procedure was drafted and went through several stages of consultation with staff groups and committees. It is due to be launched in September 2025 following ratification by the Board and makes clear that sexual harassment and assault will not be tolerated in our Trust.

Sexual misconduct in the workplace training is also available and mandatory for all line managers, Safeguarding Team and operational workforce staff. It is highly recommended for all other staff.

Sexual safety is threaded throughout the patient safety process. When an incident is reported involving a patient or staff member who has experienced or perpetrated sexual harassment or violence, this is flagged as so and appropriate support offered.



4.3 Cuckooing

The Multi-Agency Cuckooing Advisory Panel (MACAP) seeks to provide front line professionals with a multi-agency framework to facilitate effective working with adults or children who are at risk due to cuckooing. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation.

There are different types of cuckooing:

- Using the property to deal, store or take drugs.
- Using the property to sex work.
- Taking over the property as a place for them to live.
- Taking over the property to financially abuse the tenant.

Core membership of the panel includes Prison and Probation Services, Adult and Children Social Care, Humberside Police, Health providers and commissioners, care providers and voluntary agencies and housing and environmental health services. Humber Teaching NHS Foundation Trust joined MACAP as a core member after it was set up and a Specialist Safeguarding Practitioner attends on a monthly basis to share information, share risk across agencies, advise on concerns and support the panel to make recommendations and identify actions.

4.4 Modern Slavery and Exploitation

Modern Slavery

The Trust is a member of the Humberside Modern Slavery Partnership and produces a statement on its public internet page pursuant to section 54(1) of the Modern Slavery Act 2015 which provides assurances on its organisational structure, approach, policies, recruitment and procurement and supply chains.

A dedicated safeguarding practitioner attends the Humber wide modern Slavery Partnership meeting and shares appropriate updates from that.

Where a person suspected to be a victim of modern slavery or exploitation, or at risk of it, goes missing, networks are able to share information as appropriate about this person should they cross local authority borders. In the case of children, missing children notifications can be shared across local safeguarding children's partnerships, the Trust safeguarding team cascades this with the appropriate services and leads, and updates clinical records to highlight the missing concern. Where adults are missing and considered vulnerable, possibly trafficked, the same process is followed within local adult safeguarding boards.

The Safeguarding Team recorded 35 contacts in relation to adult modern slavery, forced marriage or trafficking this year. Examples of concerns include:

- Individual being sexually or criminally exploited and not having recourse for public funding due to immigration status
- Individual with learning disability in own home, concerns about domestic servitude
- People coming to the attention of mental health services disclosing they are working for little or no money and having to pay fees to employers who sponsored them
- Children or young people being criminally or sexually exploited by county lines gangs
- Young person disclosing they are being taken to another country to marry
- Child disclosing ritual abuse at home and threats to take abroad for 'conversion therapy'

Multi agency child exploitation (MACE) and Multi agency youth violence and exploitation (MAYVE) meetings

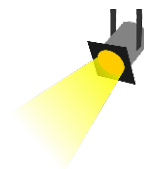
The Trust attends both the Hull and East Riding MAYVE meeting on a monthly basis. The MAYVE meeting in Hull was expanded to include youth justice and children and young people who may be victims of modern slavery; therefore, members of the safeguarding team have undertaken additional training in order to be able to make decisions with regards to the National Referral Mechanism, which is a framework for identifying and supporting victims of modern slavery. Trust representatives share information, consider risk and contribute to the safety planning of those reviewed in the meeting.

In 2024/25 Hull MAYVE considered 123 cases, an increase from 112 the year previously. In the East Riding MACE 74 cases were discussed, a decrease of 10. The introduction of pre-mace / vulnerability and risk panels has helped to triage and remove cases that might not meet the threshold for MACE, meaning only the cases appropriate for that level of risk management are discussed. Numbers in Hull remain higher than East Riding, this is in line with previous years.

Access to social media platforms and mobile phone applications continue to be a common cause for concern with regards to exploitation; many perpetrators use these applications, and it is a rapidly developing area of technology. The Modern Slavery Partnerships and MACE/MAYVE Groups feed into local safeguarding boards and partnerships to share information about these applications and devices in order to raise awareness across professionals working with children and young people. This year the Trust Safeguarding Team shared a number of resources across Global email raising awareness of some of the platforms used and how to respond.

4.5 Safeguarding Spotlight - Looked After Children Services

Children Looked After Services



In 2024/25 the number of children coming into care increased; the end figure being 388 but at times the number breached 400. This year 169 new children became looked after which is the highest number ever recorded for the East Riding and an increase from 150 the year previously. Because of this, Initial health Assessments offered within the statutory timescales dropped due to the number required but also the number of complex children requiring extra clinic time.

Health assessments continue to highlight many unmet health needs for children and young people and the team work hard to ensure these needs are met by writing a comprehensive assessment and care plan and making numerous referrals. Care plans often drift as children may move and services offered vary from area to area, these children often end up on the bottom of waiting lists and issues locally such as lack of dental appointments especially impacts these children. There are only a handful of dental practices across East Riding and Hull that will now prioritise CLA for a dental assessment.

There continues to be a steady transfer of Unaccompanied Asylum-Seeking Children arriving in the East Riding. The Local Authority have a legal obligation to complete an age assessment if there is any discrepancy in their age and to treat them as a Child Looked After until the conclusion of that age assessment.

A total of 12 Unaccompanied Asylum-Seeking Children became looked after in the year. Most of these young people have many unmet health needs, they all need to commence the UK immunisation schedule, need to be registered and seen by a dentist, have bloods to rule out blood borne viruses and anaemia, most have needed treatment for scabies. All are referred by the CLA health team to the TB clinic and many are found to have latent TB. There is no extra funding available to health for caring for these young people (the local authority receives extra funding for each asylum seeker they take on) yet due to their complexities more time is spent on ensuring their immediate health needs are met by the CLA health team.

The CLA health team completed 201 review health assessments with East Riding children and young people. Children and young people aged 5-18 years are required (statutory) to have an annual health assessment and these have all been offered as face-to-face assessments. To ensure that there is no drift in the child's health care plan the CLA health team complete a report for the child or young person's statutory review meetings and continue to attend strategy meetings and complete reports for the Vulnerable Adolescent Risk Panel.

Integrated Public Health Nurses (health visitors) completed 118 assessments. Children aged 0-5 years are required (statutory) to have a health assessment every 6 months.

Just 9 young people declined to be seen for their annual health assessment this year this. This is always a very low figure that the team are proud of, young people are often wary of professionals in their lives and the specialist nurses work hard at building up a trustful relationship with the children and young people.

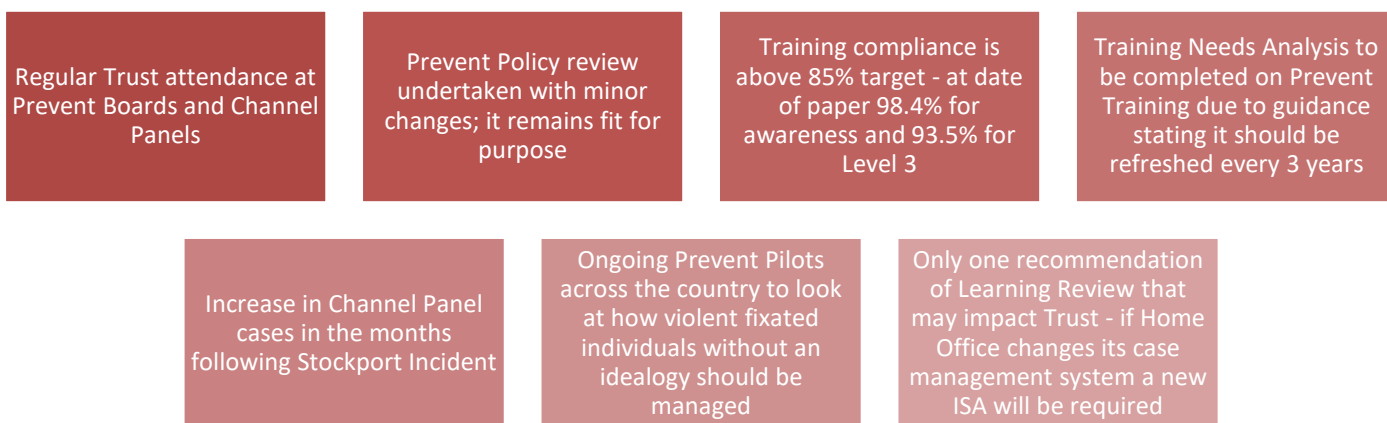
The Named Nurse for Children Looked after continues to be an active member of the East Riding foster panel and supported lodgings panel. The Named Nurse also sits on the Emotional and Well-being decision making forum. The CLA health team continues to have very positive relationships with the East Riding Local Authority. The "Making a Change team nurse" sits within the CLA health team but works as an integral member of the local authority team working intensely with those young people who are known to be being exploited (criminally and sexually) and with their families.

4.6 Prevent Board and Channel Panel

The Counterterrorism and Security Act 2015 requires health bodies to consider the need to safeguard individuals from being drawn into terrorism. The Trust has an appointed Prevent Lead who attends all local Prevent Boards, and a Specialist Safeguarding Practitioner who attends the operational Channel Panel which is a multi-agency panel that identifies how best to support people who are susceptible to terrorism. The Trust submits quarterly reports to the ICB on its Prevent figures and training compliance, to assure the ICB of the Trusts commitment to the Prevent agenda.

A member of the Trusts Safeguarding Team attends both Hull and East Riding Channel Panel, providing information on behalf of the Trust to support decision making, and supporting clinical staff who are working with the individuals open to the Prevent process. When a referral is sent to Prevent, the Counter Terrorism Case Officer contacts the Safeguarding Team to request any relevant information the Trust holds on the individual and to ascertain if any additional support is required at the time. This information is shared in a timely manner and supports the Prevent decision making process.

In March 2025 the Prevent Lead submitted a paper to EMT following a Prevent Learning Review that was published in February 2025 following the murder of 3 young girls in Stockport in July 2024. The EMT paper explored the impact of the learning review against the Trusts Prevent Policy in order to ensure it is fit for purpose and provided information on training provision and Channel and Prevent Board attendance. It highlighted:



4.7 Working with our Workforce and Complaints colleagues

The Safeguarding Team work closely with colleagues in non-clinical work areas, including Workforce and operational HR and Complaints. This supports our Safeguarding Vision which is that we take an organisational approach to safeguarding and promote the welfare of our patients and that safeguarding responsibilities are embedded across all staff groups. Examples of how this happens across nonclinical areas include:

- Aligning PIPOT and HR processes where an allegation is made against a member of staff or volunteer.
- Providing advice and support to operational HR colleagues where there may be a safeguarding issue.
- Providing PIPOT briefing session to HR colleagues following launch of policy.
- Working with DBS Team to implement a new DBS risk assessment form which is now sent to all line managers to complete if a staff members DBS is due to lapse or returns with an offence on it.
- Completing complaint investigations where a safeguarding issue is raised.
- Advising and supporting Complaints Team on potential safeguarding concerns and steps to take.
- Sitting on Disciplinary Panels to provide safeguarding expertise, where appropriate and required.
- Close working with Head of People Experience on Sexual Safety across Trust – including joint work on Sexual Misconduct in the Workplace Policy.

5. Safeguarding Priorities

5.1 How did we do?

Domestic Abuse We will recognise and respond appropriately to those who are at risk of or are experiencing or perpetrating domestic violence and abuse.

We are now midway through the second White Ribbon Plan. Our Domestic Abuse Champions continue to receive bespoke support and resources to cascade to their teams and have all received additional training. Our VAWG conference featured training and discussions from our DA Champions, external partners and individuals with lived experience of sex work and violence against women. The Safeguarding Team continue to receive duty desk contacts about domestic abuse, and safeguarding referrals to the local authority and domestic abuse services are generated. This includes support for staff members, and we now have additional licenses for the Hollie Guard Extra app so that both staff and patients who are victims of domestic abuse and/or stalking can use this safety feature. We have started QI projects into improving the experience of those receiving care from our Trust who may be experiencing domestic abuse, and our audit program is underway.

Child Neglect We will recognise and respond appropriately to children and young people who are at risk of or are experiencing child neglect and abuse.

Bespoke training has been delivered on child neglect tool training, and features in the taught element of Safeguarding Children L3 training. Practitioners support multi agency child neglect training across Hull and East, which is delivered to a wide range of professionals including staff from Humber Teaching NHS Foundation Trust. Neglect is one of the highest reporting categories of child abuse within the Trust. Our audit program is underway with planned audits around the use of child neglect tools and how this supports recognition and reporting of child neglect.

Liberty Protection Safeguards We will understand our responsibilities when a person is deprived of their liberty and empower and protect service users who may lack the capacity to make decisions for themselves.

The implementation of the Liberty Protection Safeguards was delayed by the previous Government. The new MCA assessment and best interest templates have been approved and uploaded onto SystmOne, our templates are up to date and reflect the latest case law, they also include prompts and links to guidance and case law to support robust MCA work across the Trust. An audit has been completed on compliance with key principles of the MCA 2005 and a plan approved based on findings; this includes introduction of bespoke training, work to be carried out on Gillick competency, and improved reporting of MCA into areas of the Trust.

Self-Neglect We will recognise signs of self-neglect and respond appropriately, whilst adopting a preventative approach to reduce the risk of self-neglect occurring with service users.

Self-neglect features within our Safeguarding Adults L3 taught training course, and this year we were pleased to deliver a bespoke training course on self-neglect and hoarding alongside our Humberside Fire Service colleagues, the first cohort was attended by 237 colleagues and further sessions online were delivered and/or are planned. The VARM process in Hull and East Riding was updated from VARM to MARM and staff have attended training sessions delivered by the Local Authority on this process. Our resources and intranet page have been updated, and work is underway to introduce recording of MARM on SystmOne. Discussions continue with regards to the process in our North Yorkshire service areas which is not yet implemented by the North Yorkshire SAB.

Think Family - We will think about the whole family when working with a service user. We will understand how trauma can impact families, and work with our partners to safeguard our service users and their families from harm and abuse.

Bespoke resources and training for all staff is available around this topic. This year the move to SystmOne as a single patient record has greatly improved how services share information across services meaning safeguarding information about an individual or family is visible to professionals accessing that record from other teams or agencies. A working group has commenced with the aim to improve reporting of group and family relationships of individuals so that professionals are able to see if those listed in the group or family relationship are known to other service areas.

Increased Visibility of Safeguarding Team - We will increase our visibility across our patient and staff group and reach out to diverse groups and people who experience health inequalities. We will become a more regular presence for patients and staff to seek support.

Contacts to the duty desk for advice and attendance at meetings is consistently high following a sharp increase in 2021/22. The team take part in reviews for patients in seclusion, long term segregation and care away from other arrangements which involve visiting the ward to see the patient and speak to staff, providing an independent review of the persons care and care environment. A safeguarding drop-in service is in development, the team are working with services to do this, and a pilot is agreed and due to start in 2025/26. The team attends Divisional meetings where able to do so, though this has been impacted towards the end of this year because of staffing and at time of writing the team is in Business Continuity. It is hoped that come autumn 2025 this will improve and attendance at Divisional work areas and Safeguarding Drop-In services will progress.

Ensuring a safeguarding empowered workforce - We will empower our workforce to prevent, recognise and respond to safeguarding issues confidently and with our patients at the heart of this process

Overall training for safeguarding, MCA 2005 and Prevent remains above the 85% set by the Trust. There has been a significant effort to improve the quality and availability of Level 3 safeguarding training, which has seen a positive impact to how staff are able to access it, how managers can monitor and report on it, and subsequently compliance levels across the majority of areas. The Safeguarding Team have successfully introduced Safeguarding Spotlight sessions – replacing Lunch and Learn – and delivered training on an array of topics working with our partners from other agencies to do this. Our self-neglect training sessions were delivered to a large number of staff receiving positive feedback, as was the VAWG conference to mark Domestic Abuse Month and White Ribbon Day. Our Safeguarding Learning and Development Forum is being refreshed as Safeguarding Assurance Group and will report directly into EMT.

Improving efficiency and effectiveness across safeguarding systems - We will provide a way for safeguarding information to be recorded and shared in an efficient and effective way across the Trust.

Across the Trust staff can access the Yorkshire & Humber Care Record which allows for certain information to be shared across different agencies such as health and local authorities, this is continually being extended to include other agencies and can now be accessed directly from electronic patient records. The Trust has moved to using SystmOne across all services and this has improved how staff and partners with sharing agreements, can see information about our patients and services. This includes community and mental health services being able to share information, and partners sitting the multi-agency safeguarding hub in the local authority being able to see information recorded such as where a patient has been in contact with mental health crisis services or health visitors/school nursing work. A working group is underway to use systems to improve how we work with the full family around an individual and share information appropriately. MCA templates have been implemented, and a Trust wide safeguarding template has been designed and due to be implemented 2025/26.

5.2 Our Priorities for 2025/26

Our priorities are identified in the Trusts Safeguarding Plan 2023-2026 and timescales within the Development Plan. The Development Plan is monitored.

Domestic Abuse We will recognise and respond appropriately to those who are at risk of or are experiencing or perpetrating domestic violence and abuse.	We will: 4 Deliver Y2 of our second White Ribbon Plan and continue to deliver bespoke training via Domestic Abuse Awareness Month and White

	Ribbon Day. 5 Complete an audit on delivery of routine and targeted enquiry and its use across the Trust. 6 Complete an audit on MARAC referrals made by the Trust. 7 Support statutory Domestic Abuse Related Death Reviews when declared. 8 Complete QI projects into domestic abuse and how those with learning disabilities, who are an older person and who use our female inpatient services experience it.
Child Neglect We will recognise and respond appropriately to children and young people who are at risk of or are experiencing child neglect and abuse.	We will: • Work with partners to deliver multi agency training on use of child neglect tools. • Audit use of child neglect tools and how it helps staff to identify and respond to concerns of child neglect. • Design and deliver bespoke training on child neglect, in person to staff across the Trust.
Liberty Protection Safeguards We will understand our responsibilities when a person is deprived of their liberty and empower and protect service users who may lack the capacity to make decisions for themselves.	We will: • Introduce bespoke training on completion of mental capacity templates and best interest decisions • Consider how staff assess and record Gillick competency. • Improve MCA 2005 reporting across the Trust. • Audit the use of new MCA templates implemented this year.
Think Family We will think about the whole family when working with a service user. We will understand how trauma can impact families, and work with our partners to safeguard our service users and their families from harm and abuse.	We will: • Lead Working Group in the Trust to look at how adult and child services work together to consider the whole family, and how they gather and share information across the service. • Audit the impact of this working group on completion of Systems work.
Increased Visibility of the Safeguarding Team We will increase our visibility across our patient and staff group and reach out to diverse groups who experience health inequalities. We will become a more regular presence for patients and staff to seek support from in person.	We will: • Implement Safeguarding Drops Ins across Trust following its pilot. • Continue to support seclusion, LTS and CAFO reviews and where possible attend in person to see patient and staff. • Improve visibility across Division networks once out of Business Continuity.
Ensuring a safeguarding empowered workforce We will empower our workforce to prevent, recognise and respond to safeguarding issues confidently and with our patients at the heart of this process.	We will: • Continue to deliver bespoke training courses and where possible do this in person to improve experience and participation. • Replace Safeguarding Learning and Development Forum with Safeguarding

	Assurance Group. • Reintroduce Safeguarding Link Quarterly Forums once out of Business Continuity. • Improve recording and reporting of learning from safeguarding review and investigation, through the Safeguarding Assurance Group. • Introduce a Part 2 report to the Annual Report detailing safeguarding reviews and investigations undertaken or supported during the year, themes, recommendations, actions and how we have learnt from these processes.
Improving efficiency and effectiveness across safeguarding systems We will provide a way for safeguarding information to be recorded and shared in an efficient and effective way across the Trust.	We will: • Introduce Trust wide safeguarding template to be used by all services. • Improve how child and adult services record and share information about an individual and their group and family relationships, particularly where there are safeguarding issues.

End.

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025															
Title of Report:	2025 Trust Self-Assessment - Humber Teaching NHS Foundation Trust (NHS England Self – Assessment for Placement Providers)															
Author/s:	Gillian Wicks, Head of Medical – Education, Business, & Staffing. Contributors to the completion of this document: • Mel Barnard – Nursing & AHP • Sarah Rockliff - Psychology • Fran Ashton – Social Work • Weeliat Chong - Pharmacy • Dr Soraya Mayet/Dr Doug Ma/Dr Geeta Chitnis/Dr Hannah Sayeed/Dr Mo Qadri – Postgraduate Medical • Dr Renato Merolli/Sarah Chew – Undergraduate Medical • Pete Cook – Learning & OD • John Duncan - EDI • Sadie Milner – Patient Safety • Laura Richmond – 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: <i>Please make any decisions required of Board clear in this section:</i>	Board level sign-off required with approval date. Deadline for final submission to NHS England - 31st October 2025.															
Key Issues within the report:																
Positive Assurances to Provide: • NHS England Provider Self-Assessment Return (SAR) 2025 completed in full for Humber Teaching NHS Foundation Trust in advance of submission deadline. • The Trust is meeting requirements in relation to the quality of healthcare placements for learners. • Set standards are being met which are based on the philosophy of continuous quality improvement, development of action plans, implementation, and evaluation. • The SAR has provided the opportunity to identify and confirm best practice which may be shared within and across organisations by NHS England. • Highlights from national findings will be published on NHS England website outlining national themes and national compliance across		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): • Work ongoing across specialties within the Trust in relation to embedding the Safe Learning Environment Charter (SLEC)														

England against the NHS Education Funding Agreement key performance indicators and the Education Quality Framework standards. • SAR feeds into NHS England 'Multi-Professional Senior Leader Engagement', and 'Monitoring the Learning Environment (MLE)', meetings with the Trust. • During the NHS England Education Senior Leader Engagement Visit on 4th June 2025, the Trust received outstanding feedback, being described as high-performing, exemplary in mental health, and a pleasure to work with. • The Hull York Medical School (HYMS) Quality Visit on 29th April 2025 also resulted in excellent feedback, with no issues or concerns raised.	

Key Risks/Areas of Focus: • None	Decisions Made: • Following Board level sign-off information contained in attached word document will be uploaded to the NHS England portal for final submission.

Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	23/09/25
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

NHS England Self-Assessment for Placement Providers 2025

1.

Introduction

The NHS England Self-Assessment (SA) for Placement Providers is a process by which providers carry out their own quality evaluation against a set of standards. Providers are asked to complete this online form indicating where they have or have not met the standards as set out in the SA. There is the opportunity under most questions to provide comments to support your answer.

Completing the Self-Assessment

- **Your region and trust name has been pre-populated - do not amend this.**
- The SA saves your progress at the end of each page - **click save** and next page button.
- **You can amend/change your responses any time prior to completing the final submission** box in section 12 (click save after any changes).
- Anyone completing any part of the SA can do so using the same link supplied by your regional NHS England Workforce, Training and Education (WT&E) quality team. **Only one person should use the link at any one time.** You must close the weblink for someone else to access the survey to avoid overwriting previous entries.
- **To print the SA**, prior to/after submission, skip through to the last page and use the print button. Only questions with responses will print.
- You can move around the SA without being forced to complete questions/sections before moving to another section. **Save each update even if only partially completed.**
- **All sections are mandatory**, please undertake a final check that every question has been completed prior to submission. If a question/section has not been answered after submission, the SA will be returned to you for completion.
- Where free text comments are available the word or character limits are shown within each question. Where a limit is described as

'characters', this means all letters, numbers, spaces, or other symbols.

- The SA does not support the upload of attachments. If we require any evidence as part of your submission, we will contact you separately after submission.

****This submission should be completed for the whole organisation. It's important that those responsible for each section feed into and contribute to the response.****

Sections of the Self-Assessment

Section 1: Provide details of (up to) 3 challenges within education and training that you would like to share with us.

Section 2: Provide details of (up to) 3 achievements or good practice within education and training that you would like to share with us.

Section 3: Confirm your compliance with the obligations and key performance indicators of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation.

Section 4: Confirm your compliance with the Quality, Library, Reporting Concerns, and Patient Safety training obligations and key performance indicators of the NHS Education Funding Agreement (EFA). This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas feed into this section.

Section 5: Confirm your policies and processes in relation to Equality, Diversity and Inclusion (EDI). This should normally be completed by your placement provider EDI Lead.

Section 6 - 11: Self-assess your compliance against the Education Quality Framework and Standards. Each section must be completed once on behalf of the whole organisation. You are asked to confirm whether you meet the standard for all professions / learner groups or provide further details where you do not meet or partially meet the standard(s). Where you are reporting exceptions, you are asked to provide the professions impacted and a summary of the challenges you face in meeting the standard. There are opportunities to share good practice examples.

Section 12: Final sign-off.

Further Questions

If you have any queries regarding the completion of the SA, please review the FAQ document. If you still require further information, you can contact your regional NHS England (WT&E) Quality team.

Privacy Notice

Our Privacy Notice is available to view [here](#).

Your Privacy: Protected

The Care Act, 2014, outlines our responsibility for securing continuous improvement in the quality of education and training provided for the health and care workforce; and via this continuous improvement in the quality of the health service. As a responsible organisation it is our duty to remind you of your rights under the General Data Protection Regulation (GDPR) Data Protection Act 2018 (DPA). Information pertaining to the Self-Assessment survey is outlined below:

We have commissioned SmartSurvey to process the responses to the survey. Further information on how SmartSurvey will use your data can be found in the [SmartSurvey Privacy Policy](#). The legal basis for processing of your data falls under Article 6(1)(e) of GDPR – Public Task. This survey respects the privacy of those taking part with individual responses kept confidential and stored securely. If a serious concern is identified in the survey, we will disclose personally identifiable information (name, organisation, and email address) to NHS England Quality teams to allow immediate action to be taken. The data provided in the survey will be retained securely by NHS England and SmartSurvey in accordance with organisational Records Management policies.

10. Training profession selection

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

2. Please select from the list below the professional groups which your organisation currently trains. Please select 'yes' or 'no' for each row.

	Yes, we train this professional group	No, we do NOT train this professional group
Advanced Practice	☒	☐
Allied Health Professionals	☒	☐
Dental	☐	☒
Dental Undergraduate	☐	☒
Healthcare Science	☐	☒
Medical Associate Professions	☐	☒
Medicine Postgraduate	☒	☐
Medicine Undergraduate	☒	☐
Midwifery	☐	☒
Nursing	☒	☐
Paramedicine	☒	☐
Pharmacy	☒	☐
Psychological Professions	☒	☐
Social Workers	☒	☐

11. Section 1 - Provider challenges

This section asks you to provide details of up to three challenges related to education and training within training within your organisation. Please consider whether any of the challenges affect your ability to meet the education quality framework standards. For each challenge:

- Select the category that best describes the challenge.
- Provide a brief description of the challenge (up to 300 words, including spaces).
- If you cannot find a suitable category, please select "Other" and begin your narrative by stating the appropriate category.

3. Example 1: Please choose the most appropriate category for your challenge.

- ☐ Apprenticeships
- ☐ Burnout / Wellbeing
- ☒ Culture
- ☐ Curricula / Training Standards
- ☐ Educational Governance & Strategy
- ☐ Equality, Diversity, and Inclusion (EDI)
- ☐ Funding - Requirements / Unpredictability / Timeliness
- ☐ Increase in LTFT / Reasonable Adjustment Requests
- ☐ IT Systems
- ☐ NHS England Issues/ Processes
- ☐ Placement Management / Capacity
- ☐ Supervisors / Educators (investment)
- ☐ Supervisors / Educators (recruitment / retention)
- ☐ Supervisors / Educators (training)
- ☐ Training affected by service pressures (cannot release staff)
- ☐ Training Equipment / Systems
- ☐ Training Space / Facilities
- ☐ Trust Merger or Reconfiguration
- ☐ Workforce Challenges (recruitment / retention)

☐ Other

Please provide a brief description of this challenge in the comments box

The ongoing variation in the skillset and experience of IMG doctors makes for a very heterogenous group to offer contextual and tailored packages of support. Educational and training related support is fairly abundant, however practical support around settling into work life and community / family demands / driving / housing is still challenging.

Some of this has been addressed through our Medical Education Safe Learning Environment Charter Self-Assessment which identified that more resources in terms of social prescribing or signposting to cultural / spiritual/ ethnical groups was required, potentially through linking in with social prescribers in the Trust and gauging what is provided by other Trusts in the region. To address this, we ensured that links were forged with Social Prescribing Service who from August 2025 attend Resident Doctor Induction. They also ensure a visible presence monthly at Postgraduate Teaching and we ensure proactive signposting of IMG trainees to the service.

4. Example 2: Please choose the most appropriate category for your challenge.

- ☐ Apprenticeships
- ☐ Burnout / Wellbeing
- ☐ Culture
- ☐ Curricula / Training Standards
- ☐ Educational Governance & Strategy
- ☐ Equality, Diversity, and Inclusion (EDI)
- ☐ Funding - Requirements / Unpredictability / Timeliness
- ☐ NHS England Issues/ Processes
- ☒ Increase in LTFT / Reasonable Adjustment Requests
- ☐ IT Systems
- ☐ NHS England Issues/ Processes
- ☐ Placement Management / Capacity
- ☐ Supervisors / Educators (investment)
- ☐ Supervisors / Educators (recruitment / retention)
- ☐ Supervisors / Educators (training)

- ☐ Training affected by service pressures (cannot release staff)
- ☐ Training Equipment / Systems
- ☐ Training Space / Facilities
- ☐ Trust Merger or Reconfiguration
- ☐ Workforce Challenges (recruitment / retention)
- ☐ Other

Please provide a brief description of this challenge in the comments box

As a Trust, we have seen an increase in the number of Resident Doctors requiring referral to, and support from, our Occupational Health Department, on issues which have a direct impact on their training. A significant number require workplace adjustment/s. This, in combination with Less Than Full Time (LTFT) training has resulted in a noticeable impact on service provision.

There appears to be a recognisable theme relating to a lower level of emotional resilience in our cohorts of Resident Doctors. This is difficult to address since we are unclear as to the reason for this which makes addressing it in a meaningful way very difficult. The consequence is a generally more fragile Resident Doctor workforce. This may be a consequence of Covid times and the adjustments which were necessary during that period to ensure the continuation of teaching and training.

It is suggested that perhaps national guidance on this topic would be helpful in supporting and advising organisations in how to balance individual wellbeing with the need for resilience, especially given a doctor's career is inherently stressful.

Clinical Psychology:

We are seeing an increase in neurodiversity and other needs from trainees, requiring a range of adaptations to supervision, placement activity, and Occupational Health support needs.

5. Example 3: Please choose the most appropriate category for your challenge.

- ☐ Apprenticeships
- ☐ Burnout / Wellbeing
- ☐ Culture
- ☐ Curricula / Training Standards
- ☐ Educational Governance & Strategy
- ☐ Equality, Diversity, and Inclusion (EDI)
- ☐ Funding - Requirements / Unpredictability / Timeliness

- ☐ Increase in LTFT / Reasonable Adjustment Requests
- ☐ IT Systems
- ☐ NHS England Issues/ Processes
- ☐ Placement Management / Capacity
- ☒ Supervisors / Educators (investment)
- ☐ Supervisors / Educators (recruitment / retention)
- ☐ Supervisors / Educators (training)
- ☐ Training affected by service pressures (cannot release staff)
- ☐ Training Equipment / Systems
- ☐ Training Space / Facilities
- ☐ Trust Merger or Reconfiguration
- ☐ Workforce Challenges (recruitment / retention)
- ☐ Other

Please provide a brief description of this challenge in the comments box

Apprentices - Nursing & AHP apprenticeships are well supported by the Trust executive team and the clinical areas who are passionate about developing support staff to achieve their full potential and go on to have fulfilling careers within the NHS.

The main challenge is the release of staff to undertake the programmes due to no backfill for their current posts, whilst this is slightly easier for those undertaking the Nurse Associate course, it is not the same for the full degree programmes. The lack of backfill puts additional pressure on clinical teams to absorb the salary costs which in turn reduces the number of staff we are able to support at any one time.

Social Work:

Challenges – the main challenge is around ensuring that there are enough suitably experienced and qualified Practice Educators to supervise students and mentors able to oversee trainee Practice Educator's.

Clinical Psychology:

Ongoing issue of accommodating increased trainee placement numbers, with the same sized (or reduced) workforce. We have looked flexibly across the system, including asking clinicians from other professions but this needs to be balanced with demands from those other training pathways as well.

All our supervisors have been flexible and creative with placement provision and supervision, responding both to a wider array of trainee needs, and increased numbers of trainees.

12. Section 2 - Provider achievements and good practice

This section asks you to provide details of up to three achievements related to education and training within training within your organisation. Please consider how the achievements enable your ability to meet the education quality framework standards. For each achievement:

- Select the category that best describes the achievement.
- Provide a brief description of the achievement (up to 300 words, including spaces).
- If you cannot find a suitable category, please select "Other" and begin your narrative by stating the appropriate category.

6. Example 1: Please choose the most appropriate category for your achievement.

- ☐ Collaboration / Partnerships
- ☐ CPD
- ☐ Culture
- ☐ Development of TEL Provision
- ☐ Equality, Diversity, and Inclusion (EDI)
- ☐ Increased SIM for Training
- ☐ Innovative Training / Course Development
- ☐ Learner / Trainee Support or Wellbeing
- ☐ Multi-professional Initiatives
- ☐ New/Improved Strategy or Governance
- ☐ Placement Capacity / Expansion
- ☒ Quality - Improvement Initiatives, response to data, positive feedback
- ☐ Recruitment / Retention Initiatives
- ☐ Supervisors / Educators (investment)
- ☐ Supervisors / Educators (training)
- ☐ Other

Please provide a brief description of this achievement in the comments box

GMC NTS 2024 and 2025 - triple green triple outlier only – both relating to workload:

2024:

Triple green achieved due to excellent support provided to our Resident Doctors by our Clinical Supervisors/Trainers (our Trainers also appear to feel much supported in their roles as the national GMC NTS survey results highlight – 1st in UK).

Support provided to trainees in the workplace by other team members, medical staffing ratio on our units and within our teams.

Due to the number of Resident Doctors, rota commitments are not onerous, hence our doctors tend to have a good work/life balance.

Protected time each week permits Resident Doctors to attend Postgraduate Teaching.

Resident Doctors are supported and encouraged to attend additional development sessions offered by the Medical Education Department throughout the year.

2025:

The Trust achieved triple green outlier for workload for newly qualified Foundation Year 1 doctors. This was achieved by ensuring that workload remained appropriate and by fostering a supportive and well-structured environment. From the outset, clear communication and structured induction allowed new doctors to understand their roles and feel confident in their responsibilities.

The Trust provides a strong emphasis on close supervision, with senior colleague readily available for advice and clinical support. The Foundation Tutor plays a key role in providing consistent guidance, regular check ins, and feedback sessions, ensuring that any concerns about workload or learning needs are addressed promptly.

In addition, the Medical Education Team work collaboratively with Clinical Supervisors and medical workforce to monitor workload and balance protected time for training, development, and clinical duties. This ensures that our Foundation Doctors have adequate opportunities to learn, reflect and build confidence without being overwhelmed by the service demands.

By combining structured supervision, open communication and a culture that prioritises learning and wellbeing, we created an environment where Foundation Doctors can thrive and deliver safe effective care.

7. Example 2: Please choose the most appropriate category for your achievement.

☐ Collaboration / Partnerships

☐ CPD

- ☐ Culture
- ☐ Development of TEL Provision
- ☐ Equality, Diversity, and Inclusion (EDI)
- ☐ Improved Facilities
- ☐ Increased SIM for Training
- ☐ Innovative Training / Course Development
- ☐ Learner / Trainee Support or Wellbeing
- ☐ Multi-professional Initiatives
- ☐ New/Improved Strategy or Governance
- ☐ Placement Capacity / Expansion
- ☒ Quality - Improvement Initiatives, response to data, positive feedback
- ☐ Recruitment / Retention Initiatives
- ☐ Supervisors / Educators (investment)
- ☐ Supervisors / Educators (training)
- ☐ Other

Please provide a brief description of this achievement in the comments box

The Trust prides itself in the consecutive successful delivery of the GP curriculum in the mental health setting, benchmarking green across all associated quality standards.

Checks have been made with the GP curriculum, and the educational offer by Humber is beyond that expected/outlined. GP Training Programme Director/s are happy with the quality of placement delivered and training provided by our Trust.

8. Example 3: Please choose the most appropriate category for your achievement.

- ☐ Collaboration / Partnerships
- ☐ CPD
- ☐ Culture
- ☐ Development of TEL Provision
- ☐ Equality, Diversity, and Inclusion (EDI)
- ☐ Improved Facilities
- ☐ Increased SIM for Training

- ☐ Innovative Training / Course Development
- ☐ Learner / Trainee Support or Wellbeing
- ☐ Multi-professional Initiatives
- ☐ New/Improved Strategy or Governance
- ☐ Placement Capacity / Expansion
- ☒ Quality - Improvement Initiatives, response to data, positive feedback
- ☐ Recruitment / Retention Initiatives
- ☐ Supervisors / Educators (investment)
- ☐ Supervisors / Educators (training)
- ☐ Other

Please provide a brief description of this achievement in the comments box

Multi-professional Initiatives:

The Trust was one of the early implementors of the National Multi-professional Preceptorship Quality Kite Mark and was awarded the mark in August 2025 we were one of the first seven Trusts to initially gain this. This was recognised as a fantastic achievement and a testament to our leadership, commitment, and dedication to delivering high-quality preceptorship for the workforce.

13. Section 3 - Contracting and the NHS Education Funding Agreement

This section asks you to confirm your compliance with the obligations and key performance indicators set out in Schedule 3 of the [NHS Education Funding Agreement \(2024-27\)](#). This section should only be completed once on behalf of the whole organisation. There is an option to provide additional comments to support your answer, this is restricted to 300 words including spaces.

9. Please confirm your compliance with the obligations and key performance indicators set out in Schedule 3 of the NHS Education Funding Agreement (EFA).

This should be completed once on behalf of the whole organisation. Please select only one option for each row.

	Yes	No
There is board level engagement for education and training at this organisation.	☒	☐
The funding provided via the NHS Education Funding Agreement (EFA) to support and deliver education and training is used explicitly for this purpose.	☒	☐
We undertake activity in the NHS EFA which is being delivered through a third party provider.	☐	☒
We or our sub-contractor(s) did not have any	☒	☐

	Yes	No
breaches to report in relation to the requirement of the NHS EFA.		
We are compliant with all applicable requirements of the Data Protection Legislation and with the requirements of Schedule 5 of the NHS EFA.	☒	☐
We did not have any health and safety breaches that involve a learner to report in the last 12 months - Please note that this question pertains exclusively to breaches that have been, or would be, investigated by the Health and Safety Executive.	☒	☐
We facilitate a cross-system and collaborative approach, engaging the ICS for system learning.	☒	☐
We have collaborative relationships	☒	☐

Yes

No

with our stakeholders (e.g. education providers) which provide robust mechanisms to deliver agreed services.

If you selected 'yes' for any of the above, please add comments to support your answer; if you selected 'no' for any of the above, please provide further detail

Board level engagement, education and training:

Dr Kwame Fofie, Executive Medical Director.

Sarah Smyth, Executive Director of Nursing, Allied Health Professions & Social Care Professionals

Karen Phillips Executive Director of People & Organisational Development.

Committee Assurance Report from the Medical Education Committee is drafted by the Director of Medical Education and Head of Medical – Education, Business, & Staffing, following each meeting and fed through to the People & OD Committee (Board sub-committee) via the Executive Medical Director. Insight Reports are also provided bi-annually, presented formally by the DME.

Contract funding provided via the education contract to support and deliver education and training is used explicitly for this purpose. Ring-fenced budget in Medical Education. Senior medical educators sit under the Medical Education management structure and are funded via this budget (Medical Education structure chart available for illustration if required, which clearly demonstrates the funding flow to teaching/training delivery and 2024/25 investment/expansion).

Regular tariff and budget review meetings are held with Senior Trust Finance Managers.

Tariff funding for student placements (nurses & AHP's) is used to support the Practice Education team and is monitored by Trust Finance team.

We are fully compliant with all education and training data request e.g.

- NHS England Education Self-Assessment Report (this report)
- Accountability Reports
- Placement Activity & TNA Employer Activity Return

We continue to attend the following engagement meetings:

- ICS and Leap Programme
- Communication & engagement with all local HEI's
- Preceptorship and Professional Nurse Advocate regional meetings and community of practice

- HYMS Undergraduate Liaison/Clinical Teaching & Learning Board
- Head of School
- Monitoring the Learning Environment
- Senior Leader Engagement

10. Please provide the name and email address of the board named individual responsible for education and training.

Name

Karen Phillips

Email Address

karen.phillips40@nhs.net

11. Signature

☒

I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical Education & Medical Directorate Business,
gillian.wicks@nhs.net

14. Section 4 - Education Quality

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to confirm your compliance with the quality, library, reporting concerns and patient safety training obligations and key performance indicators of the [NHS Education Funding Agreement \(EFA\)](#). This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas are able to feed into this section. There is an option to provide additional comments to support your answer, this is restricted to 300 words including spaces.

12. Please select only one option for each row.

Can you confirm as a provider that you...

	Yes	No	N/A
Are aware of the requirements and process for an education quality intervention, including who is required to attend.	☒	☐	☐
Are reporting and engaging with the requirements and process to escalate issues, in line with NHS England's education concerns process.	☒	☐	☐
Have developed and implemented a service improvement plan to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services.	☒	☐	☐
Actively promote, to all learners, use of the national clinical decision support tool funded by NHS England (https://access.bmjgroup.com/nhse/)?	☒	☐	☐
Have a Freedom to Speak Up Guardian who actively promotes the process for raising concerns through them to their learners.	☒	☐	☐
Have a Guardian of Safe Working (if postgraduate doctors in training are being trained) who actively promotes the process for raising concerns through them to their learners.	☒	☐	☐

If you selected 'yes' for any of the above, please add comments to support your answer; if you selected 'no' for any of the above, please provide further detail

Guardian of Safe Working (GoSW) communicates freely with Resident Doctors and meets with the group on a regular basis, established 'open door' culture. The GoSW attends the Medical Education Committee (MEC) and DME meetings, they also chair the Resident Doctor Committee and contribute to Resident Doctor Clinical Induction at every rotation. Resident Doctor Forum (RDF) Chair/s also hold a seat on MEC to allow issues to be raised, considered, escalated.

Service improvement plan has been developed and implemented to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services (KLS) by our provider, Hull University Teaching Hospitals NHS Trust who have developed and implemented a KLS service improvement plan agreed with the Knowledge and Library Services Development Manager for the North.

Trust has a Freedom to Speak Up Guardian, plus speak up champions. Process for raising concerns is clearly communicated across the Trust through various media. Freedom to Speak Up Strategy, Policy, and contacts, clearly accessible on the Trust intranet. Seven Freedom to Speak Up Ambassadors have been appointed across each of the organisational Division's, including Medical.

13. In the last 12 months, has your organisation been referred to a regulator for concerns relating to education and training (GMC, GDC, HCPC, NMC, or other relevant regulatory bodies, with or without conditions imposed)?

Note: we are not seeking information about the referral of an individual learner.

☒ No - We have not been referred to a regulator

☐ Yes - We have been referred to a regulator

☐ I am not aware whether the organisation has been referred to a regulator.

If yes, please provide more details (including the regulator, profession and a brief description)

N/A

14. Please rate your organisation's status on actively implementing and embedding the [Safe Learning Environment Charter \(SLEC\)](https://www.england.nhs.uk/long-read/safe-learning-environment-charter/) multi-professionally.

<https://www.england.nhs.uk/long-read/safe-learning-environment-charter/>

- ☐ Fully Implemented
- ☒ Partially Implemented
- ☐ Not Yet Started to Implement

15. Have you reviewed, at Board Level, and where appropriate, taken action on the outcome of the results of 2024's National Education and Training Survey (NETS).

- ☒ Yes
- ☐ No

Please provide a brief description of the action you have taken as a result, if 'no' please provide further details including your plans to use the NETS data for quality improvement activity in the future:

Medical:

As is routine practice at Humber, a deep dive into NETS data has been completed by the Director of Medical Education (DME), Foundation Tutor, College Tutor, Higher Training Tutor, and Head of Medical – Education, Business, & Staffing. This allows us to identify any areas of potential concern as well as highlighting areas of good practice.

Data is reviewed through the following course of action:

- Focus Groups and 1:1 sessions held with Resident Doctors by Head of Medical – Education, Business, & Staffing. and Foundation/College/Higher Tutor/s.
- Separate IMG Focus Groups held if required, and action plan developed.

The governance and assurance of this workstream sits with the Medical Education Committee (MEC) for medical students and doctors in training. Survey results are fed through this meeting, and subsequently to the People & OD Committee (Board sub-committee). A Medical Education update is also provided to the Executive Medical Director on a regular basis to form part of his Board update.

Outside of NETS we take responsibility as a Trust for ensuring we complete regular 'temperature checks' with our learners e.g. mid and end placement reviews with year 3 medical students. We also engage freely with our Resident Doctors, the

DME and Head of Medical – Education, Business, & Staffing, regularly attend the Resident Doctor Forum.

16. 2025's NETS will be open between 7 October 2025 and 2 December 2025. How will your organisation increase their NETS response rate for 2025?

We strongly encourage our learners to engage with the NETS and actively send out targeted emails to all learners including Resident Doctors, nursing and AHP students.

We also circulate the link and communications piece via Trust global.

This is also raised at Practice Education meetings as an agenda item and advertised via Resident Doctor Forum (RDF) as well as being highlighted at Medical Education Committee, Training Committee, DME meetings and other suitable forums.

Any publicity materials available regionally and/or nationally are used to advertise e.g. email banners, Microsoft Teams backgrounds etc.

Nursing & AHP:

We will again publicise NETS through global communications, all practice placement facilitators will have the information and link on their email address and MS teams background. Link will be sent out to all our student & educator forums. All nursing & AHP, Social Work students on placement with the Trust at the time of the survey will be sent the link.

17. Patient Safety and the promotion of a Patient Safety culture is integral to the Education Quality Framework. Please provide the following information:

Name and email address of your Board representative for Patient Safety

Sarah Smythe, Exec Director of Nursing, Allied Health and Social Care Professionals. sarah.smyth4@nhs.net

Name and email address of your non-executive director representative for Patient Safety

Philip Earnshaw, phillip.earnshaw1@nhs.net

Name and email address
of your Patient Safety
Specialist/s

Sadie Milner, Sadie.milner@nhs.net

What percentage of your
staff have completed the
patient safety training for
level 1 within the
organisation (%)

Data as of 19th June 2025:
Patient Safety Level 1 (Board) 100%
Patient Safety Level 1 (mandatory) 98.71%

18. Signature

☒ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical – Education, Business, & Staffing,
gillian.wicks@nhs.net

Sadie Milner, Patient Safety & Practice Development Lead, sadie.milner@nhs.net

15. Section 5 - Equality, Diversity and Inclusion

This section asks about your policies and processes in relation to equality, diversity and inclusion (EDI). We recommend that this section should be completed by your nominated EDI lead or equivalent. There is an option to provide additional comments to support your answer, this is restricted to 300 words including spaces.

19. Does your organisation have an Equality, Diversity and Inclusion Lead (or equivalent):

☒ Yes

☐ No

If 'yes' please provide the name and email address of your EDI lead for education and training, if 'no' please provide further detail.

John Duncan, Workforce Equality, Diversity and Inclusion Partner

john.duncan6@nhs.net

20. Please select only one option for each row.

Does your organisation:

Yes

No

Ensure reporting mechanisms and data collection take learners into account?

☒

☐

Implement reasonable adjustments for learners with a disability?

☒

☐

Ensure policies and procedures do not negatively impact learners who may have a protected characteristic(s)?

☒

☐

	Yes	No
Ensure international graduates (including international medical graduates) receive a specific induction into your organisation?	☒	☐
Ensure policies and processes are in place to manage with discriminatory behaviour from patients?	☒	☐
Ensure a policy is in place to manage sexual harassment in the workplace?	☒	☐
Have initiatives to support reporting of sexual harassment?	☒	☐
Confirm it has signed up to the NHS England Sexual Safety in Healthcare - Organisational Charter	☒	☐
Have a designated sexual safety lead, such as a Domestic Abuse and Sexual Violence (DASV) lead?	☒	☐

If you selected 'yes' for any of the above, please add comments to support your answer; if you selected 'no' for any of the above, please provide further detail

The Trust has longstanding mechanisms for data collection for all staff, it also has an improving trend on analysis reporting, such as the Workforce Race Equality Standard, the Workforce Disability Equality Standard and the Gender Pay gap.

We have introduced two initiatives to address discriminatory behaviours:

- Respect Campaign
- No Excuse for Abuse which is specifically designed to address abuse from patients towards staff.

Similarly, we have recently implemented a Sexual Misconduct Policy, with designated leads, and a Sexual Safety Working Group with an associated action plan.

21. How does your organisation manage sexual harassment reports?

Sexual harassment is dealt with under a new Sexual Misconduct Policy, with a working group overseeing an action plan to embed the policy across the organisation.

All forms of bullying, harassment and discrimination are dealt with in line with the Trust's policies and procedures. These policies were recently refreshed.

The Trust has several methods for reporting incidents, including line managers, Freedom to Speak up Guardian, HR Operations, and the Report It email inbox, part of our Respect campaign, which features physical posters addressing sexual harassment in the workplace.

22. Postgraduate Deans and their teams are keen to consider responses and initiatives and share good practice. Please share examples of EDI initiatives or successes that are specific to or have an impact on education and training in your organisation. Please include the email address for someone we can contact to discuss this further.

Max 1000 words

NHS England EDI Best Practice Case Study - In May, NHS England interviewed the Trust's EDI Lead to develop a Best Practice Case Study regarding the Trust's approach to implementing the NHS England EDI Improvement Plan, specifically high-impact action one, which addresses EDI objectives for the Board and high-impact action six, which addresses bullying and harassment for racially diverse groups.

In June, our EDI Lead presented at the Using data to inform strategic board objectives (HIA1/6) Shared Learning Event. Ninety NHS colleagues attended the online session, and the case study has been made available on the NHS Futures platform - Humber Teaching NHS Foundation Trust: Using data to inform strategic board objectives Case Study - Equality, Diversity and Inclusion - Futures

Respect - The objective of the original Respect campaign, launched in November 2023, was in response to anecdotal feedback from our staff networks, with the key aim of increasing the reporting of bullying and harassment among staff. This has subsequently become business as usual in reporting. Our 2024 survey results show that the most statistically significant improvement (+6.89%) is for the question 'the last time I or a colleague received bullying, harassment or discrimination, I or a colleague reported it'. As such, we can see the impact of our work on Respect in the staff survey, where we have addressed under-reporting and driven up the reporting of these incidents.

No Excuse for Abuse - In December 2024, the Trust launched the No Excuse for Abuse Framework toolkit. This was widely consulted with stakeholders and designed to support managers and staff when subjected to abuse by service users in their care. Since its launch, the toolkit was recognised as the QI Charter of the Month in December 2024 and has subsequently been reviewed and endorsed by UNISON, which found it to be comprehensive and proactive. We are adding their logo to associated posters and documentation.

Race Equity Training - Starting in March 2025, the team at Black Thrive Global facilitated two virtual sessions on race equity for ward staff and executives.

This training is designed to support our staff in understanding, actioning, and embedding the Culture of Care's (CoC) Anti-racism Guiding Principle in our wards. It demonstrates how the Patient and Carer Race Equality Framework (PCREF) connects with the Culture of Care programme, transforming service access, experience, and outcomes for culturally and ethnically diverse service users and staff.

Ward managers, the EDI Lead, and the PCREF Lead attended the training in March. Further training took place in May, and several of our executives attended training tailored to senior leaders later in the year. This supports executive leaders in showcasing inpatient service improvements that meet PCREF requirements while implementing the CoC's race equity principle.

Act Against Racism Charter - The Trust has met the Royal Society of Psychiatrists' Act Against Racism Charter. The campaign provides a framework of 15 actions for Trusts to address racism, developed with Medical Directors, the NHS Race and Health Observatory, and experts. The Executive Medical Director leads the initiative, supported by our EDI Lead. The Board receives regular updates through a biannual EDI assurance report.

Changes in staff composition - Through EDI workstreams, including a deep dive analysis of recruitment by area through an EDI lens and initiatives aimed at reducing 'unspecified' entries in equality data within ESR, the Trust has seen a year-on-year improvement in workforce representation.

Ethnically diverse representation increased from 3.5% in 2019 to 8.99% in March 2025. Furthermore, our previous analysis of WRES data identified barriers to the representation of ethnically diverse staff in clinical and non-clinical roles at Band 7 and above. Over the past 12 months, we have seen a 14% improvement in this representation.

Similarly, we have seen a 20% improvement in the representation of disabled staff in clinical and non-clinical roles at band 8c and above, as well as an increase in disability representation across the workforce, with year-on-year improvements since 2019. The figure stood at 3.9% in 2019, rising to 10.05% as of March 2025.

NHS England EDI Improvement Plan - All HR managers have an EDI objective as part of their appraisals for this window. Similarly, in line with NHS England's EDI Improvement Plan, all EMT and Board members now have an EDI objective as part of their appraisals, again to ensure that the board are fully engaged with our EDI workstreams.

Reciprocal Mentoring Pilot Programme - The EDI Lead is working with the Culture & Workforce Project Lead, Mental Health, Learning Disabilities and Autism Sector Collaborative on the development of a systemwide Humber and North Yorkshire Reciprocal Mentoring Pilot programme, with the pilot planned for launch in the autumn.

John Duncan, Workforce EDI Partner – john.duncan6@nhs.net

23. Please select the most appropriate categories for the examples of EDI good practice or initiatives you shared above. Please select all that apply.

☐ Awards

☒ Awareness raising

☒ Data (Equality monitoring, Increasing

disclosure, Improving data sets, Data for decision making)

☒ Development Programmes (Career Development, Comprehensive programs, Mentoring, Coaching)	☐ Employer engagement, outreach, and partnership (Partnerships with HEIs and community groups, Provider events for staff, Community events)	☐ Funding
☒ Improving staff experience (Staff networks, Affinity Groups, Listening sessions, Facilities)	☐ Learning resources or tools	☒ Organisational review or assessment of EDI
☐ Recruitment	☒ Strategies, policies, or processes	☒ Training (Mandatory, Non-mandatory, Skills development)

24. For education and training, what are the main challenges for EDI in your organisation?

Max 1000 words

The organisation is committed to fostering a positive and inclusive environment.

While WRES and WDES data show performance above average and better than most in the system, the Trust is dedicated to enhancing staff experiences. To address challenges such as bullying, harassment, or discrimination, particularly for staff from ethnically diverse backgrounds or those with disabilities, the Trust launched the Respect campaign to promote a culture of respect among staff and the No Excuse for Abuse Framework toolkit to address inappropriate behaviour by patients, carers, and service users.

The Respect campaign and No Excuse for Abuse Framework aim to create a safer, more supportive workplace by addressing inappropriate behaviour and promoting inclusivity. These initiatives are part of the Trust's broader strategy to ensure all staff feel valued, respected, and empowered to contribute to the organisation's success. The EDI Lead is booked to present at the Preceptorship conference in November to discuss these initiatives.

25. Signature

- ☒ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

John Duncan, Humber Teaching NHS Foundation Trust, Workforce Equality, Diversity and Inclusion Partner – john.duncan6@nhs.net

16. Section 6 - Assurance Reporting: learning environment and culture

For each standard, please confirm whether you meet the following standards from the [Education Quality Framework](#). There is an option to provide additional comments to support your answer. This is restricted to 300 words, including spaces, per text box. **This section should be completed once on behalf of the whole organisation**, however it is important that those responsible for these areas are able to feed into this section.

26. Quality Framework Domain 1 - Learning environment and culture

Please select whether you meet the standard or have exceptions to report for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
The learning environment is one in which education and training is valued and championed.	☒	☐
The learning environment is inclusive and supportive for learners of all backgrounds	☒	☐

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
and from all professional groups.		
The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.	☒	☐
There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.	☒	☐
Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.	☒	☐
The environment is one that ensures the safety of all staff, including learners on placement.	☒	☐

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.	☒	☐
The environment is sensitive to both the diversity of learners and the population the organisation serves.	☒	☐
There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence led practice activities and research and innovation.	☒	☐
There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	☒	☐

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to knowledge and library specialists.	☒	☐
The learning environment in my organisation promotes human-centred and dynamic multi-professional learning opportunities (See "Guidance for Providers" p11).	☒	☐
The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	☒	☐
The learning environment provides opportunities for	☒	☐

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

learners to
apply for
flexibility within
their
placements.

It is Trust policy ☒ ☐
for Learners to
apply for
flexibility within
their
placements.

27. For the exceptions selected in the previous question, please select which professional group(s) are impacted from the list below. Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

☐ All professions	☐ Site specific	☐ Dental Postgraduate
☐ Dental Undergraduate	☐ Medicine Postgraduate	☐ Nursing
☐ Midwifery	☐ Allied Health Professionals	☐ Pharmacy
☐ Paramedicine	☐ Medical Associate Professions	☐ Advanced Practice
☐ Psychological Professions	☐ Healthcare Science	☐ Medicine Undergraduate
☐ Social Workers		

Please provide the details of the sub professions/specific specialities (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

28. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from NHS England Workforce, Training and Education.

N/A

29. We are keen to hear about initiatives and good practice related to the learning environment and culture of your organisation, that are specific to or have an impact on education and training. If you would like to share any examples, please provide:

- **A brief description of the initiative/good practice**
- **The professional group(s) this relates**
- **The email address for someone we can contact to discuss this example further**

(max 1000 words)

Medical – Undergraduate:

In response to our Safe Learning Environment Charter Self-Assessment in Medical Education, we introduced pastoral care 'clinics' for our medical students (year 3 in particular). All students now have open access to these 'Think it Out Loud' clinics which are led by our Nurse Lead for Medical Education.

Clinics have been operational for 1 full academic year. They offer our medical students a safe place to talk, either face to face or via MS Teams, about any concerns/worries that they may have both related to their studies and personal wellbeing. This clinic has been utilised by a number of students with differing needs, from a one-off session to weekly sessions. Through this clinic it was recognised that one student in particular required additional support and a referral was made to the medical school (HYMS) for mental health support.

Students are informed about the clinic during the welcome meeting to their mental health rotation, it is then added into their timetable as an optional extra. The clinic was devised as a means of offering additional mental health and wellbeing support building upon the close relationship between the Lead Nurse and students.

Students who have used the clinic have commented positively on the usefulness and ease of having a space/person to go to. Students who have not used it have also fed back that if they needed to, they would be confident and happy to contact the clinic.

This initiative has been positively endorsed by HYMS we have shared the concept across the locality as example of good practice.

Sarah Chew, Nurse Lead – Medical Education sarahchew@nhs.net

Medical – Postgraduate:

Monthly meeting between Training Programme Director, College Tutor, Psychotherapy Tutor and Addictions Tutor to triangulate trainees in difficulty, identify any academic issues, or ARCP competence issues ahead of time to form a remediation plan.

Humber is also delivering internal Mock CASC for local trainees - it has been very successful and worthwhile endeavour to prepare Resident Doctors for their MRCPsych exams. It is led by our Higher Trainees who have recently completed the exam themselves and therefore very familiar with the latest exam formats and potential stations.

Dr Doug Ma, College Tutor, doug.ma@nhs.net

Social Work:

Good practice – a number of Trust social workers support with teaching on mental health modules at University of Hull.

The Trust is member of the Humber Teaching Social Work Partnership with works with course providers and other employers of social workers in the region.

Fran Ashton, Head of Social Work/PSW, fran.ashton@nhs.net

30. Signature

☒ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical – Education, Business, & Staffing,
gillian.wicks@nhs.net

17. Section 7 - Assurance Reporting: educational governance and commitment to quality

For each standard, please confirm whether the you meet the following standards from the [Education Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 300 words per text box. **This section should be completed once on behalf of the whole organisation**, however it is important that those responsible for these areas are able to feed into this section.

31. Quality Framework Domain 2 - Educational governance and commitment to quality

Please select whether you meet the standard or have exceptions to report for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.	☒	☐
There is active engagement and ownership of equality, diversity and inclusion in education and	☒	☐

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
training at a senior level.		
The governance arrangements promote fairness in education and training and challenge discrimination.	X	
Education and training issues are fed into, considered and represented at the most senior level of decision making.	X	
The provider can demonstrate how educational resources (including financial) are allocated and used.	X	
Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of	X	

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
education and training.		
There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.	☒	☐
Consideration is given to the potential impact on education and training of service changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including WT&E and Education Providers).	☒	☐

32. For the exceptions selected in the previous question, please select which professional group(s) are impacted from the list below. Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

☐ All professions	☐ Site specific	☐ Dental Postgraduate
☐ Dental Undergraduate	☐ Medicine Postgraduate	☐ Nursing
☐ Midwifery	☐ Allied Health Professionals	☐ Pharmacy
☐ Paramedicine	☐ Medical Associate Professions	☐ Advanced Practice
☐ Psychological Professions	☐ Healthcare Science	☐ Medicine Undergraduate
☐ Social Workers		

Please provide the details of the sub professions/specific specialities (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

33. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

34. We are keen to hear about initiatives and good practice related to the educational governance and commitment to quality in your organisation, that are specific to or have an impact on education and training. If you would like to share any examples, please provide:

- **A brief description of the initiative/good practice**
- **The professional group(s) this relates**
- **The email address for someone we can contact to discuss this example further**

(max 1000 words)

Medical:

We have a robust educational governance arrangement in place via the Medical Education Committee which reports into the Trust People & OD Committee (sub-committee of the Trust Board). To increase the variety of perspectives, we have enhanced our MEC membership through the engagement of a medical student representative, this allows effective, constructive input which has the ability to influence strategic thinking and long-term decision making.

A Medical Education Insight Report is submitted to the People and OD Committee bi-annually and presented in person by the DME.

The Director of Medical Education has oversight of exception reports (no training issues identified).

We continue to ensure our Resident Doctors are seen to be, and feel they are, contributing to medical education and to the Trust, and feel valued, supported, and encouraged to thrive and develop. This can be evidenced through our GMC NTS and NETS survey outcome data. Many recruited and retained, 5 Higher Trainees returned to Humber, several returned as consultants – positive trajectory forecast for consultant recruitment 2025-2027. Some of the positive success has arisen from the implementation of Annual Career Discussions held jointly by the Executive Medical Director, Higher Training Tutor, and Head of Medical – Education, Business, and Staffing, with ST5 and ST6 on placement at Humber.

Run jointly by Medical Education and Medical Staffing, we deliver a well-established induction programme, departmental orientations, initial Clinical Supervisor (CS) meetings with discussion on PSPDP and, as and when required, meeting between CS/ES/College Tutor to ensure trainees are appropriately supported in placement.

Gillian Wicks, Head of Medical – Education, Business, & Staffing
gillian.wicks@nhs.net

Dr Doug Ma, College Tutor, doug.ma@nhs.net

35. Signature

- ☒ confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical – Education, Business, & Staffing
gillian.wicks@nhs.net

18. Section 8 - Assurance Reporting: developing and supporting learners

For each standard, please confirm whether you meet the following standards from the [Education Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 300 words per text box (excluding good practice). This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

36. Quality Framework Domain 3 - Developing and supporting learners

Please select whether you meet the standard or have exceptions to report for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	☒	☐
The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to	☒	☐

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
protected characteristics.		
Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	X	
Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.	X	
Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	X	
Learners are supported to complete appropriate summative and/or formative assessments to	X	

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.		
Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.	X	☐
Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.	X	☐
Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	X	☐
Learners are supported, and developed, to	X	☐

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

undertake
supervision
responsibilities
with more junior
staff as
appropriate.

Learners are
encouraged to
access
resources to
support their
physical and
mental health
and wellbeing
as a critical
foundation for
effective
learning.

☒
☐

37. For the exceptions selected in the previous question, please select which professional group(s) are impacted from the list below. Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

☐ All professions

☐ Site specific

☐ Dental
Undergraduate

☐ Dental Postgraduate

☐ Medicine Postgraduate

☐ Nursing

☐ Midwifery

☐ Allied Health
Professionals

☐ Pharmacy

☐ Paramedicine

☐ Medical Associate
Professions

☐ Advanced Practice

☐ Psychological
Professions

☐ Healthcare Science

☐ Medicine
Undergraduate

☐ Social Workers

Please provide the details of the sub professions/specific specialities (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

38. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

39. We are keen to hear about initiatives and good practice related to how you develop and support learners within your organisation, that are specific to or have an impact on education and training. If you would like to share any examples, please provide:

- **A brief description of the initiative/good practice**
- **The professional group(s) this relates**
- **The email address for someone we can contact to discuss this example further**

(max 1000 words)

Medical:

Senior medical educators within our Medical Education Department proactively encourage Resident Doctors of all grades to take up responsibilities beyond basic ARCP requirements. This includes mentorship roles and undergraduate tutor roles (several of our Resident Doctors hold the title of HYMS Honorary Lecturer). Leadership opportunities are also offered and supported e.g. Resident Doctor Committee Chair, IMG Champion.

We have a mentoring scheme in place, where senior trainees/Resident Doctors coach and provide pastoral advice, to newcomers entering psychiatry training. This is working well with a structure which ensures appropriate allocation of mentors/mentees and scope around regularity and purpose of meetings.

Humber has also launched several unique training courses to develop staff, many of which local Resident Doctors have signed up to, including, but not limited to, Edward Jenner Course (medical leadership).

We also encourage our medical students to develop their leadership skills whilst on placement with us. This year we will actively encourage a student from each cohort to act as medical student rep, they will gather feedback, insight, and intelligence from their peers, this information will flow through to the Medical Education Committee Student Rep to feedback through the MEC governance structure.

Gillian Wicks, Head of Medical – Education, Business, and Staffing
gillian.wicks@nhs.net

Dr Doug Ma, College Tutor, doug.ma@nhs.net

40. Signature

☒ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical - Education & Business & Staffing,
gillian.wicks@nhs.net

19. Section 9 - Assurance reporting: developing and supporting supervisors

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the [Education Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box (excluding good practice). This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

41. Quality Framework Domain 4 - Developing and supporting supervisors and educators

Please select whether you meet the standard or have exceptions to report for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
Formally recognised supervisors and educators are appropriately supported with <u>protected time</u> in job plans/ job descriptions, to undertake their roles.	☒	☐
Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and	☒	☐

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
expectations of partner organisations (e.g. Education Provider, WT&E).		
Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	☒	☐
Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	☒	☐
Clinical supervisors and educators are supported to understand the education, training and any other support	☒	☐

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

needs of their
learners

Supervisor and
Educator
performance is
assessed
through
appraisals or
other
appropriate
mechanisms,
with
constructive
feedback and
support
provided for
continued
professional
development
and role
progression
and/or when
they may be
experiencing
difficulties and
challenges.

☒☐

Supervisors and
educators can
easily access
resources to
support their
physical and
mental health
and wellbeing.

☒☐

42. For the exceptions selected in the previous question, please select which professional group(s) are impacted from the list below. Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

☐ All professions

☐ Site specific

☐ Dental
Undergraduate

☐ Dental Postgraduate	☐ Medicine Postgraduate	☐ Nursing
☐ Midwifery	☐ Allied Health Professionals	☐ Pharmacy
☐ Paramedicine	☐ Medical Associate Professions	☐ Advanced Practice
☐ Psychological Professions	☐ Healthcare Science	☐ Medicine Undergraduate
☐ Social Workers		

Please provide the details of the sub professions/specific specialities (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

43. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

44. Please confirm your organisation ensures educators/supervisors have formal development to undertake this role.

☒ Yes

☐ No

If 'yes' please add comments to support your answer, if 'no' please provide further detail:

We have had an active Training Committee for many years which feeds into the Medical Education Committee, which in turn feeds into the People & OD Committee (sub committee of Trust Board). In November 2025 we will be transitioning the existing Training Committee, and modernising, to form a new bi-annual 'Training Committee & CPD Forum'.

This committee and forum is open to all Clinical and Educational Supervisors with a core focus on development and ongoing educational CPD, this fits well with the new GMC process. Our Training & CPD forum will cover essential topics twice a year, and our doctors can also attend the deanery max course offerings.

All of our educators/supervisors are actively signposted to the full spectrum of courses available through MaxCourse.

Every Wednesday morning is protected teaching time, our postgraduate teaching programme is open to doctors of all grades in the Trust, attendance and engagement is good.

We also offer an annual events/CPD programme, 2024/25 delivered:

- GMC Good Medical Practice Update/s
- Relational Prescribing
- Appraisal Forum (with GMC involvement)
- Sleep Lecture
- Wellbeing Session – 'Build your Health and Wellbeing'
- HM Coroner and Hull Medical Examiner Service
- "The Future of Psychiatric Education" (RCPsych)
- Health Inequalities Session
- Annual Medical Education Conference – 'CAMHS 2025: Collaboration, Innovation, & Hope'

45. Which of the following statements best describes how distributed funds are allocated for defined educator and education activities in your organisation.

- ☒ All funding is tracked and reported (to the accountable officer) as being directly spent on educators and education activities.
- ☐ Over 75% of the funding is tracked and reported as being directly spent on educators and education activities.
- ☐ Between 50-75% of the funding is tracked and reported as being directly spent on educators and education activities.
- ☐ Less than 50% of the funding is tracked and reported as being directly spent on educators and education activities.
- ☐ The funding for educators is not currently tracked and reported.

46. What approaches are used to ensure educators across all professions consistently use protected time set aside for their educational duties?

- ☐ We have a formal scheduling system and leadership to support and prioritise protected educator time.
- ☒ Educators manage their own schedules without formal oversight.
- ☐ Protected time is offered but often redirected to clinical or administrative duties.
- ☐ There is no consistent approach to supporting access to protected educator time across all professions.

47. Do you hold a record of educators in your organisation?

- ☒ Yes, for all professions
- ☐ Yes, for some professions
- ☐ No

48. Please provide the name and e-mail address(es) of Senior Educator(s) or Educator Leaders responsible or accountable for education and training for professions below as appropriate.

We would like to use the data to:

- Share region-specific data with the Educator Workforce Programme regional leads, to enable them to build their networks of educator leaders.
- Share profession-specific data with the national professional leads, to enable them to build their networks of educator leaders, anticipated by cascade to regional leads.
- Enable the cascade of communication on the educator workforce programme via these key stakeholders.

	Allied Health Professionals	Medical	Non-clinical	Nursing and Midwifery	Pharmacy
Name(s)	Melanie Barnard	Dr Soraya Mayet	Pete Cook	Melanie Barnard	Weeliat Chong
Email Address(es)	melanie.barnard@nhs.net	s.mayet@nhs.net	pete.cook@nhs.net	melanie.barnard@nhs.net	weeliat.chong@nhs.net

Comment:

Social Work:
Fran Ashton fran.ashton@nhs.net

Psychology:
Sarah Rockliff s.rockliff@nhs.net

49. We are keen to hear about initiatives and good practice related to how you develop and support supervisors within your organisation, that are specific to or have an impact on education and training. If you would like to share any examples, please provide:

- **A brief description of the initiative/good practice**
- **The professional group(s) this relates**
- **The email address for someone we can contact to discuss this example further**

(max 1000 words)

See above response to Q.44.

Due to the Trust's investment in the Medical Education Team, we have been able to develop an invaluable administrative team and Medical Education structure. Any new workshops or training opportunities for furthering our supervisor's skillset are always disseminated to our full cohort of trainers/tutors, and aspiring trainers/tutors. This ensures skills, knowledge, qualifications are appropriately refreshed and up to date. This information is held centrally in the Medical Education Department by the Postgraduate and Undergraduate Programme Leads.

50. Signature

☒ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Gillian Wicks, Head of Medical – Education, Business & Staffing
gillian.wicks@nhs.net

20. Section 10 - Assurance reporting: delivering programmes and curricula

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the [Education Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box (excluding good practice). This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

51. Quality Framework Domain 5 - Delivering programmes and curricula

Please select whether you meet the standard or have exceptions to report for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	☒	☐
Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	☒	☐
Placement providers collaborate with professional bodies, curriculum/	☒	☐

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.		
Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	X	☐
The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	X	☐
Timetables, rotas and	X	☐

We meet the standard
for all professions / learner
groups we train

We have exceptions to report
and provided narrative below

workload enable
learners to
attend planned/
timetabled
education
sessions
needed to meet
curriculum
requirements.

52. For the exceptions selected in the previous question, please select which professional group(s) are impacted from the list below. Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

☐ All professions	☐ Site specific	☐ Dental Postgraduate
☐ Dental Undergraduate	☐ Medicine Postgraduate	☐ Nursing
☐ Midwifery	☐ Allied Health Professionals	☐ Pharmacy
☐ Paramedicine	☐ Medical Associate Professions	☐ Advanced Practice
☐ Psychological Professions	☐ Healthcare Science	☐ Medicine Undergraduate
☐ Social Workers		

Please provide the details of the sub professions/specific specialties (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

53. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are

impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

54. We are keen to hear about initiatives and good practice related to the delivery of programmes and curricula in your organisation, that are specific to or have an impact on education and training. If you would like to share any examples, please provide:

- **A brief description of the initiative/good practice**
- **The professional group(s) this relates**
- **The email address for someone we can contact to discuss this example further**

(max 1000 words)

Postgraduate medical education:

We have developed and delivered an interesting, sustainable, and evolving undergraduate and postgraduate medical education and events programme, which meets curriculum and GMC requirements, supports tutors, trainers, students, and trainees, provides new insights, enhances thinking and further development. This includes a bespoke teaching programme for Foundation Doctors which has been developed and implemented by a Higher Trainee with a special interest in medical education.

Through the Medical Education Department we offer internal Mock CASC for local trainees - it has been a very successful and worthwhile endeavour which is instrumental in preparing Resident Doctors for their MRCPsych exams. It also has the additional benefit of being led and ran by our Higher Trainees who themselves, have recently completed the exam and are therefore more in touch with the latest exam formats and potential stations.

Undergraduate Medical Education:

We have worked closely with HYMS to modernise, and simplify, timetables for undergraduate medical students through the implementation and roll-out of Outlook 365 for rota administration and management. This has reduced duplication.

Our undergraduate medical education team works collaboratively with our medical school (HYMS) Psychiatry Society (PsychSoc), jointly we have developed a mentorship programme for medical students with a keen interest in pursuing a career in Psychiatry. We have a number of Resident Doctors (Core and Higher) who have taken on the role of mentor. This programme commenced in August/September 2025 and will be fully evaluated at the end of this academic year.

55. Signature

☒ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Dr Doug Ma, College Tutor & IMG Lead, doug.ma@nhs.net

Gillian Wicks, Head of Medical – Education, Business, & Staffing
gillian.wicks@nhs.net

21. Section 11 - Assurance reporting: developing a sustainable workforce

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the [Education Quality Framework](#). There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box (excluding good practice). This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

56. Quality Framework Domain 6 - Developing a sustainable workforce

Please select whether you meet the standard or have exceptions to report for each row.

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	☒	☐
Learners in my organisation are well supported to learn using modern methods and technologies.	☒	☐
Does the provider provide opportunities for learners to receive appropriate careers advice from colleagues.	☒	☐

	We meet the standard for all professions / learner groups we train	We have exceptions to report and provided narrative below
The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	☒	☐
Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	☒	☐

57. For the exceptions selected in the previous question, please select which professional group(s) are impacted from the list below. Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box. If required you can add the details of the sub professions / specific specialties in the comments box.

☐ All professions	☐ Site specific	☐ Dental
☐ Dental Undergraduate	☐ Medicine Postgraduate	☐ Nursing
☐ Midwifery	☐ Allied Health Professionals	☐ Pharmacy

☐ Paramedicine

☐ Medical Associate
Professions

☐ Advanced Practice

☐ Psychological
Professions

☐ Healthcare Science

☐ Medicine
Undergraduate

☐ Social Workers

Please provide the details of the sub professions/specific specialities (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

N/A

58. For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

N/A

Career discussions - We have implemented a series of individual career discussions with all ST5 and ST 6 Higher Trainees, involving the Executive Medical Director, Higher Training Tutor, and Head of Medical Education. Group and 1:1 interview (AAC) development sessions have also been implemented by the Higher Training Tutor. This encourages our trainees to start thinking about their future consultant career and allows us to provide support, advice, and guidance to enable them to do so. We actively work with our Higher Trainees to encourage them to think about, and plan 'Acting-Up'. This enables our 'grow our own' approach and is providing beneficial in terms of recruitment, our conversion rate of Higher Trainees to Consultants is good.

We actively participate in regional Higher Trainee Speed Dating events, our Trust is well represented, we adopt a peer approach and engage current Higher Trainees in the delivery from Humber. We also ensure a number of senior colleagues from the Trust are present, this includes our Higher Training Tutor, DME, Executive Medical Director. We have evidence that this approach does enhance medical recruitment.

As a Trust we have recently increased our investment in our SAS doctors and have appointed a new SAS Tutor, this post now sits under the Medical Education Department, managed by the DME and the Executive Medical Director. The budget has increased to 1PA and is protected. This will allow us to focus more intensively on the development needs of our SAS Doctor workforce, maximising potential, and expanding the breadth of opportunity.

As described previously every Wednesday morning is protected teaching time, our postgraduate teaching programme is open to doctors of all grades in the Trust, attendance and engagement is good. We also offer an annual events/CPD programme.

We have a plethora of opportunities open to our Resident Doctors who are encouraged and supported to develop their leadership and management skills, lead on Quality Improvement Programmes, develop mentorships, engage in teaching and training.

59. How would you rate your organisation's awareness of evidence-based principles for modernising healthcare education?

- **Modern evidence-based education ensures that healthcare learning is effective, inclusive, and aligned with real-world impact. Modern healthcare demands collaborative, person-centred care that is supported by equally collaborative and inclusive education environments.**
- **These questions ask you to reflect on how well your organisation enables learners to engage with contemporary educational approaches, such as hybrid, digital, immersive and AI-assisted tools. It considers**

whether learners feel equipped and supported to navigate these methods in ways that enhance their practice and professional growth.

- ☐ Highly aware and actively applying them
- ☒ Aware but not consistently applying them
- ☐ Somewhat aware
- ☐ Minimally aware
- ☐ Not aware at all

Please add comments to support your answer.

We have consistently applied a hybrid model of working and teaching across the Trust which the majority of staff now feel very familiar, and comfortable with. We have also delivered teaching sessions such as Mock CASC to Resident Doctors, and Simulated Patient sessions for medical students, remotely when necessary, however the face-to-face model of delivery is preferable.

Many medical educators have lots of knowledge of research in medical education and new techniques and technologies, however this is not consistent.

Additional work to train more staff on innovations would be useful, however, for medical staff, this would require careful job planning. Additionally, many techniques now require extra funding to implement e.g. simulation training, which is difficult, without capital investment.

60. To what extent do you agree or disagree with this statement: My organisation actively addresses barriers to modernising healthcare education (e.g., technological, cultural, structural).

- ☐ Strongly Agree
- ☒ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please add comments to support your answer.

Humber Teaching NHS Foundation Trust does address barriers to modernising healthcare education. We look at ways to improve the experience of the learner and the educators, using a variety of resources. However, additional support, training, and investment with regards to technological advances and equipment would be beneficial.

IMG:

Our Medical Education Department has invested significantly in developing structures which support our IMG colleagues, this includes a mentorship scheme (where senior trainees coach and provide pastoral advice). In October 2024 we successfully delivered our first IMG conference, the focus of which was to raise awareness and offer training on the NHS framework, communication skills, and cultural barriers, amongst other salient topics of interest in everyday practice. This was well attended, and feedback was excellent.

Several years ago, we appointed a very proactive Consultant to the role of IMG Champion, we also developed a Resident Doctor IMG Lead post, both report into the Medical Education Committee and keep issues relating to our IMG colleagues relevant.

We have forged strong links with the Social Prescribing Service in order to provide additional support since 65-70% of our Resident Doctors are International Medical Graduates who have never lived, or worked, in the UK, until they land in the country to take up a post with us. They require a lot of support and guidance around such as housing, childcare, schools, how to register with a doctor/dentist, public transport etc. This was established following our Safe Learning Environment Charter (SLEC) Self-Assessment.

61. We are keen to hear about initiatives and good practice related to developing a sustainable workforce within your organisation, that are specific to or have an impact on education and training. If you would like to share any examples, please provide:

- **A brief description of the initiative/good practice**
- **The professional group(s) this relates**
- **The email address for someone we can contact to discuss this example further**

(max 1000 words)

Medical:

We have a range of healthcare initiatives to support our postgraduate doctors in training and postgraduate Consultant and SAS doctors. To support all doctors, we have an excellent postgraduate medical teaching programme, with weekly Wednesday morning teaching, where all doctors can attend face to face along with joining online via hybrid links. We have a complementary medical education events programme which has special events, and an annual medical education conference to support the continuous professional development of the doctors.

We have a comprehensive programme of supervision for our postgraduate doctors in training to support and enable them to learn in complex clinical environments.

We have increased the numbers of medical educators who are able to supervise and support postgraduate doctors in training. We have increased the capacity by approximately 30% which has enhanced the skills of our medical workforce, along with ensuring that we have a skilled workforce to support and train our doctors of the future.

We support medical educators with specific roles, which are job planned to ensure that medical education takes a priority and does not impact on health and wellbeing.

Dr Soraya Mayet, Director of Medical Education, smayet@nhs.net

Trust wide Learning & Organisational Development - Learning Hubs Initiative:

We are streamlining training expectations to free up staff time for continuing professional development (CPD) in their chosen areas. Our mandated training has grown cumbersome over time, as compliance was maintained by repeating specialist modules without evidence that this generated a more effective workforce.

In line with the NHSE movement to reform statutory and mandatory training, we have undertaken a local review of Trust-mandated training. This has released nearly 9500 hours of staff time, which can now be redirected into connecting with their responsibilities and becoming more effective in their roles.

Staff feedback has told us that navigating training systems and self-selecting CPD modules is often clunky and not worth the time investment. In response, we are removing barriers and introducing our first range of Learning Hubs. These hubs, built around high-level topic areas, bring together subject matter experts to curate collections of events, resources, and literature into accessible packs. They are designed for all staff, regardless of role or level of experience.

Our pilot Neurodiversity Hub has already generated strong interest, and we are now developing further hubs for Leadership and Management, Older People's Mental Health, Business and Administration, and Safeguarding. These hubs allow staff to elect their own learning pathways and spend more time developing, rather than searching for, their next opportunity.

For more information, please contact Pete Cook, Head of Learning & Development, pete.cook@nhs.net.

62. Signature

- ☒ I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Dr Doug Ma, College Tutor & IMG Lead, doug.ma@nhs.net

Gillian Wicks, Head of Medical – Education, Business, & Staffing
gillian.wicks@nhs.net

22. Section 12 - Final Submission

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

Before completing your final submission please ensure you have:

1. Completed all questions within the Self-Assessment (including the free text sections)
2. Received Board level sign off for your submission

63. Board level sign-off (Premises, Learning Environment, Facilities, and Equipment)

- ☒ I confirm that our premises, learning environments, facilities and equipment are: suitable for the performance of the Services; accessible, safe and secure; comply with any applicable Health and Safety Legislation, any other Applicable Law, Guidance, appropriate risk management clinical guidance, good healthcare practice and the requirements of any relevant Regulator; and are sufficient to enable the Services to be provided at all times and, in all respects, in accordance with the NHS Education Funding Agreement.

64. Board level sign-off

- ☐ I confirm that the responses in this SA have been signed off at board level
Name, email address and role of Board representative for education and training

65. Please confirm the date that board level sign off was received:

*

66. Final Submission (please only tick this box when you ready to submit your self-assessment)

- ☐ I confirm that all sections of this self-assessment have been completed and that this is the final version for submission

23. Thank you for your time

Thank you for your time on the NHS England Self-Assessment for Placement Providers

You can continue to update this self-assessment using the link supplied to your by your regional NHS England WT&E education quality team.

If you would like to print a version of your draft submission at any time, please use the print button on the next page (note that you will only print those sections currently completed)

Once you have completed all sections in full of this self-assessment please ensure that you complete section 12 final submission and tick the box Complete Submission. At which point your final response will be sent to your regional NHS England WT&E education quality team.

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025															
Title of Report:	Freedom to Speak Up Guardian's Annual Report 2024/25															
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: <i>Please make any decisions required of Board clear in this section:</i>	To present the Freedom to Speak Up Annual Report 2024/25 for ratification by the Trust Board.															
Key Issues within the report:																
Positive Assurances to Provide: - Significant assurance received from internal audit – all recommendations completed. - Increased scores from the staff survey 24/25 results on focussed questions regarding raising a concern.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Preparations for October speak up month. - Annual review of resources for speak up. - Implementation of actions for 25/26.														
Key Risks/Areas of Focus: - The continued recruitment of speaking up ambassadors across the Trust divisions. - Increasing take up of Level 2 and Level 3 training.		Decisions Made: N/A														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee	August 2025												
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail)													

Monitoring and assurance framework summary:

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

Freedom to Speak up Guardian's Annual Report – 2024/25

This report provides an update to the Board regarding Freedom to Speak Up, including concerns raised, emerging themes, improvement activities and developments.

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

The Chief Executive is the Trust's Executive Lead for speaking up. The Board of Directors has a designated Non-Executive Director Lead for speaking up who is Dean Royles.

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

A recent internal audit has been undertaken to review the Trust's procedure and processes in managing speak up concerns. The outcome received was "significant assurance" with some recommendations. All of the recommendations have now been completed.

Board Leadership and Oversight

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

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

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

The Trust Board have met to review the National Guardian's Office Reflection and Planning Tool.

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

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

Four key areas were identified as priorities: -

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

Training for Staff

All Trust staff are now required to complete Level 1 National Guardian's Office Speak Up training. All new staff receive information on speaking up at induction. We have received positive feedback from new staff on this training and how important it is for new staff to understand that the Trust encourages staff to speak up and understand the routes available for them to do this. The Trust had set a target of 85% and has achieved 96.02%.

Level 2 and Level 3 NGO Speak Up training are available as part of the Trust's training programmes. We continue to encourage our managers to complete these through communication routes and there has been an increase in the numbers completing these.

Number of Speak Up Concerns Received from 1 April 2024 until 31 March 2025

During the period 1 April 2024 until 31 March 2025 - 31 speak up concerns were received through the speak up processes.

This is a decrease in the number of staff raising concerns through speak up compared to 2023/24 when 39 speak up concerns were received. It is important to note that in some instances, a number of staff have contacted the Guardian to raise similar concerns in the same area. We continue to raise the profile of speaking up through the Trust's communication channels, our ambassadors and by attending team meetings.

During the period 1 April 2024 – 31 March 2025, there were no independent investigations commissioned.

There were 3 Trust investigations commissioned, overseen by the Deputy Chief Operating Officer. These were in relation to the concerns raised in the following areas: Children and Young People, Learning Disabilities Team and Mental Health Services.

Number of Speak Up Concerns Received

2020/21	24
2021/22	27
2022/23	23
2023/24	39
2024/25	31

Types of Concerns

During 2024/25 the speak up concerns raised were in relation to: -

- Staff seeking support for issues relating to their own terms and conditions, these staff are signposted to the HR team for support and advice. The introduction of the Trust's Respect campaign has also helped to reduce the number of staff contacting the Guardian.
- Medication management.
- Patient safety
- Allegations of bullying and harassment.
- Staffing levels – due to sickness and vacancies.
- Increase in falls.
- Patient acuity and complexity.
- Visibility of senior staff.
- Team working.
- Relationships with line managers.
- Waiting list management.

Outcomes

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

- Concerns were raised regarding the risk levels of children being managed within a team. An audit was undertaken of referrals and as a result, a number of children were transferred to the CAMHS service to access a more appropriate service.
- Concerns were raised regarding the low use of risk registers in a specific team. Further training was completed with the team.
- Concerns were raised in a mental health team regarding high levels of activity, high vacancies and sickness. As a result of this, following a review the referral and allocation model was changed due to patient safety concerns and patients waiting for assessment. Patients were allocated across the team to appropriate care coordinators based on patient need and staff capacity.

Concerns received by Division

	2021/22	2022/23	2023/24	2024/25
Children's & Learning Disability Services	8	2	12	6
Community & Primary Care Services	3	3	3	9
Corporate Services	4	3	2	0
Forensic Services	1	0	1	0
Mental Health Services	11	15	21	16
TOTAL	27	23	39	31

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

Staff Groups reporting concerns

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

Operational Oversight

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

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

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

As a result of concerns being raised, action plans have been put in place for a number of areas with close scrutiny by the senior operational leads. This includes concerns raised in the Learning Disabilities and Children's, Mental Health and Community Divisions.

Raising Awareness of the Freedom to Speak up Guardian

Role and Function

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

Feedback from Staff

Gathering feedback from staff is an important measure to understand staff's experience of speaking up. An anonymous questionnaire is sent to staff to complete to gain feedback and gather equality and diversity information.

"I was taken seriously and felt listened to it was very reassuring".

"I am very pleased in the manner the Guardian handled my matter."

"I felt no adverse effects of speaking up and I finally had my concerns listened to after being unable to do this through regular channels."

"I have recommended to others."

Who is raising concerns through speak up processes?

Staff raising concerns through speak up are encouraged to complete the anonymous questionnaire and encouraged to complete the equality and diversity monitoring form. The response has been limited with 6 responses but has shown the following:-

- No staff raised concerns under 20 years old or over 65 years old.
- 5 staff identified as White English and 1 staff Black/British Africa
- In all cases English was the individual's main language.
- The majority of staff identified as Christian or preferred not to say.
- One staff member identified that they had a disability.
- Five staff members identified as female.

During 25/26 we will continue to encourage staff to complete the questionnaire and equality and diversity categories. This will help us to identify where there are potential barriers to staff raising concerns.

We will also be attending the Trust's networks to raise awareness of speaking up.

Staff Survey

The recent staff survey results for 24/25 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.

Staff Survey Results 24/25

Question	National	Humber	Benchmark
Confident that their organisation would address their concern	49.52%	60.93% 23/24: 59.54%	54.93%
Feel safe to speak up about anything that concerns them	61.82%	70.95 23/24 70.25%	66.58%

***The score from 23/24 is also included.**

Internal Audit Outcome

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

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

Board Self Assessment

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

Ambassadors

There are currently 6 speak up ambassadors working across the Trust's divisions. The ambassadors meet together on a bi-monthly basis with the Guardian and have also met with the Chief Executive. During October 2024 speak up month, the ambassadors met with the Trust Board.

Staff have fed back that they find it useful to have ambassadors for speak up who are known to them and working within the service areas. The ambassadors have visited team meetings to raise the profile of speak up.

Plans for 25/26

- Introduction of a new contact form to improve monitoring from initial raising of concerns to providing feedback on outcomes and follow up.
- Review of timescales and use of patient complaint's policy to introduce expected timescales from raising a concern to reporting the outcome.
- Further focus on feedback and response rates to questionnaire including monitoring on equality and diversity.
- Continue ambassador recruitment programme.
- Appointment of a Deputy Freedom to Speak Up Guardian.
- Participation in the national Speak Up month in October.
- To increase the number of staff completing Level 2 and 3 speak up training.
- Annual Board self assessment to be completed.
- Annual Review of resources available for speak up by the Executive Management Team.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	'A framework of quality assurance for responsible officers and revalidation' Annex A - Annual Board Report and Statement of Compliance														
Author/s:	Dr Kwame Fofie, Executive Medical Director & Responsible Officer Dr Srikanth Sajja, Appraisal Lead Gillian Wicks, Head of Medical – Education, Business & Staffing Jane Lloyd, Appraisal & Revalidation Officer														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss													
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The report summaries activity relating to appraisal and revalidation processes for 2024/25. This framework ensures that designated bodies (such as Humber Teaching NHS Foundation Trust) and Responsible Officers (ROs) meet their statutory duties under the Medical Profession (Responsible Officers) Regulations and the GMC's revalidation requirements. Board assurance is both essential and required to ensure that revalidation and the statutory responsibilities of Responsible Officers are being delivered effectively, safely, and in accordance with regulatory standards. It underpins good governance, supports quality improvement, and protects patients by ensuring that doctors are well supported and held to appropriate standards of professional practice. The Board/Executive Management Team is requested to receive this report and to: • Note that the report will be shared with the Tier 2 Responsible Officer, NHS England. • Note the Statement of Compliance confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This report will be signed by the Chief Executive or Chairman of Humber Teaching NHS Foundation Trust as required by NHS England and ensures that the Board/Executive Management Team have reviewed the content and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).														
Key Issues within the report:															

Positive Assurances to Provide:

- The Medical Revalidation Team will continue to:
 - Deliver regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses to include new appraiser training and appraiser refresher training.
 - Seek to train and recruit additional appraisers to ensure the Appraisal and Revalidation procedure remains impartial, effective, and compliant.
 - Ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers.
 - Maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.
 - To continue to maintain networking and support our doctors to maintain professional standards as recommended by Good Medical Practice (GMP) 2024.
 - To agree and implement reciprocal peer review process in collaboration with colleagues at Cumbria Northumberland Tyne and Wear Mental Health Trust.
 - Engage medical staff in Freedom to Speak Up Forums which will also include our Consultant Freedom to Speak Up Ambassador.
 - The Medical Agency Locum-Recruitment and Compliance Checklist has been enhanced
 - Continue to work with the Trust EDI Lead to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.
 - Continue to maintain networking and support our doctors to maintain professional standards as recommended by GMP 2024.
 - Maintain good practice.

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

- Work has commenced to engage with a partner NHS Trust to agree and implement a robust external peer review process and continuous evaluation of our revalidation process.

Key Risks/Areas of Focus:

- There are no matters of concern or key risks to escalate.

Decisions Made:

- No further significant new actions, simply retention of existing actions which mainly relate to maintenance, standards of good practice and compliance with policy and quality assurance process.

Governance:

Please indicate which committee or group

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	

this paper has previously been presented to:	Finance Committee		Executive Management Team	9/9/2025
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Annex A

Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, through their Higher Level Responsible Officer, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

Section 1 – Qualitative/narrative

Section 2 – Metrics

Section 3 - Summary and conclusion

Section 4 - Statement of compliance

Section 1 Qualitative/narrative

All statements in this section require yes/no answers, however the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to provide concise narrative responses

Reporting period 1 April – 31 March

1A – General

The board/executive management team of:

can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes	The Revalidation Team continues to attend updates/refresher training as part of the RO Network 2024/2025.
Action from last year:	No new actions for 2024/2025 – Retained action to continue to attend any updates/refresher training as part of the RO Network.

Comments:	In full compliance with the regulations, Dr Kwame Opoku-Fofie is the designated Responsible Officer (from 1 st November 2023), he has completed all necessary training for his role and is also a member of the Regional Responsible Officers network. Dr Opoku-Fofie is compliant in relation to his own revalidation and appraisal.
Action for next year:	No new actions for 2025/2026 – Retained action to continue to attend any updates/refresher training as part of the RO Network.

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes	The designated body provides sufficient funds, capacity and other resources for the RO to carry out the responsibilities of the role.
Action from last year:	Continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of the role fully.
Comments:	The Appraisal Lead was appointed in April 2018; the post holder receives 1PA remuneration for the role. The Appraisal Lead and Responsible Officer are supported by a part time Revalidation Officer and by the Head of Medical – Education, Business and Staffing. The Trust currently has 10 trained appraisers. This ensures that all doctors receive an annual appraisal (where appropriate). The L2P system is fully embedded in the Trust this system supports doctors to collect all required and supporting information for appraisal and ensures sufficient time to participate in annual appraisal effectively.
Action for next year:	Retained Action – To continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of his role fully.

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Yes	
Action from last year:	To continue to update and maintain information systems as necessary.
Comments:	The L2P system is fully embedded in the Trust and this system is used effectively to manage appraisals and record appraisal compliance (including engagement/completion of 360 multisource appraisals),

	individual doctors' details in relation to their continuing professional development (CPD), preparation for, and completion of, appraisal and any issues or concerns raised during the appraisal process. The system also hosts a medical educator's module available to all doctors and medical educators in the Trust. This system, and information contained within the system, is maintained by the Revalidation Officer. The record of licensed medical professionals held with the L2P system is regularly cross-checked/validated with the record of licensed medical practitioners held on GMC Connect.
Action for next year:	Retained action – Continue to update and maintain information systems as necessary.

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Yes	
Action from last year:	Undertake full, formal review of the Trust Medical Revalidation and Appraisal Policy.
Comments:	Full, formal, review of the Trust Medical Revalidation and Appraisal Policy was undertaken and completed in March 2023. The Trust Medical Revalidation and Appraisal Policy is designed to incorporate the principles outlined in the NHS England Revalidation Policy, National Guidance, and guidance with the GMC. This policy also complies with equality and diversity legislation.
Action for next year	Amend policy if required, in line with any changes to the Trust and national guidance. Formal Policy review required by March 2026.

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Yes	
Action from last year:	To progress dialogue with potential partner organisation to allow a joint process to be agreed and established for external peer review.
Comments:	Dialogue commenced with Deputy Medical Director/Revalidation and Medical Development, Cumbria Northumberland Tyne and Wear Mental Health Foundation Trust with regards to establishing a reciprocal peer

	review process. An initial discussion was held on 31/7/2025 and a potential plan agreed.
Action for next year:	To agree and implement reciprocal peer review process in collaboration with colleagues at Cumbria Northumberland Tyne and Wear Mental Health Foundation Trust.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Yes	
Action from last year:	The Trust will continue to request that all long-term locums provide confirmation that they have had a necessary appraisal and continue sharing their appraisals with the Trust. Information sharing process relating to the Agency Locum doctor's appraisal between both Responsible Officers will be reviewed.
Comments:	All doctors employed by the Trust on either a substantive or fixed term basis are expected to comply with the local Medical and National Revalidation Policy. Short term doctors are treated in the same way as permanent medical staff in relation to expectations about appraisal and revalidation. Agency Locum doctors (not employed by the Trust but working in the Trust) are supported to meet their CPD requirements and attend the weekly Postgraduate Teaching Programme and peer group meetings, however, their responsible officer requirement sits with their agency Responsible Officer. It is requested that Locum Doctors share with the Revalidation Team their most recent appraisal in PDF Format. All agency locums are required to comply with the NHSE Information Flows guidance. Routine information, in the form of the doctors most recent appraisal, should be supplied by the doctor to the Trust. Also, anything of note will be expected to flow from doctors RO to the Trust RO and vice versa. This is routine information as required by the Trust to enhance patient safety, ensure good governance, and maintain good practice and will also support the doctor. The Medical Agency Locum-Recruitment and Compliance Checklist has been enhanced. This stipulates the requirement for the Trust to receive information such as, agency locum's revalidation date and the requirement to be provided with a copy of the last two years appraisal.
Action for next year	Implementation of the Medical Agency Locum-Recruitment and Compliance Checklist. The Trust will continue to request that all long-term locums will confirm that they have had a necessary appraisal and continue sharing their appraisals with the Trust. Appraisal Lead to meet with new agency doctors to discuss the process.

1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Yes	
Action from last year:	To maintain existing standards to comply with Medical Revalidation and Appraisal Policy. The external peer review process will be used to provide quality assurance.
Comments:	The 'Good Medical Practice' model has been implemented. A Good Medical Practice update was delivered by a GMC representative to all Trust doctors in January 2025. The Trust also welcomed the GMC ELA to the Appraisal Forum in March 2025 at which a Good Medical Practice update was also provided. We continue to use the appraisal 2022 longer version that was brought in during the Covid-19 pandemic. The Trust Appraisal Lead delivered a 4th Appraisal Forum in March 2025, to all appraisees and appraisers in the Trust. The Responsible Officer delivered an update, and a full appraisal lead session was held. GMC Employer Liaison Advisor and Responsible Officer Relations and Employer and GMC Interaction regarding revalidation issues were discussed. In compliance with the local 'Medical Revalidation and Appraisal' Policy all doctors, prior to their appraisal are provided with pertinent information from the Risk Management Department relating to Serious Incidents (SI's)/significant events/clinical incidents and complaints in which they have been named. The focus is mainly on discussion in the appraisal meeting even if there is minimum supporting information submitted by the appraisee. This information is included within the appraisal and reviewed by the appraiser.
Action for next year:	To maintain existing standards to comply with Medical Revalidation and Appraisal Policy.

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

No	
Action from last year:	N/A
Comments:	Not applicable – see response to Question 1b above.
Action for next year:	N/A

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Yes	
Action from last year:	Next formal policy review is due by March 2026 however, it is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.
Comments:	The Trust Medical Revalidation and Appraisal Policy is designed to incorporate the principles outlined in the NHS England Revalidation Policy, national guidance, and guidance from the GMC. The policy is reviewed and updated at specified intervals, or intermittently as required. All medical policies are ratified through the Local Negotiating Committee (LNC) and signed off by the Executive Management Team (EMT).
Action for next year:	Next formal policy review is due by March 2026; however, it is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.

1B(iv) Our organisation has the necessary number of trained appraisers¹ to carry out timely annual medical appraisals for all its licensed medical practitioners.

Yes	

¹ While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

Action from last year:	Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers
Comments:	Medical Appraisers are recruited and selected by the Trust in accordance with national guidance. The Trust currently has 9 trained appointed appraisers to meet need and has recently trained an additional appraiser that will bring the total to 10. However, there is an ongoing need to recruit appraisers to fill the gaps when some appraisers are unable to continue in their appraiser role due to various reasons. This meets need and ensures that all doctors receive an annual appraisal (where appropriate) in a timely manner. A continuous recruitment plan is in situ. Appraiser allocation takes place on an annual basis; this is led by the Appraisal Lead and ensures adequate notice for Appraisees.
Action for next year:	Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers.

1B(v) Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements ([Quality Assurance of Medical Appraisers](#) or equivalent).

Yes	
Action from last year:	Retained action - Continue to maintain and expand on existing good practice. An Appraisal Forum will be arranged in 2024/2025. Appraiser refresher training and new appraiser training will also be continued.
Comments:	RO, Appraisal Lead, Head of Medical - Education Business and Staffing and Revalidation Officer regularly attend regional network meetings and disseminate relevant information through local appraiser forums to facilitate personal development of the appraisers and maintain the standards of the appraisal process. All medical appraisers have completed a suitable training programme delivered in-house by the Appraisal Lead before undertaking any appraisals. All Appraisers have access to medical leadership and support from the Appraisal Lead and RO, and the Trust operates a regular Appraiser meeting which allows peer review and learning to take place. There is a system in place to obtain feedback for Appraisers on the appraisal process; the Appraisal Lead facilitates this process and gives the feedback to the appraisers. The Trust Appraisal Lead delivered a 4 th Appraisal Forum in March 2025, at which the Responsible Officer delivered an update, and a full appraisal lead session was held. GMC Employer Liaison Advisor and Responsible Officer Relations and Employer and GMC Interactions were discussed.

	The Trust Appraisal Lead has devised the training session for new appraisees for their first appraisal and also has been providing a training session for the new appraisers.
Action for next year:	Retained action - Continue to maintain and expand on existing good practice. An Appraisal Forum will be arranged in 2025/26. Appraiser refresher training, new appraiser training and training for new Trust employed doctors for their first appraisals will also be continued.

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Yes	
Action from last year:	Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.
Comments:	The Trust Appraisal Lead delivered a 4 th Appraisal Forum in March 2025 addressing the issues related to complying with quality assurance process by conducting the appropriate audits, surveys and forums, when necessary, this includes giving regular feedback to appraisers and discussing the audit process in the appraisal forum, sharing the findings with appraisers and appraisees.
Action for next year:	Retained action - Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Yes	
Action from last year:	Continue to maintain standards of good practice and remain compliant.
Comments:	The RO makes timely recommendations to the GMC as required in line with protocol. The RO ensures that the Trust Board are informed/advised of any late or missed recommendations with an explanation and reasons for any deferral submissions.

Action for next year:	Retained action - Continue to maintain standards of good practice and remain compliant.

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Yes	
Action from last year:	Continue to maintain standards of good practice.
Comments:	All recommendations made to the GMC are confirmed in a timely manner with the doctor along with the reason/s for the recommendation. Discussion is held with individual doctor/s before the submission of a recommendation as required.
Action for next year:	Retained action - Continue to maintain standards of good practice.

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Yes	
Action from last year:	No actions for 2023/24 as no changes were anticipated.
Comments:	For appraisal doctors are routinely provided with information regarding complaints, SI's, etc. in which they have been named and a reflection is included in the appraisal. The Responsible Officer has quarterly booked meetings with the employer liaison adviser (ELA) from the GMC which discusses ongoing developments and challenges.

Action for next year:	No changes anticipated for 2025/26.

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

Yes	
Action from last year:	No actions for 2024/25 as no changes were anticipated.
Comments:	For appraisal doctors are routinely provided with information regarding complaints, SI's, etc. in which they have been named, and a reflection is included in the appraisal. The Responsible Officer has quarterly booked meetings with the employer liaison adviser (ELA) from the GMC which discusses ongoing developments and challenges.
Action for next year:	No changes anticipated for 2025/26.

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Yes	
Action from last year:	An external peer review will be conducted in the next 12 months to provide assurance with regard to the quality of Trust appraisal processes and documentation.
Comments:	The performance of all doctors is monitored as part of the annual job planning process the coordination of which now sits under the management of Revalidation and Appraisal Officer. Systems are in place to monitor the fitness to practice of doctors working in the Trust. Relevant information is also shared with other organisations in which a doctor works, where necessary. The Trust also has a system in place to link complaints, SI's, incidents etc. to individual doctors and appraisees are provided with this information for appraisal. Appraisal reviews and re-audits have been completed by the Appraisal Lead in the Trust. This will be expanded moving forward to include peer review. Dialogue commenced with Deputy Medical Director/Revalidation and Medical Development, Cumbria Northumberland Tyne and Wear Mental Health Foundation Trust with regards to establishing a reciprocal peer

	review process. An initial discussion was held on 31/7/2025 and a potential plan agreed.
Action for next year:	To maintain existing standards and implement a reciprocal peer review process with Cumbria Northumberland Tyne and Wear Mental Health Foundation Trust

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns [policy](#) that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Yes	
Action from last year:	Next formal review of the Medical Revalidation and Appraisal Policy is due March 2026 It is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.
Comments:	The local Medical Disciplinary Policy is in line with, and based on, Maintaining High Professional Standards in the Modern NHS (MHPS). This policy outlines the process by which to respond to concerns relating to fitness to practice and includes process arrangements for investigation and intervention for capability, conduct, health and fitness to practice concerns. The policy has been ratified through the Local Negotiating Committee (LNC) and by Executive Management Team (EMT). Links with the PPA are well established, and regular meetings take place between the Medical Director and the GMC Employer Liaison Adviser (ELA). Trust policy ensures there is a formal procedure in place which allows colleagues to raise concerns. Following audit and scrutiny the local policy was reviewed and updated. The final document was ratified through the Local Negotiating Committee (LNC) and Executive Management Team (EMT).
Action for next year:	Retained action – Next formal review of the Medical Revalidation and Appraisal Policy is due March 2026. It is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Yes	

Action from last year:	Continue to maintain existing standards or practice
Comments:	In relation to concerns relating to a doctor/s the Medical Director provides regular report to the Trust Board detailing information, concerns, types of concern and outcome. Consideration of protected characteristics of the doctors is reviewed by the HR Department and presented at various trust committees such as Workforce and OD committee.
Action for next year:	Retained action – Continue to maintain existing standards of practice.

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with [appropriate governance responsibility](#)) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Yes	
Action from last year:	Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners).
Comments:	All Consultant and SAS doctor appointments are subject to pre-employment checks in line with the NHS Employment Check Standards. As part of these checks the Trust insists on a sharing of the doctor's appraisal history and portfolio from the previous RO and the completion of transfer of appraisal information form (MPIT form). All conditional employment offer letters request that the prospective employee provides contact details of their RO. In the case of Agency doctors, feedback is provided to their RO in the form of an exit form once their placement with the Trust ends.
Action for next year:	Retained action - Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners)

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref [GMC governance handbook](#)).

Yes	
Action from last year:	No action from 2024/25
Comments:	The Medical Revalidation and Appraisal Policy and the Disciplinary policy and other Trust policies are subject to Equality Impact Assessment (EIA). Policies contain the right of appeal where relevant. Advice on cases relating practice concerns is discussed with the Practitioner Performance Advice (PPA) and with the GMC ELA as required and in line with policy.
Action for next year:	No action for 2025/2026

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Yes	
Action from last year:	No action from 2024/25
Comments:	The Responsible Officer attends various committees to share information from national reviews, reports and enquiries, and integrates these into the organisation's policies, procedures and culture. To share learning with the medics. The Trust are signatories of the NHS England Sexual Safety Charter with a working group established to develop a sexual safety action plan that aims to improve sexual safety across the Trust. The sexual safety lead is the Trust's Head of Safeguarding. In November 2023, the Trust launched the 'Respect' campaign which was designed to drive up reporting of incidents of bullying and harassment, including sexual harassment. Since the launch, we have seen a significant increase in referrals from staff which demonstrates that we are creating a safe space for reporting of all incidents of bullying and harassment. The Trust launched the No Excuse for Abuse toolkit, that has been produced in consultation with stakeholders, which is designed provide

	clarity and consistency around how to support and address abuse towards staff by patients in their care. The Trust have signed up to the Act Against Racism Charter from the Royal College of Psychiatrists, the Executive Medical Director leads on this with the EDI Lead coordinating. The Charter has 15 aims, and progress on these domains are reported to the Trusts Executive Management team EMT every quarter as part of quarterly EDI assurance reporting.
Action for next year:	Maintaining good practice.

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

Action from last year:	No action from 2024/25
Comments:	Our doctors actively engage with local clinical governance systems, and we have 100% compliance with annual medical appraisal. GMP 2024 standards are embedded in our local appraisal system and Appraisal Forums are in place to share learning, support and develop our medical workforce. Peer groups are in place in all specialties across the Trust, our doctors are supported and encouraged to attend. We have a healthy medical study leave budget and actively encourage our doctors to engage in CPD activities. This is further enhanced by the local postgraduate medical education programme offered to all of our doctors, who have protected time to attend on a weekly basis. As a Trust we commit to promoting equal opportunity and fairness standards. We aim for our doctors to work in an environment which is free from discrimination, in which they are respected and valued.
Action for next year:	To continue to ensure principles of new GMP2024 standards are embedded in our local appraisal system and software.

1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Yes	
Action from last year:	Maintain compliance and standards of good practice.
Comments:	All Trust doctor appointments, substantive or temporary, are made in line with the NHS Employment Check Standards, this includes checks relating to qualifications and experience, reference checks (including information relating to local investigations and management of concerns), identity and right to work checks, etc. GMC registration is also verified and GMC information relating to fitness to practice, conditions/restrictions/ revalidation and doctor history is checked. A Disclosure and Barring Service (DBS) check is conducted for new starters. All checks as listed are checked and verified for agency doctors through the Tempre system before the medic commences employment within the Trust. The Medical Agency Locum-Recruitment and Compliance Checklist has been enhanced. This stipulates the requirement for the Trust to receive information such as, agency locum's revalidation date and the requirement to be provided with a copy of the last two years appraisal.
Action for next year:	Retained action – Maintain compliance and standards of good practice.

1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Yes	
Action from last year:	No action from 2023/24
Comments:	We have substantially expanded our local postgraduate Psychiatry training scheme. Our recent GMC National Training Survey (NTS) has highlighted excellent trainer feedback, ranking our Trust 2nd in the UK in this area (1st in 2023/24). NHS England Education also confirmed no reports of bullying or undermining by doctors in training. We have increased our number of medical educators and have developed a range of senior medical educator roles within our medical education structure. Recruitment and retention in these posts is excellent. We embrace the NHS England Workforce Educator Strategy in Medical Education. We have also proactively completed a self-assessment against the NHS England Safe Learning Environment Charter. Our doctors regularly take part in training and development, we have a very strong, active Medical Education Department which develops a programme of events annually, content influenced by our own medical workforce. We have a healthy medical education budget. We engage in the NHS England and our local Medical School (Hull York Medical School) Quality Assurance Process. Feedback from both engagement visits in 2024/25 was excellent.
Action for next year:	Continue to maintain standards of good practice.

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Yes	
Action from last year:	No action from 2023/24
Comments:	The Trust has embedded values-based recruitment and refreshed our policies on bullying, harassment and discrimination. We have introduced in-house bullying and harassment training for all managers and leaders, and Recruitment and selection training.

	In November 2023, the Trust launched its Respect campaign, and since then we have seen a substantial increase in referrals for bullying, harassment, and discrimination. This demonstrates that the Trust is creating a safe space for staff to report bullying and harassment. This gives colleagues in the People and OD team and those across the organisation the opportunity to address these concerns in a fair and consistent manner. The Trust have developed a No Excuse for Abuse framework, which is guidance drawn from a range of policies and SOP's and is designed to help managers provide effective support to staff who have been subjected to unacceptable abuse from patients. The guidance went out for consultation in late June to gain stakeholder feedback and ensure the guidance is fit for purpose. In July, the guidance was pulled together into a practical toolkit for staff and embedded throughout the organisation over the year. A formal launch event will take place in late September with a communications campaign designed to reach stakeholders across the organisation. The Trust has signed up to the Act Against Racism Charter from the Royal College of Psychiatrist, the Executive Medical Director leads on this with the EDI Lead Coordinating. The Charter has 15 aims, and progress on these domains are reported to the Trust Executive Management Team every quarter as part of quarterly EDI Assurance reporting. Also, for the first time, all HR Managers have an EDI Objective as part of their appraisals for this window. Similarly, in line with NHS England's EDI Improvement Plan, all EMT and board members now have an EDI objective as part of their appraisals, again to ensure that the board are fully engaged with the Trust EDI workstreams.
Action for next year:	Continue to work with the Trust EDI Lead to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Yes	
Action from last year:	No action from 2023/24
Comments:	The Trust has an experienced and respected Freedom to Speak Up Guardian and also a Deputy Freedom to Speak Up Guardian. The Trust welcomes and encourages speaking up when staff members feel something is wrong at work. All employees are also encouraged to have the confidence to speak up at the earliest opportunity.

	Patient safety is the Trust's prime concern, and we recognise that our staff are often best placed to identify where care may be falling below the standard our patients deserve. Staff are reassured that it is not disloyal to colleagues to raise concerns; it is a duty to our patients. In order to ensure our high standards continue to be met, we want everyone in the organisation to feel able to highlight wrongdoing or poor practice when they see it and confident that their concerns will be dealt with in an open and supportive manner. The Trust has a robust process in place for speaking up and raising concerns. There is a comprehensive Freedom to Speak Up Strategy available on the Trust's intranet and regular communications are shared to publicise speaking up and encourage staff to raise their concerns. We have appointed a number of speak up ambassadors including a Consultant Ambassador and information sessions have been delivered to junior medical staff and Consultants. It is a mandatory training requirement for all staff to complete the National Speak Up Training (Level One). The FTSU Guardian also works closely with the Guardian for Safe Working. The Trust Board receive a 6 monthly report from the Guardian and also review the NGO self-assessment on an annual basis.
Action for next year:	To continue to engage medical staff in Freedom to Speak Up Forums which will also include our Consultant Freedom to Speak Up Ambassador

1F(iv) Mechanisms exist that support feedback about the organisation's professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Yes	
Action from last year:	No action from 2023/24
Comments:	The Trust has established a culture in which our doctors feel able to raise concerns in situations where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies, and procedures in the organisations. They are enabled and supported to do so via several different routes e.g. medical appraisal, Freedom to Speak Up Guardian, Consultant Freedom to Speak Up Ambassador, Medical Staff Committee, peer group/s, Local Negotiating

	Committee (LNC), or through direct contact with Human Resources. We operate an open-door policy where our doctors are free to contact medical managers directly, including the Executive Medical Director, operational managers etc. Doctors in Training have open access to our experienced Guardian of Safe Working and can also engage with colleagues through the Junior Doctors Forum. A process of exception reporting is established in the Trust, no patient safety concerns have been raised. Junior Doctors are encouraged to have a voice, they have a seat of various Trust committees and are empowered to consult with the Director of Medical Education, College/Foundation/GP/Higher Tutors and/or Clinical/Educational Supervisors on any matters of concern. The Trust has a process of Datix reporting in place, adverse incidents are used for the purpose of learning.
Action for next year:	To continue to engage medical staff in Freedom to Speak Up Forums which will also include our Consultant Freedom to Speak Up Ambassador.

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

Yes	
Action from last year:	No action from 2023/24
Comments:	The People and OD team have established a working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement. Processes around investigations around concerns and/or disciplinary processes have recently been reviewed to improve collaborative approaches. The Trust have signed up to the Act Against Racism Charter from the Royal College of Psychiatrists, the Executive Medical Director leads on this with the EDI Lead coordinating. The Charter has 15 aims, and progress on these domains are reported to the Trusts Executive Management team EMT every quarter as part of quarterly EDI assurance reporting.
Action for next year:	To continue to maintain existing standards and good practice.

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Yes	
Action from last year:	No action from 2023/24
Comments:	We are part of the Regional RO and Appraisal Lead Network sharing good practice and information about Quality Review processes to make sure our professional standards processes are consistent with other organisations. The standards of new Good Medical Practice 2024 have been introduced in our Appraisals following the attendance of Responsible officer, Appraisal Lead and Appraisers at the Regional Network Meeting which included the presentation from a speaker from GMC on GMP 2024. Appraisal Lead organised 4th Appraisal Forum in March 2025 which facilitated further discussion about GMP 2024 with appraisees and appraisers. Doctors are regularly supported in improving their competence levels by supporting them in attending CPD events, participating in internal development programmes, obtaining 360 MSF, completing QIA and patient surveys, planning and completing their PDPs, refreshing their knowledge and skills through training and providing Appraisal Forum platform in order to maintain their high professional standards. RO engages with higher-level responsible officer and GMC Liaison officer for support when necessary. Dialogue commenced with Deputy Medical Director/Revalidation and Medical Development, Cumbria Northumberland Tyne and Wear Mental Health Foundation Trust with regards to establishing a reciprocal peer review process. An initial discussion was held on 31/7/2025 and a potential plan agreed.
Action for next year:	To continue to maintain networking and support our doctors as mentioned above to maintain professional standards as recommended by Good Medical Practice 2024 and implement a reciprocal peer review process.

Section 2 – metrics

Year covered by this report and statement: 1 April 2024 – 31 March 2025 .

All data points are in reference to this period unless stated otherwise.

The number of doctors with a prescribed connection to the designated body on the last day of the year under review	55
Total number of appraisals completed	51
Total number of appraisals approved missed	4
Total number of unapproved missed	0
The total number of revalidation recommendations submitted to the GMC (including decisions to revalidate, defer and deny revalidation) made since the start of the current appraisal cycle Please note we have counted two deferrals for the same Doctor	11
Total number of late recommendations	0
Total number of positive recommendations	9
Total number of deferrals made Please note we have counted two deferrals for the same Doctor	2
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	1
Total number of trained case investigators	8
Total number of trained case managers	2
Total number of concerns received by the Responsible Officer ²	3
Total number of concerns processes completed	2
Longest duration of concerns process of those open on 31 March (working days) Please note this figure refers to one doctor	300

² Designated bodies' own policies should define a concern. It may be helpful to observe <https://www.england.nhs.uk/publication/a-practical-guide-for-responding-to-concerns-about-medical-practice/>, which states: *Where the behaviour of a doctor causes, or has the potential to cause, harm to a patient or other member of the public, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice.*

Median duration of concerns processes closed (working days) ³	300
Please note this figure refers to one doctor	
Total number of doctors excluded/suspended during the period	0
Total number of doctors referred to GMC	0
Total number of appeals against the designated body's professional standards processes made by doctors	0
Total number of these appeals that were upheld	0
Total number of new doctors joining the organisation	12
Total number of new employment checks completed before commencement of employment	12
Total number claims made to employment tribunals by doctors	0
Total number of these claims that were not upheld ⁴	0

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
General review of last year's actions: - There were no major actions arising in 2024/25 except actions around the maintenance of standards and good practice, and compliance with policy and quality assurance process. - The Trust Appraisal Lead has provided first appraisal training for the new appraisees. - The Trust Appraisal Lead and Revalidation Team delivered the 4th Appraisal Forum in March 2025. - Work has commenced in terms of engaging with a partner NHS Trust in order to agree and implement a process of external/reciprocal peer review.

³ Arrange data points from lowest to highest. If the number of data points is odd, the median is the middle number. If the number of data points is even, take an average of the two middle points.

⁴ Please note that this is a change from last year's FQAI question, from number of claims upheld to number of claims not upheld".

- The Medical Revalidation Team will continue to deliver regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses to include new appraiser training and appraiser refresher training.

Actions still outstanding

- Full implementation of peer review process

Current issues

- There are no current issues

Actions for next year (replicate list of 'Actions for next year' identified in Section 1):

- To utilise all resources effectively to ensure the RO can carry out the responsibilities of his role fully. Explore mechanisms to aid the recruitment of additional appraisers and retain existing appraisers.
- To continue to update and maintain information systems as necessary.
- Amend Trust Medical Revalidation and Appraisal policy if required, in line with any changes to the Trust and national guidance. Formal Policy review required by March 2026.
- To continue dialogue with partner organisation to allow a joint process to be agreed and established for external peer review. This is a key objective for 2025/26.
- The Trust will continue to request that all long-term locums will confirm that they have had a necessary appraisal and continue sharing their appraisals with the Trust. Appraisal Lead to meet with new agency doctors to discuss the process.

- To maintain existing standards to comply with Medical Revalidation and Appraisal Policy.
- Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers.
- Continue to maintain and expand on existing good practice. Appraiser refresher training, new appraiser training and training for new Trust employed doctors for their first appraisals will also be continued.
- Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners)
- Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.
- To maintain existing good practice with regards to the provision of all necessary information for our doctors in a convenient format to include at their appraisal.

Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

The Trust will continue to strive to create and maintain a supportive environment and promote a culture of continuous improvement and learning. There are clear lines of accountability within the organisation which actively support doctor's personal and professional development.

The main focus for 2025/26 will be the establishment and implementation of a robust external peer review process, continuous evaluation of our revalidation process, gaining more insight into how we are embedding learning, checking Colleague and Patient feedback about the doctors, maintaining Quality

Assurance Framework, addressing any concerns, SI or complaints about the doctors, and providing training forums to medics.

Summarising concerns:

No concerns to add.

Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

Official name of the designated body:	Humber Teaching NHS Foundation Trust

Name:	Michele Moran
Role:	Chief Executive Officer
Signed:	
Date:	

Name of the person completing this form:	Dr Kwame Fofie, Executive Medical Director and Responsible Officer
Email address:	kwame.fofie@nhs.net

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025															
Title of Report:	EDS22 2025															
Author/s:	John Duncan – Equality, Diversity and Inclusion Partner															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td>√</td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td>√</td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>				To approve	√	To discuss		To note		To ratify	√	For assurance			
To approve	√	To discuss														
To note		To ratify	√													
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	For the Board to ratify the Trust's EDS22 Report for the period between April 2024 and March 2025 and associated actions to address gaps.															
Key Issues within the report:																
Positive Assurances to Provide: - With a score of 29, the Trust is <i>achieving</i> its EDS22 aims and improving on a score of 25 last year - The Trust is excelling at Domain 3 and achieving for Domains 1 and 2 - Extensive workforce and patient EDI work over the past 12 months		Key Actions Commissioned/Work Underway: - Multiple service area projects and initiatives to address patient EDI - PCREF - Culture of Care and Trauma-Informed Care - Health Inequalities Framework - Respect - No Excuse for Abuse - Trans Inclusion Action Plan - WRES/WDES/GPG action plans agreed - Services area transformation and QI Projects agreed - Care, Culture and Equity Steering group ToR agreed														
Key Risks/Areas of Focus: - Bullying and Harassment towards staff by patients – addressed through No Excuse for Abuse. - Bullying and Harassment towards staff by managers and other colleagues – addressed through Respect.		Decisions Made: - EMT, People & OD and Quality Committee have all approved and endorsed the EDS22, with no issues highlighted in the discussion. - Recognition given that extensive progress was made during the reporting period.														
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	07/08/25	People & Organisational Development Committee	20/08/25												
	Finance Committee		Executive Management Team	08/07/25												
	Mental Health Legislation Committee		Operational Delivery Group	23/06/25												
	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			
x	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
x	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
x	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			To be advised of any future implications as and when required by the author
Quality Impact	✓			
Risk	✓			
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

NHS Equality Delivery System (EDS22) Humber Teaching NHS Foundation Trust 2025

Version 1, 15 August 2022

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	Humber Teaching NHS Foundation Trust	Organisation Board Sponsor/Lead
Name of Integrated Care System	Humber and North Yorkshire	Karen Phillips –Associate Director Workforce and OD

EDS Lead	John Duncan/Mandy Dawley		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	13/02/25 22/05/25		Individual organisation	
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	Humber and North Yorkshire Health and Care Partnership Hull City Heath Care Partnership East Riding of Yorkshire Council Health Watch Hull (and East Riding) PACE Forums

Date completed	18/06/25	Month and year published	September 2025
Date authorised	TBC	Revision date	TBC

Completed actions from the previous year

Action/activity

- Reviewing and improving the consistency of Mental Health Patient Brochures
- ENGAGE Consult IN Primary Care and Cloud-based telephony system
- Explore how we can better capture learning from excellence, and embed learning the lessons from events
- Further develop the role of the patient safety partners and recruit additional partners to work with and alongside the divisional engagement leads.
- To develop and roll out a new style FFT Dashboard together with a QI approach to address feedback received.
- To increase the number of You Said, We Did examples on the Trust website
- To further enhance our faith offer to ensure inclusivity for our patients, service users and staff.
- To continue to build and sustain relationships with our diverse communities.
- Develop integrated referral pathways between Occ Health and Wellbeing team
- Implementation of evidence-based initiatives (asymptomatic testing)
- Seek feedback on Wellbeing activities and Period Dignity Scheme
- Develop Wellbeing 2024/25 work plan
- Monitor and review the effectiveness of the Respect Campaign
- Deliver paper to EMT regarding support for staff who receive abuse from patients.
- Develop a manager's flowchart to support staff who have received abuse from patients.
- Progress against the WRES/WDES/GPG action plan
- Progress action plan from the LGBT Foundation regarding the Rainbow badge accreditation scheme
- Develop a process to ensure managers are providing consistent and effective support to staff who have been subjected to abuse from patients by bringing together existing reporting and support mechanisms
- Tailored divisional action to work in their areas to address staff perception of the Trust as a place to work and receive treatment

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	- Action plans on improving access for people from minoritised communities in CAMHS and Talking Therapies. - Development and promotion of the Inclusion Champions scheme to improve access, outcomes and experiences of people from inclusion health groups. - Aligned approaches to community forensics consultation and in-reach provision across the Humber and North Yorkshire area to reduce inequalities between services. - Transformation of CAMHS Contact Point to tackle waiting lists - Homeless mental health team supporting service users in Hull to access mental health support and maintain tenancies - New overnight call handling service for community services in North Yorkshire enables patients to contact the nursing team for their area directly	Achieving activity	Service Managers.
	1B: Individual patients (service users) health needs are met	- Adoption of Equality and Health Inequalities Impact Assessment to ensure that drivers of inequity, such as poverty and health inequalities, are considered in service design. - Pilot of a bespoke dental service to meet the needs of forensic inpatients - LD Cancer Screening project to ensure people with LD in deprived areas of the ER are supported to access their cancer screening appointments - LD Community Hub events in Hull and East Riding to improve access to a wide range of health services and address the broader determinants of health - Focus on increasing referrals to Individual Placement Support to help mental health service users access employment	Achieving activity	Service Managers.

	1C: When patients (service users) use the service, they are free from harm	• High levels of incident reporting with over 97% low or no harm • Near miss reporting and subsequent investigation through Individual Incident Reporting and After-Action Reviews as appropriate, with learning shared to improve services. • The Patient Safety Incident Framework is well established and is developing a culture of improved safety through learning. • Thematic reviews are undertaken in key areas, where trends are identified with subsequent improvement plans put into place. • Co-production with patients and families in developing the plans for their care. • Risk management plans are in place for service users. • Use of Risk Register across Divisions to raise concerns about factors which can impact safe care provision, and improvement plans put into place and reviewed. • Training on a range of skills and competencies delivered to staff and implementation evaluated through incident investigation, as part of a cycle of improvement • Complaints and feedback processes in place for patients and their families to provide feedback on the care delivered • medicine optimisation evidenced through very small percentage of medication administration that results in incidents where any level of harm occurred • Trust focus on the parity of physical and mental health through the delivery of the Physical Health Strategy • Oversight and support via the Safeguarding Team, who review all incidents reported daily and will follow up routinely, ensuring plans are in place to safeguard patients and appropriate referrals are made to the Local Authority and Police • Support for staff behaviour and conduct through Humber Behaviour Standards and PIPOT/ LADO procedures activated where conduct indicates any harm to patients • The safeguarding team provide advice and guidance to services to enhance safety before an issue occurs, evidenced through the volume of contact with the team and the reasons for contact	Achieving activity	Clinical leads and Patient safety and Safeguarding team

	1D: Patients (service users) report positive experiences of the service	• Friends and Family Test – the website features ReachDeck software, which includes text-to-speech, reading, and translation support. Provides instant access to assistive features, helping to reduce barriers between our digital content and diverse online audiences. FFT online form to assist in collecting feedback from our ethnically diverse communities. https://www.humber.nhs.uk/Services/friends-and-family-test.htm • National Community Mental Health Service User Survey – The Community Mental Health Service User Survey working group meets regularly to identify and implement actions to address areas where improvements can be made. A robust governance process is in place to support the delivery of the action plan. • National GP Survey – The Primary Care division collaborates with the Patient Participation Groups of the three practices to support action planning in response to the survey results. • Friends and Family Test Dashboard - Staff can access the FFT survey, qualitative and quantitative feedback, and data on our Trust’s FFT Dashboard. The Trust launched a new Power BI FFT Dashboard, and it went live to all Trust staff on Wednesday, 10 April 2024. The dashboard utilises thematic and sentiment analysis of FFT feedback to facilitate a streamlined and structured process for determining Quality Improvement (QI) initiatives. • Patient, Service User and Carer stories are shared at Trust Board meetings and other forums/meetings during the year. • Patient and Carer Experience forums, visit the Trust’s website for further information: https://www.humber.nhs.uk/Services/patient-and-carer-experience.htm • Patient and Carer Experience Annual Report (2023/24) including Complaints and Feedback showcases how patients, service users and carers report on their positive	Excelling activity	Assistant Director of Patient and Carer Experience/Patient and Carer Experience Team

		experiences of our services and informs on the variety of initiatives taking place across services: https://www.humber.nhs.uk/Services/patient-and-carer-experience.htm. • The 24/25 annual report is currently in being drafted. • Compliments are recorded within the Trust's Quality Dashboard. They are where patients, service users, carers and families sometimes compliment our staff, offering their gratitude and thanks for the outstanding services they provide. • October the Trust launched our Survey Landing page on the Trust website to help individuals to navigate the various surveys available. • There is an intrinsic link between staff satisfaction and the direct impact on patients and the standard of care they receive - the Trusts 2024 staff survey results share a very positive picture of staff experience, which directly enhances patient care and satisfaction, ultimately highlighting a supportive and effective healthcare environment.		
Domain 1: Commissioned or provided services overall rating			9	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	• Since Physical Health and Wellbeing MOT clinics commenced in January 2023, 1,341 staff or 37.2% of the workforce have accessed the service, including: ○ Blood Glucose, Cholesterol, Blood Pressure, Body Composition and Emotional Wellbeing assessment, Weight loss, and smoking cessation. • Talking Therapies • Employee Physiotherapy Service • Free flu/covid vaccination • Health and wellbeing programme of events • Mental Health First Aiders • Counselling • Access to Employee Assistance Programme • Staff Survey Outcomes • New People Strategy 2024-2028	Excelling activity	Health and Wellbeing team/ Occ Health team

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Respect—The staff survey has significantly improved, demonstrating that the Trust is creating a safe space to report bullying, harassment, and discrimination. No Excuse for Abuse - recognised as QI Charter of the Month in Dec 2024 and subsequently reviewed and endorsed by UNISON. NHS England EDI Improvement Plan - The Trust Board implemented the requirements of the six high-level NHSE EDI Improvement Plan actions. NHS England has undertaken a Best Practice interview to develop an EDI Best Practice Case Study. Changes in staff composition - the Trust has seen a year-on-year improvement in workforce representation. Ethnically diverse representation increased from 3.5% in 2019 to 8.99% in March 2025. 14% improvement in ethnically diverse staff in clinical and non-clinical roles at Band 7 and above. Race Equity Training - Black Thrive Global facilitated training on race equity for ward staff and executives. Ethnicity Pay Gap Analysis - The Trust undertook an ethnicity pay gap analysis for the first time last year. The resulting report found no negative pay gaps between staff from ethnic minority backgrounds and their white colleagues. Act Against Racism Charter - The Trust has met the 15 aims of the Royal Society of Psychiatrists' Act Against Racism Charter.	Achieving activity	EDI Lead/ Workforce and OD Operational team/Trust Board/Medical Workforce/Training

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source	The Trust offers a wide range of support to staff, including: ○ HR Operational Team ○ Health and Wellbeing Team ○ Occupational health ○ Staff counselling service via Occupational Health, ○ an Employee Assistance Programme (EAP), ○ an Employee Psychology Service (EPS) ○ NHS psychological support	Excelling activity	Occupational Health/Wellbeing/Workforce Operational HE team
	2D: Staff recommend the organisation as a place to work and receive treatment	• 69.05% of staff would recommend the Trust as a place to work, which is better than the national average (65.21%) and a year-on-year improvement from 2018, when the figure was 47.6%. • 71.76% of staff would recommend the Trust as a place to receive treatment, which is 6.92% above the national average and an improvement from 2018, when the figure was 60.4%.	Excelling activity	Workforce Experience Team / People Promise (Staff Survey) / Divisions (actions)
Domain 2: Workforce health and well-being overall rating			11	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	- The Trust Board implemented the requirements of the six high-level NHSE EDI Improvement Plan actions. All Board members have an EDI objective in their appraisal; these have recently been reviewed and updated for the 2025/26 period. - Executive Medical Director has oversight of the Patient and Carer Race Equality Framework (PCREF) and the Act Against Racism Charter led by The Royal College of Psychiatrists - Associate Director of People and OD has oversight of the Respect, No Excuse for Abuse, WRES/WDES/Gender Pay Gap/Staff Survey and People Strategy - The Trust has an EDI Steering Group, chaired by the Associate Director of People and OD. Its membership is drawn from across the divisions. This group reports to the People and Organisational Development Committee, a subgroup of the board. - Three executive leads act as sponsors for the Trust's Staff Networks, providing strategic support and high-level escalation to EMT - The Board receives assurance of EDI progress through a biannual EDI report. - Governance is assured through QPaS, ODG, P&OD Committee, and Divisional ODG meetings, where aspects of EDI for staff or patients are routinely discussed, including reports such as WDES/WRES/Gender Pay Gap/PACE Annual Report/Staff Survey and EDI Annual Report.	Excelling activity	Executive leads

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	- The Trust's Equality Impact Assessment (EIA) has been updated to include Health Inequalities, and is now an Equality and Health Inequalities Impact Assessment (EHIIA) - All new policies, procedures and projects undertake an Equality Impact Assessment (EHIIA) to identify any areas of concern to the Board. - A new Health Inequalities strategy is assured to EMT. - The Board receives a biannual EDI report assuring that we meet our EDI aims. - The Executive Medical Director oversees the Patient and Carer Race Equality Framework (PCREF) and reports to the Board. - The Associate Director of People and OD oversees the Respect, No Excuse for Abuse, WRES/WDES/Gender Pay Gap/Staff Survey and People Strategy.	Excelling	Divisional leads / Policy authors / EDI Lead / Strategic Partnerships Manager / Assistant Director of Patient and Carer Experience and Co-production
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	- The Executive Medical Director oversees the Patient and Carer Race Equality Framework (PCREF) and reports to the Board. - The Associate Director of People and OD oversees the Respect, No Excuse for Abuse, WRES/WDES/Gender Pay Gap/Staff Survey and People Strategy - The Trust has implemented the Patient Safety Incident Response Framework (PSIRF), reporting to EMT, to maintain effective systems and processes for responding to patient safety incidents and to learn and improve safety. - The Workforce Information team provide an award-winning Workforce Scorecard and People Insight Report that provides a comprehensive overview of workforce performance for all divisions - Areas are subjected to Accountability Reviews with monitoring in via EMT	Excelling	Associate Director for People and OD / Executive Medical Director/Patient Safety Lead/PCREF Lead/Assistant Director of PACE
Domain 3: Inclusive leadership overall rating			9	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): Staff Side Reps		Independent Evaluator(s)/Peer Reviewer(s): Miriam Sykes City Healthcare Partnership		

EDS Organisation Rating (overall rating):

Total score 29 - Achieving

Organisation name(s):

Humber Teaching NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
John Duncan/Mandy Dawley	Annual
EDS Sponsor	Authorisation date
Karen Phillips, Associate Director of People and OD	18/06/25

Domain	Outcome	Objective	Action	Completion date

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improving access to interpretation and translation, and reasonable adjustments.	Appoint new provider for interpretation and translation and promote access to service. Adopt consistent Trust-wide approach to reasonable adjustment and promote to staff, patients and carers.	Autumn 2025
		Reducing DNA rates	Improve tracking of DNAs, analyse by service and demographic factors, implement initiatives to reduce DNA and address any associated health inequalities	March 2026
		Improving access to much-needed therapeutic input/support for Unaccompanied Asylum Seekers (UASC), improving the emotional wellbeing of UASC, reducing pressure on allied services such as Core CAMHS and Crisis Services, and adult mental health services.	Audit system as to how we are responding as a service for UASC young people due to evident 'gap in service' Provide psychological assessment, formulation and evidence-based trauma interventions, offer psychoeducation and stabilisation groups.	March 2026
		Develop an intensive assessment area within Nova - aimed at preventing CAMHS inpatient admissions and reducing length of stay.	Workshops taking place to co-produce the model with Humber and North Yorkshire Specialised Provider Collaborative. Recently established project team to explore ways to enhance intensive support and strengthen the wider system	March 2026
		Review and develop pathways to ensure better referral processes and	Service improvement and development workshops with the ER CMHT and ER PCMHN to develop processes and ensure smoother handoffs.	Jan 2026

		improved handoffs between ER CMHT and PCMHN Creation of single sex male PICU and female HDU with resulting improved capacity. Improved CITOP pathways 4 and additional step up/step down beds to reduce admissions to acute services and reduce out of area placements Ensure service users that have simultaneous mental health and substance addiction needs can access support through one integrated pathway. Support delivery of the NHSE neighbourhood health model and the 'Ambitious for Health' commissioning approach	NHSE capital funding has been successfully obtained. Currently working with estates and services to develop accommodation and clinical pathways. SDF in place. Creation of 24/7 service to support patients in their own home. Work ongoing to create additional bed capacity across the geography. Full implementation of the Dual Diagnosis policy, supported by a comprehensive training programme. Community service models for frailty and intermediate care redesigned in conjunction with system partners in primary care and North Yorkshire Council.	March 2026 March 26 December 2025 March 2026

	1B: Individual patients (service users) health needs are met	Improve the physical health offer within Forensic and Mental Health inpatients.	Establish a full tier 3 weight management service	September 2025
		Increase Cancer Screening rates among the LD population in deprived areas of the ER.	Complete LD Cancer Screening project to ensure people with LD in deprived areas of the ER are supported to access their cancer screening appointments.	October 2025
		Improve access for people with LD in Hull and East Riding to a wide range of health services and services to address the wider determinants of health.	Deliver 2 more LD Community Hub events (1 in Hull and 1 in the ER) alongside identifying funding opportunities to ensure longevity of the hubs.	July 2025 March 2026
		Improving Autism awareness training across CAMHS	Identify training model to upskill the system working with CAMHS, Neuro and the keyworker service	October 2025
		Improve access to neurodiversity services, including decreasing waiting times.	Mobilise Do It Profiler digital portal across neuro services to decrease assessment times, improve capacity within the service and streamline processes	March 2026
		Provide assessment of MH for Young People awaiting gender reassignment	Provide better support for YP awaiting gender reassignment	September 2025
		Transformation of the Enhanced Family Support Pathway (enhancing health visitor offer) to improve pathways and early intervention, reducing health inequalities	Reviewing targeted caseload. Mobilise second antenatal contact. Plan to include	September 2025

		Joint plan to be developed with H&NY ICB to improve and manage waiting list performance across community services.	• Working towards an agreed target for the total number of patients on waiting list reviewed quarterly with actions. • Maintaining and improving 18-week RTT performance, achieving 92% of patients seen within the target timeframe and ensuring no patients wait longer than 52 weeks for treatment. • Monitoring and reducing long waits, prioritising actions to minimise unseen waits and ensure timely access to care. • Then sustaining a manageable waiting list position in line with plan, ensuring demand and capacity are balanced to prevent excessive delays for patients.	March 2026
	1C: When patients (service users) use the service, they are free from harm	To ensure we continue to strengthen the voice of the patient, families, and carers.	Review the role of patient safety partners and develop a framework for comprehensive engagement of patient safety partners, volunteers, and experts through experience-based involvement in patient safety.	October 2025
		Further strengthen our processes for learning from excellence through the development of action learning sets and learning hubs.	Explore how we can better capture learning from excellence, and embed learning the lessons from events	March 2026

	1D: Patients (service users) report positive experiences of the service	Quality Improvement	To strengthen our QI approach when addressing feedback received from the Friends and Family Test Dashboard.	December 2025
		Quality Improvement	To develop a strengthened approach for You Said, We Did, and to include a process 6 months down the line, including So What Difference has the change made and share on Social Media Platforms.	March 2026
		Quality Improvement	To introduce a film to support our survey landing page on the Trust's website to inform people on the importance of giving feedback on services, including how we use the feedback.	July 2025
		Strengthen Inclusivity	To further enhance our faith offer by delivering podcasts on different faiths throughout the year on the Recovery College platform.	March 2026
		Engagement and Involvement	To continue to strengthen relationships with faith leaders across the community.	March 2026

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Quality Improvement	- As part of the new menopause collective, develop menopause advocates and roll out menopause awareness training - Period dignity scheme evaluation - Evaluation of the health and well-being activity programme - Involvement with the programme of work to be a supportive employer for carers - Review of Annual Campaign programme - Staff health and wellbeing passport - Wellbeing Conversations training for managers	March 2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	- Bullying and Harassment - Support for staff	- Operationalise and embed the No Excuse for Abuse framework in clinical areas. - Collaborate with the Datix team to understand which areas have higher abuse rates towards staff and develop bespoke support for managers. - Refresh/relaunch the Respect Framework, with ongoing monitoring and action. - Progress actions contained within the WRES/WDES/Gender Pay Gap action plans. - Monitor implementation of the Patient and carer Race Equality Framework (PCREF)	March 2026

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Improving support to staff subjected to abuse from patients	Collaborate with clinical areas to develop innovative and proactive solutions to support staff who have been subjected to abuse from patients	August 25
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff Survey Outcomes	Tailored divisional action to work in their areas to address staff perception of the Trust as a place to work and receive treatment	Nov 2025

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	- Meet aims of the NHS England EDI Improvement Plan - Continued Executive Sponsorship of Staff Networks - Executive oversight of strategic EDI initiatives such as: PCREF, WRES, WDES, EDS22 and Gender Pay Gap	- Review and refresh EDI objectives for the Chief Executive, chairs and board members to which they will be individually and collectively accountable - Ongoing support the Board to meet HIA1 of the EDI Improvement Plan	March 25 March 25
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	- Biannual Board EDI Assurance Report - Health Inequalities reporting to the Board. - Reporting against the Patient and Carer Race Equality Framework (PCREF)	- The board will regularly review the impact of equality and health inequalities and the associated risks through impact assessments. - The board will regularly have the opportunity to challenge the progress and support EDI initiatives and actions	Ongoing
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	- Ongoing Accountability reviews - Biannual Board EDI Assurance Report - EDI Annual Report, WRES/WDES, EDS22 and Gender Pay Gap reporting - Patient and Carer Experience five-year forward plan (2023-2028) and Patient and Carer Experience Annual Report (inc. Complaints and Feedback)	Through regular reporting, the Board will be assured that levers are in place to manage performance and monitor progress with staff and patients, and have the opportunity to understand and challenge areas of risk	Ongoing

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	Digital Optimisation Update														
Author/s:	Lee Rickles, CIO														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>✓</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss													
To note	✓	To ratify													
For assurance	✓														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This report provides a summary of the Benefits achieved by the Humber Teaching NHS Foundation Trust's BeDigital programme.														
Key Issues within the report:															
Positive Assurances to Provide: - The Trust has achieved significant financial savings by substituting postal letters with Accurx SMS messages, and reduced postage for electronic prescriptions. - The implementation of Lexacom voice recognition software has significantly reduced the administrative burden on clinicians, - Since launch, there has been strong and sustained user adoption across all BeDigital platforms.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Executive Management Team and Operational Delivery Group have received updates on Digital Optimisation and noted the significant progress that has been made. - Digital Plans continued on the roll out of digital systems. - Continued monitoring of these key metrics to ensure benefits are sustained and built upon in the future.													
Key Risks/Areas of Focus: There is a small risk that the use of the new systems will not improve productivity or create saving to meet the Trust financial plan.		Decisions Made: The Board are asked to Note the successes of the BeDigital programme and supports the continued monitoring of these key metrics to ensure benefits are sustained and built upon in the future.													

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	✓
	Mental Health Legislation Committee		Operational Delivery Group	✓
	Collaborative Committee		DDG	✓

Monitoring and assurance framework summary:

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

To be advised of any future implications as and when required by the author

Report on the Impact and Benefits of the BeDigital Programme (February - August 2025)

1 Introduction and Purpose

The purpose of this report is to provide an overview of the significant benefits and impact realised following the Trust's transition to TPP SystmOne and the successful implementation of the 'BeDigital Toolbox' in February 2025.

The data in this report covers the initial seven months of operation, demonstrating substantial improvements in clinical efficiency, patient communication, operational effectiveness, and financial savings.

2 The BeDigital Toolbox: An Overview

The BeDigital programme introduced a suite of integrated digital tools designed to support modern clinical practice and enhance patient care. The core components include:

- **Accurx:** A versatile communication tool for SMS messaging, video consultations, and digital questionnaires.
- **Lexacom:** Voice recognition software to streamline clinical documentation.
- **Electronic Prescription Service (EPS):** A system for digital e-prescriptions.
- **Yorkshire & Humber Care Record (YHCR):** A shared care record providing access to patient information across providers.
- **EPR Extension:** A data archive ensuring continued access to historical patient records from SystmOne.
- **Brigid:** A mobile application providing clinicians with quick access to patient information.

3 Analysis of Benefits and Performance

Since the launch, user adoption and engagement across the BeDigital have been strong, delivering tangible benefits across the Trust, details of which have been quantified in the following paragraphs.

3.1 Accurx: Enhancing Patient Communication and Driving Savings (*Dashboard Appendix A*)

The Accurx platform has transformed how we communicate with patients, moving away from traditional, costly methods, benefits quantified include.

- **Patient Engagement:** A total of **64,714 SMS messages** have been sent to patients, with 13,082 sent in August Alone.
- This has been supplemented by **509 video conferences** and the completion of **1,244 questionnaires**.
- **Financial Savings:** By substituting postal letters (average cost £1) with SMS messages (cost £0.054), the Trust has achieved a calculated saving of **£77,018** to date.

- **Divisional Uptake:** The Children + LD service is the highest user of SMS (7,852 messages this month), while Mental Health services have conducted the most questionnaires (374 this month).

3.2 Lexacom: Improving Clinical Efficiency (*Dashboard Appendix B*)

The implementation of voice recognition software has significantly reduced the administrative burden on clinical staff, benefits quantified include.

- **Productivity:** Clinicians have dictated a total of **2,394,094 words**, saving substantial time that would have been spent typing.
- **User Adoption:** There have been **115 active users** in the past seven days, with the highest adoption seen in the Children & LD division (1,153,582 words total) and Mental Health division (741,926 words total). This tool is directly contributing to more accurate and up-to-date patient records.

3.3 Electronic Prescription Service (EPS): Modernising Prescribing (*Dashboard Appendix C*)

The move to EPS, which went live on 28th April 2025, has streamlined the prescribing process for both clinicians and service users, benefits quantified include.

- **Reduced Paper Usage:** The number of paper FP10 forms issued has dramatically decreased, from a high of 80 in early May to just 21 in the first week of September.
- **Cost Savings:** The reduction in postage for prescriptions has resulted in significant savings, reaching **£2,661 in August 2025**.
- **Patient Convenience:** The service reduces travel time for patients and allows them to use a nominated pharmacy, improving their experience.

3.4 YHCR: Fostering Integrated Care (*Dashboard Appendix D*)

Access to the Yorkshire & Humber Care Record has empowered clinicians with a more holistic view of their patients.

- **Increased Access:** User activity has grown steadily. In August 2025, users accessed a total of **2,513 records** and viewed **1,332 unique patient records**. This facilitates better-informed and safer clinical decision-making.

3.5 EPR Extension: Ensuring Continuity of Care (*Dashboard Appendix E*)

The EPR Extension has proven critical for maintaining seamless access to historical patient data.

- **High Utilisation:** The tool is consistently used across all divisions, with user access frequently exceeding **400 clinicians per week**. This ensures that the value of our legacy data is retained and used to inform ongoing patient care, preventing any loss of information during the transition.

4 Conclusion

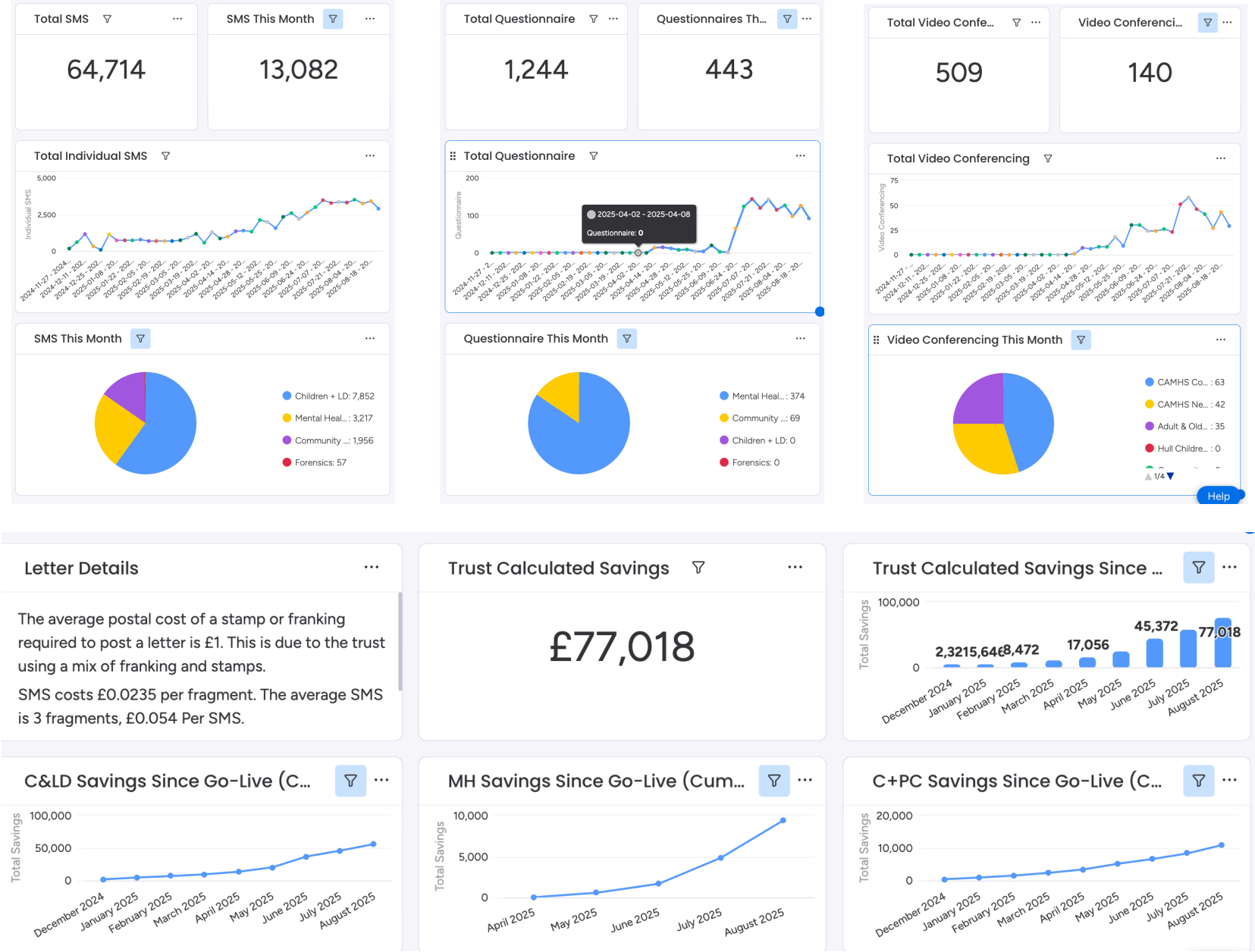
The implementation of the BeDigital Toolbox has been successful.

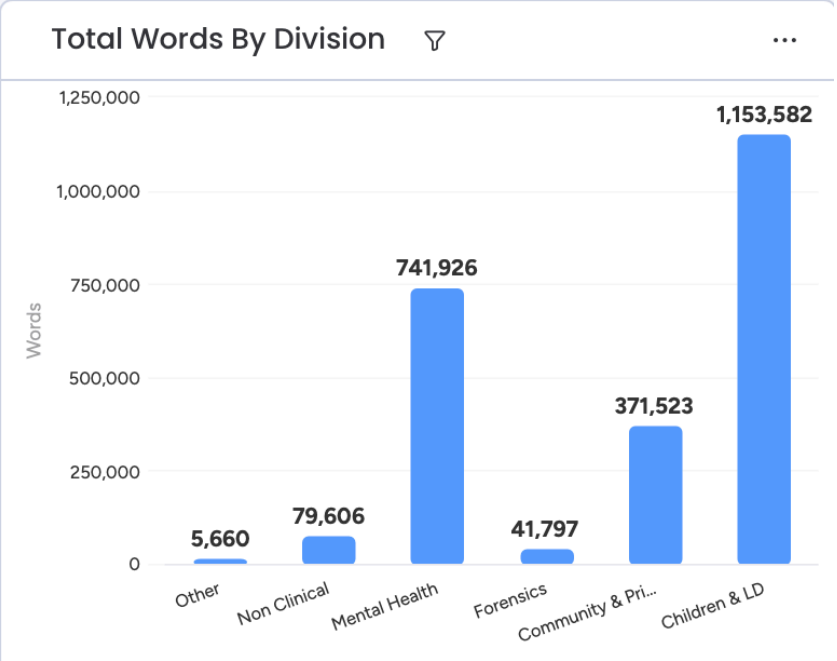
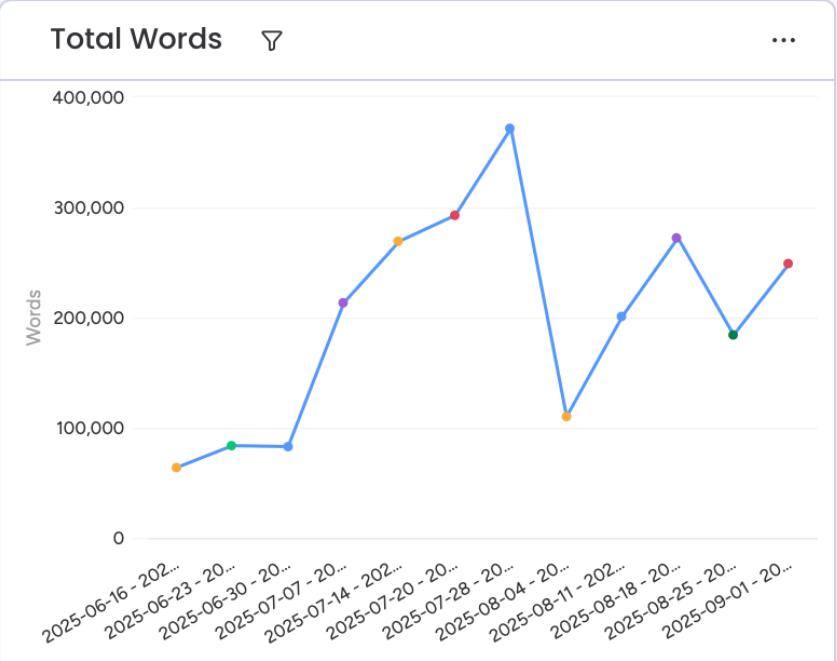
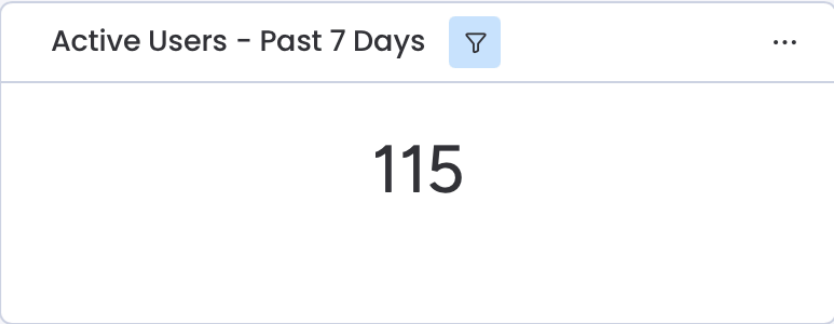
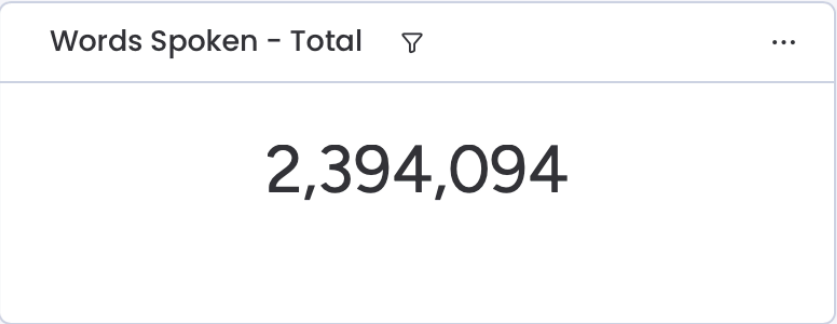
In the seven months since moving from SystmOne, the Trust has realised significant financial savings, improved operational efficiency, enhanced patient communication, and

provided staff with modern, effective digital tools. The strong and sustained user adoption across all platforms is a testament to the value of the programme.

It is recommended that the Board notes the successes of the BeDigital programme and supports the continued monitoring of these key metrics to ensure benefits are sustained and built upon in the future.

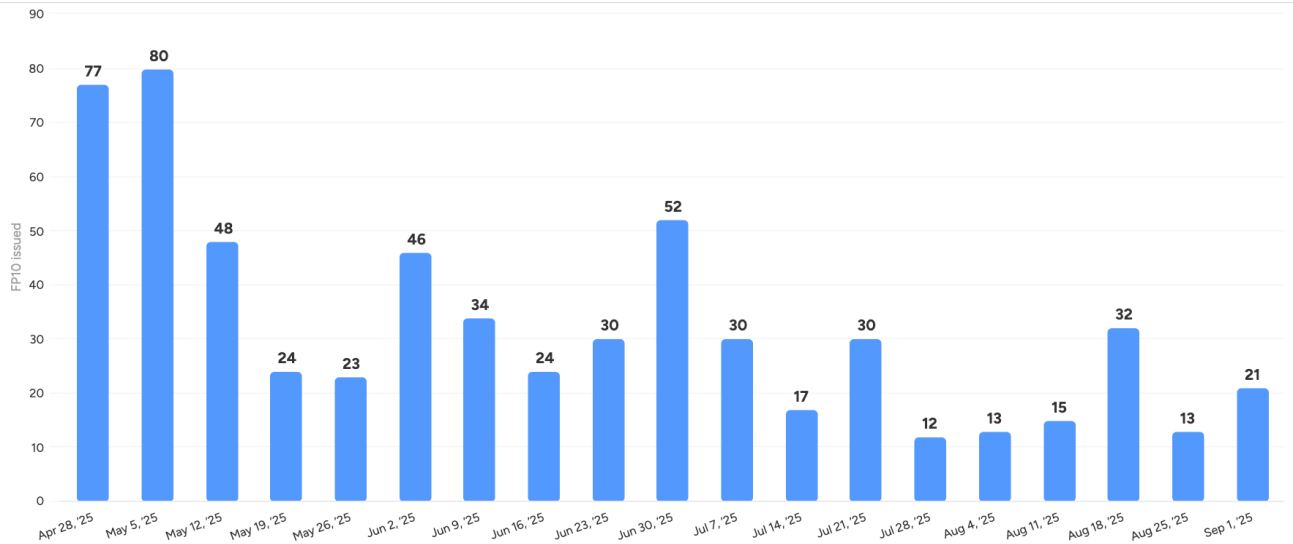
Appendix A – Accurx Dashboard



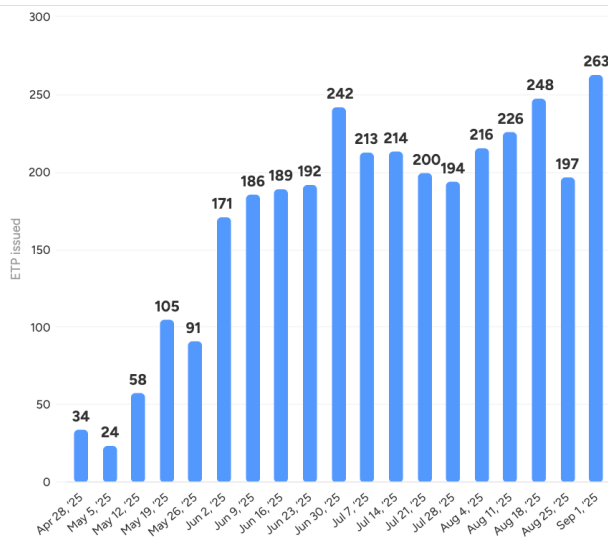


Appendix C – EPS Dashboard

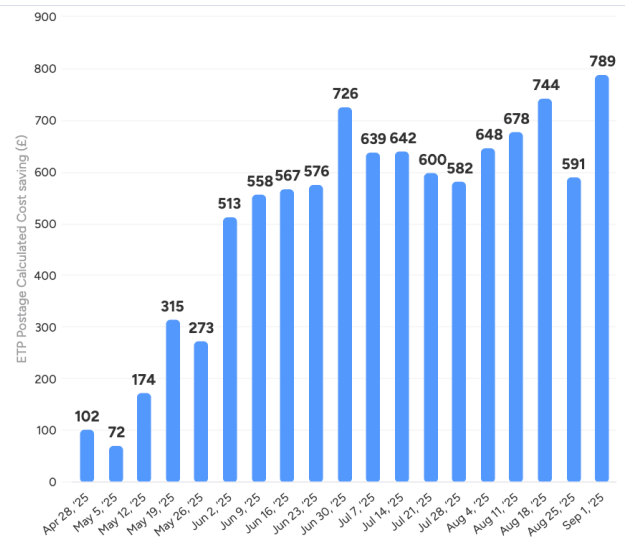
Humber Trust Paper FP10 issued since EPS Go Live (28/04/25) ▾ ...



Humber Trust ETP issued since EPS Go Live (28/04/25) ▾ ...



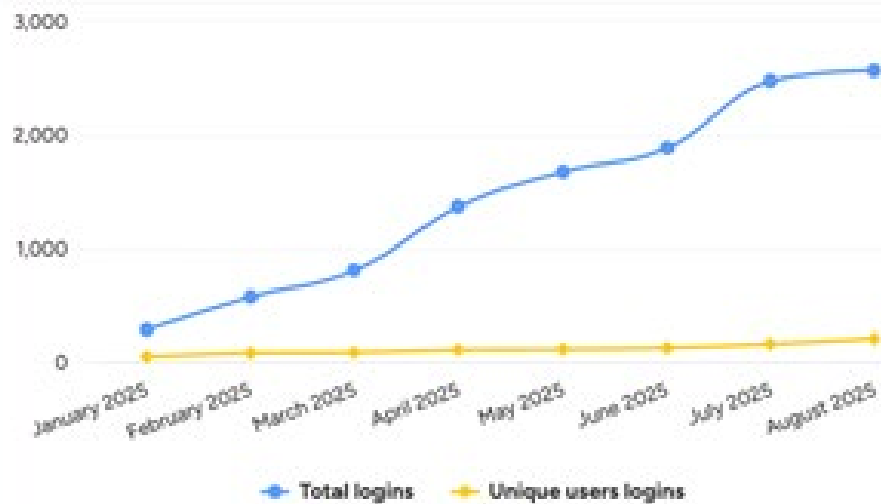
ETP Calculated Postage Cost saving (£) since EPS G... ▾ ...



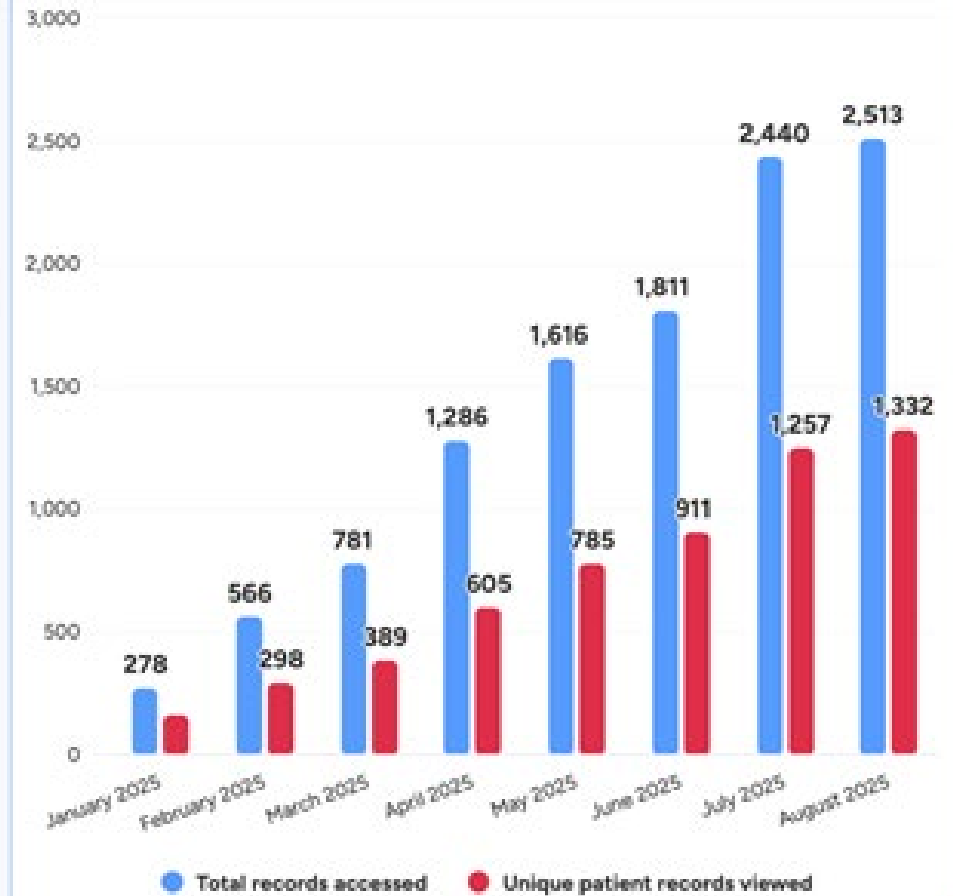
YHCR - Active Humber users



YHCR - Humber User activity



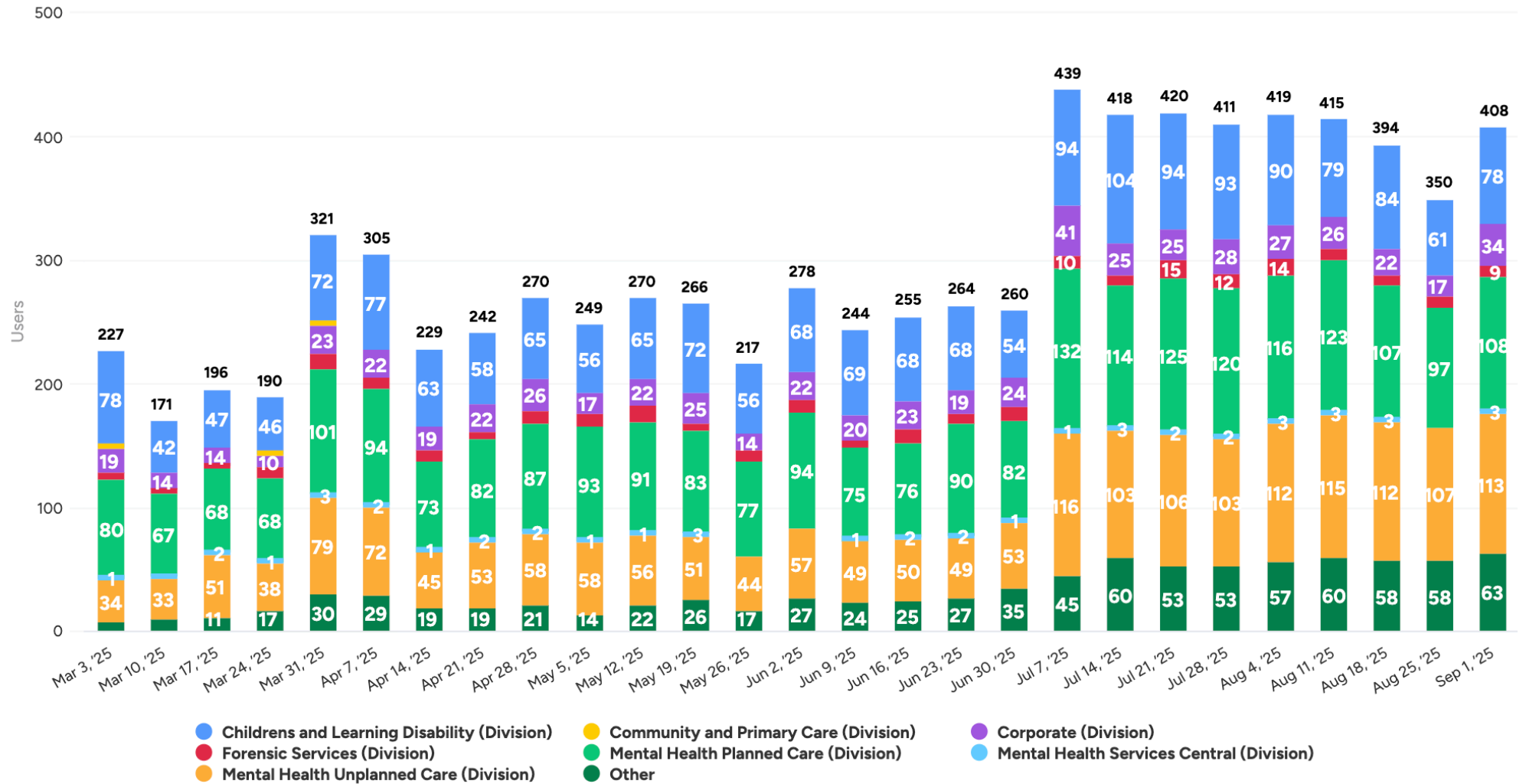
YHCR - Humber Patient record access activi...



EPR Extension – Users accessing per division per week



...



Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025															
Title of Report:	Overview of 2025 National Staff Survey (NSS) launch plan															
Author/s:	Karen Phillips – Executive Director of People & OD															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>√</td></tr> <tr> <td>To note</td><td>√</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>				To approve		To discuss	√	To note	√	To ratify		For assurance	√		
To approve		To discuss	√													
To note	√	To ratify														
For assurance	√															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide the Board with an overview of the 2025 NSS launch plan.															
Key Issues within the report:																
Positive Assurances to Provide: - The NSS 2024 achieved the highest response rate yet for the Trust (56.2%) and higher than both the national average and benchmarking average. It is the intention for the 2025 NSS launch plan to maintain, but build upon, the successful approach of the previous 2 years. - An overview of the communications plan is attached below, which reflects and builds upon previous years. As with previous years, this has been co-produced with the comms team. It is a living plan, which is collectively discussed on a weekly basis throughout the window to allow any amends / additions / react to areas of slower response rates. - Following the successes from the significantly improved National Staff Survey (NSS) 2023 response rate and the further increase in the 2024 response rates, it is suggested again incentives will be provided to encourage higher response rates in the form of 'love to shop' or 'amazon' vouchers (choice of the winner) awarded to randomly selected respondents each week. With one iPhone and one iPad winner drawn at the end of the survey. 2025 NSS requirements:		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Communications team have updated posters, messaging and visuals for 2025. - The 'Year-Round Approach' communications plan, whilst separate from this launch plan, will run alongside and support all future NSS launches. The year-round plan is led by the Communications team and supported by P&OD. - Response rate league table: Managers know their people best, including motivators / hesitations, and is best placed to drive response rates locally. Communications team have led work underway, with support of P&OD, involving the Data Warehouse Manager for the creation of a 'dynamic, interactive league table' of response rates. This will go to 'deeper' levels than previous years where directorate level response rates were published regularly during the window. Intended for managers to be able to see in real time, their response rates in their department with a variety of different comparisons, including with other departments. - Offering any interested divisions an individual marketing workshop to boost staff survey completions in their division. This is a communications team piece of work, with support of P&OD. This will sit alongside the main Trust-wide campaign.														

- We have contracted the same provider as previous years, providing the same services, methodology and reports: - Keeping the structure the same as the previous year in terms of groupings of staff for our own data. - Keeping the same breakdown categories for NHS published reports. - As with previous years, Bank survey is included with SMS text reminders. - Keeping with the same methodology i.e. online (with a very small number of postal surveys sent out for colleagues with no email, e.g. a small number of Estates staff members and those on maternity leave with inactive email accounts). - It is understood final presentation to EMT or the Board by our contractor is no longer required, given the extensive internal coverage of the results and presentations. - A review of the only other alternative staff survey contractor provider was undertaken, finding a less than positive reputation.			
Key Risks/Areas of Focus: - Focus is for an improved year-on-year response rate, and further improve the 2024 response rate of 56.2% 2024 response rates provide areas of focus for the communications plan and actions throughout the survey window: - There is the opportunity to improve upon 2024 response rates for the following directorates which were below the Trust average: - Mental Health Unplanned - Medical - Children's and Learning Disability - It's been identified in NSS 2024 the experiences of colleagues in underrepresented groups could improve, which can directly influence our work within the Workforce Disability Equality Standard and the Workforce Race Equality Standard. Involvement of the EDI lead throughout the survey window re; how we are encouraging our colleagues who identify in these groups to participate is important.		Decisions Made: - EMT shared feedback and approved the launch plan, including enhancing the 2024 incentive scheme. - Board are invited to provide further feedback on the plan for 2025.	
Governance: Please indicate which committee or group this paper has previously been presented to:			
	Audit Committee	Date	
	Quality Committee		Remuneration & Nominations Committee
	Finance Committee		People & Organisational Development Committee
	Mental Health Legislation Committee		Executive Management Team
	Collaborative Committee		Operational Delivery Group/EMT Time out
			Other (please detail)

Monitoring and assurance framework summary:

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

Overview of the 2025 National Staff Survey (NSS) Launch Plan

1. Survey launch and close date

The 2024 NSS launches on Monday 6th October 2025, running until Friday 28th November 2025. This mirrors previous years.

2. National changes to the 2025 NSS

There are no fundamental changes that impact the Trusts launch plan.

- In 2025 there are additional socio-economic background questions, it is the national intention to understand whether people from different social-economic backgrounds have different experiences working in the NHS.

3. Communications plan

Following the successes of the previous two NSS response rates, from the significantly improved 2023 response rate and the further slight increase in the 2024 response rates, the attached communication plan reflects, but builds upon, the same approach as the last two NSS launches.

- NSS 2024 launch and communications / engagement plan achieved the highest response rate yet for the Trust (56.2%), higher than both the national average and benchmarking average and a slight increase from NSS 2023.
- An overview of the communications plan is attached, which reflects and builds upon previous years.

This includes timelines for the project and gives an overview of artwork / visuals that has been / is being updated by the communications team.

Note, this is a living plan which is discussed in a weekly meeting throughout the survey window, involving communications team, people experience team, Flexible Workforce Manager, Strategic HR Business Partners, Equality Diversity and Inclusion lead and as required, member(s) of staff side and the P&OD senior leadership team.



250820 Staff Survey
2025 comms plan - v

There is the opportunity to improve response rates for the following areas which saw 2024 response rates below the Trust average:

- Mental Health Unplanned, Medical and Children's and Learning Disability
- Throughout the survey window, the communications plan involves working closely with HRBPs feeding into divisional ODG. The response rates are regularly reviewed for all areas on a weekly basis, and particular support can be focused on lower responding areas during the window in real time.

The 2024 Developing Action Plan identified that the experiences of colleagues in under-represented groups could improve, which can directly influence our work within the Workforce Disability Equality Standard and the Workforce Race Equality Standard.

- Throughout the survey window, the communications plan involves working closely with the Equality Diversity and Inclusion Lead on a weekly basis, regarding what actions we can take that might ensure colleagues who identify as being a member of an under-represented group are encouraged to take part.

4. Incentive proposal

Further to the successful introduction of the incentive scheme in 2023 and its seemingly positive impact on 2023 and 2024 response rates, the proposal has been reviewed by EMT with the incentive agreed as per the following:

- A weekly prize draw will be issued whereby a staff member who has completed the survey that week will be pulled at random by the survey contractor (IQVIA) to win a choice of a £75 Love to Shop or £75 amazon shopping voucher.

IQVIA will confirm the name of winner on the Friday of each week.

- In addition, funds will be made available to provide refreshments for staff to take a break and complete the survey
- As with 2024, the invitation letter will also offer an end of survey draw for one iPhone and one iPad:

‘There’s even more reason to take part with the opportunity to enter a weekly draw to receive the choice of a £75 Love to Shop voucher or a £75 Amazon voucher, drawn at random by our contractor to ensure confidentiality. As a further thank you for your participation, there’s also a chance to win an iPad and an iPhone, all participants that complete the survey by the closing date, 28th November, can be included in the two prize draws and two lucky winners will be announced by the contractor’.

- People and OD Directorate will share the news with the winner internally and ask for their consent for them to feature within Global communications.

5. Methodology

As with previous years:

- Online: all eligible staff will be invited to participate via an online survey to NHS email addresses and will receive additional six reminder emails as with previous years.

With the exception of a small number of postal invites: the suggestion is for our contractor to send the survey out via post to home address to a very minimal group of employees as we have done in previous years. This will cover some staff in Estates / Hotel Services who may not have email accounts and some staff who are on maternity / other new parent leave who may not have active email accounts.

In 2024, a total of 28 surveys were sent by post to home address.

- Weekly reporting on uptake and response rates at divisional level as with previous years.

This allows providing data on areas of low engagement and share with divisions and comms for targeted action.

For 2025, P&OD are also exploring the possibility of including further breakdowns that would allow reporting of response rates at department level to drive more locally.

6. Bank staff

We are obliged to participate in the NSS for bank staff in 2025, as we have in previous years.

- In 2024, there was a total of 322 bank staff invited to take part. 101 responded (31.4%).
- We expect approx. 352 bank workers to be eligible to participate in 2025.
- As with previous years, bank staff will be invited to participate via an online survey to NHS email addresses will receive additional six reminders and also SMS text notifications.

7. National breakdown categories

Organisations have the option of two internal breakdowns that are used for the national reports that are published by NHSE.

- It is proposed to retain the same reporting categories as the 2024 survey and previous years.

8. Other notable separate plans / bodies of work, which supports any NSS launch in 2024 and future years

- **Response rate league table**

Managers know their people best, including motivators / barriers / hesitations, and are best placed to drive response rates locally.

Work is underway with the Trusts Data Warehouse Manager for the creation of a *'dynamic, interactive league table'* of response rates using readily available Business Intelligence Software in the Trust. This would allow response rates to go to 'deeper' levels (departments) than previous years where response rates were published regularly during the window at directorate level only.

Intended for managers to be able to see, in real time, their response rates in their department with a variety of different comparators and insights, including comparison with other relevant departments. *'These will help us present progress in a transparent and motivating way and enable teams to see how they compare and improve over time'*, creating a sense of ownership of their response rate.

- **'Year-Round Approach' communications plan**

Whilst this is a new and separate communications plan, this naturally supports the 2025 NSS launch and all future annual survey launches.

This year-round plan is led by the Communications team and supported by P&OD, supporting a year-round engagement strategy. The intention is to keep the NSS

conversation alive throughout the year. Including providing 'shared voices, shared actions' case studies captured directly from the people involved ensuring the narrative is deeper, richer, with personality and is more meaningful than a list of 'you said it...we did it' actions which whilst important, can be less inspiring. This moves away from a previous once-a-year 'you said it, we did it' approach which has been perceived as dated for NSS purposes.

- **Offering any interested divisions with an individual marketing workshop**

With the intention to boost staff survey completions. This work is led by the communications team, with support of P&OD, and involves co-creating NSS materials and content with divisions for use in their own teams e.g. design ideas / targeted messaging content / incentive proposals / local events or activities. This will sit separately but alongside the main Trust-wide campaign.

- **Mandated National Staff Survey (and Flu) agenda item on every organisational business meeting throughout the survey window.**

This mandated action for teams will encourage discussion, raise the profile and support managers to share wider related communication at team level.

- **2024 Developing Plan**

'This is an overarching organisational plan that responds to the 2024 National Staff Survey results areas of focus, following presentation of the full results to the Trust Board in March 2025'.

The actions and work that was undertaken against these areas of focus, are helpful in providing our workforce and colleagues with visible and tangible reassurances that taking part and having their say, is acted upon by the Trust leadership.

The Board are asked to consider the plans for the 2025 survey and feedback on the plans.

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025															
Title of Report:	Finance Report Month 5 (August 2025)															
Author/s:	Name: Peter Beckwith Title: Director of Finance															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td></td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance			
	To approve		To discuss													
	To note	✓	To ratify													
	For assurance															
	The Trust Board are asked to note the report for August 2025 and comment accordingly.															
Purpose of Paper:	This report is being presented to the Trust Board to provide the financial position for the Trust as at the 31 st August 2025 (Month 5).															
	The report provides assurance regarding financial performance, key financial targets, and objectives.															
Key Issues within the report:																
Positive Assurances to Provide: - The Trust recorded a year to date surplus of £2.248m which is a £3.000m improvement above the agreed ICS planning target deficit of £0.752m - The Trust are continuing to forecast a breakeven position, consistent with Plan, at the end of the financial year. - The cash balance at the end of Month 5 was £22.318m. - The Better Payment Practice Code figures show achievement of 96.8%. - The Year-to-Date Agency expenditure totalled £1.278m. This is £1.570m below the same period for the previous year.			Key Actions Commissioned/Work Underway: The Mental Health Division is currently working to an agreed finance recovery plan.													
Matters of Concern or Key Risks: The Humber and North Yorkshire system wide financial position has			Decisions Made: Trust Board are asked to note the Finance report for August 2025.													

deteriorated monthly and currently forecasts a net run rate deficit of circa £60m • The Mental Health Division is showing a deficit forecast of £1.108m				
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

FINANCE REPORT – August 2025

1 Introduction

This report is being circulated to the Trust Board to present the financial position for the Trust as at the 31st August 2025 (Month 5). 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 System Position

The Humber and North Yorkshire NHS system are working to a breakeven plan for 2025/26, the plan is dependant on non-recurrent deficit support funding of £79m.

To date Q1 and Q2 deficit support funding has been secured, funding for Q1 and Q4 is not guaranteed and will be dependent on system financial performance.

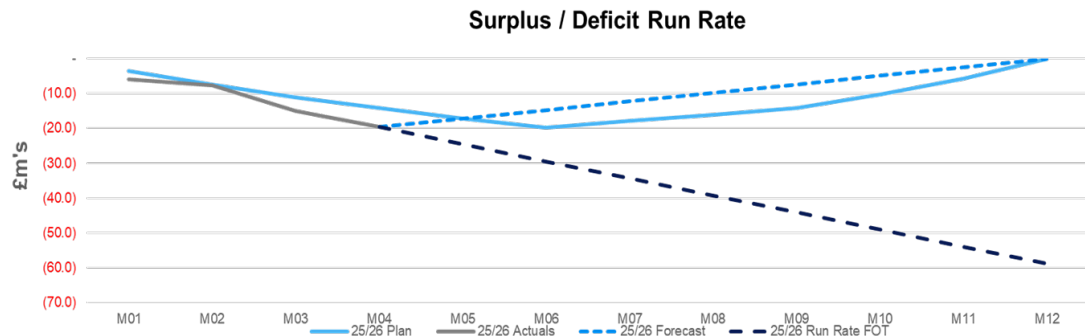
Across previous months the system has reported the following position:

- Month 2 Year to Date Deficit of £7.4m (0.2m adverse variance)
- Month 3 Year to Date Deficit of £15.0m (3.9m adverse variance)

At Month 4 the system is reporting a £19.7m year to date deficit. This represents a £5.5m adverse variance against plan, at Month 4 the system is continuing to forecast achievement of a breakeven plan, as summarised in the table below:

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan	Actual	Variance		Plan	Forecast	Variance	
	YTD	YTD	YTD		Year	Year	Year Ending	
	£000	£000	£000	%	Ending	Ending	£000	%
Humber And North Yorkshire ICB	-	(53)	(53)	(0.0%)	-	-	-	0.0%
Harrogate And District NHS Foundation Trust	(3,298)	(5,680)	(2,382)	(1.9%)	-	-	-	0.0%
Hull University Teaching Hospitals NHS Trust	(3,901)	(6,761)	(2,860)	(0.9%)	-	-	-	0.0%
Humber Teaching NHS Foundation Trust	(795)	2,205	3,000	3.4%	-	-	-	0.0%
Northern Lincolnshire And Goole NHS Foundation Trust	(5,268)	(5,438)	(170)	(0.1%)	-	-	-	0.0%
York And Scarborough Teaching Hospitals NHS Foundation Trust	(962)	(3,957)	(2,995)	(1.0%)	-	-	-	0.0%
ICS Total	(14,224)	(19,684)	(5,460)	(0.3%)	-	-	-	0.0%

A straight line extrapolation of the year to date deficit suggests a £60m year end deficit position, which doesn't take into account the favourable ytd variance recorded by the Trust.



3 Trust Position as at August 2025

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

Table 1 shows for the period ended to 31st August 2025 the Trust recorded a surplus of £2.248m which is £3.000m higher than the planned deficit of £0.752m.

The donated assets depreciation does not count against the Trust's financial control target, the year-to-date value for this is £0.016m resulting in a ledger position of £2.232m surplus.

The Year to Date favourable variance is attributable to the timing of non-recurrent income into the trust and is forecast to be used by the end of the financial year.

3.1 Forecast Position (August 2025)

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

There remains risk to delivery of the current forecast being:

- The Mental Health Division is currently reporting a forecast deficit of £1.231m, due to the level of forecast outturn pressure highlighted the Division has produced an Executive approved recovery plan which would reduce the deficit by £1m by the end of the financial year. The forecast deficit is currently being offset by non recurrent flexibilities whilst the recovery is achieved.
- The Trust has also estimated a pay award funding risk of £0.262m, which has been communicated to the ICS. The Trust delivers services commissioned by both Hull and East Riding Local Authorities, whilst some additional funding has been received for historical pay awards there are ongoing discussions regarding current year funding to cover the pay awards.

**Table 1: 2025/26
Income and Expenditure and Forecast**

	25/26 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	187,126	78,043	78,662	619	187,126	187,496	370
YHCR	4,635	1,931	2,047	115	4,635	4,725	90
Total Income	191,761	79,974	80,708	734	191,761	192,221	460
<u>Clinical Services</u>							
Children's & Learning Disability	44,812	18,730	18,853	(123)	44,812	44,418	394
Community & Primary Care	22,114	9,223	8,932	291	22,114	22,143	(29)
Mental Health	61,847	25,719	25,500	219	61,847	63,079	(1,231)
Forensic Services	14,469	6,107	5,956	151	14,469	14,542	(73)
	143,243	59,779	59,241	538	143,243	144,182	(939)
<u>Corporate Services</u>							
	41,571	18,258	18,376	(118)	41,571	38,732	2,840
Total Expenditure	184,814	78,037	77,618	419	184,814	182,914	1,901
EBITDA	6,947	1,937	3,091	1,154	6,947	9,308	2,361
Depreciation	5,116	2,132	2,286	(155)	5,116	5,486	(370)
YHCR Amortisation	1,382	576	576	0	1,382	1,382	-
Interest	(1,478)	(616)	(507)	(108)	(1,478)	(1,161)	(317)
IFRS 16	1,691	705	766	(61)	1,691	1,865	(174)
PDC Dividends Payable	1,736	723	723	1	1,736	1,736	-
Operating Total	(1,500)	(1,583)	(752)	831	(1,500)	(0)	1,500
BRS	(1,500)	(831)	-	(831)	(1,500)	-	(1,500)
Non Recurrent Income			(3,000)	3,000	-	-	-
Operating Total	0	(752)	2,248	3,000	0	(0)	(0)
Excluded from Control Total							
Donated Depreciation	39	16	16	0	39	39	0
	(39)	(768)	2,232	3,000	(39)	(39)	(0)
Ledger Position	(39)	(767.871)	2,232	3,000	(39)	(39)	(0)
EBITDA %	3.6%	2.4%	3.8%		3.6%	4.8%	
Surplus %	-0.8%	-2.0%	-0.9%		-0.8%	0.0%	

3.2 Income

Income is forecast to over achieve by £0.460m of which £0.370m relates to increased contract funding to offset the Depreciation pressures shown in Table 1.

3.3 Divisional Net Expenditure

The overall operational divisional net expenditure position is showing a forecast overspend of £0.939m.

3.3.1 Children's and Learning Disability (£0.394m underspend)

The month 5 position is an overspend of £0.121m, both pay and non pay are underspent, but income has an adverse variance of £0.632m. £0.370m of this relates to Townend where we recover the cost of an out of area placement from the ICB. A contract variation has been requested but has not yet been transacted. The remainder of the difference relates to Granville with £0.193m to be paid from ER Council. The proposed bed day rate has been forwarded to ERYC for agreement and discussion has taken place on the actual billing for this service.

The forecast outturn position for Children's & LD is a £0.394m underspend with pay pressures on the inpatient areas being offset by vacancy savings in community teams. Pay costs are forecast to increase in the second half of the year as vacancy posts are recruited into, notably in Hull 0 to 19. Focus is on the inpatient areas which are the biggest areas of cost pressure for the division to reduce expenditure.

3.3.2 Community and Primary Care (£0.029m overspend)

A significant contributor to this overspend is the continued high demand for continence products which is projected to exceed the budget by £0.233m by the year-end. Although the service has reviewed usage and implemented measures to reduce waste, such as lowering the quantity of products delivered to patients, this is not expected to result in a substantial reduction in overall costs.

An additional pressure of £0.165m relates to services delivered to Malton Ward by York FT. The contracting and finance teams are actively engaging with the provider to address this issue as it represents an increase in costs from previous years.

A substantial proportion of the overspend is being offset by underspends in newly commissioned services, including the Virtual Ward, Urgent Community Response, and Intermediate Care. However, from April 2025, these services may be subject to financial clawback by the ICB if contractual performance targets are not met. No clawback has been factored into the current forecast.

Primary Care is forecasting an underspend of £0.138m, predominantly due to vacancies that are not being filled ahead of the planned transfer of practices from the Trust. Additionally, income has increased as a result of the GP Collective Action.

3.3.3 Mental Health (£1.231m overspend)

In May the Mental Health Division was forecasting a deficit of £1.131m which resulted in the Division being put into Segment 4. An initial Recovery plan was produced which showed the Division getting to a £155k overspend position by the end of the financial year. Additional unforeseen pressures such as an increase in the number of patients being placed out of area and continued sickness for staff on inpatient units have meant the Division is failing to achieve that target.

The forecast overspend on the Unplanned areas of the Division continue to be partially offset by the number of vacancies on the Planned areas, particularly Hull CMHT.

Following a Targeted Support meeting in September the Division is currently revising the recovery plan for the October Performance & Accountability review meeting.

The forecast deficit is currently being offset at Trust level by non recurrent flexibilities.

3.3.4 Forensic (£0.073m overspend)

The Forensic division forecast to overspend by £0.073m and there are some cost pressures and offsetting savings. Vacancy savings in the Community are offset by pressures on the inpatient wards. Four EPOCs have been secured which have supported the cost of additional staff due to patient complexity.

The biggest area of risk and overspend is the medical workforce as agency was being used to cover long-term sickness. The forecast assumes that the double running cost of the substantive doctor's pay and a Locum Medic stops in the second half of the financial year. Agency will need to be used again in Q3 whilst recruitment takes place for the LD medic post.

3.3.5 Corporate Services (£3.029m underspend)

Corporate Services (including Finance Technical Items) underspend relates to the need for non-recurrent balance sheet support to achieve the balanced control total position.

4. Cash

As at the end of Month 5 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	22,195
Nat West Commercial Account	95
Petty cash	28
Total	22,318

The cash balance is held in the Government Banking Service account earning interest of 4.14% and avoiding a PDC dividend charge for each day it remains in the account.

5. Agency

Actual agency expenditure year to date at Month 5 is £1.278m, which is £1.570m below the same period in the previous year.

Table 3: Agency Spend by Staff Group

Row Labels	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Grand Total
Administration & Clerical	-	-	12,990	7,312	3,078	23,380
AHPs	260	13,735	24,901	-	(5,932)	32,964
Clinical Support Staff	-					-
Consultant	197,661	281,604	153,371	219,109	198,766	1,050,511
Nursing	8,109	65,161	40,375	57,677	(180)	171,143
Grand Total	206,031	360,500	231,637	284,098	195,732	1,277,998

Table 3 shows the agency spend by staff type by month, the majority (82%) of expenditure relates to Consultants.

There continues to be no off-framework agency since September 2024.

6. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 4. The current position is 96.8% for non-NHS and 89.1% for NHS with an overall total of 96.9%. Work is constantly ongoing to improve this position with targeted support to managers.

Table 4: Better Payment Practice Code

Better Payment Practice Code	YTD	YTD
	Number	£
NON NHS		
Total bills paid	11,490	48,591
Total bills paid within target	11,160	47,432
Percentage of bills paid within target	97.1%	97.6%
NHS		
Total bills paid	460	12,361
Total bills paid within target	410	11,908
Percentage of bills paid within target	89.1%	96.3%
TOTAL		
Total bills paid	11,950	60,952
Total bills paid within target	11,570	59,340
Percentage of bills paid within target	96.8%	97.4%

6. Recommendations

The Trust Board are asked to note the Finance report for August 2025 and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025			
Title of Report:	Trust Performance Report – June 2025			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
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>	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of June 2025. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format. All indicators have been aligned to the Trusts Strategic Goals. Long Term Plan performance dashboard is attached at appendix B (this report has been updated to reflect measures applicable to the Trust). This report is being considered by EMT on the 23rd September 2025, and views will be fed into the board verbally.			
Key Issues within the report:				
Positive Assurances to Provide: - Mandatory Training – the Trust continues to maintain a strong position reporting current compliance at 94.8% - The overall trust vacancy position is 7.6%. - Clinical Supervision continues to perform above target, in month performance was recorded at 88.3%. % of harm free incidents is at 99.7% and has been in the upper quartile for the last quarter - Care Programme Reviews (3 days and 12 months) have performed above target throughout the last quarter. - EIP Performance in month was 100% - Virtual Ward Bed Occupancy remains above target at 85%,		Key Actions Commissioned/Work Underway: - Work to improve the recording of contacts following the change of system is taking place through the EPR optimisation group. This includes validation work to ensure data is recorded and therefore reported accurately. - To improve the 18 Week Talking Therapies position the service are working proactively to increase capacity through sub-contracted providers alongside management of staff absence. New recruits are expected to commence in October and November to support the recovery trajectory. - Liaison Psychiatry (1 Hour Response) – work is ongoing between operational leads and Business Intelligence to ensure accurate recording of contact time some improvement has been seen in August and work continues with a view to returning to pre EPR transfer levels.		

	• In response to the high levels of sickness absence reported in inpatient areas, a bespoke targeted sickness intervention is being delivered collaboratively between operational areas and the People team, across five inpatient settings. • A 'working towards a healthier workforce' strategy is being co-created to understand sickness trends and appropriate actions. This work is being reported into EMT and the People & OD Committee. • Operational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work across all services that are challenged by meeting over 52 week and 18 week waiting time standards.

Matters of Concern or Key Risks: • Talking Therapies 18 weeks - There has been a steady decline in the as a result of staff sickness/maternity leave alongside staff vacancies, this coupled with increases in referrals has resulted in the waiting time breach • Sickness absence has continued to be above target, with specific work undertaken to focus on inpatient sickness absence which is showing the highest prevalence of sickness. Performance in month has shown a minor improvement, currently standing at 5.1%. • Safer Staffing Dashboard – there are no units with 5 or more Red flags however 13 units are flagging red for sickness • Waiting times for children's neurodiversity services continues to be the most significant area of pressure and challenge. • Inappropriate MH Out of Area continues to be monitored, and solutions are being actively progressed to reduce usage.	Decisions Made: • None (report is to note)

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	24.09.25
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Financial Year
2025-26

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:

Aug-25

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

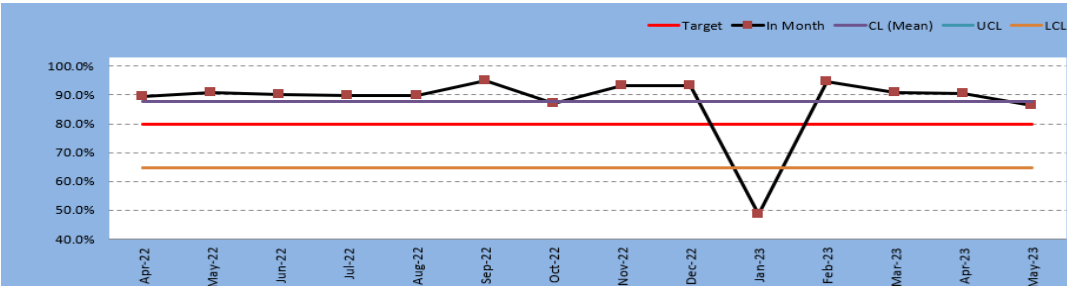
Caring, Learning and Growing



Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **August 2025**

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).																																																																															
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set. The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:																																																																															
Example SPC Chart	S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable.	 <table><caption>Approximate data from Example SPC Chart</caption><thead><tr><th>Month</th><th>In Month (%)</th><th>Target (%)</th><th>UCL (%)</th><th>LCL (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>90.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>May-22</td><td>92.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Jun-22</td><td>90.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Jul-22</td><td>90.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Aug-22</td><td>90.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Sep-22</td><td>95.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Oct-22</td><td>88.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Nov-22</td><td>92.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Dec-22</td><td>92.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Jan-23</td><td>50.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Feb-23</td><td>95.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Mar-23</td><td>90.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>Apr-23</td><td>90.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr><tr><td>May-23</td><td>88.0</td><td>80.0</td><td>95.0</td><td>65.0</td></tr></tbody></table>				Month	In Month (%)	Target (%)	UCL (%)	LCL (%)	Apr-22	90.0	80.0	95.0	65.0	May-22	92.0	80.0	95.0	65.0	Jun-22	90.0	80.0	95.0	65.0	Jul-22	90.0	80.0	95.0	65.0	Aug-22	90.0	80.0	95.0	65.0	Sep-22	95.0	80.0	95.0	65.0	Oct-22	88.0	80.0	95.0	65.0	Nov-22	92.0	80.0	95.0	65.0	Dec-22	92.0	80.0	95.0	65.0	Jan-23	50.0	80.0	95.0	65.0	Feb-23	95.0	80.0	95.0	65.0	Mar-23	90.0	80.0	95.0	65.0	Apr-23	90.0	80.0	95.0	65.0	May-23	88.0	80.0	95.0	65.0
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Strategic Goal 1	Innovating Quality and Patient Safety		Strategic Goal 4	Developing an effective and empowered workforce																																																																												
Strategic Goal 2	Enhancing prevention, wellbeing and recovery		Strategic Goal 5	Maximising an efficient and sustainable organisation																																																																												
Strategic Goal 3	Fostering integration, partnership and alliances		Strategic Goal 6	Promoting people, communities and social values																																																																												
Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts																																																																															

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **August 2025**

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

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **August 2025**

Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes Neuro Services, no team types are excluded.</i>
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 2	Liaison 1 hour response	New referrals to liaison psychiatry teams from A&E in the reporting period with first face to face contact within 1 hour
Goal 2	UCR 2 hr response	The percentage of 2-hour Urgent Crisis Response (UCR) referrals that achieved the 2-hour standard in the reporting month
Goal 2	Virtual Ward	Virtual Ward Bed Occupancy Rate
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)

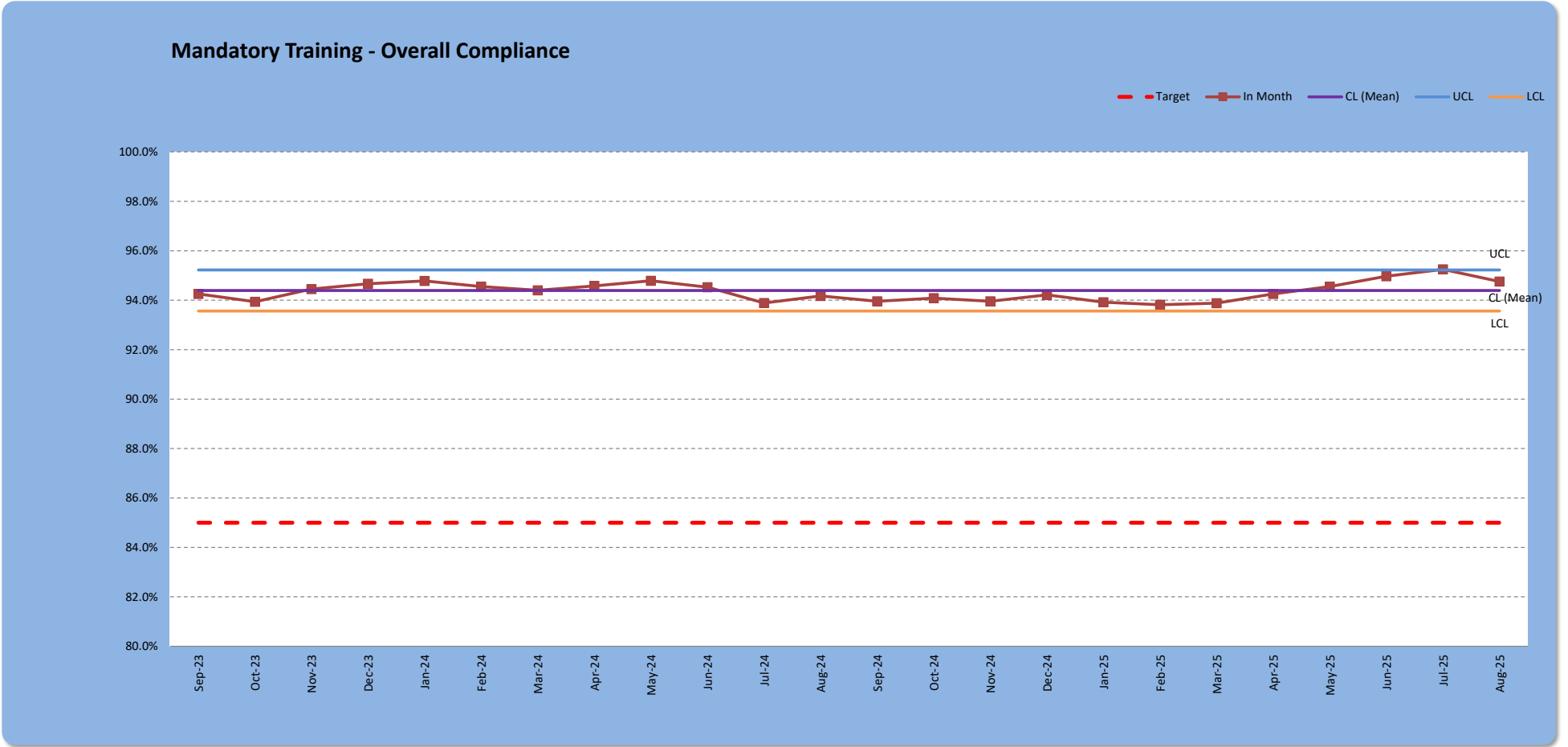
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2025**

Target:	Amber:	Current month stands at:
85%	80%	94.8%

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



PI RETURN FORM 2025-26

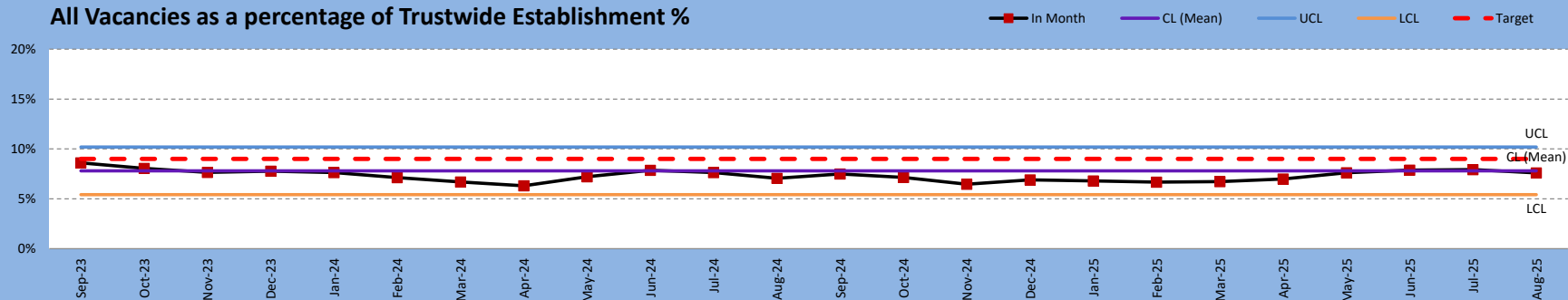
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2025**

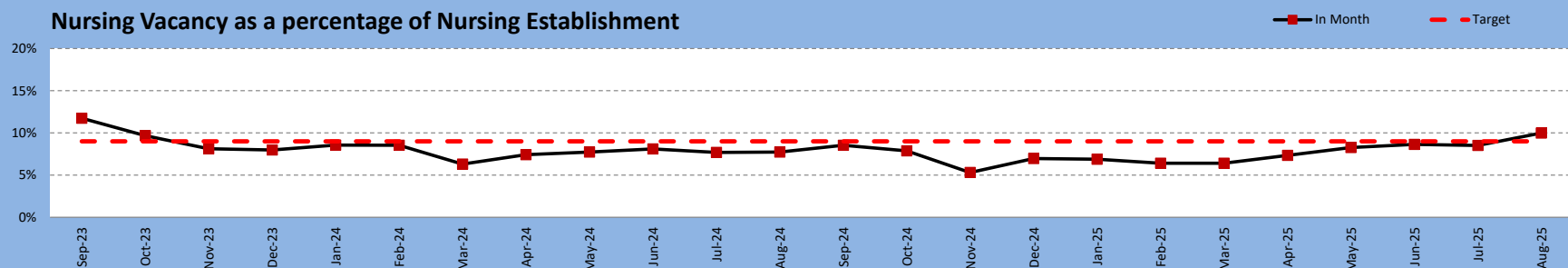
Target:	Amber:	Current month stands at:
N/A	N/A	7.6%

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

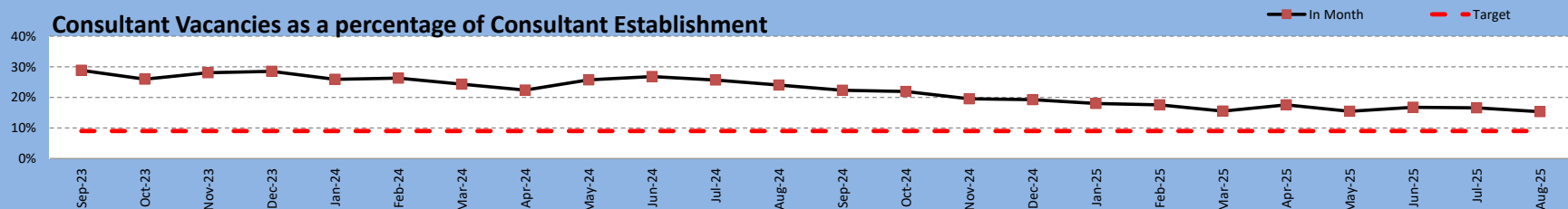
All Vacancies as a percentage of Trustwide Establishment %



Nursing Vacancy as a percentage of Nursing Establishment



Consultant Vacancies as a percentage of Consultant Establishment



PI RETURN FORM 2025-26

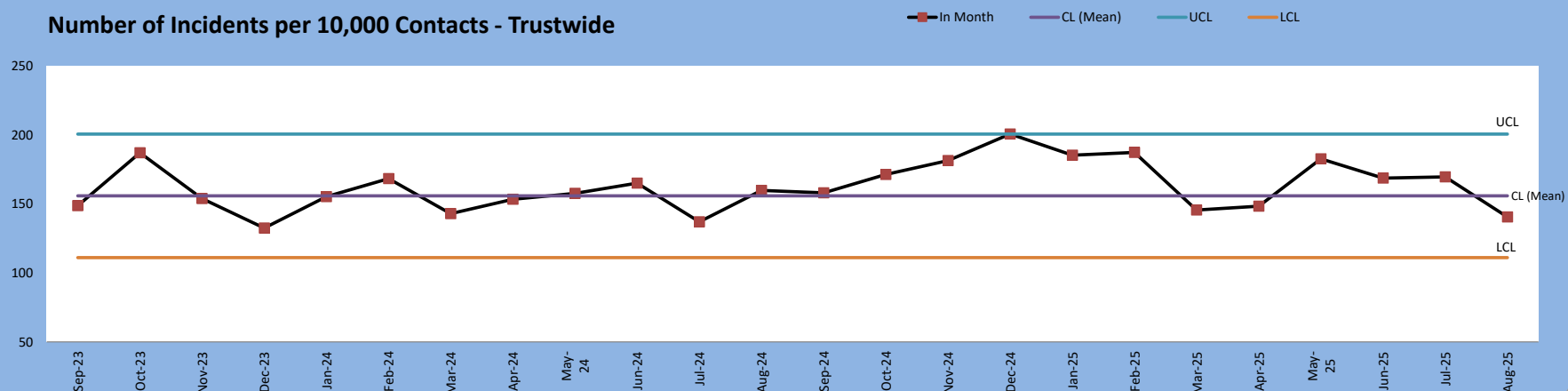
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2025**

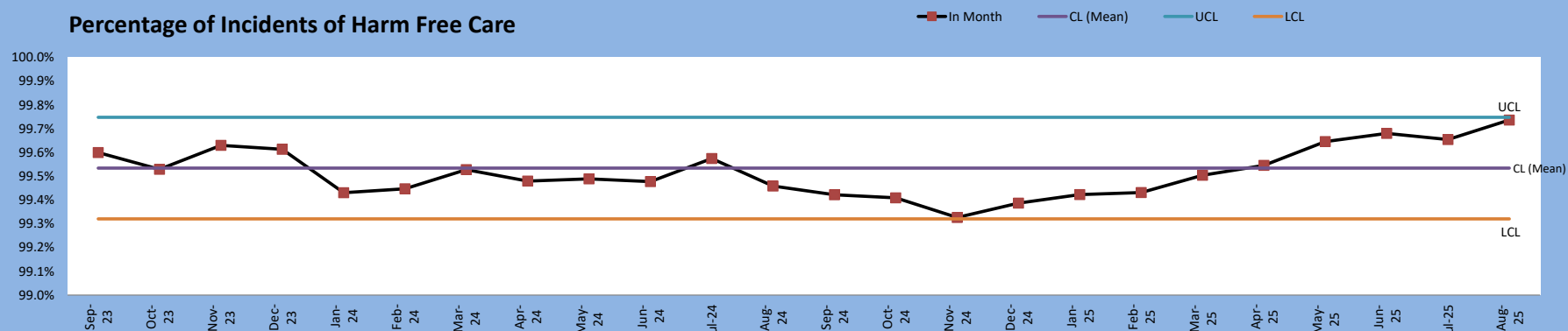
Trustwide current month stands at:	
Target: 0	Amber: 0
141	

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

Number of Incidents per 10,000 Contacts - Trustwide



Percentage of Incidents of Harm Free Care



PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2025**

Target:	Amber:	Trustwide current month stands at:
0	0	141

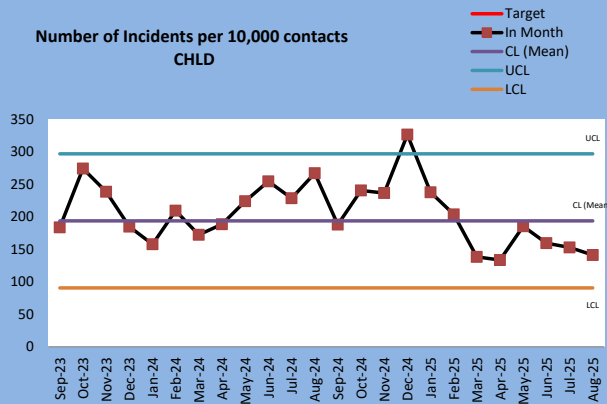
Indicator Title	Description/Rationale
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)

Executive Lead
Sarah Smyth

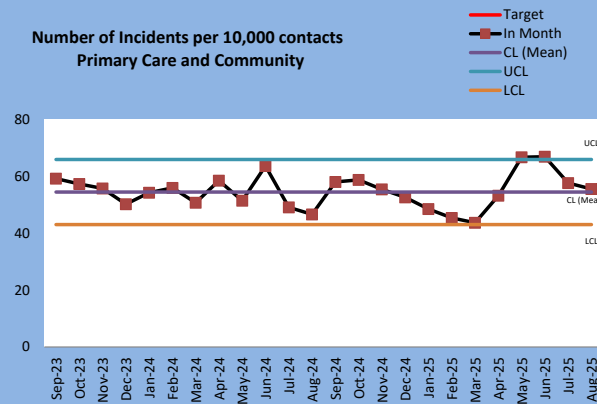
KPI Type

IA_TW

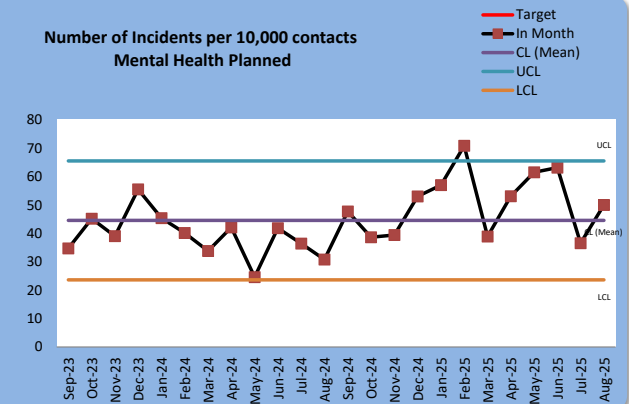
**Number of Incidents per 10,000 contacts
CHLD**



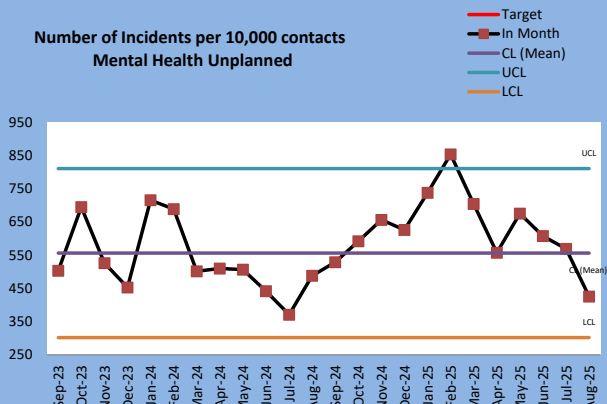
**Number of Incidents per 10,000 contacts
Primary Care and Community**



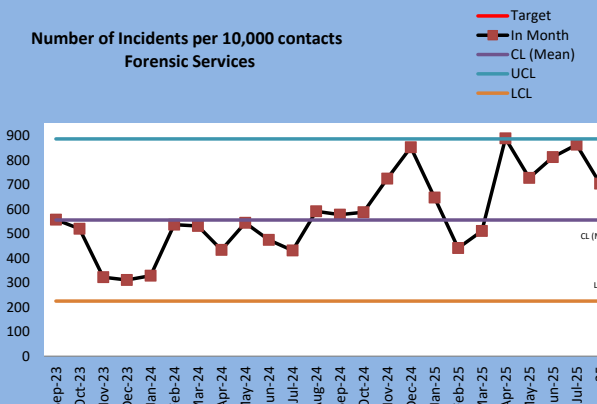
**Number of Incidents per 10,000 contacts
Mental Health Planned**



**Number of Incidents per 10,000 contacts
Mental Health Unplanned**



**Number of Incidents per 10,000 contacts
Forensic Services**



Current Month per Division

Children and Learning Disability	141
Primary Care and Community	56
Mental Health Planned	50
Mental Health Unplanned	425
Forensic Services	704

Incident Analysis

	Jul-25	Aug-25
Never Events	0	0
% of Harm Free Care	99.7%	99.7%
% of Incidents reported in Severe Harm or Death	0.4%	0.5%

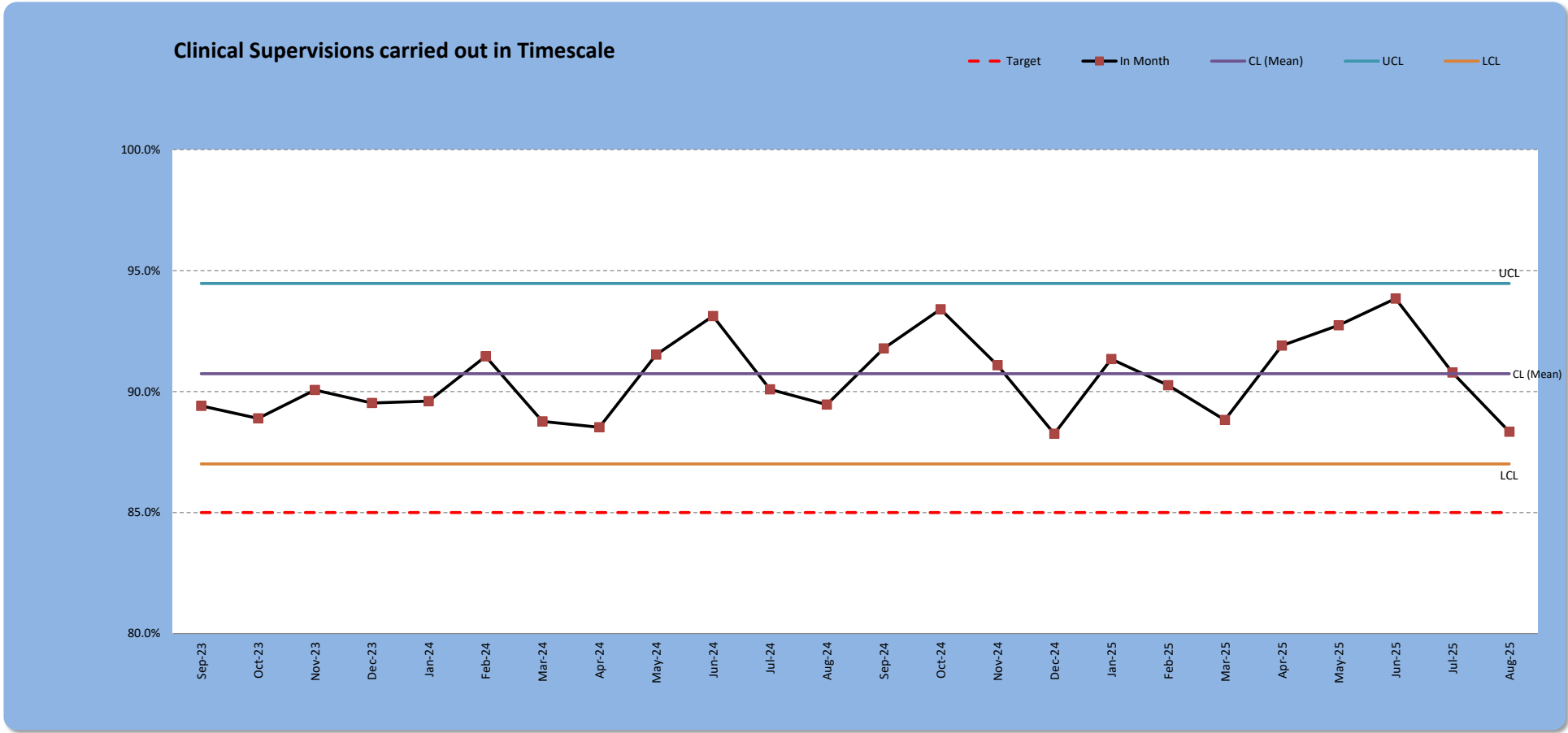
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: August 2025

Target: Amber:		Current month stands at:
85%	80%	88.3%

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	Sarah Smyth	WL 9a



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	Staffing and Quality Indicators
Reporting Month:	2025-26
	Jul-25

Shown one month in arrears										Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators															
Units					CHPPD Hours (Nurse)	Improvement	Day		Night									QUALITY INDICATORS								Indicator Totals							
Speciality	Ward	Speciality	WTE	OBDOs (including leave)							Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (KS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jun-25							Jul-25	
Adult MH	Avondale	Adult MH Assessment	30.0	77%	10.9	98%	100%	100%	104%	0	5	1	0	0	19	3	0	96.9%	92.2%	83.3%	87.5%	1.8%	1.0	0	0								
	New Bridges	Adult MH Treatment (M)	34.8	98%	7.3	96%	95%	100%	101%	0	7	0	0	0	20	1	0	85.7%	96.6%	93.8%	95.0%	6.8%	3.2	2	2								
	Westlands	Adult MH Treatment (F)	35.0	84%	9.3	89%	90%	101%	114%	0	22	0	0	1	73	2	0	87.9%	91.6%	87.5%	83.3%	14.4%	0.0	1	1								
	Mill View Court	Adult MH Treatment	31.2	98%	7.6	94%	96%	95%	105%	0	0	0	0	0	2	1	0	91.2%	94.7%	64.7%	93.8%	8.3%	1.8	2	3								
	STARS	Adult MH Rehabilitation	14.2	89%	18.8	96%	86%	101%	100%	0	0	0	0	0	0	0	0	66.7%	91.9%	80.0%	80.0%	13.8%	1.0	2	2								
	PICU	Adult MH Acute Intensive	27.1	92%	18.8	106%	97%	94%	111%	0	40	0	0	0	94	1	0	84.4%	96.7%	92.9%	100.0%	4.1%	2.8	0	1								
OP MH	Maister Lodge	Older People Dementia Treatment	35.5	60%	19.5	103%	84%	101%	131%	2	6	1	0	2	24	1	0	N/R	94.4%	81.8%	96.0%	6.0%	1.6	0	2								
	Mill View Lodge	Older People Treatment	30.7	87%	15.7	66%	90%	100%	104%	0	0	0	0	1	1	0	0	82.8%	97.2%	92.9%	100.0%	9.6%	1.0	2	2								
	Maister Court	Older People Treatment	21.4	95%	17.3	107%	75%	123%	98%	0	6	0	0	2	27	0	0	N/R	89.1%	77.8%	90.0%	6.5%	-1.0	3	3								
	Pine View	Forensic Low Secure	28.2	76%	10.0	84%	91%	86%	97%	0	1	0	0	0	2	0	0	100.0%	99.5%	100.0%	94.7%	10.3%	3.1	1	1								
	Derwent	Forensic Medium Secure	26.2	83%	15.8	87%	79%	103%	151%	0	0	0	0	0	8	0	0	100.0%	95.5%	90.9%	81.3%	1.4%	0.2	0	0								
	Ouse	Forensic Medium Secure	24.6	82%	7.6	84%	94%	119%	86%	0	0	0	0	0	0	0	0	100.0%	95.5%	88.9%	80.0%	9.8%	0.2	1	1								
	Swale	Personality Disorder Medium Secure	27.3	93%	10.8	98%	115%	104%	118%	0	3	0	0	0	3	0	0	100.0%	99.1%	90.9%	100.0%	2.5%	2.2	1	1								
	Ullswater (10 Beds)	Learning Disability Medium Secure	28.4	80%	22.5	101%	193%	117%	211%	0	3	0	0	2	16	0	0	86.2%	96.4%	100.0%	94.4%	2.8%	0.1	0	0								
Child & LD	Townend Court	Learning Disability	46.6	37%	38.2	65%	83%	95%	84%	0	22	0	0	0	59	1	0	86.8%	94.3%	75.0%	82.4%	10.4%	1.7	2	2								
	Inspire	CAMHS	50.0	76%	24.8	100%	112%	97%	115%	0	0	0	0	0	0	0	0	N/R	94.5%	85.0%	96.6%	6.6%	-0.5	0	2								
	Granville Court	Learning Disability Nursing Care	50.6	66%	21.5	133%	88%	125%	107%	0	0	0	0	0	0	0	0	75.9%	98.3%	85.7%	100.0%	7.1%	-1.4	1	1								
OH	Whitby Hospital	Physical Health Community Hospital	29.0	90%	7.8	87%	63%	102%	98%	0	0	0	0	3	1	0	0	N/R	91.5%	85.7%	73.7%	11.2%	1.9	2	3								
	Malton Hospital	Physical Health Community Hospital	29.4	94%	6.5	89%	79%	112%	89%	0	0	1	0	0	0	1	0	100.0%	92.0%	87.5%	87.5%	9.5%	0.9	3	3								
Key	Target met				Within 5% of target				Target not met																								

Key	Target met	Within 5% of target	Target not met

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

	Staffing and Quality Indicators
Contract Period:	2025-26
Reporting Month:	Jul-25

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Jul

Sickness rates had shown an overall improvement from 17 units flagging red in January down to 10 in June, however this has risen to 14 in July with 5 units over 10%. Similar to June, there are no units with a sickness rate above 15%, which is an improved position from the previous months.

There continues to be no units with more than 3 red flags. 4 units have 3 red flags.

Malton has three red flags for bed occupancy (94%) which is impacting on their CHPPD (6.5) and have a sickness rate of 9.5%.

Mill View Court have higher bed occupancy (98%) and sickness rates at 8.3%, up from 5.6% in June. They have continued to be under target for ILS since March which has been escalated to the matron. 2 staff overdue however training dates scheduled. ILS compliance for all other units is above 85%.

Maister Court continue to flag for OBD (95% - 5 bedded unit), supervision (nil return in July) and this has been addressed by the matron with clinical managers. Sickness rates have improved slightly from 9.3% in June to 6.5% in July.

Whitby continue to have staffing pressures which has impacted daytime fill rates. Upon review of their incident data there are no reported incidents of harm related to staffing. Staffing was impacted by high sickness and recent vacancies.

TEC fill rates on days for RNs was low for July however they continue to have low bed occupancy (37%) and high CHPPD (38.2%).

Overall, the CHPPD remains consistently strong with 15 units above the target. Newbridges, Mill View Court and Whitby are slightly under the target CHPPD and Malton are below the lower target threshold of 7.0. The community wards are due to commence dependency data collection using the Safer Nursing Care Tool in September which will support an evidenced based recommendation relating to their CHPPD. No staffing levels incidents reported on any of the units which have not reached target CHPPD.

Statutory/Mandatory training (all) remains above the 85% target for all units. Malton has reached their target for ILS in July (87.5%) compared to 62.5% in June. Whitby was slightly under target at 73.7% for BLS. The resuscitation officer has provided training in Whitby during September.

TEC had a nil return for supervision in June, but this currently stands at 86.8%. STaRs compliance with supervision dropped below target in July (66.7%) but recent data (Aug) demonstrates this is back to 81%. There was a nil return in July for Inspire but August data demonstrates that this currently stands at 88%.

The staffing level incidents reported in July have been reviewed with no reported harm to patients.

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

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

Registered Nurse Vacancy Rates (Rolling 12 months)

Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
10.28%	8.92%	6.80%	6.30%	7.39%	7.77%	7.57%	7.15%	7.71%	8.90%	10.20%	10.65%

Slips/Trips and Falls (Rolling 3 months)

	May-25	Jun-25	Jul-25
Maister Lodge	4	1	6
Millview Lodge	3	3	3
Malton IPU	1	2	0
Whitby IPU	1	3	7

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

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING COMMUNITY DASHBOARD

Contract Period:
Reporting Month:

Staffing and Quality Indicators

2025-26

Jul



Humber Teaching
NHS Foundation Trust

Area	Team	Speciality	Workforce Indicators					Quality Indicators						Trend	
			WTE in post	Vacancies Budget - WTE	Sickness	Bank Spend £	Agency Spend £	Mandatory Training Overall	Clinical Supervision	Friends and Family YTD Responses	Friends and Family YTD %	Serious Incidents (reported to STEIS) YTD	Complaints Upheld (wholly or in part) YTD	Jun-25	Jul-25
Adult MH Services	Mental Health Response Service	Adult Crisis	59.9	12.2%	✗ 7.6%	£36,792	-£785	✓ 93.4%	✓ 87.5%	4	✗ 50.0%	0	0	✓ 1	✗ 2
	Hull East Mental Health Team	Hull Adult MHT	22.9	39.7%	✗ 13.0%	£369	£0	✓ 85.9%	✗ 70.4%	0	NS	0	0	✗ 2	✗ 2
	Hull West Mental Health Team	Hull Adult MHT	12.7	18.9%	✗ 13.5%	£1,395	£0	✓ 94.0%	N/R	3	✓ 100.0%	0	0	✓ 1	✓ 1
	Beverley Mental Health Team	ER Adult MHT	6.6	10.6%	✗ 5.6%	£2,431	£0	✓ 98.0%	✓ 100.0%	2	✓ 100.0%	0	0	✓ 0	✓ 1
	Goole Mental Health Team	ER Adult MHT	9.4	6.2%	✗ 7.6%	£1,085	£0	✓ 97.0%	✓ 100.0%	3	✗ 66.7%	0	0	✓ 1	✗ 2
	Haltemprice Mental Health Team	ER Adult MHT	9.9	3.2%	✗ 7.1%	£1,161	£0	✓ 92.2%	N/R	0	NS	0	0	✓ 1	✓ 1
	Holderness Mental Health Team	ER Adult MHT	11.2	3.4%	✗ 14.3%	£0	£0	✓ 95.9%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 0	✓ 1
	Bridlington & Driffield MHT	ER Adult MHT	15.3	5.1%	✗ 9.6%	£0	£0	✓ 96.2%	✓ 100.0%	4	✓ 100.0%	0	0	✓ 1	✓ 1
Older People MH Services	Crisis Intervention Team for Older People (CITOP)	OP Crisis	19.7	35.6%	✗ 11.1%	£10,909	£0	✓ 97.7%	✓ 100.0%	3	✓ 100.0%	0	0	✓ 0	✓ 1
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	20.9	9.6%	✓ 1.5%	£4,881	£0	✓ 97.5%	✓ 100.0%	9	✓ 100.0%	0	0	✓ 0	✓ 0
	Beverley and Haltemprice OP CMHT	ER OP CMHT	9.4	3.5%	✓ 0.3%	£0	£0	✓ 96.9%	✓ 100.0%	10	✓ 100.0%	0	0	✓ 0	✓ 0
	Bridlington & Driffield OP CMHT	ER OP CMHT	6.3	21.4%	✓ 0.0%	£0	£0	✓ 92.2%	✓ 100.0%	5	✗ 80.0%	0	0	✓ 0	✓ 0
	Goole & Pocklington OP CMHT	ER OP CMHT	5.1	14.1%	✗ 9.6%	£0	£0	✓ 93.5%	✓ 100.0%	11	✓ 100.0%	0	0	✓ 0	✓ 1
	Holderness OP Community Team	ER OP CMHT	5.3	-0.1%	✗ 18.1%	£0	£0	✓ 97.7%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 1	✓ 1
Universal	Early Intervention in Psychosis	14-65 MHT	23.5	16.3%	✗ 5.9%	£0	£0	✓ 91.7%	✓ 92.9%	2	✗ 50.0%	0	0	✓ 1	✗ 2
	Hospital Mental Health Team	Liaison Services	36.0	10.4%	✓ 3.5%	£4,304	£21,103	✓ 89.6%	✗ 82.9%	6	✗ 83.3%	0	0	✓ 0	✓ 0
Community Services	Ryedale Team	Comm Services	19.0	8.6%	✓ 2.9%	£316	£0	✓ 92.9%	✓ 92.3%	0	NS	0	0	✓ 0	✓ 0
	Scarborough Hub	Comm Services	64.0	8.1%	✗ 5.4%	£26,258	£9,514	✓ 91.6%	✗ 81.1%	0	NS	0	0	✓ 1	✓ 1
	Whitby Community Nurses	Comm Services	29.2	14.8%	✗ 5.1%	£5,088	£0	✓ 93.3%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 0
	Pocklington Nurses	Comm Services	15.0	23.8%	✓ 3.9%	£4,503	£0	✓ 86.8%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 0

Points of Note:

Complaints - Zero figures indicate at least one complaint was made but not upheld. Figures above zero indicate these complaints were either Upheld or Partly Upheld. These incur a Red flag.

Active Caseload - patients seen at least once for treatment within the team. ER Adult Teams do not have the local authority staffing numbers included.

No returns for clinical supervision will incur a Red Flag

FFT % results based on the number of responses received with a satisfactory outcome

Waiting Assessment - Total number of patients not seen for assessment

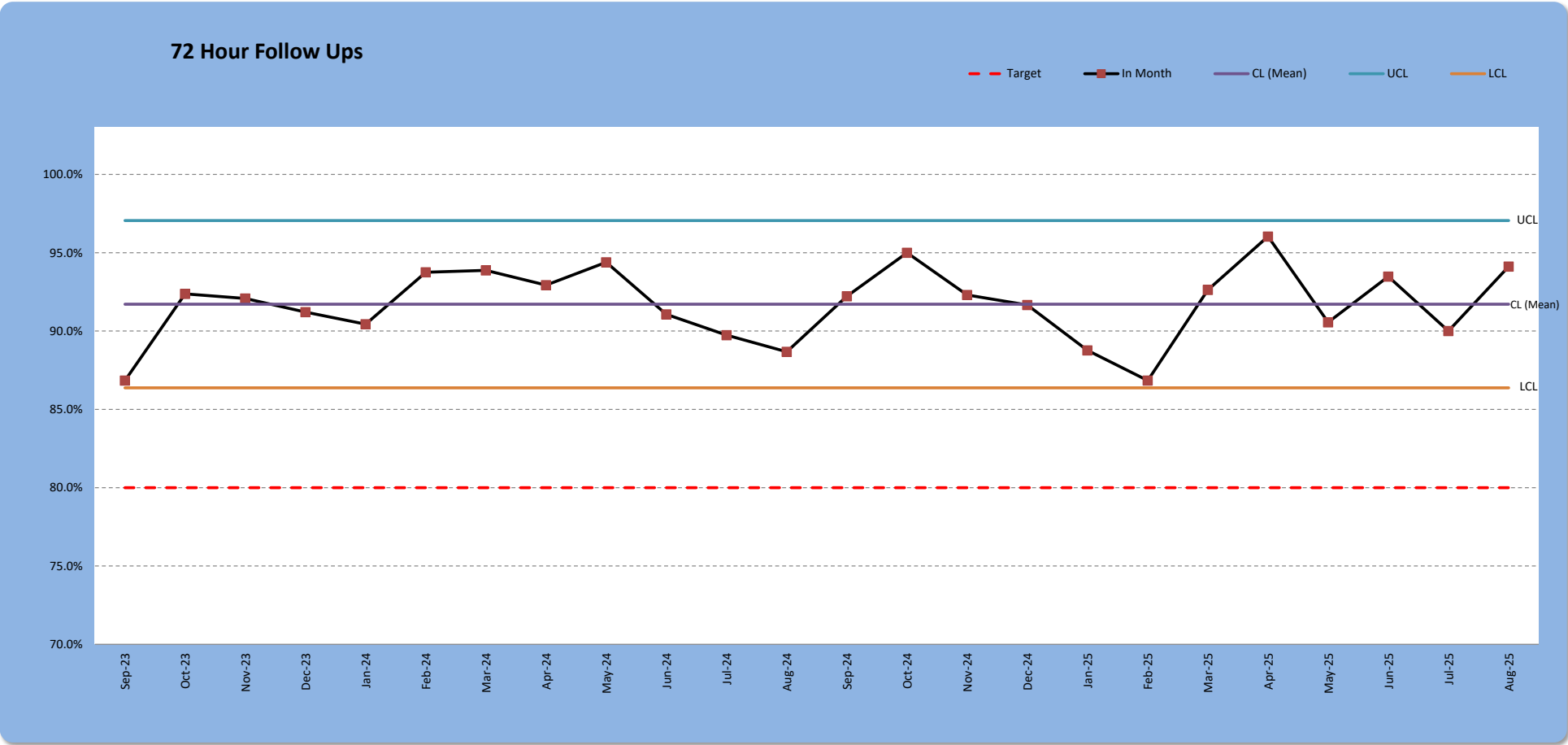
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Current month for 72 hour stands at:		
Target: 80%	Amber: 60%	94.1%

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



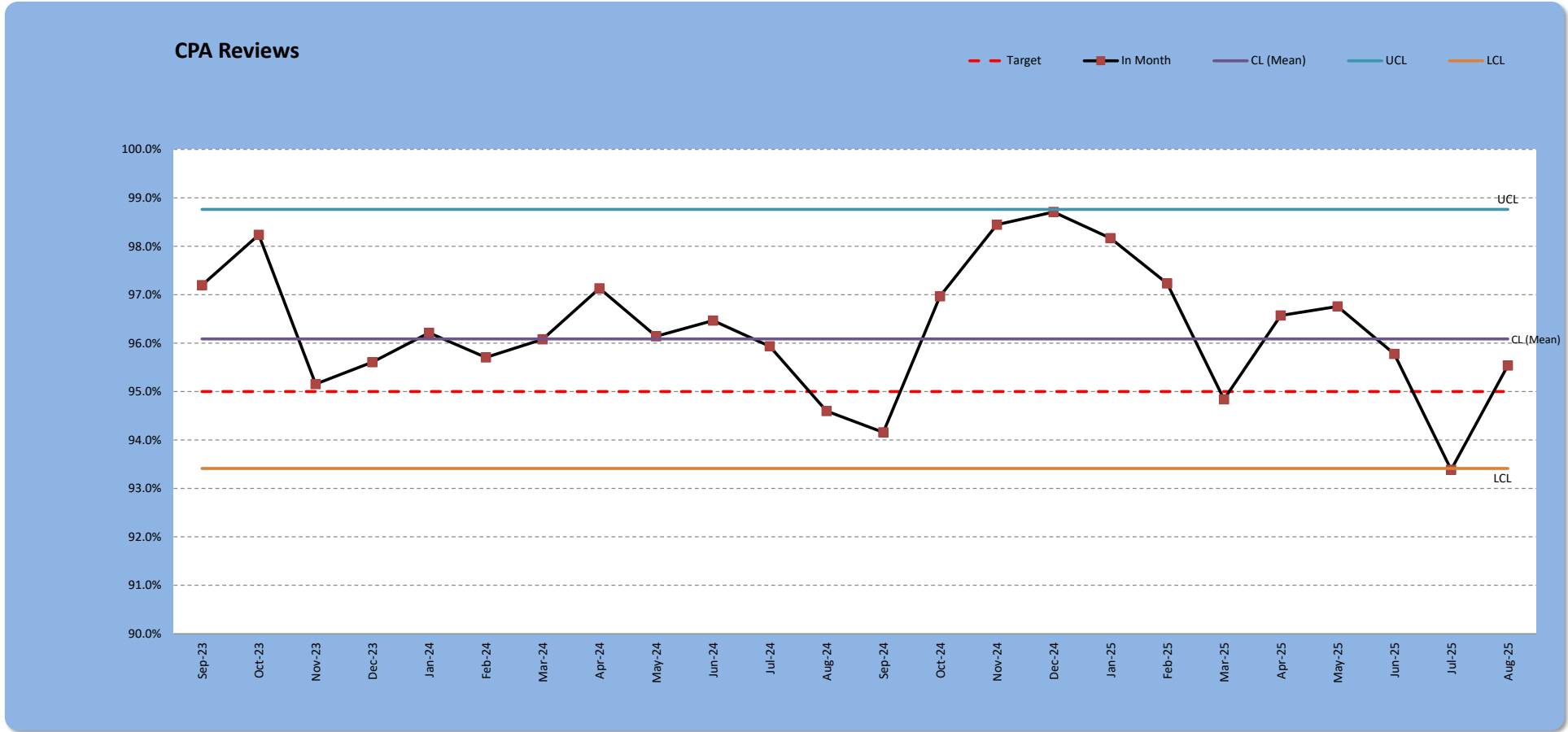
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
95%	85%	95.5%

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



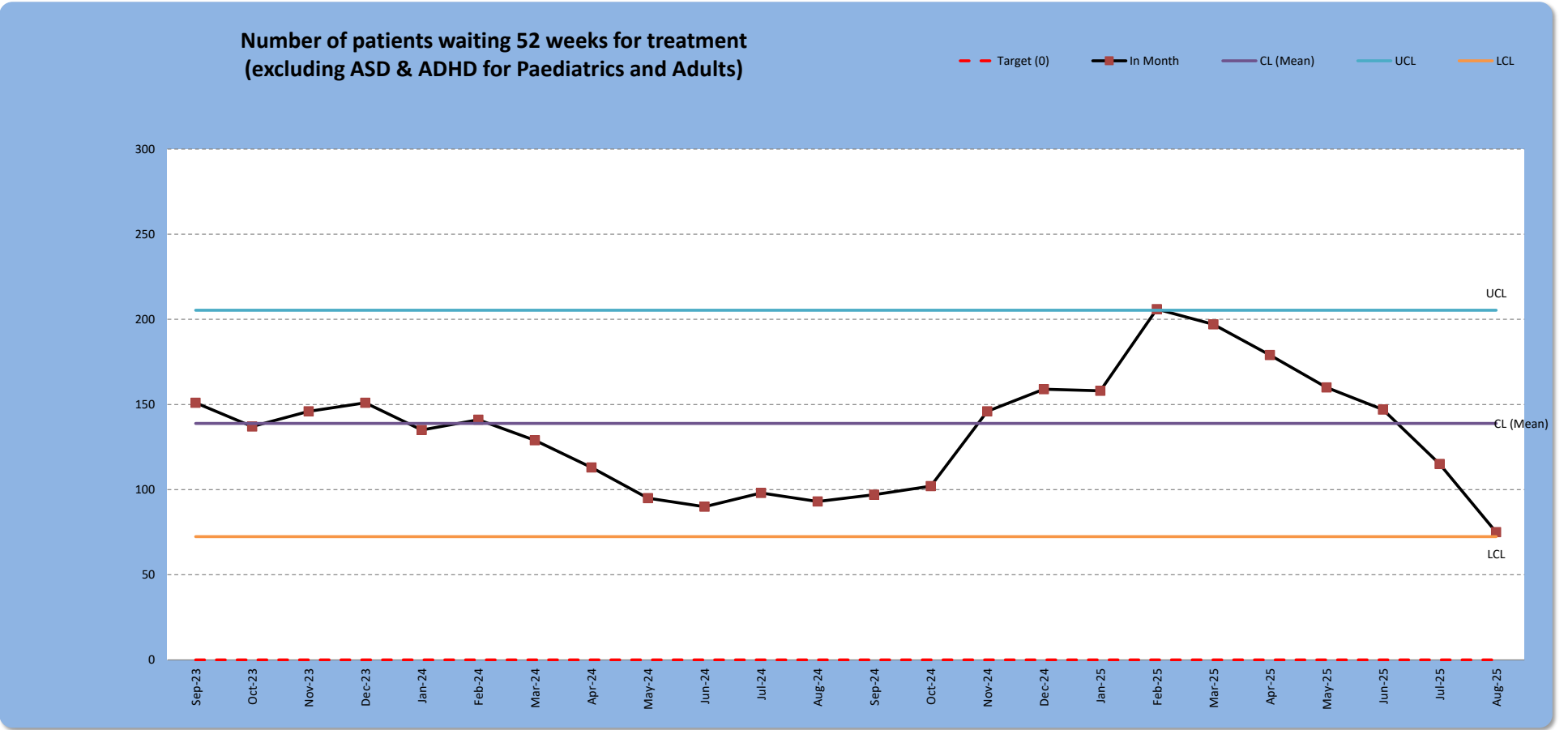
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
0	0	75

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. (Excludes ASD & ADHD Services for both Adult and Paediatrics)	Lynn Parkinson	OP 22x



PI RETURN FORM 2025-26

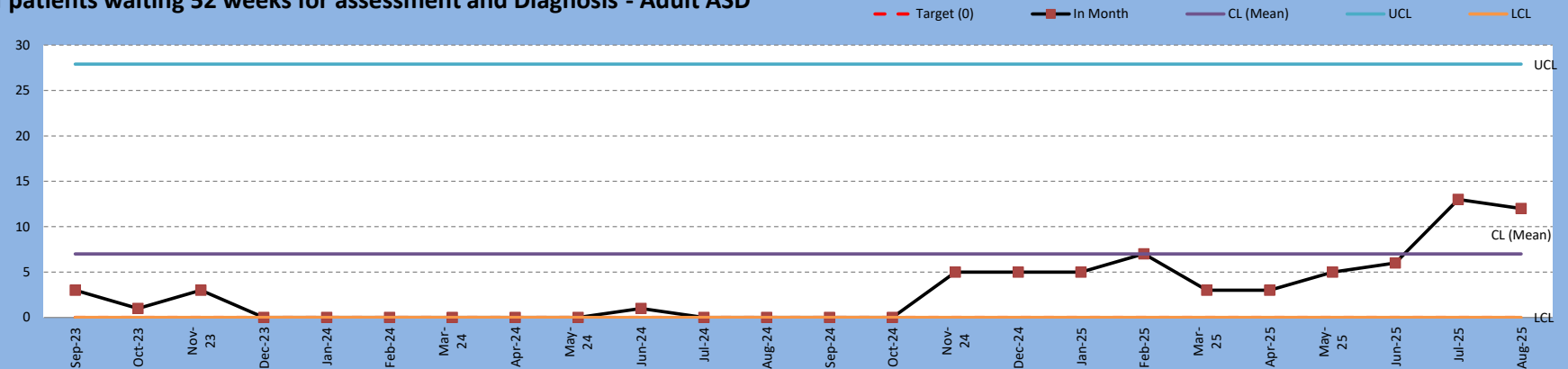
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2025**

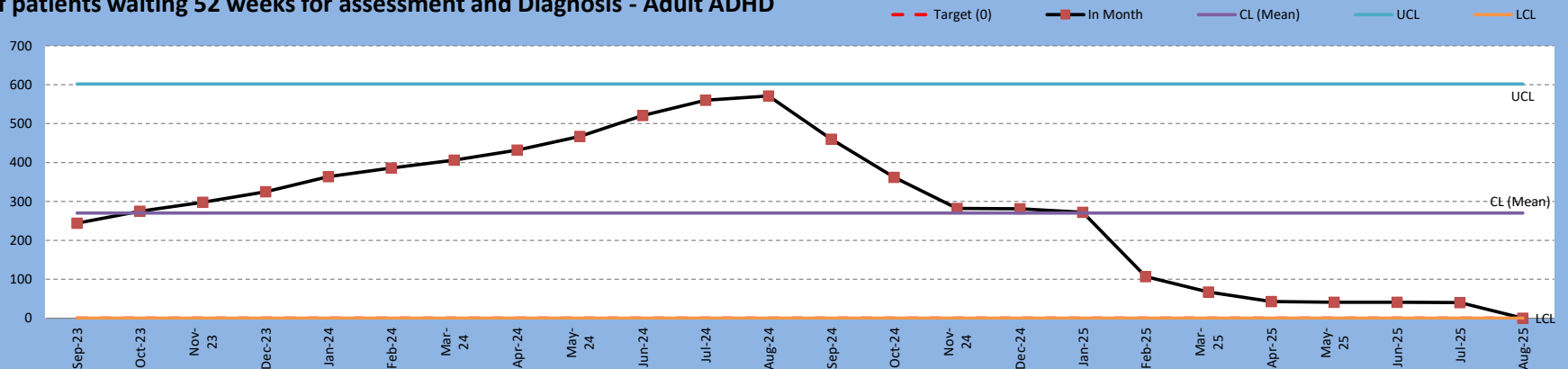
Target:	Amber:	Current month stands at:
0	0	12

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

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



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



PI RETURN FORM 2025-26

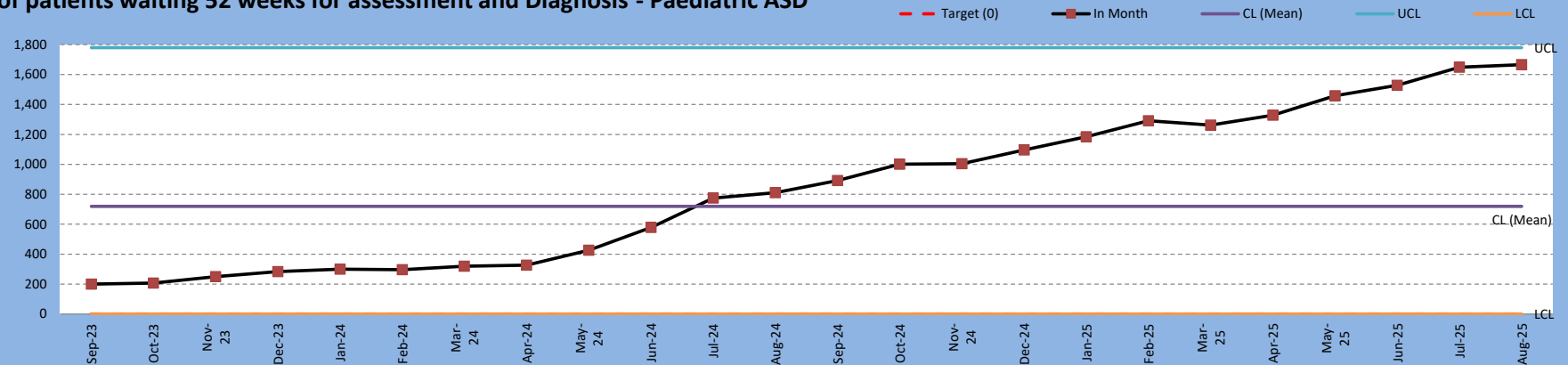
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2025**

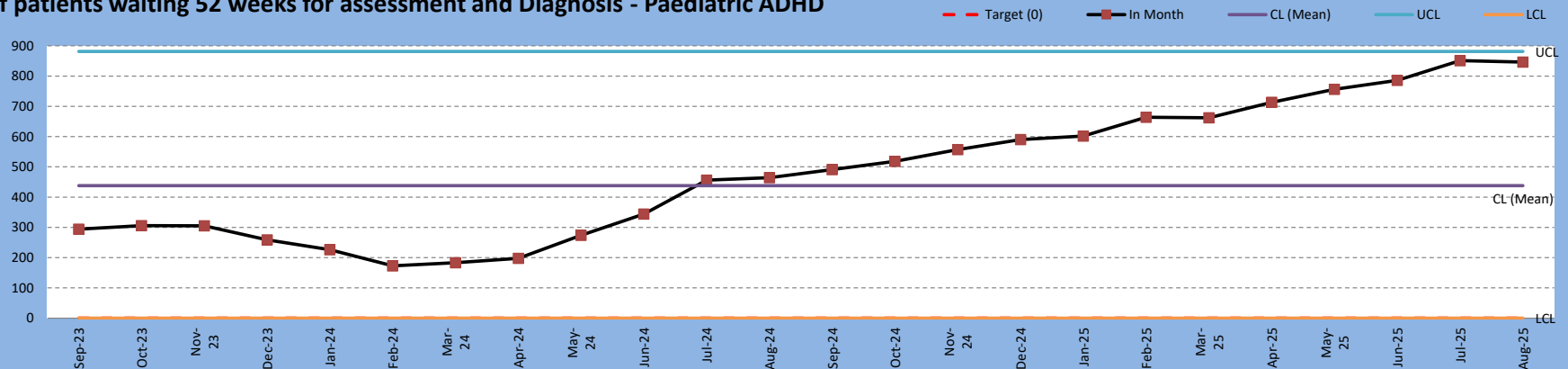
Target:	Amber:	Current month stands at:
0	0	2512

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

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



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



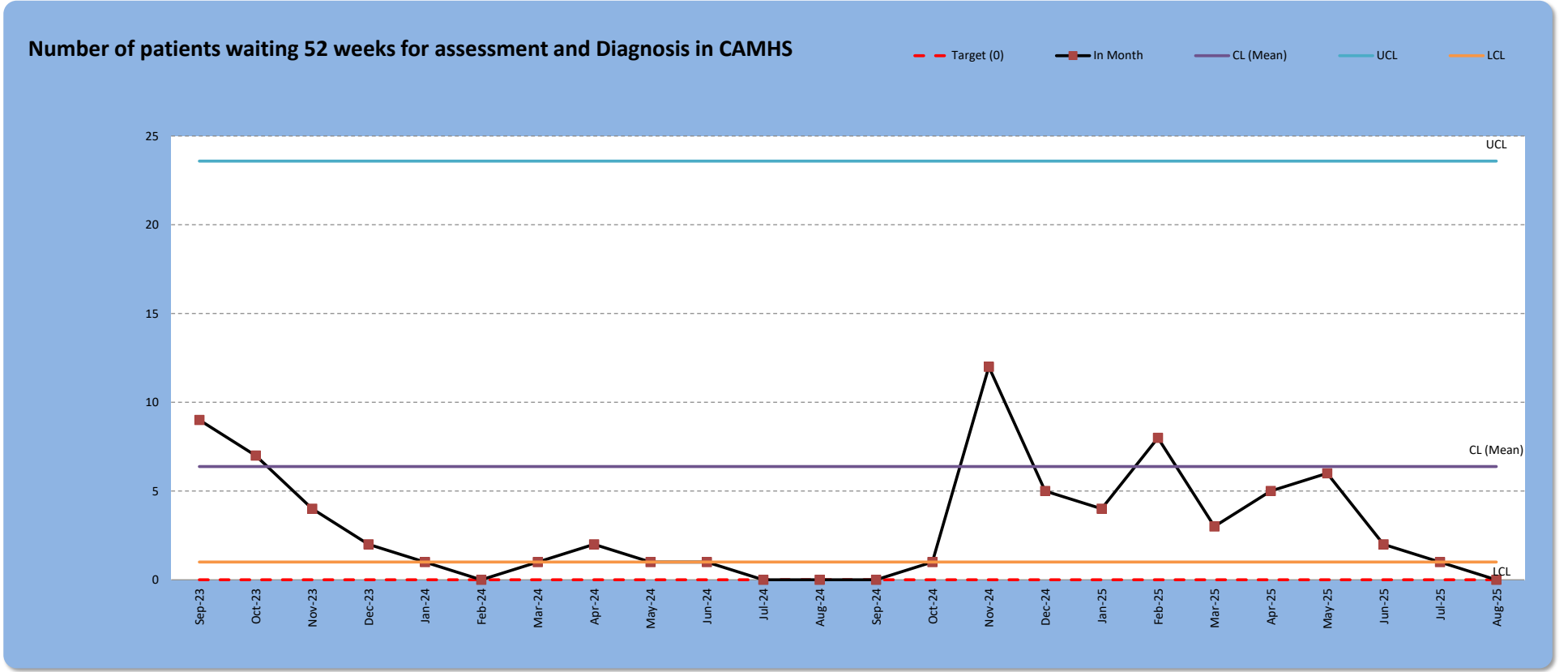
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

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

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



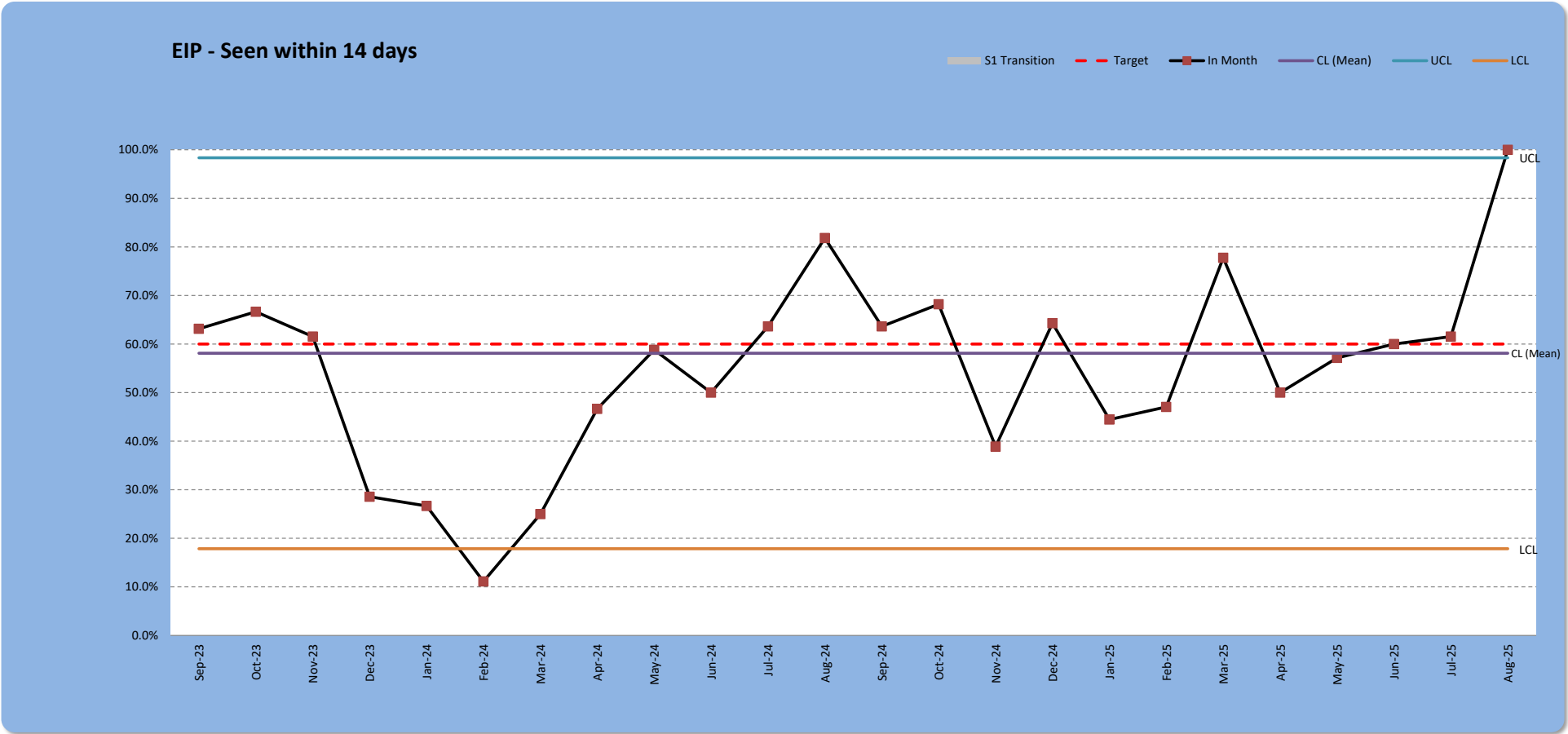
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
60%	55%	100.0%

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



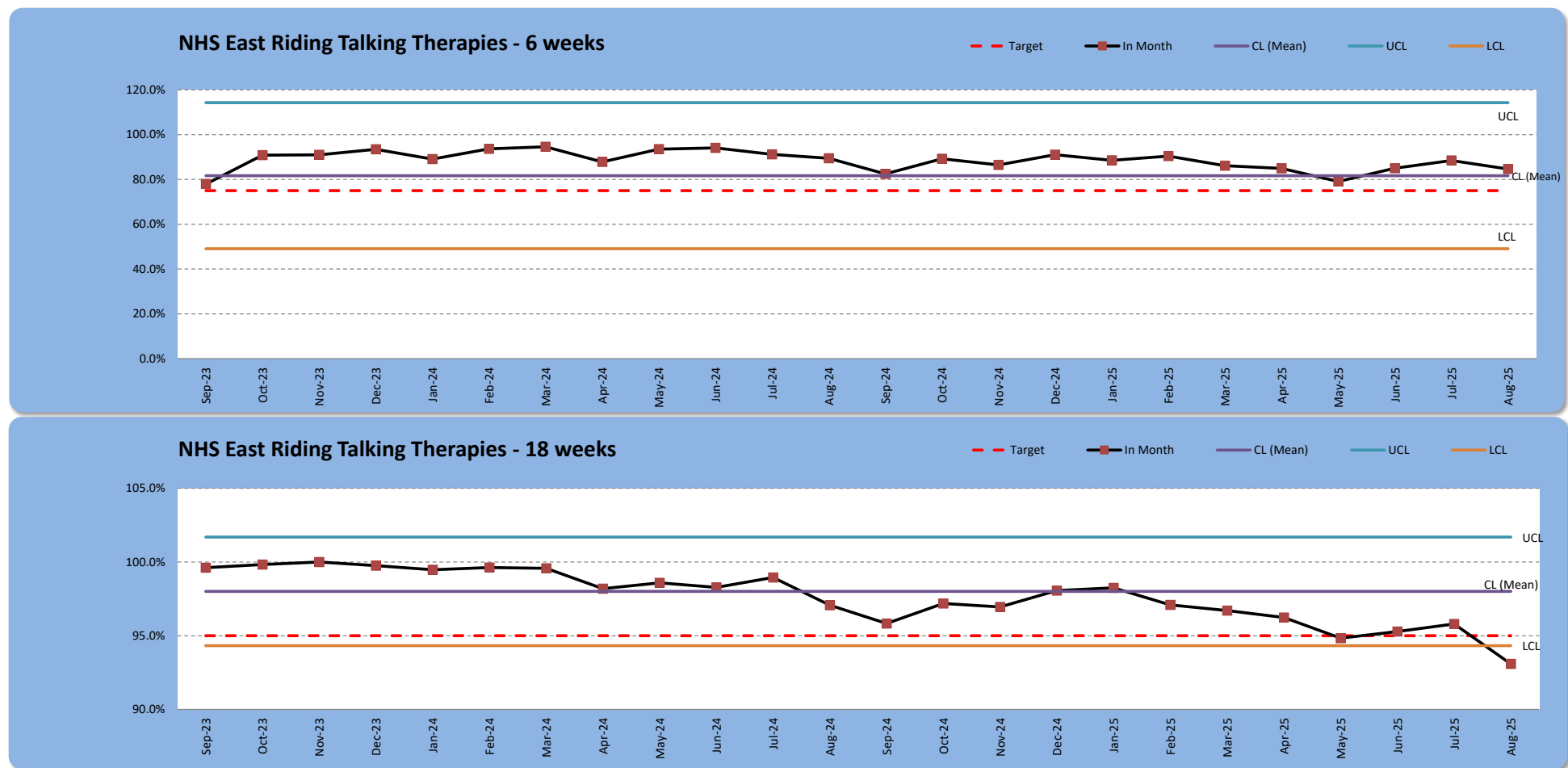
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2025**

Target:		Current month 6 weeks stands at:	Target:		Current month 18 weeks stands at:
Amber:	70%	84.7%	Amber:	85%	93.1%
75%			95%		

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



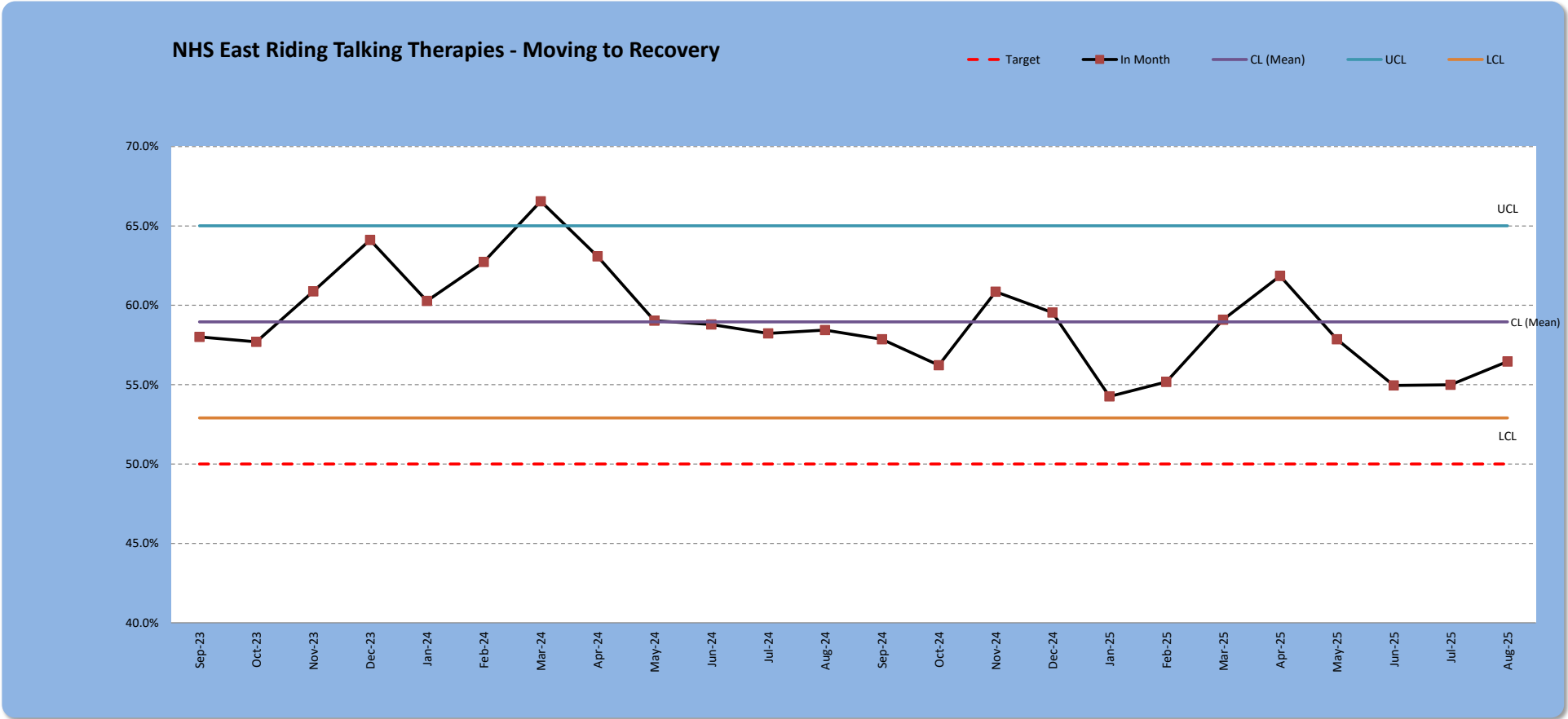
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
50%	45%	56.5%

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



PI RETURN FORM 2025-26

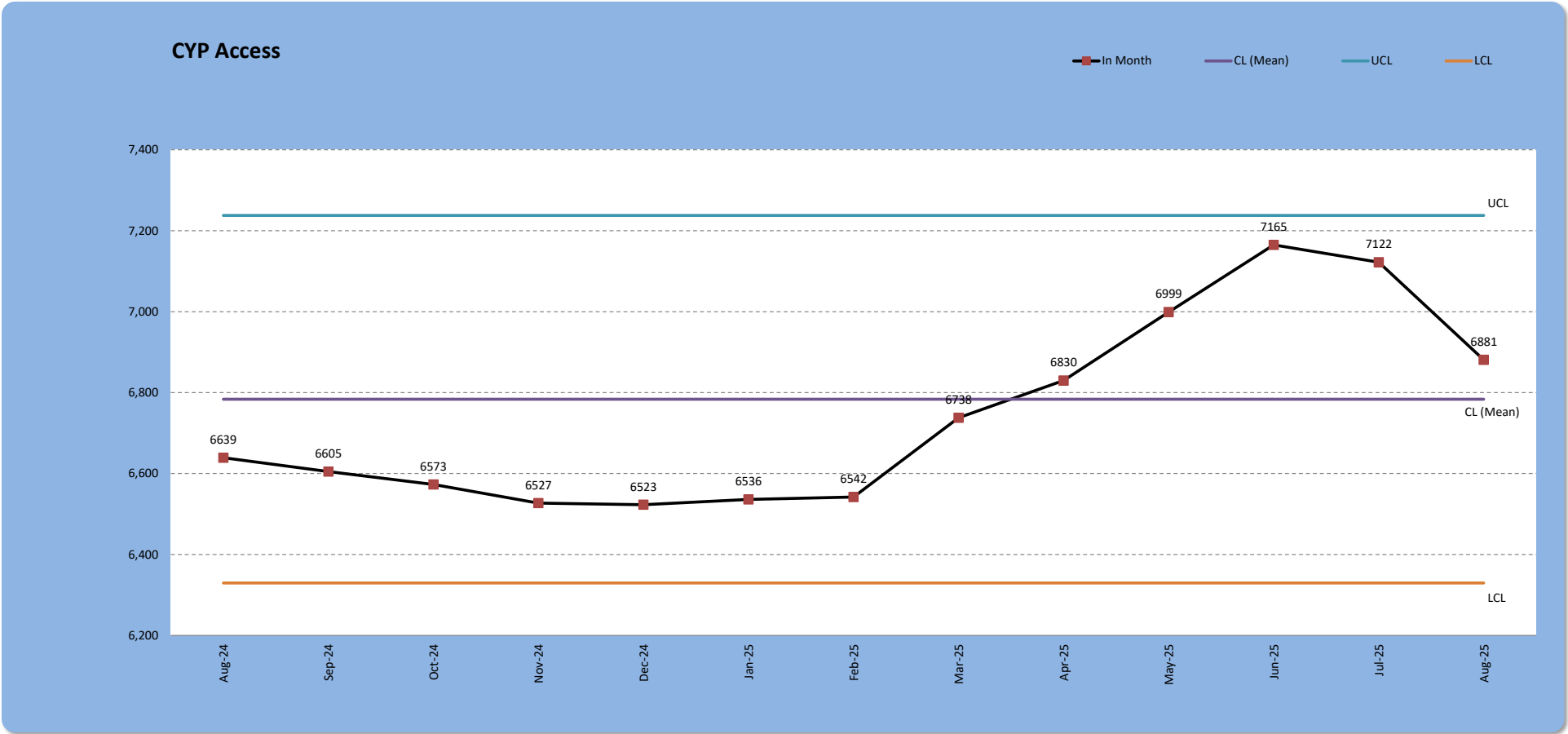
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
TBC	TBC	6881

Indicator Title	Description/Rationale	Executive Lead
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes Neuro Services, no team types are excluded.</i>	Lynn Parkinson

KPI Type
MHS95.2



PI RETURN FORM 2025-26

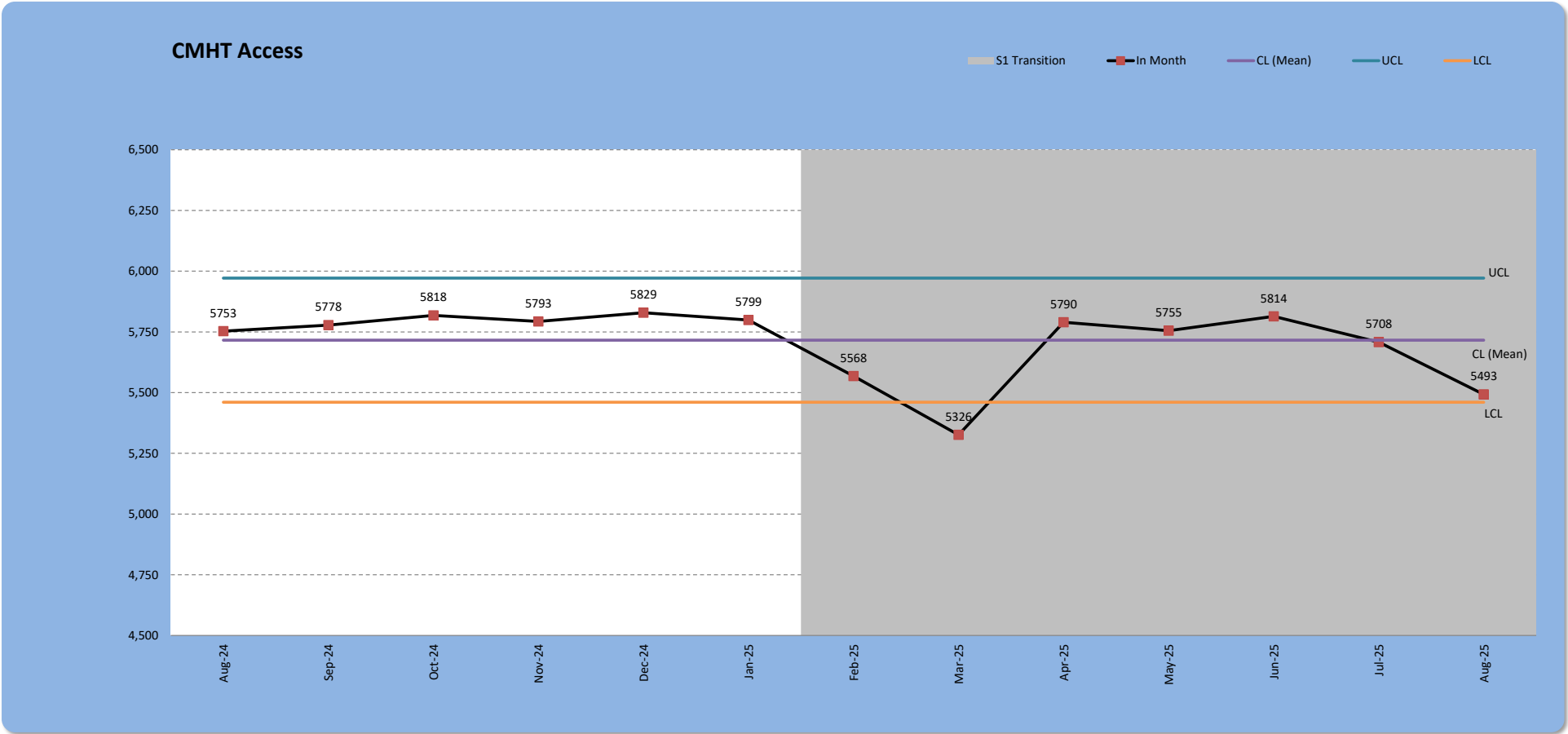
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
TBC	TBC	5493

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

KPI Type
MHS108.1



PI RETURN FORM 2025-26

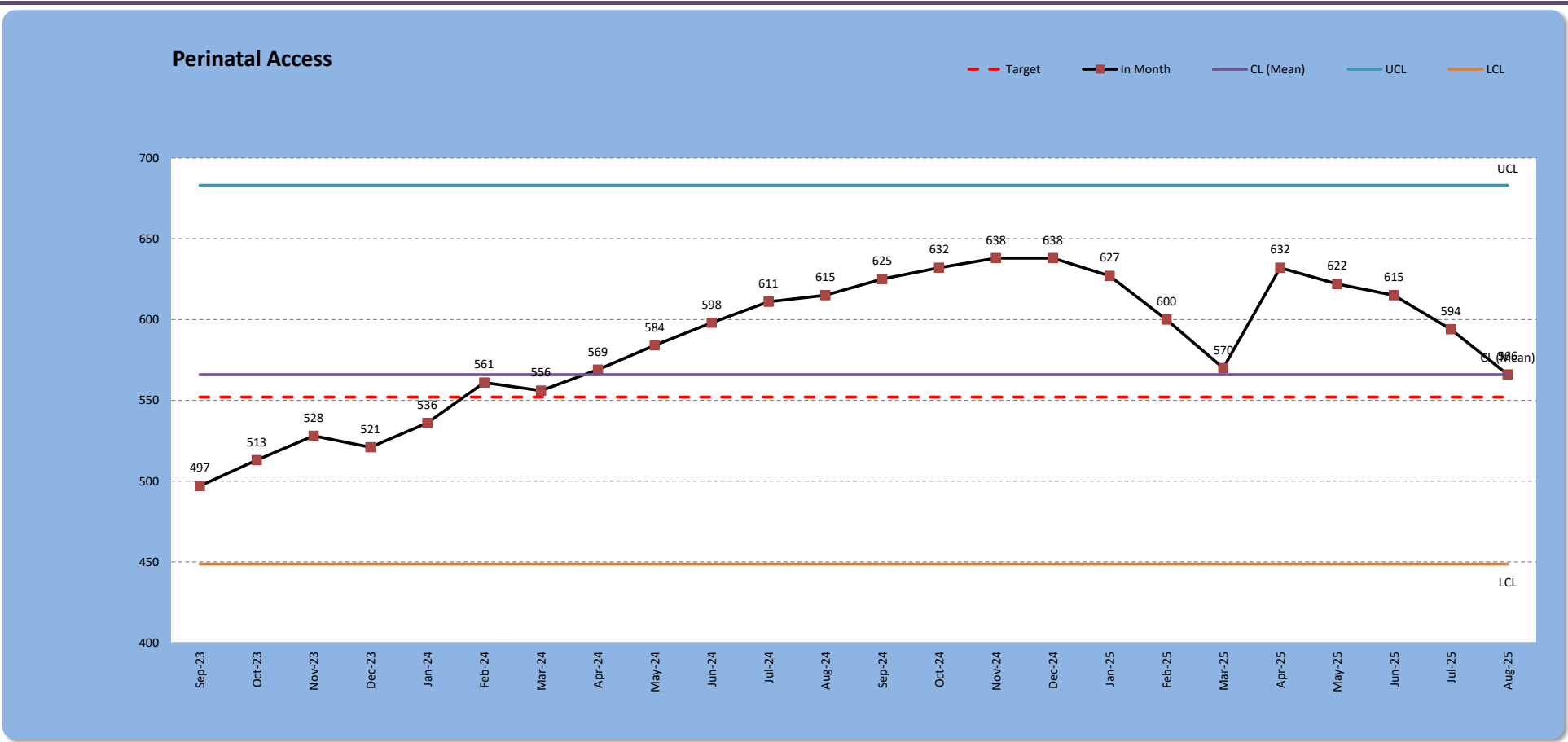
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
TBC	TBC	566

Indicator Title	Description/Rationale	Executive Lead
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months <i>(Hull, East Riding & North Lincs only)</i>	Lynn Parkinson

KPI Type
MHS91.1



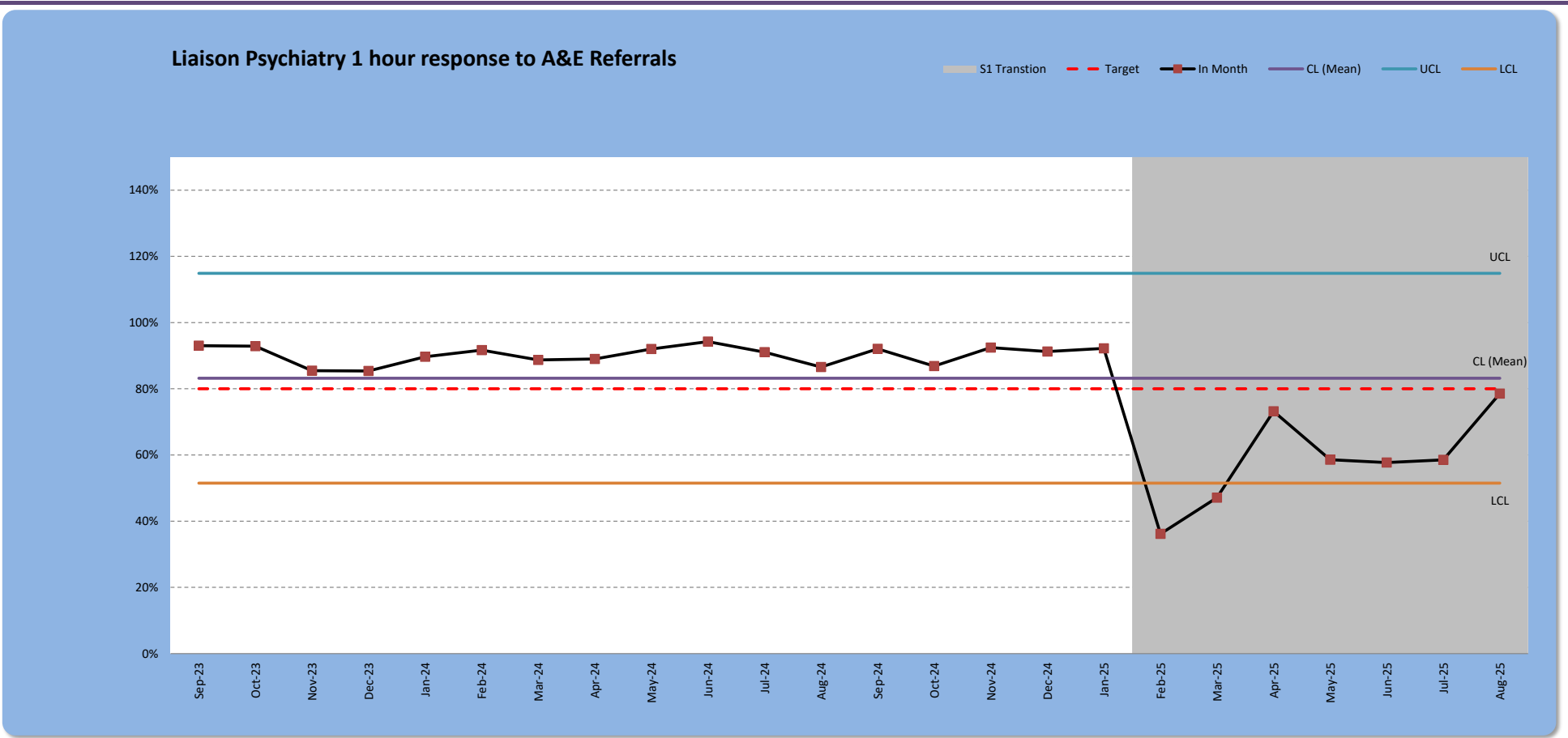
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
80%	75%	78.5%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Liaison 1 hour response	New referrals to liaison psychiatry teams from A&E in the reporting period with first face to face contact within 1 hour	Lynn Parkinson	LPS1hr



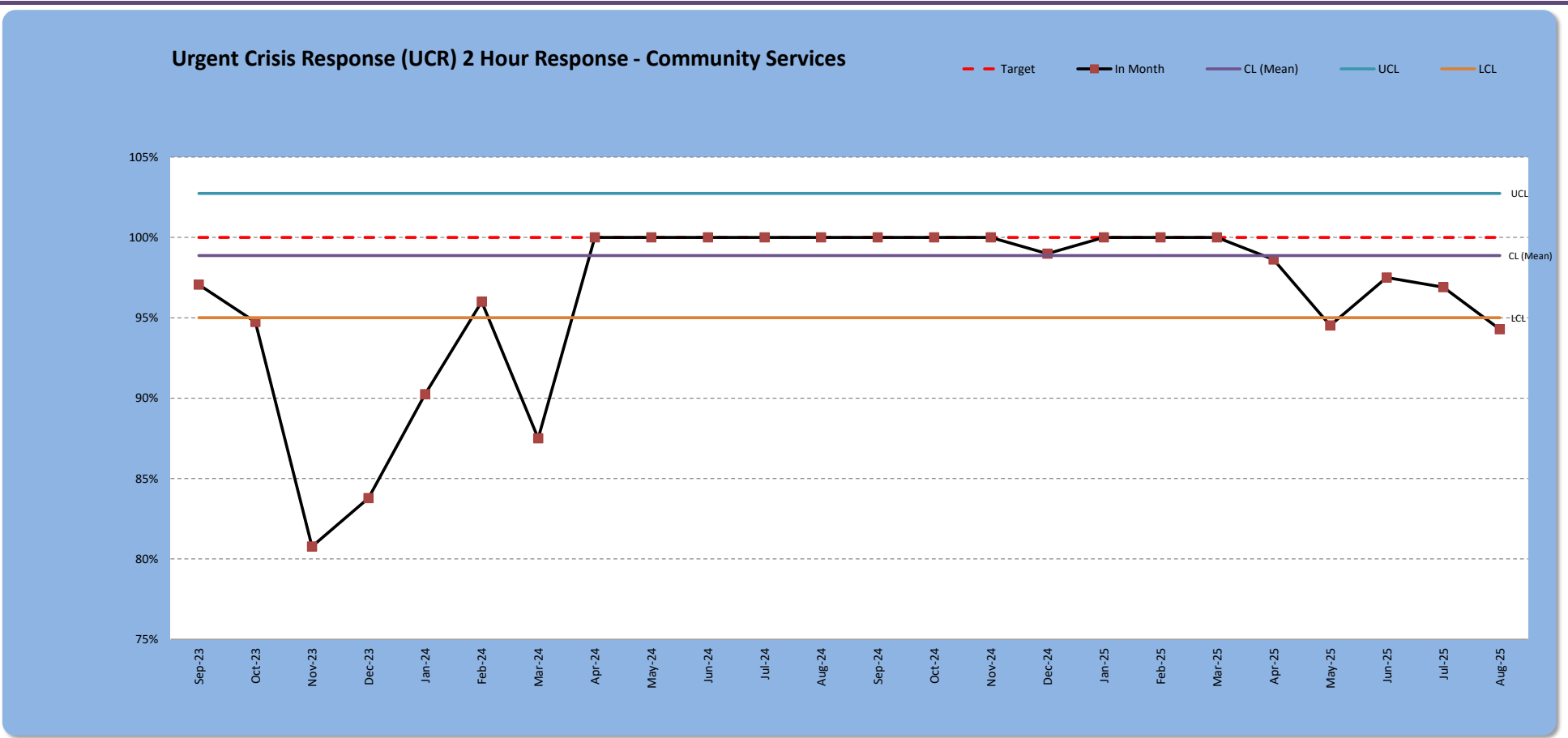
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
100%	95%	94.3%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
UCR 2 hr response	The percentage of 2-hour Urgent Crisis Response (UCR) referrals that achieved the 2-hour standard in the reporting month	Lynn Parkinson	UCR2hr



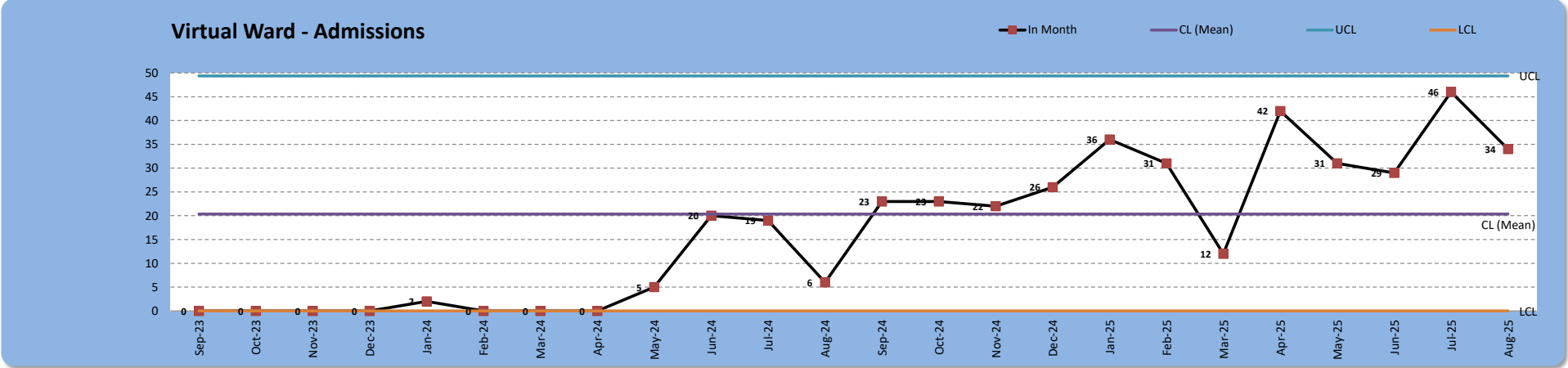
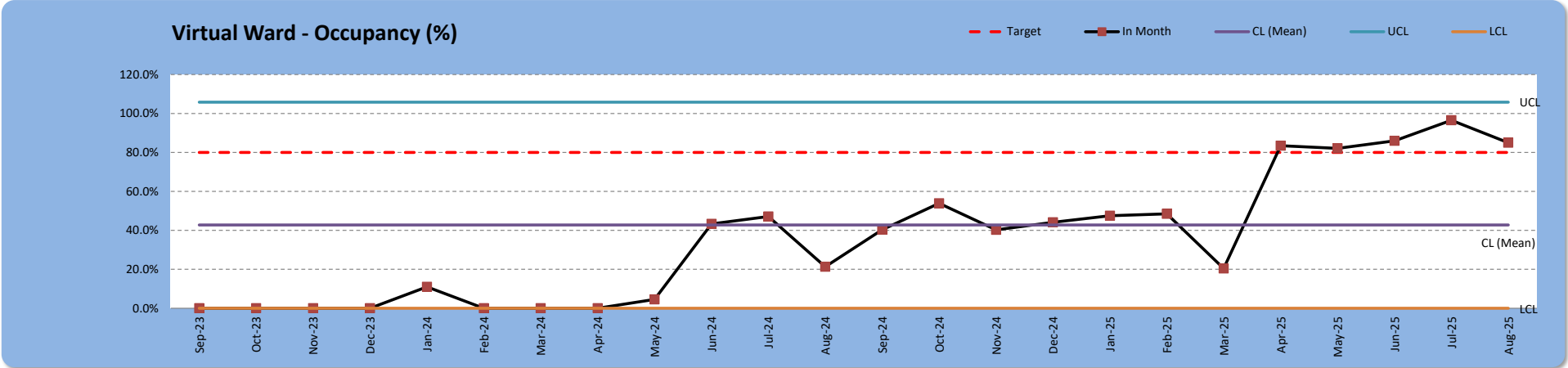
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: August 2025

Target: Amber:		Current month stands at:
80%	75%	85.0%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Virtual Ward	Virtual Ward Bed Occupancy Rate (Available Virtual Bed days vs Virtual Actual Bed Days)	Lynn Parkinson	VW 1



PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: August 2025

Target: Amber: Patients OoA within month:

0 0 14

Split:	# days	# patients
Adult	37	4
OP	47	3
PICU	148	7

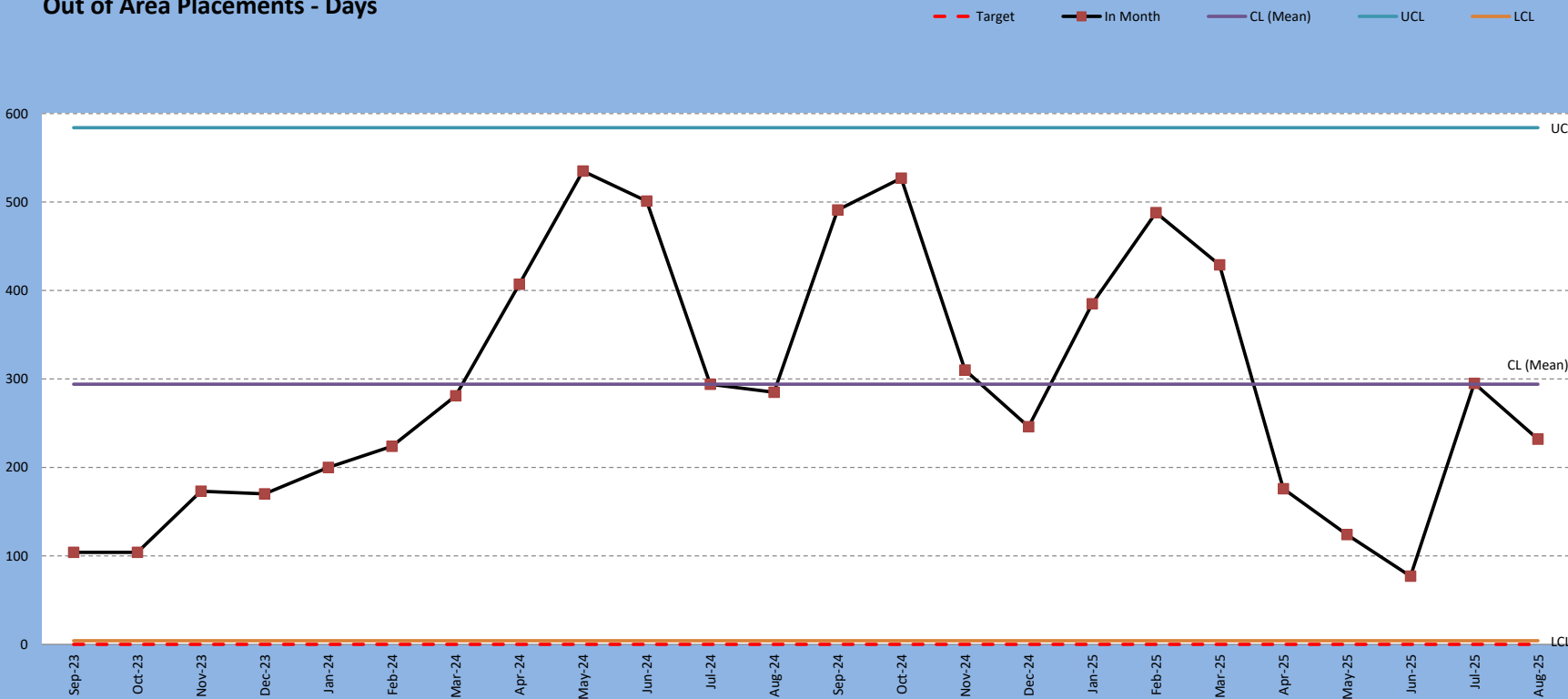
KPI Type

ST 4b

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

Executive Lead
Lynn Parkinson

Out of Area Placements - Days



PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

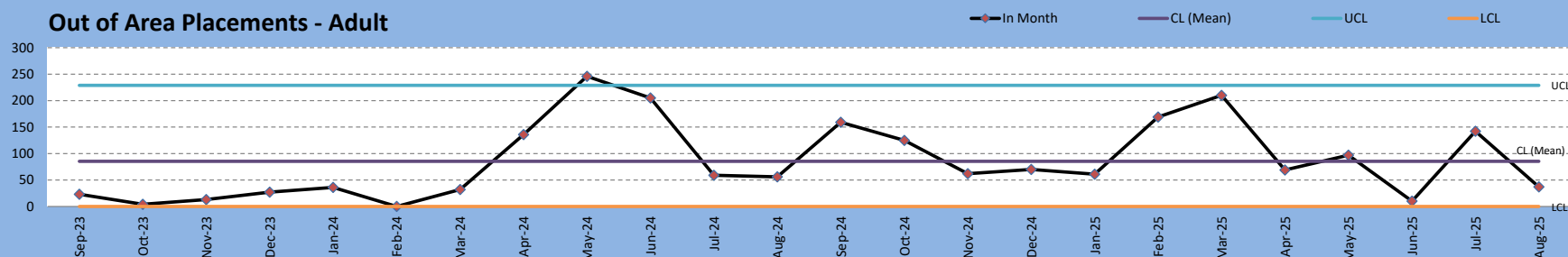
For the period ending: **August 2025**

Split for Current month:

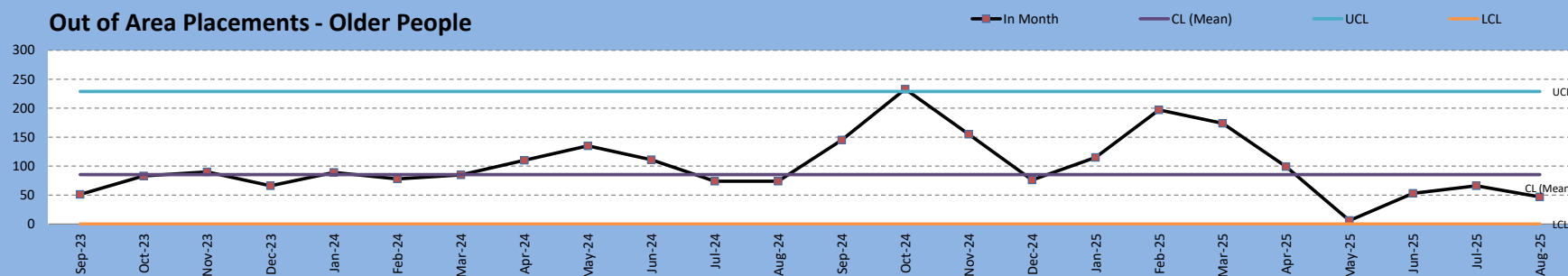
Aug-25	
37	Adult
47	OP
148	PICU
232	Total

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 - split by service	Lynn Parkinson	ST 4 split

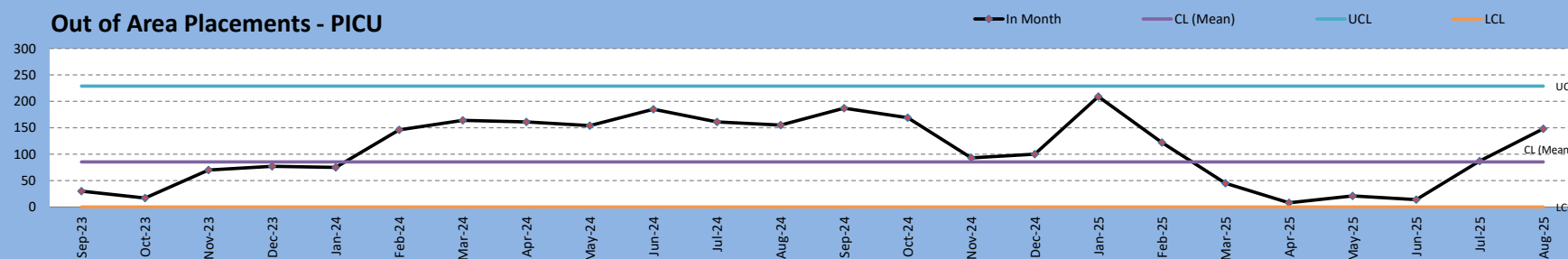
Out of Area Placements - Adult



Out of Area Placements - Older People



Out of Area Placements - PICU



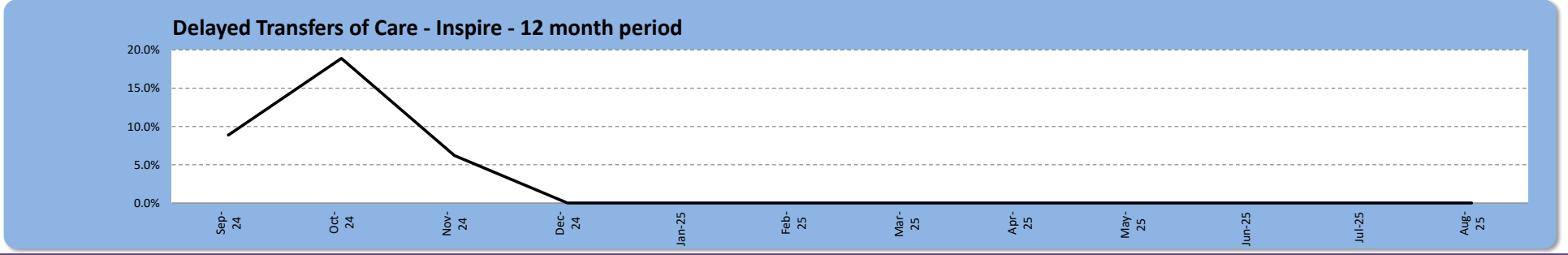
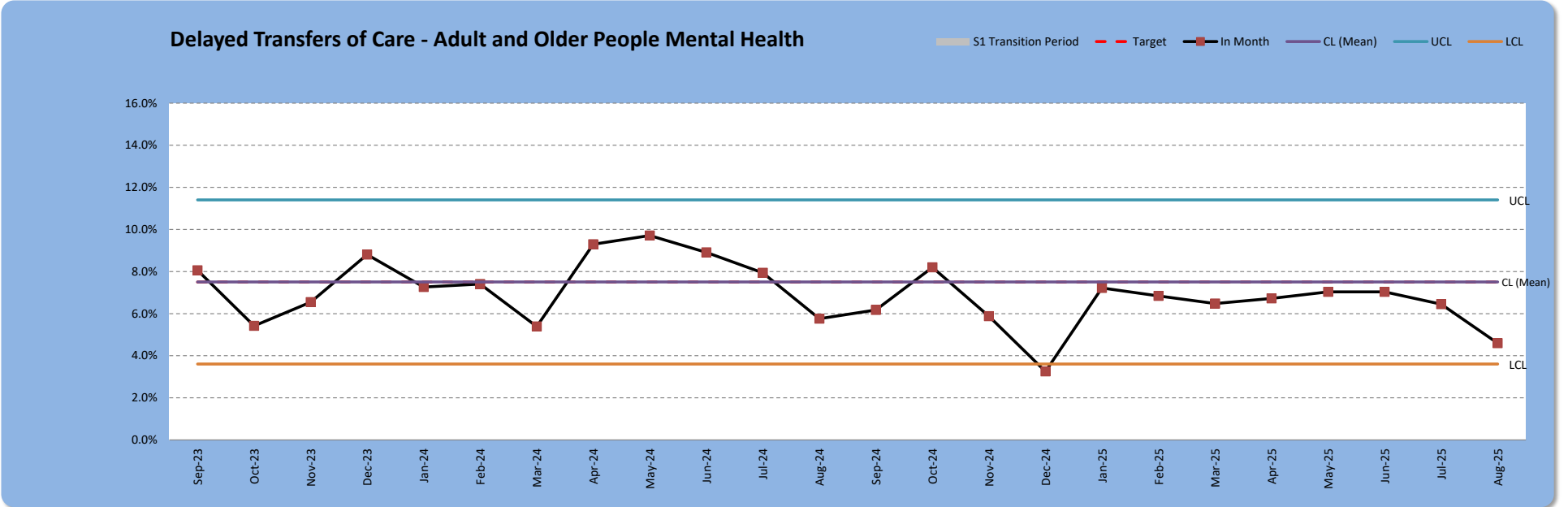
PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: August 2025

Target: Amber:		Current month stands at:
7.5%	7.0%	4.6%

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



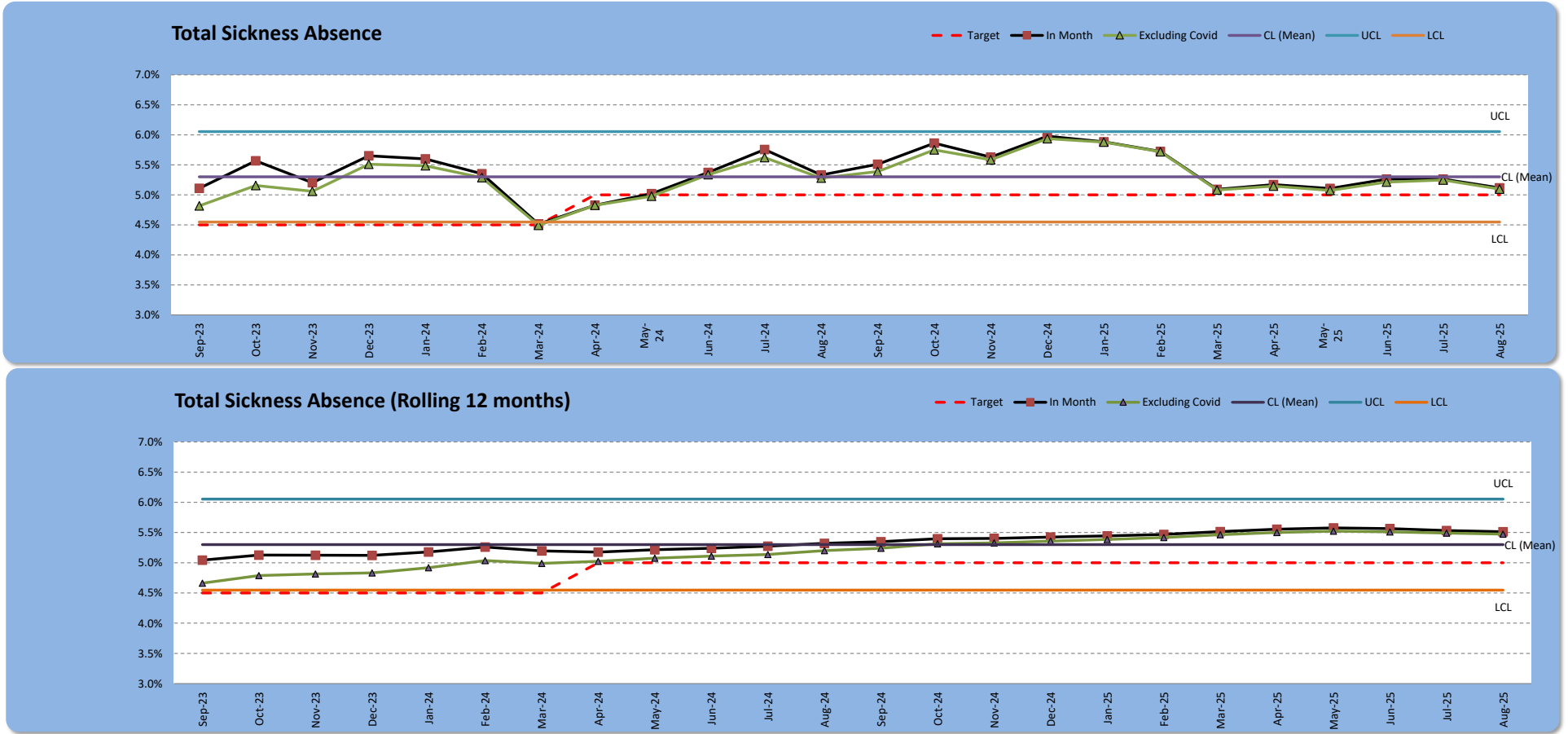
PI RETURN FORM 2025-26

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: August 2025

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.1%

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



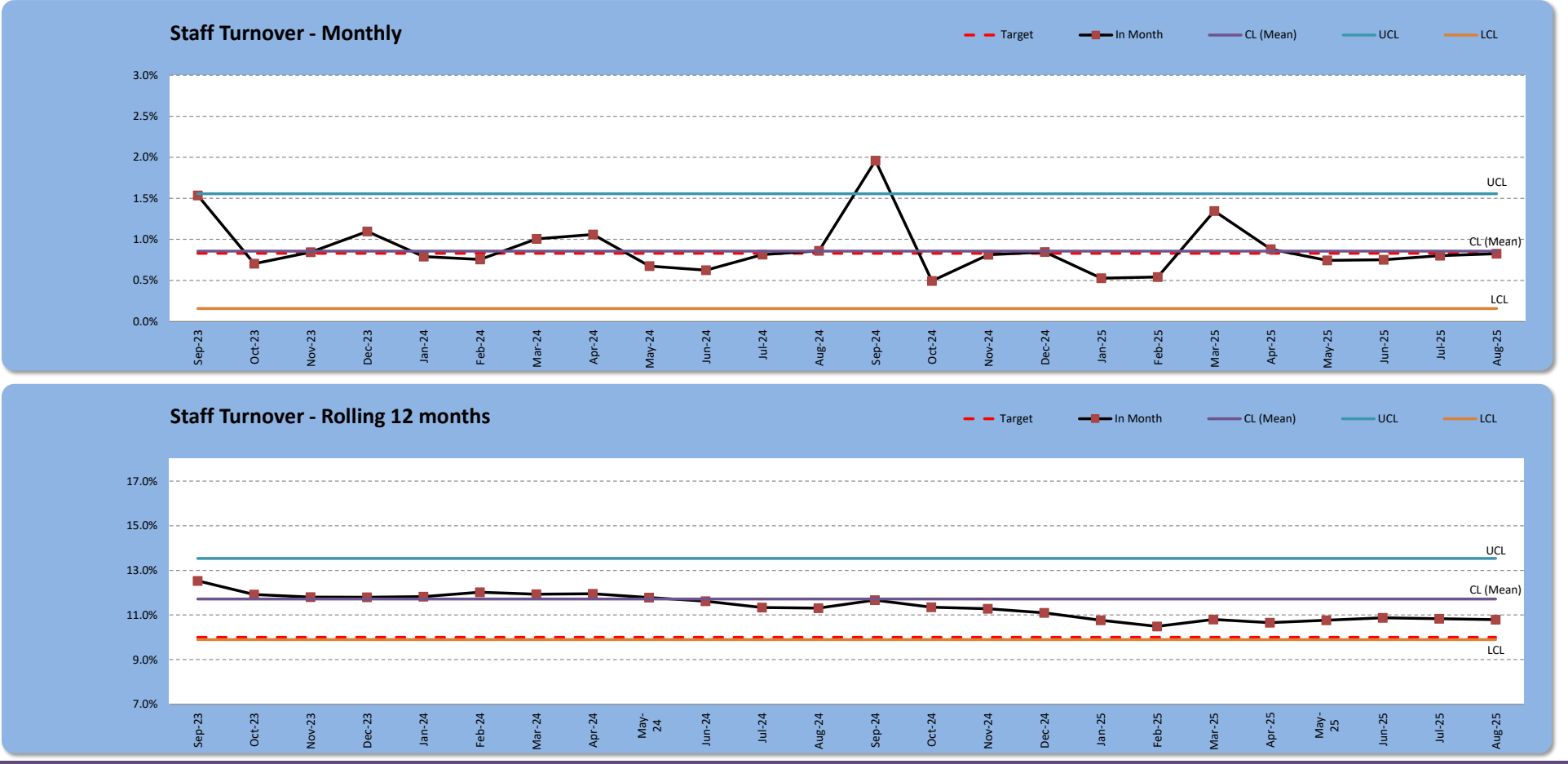
PI RETURN FORM 2025-26

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: August 2025

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	0.8%	10%	9%	11%

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



Humber Teaching NHS Foundation Trust

Trust Performance Report

GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BLS	Basic Life Support
CAMHS	Child and Adolescent Mental Health Services
CHPPD	Care Hours per Patient Day
CL	Central Line
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CYP MH	Children and Young People's Mental Health
DToC	Delayed Transfer of Care
EIP	Early Intervention in Psychosis
FFT	Friends and Family Test
F2F	Face to Face
ILS	Immediate Life Support
LCL	Lower Control Limit
LD	Learning Disability
NHSER	National Health Service East Riding
OBD	Occupied Bed Days
PICU	Psychiatric Intensive Care Unit
RN	Registered Nurse
RTT	Referral to Treatment
SPC	Statistical Process Control
STaRS	Specialist Treatment and Recovery Service
TPR	Trust Performance Report
UCL	Upper Control Limit
WTE	Working Time Equivalent



Humber Teaching
NHS Foundation Trust



Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People and Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Sarah Smyth

Issue Date: 15/09/2025

Financial Year
2025-26

NHS Prioritises Operational Planning Metrics

This document provides a high level summary of the performance against the NHS Priorities (Operational Planning) Mental Health and Community Services Operational Planning targets/objectives.

The purpose of this report is to present to EMT Members a review of the performance for a select number of indicators included in the Mental Health Long Term Plan, it includes data for the last 12 months.

Reporting Month:

Aug-25

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



Mental Health
Operational Planning
Metrics

NHS England
Humber Teaching NHS Foundation Trust
2025/26
12 September 2025



Entry	Indicator Definition	Target	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
E.A.5	Inappropriate adult acute mental health Out of Area Placement (OAP) - SNAPSHOT at Reporting Month End	8	20	12	8	5	14	18	13	3	5	3	7	10
E.A.4a	Access to NHS talking therapies for anxiety and depression - reliable recovery	59%	58%	56%	61%	59%	54%	55%	58%	62%	58%	55%	55%	56%
E.A.4b	Access to NHS talking therapies for anxiety and depression - reliable improvement	75%	74%	74%	78%	79%	71%	73%	75%	78%	76%	75%	77%	73%
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services Rolling 12months (ALL 4 PLACE AREAS)	935	830	848	862	866	859	855	859	843	836	816	790	751
E.H.9	Access to Children and Young People's Mental Health Services Rolling 12months	6680	6606	6574	6528	6524	6537	6545	6743	6830	6999	7165	7122	6881
E.H.34	Individual Placement Support access Rolling 12months	260	224	216	222	231	250	257	276	280	292	305	305	280

Community Services
Operational Planning
Metrics

NHS England
Humber Teaching NHS Foundation Trust
2025/26
12 September 2025



Entry	Indicator Definition	Target	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
E.T.5	Virtual Wards - Number of Bed Occupancy	80%	27%	25%	30%	35%	42%	75%	56%	83%	82%	86%	97%	85%
E.T.8	UCR referrals (all). These are referrals to UCR services whether they require a 2-hour response or not.	140	80	108	113	121	116	95	97	77	81	87	100	82
E.T.10	Count of all attended care contacts in the period	43655	37245	40616	38575	37086	42489	38328	40981	40517	42188	42504	47955	41874
E.T.9	Number of Adults (18+ years) >52 weeks on community waiting lists per system	0	2	4	4	4	3	8	6	15	19	23	20	1
E.T.9	Number of CYP (0-17 years) >52 weeks on community waiting lists	24	28	34	20	21	25	24	30	40	41	17	7	4

Mental Health
Long Term Plan Targets
Dashboard - PLACE data

NHS Improvement
Humber Teaching NHS Foundation Trust
2025/26
12 September 2025



Entry	Indicator Definition	Target	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
E.A.5	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	5	14	5	4	3	7	8	7	2	2	1	3	3
	Rolling 3 months (HULL PLACE ONLY)													
E.A.5	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	3	4	5	4	2	7	10	6	1	3	2	3	5
	Rolling 3 months(EAST RIDING PLACE ONLY)													
E.H.9	Access to Children and Young People’s Mental Health Services	3735	3589	3568	3541	3572	3558	3552	3615	3635	3716	3816	3804	3655
	Rolling 12months (HULL PLACE ONLY)													
E.H.9	Access to Children and Young People’s Mental Health Services	2945	2859	2861	2847	2804	2836	2844	2982	3041	3132	3200	3174	3080
	Rolling 12months (East Riding PLACE ONLY)													
E.H.34	Individual Placement Support access	104	89	94	105	113	121	122	137	146	156	169	169	157
	Rolling 12months (HULL PLACE ONLY)													
E.H.34	Individual Placement Support access	156	131	117	115	115	123	126	127	120	120	119	117	105
	Rolling 12months (East Riding PLACE ONLY)													

Perinatal Dashboard -
PLACE data

NHS Improvement
Humber Teaching NHS Foundation Trust
2025/26
12 September 2025



Entry	Indicator Definition	Target	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services Rolling 12months (HULL PLACE ONLY)	306	298	304	304	309	300	303	300	293	293	289	275	263
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services Rolling 12months (EAST RIDING PLACE ONLY)	323	237	234	237	226	220	221	232	226	219	213	206	192
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services Rolling 12months (NORTH LINCS PLACE ONLY)	129	91	97	102	107	111	115	115	114	112	112	111	106
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services Rolling 12months (NORTH EAST LINCS PLACE ONLY)	177	204	213	219	224	228	216	212	210	212	202	198	190

Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People & Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Sarah Smyth

Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	Trust Winter Plan 2025/26														
Author/s:	Claire Jenkinson, Deputy Chief Operating Officer Lynn Parkinson, Chief Operating Officer														
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 are requested to approve The Trusts Winter Plan 2025/26 and the Board Assurance Statement which is attached at Appendix 1. The Trust Winter Plan for 2025/26 provides an overview of the winter planning process undertaken, the key issues that are likely to impact on our operational response and the plans developed to mitigate the service pressures and risks anticipated for this winter. Our plan has been predicated on Winter requirements set out by NHS England, principles and work undertaken within the Humber and North Yorkshire along with our learning from internal and wider health system lessons from winter 2024/25. Our plan is predicated on NHS England's Urgent and Emergency Care Plan 2025/26 published in June 2025 and Winter Key Lines of Enquiries (KLOE's) published in August to support ICBs and providers in their discussion and development of winter plans, in advance of the formal scenario testing and board assurance process. Key requirements expected to be met this winter are: • improve vaccination rates • increase the number of patients receiving care in primary, community and mental health settings • meet the maximum 45-minute ambulance handover time standard • improve flow through hospitals with a particular focus on patients waiting over 12 hours and making progress on eliminating corridor care • set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings														

	This year Trust Boards are asked to approve a Board Assurance Statement to ensure that the Board has oversight that all of the key considerations have been met, this requires sign off by both the CEO and the Chair (attached at Appendix 1). All Trusts have also been required to complete an Equality Impact Assessment of the Winter Plan.
Key Issues within the report:	
Positive Assurances to Provide: • The Trust plan has been developed with Place and system partners to identify a range of actions to mitigate the impact of Winter 2025/26 • That the ICB objectives have been considered and addressed in the plan where they are appropriate • The plan has been predicated on operational capacity and demand modelling that has considered seasonal variation, infection and respiratory virus prevalence, staff availability, impact of adverse weather and associated surge in demand. • The plan has tested internal arrangements to respond to increasing levels of pressure from winter virus outbreaks, with effective measures to maintain patient safety and minimise risk • Lessons from the winter plan test have been incorporated into the winter plan and were part of the NHS England UEC winter testing exercise taking place on 3rd September. The purpose of the exercise was to: - Test plans across all systems within the region, to reduce the risk of delays to care and care in settings, as well as maximising alternatives to ED. - Test winter response plans against three demand scenarios for a base case, moderate and extreme winter surge. - Ensure an integrated approach to winter, across all providers to winter planning and escalation. - Ensure that individual organisations have tested internal arrangements to respond to increasing levels of pressure from winter virus outbreaks. - Assess system leadership arrangements. Ensure that organisations will collaborate under pressure, with a shared understanding of the relative risk and impact of individual actions on partners. - Use lessons learned during the exercise to finalise and sign off winter plans through Board assurance.	Key Actions Commissioned/Work Underway: • The plan details the range of work in place and underway to address the impact of winter 2025/26 on the operational delivery of services. • The plan will be monitored by the Organisational Delivery Group (ODG) and escalations made to EMT as necessary.

Some minor adjustments were made to our plan following the event. • A Quality and Equality Impact Assessment has been completed and included in the plan				
Key Risks/Areas of Focus: • System pressures have remained high during 2025. • Overall demand on Trust services continues to be high in some areas and all services continue to see high complexity and acuity in most patient groups. • Maximising staff availability is critical to mitigating the adverse impact of winter pressures. Reducing staff sickness absence needs to remain a priority. • Industrial action may impact on our patients and our staff.		Decisions Made: • The Board are asked to approve the Winter Plan for 2025/26 and support the Board Assurance Statement which requires sign off by both the CEO and Trust Chair.		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance Committee		Executive Management Team	August 2025
	Mental Health Legislation Committee		Operational Delivery Group	August 2025
	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	

Winter Plan - 2025/2026



**Caring, Learning
& Growing Together**

**Humber Teaching NHS Foundation Trust
Winter Resilience Plan 2025/26**

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1. Introduction

Our Winter Plan sets out the framework for services to work with the continuing bed pressures during the winter months alongside continuing infections such as Covid and seasonal flu for 2025/26.

This plan sets out a summary of the key elements that have informed our planning and preparedness, demonstrating that our approach to planning for the coming winter is robust and has taken a system wide approach to support the management of pressures across services both internal and external. Planning for the coming winter is considered early, recognising pressure and planning developments and initiatives that will have a benefit to our service users across the health system. Escalation arrangements through the Opel framework, daily system calls, and the activation of relevant business continuity plans have and will continue to be considered to bolster the Trust's service delivery throughout the winter period, to support our patients, staff and a whole health system approach.

Pressures across the NHS and specifically upon urgent and emergency care are likely to be substantial and it is recognised for the need for collaborative working across all providers. This is paramount to ensure that the whole system is managing the flow of patients and ensuring service delivery.

This Plan has therefore been produced to support the Trust's services response going into Winter 2025 recognising that the period will once again be challenging high demand, pressure on community and inpatient capacity, and gaps in local workforce. Whilst this plan should be considered as a standalone plan to support the services provided at HTFT, it is also a significant element of the wider NHS Humber and North Yorkshire System Winter Resilience Plan. The plan has considered effective practices identified over previous winter periods.

A lack of capacity across the NHS has an impact on all areas of the system and it is essential that access to primary care, community health services and mental health services for urgent patients is sufficient to ensure patients do not always need to present to emergency services. With that in mind, the Trust is clear on its role and responsibilities within the system and as outlined in the 'Working together to deliver a resilient winter,' document this will be the focus and aligns to our organisational values of Caring, Learning and Growing.

2. Our Trust

Humber Teaching NHS Foundation Trust covers a large geographical area, and we are a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Our wide range of health and social care services are delivered to a population of 765,000 people, of all ages, across an area of over 4,700 square kilometres. Services covered within those areas include, community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

It provides specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

In addition to the above, the Trust has specialist services, such as forensic support and offender health, which supports patients from the wider Yorkshire and Humber area and further afield as well as our Children and Adolescent Mental Health inpatient unit 'Inspire' which aims to serve the young people of Hull, East Yorkshire and North Lincolnshire.

3. Our Services

Our services cover a wide-range geography comprising Hull, the East Riding of Yorkshire, Scarborough and Ryedale, Pocklington and Whitby.

Our Trust is grouped into four Divisions:

- Community and Primary Care
- Children's and Learning Disability
- Forensic Services
- Mental Health

We support our service users in a wide variety of settings including patients own homes, GP practices, health centres, outpatient clinics, hospitals, local authority premises and our inpatient units.

4. Objectives

- To manage anticipated operational pressures and provide safe, high-quality services for patients including effective management of infection, ensuring patients are seen in the right place and right time, whilst maintaining privacy and dignity
- To achieve and maintain key areas of service performance
- To provide assurance that robust plans are in place
- To maintain a healthy workforce by reducing risks of sickness and absence and increasing staff attendance at work
- Identify opportunities/actions to respond to system surge throughout the winter months
- To work with system partners to escalate and respond to service and system pressures
- To support the delivery of our restoration plans and share best practice
- To respond to national guidance

5. Planning Principles & Considerations

- The Trust will plan for emerging infections in the same way as seasonal influenza and as part of business-as-usual arrangements
- Recognise that system resilience is 365 days of the year
- We use our command-and-control arrangements to support system escalation when required

- Staff Support and Wellbeing arrangements are in place to enable a resilient workforce
- We evaluate system wide learning from the previous winter to inform future planning including the Operational Pressures Escalation Levels Framework (OPEL)
- We escalate early in anticipation of demand surges, not in response to them. (Collaboration with ambulance services and primary care to monitor illness, patterns in the local community and weather changes that may affect specific patient cohorts)
- That we identify winter schemes early through learning from the previous winter
- We consider the impact of wider transformational schemes on system plans
- We engage as a system both clinically and as leaders in the ongoing development of plans and oversight
- Develop communication plans with system partners and the public to influence behaviours
- Ensure that Health Inequalities are integral to all plans

5.1 Planning Considerations

- Smooth transition of admissions from Emergency Departments reducing 12 hr waits and eliminating 24 hr delays
- Tackling discharge delays through MADE events
- Seeing more children in the emergency department within 4 hours
- Increasing vaccination uptake
- System IPC plans
- Local Partners working together
- Reduce length of stay and readmission
- Robust workforce plans in place
- Robust mental health plans in place for HIU and reduce OOA placements

6. Key Risks

- Potential for reduced staffing due to sickness and infection related absence
- Potential for an increased demand for inpatient beds for both adults and children
- Increased patient acuity within service areas having an impact on service delivery
- Increase in system pressure that impacts on Mental Health Services
- Increases in demand for community services
- Paediatric services increase in demand
- Planned services seeing an increase in referrals
- Local Authority care package availability directly impacting on patient flow
- Increase in infections within inpatient groups
- Potential for severe weather to impact on service delivery
- Potential for reduced staffing due to resident doctor's industrial action

7. Managing demand, admission avoidance & optimising patient flow

Our winter planning assumptions again have needed to take into account the increased demand for beds. Our winter preparations and commitment to ensuring that the Trust can

meet the continuing demand is to focus on ensuring all hospital admissions are appropriate and purposeful, length of stay is as short as possible, accelerating discharge of people clinically ready for discharge and optimising the out of hospital pathways with a “home first” approach. Key actions in the plan to achieve this are:

- Maximising the emergency department mental health streaming for facility
- Following clear escalation process between key providers and HTFT
- Delivering the NHS 111 mental health option 2 to support patients in crisis.
- Expanding the peripatetic health care assistant workforce further across children’s and learning disability services.
- Optimising the virtual ward capacity in North Yorkshire (and adhere to [NHS England » Virtual wards operational framework](#)).
- Embedding frailty pathways maximising holistic assessment and advance care planning
- Enhanced overnight community nursing service across all community areas to focus on palliative care and hospital avoidance in North Yorkshire
- Maximising Intermediate Care Team capacity across Scarborough and Ryedale
- Continue to support the Mental Health Response vehicle working in collaboration with YAS.
- Identifying additional step up and step-down support/beds for older adult mental health patients
- Increase AMHP (approved mental health professional) capacity.
- Maximise the inpatient vaccination programme in all areas.
- Maximising the children’s and young people’s community intensive eating disorder service to avoid acute hospital and CAMHS bed admissions.

8. Workforce

Critical to our winter plan is the availability of our staff to achieve safe staffing levels. The Trust is committed to maintaining a healthy workforce and recognises that recent years have been especially challenging and therefore we aim to:

- Continue to recruit both to our bank and substantive posts ahead of winter supported by rolling adverts and bespoke recruitment campaigns.
- Support hybrid working where possible.
- Continue to maximise opportunities for filling nurse and consultant vacancies, regularly reviewed via the Recruitment Task and Finish Group. This includes approaches to maximise newly qualified nurse recruitment, with arrangements in place to facilitate over-recruitment in some areas.
- Enhance advertising of hard to recruit roles in advance of winter, maximising our communications plan that includes recruitment campaigns, jobs fairs and staff benefits package.
- Continue the Staff Health and Wellbeing Programme for all employees and bank staff (MOT, physical and wellbeing checks) in addition to a series of health-related promotional campaigns and continuation and expansion of available staff health and wellbeing activities.
- Work with the flexible workforce team to ensure sufficient capacity to maintain a healthy workforce.
- Target of end of November to hit 62.5% of the workforce for the flu vaccine.

9. Working with partners

The Trust continues to work closely with its system partners across a wide range of forums and the work focuses on delivery of services and the anticipated winter pressures.

- The Trust has an agreed measure for determining standard OPEL level reporting with our ICS mental health partners.
- The Trust will attend and actively support all Strategic, Tactical and Operational System and Resilience calls when required.
- The Trust will work closely with ICS partners to agree system plans and strategies to address system pressures and surges, including mutual aid actions.
- Clear escalation process will be utilised to highlight and address service pressures.
- Work closely with local authorities to ensure the early identification of care/home packages.
- Work closely with primary care networks to improve access and support prevention.

10. Dealing with Surge

The Trust OPEL triggers will be deployed when surge occurs both internally and externally. Service level OPEL reporting is in use daily across the Trust and is a robust system of reporting internal and external escalating pressures.

These are further reinforced with identified actions specifically being put in place to address additional demand over the winter period. The Trust actively takes part in system calls and is responsive to pressures within the system and proactively supports other organisations with mutual aid as required.

The Trust utilises command structures on a dynamic basis to support perceived risks and pressures to the organisation and its services as set out in our EPRR policies and procedures.

11. Dealing with outbreaks

In the event of an outbreak occurring the Infection Prevention and Control Team will manage the episode in accordance with all relevant national guidance. The recommendations highlighted within [NHS England » Transmission based precautions \(TBPs\)](#) will be adopted ensuring the transmission of any communicable disease are minimised.

The Trust has access to a dedicated area on the Trust intranet which provides up to date guidance on all communicable diseases such as influenza, norovirus, covid and other infections. Information is easy to access by all teams across the services within the Trust.

12. Emergency Preparedness, Resilience and Response

12.1 Command and Control

The Trust has robust command and control arrangements in place which can be stood up both in and out of hours if required to respond to system surge, winter pressures or any incident response. Our on-call teams have all completed the Health Command Training identified as mandatory by NHS England, the Trust has robust on call arrangements in place.

12.2 Adverse Weather

The Trust has a plan for services and staff to support them in the event of adverse weather conditions. The aim of the plan is to provide a framework which enables the Trust to prepare, respond and recover from adverse weather. It is recognised that during periods of severe weather staff may face difficulties, not only attending their place of work but also in returning home. Several considerations relating to staff are included in the plan:

- Communication alert system in place to cascade early notification of likelihood of adverse weather.
- Supporting with working from different bases
- Flexing starting/leaving times.
- Utilising Trust 4 x 4 vehicles to support clinical services.
- Mountain Rescue services support for our far-reaching rural services
- Providing accommodation for staff who are unable to get home.
- Continue to support staff working from home.

12.3 Business Continuity Plans

A key element of our winter planning is ensuring that all our clinical and corporate services have business continuity plans that are robust and fit for purpose. These plans are in place for all our clinical and corporate areas. Through our EPRR arrangements these plans are reviewed and tested on a rolling programme to ensure that they are updated at least annually and are fit for purpose. These plans are predicated on minimising service disruption associated with winter pressures.

13. Directorate action plans

13.1 Mental Health Services Adults and Older People

Adult Mental Health			
Aim	Objective	Mitigating actions	
Admission Avoidance	Eradicate 24hr waits and lessen 12 hr waits for Mental Health	➤ Create an escalation process for adults for admission from Emergency Departments in hours and OOH. ➤ Review the performance indicator to improve upon the 80% streaming target patients suitable for streaming. ➤ Work collaboratively to optimise ED streaming, including to ensure and delays due to Mental Health Act Assessment are minimised. ➤ Resolve access to Security to maximise patient access to the Humber Suite ➤ Explore the employment agency AMHP 1 wte to ensure robust rota to cover Mental Health Act Assessments* ➤ Introduction of Mental Health Action Cards responding to system/Opel pressures	
	Reduce mental health presentation to Emergency Departments	➤ Consider provide Mental Health Practitioner to support MH Response Vehicle with YAS ➤ Consider increasing capacity within Crisis and IST to meet demand and minimise escalation to ED* ➤ Liaise with Primary Care to support uptake of vaccinations of patients on SMI Register ➤ Understanding what messaging tools can be utilised to avoid ED admission and go through other routes ➤ Expansion of older adult intensive treatment team and community ACS	
	Maximise opportunities within UTC for mental health presentations	➤ Work with UTC provider to agree pathways for mental health presentations *	
	Reduce demand on Crisis service, MH inpatients and on Primary Care	➤ Consider increasing resource at point of GP referral for triage and assessment to support interventional and treatment (MHTAT and CITOP) * ➤ Explore block booking of 4 age-appropriate community functional step-up beds	
Maintain key areas of service performance	Maintain Crisis Access	➤ Optimise staff levels across Crisis and IST* to support NHS 111 and crisis teams during periods of heightened pressure.	

	Reduce OOA Placement	➤ Continue with routine Multi Agency Discharge Events (MaDE) with escalation to Super MaDE ➤ Progress proposal to provide 4 step up beds for Older people* ➤ Consider increasing Acute Community Service capacity and expand Community Intensive Triage for Older People * ➤ Work with system partners to maximise PICU capacity across the ICB ➤ Consider expanding access to MIND step down beds moving from 5 to 7* ➤ Support more timely discharge with Community support post discharge – First Point of Contact by 3wte B6 Nurses across Hull & ER Adult CMHT and Older CMHT ➤ Progress the development of single gender PICU and HDU	
	Maintain Safer staffing across all areas	➤ Review requirements to expand capacity of current unregistered peripartetic team across inpatient and community teams * ➤ Band 7's within inpatient units, liaison and crisis team 7 days a week (including bank holidays) ➤ Identify vulnerable staff and patient cohort that may require a Covid vaccine to support their wellbeing. ➤ Review of annual leave allocation across the Christmas Period (2 weeks) to support in bolster staffing across inpatient units. ➤ Explore voluntary pool staff to support during the Christmas period, to bolster staffing levels. ➤ Maximise use of Eroster to ensure safer staffing versus patient acuity if effectively monitored	
	Expand capacity to Memory Assessment Service	➤ Increase psychiatry time to support assessment and formulation of additional referrals received over winter period *	

13.2 Children and Learning Disabilities

Children & Learning Disabilities

Aim	Objective	Mitigating actions
Admission Avoidance	Seeing more children in 4 hours and ensure appropriate placement	➤ Ensure gateway assessment (form 1) can be completed 24/7, with the training of crisis team staff ➤ Review of current escalation procedure for children for admission from Emergency Departments in hours and OOH to include children social care OOH support ➤ Improve waiting timings across Contact Point and CAHMS ➤ Regular complex care meetings with children social care to discuss escalating cases
	Respond to Public Health advice regarding outbreak trends	➤ Health Visitor service has a proposal to support under 5 years children's vaccinations in the community ➤ 0-19 services to support herd immunity targets in MMR vaccination roll out if bid successful ➤ 0-19 presenting at homeless and traveller centres to maximise uptake.
	Minimise CYP admissions for patients presenting with Eating Disorder	Complete evaluation of the current service with the aim to maintain the Eating Disorder Intensive Treatment service
	Provide an alternative space for CYP in Crisis	➤ Maintain Safe Space and widen access criteria. ➤ Progress with proposals with alternatives to admission by repurposing Nova Ward
	Avoid unnecessary Learning Disability admissions	➤ Ensure continued In-reach to HUTH to avoid admission for patients with LD ➤ Review of dynamic support register to reduce risk of admission with partner agencies ahead of winter period. ➤ High risk patients and frequent attenders shall be shared with the key worker service and DSR register.

Maintain key areas of service performance	Mental Health Support Teams (MHST) to provide full coverage across Hull and East Riding Schools	Where do schools do not have access to the MHST's to provide a service offer
	Maximise use of technology to maintain service provision and provide service user support	➤ Promote maximise use of CHAT Health and understand what other messaging tools can be utilised for children to avoid ED admission and go through other routes ➤ Launch of Divisional Website to promote health literacy to support parents to correct service ➤ Continued offer of virtual technology to support appointments
	Maintain safer staffing across service areas	➤ Introduction of a peripatetic team to support short term sickness across division ➤ Identify vulnerable staff and patient cohort that may require a Covid vaccine to support their wellbeing. ➤ Review of annual leave allocation across the Christmas Period (2 weeks) to support in bolster staffing across inpatient units. ➤ Explore voluntary pool staff to support during the Christmas period, to bolster staffing levels. ➤ Over-recruit in areas of high demand ➤ Ensure duty management cover providing senior support across wards to mitigate pressures and plan service provision ➤ Ensure monitoring of winter workforce plan through current strategic workforce meeting ➤ Refresh of business continuity plans

13.3 Community & Primary Care

Community & Primary Care

Aim	Objective	Mitigating actions
Admission Avoidance	(CS) Sustain available Virtual Ward bed capacity and utilisation.	➤ Introduce 7-day senior clinical oversight, including weekend board rounds, by reallocating workforce and investing in additional GPwER or senior medical staff. ➤ Establish hospital-level intervention pathways, such as IV therapy and acute oxygen provision, supported by consultant or GPwER leadership for safe implementation and training. ➤ Strengthen referral routes from NHS111, 999, and community paramedics, and appoint VW clinical champions to increase occupancy and appropriate admissions. ➤ Simplify inclusion/exclusion criteria to focus on clinical safety and patient choice, with GPwER-led validation and communication to referring services. ➤ Expand remote assessment and home visiting capacity through increased video consultation use, digital infrastructure investment, and enhanced GPwER support.
	(PC) Sustain work with TotalTriage to ensure all patients are triaged and treated within 14 days, improving timely access to care, and reducing the risk of admission.	➤ Forward vacancy planning because of the proposed practice transfers, backfilling gaps with bank and agency to maintain appropriate staffing levels (particularly clinical triage) within the TotalTriage team to manage patient volume effectively. ➤ Maintain provision of Pharmacy Technicians to increase OTD capacity for medication reviews, freeing duty doctor for priority OTD cases. ➤ Regularly review cases that exceed the 14-day threshold to identify causes and implement corrective actions. ➤ Use data analytics to predict patient flow and triage demand, allowing for better resource allocation and planning. ➤ Automate reminders for follow-up appointments or treatments to keep patients engaged in their care pathway. ➤ Utilisation of Enhanced Access Capacity as per PCN plans
	(WUTC) Ensure there is continuous and appropriate access to urgent care, reducing the likelihood of patients defaulting to SGH ED outside of regular hours.	➤ Implement triage protocols to accurately assess and manage patients with urgent but non-life-threatening conditions. ➤ Work with SGH to increase on-site diagnostic tools to enable comprehensive patient evaluation and treatment, outside of current contractual hours. ➤ Embed live/ verbal advice and guidance pathway between SGH/JCH and UTC to reduced inappropriate onward referrals.

		➤ Establish integrated care pathways with local GPs and primary care services to streamline referrals and follow-up care from UTCs (including Pharmacy First, Eye CAS and Extended Access) ➤ Improve flexible staffing levels to ensure UTC is fully operational within opening times
	(CS) Ensure the 2UCR team is highly responsive, with the capacity to deploy to patients' homes within 2 hours of referral.	➤ Strengthen referral pathways by engaging with YAS, primary care, secondary care, and HTFT community services through updated SOPs, refreshed communications, and shared patient stories. ➤ Align clinical criteria by mapping S1 referral reasons to the nine UCR criteria and implementing a monitoring process to ensure accurate categorisation. ➤ Enhance data and performance monitoring through the creation of a UCR dashboard, regular referral reviews (including declined cases), and triangulation of system data with ED/SDEC trends. ➤ Support workforce planning by reviewing current vacancies, aligning them with service needs, and ensuring recruitment is actively promoted and tracked. ➤ Drive consistency and innovation by benchmarking with regional providers, attending UCR network meetings, and developing technology enabled care pathways in collaboration with the ICB.
Maintain key areas of performance	(All) Patient Care Prioritisation	➤ Continue RAG rating patients to prioritise care based on urgency, ensuring those with the greatest need receive timely attention. ➤ Triage tool for UTC, TotalTriage for Primary Care, SPOC/ UCR triage via community services. ➤ Maintain flow through the continued use of routine MADE events
	(CS) Nursing staffing levels to be maintained 24/7	➤ Use of every contact counts within physical health services. ➤ Remote monitoring of patients via the telephone nursing service. Flexible use of staffing capacity in business continuity situations. ➤ Provide robust overnight community nursing across Scarborough, Ryedale, and Whitby, with a focus on palliative care and hospital admission avoidance. ➤ Band 7's in 7 days a week (including bank holidays) ➤ Identify vulnerable staff and patient cohort that may require a Covid vaccine to support their wellbeing. ➤ Explore voluntary pool staff to support during the Christmas period, to bolster staffing levels. ➤ Review of annual leave allocation across the Christmas Period (2 weeks) to support in bolster staffing across inpatient units. ➤ Development of a NY Bank for registered and unregistered staff.

		➤ Maximise use of Eroster to ensure safer staffing versus patient acuity if effectively monitored
	(All) Proactive Pharmacy Collaboration	➤ Strengthen proactive communication and collaboration with community pharmacy colleagues, particularly in Addictions and through the Electronic Prescribing System (EPS), to enhance patient support. ➤ Explore digital tools and telepharmacy services to monitor patient medication use remotely through the Virtual Ward. ➤ Provide patients and caregivers with clear guidance on how to access emergency medications and advice if issues arise outside of normal hours.

13.4 Forensic Services

Forensic			
Aim	Objective	Mitigating actions	
Admission Avoidance Maintain key areas of performance	Maintain efficient pathways	➤ Facilitate pathway moves with timely transition, step down and discharge ➤ Increase availability of primary care/ general physical health input ➤ Provide education and advice about vaccination programme and offer vaccines ➤ Maximise use of virtual appointments and telephone contacts for community services	
	Maintain effective levels of workforce	➤ Implementation of recommendations from 24/25 staffing which include the following ➤ Over-recruit to registered staff where available (1 additional per ward) ➤ Over-recruit to HCSW where available to provide additional resource or peripatetic offer for sickness and high acuity cover ➤ Ensure duty management cover providing senior support across wards to mitigate pressures and plan service provision ➤ Ensure monitoring of winter workforce plan through current strategic workforce meeting ➤ Refresh of business continuity plans ➤ Consider more Band 7's in 7 days a week (including bank holidays) ➤ Identify vulnerable staff and patient cohort that may require a Covid vaccine to support their wellbeing. ➤ Explore 'pick and mix' hour contracts and part shifts to support during the Christmas period, to bolster staffing levels ➤ Review of annual leave allocation across the Christmas Period (2 weeks) to support in bolster staffing across inpatient units ➤ Ensure planning of admissions in line with environmental offer and staffing projections ➤ Engage with provider collaborative services for updates, shared understanding and mutual aid where required.	

13.5 Workforce & Wellbeing

Workforce/Wellbeing		
Aim	Objective	Mitigating actions
Maintain key areas of performance	Staff availability due to viruses	➤ Vaccination programme for flu to further improve on 2024/25 uptake ➤ Ensure infection prevention guidelines adhered to maximise virtual working to minimise exposure ➤ Targeted flu campaign to be created collaboratively between People and OD and Comms – emphasising the importance of the uptake to aid winter pressures. ➤ Vaccination programme to increase availability, and targeted support offered to areas with low uptake in 2024/5 and areas with high flu sickness absence in 2024/5/ specifically ensuring North Yorkshire availability of vaccines ➤ Consider Medical Director or Executive Director of Nursing to talk about the benefits of vaccination to all staff ➤ Consider the current booking arrangements to ensure ease of vaccination bookings ➤ Support divisions with their vaccination programmes and increasing uptake through staff and patient cohorts ➤ Target of end of November to hit 62.5% of the workforce
	Minimise use of agency staff due to absence/vacancy	➤ Maintain robust sickness management inc return to work, monitoring ➤ Increased recruitment to Trust Bank and prime staff ready for the winter period. ➤ Bank recruitment campaign to maintain rolling advertisements for clinical roles, with a view to continue to expand all levels of clinical personnel on the Bank ➤ Maintain safer staffing reviews ➤ Maximise on mutual aid provided across organisation ➤ Introduce Patient Acuity Tool to support decision making ➤ Ongoing recruitment to medical vacancies ➤ Weekly review of medical staffing recruitment/progress ➤ Maximise medical and clinical skill mix opportunities ➤ Continue to expand all levels of clinical personnel on the Bank ➤ Maintain rolling advertisements for clinical roles ➤ Review advertising and initiatives for hard to recruit to roles in advance of winter ➤ Healthcare Support Worker programme to maintain momentum in the lead up to and throughout winter. ➤ Support ongoing optimisation of e-roster. ➤ Continued investment in student nurse recruitment ➤ Over-recruitment considerations, including student nursing cohort and within areas that have staff challenges.

Maintain key areas of performance	Ensure workforce resilience	➤ Workforce planning cycle completed ➤ Continued access to occupational health/counselling/physio ➤ Health and Wellbeing offer enhanced and maintained ➤ MOT Physical and Wellbeing checks available to all personnel ➤ Expanded staff health and wellbeing activities provided ➤ Organisation Development team working closely with clinical areas to support areas of pressure/disharmony ➤ Internal mentoring and external coaching available ➤ Appraisal performance remains high

13.6 Estates & Hotel Services

Estates & Hotel Services			
Aim	Objective	Mitigating actions	
Maintain key areas of performance	Maintain access to all Trust sites	➤ Continue with gritting procedures guided by weather predictions, Ice Watch and requests from site staff ➤ All engineering staff prepared for 'first job of the day' to ensure adhoc gritting or snow clearing is dealt with as a priority ➤ Annual PPM of heating systems to ensure safe and suitable working environment for staff, visitors and patients ➤ Ensure company vehicles are prepared for the winter conditions with de-icer and screen wash to enable effective use ➤ Extreme weather to prompt 'toolbox talks' regarding the appropriateness of travel arrangements ➤ Continue to maintain generators at ERCH and Willerby Hill during times of power outage	
	Manage demand and respond to internal surge	➤ Prioritise the feeding of patients and cleaning of all high-risk areas utilising resources appropriately to achieve this ➤ Ensure bedrooms are cleaned to enable efficient admission in times of high demand ➤ Support the inhouse engineering team with a range of multi-disciplinary external contractors, available upon request ➤ Maintain regular contact with inpatient facilities to identify any 'works' required in conjunction with electronic requesting method	

13.7 Infection, Prevention and Control

Infection Prevention and Control			
Aim	Objective	Mitigating actions	
Maintain key areas of performance	To minimise patients, staff and visitors from being harmed by the transmission of infection.	➤ Lateral flow and PCR testing for symptomatic patients to remain under regular review. ➤ Promotion and delivery of the essential vaccines in long stay inpatient services such as Forensic, Older Adult and Learning disability settings. ➤ Increased review frequency of the utilisation of the side rooms during periods of increased infection prevalence. ➤ The maintenance of the Trust Ventilation Improvement Programme. ➤ Regular IPC updates and key messaging provided utilising a variety of key media styles, including the internet, intranet, and social media platforms in place to promote effective IPC practice. ➤ Staff respiratory vaccination programme delivered in line with national guidance recommendations. ➤ Targeted staff vaccination provision for Pertussis. ➤ Hand Hygiene and Personal Protective Equipment (PPE) Competency assessments successfully completed for all clinical staff who deliver direct clinical care. ➤ Universal mask wearing initiated in areas / staff groups experiencing a high prevalence of respiratory disease. ➤ Enhancement of the clinical staff IPC education and training programme to include refresher sessions in the application of Transmission Based Precautions. ➤ The delivery of antimicrobial stewardship refresher sessions for the medics and the non-medical prescribers. ➤ Outbreak of Communicable Infection Policy updated and available for all staff reference. ➤ Process in place for the management of staff presenting with symptoms suggestive / confirmed as having a respiratory infection. ➤ Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand. Review of supply respiratory equipment	

13.8 Emergency Preparedness, Resilience & Response

EPRR			
Aim	Objective	Mitigating actions	
Maintain key areas of performance	Planning for severe weather	➤ EPRR team have 4 x 4 vehicle access ➤ Stand up/down command and control arrangements if required ➤ Facilitate accommodation for staff unable to get home ➤ Supporting with working from different bases ➤ EPRR Team maintain links with system partners ➤ Utilise Adverse weather plan ➤ Work with Trust communications team for key messaging ➤ Ensure services implement their business continuity plans where required	
	Support System work and communication	➤ Daily sitrep reporting in place across all areas ➤ Mutual aid arrangements in place across ICB providers ➤ Attendance at daily System calls to support patient flow ➤ Agile working in place to minimise travel and maintain business continuity ➤ Oversee plans to mitigate the impact of industrial action	

13.9 Proposed schemes for 2025/26 funding

Proposed Schemes Identified for Funding			
Scheme	Summary	Costs	Status
MH support to UTC	Introduce Mental Health Practitioner to UTC to stream patients effectively through the treatment centre	tbc	Proposal being developed
Expand MH Peripatetic team	Increase the volume of unregistered peripatetic staff to backfill absences over winter period 13 wte HCA for 6-month period	£205,000	Proposal submitted as part of winter plan
Provide 4 Older Adult Step Up beds	Create 4 bedded unit to reduce requirement for placing older adult out of area due to demand		Proposal submitted for SDF
Increase CITOP and ACS capacity	Expand workforce to minimise admission of older adult to inpatient facility	£350,000	Proposal submitted for SDF
Temporary booking of older age functional beds	In anticipation of mobilisation of 4 Older Adult Step-up beds, book temporary beds with neighbouring trusts	£183,000 tbc	Proposal submitted as part of Winter Plan
Increase capacity within Memory Assessment	Increase PAs (0.4) for psychiatry to support expected increase in referrals	£70,000	Proposal submitted as part of Winter Plan
Increase capacity in Crisis and IST	Increase staffing levels to manage increase in demand and avoid escalation	tbc	Proposal submitted as part of Winter Plan
MIND Step Down Beds	Expand provisions from 5 to 7	£12,000 tbc	Proposal submitted as part of Winter Plan
Agency AMHP	Ensure AMHP rota is robust to maintain timely MHA	tbc	
Enhance MHTAT & CITOP capacity	Improve access to triage and assessment to support intervention and treatment 2 x wte B6	£71,000	Proposal submitted as part of Winter Plan

14. Summary

This Winter Plan outlines Humber Teaching NHS Foundation Trust's comprehensive and proactive approach to managing the challenges of Winter 2025/26. It reflects a system-wide commitment to maintaining safe, high-quality services during a period of increased demand, infection risk, and workforce pressures. The plan builds on learning from previous years, incorporating robust escalation procedures, workforce resilience strategies, and close collaboration with system partners. By focusing on admission avoidance, patient flow, infection control, and staff wellbeing, the Trust is well-prepared to respond to winter pressures while continuing to meet the needs of the population it serves.

Appendix 1: Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Winter Plan 25/26**
2. EIA Reviewer (name, job title, base and contact details): **Alexandra Smith, EPRR Manager**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Plan**

Equality Target Groups

This toolkit asks services to consider the impact on people with protected characteristics under the Equality Act 2010 as well as the impact on additional groups who may be at risk of experiencing inequalities in access, outcomes and experiences of health and care.

Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?

Equality Impact Score

Positive = evidence of positive impact

Neutral = little or no evidence of concern (Green)

Moderate negative = some evidence of concern (Amber)

High negative = significant evidence of concern (Red)

Main Aims of the Document, Process or Service

To set out how Humber Teaching NHS Foundation Trust will prepare and respond to winter pressures and support the whole health system approach.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

How have you arrived at the equality impact score?

- who have you consulted with?
- what have they said?
- what information or data have you used?
- where are the gaps in your analysis?
- how will your document/process or service promote equality and diversity good practice?

Please describe the main points/actions arising from your assessment that supports your decision.

This document sets out the expectations and actions for all Trust employed staff with regards to response to a fuel shortage.

EIA Reviewer: **Alexandra Smith**

Date completed: **21/08/2025**

Signature: **Alexandra Smith**

Equality Target Group	Definitions (Source: Equality and Human Rights Commission, 2024)	Equality Impact Score	Evidence to support Equality Impact Score
Age	A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).		
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.		
Sex	Man/Male, Woman/Female.		
Marriage/Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.		
Pregnancy/Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a person unfavourably because they are breastfeeding.		
Race	A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.		
Religion or Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.		
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.		
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex		
Poverty	People on welfare benefits, unemployed/low-income, fuel poverty, migrants with no recourse to public funds		
Literacy	Low literacy levels, including includes poor understanding of health and health services (health literacy) as well as poor written language skills		
People with English as an additional language	People who may have limited understanding and/or ability to communicate in written or spoken English		
Digital exclusion	People who can't or don't want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems		
Equality Target Group	Definitions (Source: Equality and Human Rights Commission, 2024)	Equality Impact Score	Evidence to support Equality Impact Score
Digital exclusion	People who can't or don't want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems		
Inclusion health groups	People who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes: • People who experience homelessness • Drug and alcohol dependence • Vulnerable migrants • Gypsy, Roma and Traveller communities • Sex workers • People in contact with the justice system • Victims of modern slavery		
Rurality	People who live in remote or rural locations who may have poor access to services.		
Coastal communities	People who live in coastal communities which may experience unemployment, low educational attainment, poor social mobility, poor health outcomes and poorer access to services.		
Carers	Carers and families of patients and service users, including unpaid carers and paid carers		
Looked after children	A child or young person who is being cared for by their local authority. They might be living in a children's home, or with foster parents, or in some other family arrangement.		
Veterans	Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.		
Neurodivergence	People with alternative thinking styles such as autism, attention deficit hyperactivity disorder, dyslexia, developmental co-ordination disorder (dyspraxia), dyscalculia.		
Other	Any other groups not specified in this toolkit who may be positively or negatively impacted		



Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust





Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025**.

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.	Yes	The winter plan is within the 24 th of September Trust Board papers for approval.
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	A QEIA is within the winter plan, which is within the 24 th of September Trust Board papers for approval.
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	There was a winter workshop with key stakeholders across the Trust to develop the Trust's winter plan. Good practice and Lessons Learnt have been incorporated into the 2025/26 HTFT Winter Plan from internal review and external system feedback. Testing has occurred with an internal winter testing workshop. System challenge has taken place through the NY UEC Board and Hull & ER UEC Board with all stakeholders throughout August and September 2025.
The Board has tested the plan during a regionally led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	HTFT representatives attended a Winter Planning Testing exercise on 3 rd September 2025. This was led by the ICB/SCC at a venue in York. The impact and lessons learnt were further considered as part of the final Winter Plan.
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Lynn Parkinson, Deputy Chief Executive & Chief Operating Officer is the Accountable Officer.
Plan content and delivery		

Provider:	Humber Teaching Foundation Trust

The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	The winter plan is within the 24 th of September Trust Board papers for approval.
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	The winter plan is within the 24 th of September Trust Board papers for approval.
The Board has reviewed its 4 and 12 hours, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.	Yes	The Trust focus is to reduce 52ww as at end of August to below 1% of the overall waiting list (exc Neurodiversity). This has been achieved at 0.7% across all Divisions and trajectories will further improve over the Winter period. The Emergency Department (ED) 4- and 12-hour target will be supported through our Mental Health Liaison Service (MHLS), clear escalation processes have been introduced to ensure HTFT oversight of any patient at risk of beaching 12 hrs for adults and 4 hrs for children.

Provider CEO name	Date	Provider Chair name	Date
Michele Moran		Caroline Flint	

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5-percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	Yes	Our end of year data for 2024/5 for the Trust was 43% frontline staff and 60.56% non-patient facing were vaccinated. A 5% increase would be 65.56% overall or 48% of patient facing by the end of March 2026. 62.5% target by the end of November. This is to be achieved by maximising local peer vaccination a range of dedicated Occupational Health led drop-in clinics for personnel, and a strong clinically supported communication plan.
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Yes	Incorporated into the Trust's winter plan with a focus on good patient flow through effective regular MADE (multiagency discharge event), mutual aid and consideration of spot purchase beds if extreme surge occurs.
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	Robust on call arrangements are in place, with Duty Managers in place at key times. Consultant, Director and Manager on call rotas 24/7. Daily attendance at System Calls takes place to understand the broader system and partner pressures.
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the	N/A	The introduction of routine Multi Agency Discharge Events oversees patient flow and discharge. These meetings incorporate local authorities to support the effective discharge of patients.

	number of P0, P1, P2 and P3 discharges.		
5.	Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	N/A	Whilst this is primarily focussed on delivery by acute partners. HTFT have developed waiting list improvement plans that span the winter period for planned services.
Infection Prevention and Control (IPC)			
6.	IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes	There was a winter workshop with key stakeholders across the Trust to develop the Trust's winter plan and IPC were a key stakeholder
7.	Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	Yes	Compliance rates have been achieved / exceeded in all areas deemed nationally and organisationally to be of high risk and we are therefore compliant against this ask. The plan over the next quarter is to enhance this position further to maintain staff safety. Work will predominantly occur in the Inspire and all other areas to improve the compliance rates in those areas categorised as medium risk. The expectation is that by the end of November all these areas will have at least 50 % of staff either fit tested or trained to use the powered air respirator.
8.	A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	Yes	Bed Management plans are shared with out of hours and on call teams at times of increased pressure/surge.

Leadership		
9. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	The Manager and Director on Call SOP has been reviewed and updated and robust arrangements are in place. A consultation is taking place to make recommended changes that will further enhance the resilience of the Manager on call rota. There is a Consultant on call rota in place for MH and Community.
10. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	HTFT produce a daily sitrep report and this is supported by UEC RaidR reporting 7 days per week.
Specific actions for Mental Health Trusts		
11. A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.	Yes	Included in the mental health section mitigating actions within the Trust's winter plan. This includes increasing access to temporary staff I across the MH Unplanned Division to enable experienced staff to be diverted to Crisis/HBT/MHLS as necessary
12. Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.	Yes	Included in the mental health section mitigating actions within the Trust's winter plan. The Frequent Attender Service has developed mitigation plans for all patients who frequently access the service. Ongoing surveillance and planning is in place for high risk patients.

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	Risk Management Enabling Strategy														
Author/s:	Executive Lead: Sarah Smyth, Executive Director of Nursing, Allied Health & Social Care Professionals Oliver Sims Corporate Risk and Incident Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td>✓</td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve	✓	To discuss		To note		To ratify		For assurance			
To approve	✓	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The report provides the drafted Trust Risk Management Enabling Strategy for 2025-2029 which has been updated following feedback from the Executive Management Team (EMT), Audit Committee and Non-Executive Directors and is included for Trust Board approval as per the organisation's scheme of delegation.														
Key Issues within the report:															
Positive Assurances to Provide: The drafted Risk Management Enabling Strategy document sets out clear ambitions to further strengthen and develop the Trust's risk management arrangement for the next four years.		Key Actions Commissioned/Work Underway: No specific actions commissioned or additional areas of work underway further to the content of the strategy document.													
Key Risks/Areas of Focus: No key risks / specific areas of focus further those included in the report to escalate.		Decisions Made: - The draft strategy document enclosed has been updated to incorporate the agreed risk appetite statements as agreed at the Strategic Board session in June 2025. Actions identified at the meeting have also been incorporated where appropriate within the Risk Ambition section of the strategy document. - Recommendations identified as part of the 2025 Board Assurance Framework / Risk Management audit have also been incorporated into the Risk Ambition section. - Additional feedback received from the EMT, Audit Committee and non-executive directors has been incorporated into the strategy document as following. - Risk appetite definitions – table included to detail all possible risk appetite ratings.													

		- Risk Types - expanded included additional suggested risk types. - Revision of the "consequence" table to align with the risk types and provide supporting guidance for newly add types of risk. Removal of unnecessary terminology to streamline the table and make it a more meaningful point of reference to support risk scoring. - Inclusion of term 'Issue' within definitions section. • The document has been rebranded as an “enabling” strategy to recognise it as a supporting document for the Trust overarching strategy.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date	
	Audit Committee	08/2025	Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	07/2025 09/09/25
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Risk Management Enabling Strategy

2025-2029



Caring, Learning
& Growing Together

Document Configuration		Document Ref:
Date: July 2025	Version	V1.1
Author Name / Job Title	<i>Oliver Sims / Corporate Risk and Incident Manager</i>	
Directorate Name	<i>Nursing and Quality</i>	
Clinical / Executive Sponsor	<i>Sarah Smyth, Executive Director of Nursing, Allied Health and Social Care Professional.</i>	
Reporting Committee	<i>Executive Management Team</i>	
Trust Board Ratification	<i>July 2025</i>	
Review Date	<i>Annual report including annual review of risk appetite</i>	
Distribution Channels	<i>Trust communications Trust Intranet Risk management training sessions</i>	
Regulator Link	<i>Not applicable</i>	
Key Internal Documents	<i>Risk Management Policy</i>	
Key External Documents	<i>Not applicable</i>	

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Executive Forward

As Executive Director of Nursing, Allied Health, and Social Care Professionals, and Caldicott Guardian, I am proud to introduce our Trust's Risk Management Enabling Strategy—a cornerstone of our commitment to delivering safe, effective, and compassionate care.

In an increasingly complex healthcare landscape, risk management is not merely a compliance exercise—it is a proactive, dynamic process that underpins every aspect of our clinical, operational, and strategic decision-making. This strategy reflects our collective responsibility to anticipate, assess, and respond to risks that may impact our patients, staff, services, and reputation.

Our approach is rooted in a culture of openness, learning, continuous improvement and our values – 'Being Humber'. We aim to empower our workforce to identify and escalate risks early, supported by robust systems and clear governance.

This enabling strategy aligns with national standards and local priorities, integrating risk management into our quality improvement, workforce planning, digital transformation, and financial stewardship. It is designed to be agile—responsive to emerging threats such as cyber risks, workforce pressures, and evolving patient needs.

I invite all colleagues across the Trust to engage with this strategy, to contribute to a safer and more resilient organisation, and to uphold our shared values of caring, learning and growing.

Sarah Smyth

**Executive Director of Nursing & Allied Health & Social Care Professionals
Caldicott Guardian
Humber Teaching NHS Foundation Trust**



1. Introduction

Humber Teaching NHS Foundation Trust is committed to embedding an integrated approach to managing risk and recognises that the proactive and continuous management of risk is essential to the efficient and effective delivery of its vision. This enabling strategy document describes the Trust approach to the identification, reporting and management of all risks facing the Trust.

The Risk Management Enabling Strategy will support the delivery of the Trust Strategy, through the delivery of the strategic goals. Our strategic goals are: -

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

The Risk Management Strategy sets out our ambitions over the four years. Risk Management is an integral part of the trust's quality assurance and management processes. All staff have a responsibility for the consideration of risk and helping to mitigate any potential impact the delivery of safe and high-quality services.

The management of risk is a key factor in achieving the provision of the highest quality care, requiring the identification, management and minimising of activities or events which could result in unnecessary risks to service users, staff and visitors/members of the public. These risks are present on a day-to-day basis throughout the organisation. Most cannot be avoided, but they can in most instances be managed to an acceptable level.

When implemented and maintained, the effective management of risk enables the Trust to:

- Maximise safety and reduce harm, improving care and service user experience.
- Increase the likelihood of achieving its goals and delivering outcomes.
- Improve the identification of opportunities and threats.
- Improve stakeholder confidence and trust.
- Establish a reliable basis for decision making and formulation of plans.
- Effectively allocate and use resources for risk treatment.
- Improve organisational resilience.
- Increase organisational learning and continuous improvement.

These activities are undertaken in line with the Trust work programmes established to meet Trust objectives.

We achieve this by the identification, assessment, and systematic reduction and effective control of risks that threaten the delivery of safe and effective services. This includes the protection of:

- **People** – including patients, carers, staff (including students and volunteers), contractors, visitors, and the public.
- **Finances** – through value for money, reduction of losses and improved financial stability.
- **Reputation** – internally and externally to commissioners, public, media and the wider NHS.

Risks must be assessed in respect of the combination of the probability of an event happening and the severity of the impact which occurs.

At its simplest risk management is good management practice and should not be seen as an end, but as part of an overall management approach. This strategy document provides the overarching framework within which risk is managed by the organisation.

2. Scope

This is a four-year enabling strategy that aims to further develop a robust risk management framework and build additional capability across the Trust.

The Trust must ensure that its risk management arrangements meet the requirements of NHS Improvement and the Care Quality Commission (CQC). The Trust also adheres to standards and guidance from the NHS Resolution (NHSR), Health and Safety Executive (HSE), to ensure good risk management practice.

The Department of Health requires the Chief Executive to sign an Annual Governance Statement on behalf of the Board. This outlines the processes in place to maintain a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding quality standards and public funds. The risk management enabling strategy forms part of the overall system of internal control by coordinating approach to risk management, and the Board Assurance Framework provides, and overview of the assurances received in line with risks to the achievement of the Trust's Strategy.

This strategy document and associated processes / procedures apply to all staff directly employed by the organisation, agency staff, as well contractors engaged in work for Humber Teaching NHS Foundation Trust. This includes staff on honorary contracts, students and volunteers. All staff in the trust have a responsibility in relation to risk management and are introduced to the concepts and requirement on induction to the Trust.

3. Ambitions and implementation

The Trust's continued ambition to have excellent systems and processes fully embedded across the organisation that support the delivery of the Trust's Strategic Goals requires that we support better decision making through a comprehensive understanding of potential risks and their likely impact on the Trust should they be realised. In this respect the Trust is committed to maintaining a systematic approach to the identification and management of all risks surrounding our activities. This strategy is based on achieving the ambitions identified below.

From 2025 - 2029 the Trust will aim to achieve the following Risk Management Ambitions:

1. Continued devolution of decision-making and accountability for the recognition and management of risk across the organisation from Trust Board to point of delivery (Board to Ward) in system and partnership working.
2. To continually refine existing systems and processes throughout the Trust to ensure they remain aligned to service delivery and support effective risk management, ensuring the management of risk is dynamic and integral to the day-to-day activities of Trust services including its commissioning responsibilities.
3. To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.

Risk Management Ambition One	Alignment to Strategic Goals	
Continued devolution of decision-making and accountability for the recognition and management of risk across the organisation from Trust Board to point of delivery (Board to Ward) in system and partnership working.	Strategic Goal 1 – Innovating quality and patient safety	
	Strategic Goal 2 – Enhancing prevention, wellbeing and recovery	
	Strategic Goal 6 – Promoting people, communities and social values	
Why is it important?		
It is important to create a culture in which all staff are able influence decisions, support process improvements and outcomes, to reduce risk and improve the quality of services. Bringing decision making as close as possible to the service delivery.		
What do we want to do?	How will we do it?	
To promote a culture whereby staff are able to identify risks and make decisions and improvements to ensure risks to the delivery of the trust's ambitions are identified, managed dynamically and resolved in a timely manner.	1. Continued implementation of risk management training sessions for all staff to further support risk management culture. 2. Develop of a risk management annual report to further mature associated processes and to ensure that they are responsive and dynamic in their nature regarding the identification and management of all organisational risks. 3. Development of risk appetite rationales in conjunction with Executive Leads which links to assurance mechanisms and already established early warning systems based on embedded processes. 4. Development of process for utilising risk appetite as part of the Trust standard board and committee paper cover document.	

Risk Management Ambition Two		Alignment to Strategic Goals	
To continually refine existing systems and processes throughout the Trust to ensure they remain aligned to service delivery and support effective risk management, ensuring the management of risk is dynamic and integral to the day-to-day activities of Trust services including its commissioning responsibilities.	Strategic Goal 1 – Innovating quality and patient safety		
	Strategic Goal 4 – Developing an effective and empowered workforce		
Why is it important?			
It is important that the risk management process is dynamic, has a clear purpose, reliable inputs, well-designed activities and value-added outputs. A well-articulated systematic approach to risk management allows us to provide a benchmark and ensure we are responsive to the Trust's risk management needs.			

What do we want to do?	How will we do it?
Define a Risk Management standard throughout the organisation ensuring a robust systematic approach to risk management.	1. Undertake refreshed training needs analysis for risk management within the Trust and re-launch training package. 2. Development and implementation of a risk management e-learning training package available to all staff. 3. Undertake quarterly review of any risks linked to regional teams, regulators and partner organisation and incorporate pertinent risks into the Trust established risk management arrangements. 4. Targeted work with inpatient settings for full implementation of robust risk management arrangements and regular reporting / discussion at team meetings to include all frontline staff and ensure their full awareness of current risks and associated mitigations. 5. Review format of annual risk appetite review to include rationale summary, work undertaken in year in line within appetite rating and planned / proposed actions for next financial year. 6. Review Trust-developed resource for risk appetite summaries and update to reference all elements of financial / sustainability priorities.

Risk Management Ambition Three		Alignment to Strategic Goals	
To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.	Strategic Goal 1 – Innovating quality and patient safety		
	Strategic Goal 2 – Enhancing prevention, wellbeing and recovery		
	Strategic Goal 5 – Maximising an efficient and sustainable organisation		
Why is it important?			
The system of internal control within the Trust is an important component in the successful management of its risks. Internal controls are concerned with the methods, procedures and checks that are in place to ensure that the organisation is able to meet its ambitions.			
What do we want to do?		How will we do it?	
Integrate risk management and ensure processes are in place to allow staff to identify, monitor and communicate risks that may affect the delivery of strategic ambitions.		1. Further development / refinement of the Board Assurance Framework and supporting review process via Trust Board and its assuring committees. 2. Reference to Trust-wide risk register to be	

	cited within Board Assurance Framework template as part of development. 3. Review of Trust Board and Committee risk register extract reporting template to reflect changes since last review and ensure that date opened is included for all entries to demonstrate length of time risk has been open to support review. This will include changes to linked actions and any associated timescales with rationale for change. All committee to commence with cyclical deep dives of aligned strategic goals and associated sections of the BAF alongside regular review arrangements of each iteration of the document.

4. Risk Appetite

Risk appetite is the level of risk the Trust deems acceptable or unacceptable based on the specific risk category and the circumstances or situation facing the Trust. This allows the Trust to measure, monitor and adjust, as necessary, the actual risk position against the agreed risk appetite.

Expressing risk appetite can therefore enable the Trust to take decisions based on an understanding of the risks involved. It can be a useful method of communicating expectations for risk-taking to managers and improve oversight by the Board.

The Trust's Board most recently undertook a comprehensive review of the organisation's risk management appetite in June 2025 and the outcome of that review is included within this strategy document. The risk appetite for the Trust will be reviewed annually and the strategy document updated each year to reflect the agreed appetite ratings.

The Trust uses the Good Governance Institute's 'Risk Matrix for NHS organisations,' in assessing and expressing risk appetite, and has adopted a risk appetite statement which details the amount of risk it is willing to accept in seeking to achieve its Strategic Goals. A breakdown of the ratings used as part of the risk appetite review process is included below:

Trust Risk Appetite Ratings	
Risk Appetite Level	Definition
None	<i>Avoidance of risk and uncertainty is a key organisational objective.</i>
Minimal	<i>Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.</i>
Cautious	<i>Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.</i>
Open	<i>Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).</i>
Seek	<i>Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.</i>

Trust Risk Appetite Ratings	
Risk Appetite Level	Definition
Mature	<i>Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i>

A summary of the agreed Risk Appetite statement setting out the risk appetite ratings approved by the Trust Board in June 2025 is included in the table below:

Risk Appetite Statement – Strategic Goals	
Humber Teaching NHS Foundation Trust recognises that its long-term sustainability depends upon the delivery of its strategic goals and its relationships with its service users, carers, staff, public and partners.	
Strategic Goal	Risk Appetite
Innovating for Quality and Patient Safety	Seek – <i>Eagerness to be innovative and to choose options offering potentially higher business rewards</i>
Enhancing Prevention, Wellbeing and Recovery	Mature – <i>Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i>
Fostering Integration, Partnerships and Alliances	Mature – <i>Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i>
Promoting People, Communities and Social Values	Mature – <i>Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i>
Developing an Effective and Empowered, Workforce	Mature – <i>Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i>
Optimising an Efficient and Sustainable Organisation	Seek – <i>Eagerness to be innovative and to choose options offering potentially higher business rewards.</i>

As a Trust we will continue to refine and develop our risk appetite, updating the risk appetite statements on an annual basis following review and approval by the Trust Board.

5. Duties and Responsibilities

All staff in the Trust have a responsibility in relating to risk management. The key risk management responsibilities are documented below.

Role	Responsibility
Chief Executive (CE)	Accountable for having effective risk management systems and internal controls in place and for achieving statutory requirements. The Chief Executive has delegated overall duty to ensure risk

Role	Responsibility
	management is discharged appropriately to the Director of Nursing, Allied Health and Social Care Professionals.
Executive Director of Nursing, Allied Health and Social Care Professionals	Has overall duty to ensure risk management is discharged appropriately and has responsibility for the implementation of the strategy.
Executive Directors and Senior Operational / Corporate Managers	Responsible for identifying, communicating and managing the risks associated with their portfolios in accordance with the framework set out in this strategy. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers and partners and mitigate where necessary, where gaps are found. They are responsible for identifying risks that should be escalated to and from the Trust-wide Risk Register.
Non-Executive Board Members	Responsible for challenging and seeking assurance that integrated systems are in place within the organisations.
Specialist Managers / Leads	Responsible for ensuring all risks within their specialist area are assessed and managed.
Corporate Risk and Incident Manager	Responsible for the development and implementation of the Risk Management Enabling Strategy and framework, and for coordinating risk management across the Trust.
All employees and contractors	Expected to be familiar with the Trust's approach to risk management, take a risk-managed approach to their own work and take responsibility for the management of the risks they own.

6. Risk Management – Structural Arrangements

Each Board Committee and its sub-groups has a collective responsibility to ensure effective risk management as they discharge their duties, and this is reflected in their respective terms of reference. Through their work plans they will contribute towards reducing the organisation's exposure to risk. Risks identified by Committees and reporting groups will be communicated and recorded on the appropriate directorate / divisional risk register and subject to overview, monitoring and intervention by the Corporate Risk and Incident Manager, providing assurance to the Audit Committee (AC) and Trust Board.

Committee / Forum	Responsibility
Trust Board	Has overarching responsibility for risk management throughout the Trust and currently considers the Trust-wide Risk Register and Board Assurance Framework on a regular basis. It considers the high-level Trust-wide operational risks facing the Trust as part of its routine business to satisfy itself collectively that risks are being managed appropriately and the risks to the achievement of the Trust's strategic goals via the Board Assurance Framework the Trust Board continuously strives to strengthen the culture of risk management throughout the organisation. Bi-monthly review will be undertaken for the Board Assurance Framework so that risk to the achievement of the

Committee / Forum	Responsibility
	Trust's strategic goals can be considered and steer discussion / areas for further review.
Audit Committee (AC)	Board Committee with overarching responsibility for risk. The role of the Committee is to scrutinise and review the Trust's systems, risk management and internal control. It seeks regular assurance on the Trust's risk management arrangements to enable it to review the organisation's approach to risk management as well as reviewing the Trust-wide risk register and Board Assurance Framework regularly. The Committee reviews the adequacy of all risk and control related disclosure statements (the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances. On occasion it will commission internal or external auditors to review and report on aspects of risk management or on the management of significant risks.
Finance and Investment Committee (FIC)	Board Committee with overarching responsibility for oversight of the Trust's Finances and whose remit it is to conduct independent and objective review and oversight of the Trust's trading and commercial investment activities on behalf of the Board, and to ensure compliance with Investment Policy and Strategic Objectives. The role of the Committee is to scrutinise and review the Trust's financial position and activity. It seeks regular assurance on the Trust's risk management arrangements specifically related to finance risks and is responsible for one section of the Board Assurance Framework, which it also reviews as a standing agenda item at each meeting.
Quality Committee (QC)	Board Committee with overarching responsibility for oversight of the Trust's quality and improvement agenda. The role of the Committee is to scrutinise the Trust's quality and improvement work programmes seeking assurance on all related areas covering the Trust's clinical risk management arrangements. This work includes CQC compliance, service improvements and redesign linked to quality improvement, research and patient safety. The Quality Committee also reviews the quality-related risks held across the Trust's risk register and the relevant sections of the Board Assurance Framework.
People and Organisational Development Committee (POD)	Board Committee with overarching responsibility for oversight of the Trusts' workforce and organisational development agenda. The committee scrutinises the Trust's workforce-related metrics and seeks regular assurance regarding the Trust's risk management arrangements specifically related to workforce. The committee is also responsible for the relevant section of the Board Assurance Framework.
Mental Health Legislation Committee (MHL)	Board Committee whose remit it is to 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, as well as to monitor, provide challenge and seek assurance of compliance with external standards relating to Mental Health Legislation and approve and review Mental Health Legislation policies and protocols. The committee also regularly reviews the Trust's Board Assurance Framework as well key risks linked to mental health related legislation.

Committee / Forum	Responsibility
Charitable Funds Group	Operational Group with overarching responsibility for oversight of the Trusts' charity agenda and management of charitable funds. The committee maintains a risk register in relation to charitable funds and associated processes.
Executive Management Team (EMT)	Involves all Executive Directors and is chaired by the Chief Executive. The Executive Management Team provides the leadership for risk management across the Trust, considering and approving the development of systems and processes, as well as championing risk management within their areas of responsibility. This Group is the lead for managing the Trust-wide Risk Register, monitoring the management of risk. They consider and accept new items on to the Trust-wide Risk Register, reviewing and revising risk entries on a regular basis, as well as the approval/removal of any risks from the Register at the request of the Corporate Risk and Incident Manager.
Operational Delivery Group (ODG)	Chaired by the Chief Operating Officer considers the operational risk registers, as well as thematic risks from directorate risk registers. This group is responsible for ensuring that risk assessments are consistent, timely and appropriate actions to manage and mitigate risks are being taken, and that similar risks across the Trust are identified, cross-referenced and considered as a whole.
Directorate Business meetings	Held within each Directorate and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured, and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.
Operational Business meetings	Held within each business division and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured, and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.
Quality and Patient Safety Group (QPAS)	It oversees and coordinates all aspects of quality improvement including patient experience, patient safety and clinical effectiveness linked to clinical activity and service delivery. The group has responsibility to escalate any issues which may have a potential impact on the delivery of the organisational objectives to the Executive Management Team.
Clinical Risk Management Group (CRMG)	Has responsibility for ensuring clinical risk management systems, processes and related clinical risk management strategies and policies are regularly reviewed and implemented Trust-wide. They ensure systems and processes are developed and maintained to enable Trust-wide monitoring and review of all clinical risks to ensure appropriate investigation, and maximisation of learning from incidents.
Health and Safety Group	Receives updates from multiple infrastructure, safety and compliance related subgroups, ensuring that strategic decisions are made, and

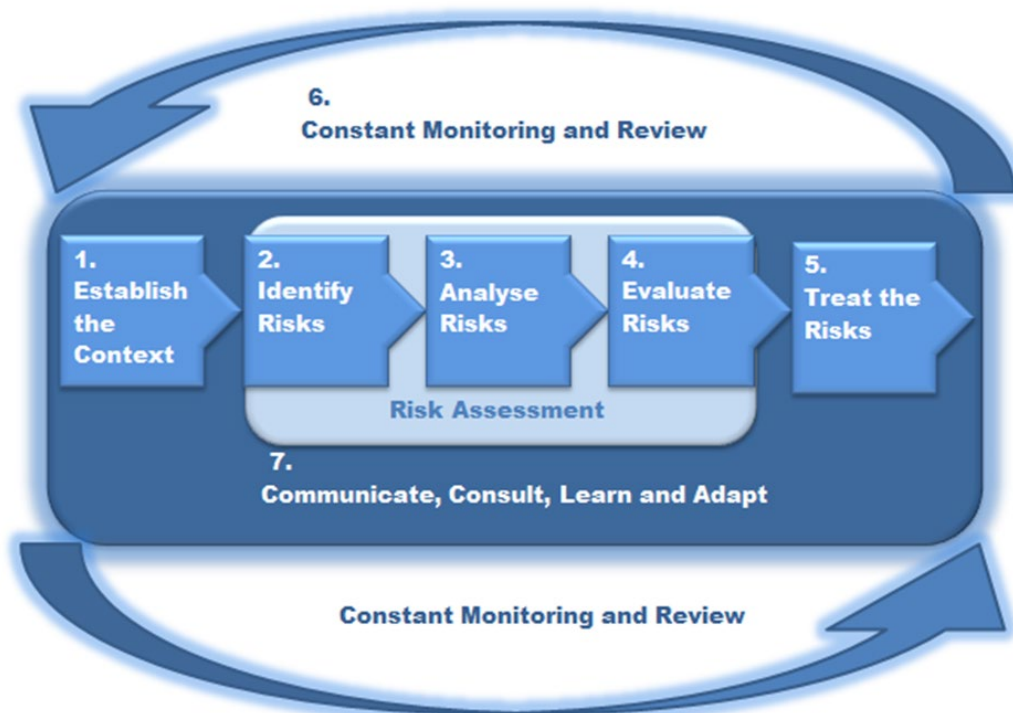
Committee / Forum	Responsibility
	appropriate action taken to resolve, mitigate or appropriately escalate issues and risks.
Emergency Preparedness Resilience and Response (EPRR)	Sub- group reporting to ODG on the delivery of the objectives of the sub-group including the identification, management and reporting of EPRR risks.
Estate Strategy and Capital Delivery Group	Is responsible for oversight, direction and assurance against delivery of the Trust's Estate Strategy, with appropriate reporting of assurance to ODG and EMT.

7. Process Overview

Risk management activities undertaken within the Trust operate at a number of levels: for example, a health or social care professional creating a risk management plan for a service user; health and safety assessments of local facilities, incident reporting and organisational learning, corporate planning around the organisational response to a major incident; or risk assessment and mitigation for business expansion and development. This strategy and its related procedures serve to set these various risk management activities within a broader corporate framework and to identify consistent processes for risk management across the Trust.

The risk management process is detailed within the Risk Management Policy and supporting guidance documents and templates, all of which will undergo ongoing review and development as risk management is embedded across the organisation. The overall risk management process is shown pictorially below, there being 7 major elements in the process.

Figure 1 below shows, risk management involves the identification, analysis, evaluation and treatment of risks or more specifically recognises which events may lead to harm and therefore minimising the likelihood (how often) and consequences (how bad) of these risks occurring.



Identifying Risks

Risks facing the organisation will be identified from several sources, for example:

- Risk arises out of the delivery of day to day work related tasks or activities.
- The review of strategic or operational ambitions.
- As a result of an incident or the outcome of investigations.
- Following a complaint, claim or patient feedback.
- As a result of a health and safety inspection/assessment, external review or audit report.
- National requirements and guidance.

The identification, assessment, and control of risk is delegated to directors, managers, departments, wards and teams within Humber Teaching NHS Foundation Trust, together with the management and data entry onto the Trust's electronic risk management system (DATIX).

Risk Registers

The Trust uses risk registers to record risks, scoring and ranking them, identifying who owns them, identifying controls that are in place, identifying whether the risk needs to be reduced further and, if so, recording what additional controls need to be put in place.

The Corporate Risk and Incident Manager supports with compilation of the trust wide risk register detailing significant risks identified across the Trust's risk registers, drawn from risks identified by the Trust's directorates and operational divisions.

Directorate and Operational Division Risk Registers are maintained by the relevant staff, being populated by risks that affect patient and staff safety, high quality care, service delivery and key objectives. Oversight of operationally identified risk is undertaken by the Trust's Operational Delivery Group and summary reports are also shared with the Trust's Executive Management Team monthly.

Local Service and Departmental risk registers are to be further strengthened through the implementation of this strategy and the delivery of the identified ambitions, further building the upward flow of risks to the Operational Divisions and Directorates.

The Board Assurance Framework (BAF) provides the Board with a comprehensive method for the effective and focused management of the identified strategic risks that could affect the delivery of its principal objectives. Development of the template used for Board Assurance Framework is included as part of the risk ambitions identified for delivery through the implementation of the risk management strategy and will be subject to review and development through 2025/26.

All risk registers are viewed as 'live documents' and are routinely populated, updated and reviewed via the Trusts' local risk management system (Datix Web).

Risk Methodology

The Trust uses the same risk methodology for assessing all types of risk whether these are clinical, non-clinical, financial, or organisational. It is vital that all risks are assessed in an objective and consistent manner, enabling prioritised management, and guiding operation, project and programme planning and resource allocation.

A summary of types of risks that could be identified is included in the table below:

Risk Type	Definition
Quality Risk	These are risks whose causes or effects are primarily related to the health

Risk Type	Definition
	and wellbeing of service users or the provision of care to them. This includes risks relating to standards of care, consent to treatment, working beyond competence, individual risks e.g. child protection, vulnerable adults' communication failure and delay in treatment. Some clinical risks also relate to the maintenance of the physical environment such as self-harm risks related to environmental features, failures of medical equipment and failure of clinical waste management.
Safety Risk	These are risks which potentially affect the health or safety of any person because of environmental factors or corporate factors. This includes risks relating to health and safety obligations, unsafe systems of work, Control of Substances Hazardous to Health (COSHH), inadequate provision of information, instruction, training or supervision or failure to provide a safe workplace.
Financial / Claims Risk	Financial risks are defined as those whose principal effect would be a financial loss or lost opportunity to deliver financial gain. Examples include poor financial control, and fraud.
Technology and Cyber Security Risk	Risks associated with the adoption of new technologies and their potential impact on the NHS and risks / threats that could expose the organisation to harm or loss resulting from breaches of or attacks on its information systems or technical infrastructure.
Business Risk	Risks that may jeopardise the organisation's continuing existence, operation of its functions or could lead to a loss of stakeholder confidence.
Information Security Risk	Risks that could adversely affect the organisation's reputation, credibility, compliance or stakeholder confidence in the processing of personal data.
Reputational / Credibility Risk	Risks that could expose the organisation to additional scrutiny e.g. in respect of decisions on policy, information security, employee conduct or organisational culture.
Workforce / Organisational Change Risk	Workforce risks are defined as those whose principal effect would be to the Trust's workforce and risk by which an employee whose post, hours, physical location or conditions of service may be affected by change i.e. changing hours of shifts patterns, night shifts etc. This includes staff who are employed under the Retention of Employment scheme.

Risks are assessed on the likelihood of the risk happening (frequency or probability) and consequences (impact) should the risk occur.

The assessment is completed using a likelihood matrix (Table 1) and consequence matrix (Table 2). While the likelihood matrix offers an option of frequency or probability, the likelihood matrix offers options based on the type of consequence (impact) that will arise if the risk should occur.

Table 1 – Likelihood Score

Likelihood Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur Not expected to happen for years	Do not expect it to happen/recur but it is possible it may do so Expected to occur at least annually	Might happen or recur occasionally Expected to occur at least monthly	Will probably happen/recur but it is not a persisting issue Expected to occur at least weekly	Will undoubtedly happen/recur, possibly frequently Expected to occur at least daily

Probability	<1% Unlikely to occur	1-5% Unlikely to occur	6-20% Reasonable chance of occurring	21-50% Likely to occur	>50% More likely to occur than not

Table 2 – Consequence Score

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Consequence Type	Negligible	Minor	Moderate	Severe	Catastrophic
Quality	Peripheral element of treatment or service suboptimal Informal complaint/inquiry Service delivery is not materially affected.	Overall treatment or service suboptimal Formal complaint (stage 1) / Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved / Reduced performance rating if unresolved Some inconvenience/ difficulty in operational performance of a particular service area	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on Operational performance of a particular service area is affected to the extent that revised planning is required to overcome difficulties.	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report Operational performance of a particular service area is severely affected.	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards Operational performance is compromised to the extent that the organisation is unable to meet its obligations in core activity areas.
Safety	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Finance / Claims	Small loss (less than 0.1% of budget) Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Technology / Cyber Security	No or minimal impact to system operability. interoperability and legacy systems, data security and cyber threats, skill gaps, poor decision-making, and	Short-term impact to system operability, Category 0 Cyber Event – <= 0.01% affected population / <=£1M financial impact (CMC – Event Categorisation Methodology 2025)	Short-term moderate impact / long-term minor impact to system operability, Category 1 Cyber Event – <= 0.1% affected population / <=£10M financial impact (CMC – Event Categorisation Methodology 2025)	Short-term significant impact /long-term moderate impact to system operability, Category 2 Cyber Event – <= 1% affected population / >£10M financial impact (CMC – Event Categorisation Methodology 2025)	Long-term significant impact to system operability, Category 3/4 Cyber Event – <= 5% affected population / <100M financial impact (CMC – Event Categorisation Methodology 2025)
Business	Loss/interruption of >1 hour No impact on ability to meet internal and external reporting requirements even though a particular service area is affected.	Loss/interruption of >8 hours Inability to meet a specific reporting requirement.	Loss/interruption of >1 day Difficulty in complying with key reporting requirements.	Loss/interruption of >1 week Unable to comply with the majority of reporting requirements.	Permanent loss of service or facility Unable to access any service user or corporate information.
Information Security	No / limited potential for information governance breach No or minimal impact to data quality.	Potential single information governance breach Minor to data quality issues like incomplete or wrongly coded data.	Confirmed single information governance breach Moderate impact to data quality issues like incomplete or wrongly coded data.	Confirmed multiple information governance breaches Major impact to data quality issues like incomplete or wrongly coded data.	Confirmed multiple information governance breaches resulting in prosecution Significant impact to data quality issues like incomplete or wrongly coded data.
Reputational / Credibility	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Workforce / organisational change	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training / key training on an ongoing basis

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Consequence Type	Negligible	Minor	Moderate	Severe	Catastrophic
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Significant impact on environment	Catastrophic impact on environment
Project	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage Late delivery of key target.	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met Partial delivery of key targets	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met Non-delivery of key targets.

The two numerical assessment scores are then multiplied to give a risk rating and level of risk as shown in table 3.

Table 3 – Risk Scoring and Levels

			Severity of Impact/ Consequence				
			1	2	3	4	5
			Negligible	Minor	Moderate	Severe	Catastrophic
Likelihood	5	Almost certain	5 Moderate	10 High	15 Significant	20 Significant	25 Significant
	4	Likely	4 Moderate	8 High	12 High	16 Significant	20 Significant
	3	Possible	3 Low	6 Moderate	9 High	12 High	15 Significant
	2	Unlikely	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1	Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

We undertake assessment of risk at three stages:

- **Initial risk** (inherent or gross risk) is an assessment of the risk score on identification before any control/mitigating action is proposed.
- **Residual risk** (current risk) is an assessment of the risk score with current controls/actions in place.
- **Target risk** is an assessment of the anticipated risk score after improvement actions have been achieved and controls successfully implemented. The target risk score enables managers to fully understand the impact of the actions to be taken, as well as whether these actions alone will reduce (mitigate) the risk to an acceptable level.

The assessment undertaken is the same at each stage, enabling consistency and demonstration as to how well risks are being managed by current controls.

Residual Risk Scores

All risks with a residual score that results in a classification of 'High' or 'Significant' will require a supporting action plan that describes the activities and actions being taken to mitigate the risk.

Residual risks with a level of moderate may be required to have action plans in place to further mitigate the risk. Low residual risks do not usually need any further actions.

The level of risk the controls are managing is important in considering the type and frequency of assurances required to be fully assured that the systems and process continue to work effectively to mitigate the risk. The Trust will use this information to inform the internal audit and clinical audit plans, as well as management reviews.

8. Training

Guidance on populating risk registers and managing risks is available to all staff via the Trust intranet. Risk Management training is open to all Trust staff monthly and is delivered by the Corporate Risk and Incident Manager. Bespoke training for teams / services is also provided upon request to ensure that the training needs in relation to risk management are met across the Trust. Risk management is also introduced to all staff as part of the Trust's induction training.

All staff employed by the Trust, are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development requirements.

9. Monitoring

Cyclical review of Operational Division and Directorate Risk Registers are undertaken by the Audit Committee (AC) to ensure that appropriate risk registers are being maintained, risks are being effectively captured and assessed, scoring is appropriate and consistent, appropriate mitigating actions are being taken, and risks escalated/ de-escalated in line with Trust policy. The committee will continue seek regular assurance on the Trust's risk management arrangements to enable it to review the organisation's approach to risk management as well as reviewing the Trust-wide risk register and Board Assurance Framework regularly

The Trust Board committees will receive quarterly reports on risks relevant to their areas of focus and will also consider relevant sections of the Board Assurance Framework to provide further assurance to the Board around the Trust's risk management approach and its effectiveness.

An annual report will be produced to demonstrate progress with the strategy and will be aligned to the Annual Governance Statement. This review process will be undertaken by the Trust's Executive Management Team and assurance regarding the implementation of the risk management strategy and its contained ambitions will also be provided to the Trust Board.

10. Communication

The Risk Management Strategy and supporting policies and guidance will be made available to all staff via the Trust Intranet. The strategy document will also be made available to stakeholders and the public via publication on the Trust Internet.

11. Related Documents

This is the overarching strategy for risk management and underpins the organisation's approached risk management and should be considered alongside all Trust strategies and policies. The following documents directly support this strategy:

- Risk Management Policy
- Risk Management guidance documents (via Trust Intranet)

More information on risk management, and specific areas of risk management including related policies are available on the [Trust's Risk Management intranet](#) page along with links to additional guidance and information.

12. Definitions

Board Assurance Framework	A method for presenting effective and focused assurances over the key risks to the delivery of organisational strategic

	objectives.
Likelihood	Used as a general description of probability or frequency.
Probability	The likelihood of a specified event or outcome occurring. This is measured by the ratio of specific events or outcomes to the total number of possible events or outcomes. Probability is expressed along a scale ranging from 'rare' to 'almost certain'.
Risk	Defined as uncertainty/ possibility of loss, damage, missed opportunity, injury or failure to achieve objectives or deliver our plans because of an uncertain action or event.
Risk Appetite	Statement of intent from the organisation about the level risk it is prepared to accept, tolerate, or be exposed to at any point in time.
Risk Assessment	The evaluation of risk with regard to the impact should the risk be realised, and the likelihood of the risk being realised.
Risk Identification	This is the process of determining what, where, when, why and how something could happen.
Risk Management	The systematic identification of risk within a system or process and the implementation of actions to minimise harm arising. A key aspect of risk management is learning from events, errors, or near misses to reduce the risk of them recurring.
Risk Management Strategy	The overall organisational approach to risk management as defined by the Trust Board, which is documented and easily available throughout the organisation.
Risk Maturity	Overall quality and embeddedness of the risk management arrangements.
Risk Mitigation	The action that can be taken to reduce either the probability or impact of a risk.
Risk Reduction	Actions taken to lessen the <i>likelihood</i> , negative <i>consequences</i> or both associated with <i>risk</i> .
Risk Register	A tool for recording identified risks, the results of their analysis and evaluation, and monitoring actions and plans against them. The Risk Register is an important component of the organisation's risk management framework.
Risk Treatment	Process of selection and implementation of measures to modify risk.
Issue	An Issue is something that is or has happened that affects the programme or project and needs to be actively dealt with and resolved.

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025															
Title of Report:	People & Organisational Development Committee Assurance Report from meeting held on 20 August 2025.															
Author/s:	Dean Royles – Non-Executive Director															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	The People and Organisational Development Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting on 20 August 2025 and a summary of key points for the board to note.															
Key Issues within the report:																
Positive Assurances to Provide: • Turnover reduced from 12.19% in March 2024 to 10.9% in March 2025. • Progress being made in reducing medical vacancies. • Good Medical Education survey results received including being second for training in NHS England report. • Achievements been made against the Trust’s EDI objectives. • Assurance that all units had safe levels of staffing.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): • Ongoing focus on vacancy rates and look at understanding the increase in the workforce during the course of the year and the role of fixed term contracts. • Visa sponsorship and the implications for the staff and the organisation in relation to the work that is ongoing.														
Key Risks/Areas of Focus: • Reducing the 12-month Sickness Absence figure. • Focus on reducing the use of medical agency staff. • Focus on reducing medical vacancies.		Decisions Made: • EDI Annual Report endorsed and approved by the committee. It was noted that the report was not required to be ratified by the Trust Board. • EDS22 Report endorsed and approved by the committee and recommended it be ratified by the Trust Board. • Freedom to Speak Up Update Report (Including Annual Report)														

		endorsed and approved by the committee and recommended it be ratified by the Trust Board. Guardian of Safe Working Hours Annual Report noted and approved the report, by the committee and recommended it be ratified by the Trust Board.		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	24/09/2025

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Assurance Report 20 August 2025

Health & Wellbeing Insight Report: Good to see a continued uptake of the physical and emotional MOT's, good to see the breakdown of the usage and in further reports, to show that as a proportion of the workforce, also looking at ways in which we can target and encourage usage in high sickness absence areas. Continuing the embedding work of proactive approach in relation to individuals that are off, particularly focusing on the health and well-being services.

Equality, Diversity and Inclusion Insight Report: Showed progress against the EDI agenda. WRES, WDES and Gender Pay Gap report showing gradual improvement with much to celebrate and also continue on the journey of achieving against the Trust's EDI objectives.

Professional Education Insight Report – Medical Education: Received the background in terms of the governance and assurance, and the events conferences, supports and facilities to support the team. There's been a growth of 40% increase in the number resident doctors since 2021 and 38% growth in medical students since 2018, along with the increasing capacity in the team. Good survey results received including being second for training in the NHS England report. Congratulations were passed onto the team for the impact they've made this year.

Safer Staffing: It was noted that the report had already been to board and quality committee and provided good assurance that all units had safe levels of staffing and noted the ongoing focus on sickness absence to improve those further. Continue to keep under review.

People Insight Report: Focussed on metrics and progress against medium term workforce planning. Noted the trust vacancy rates remain below 9% although increasing slightly. Turnover is on a downward trend and remains below 10%. Sickness absence still remains an area of concern and focus, good statutory mandatory compliance, ongoing focus on vacancy rates and looking at understanding the slight increase in the workforce during the course of the year and the role of fixed term contracts.

A discussion took place around productivity and capturing changes where work has been undertaken that was over and above business as usual and also where the size of the workforce increased due to skill mix changes and how that is captured in the finance and productivity reports that the committee will continue to receive into the future.

Risk Register and BAF: Noted the Risk Register and BAF and the changes particularly around the consultant contact and also noted the changes to visa sponsorship and the implications for the staff and the organisation in relation to the work that is on going around that. Going forward will look at workforce indicators that make up segmentation to see if or whether we need to capture any of those in the risk register.

Medical Workforce Plan Update: Progress being made in the reduction in vacancies and the trajectory in place to bring that down further over the coming years. Hopeful that the increase in the number of higher trainees training at Humber will also increase the pipeline for the Trust in the future. Also highlighted a number of risks around this area.

EDI Annual Report: The Committee endorsed and approved the report and noted that it didn't need to go to Trust Board for ratification.

EDS22 Report: The Committee endorsed and approved the report and recommended it be ratified at Trust Board on the 24 September 2025.

Freedom to Speak Up Update Report (Including Annual Report): Received and discussed the annual freedom to speak up report which is complemented the regular reports and noted the internal audit report and the good practice that was highlighted. Noted the plans for 25/26 including the recruitment of more freedom to speak up ambassadors. Awaiting further guidance on changes to the national reporting arrangements given the closure of the National Guardians Office.

The Committee endorsed and approved the report and recommended it be ratified at Trust Board on the 24 September 2025.

Guardian of Safe Working Hours Annual Report: The committee noted and approved the guardian safe working annual report, there had been a backlog of exception reporting due to software glitches what is now resolved and there's now a process that makes payment promptly. A key component about changing the way we look at the monitoring period to help understand and better identify the work intensity and the stress points, although the work that has taken place doesn't identify any sort of structural issues, issues that occur from time to time either through lack of understanding of the process or just the intensity of the work at that particular period of time.

It was also noted that there would be a bit of a challenge in relation to the change in policy from 12 September 2025 due to national contract negotiations and still awaiting the guidance from the NHSE, although there are regular meetings with the guardians of safe working in the patch.

Absence Deep Dive: Valuable high-quality report produced by Julie Wear and noted that there is going to be increased focus on sickness absence. Sickness rate is 5.5% which remains stubbornly above target; however, it does fluctuate on a monthly basis and are particularly mindful of the cumulative effects. Noted there's plenty of mitigations and action in place and we are ensuring that those are having the desired impact upon those, including targeting services like health and wellbeing.

Also ensuring that we're looking into those areas of stress and anxiety, and we can proactively support managers to help address those areas.

Leaver Deep Dive: Solid improvement, a decrease in turnover from 12.19% in March 2024 to 10.9% in March 2025 with that position improving. Continue to focus in this area particularly around areas of investing in retaining the workforce, i.e. introducing the flex plus policy and also the work that is currently taking place in relation to the multi-generational workforce.

Fixing the Leaking Pipeline: The report gave the background and context of the RCN report fixing the leaking pipeline and saw that there was work going on against those recommendation that was ongoing work, review of the actions that we'd be taking and some new work that we'll be initiating and that there'll be an oversight of that through various working committees. In particular the work that we're doing on the universities with students and the link to our own career development team on this.

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025			
Title of Report:	Quality Committee Board Assurance Report – August 2025			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	✓		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the Quality Committee on 7th August 2025 with a summary of key issues for the Board to note.			
Key Issues within the report:				
Positive Assurances to Provide: The Committee received positive assurances through the following reports. • The Quality Insight Report • The Annual PACE Report (including Complaints and Feedback) • The Annual Infection Control Report • The Annual Equality and Diversity Report (Patient Element) • Annual Research and Development Report • The Q4 Waiting Times Report • The Extended 111 Service (Mental Health) Assurance Report		Key Actions Commissioned/Work Underway: • To provide Quality Committee with a briefing report on the timeline of the IQVIA Community Mental Health service Users Annual Survey 2025		
Key Risks/Areas of Focus: • The delay in receiving the results of the IQVIA 2024 survey to allow creation and work on actions and look at discussions to receive the 2025 results earlier		Decisions Made: The following reports were approved for presentation to the Trust Board. • The Annual PACE Report (including Complaints and Feedback) • The Annual Infection Control Report The following report were approved by the Quality Committee • The Annual Equality and Diversity Report (Patient Element) • Annual Research and Development Report		
Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 7th August 2025 are as follows:

The minutes of the meeting held on the 8th May 2025 were agreed as a true record and the action log approved noting all items closed. The May Quality Committee Assurance report was noted. The Committee work plan was reviewed and updated.

The following papers were discussed:

The IQVIA Community Mental Health Services Users Survey Results 2024 (Discussion Item)

The Committee received a presentation by Jes Sims from IQVIA, the company who conduct the survey each year, followed by a presentation from Kayleigh Brown (KBr) in response to the survey with actions and preparations for the 2025 survey.

The IQVIA presentation gave a background to the survey and methodology, explaining the scoring and took the committee through each group of questions and scores. The main areas highlighted included: -

- Low response rate is a national issue with the average response rates in 2024 being lower than the previous year and Trust being just below the national average response rate in 2024 at 19.36% but had increased on our 2023 response rate.
- 11% of our scores were in the top 20% of responses and 11% of our scores were in the bottom 20% of responses.
- There were several areas where scores were not reported because of low numbers of responses. It was suggested that in these areas individual comments could be assessed to look at a qualitative view on these questions.

There were 4 areas where the trust scored in the lowest quintile. These were:

- Do you have a care plan?
- Do you feel in control of your care?
- Ease of getting through to services?

- Does the support meet your needs?

KBr presented the response to the survey and next steps, highlighting the questions of focus and the actions completed and ongoing.

One main issue was the delay in receiving the results giving a four month window to produce an action plan, and implement actions before the survey opened again.

A detailed discussion was held regarding the survey acknowledging it was not a good report, and the delay in receiving the results didn't assist with working on actions to improve for the following year along with ways of improving response rates and how we can monitor our actions are having the right impact for our patients. It was noted the action plan to the survey results is the most comprehensive plan to date and set within the context of the wider culture work and CMHT quality improvement work.

It was agreed a paper would be brought back to Quality Committee reviewing the timeline of the 2025 survey following discussions with IQVIA to agree how we could receive the results earlier next year.

Quality Insight Report

The headlines from the report included an update on PSIRF (Patient Safety Incident Response Framework) review including information from national reports questioning the effectiveness of embedding PSIRF asking 'is the focus right and learning being embedded into practice?' Discussions held gave assurance that the Trust has a robust processes in place and continue to learn and embed this.

The meeting were updated on the Part C of the Thirlwell enquiry, the National Primary Care Patient Safety Strategy and position statement for our services, positive assurance around the management of pressure ulcers, incident management and safeguarding with a highlight on learning through safeguarding audits and reviews as well as the ongoing focus of accountability reviews.

Quality Committee Risk Register Summary and BAF

The Committee reviewed the Quality Risk Register and BAF, noting four risks on the register rated nine or above. The paper was noted with no queries raised.

Annual PACE report (including Complaints and Feedback)

The Committee were shown a short film created to highlight the summary of the PACE annual report, acknowledging the full report in the papers pack, and noted the report would be presented to Trust Board in September for final approval.

Annual Equality and Diversity Report (Patient Element)

The Annual report was presented to the Committee with John Duncan giving a background to the full report, including an overview on current initiatives, and highlighting the focus areas of the 'Respect, no excuse for abuse' campaign and work towards reducing the gender pay gap, and Suze Elmore (PACE team) highlighting the patient element including recent EDI (Equality, Diversity and Inclusion) events, working on PCREF (Patient and Carer Race Equality Framework), Participation in the Culture of Care initiative, The Humber Youth Action group and the chaplain working with a number of Hull & East Riding interfaith groups giving an opportunity to strengthen our multi-faith agenda offer for all patients, with actions around 'You said, we did' communication, increasing co-production and use of Experts by Experience and trauma informed approaches to work.

The Committee approved the report.

Annual Infection Control Report 2024/25

The Committee received the Annual Infection Control report, which is part of our mandatory reporting under the Health & Social Care Act and gives an outline and assurance against the robustness of our IPC arrangements, capturing performance and activity over the 2024/25 year. The meeting agreed it was excellent to see the work being completed and consistently meeting requirements and using issues that arise to gain learning with evidence based methodology to improve areas. It was noted the excellent work undertaken to cover such a large geographical areas by a small team. MM thanked the team for a really good report which gets better each year and commendable to the staff.

The Committee approved the report which will be presented for final approval to the Trust Board in September.

Annual Research and Development report 2024/25

The first Annual report was presented to the Committee, highlighting the key areas including the patients story which really explains why research is undertaken in the Trust, and gives impact to her life. The report covers performance and achievement, details of studies undertaken and funding. The annual conference for 2024 was included, along with the upcoming 2025 conference and a section describing the areas of focus for the current year. It was agreed a great report, giving a real sense of the R&D agenda year on year with improvements and progress increasingly embedded as part of a teaching Trust.

The Committee approved the report.

Waiting Times Report Q1

The Committee received the Q4 Waiting Times report with the caveat of the data quality issues following implementation of the new ERP (electronic patient record) being worked on and the improvement shown as these issues are being resolved, noting further work is still ongoing around this area. It was confirmed work is still ongoing with improvement trajectories to remove all over 52 week waits (with the exception of children's neurodiversity) by the end of July and noted the current improvement in figures. The new digital clinical triage tool being launched in September was described having been piloted in York which will assist further to triage children and young people with the most complex needs. Memory services were highlighted with demand still rising noting this continues to be discussed with partners. The committee were pleased to receive the assurance around the data quality issues and it was agreed the waiting list indicators from the segmented scores will be included in the report in the future. The report was noted.

Extended 111 Service (Mental Health) Assurance Report

The Committee received an update report on the extended 111 option 2 service, describing the changes that have taken place noting there continues to be a rise in call numbers indicating new demand for this service. A deep dive is being undertaken around the themes to look at reasons why people are using the service. The report also included benchmarking information and areas of work been taken forward. The report was noted.

The meeting was reviewed with agreement on good discussion, particularly around the Community Mental Health Services Users Survey and the information and the narrative nationally about the emphasis on patients safety and felt the agenda and Insight Report gave plenty of information around the quality side as well as the patient safety aspect and the committee will continue to keep under scrutiny as the national agenda emerges.

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025			
Title of Report:	Quality Committee Board Assurance Report – September 2025			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	✓		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the Quality Committee on 11th September 2025 with a summary of key issues for the Board to note.			
Key Issues within the report:				
Positive Assurances to Provide: The Committee received positive assurances through the following reports. • Annual Safeguarding Report • Annual Controlled Drugs Report • Annual Patient Safety Report • Annual Quality Improvement Report • Annual Psychology Report • The Annual Allied Health Professionals Report		Key Actions Commissioned/Work Underway: • It was agreed that EMT would look at a template for annual reports, taking the excellent elements from this year's range of reports • For EMT to review the migration issues on the waiting list report.		
Key Risks/Areas of Focus: • None		Decisions Made: The committee recommended the following reports to the Board for approval. • The Annual Safeguarding Report • The Annual Controlled Drugs Report The following report were approved by the Quality Committee • The Annual Patient Safety Report • The Annual Quality Improvement Report • Annual Psychology Report • The Annual Allied Health Professionals Report		
Governance: Please indicate which committee or group this paper has previously been presented to:	Audit Committee	Date	Remuneration & Nominations Committee	Date
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

This meeting is an extra Quality Committee meeting that mainly focuses on receiving several annual reports. The key areas of note arising from this meeting held on 11th September 2025 are as follows:

The minutes of the meeting held on the 7th August 2025 were agreed as a true record and the action log approved noting all items closed. It was noted there was no Quality Committee Assurance at today's meeting as there had been no Board meeting since the last Quality Committee in August and both reports would be included at the December 2025 meeting. The Committee work plan was reviewed and noted.

The following papers were discussed.

Annual Safeguarding Report

The Committee received the Annual Safeguarding Report, with key areas highlighted and discussed. It was agreed that this was an excellent report noting there are some capacity issues in Safeguarding which related to both numbers of referrals and staffing issues. The temporary issue of data recording of referrals to the local authority has now been resolved with. The PSIRF journey for Safeguarding was highlighted and confirmed working well. The Committee were pleased to see the good levels of safeguarding training and particularly the increase in compliance with level 3 training for the appropriate staff working both with children and adults. The support to staff and patients was acknowledged and the team were thanked for all their hard work.

The Quality Committee recommended the report to Trust Board for approval.

Annual Controlled Drugs Report

The report was presented to the Committee, noting the assurance received in this important statutory area. It was highlighted in the reporting period there were zero moderate or severe harms recorded, despite there being almost 600,000 administrations of medication, with medicines handling training for all involved is mandatory.

Assurance was received around After Action Reviews (AARs) being performed for any incidents reported, enabling quick review and any learning implemented as soon as possible. The team were thanked for their work.

The Quality Committee recommended the report to Trust Board for approval.

Annual Patient Safety Report

The Committee thanked the Patient Safety Team for an excellent report, with further assurance received in the discussion. It was noted the excellent format with the visual areas in the report. The Committee noted the good examples of how we responded to identified issues, evidence of consistent near miss reporting and the embedding of After Action Reviews (AARs) in the way we operate. It was noted one 'never event' had occurred but no harm had accrued from this. The report showed good evidence of a positive patient safety culture and noted moving forward there will be an additional report on learning from deaths.

The Committee approved the report.

Annual Quality Improvement Report

The Committee received the Annual Quality Improvement report showing good assurance of quality improvement being well embedding into the Trust with a high level of activity. Evidence showed working increasing with patients, d=families and carers and highlighted the Caring Together Event, and examples such as the Friends and Families Test to gather information to improve our services for our patients and carers. The Committee agreed that this was an impressive report, with the discussion including the Innovation Hub work and the development of AI for future use.

The Committee approved the report.

Annual Psychology Report

The Committee agreed it was good to see this report developing over the years, suggesting a few areas to include in the next year's report to expand further, noting a really interesting read, with good evidence of original research being active in the Trust. The staff training and development was noted along with the

good partnership development particularly with the University of Hull. Some examples of national best practice were shown along with a focus on reducing health and inequalities backed up with a good case study.

The Committee approved the report.

Annual Allied Health Professionals (AHP) Report

The Committee received the Annual AHP report, which has seen an increase in number of AHPs over the year plus a reduction in vacancies. The report highlights the work on AHP specific training and promoting AHP champions, along with good evidence of engagement with QI and research. It was noted this is a developing area within the Trust.

The Committee approved the report.

Falls Report and Development Update

The report was received by the Committee updating the work undertaking following the original Falls Report. Good discussion was held with assurance received. It was noted there has been a 6% reduction with falls and no severe harm in the last 9 months of reporting. This area will be continued to be monitored but will form business as usual from now on. It was noted there has been an increase in audit capability around falls and their assessments.

The report was discussed and noted.

Waiting List Trajectory and Performance Update Report Q1

The Committee received the Q1 Waiting Times report, highlighting the positive assurances around the 52 week wait position with continued improvement. Current challenges around neurodiversity were noted and are being discussed with the Integrated Care Board (ICB). A good discussion was held and it was noted the data is Q1 to July 2025. It was agreed an update would be sent out to confirm the updated position for September 2025. It was felt there was still an issue around the migration of data following a change in electronic patient record and this will be taken back to Executive Management (EMT) Team to discuss further and resolve.

The report was discussed and noted.

Divisional QIP Report

The Committee received the Divisional QIP (Quality Improvement Plans) update report which gave a summary of progress made for each division against their individual QIP. Highlights discussed included the continued focus on quality improvement and embedding this within divisions, along with triangulation of the QIP plans and the QI charter process. Evidence of co-production of service user engagement, linking to the National Culture of Care Programme and continued programme of efficiency within the services we deliver, underpinning the plans and linking with the wider culture work and focusing on the engagement with staff, along with continued focus on learning lessons and embedding evidence into changing practices. Current work is being undertaken on reviewing the divisional QI plans and wider QI process to ensure that shared learning is disseminated across the divisions. A good discussion was held and agreed it would be good be able to demonstrate what a difference this work is making in future reports.

The report was discussed and noted.

The meeting was reviewed with agreement on good discussion, and some really good papers. It was felt the timings on the agenda allowed equal discussions for all and agreed everyone has been Humber in their attitude, whilst giving appreciative challenge. It was agreed EMT will review the annual report format to make these more consistent and linked into the Trust strategy whilst being able to keep the individuality of each area.

Agenda Item 24

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting on 27 August 2025														
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss													
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board. This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 27 August 2025.														
Key Issues within the report:															
Positive Assurances to Provide: - The Committee received Q1 performance report to end June 2025. The number of patients admitted/detained was as expected and within control limits (total 103 in June 2025). There is an increase in the number and complexity of tribunals requested. No significant issues identified with clinically ready for discharge patients. - RRI/Use of Force Act – De-escalation Management Intervention (DMI) training compliance has consistently remained above the 85% compliance rate throughout Q1 (currently 88%). CTR/Disengagement training is below the 85% target (75%), but more staff and training places have been added and this will be monitored by the RRI Group. Use of restraint, including rapid tranquilisation, significantly reduced in Q1. The safety pod has been very positive for patients' experience and has likely contributed to the reduction in the use of prone restraint. Incidents of violence and aggression remained within normal limits. The committee		Key Actions Commissioned/Work Underway: - The Care Programme Approach (CPA)/ Person Centred Planning (PCP). NHS England has informed the Trust that it will publish more detailed guidance regarding the full roll-out of the initiative in due course. Therefore, our Trust is initiating a staged approach. - A working group is look at some changes within SystemOne, which will help improve reporting of use of force data.													

received two good practice case studies relating to seclusion/use of safety pod and transition from children's to adult's mental health inpatient. It was noted that a Culture of Care event was held in May. • All mental health legislation related policies/procedures/guidance are up to date. • CQC MHA visits – 13 over the last year, with 2 in Q1. The main findings were noted, along with positive feedback received about staff at Avondale and Pine View. CQC were very complimentary about the patient feedback and co-production in the provider action statement responses. Learning is shared across all units. • Mental Health Legislation – no significant updates were noted. Awaiting draft code of practice for consultation once the Bill completes stages through parliament. • The Associate Hospital Managers forum met in June 2025 and the key topics were noted. A regional working group is considering impacts • Committee received Multi Agency Public Protection Arrangements (MAPPA) Assurance Report. Noted that a recent MAPPA training session was well attended by 50 trust staff. Trust is fully engaged with MAPPA processes and viewed positively by Strategic Management Board. An externally led thematic quality audit is expected to take place around October 2025 results will be brought to the committee. Around 70 of the Trust's patients are managed at all levels of MAPPA. Consideration is being given to internal data quality/validation and reporting. • Committee received a Community Treatment Order (CTO) 'deep dive' Briefing Paper. The number of CTOs has been consistent over the past few months, with 27 in place in June 2025. Comparison/ benchmarking data is scarce but the Trust is in line with the data provided by one other neighbouring trust. Most people subject to CTOs are White British; gender and race are in line with expectations. Current practice and processes have recently been reviewed. Internal CTO performance data has recently been improved. • The Committee reviewed the BAF as it relates the MHLC.	
Key Risks/Areas of Focus: • Committee heard that occasionally, there are patients where urgent Deprivation of Liberty Safeguards (DoLS) authorisation would expire prior to the standard DoLS being authorised by	Decisions Made: None

the Local Authority. Work is being done with the Local Authority to make sure they respond promptly to requests. These incidences are being closely scrutinised and risk will be included on the risk register along with mitigating actions.					
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>			Date		Date
	Audit Committee			Remuneration & Nominations Committee	
	Quality Committee			People & Organisational Development Committee	
	Finance Committee			Executive Management Team	
	Mental Health Legislation Committee			Operational Delivery Group	
	Collaborative Committee			Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key issues are covered in the assurance report above.

Agenda Item 25

Title & Date of Meeting:	Trust Board Public Meeting – 24 September 2025														
Title of Report:	Assurance Report to Board from Audit Committee August 26, 2025														
Author/s:	Stuart McKinnon-Evans Non-Executive Director														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>✓</td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify		For assurance	✓		
To approve		To discuss													
To note		To ratify													
For assurance	✓														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Report to the Board of the outcomes of the Audit Committee.														
Key Issues within the report:															
Positive Assurances to Provide: - Corporate level risks are well understood and stable (vacancies; neurodiversity waiting lists; tightening financial constraints) - Our deep dive into Mental Health Division Risk Register revealed a mature and sophisticated approach to risk management generally, and a good grip on the specific risks being managed - Forvis Mazars are progressing well to complete the external audit for 2024/25 - The internal audit programme is progressing to plan, with good results from this first batch of reports in 2025/26 - The Trust team are diligent at implementing actions arising from audits - The counterfraud programme remains effective - Procurement activity, including justifications for direct awards, is well controlled - The Trust's insurance arrangements remain good, with premiums for negligence claims continuing to reduce.		Key Actions Commissioned/Work Underway: - Further review of the content of the BAF section on Fostering Alliances, to distinguish more keenly between inputs and outputs, and ensure all elements of the strategic objectives are covered - The draft refreshed Risk Management Strategy will undergo a further review, before being presented for Board approval - Reconsideration of whether attention to productivity is adequately reflected in the revised committee reporting lines - Self-assessment against requirements of Failure to Prevent Fraud legislation.													
Key Risks/Areas of Focus: New legislation (The Economic Crime and Corporate Transparency Act), including the offence of Failure to Prevent Fraud, is in force from September 1, 2025. It requires the Trust to take the required reasonable steps.		Decisions Made: - Endorse revised committee reporting lines across the Trust - Endorse the external and internal audit and counterfraud work in progress - Endorsed direct award justifications													

		• Approve changes to Internal Audit programme • Committee Chair to consider how to provide assurance to the Board that the Trust meets the requirement of the Failure to Prevent Fraud legislation.		
Governance: Please indicate which committee or group this paper has previously been presented to:	Audit Committee	Date	Remuneration & Nominations Committee	Date
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
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√	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	

Assurance Report to Board from Audit Committee August 26, 2025 (Annual Submission Meeting)

The Committee was quorate, and considered the following:

Minutes/Actions:

Approved and reviewed.

Work Plan:

Approved, subject to inclusion of Insightful Board item.

Revised Reporting Arrangements:

Endorsed the simplification of reporting lines. We asked the Executive to reconsider whether productivity should have a higher profile, rather than being referred from a group feeding into Operational Delivery Group. An external observer might say productivity, which has a national policy focus, is being treated as a minor subject.

Board Assurance Framework:

As in previous Audit Committees, we made observations principally on the content of the Alliances/Partnerships page. We asked for ongoing review of the substance, especially as there is some conflation between what are described as inputs and outputs; and some elements of the strategic objectives are not mentioned at all.

Corporate Risk Register:

The residual risks on the corporate risk register are stable, relating to consultant vacancies; waiting times for children's neurodiversity services; financial pressure within the ICS which may trickle down to the Trust; longer term financial sustainability risk that block contract values are insufficient to cover the Trust's cost base.

Mental Health Divisional Risk Register:

A deep dive into this register led to the divisional leaders to describe a mature and sophisticated approach to risk management generally, and a good grip on the specific risks being managed. The residual risks relate to:

- financial/patient experience and continuity risks arising from the use of agency medics
- MH triage and assessment team do not have capacity to deal with demand – 9-week minimum wait compared to target 4 weeks maximum
- Patient safety concerns in Hull Community Mental Health Team – we discussed the cultural, leadership and capability issues being addressed here
- Delays in memory assessment (624 patients waiting 14 weeks, 206 over 18) – a particular difficulty is the absence of reliable capacity and demand analysis, which means the service cannot predict future patterns of demand with confidence
- Facilities shortcomings – staff alarm system at Miranda House; insufficient older adult beds leading to out of area placements; anti-ligature doors not in place in all settings.

Risk Management Strategy:

The authors of the paper were not present, so we remitted a further review to a side meeting. Observations relate to: inconsistency in the language being used for the risk descriptors on the one hand and the examples of the consequences of risk on the other; and the need to distinguish between issues (which are risks that have materialised) and risks (not yet materialised threats).

External Audit:

Forvis Mazars presented a positive report on progress to final completion. One adjustment to the recognition of deferred income was noted. The audit is expected to complete with an unqualified opinion. As in previous year, local government pension scheme audit is awaited.

Internal Audit:

Once again, an encouraging report was presented.

The 2024/5 audit plan is complete bar one report, in draft stage.

Since the last Committee, four more reports have been completed (TPP SystmOne Project – high assurance); Digital Transformation (significant); Income and Debtors (significant); Emergency Preparedness, Resilience and Response (EPRR) (significant). The Data Security and Protection Toolkit is marked as low overall risk with a high confidence level.

A benchmarking report on Freedom to Speak Up shows the Trust in a good light.

We agreed changes to the Audit Plan (NICE Guidance Implementation to replace Learning Arrangements; Lone Workers to replace Datix at GP Practices).

Internal Audit confirm through sample testing that the Trust is implementing recommendations as agreed.

Implementation of internal audit recommendations:

We noted a detailed action plan to improve arrangements for handling Service Users Money and Property

Counter Fraud:

We received a positive update on current counter fraud activity, noting an ongoing investigation into a member of staff with seemingly 2.8FTE contracts in the NHS

September 1, 2025, sees the introduction of new legislation on Failure to Prevent Fraud. The Trust must take all reasonable steps to prevent fraud, otherwise it could be prosecuted for crime of failure to prevent.

Under the legislation, an organisation will be criminally liable where:

- a fraud offence is committed by an employee, agent or other 'associated' person, with the intention of deriving a benefit for the organisation or a related body; and
- the organisation did not have 'reasonable' fraud prevention procedures in place.

Fraud offences include:

- Fraud by false representation (section 2 Fraud Act 2006)
- Fraud by failing to disclose information (section 3 Fraud Act 2006)
- Fraud by abuse of position (section 4 Fraud Act 2006)
- Participation in a fraudulent business (section 9, Fraud Act 2006)
- Obtaining services dishonestly (section 11 Fraud Act 2006)
- Cheating the public revenue (common law)
- False accounting (section 17 Theft Act 1968)
- False statements by company directors (section 19 Theft Act 1968)
- Fraudulent trading (section 993 Companies Act 2006).

The Trust needs to take reasonable preventive steps in 6 areas:

- top level commitment
- risk assessment
- proportionate risk-based prevention procedures
- due diligence
- communication (including training)
- monitoring and review

The Committee tasked the Chair with considering how to assure the Board on this matter – which should be through a self-assessment.

Insurance:

We noted the 2025/26 arrangements, and the premiums for the categories of clinical negligence, liabilities to 3rd parties, property, and vehicles. The premium for clinical negligence is reducing, due to an improving claims history.

Non-Audit Work:

Forvis Mazars have undertaken no non-audit work.

Review of Meeting:

Though we finished ahead of scheduled time, participants agreed we had met our brief, not least due to the high quality of papers. It would have been better if we could have completed the review of risk management strategy in the meeting.

Agenda Item 26

Board Strategic Development Meeting

Agenda

29 October 2025, 9.30 am – 3.30 pm
Multi-use Room, Trust Headquarters

Board members will be offered their flu vaccination over lunch

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	9.30
2.	Notes from 25 June 2025 and 15 September 2025 Meetings and Action Log	CF	Note	✓	9.30
3.	Digital Transformation Thought Piece (facilitated by NHS Providers)	PB	Discuss		9.35
4.	Lunch with Healthcare Assistants or Clinical Apprentices (tbc)				12.30
5.	Feedback from Board Away Day	All	Discuss		13.30
6.	Productivity and Outcomes	PB	Discuss		14.00
9.	Mental Health Commissioning Transaction Update	PB	Discuss		15.00
10.	Any Other Topical Issues	CF	Discuss		15.30
11.	Date, Time and Venue of Next Meeting 17 December 2025, Multi-Use Room, Trust Headquarters				