

## Trust Board Meeting Wednesday 25 March 2026 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 25 March 2026, via Microsoft Teams

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

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

- Setting and overseeing the strategic direction of the Trust, having taken account of the views of the Trust’s members and public at large
- Ensuring accountability by holding the Trust to account for the delivery of the strategy; and through seeking assurance that systems of control are robust and reliable
- Ensuring compliance with statutory requirements of the Trust (including the Provider License conditions and the Care Quality Commission registration)
- Shaping a positive culture for the organisation
- Monitoring the work of the Executive Directors
- Taking those decisions that it has reserved to itself
  
- Consider whether any items on this agenda will pose a risk to achievement of the strategic objectives as identified in the Board Assurance Framework

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 28 January 2026	CF	Approve	√
4.	Action Log, Matters Arising and Work Plan	CF	Discuss	√
5.	Service Story – Strengthening Sexual Safety and Professional Standards: An overview of the collaborative work between Safeguarding and People and OD to strengthen sexual safety, highlighting the challenges addressed, progress made, and the emerging cultural impact  Alison Meads and Rosie O’Connell attending to present	KP/SS	Discuss	√
6.	Chair’s Report	CF	Approve	√

7.	Chief Executives Report <ul style="list-style-type: none"> <li>Including policies to ratify</li> </ul>	MM	Discuss/Ratify	√
8.	Publications and Highlights Report	MM	Note	√
<b>Patient Safety and Quality</b>				
9.	2025 Patient Led Assessment of the Care Environment (PLACE) Results	PB	Note	√
10.	Executive Briefing Townend Court	SS		√
<b>Investing in People and Culture</b>				
11.	Electronic Patient Record (EPR) Optimisation Update	LP	Assurance	√
12.	National Staff Survey Results 2025	KP	Discuss	√
13.	Board Member Appraisal Process 2026	KP	Approve	√
<b>Developing Leadership Behaviours</b>				
14.	Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Alison Flack, Programme Director Mental Health, Learning Disabilities and Autism Collaborative - Humber and North Yorkshire Health and Care Partnership attending	MM	Note	√
<b>Embedding Improvement into Management Systems and Processes</b>				
15.	Finance Report	PB	Note	√
16.	Performance Report	PB	Discuss	√
17.	Risk Register Update Oliver Sims, Corporate Risk & Incident Manager attending	SS	Discuss	√
18.	Board Assurance Framework Update Oliver Sims, Corporate Risk & Incident Manager attending	MM	Discuss	√
<b>Assurance Committee Reports</b>				
19.	People & Organisational Development Committee Assurance Report to include update on People Enabling Strategy	PE	Assurance	√
20.	Mental Health Legislation Committee Assurance Report	SP	Assurance	√

21.	Audit Committee Assurance Report	KS	Assurance	√
22.	Collaborative Committee Assurance Report	SP	Assurance	√
23.	April Board Strategic Development Meeting Agenda	CF	Note	√
24.	Items to Escalate including to the High Level Risk Register & for Communication, any issues relevant to the Board Assurance Framework	CF	Note	verbal
25.	Any Other Urgent Business	CF	Note	verbal
26.	<p>Review of Meeting – Being Humber</p> <ul style="list-style-type: none"> <li>• Has the Board focused on the right areas?</li> <li>• Did the quality of the papers enable Board members to perform their role effectively – did they enable the right level of discussion to occur?</li> <li>• Was debate allowed to flow and were all Board members encouraged to contribute?</li> <li>• Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)</li> </ul>	CF	Discuss	verbal
27.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
28.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 27 May 2026, 9.30am via Microsoft Teams			

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026			
Title of Report:	Declarations of Interest			
Author/s:	Rt Hon Caroline Flint Trust Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	<p>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:</p> <ul style="list-style-type: none"> <li>• Removal from Karen Philips</li> <li>• Removal from Michele Moran</li> <li>• Removal of Dean Royles and Stuart McKinnon-Evans</li> <li>• Addition of Kathryn Smart</li> </ul>			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• Updated declarations</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• No issues to note</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>		
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	✓ 28.01.26

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

## Directors' Declaration of Interests

Name	Declaration of Interest
<b>Executive / Directors</b>	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> <li>• IMAS partner</li> <li>• Humber and North Yorkshire ICB Board Member (voting)</li> <li>• Co-opted Parish Councillor – Bamford with Thornhill</li> </ul>
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> <li>• Trustee of Heathstars, and Executive Lead for Humber Teaching NHS Foundation Trust</li> <li>• Son is a Resident Doctor at University Hospitals Sussex NHS Foundation Trust</li> <li>• Daughter is a Nursing Student at York St John University</li> <li>• Daughter joined the Humber Teaching NHS Foundation Trust bank.</li> </ul>
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	<ul style="list-style-type: none"> <li>• Director of Bluewaters Healthcare Limited</li> <li>• Spouse is Director of Bluewaters Healthcare Limited</li> <li>• Spouse is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust</li> <li>• Executive Lead for The Trust Research Department – which receives grant and funding to the department</li> <li>• Spouse is Clinical Director Harthill Primary Care Network (PCN)</li> </ul>
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	<ul style="list-style-type: none"> <li>• Husband works for HMRC</li> <li>• Son works for Labour MP as Communications Lead</li> <li>• Son works for Department of Health and Social Care</li> </ul>
Mrs Sarah Smyth, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	<ul style="list-style-type: none"> <li>• No interests declared</li> </ul>
Mrs Karen Phillips, Executive Director of People and Organisational Development	<ul style="list-style-type: none"> <li>• No interests declared</li> </ul>
<b>Non Executive Directors</b>	
Rt Hon Caroline Flint – Chair (Voting Member)	<ul style="list-style-type: none"> <li>• 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)</li> </ul>
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director of Conexus GP Federation</li> <li>• Owner of Phillip Earnshaw Ltd</li> <li>• Trustee of Prince of Wales Hospice</li> <li>• Five Towns PCN Clinical Director</li> <li>• Board Member of Wakefield District Health &amp; Care Partnership</li> <li>• Chair and Trustee Smawthorne Community Project is a local charity in Castleford</li> </ul>
Mr Keith Nurcombe, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director of Dietary Assessments LTD</li> </ul>

	<ul style="list-style-type: none"> <li>• Director of WMSG (Part of West Midlands Combined Authority)</li> <li>• Crown representative – Cabinet Office – UK Government</li> <li>• Chair of the Avalon Group</li> <li>• Chair of Derbyshire Health United (CIC)</li> </ul>
Ms Stephanie Poole, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Husband is a Trustee of Yorkshire Coast Sight Support (YCSS), a registered charity</li> </ul>
Ms Kathryn Smart, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Doncaster &amp; Bassetlaw NHS FT – NED/ Deputy Chair and Audit Chair</li> <li>• Incommunities Ltd, Bradford – NED/ Audit Chair</li> <li>• St Leger Homes, Doncaster – Co-opted Board member</li> <li>• Associate Hospital Manager - RDaSH</li> </ul>

**Trust Board Meeting**

**Minutes of the Public Trust Board Meeting  
held on Wednesday 28 January 2026, 9:30am – 12:30pm  
via Microsoft Teams**

**Present:** Rt Hon Caroline Flint, Chair  
 Mrs Michele Moran, Chief Executive  
 Dr Phillip Earnshaw, Non-Executive Director  
 Mr Peter Beckwith, Executive Director of Finance  
 Dr Kwame Fofie, Executive Medical Director  
 Ms Stephanie Poole, Non-Executive Director  
 Mrs Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer  
 Mrs Kathryn Smart, Non-Executive Director  
 Mrs Sarah Smyth, Executive Director of Nursing, Allied Health and Social Care Professionals  
 Mr Stuart McKinnon-Evans, Non-Executive Director  
 Mrs Karen Phillips, Executive Director of People and Organisational Development  
 Mr Keith Nurcombe, Non-Executive Director  
 Mrs Stella Jackson, Head of Corporate Affairs

**In Attendance:** Kayleigh Brown, Mental Health Services Clinical Lead (agenda item 5, Service Story)  
 Nikki Gratton, Lived Experience and Co-Production Lead (agenda item 5, Service Story)  
 Lee Rickles, Chief Information Officer (agenda item 11, Enabling the Use of Artificial Intelligence in the Trust)  
 Matthew Dehoest, Chief Clinical Information Officer (agenda item 11, Enabling the Use of Artificial Intelligence in the Trust)  
 Sarah Forster, Senior Communications and Media Officer (agenda item 13, Freedom To Speak Up Six Monthly Update)

**Apologies:** Apologies were received from Dean Royles, Non-Executive Director

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.

01/26	<p><b>Declarations of Interest</b></p> <p>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.</p> <p>The Chief Executive; 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.</p>	
-------	---	--

02/26	<p><b>Minutes of the Meeting held on 26 November 2025</b></p> <p><b><u>Resolved:</u> The minutes of the meeting held on 28 November 2025 were approved as a true and accurate record of the meeting.</b></p>	
03/26	<p><b>Action Log, Matters Arising and Workplan 2025/26</b></p> <p>The action log and workplan for 2025/26 were <b>noted</b>.</p> <p>There were no matters arising.</p>	
04/26	<p><b>Service Story - Nikki's Story, 18 months on - From Service User to Lived Experience Leadership: A journey of recovery, co-production, and involvement</b></p> <p>This month's service story was shared by Nikki and was about her journey from service user, to working as an Expert by Experience to being employed in a lived experience leadership role. Nikki had worked in Mental Health services previously and had found this challenging as she had not received the level of support she required to remain in role whilst trying to manage her mental health problems. However, she felt fully supported in the Expert by Experience role and was making a valuable contribution to the service. Nikki highlighted the value of having lived experience roles within the Trust.</p> <p>During ensuing discussion, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• It was important that sufficient time was allocated to the Culture of Care work, should this be rolled out to other inpatient wards. Lynn Parkinson reported she would arrange a separate discussion with Nikki to determine how the Trust might give more time and resource to support the work across the Trust and would share the findings with the Executive Management Team.</li> <li>• Many people that did not feel mentally well to work were often excluded from employment. Nikki believed this could be overcome if employers: took time to listen to the challenges they faced; implemented reasonable adjustments; and recognised/valued the contribution they could make. The Chair believed the Trust should consider whether the good practice of the team could be shared with local employers.</li> <li>• There was an opportunity for the Trust to develop a greater understanding of the support it could offer to people with mental ill health and to develop a toolkit for managers to utilise to maintain attendance at work. Karen Phillips reported she would discuss this further with Nikki outside of the meeting.</li> </ul> <p><b>Trust Board thanked Nikki for sharing her story.</b></p>	
05/26	<p><b>Chair's Report</b></p> <p>The Chair introduced the Chair's report and took the opportunity to thank Stuart McKinnon-Evans and Dean Royles for the valuable contributions they had made to the Trust in their roles as Non-Executive Directors. Stewart would be stepping down at the end of January and Dean would be stepping down on 13 February.</p> <p>Stuart informed Board colleagues he had found the Board environment to be constructive and ambitious which he had found both enjoyable and rewarding.</p>	

	<p>He thanked all those people that had supported the Board and Committee meetings and welcomed Kathryn Smart to the Board who would be succeeding him as Audit Committee Chair.</p> <p>The Chair then thanked Simon Blackburn who had resigned as a Governor in December 2025. The Chair had spoken to Simon, and he had expressed a desire to remain involved in the work of the Trust.</p> <p><b><u>Resolved:</u> The Chair’s report was noted</b></p>	
06/26	<p><b>Chief Executive’s Report</b></p> <p>The Chief Executive introduced the Chief Executive’s report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The winter months had proven to be challenging due to the demand for services.</li> <li>• The Trust was currently second in the flu uptake league table.</li> <li>• The Fit and Proper Person tests for Board members would commence in February/March.</li> <li>• The Caldicott Guardian item highlighted the work being undertaken in response to the growing number and complexities of the Freedom of Information requests.</li> <li>• A Trust-wide Alumni leadership community had been established and would support cross-service collaboration and shared learning.</li> <li>• Much communication activity was underway as highlighted in the report.</li> </ul> <p>Michele then reported she had shared her Annual Statement with the Board.</p> <p>Lynn Parkinson informed Board members winter planning arrangements had proven effective in overcoming challenges posed. A review of the plan would be undertaken in the near future to determine how it might be strengthened for next winter. Kathryn Smart queried whether winter pressures had created any financial pressures or learning. Lynn responded that there had been no impact on activity as robust plans were in place to respond to challenges such as the Junior Doctor industrial action and there had been no adverse impact on costs.</p> <p>Kwame Fofie reported the Trust’s 10 Point Plan for Junior Doctors had been effectively implemented with 96% of target being achieved. NHS England had described engagement with the Trust as excellent regarding the Resident Doctor programme and a number of Resident Doctors that had worked at the Trust had applied for subsequent roles based on their positive experiences of working at the Trust. The Chair concurred and confirmed a number of people that had applied for recently advertised Consultant vacancies had highlighted their positive experience of working at the Trust had resulted in them applying for the vacancies.</p> <p>The Chair referred to paragraph 7.4.1 regarding the Autism Mental Health Support service and asked if the service was unique in the NHS. In response, the Chief Operating Officer reported the service was new to Humber and would be testing some of the existing methods of providing services.</p> <p>The Chair then asked what the average length of stay was at Maister Lodge. The Chief Operating Officer responded this was longer than it was for the</p>	

	<p>average working age adult but she did not have the exact figures to hand and would share these with the Chair outside of the meeting.</p> <p>Kathryn Smart referred to the Caldicott section of the report and queried how Freedom of Information requests were monitored. Pete Beckworth highlighted these were monitored by the Information Governance Group.</p> <p>Kathryn Smart then asked whether the Trust had a Key Performance Indicator for return to work interviews. In response, Karen Phillips reported return to work interviews information was included in the People and Organisational Development (OD) Committee Insight report. The information was also discussed at the Patient Care and Accountability Review meetings. The Trust was demonstrating an improving position regarding the return to work interviews and further work would continue to be undertaken to improve the uptake of these further.</p> <p><b><u>Resolved: Trust Board:</u></b></p> <p><b>Ratified the Associate Hospital Manager (AHM) appointment as detailed in the paper.</b></p> <p><b>Ratified the Consultant appointments as detailed in the paper</b></p> <p><b>Ratified the policies as detailed in the paper</b></p> <p><b>Approved the Modern Slavery Statement for publication on the Trust website.</b></p>	
07/26	<p><b>Publications and Highlights Report</b></p> <p>The Publications and Highlights Report was <b>noted</b>.</p>	
08/26	<p><b>Mental Health Act 2025 Briefing</b></p> <p>The Executive Medical Director introduced a paper regarding the Mental Health Act 2025, its key reforms, implementation timeline, and the anticipated implications for the Trust. Kwame informed Board members a small part of the Act would come into force in February 2026 and the remainder would be phased in over a number of years. The Mental Health Legislation Committee would monitor implementation of the Act.</p> <p>Phillip Earnshaw asked what arrangements would be put in place to ensure there was no confusion regarding the requirements of the Act at the time of patient admittance. Kwame responded that the changes to practice and the need to start to align these with the Act (as far as possible) had been discussed with senior leaders and consultants. Stephanie Poole added this would be monitored at the Mental Health Legislation Committee. She then outlined the importance of the Implementation Project being resourced sufficiently during the implementation phases.</p> <p><b><u>Resolved: Trust Board noted the update.</u></b></p>	
09/26	<p><b>Safer Staffing Six Monthly Report</b></p> <p>The Executive Director of Nursing, Quality and Professions introduced the six monthly Safer Staffing report which sought to provide assurance that the Trust was meeting the reporting requirements as outlined in the Developing Workforce Safeguards (NHS Improvement Oct 2018), National Quality Board and Care Quality Commission (CQC) fundamental standards. The paper</p>	

outlined in detail the safer staffing reviews which had been undertaken in October and November, reflecting the data period April 2025 – Sept 2025.

Sarah highlighted the following key points:

- There were different safer staffing tools for different areas, with nationally mandated tools not available for some areas. Consequently, professional judgement was critical when undertaking reviews.
- No wards had two or more red flags during the reporting period.
- The report demonstrated there was a positive incident reporting culture in place at the Trust.
- Supervision levels were good.
- There continued to be a challenge around sickness absence levels and work was underway to respond to the challenges.
- There was work to do around roster and efficiency metrics and People and OD colleagues and the Safer Staffing team were working together to review this.
- A number of units would need to focus on skill mix, roster efficiency and roster management.
- An ongoing piece of work was underway regarding further staff training and development and updates would be provided in the Safer Staffing reports.

Philip Earnshaw asked whether the skill mix was reviewed regularly. In response, Sarah reported further work would be undertaken to develop an understanding of skill mix requirements. Phillip then queried whether issues existed around clinical supervision. Sarah responded that it was not always possible for teams to upload the `supervision` data within the required timescale. Checks were undertaken with those teams that had not uploaded to determine whether supervision had occurred and invariably it had.

Kathryn Smart queried whether SPC charts were utilised to monitor episodes of violence and aggression and Sarah confirmed they were. Sarah added use of such charts had highlighted an increase of violence and aggression within the Psychiatric Intensive Care Unit (PICU). Incidences of violence and aggression were also monitored by the Finance, People and Quality teams.

Stuart McKinnon-Evans asked whether the teams had developed an understanding of the levels of staffing required to ensure the staffing was safe and effective. Sarah reported that teams were being informed about the need to ensure staffing levels were safe, effective and efficient. Further work was needed regarding efficiency metrics and sickness absence management.

The Chair asked about the Care Hours Per Patient Day work showing Healthcare Assistants delivering more than Registered Nurses when benchmarked against other providers and queried whether this needed to be addressed. Michele Moran informed Board members there was regular discussion with Executive Management Team colleagues regarding skill mix requirements. Lynn Parkinson added the safer staffing information was triangulated with other performance metrics. Sarah informed Board colleagues national reporting requirements did not include effectiveness and efficiency and the Trust was committed to not only being safe but effective too. To be truly safe and effective, it was important that sickness absence levels were kept to a minimum.

**Resolved: Trust Board approved the six monthly Safer Staffing report.**

10/26	<p><b>Enabling the use of Artificial Intelligence in the Trust</b></p> <p>The Executive Director of Finance introduced the report which provided an update regarding the adoption and use of Artificial Intelligence Across the Trust.</p> <p>Lee Rickles then highlighted some of the Artificial Intelligence (AI) related work underway within the Trust, as well as the governance arrangements in place, as highlighted in the paper. Matt DeHoest added the Artificial Intelligence as a Medical Device policy and Equality Impact Assessment had been updated to reflect comments made at November Board. He added consideration was being given to ways in which to capture the patient voice and engage staff in AI work.</p> <p>Keith Nurcombe believed a Strategy and vision regarding AI was required as currently, this was lacking. Keith then asked that AI reports provide clearer assurance as to the difference AI was making to delivering services at Humber in terms of outcomes and efficiencies as well as the governance framework that underpinned such investment. A stronger strategic narrative about present AI and potential future initiatives would be beneficial to the Board.</p> <p>Michele Moran pointed out the Trust had made more progress regarding AI than a number of other trusts and had been approached to share the AI policy. She added a review of digital governance was being progressed.</p> <p>Matt DeHoest informed Board colleagues there was reasonable evidence that the Ambient Voice technology was having a positive impact within the Trust and was one of the reasons that clinicians were interested in joining the Trust.</p> <p><b>Resolved: Trust Board noted the current position on the adoption of Artificial Intelligence within the Trust and ratified the Artificial Intelligence and Software as a Medical Device policy.</b></p>	
11/26	<p><b>Sexual Safety – Worker Protection Act 2023 implementation and associated programme of work update (Duty to prevent sexual harassment in the workplace)</b></p> <p>The Executive Director of People and Organisational Development (OD) introduced a report which provided an update on progress regarding the programme of work designed to ensure compliance with the Worker Protection Act 2023, which came into effect on 26 October 2024. The report outlined the implications of the legislation, and the associated actions required to prevent sexual misconduct and harassment in the workplace.</p> <p>The paper followed on from the previous update issued in November 2025 and incorporated additional actions set out by NHS England on 5 December 2025.</p> <p>Stephanie Poole asked what feedback was being received from staff regarding the work being undertaken and whether work was underway with patients around this agenda. In response, Karen Phillips reported there were a number of Sexual Safety ambassadors within the Trust who were helping to promote the Sexual Safety work. The work linked into the `No Excuse for Abuse` and `Respect` campaigns within the Trust. She added a male</p>	

	<p>member of staff had written an email to the People and OD team in which he praised the work being undertaken by the Trust on this agenda.</p> <p>Kathryn Smart queried whether the infrastructure existed to respond to issues raised. Karen reported the infrastructure had been created when the `No Excuse for Abuse` and `Respect` campaigns had been launched and was effective.</p> <p>Kwame Fofie added the Trust was treating the sexual safety agenda very seriously and this was evident in reporting to the General Medical Council.</p> <p><b><u>Resolved:</u> Trust Board noted the update.</b></p>	
12/26	<p><b>Freedom to Speak Up (Six Month Update)</b></p> <p>The Deputy Freedom To Speak Up Guardian introduced the report which provided an update on the activities undertaken as part of the Freedom to Speak Up (FTSU) process and the planned priorities for completion by June 2026. Sarah then reiterated a number of key points detailed within the report. Michele Moran added much work was underway to increase the number of Freedom to Speak Up ambassadors and Sarah Smyth reported the Freedom To Speak Up and Quality team met on a regular basis to discuss any issues highlighted through the FTSU process.</p> <p>Kathryn Smart asked whether a concentrated effort was being made to recruit ambassadors from diverse backgrounds. Sarah Forster responded that she was attending Staff Network meetings and meetings with Divisions to try to recruit ambassadors through those routes. Kathryn then asked whether feedback was gathered from staff that had contacted the FTSU office. Sarah Forster reported questionnaires were sent to everyone that raised an issue through the FTSU office and positive comments were made regarding the process.</p> <p><b><u>Resolved:</u> Trust Board noted the update.</b></p>	
13/26	<p><b>Finance Report</b></p> <p>The Executive Director of Finance introduced the report which provided the financial position for the Trust as at the 31 December 2025 (month 9). Pete highlighted the financial outlook across the system remained a challenge and it was anticipated an adverse variance would be declared at the year end. The Trust continued to report a favourable variance at month 9 and anticipated maintaining the position at year end. The agency position continued to improve and the Trust maintained a healthy cash position.</p> <p><b><u>Resolved:</u> Trust Board noted the Finance report as at December 2025.</b></p>	
14/26	<p><b>Performance Report</b></p> <p>The Executive Director of Finance introduced the report which contained the levels of performance as at the end of December 2025. Pete reported performance against NOF metrics was good and sickness absence remained an area of focus. This was being monitored by the Operational Delivery Group (ODG) and Executive Management Team (EMT). The Trust continued to work with commissioners on activity plans for 2026/27.</p>	

	<p>Phillip Earnshaw noted performance was generally good and queried why there had been an increase in the number of adults waiting for ADHD services when the list had closed. Lynn Parkinson reported this was due to a number of people that had been on the Children’s ADHD list moving to the Adult list. Phillip expressed concern at the East Riding Talking Therapies performance (which was 80%) and Lynn reported this was due to turnover within the team; the position was expected to improve in the near future. Phillip asked what steps were being taken to improve Delayed Transfers of Care performance. Lynn responded the issue had been escalated to the local authority and it was envisaged performance levels would improve. Multi Agency Discharge Events (MADE) continued to take place to reduce some of the longest delays.</p> <p>Stephanie Poole asked for further information regarding Perinatal access performance. Lynn Parkinson responded that there was a focus on ensuring women that should be accessing services were referred into the service and it was envisaged the 8.6% target would be achieved. Michele added it was anticipated nationally that the target set was too high.</p> <p>Kathryn Smart then asked what steps were being taken to reduce the number of consultant vacancies. Kwame Fofie reported the recent consultant round had been successful and it was envisaged the vacancy rate would reduce significantly once the consultants joined the Trust. Kathryn Smart then asked if the Trust conducted exit interviews with staff and Michele Moran confirmed it did. Kathryn queried whether there were any plans to increase the Virtual Ward offer, and Michele reported the current focus was on preserving current levels. Lynn Parkinson added North Yorkshire planning assumptions would not enable the Trust to expand the Virtual Ward service further.</p> <p><b><u>Resolved:</u> Trust Board noted the Performance report.</b></p>	
15/26	<p><b>Finance Committee Assurance Report</b></p> <p>Keith Nurcombe introduced the Finance Committee Assurance report and informed Board members positive assurance had been received regarding the Trust’s financial plan, budget reduction strategy and agency spend. The Green Plan had been updated and a report regarding the Electronic Patient Record (EPR) implementation had been received. Much work was taking place around performance, productivity and planning. The Committee agenda was being reviewed to ensure sufficient time was being given to Productivity.</p> <p><b><u>Resolved:</u> Trust Board noted the assurance report.</b></p>	
16/26	<p><b>Quality Committee Assurance Report</b></p> <p>Phillip Earnshaw introduced the Quality Committee Assurance report and reported the Committee would be monitoring violence and aggression within PICU and work underway to mitigate against this. An in-depth review of the Board Assurance Framework (BAF) had been undertaken. A paper had been considered regarding the Patient Safety Incident Response (PSIRF) framework and the reason for some serious incident reports taking longer to produce than others.</p> <p><b><u>Resolved:</u> Trust Board noted the assurance report.</b></p>	
17/26	<p><b>Collaborative Committee Assurance Report</b></p>	

	<p>Stuart McKinnon-Evans introduced the Collaborative Committee Assurance report and informed Board members the Committee was monitoring the cost of enhanced packages of care.</p> <p><b><u>Resolved:</u> Trust Board noted the assurance report.</b></p>	
18/26	<p><b>Audit Committee Assurance Report</b></p> <p>Stuart McKinnon-Evans introduced the Audit Committee Assurance report and informed Board members the Committee had a good understanding of Corporate risks and was assured about risk management arrangements in the Forensics division.</p> <p><b><u>Resolved:</u> Trust Board noted the assurance report.</b></p>	
19/26	<p><b>February Board Strategic Development Meeting Agenda</b></p> <p>The agenda was <b>noted</b>.</p>	
20/26	<p><b>Items to Escalate including to the High-Level Risk Register, Board Assurance Framework and for Communication</b></p> <p>There were no items to escalate.</p>	
21/26	<p><b>Any Other Urgent Business</b></p> <p>There were no other items of urgent business.</p>	
22/26	<p><b>Review of Meeting – Being Humber</b></p> <p>The meeting had been effective and conducted in accordance with the Being Humber Behavioural Framework.</p>	
23/26	<p><b>Exclusion of Members of the Public from the Part II Meeting</b></p> <p>It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</p> <p>The meeting concluded at 12:30pm.</p>	
24/26	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Wednesday 25 March 2026, 9.30am via Microsoft Teams</p>	

Signed ..... Date .....

Chair

**Agenda Item 4**

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

Summary of actions from January 2026 Board meeting and update report on earlier actions due for delivery in March 2026 <i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report

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
26.11.25	159/25	Risk Register Update	Quality Committee to discuss effectiveness of signposting patients who are on Trust waiting lists.	Quality Chair	March 2026	This was discussed at the December 2025 Quality Committee and updated through the chairs report that went to board in January 2026
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 (v21)**

**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:								
<b>Standing Items - monthly</b>								
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
<b>Quarterly Items</b>								
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	KS	x		x	x		x
Collaborative Committee Report	Assur Comm	SP		x		x	x	x
High Level Risk Register (March, May, September, November)	Corporate	SS		x		x		x
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
<b>Six Monthly and Annual Agenda Items</b>								
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report (July, January) (March and September from 2026)	Corporate	SS		x			x	x
Recovery Framework Update (from 2026)	Strategy	KF						

Board Dates:-	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
<b>Reports:</b>								
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	PB						x
NHS England - Annual Self-Assessment for Placement Providers	Quality	KP			x			
Annual Operating Plan	Strategy	PB						x
Freedom to Speak Up Annual Report (and Six Month Update)	Corporate	MM		*			6 month update	
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	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 Terms of Reference Review (inc in Effectiveness review)	Corporate	CF	x					
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	SJ	x					

Board Dates:-	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026	
<b>Reports:</b>									
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	
NHS Provider Capability Assessment	Corporate	SJ/PB				x			
<b>Adhoc/future Items</b>									
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 (six monthly update from November 2025)	Corporate	KF	*	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	x				
Review of patient safety across the health and care landscape	Quality	SS		x					
Feedback from October Strategic Board regarding Digital Manager and Leadership Competency Framework	Strategy	PB				x			
Enablement of Artificial Intelligence	Corporate	KP						Update via CEO report	
Enablement of Artificial Intelligence	Corporate	PB					x		
Mental Health Act 2025 Briefing	Corporate	KF					x		
Sexual Misconduct Update	Corporate	KP					x		
Executive Briefing Townend Court	Quality	SS						x	
<b>Deleted /Removed Items</b>									

Board Dates:-	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
Reports:								
Annual Non-Clinical Report	Quality	PB			*			
Suicide and Self-harm Strategic Plan (next due September 2025 – moved to November) – subsequently agreed at EMT in November 2025 that this should be considered at the Quality Committee with assurance to the Board via the Committee Chair assurance report.	Strategy	KF			*	*	x	
Internal audit report on the review of Board Assurance Framework and Risk Management	Corporate	MM						x

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Service Story – Strengthening Sexual Safety and Professional Standards: A collaborative approach between safeguarding and HR														
Author/s:	Alison Meads – Head of People Experience Rosie O Connell – Head of Safeguarding														
Recommendation:	<table border="1" data-bbox="523 696 1513 808"> <tr> <td data-bbox="523 696 919 734">To approve</td> <td data-bbox="922 696 1015 734"></td> <td data-bbox="1018 696 1394 734">To discuss</td> <td data-bbox="1398 696 1513 734">✓</td> </tr> <tr> <td data-bbox="523 736 919 775">To note</td> <td data-bbox="922 736 1015 775"></td> <td data-bbox="1018 736 1394 775">To ratify</td> <td data-bbox="1398 736 1513 775"></td> </tr> <tr> <td data-bbox="523 777 919 808">For assurance</td> <td data-bbox="922 777 1015 808">✓</td> <td data-bbox="1018 777 1394 808"></td> <td data-bbox="1398 777 1513 808"></td> </tr> </table>			To approve		To discuss	✓	To note		To ratify		For assurance	✓		
To approve		To discuss	✓												
To note		To ratify													
For assurance	✓														
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	To provide the board with a concise, strategic overview of how People and OD and Safeguarding have worked together to strengthen sexual safety across the Trust, focusing on collaboration, progress, outcomes and the cultural shift emerging from this joint approach.														
<b>Key Issues within the report:</b>															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Safeguarding and P&amp;OD have aligned their expertise to create a coherent, jointed up response to the national and organisational context</li> <li>A Trust wide programme aligned to national expectations has been implemented</li> <li>The programme aims to create a workplace where staff feel safe, respected and able to speak up</li> <li>Shared leadership, coordinated governance and consistent organisational messaging has begun to show high value/impact</li> <li>Collaboration has supported better decision making, clearer pathways and more robust assurance.</li> <li>Strengthened reporting routes and clearer professional standards processes.</li> </ul>	<b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b> <ul style="list-style-type: none"> <li>Continuing to embed the programme and maturing our assurance</li> <li>Further work on specialist training, policy refinements and intersectional insights</li> <li>Ongoing strengthening of links between reporting, safeguarding, HR and professional standards functions.</li> <li>Ongoing review of the national assurance framework that supports early identification, appropriate oversight and consistent action</li> </ul>														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Ensuring the links between sexual safety links and culture (Being Humber), professional standards and overall staff experience are maintained and measurable</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>														

<ul style="list-style-type: none"> <li>Increased awareness and engagement from staff</li> <li>More confidence in raising concerns and clarity about the Trust's response.</li> <li>Using insights from the national staff survey to target improvements and measure culture change</li> <li>Maintaining visibility, leadership commitment and ongoing board oversight</li> </ul>	
--	--

<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		<b>Date</b>		<b>Date</b>
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	10/03/26
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (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	

**Agenda Item 6**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Trust Chair’s report														
Author/s:	Rt Hon Caroline Flint														
Recommendation:	<table border="1" data-bbox="523 600 1501 719"> <tr> <td data-bbox="523 600 919 640">To approve</td> <td data-bbox="922 600 1011 640">√</td> <td data-bbox="1015 600 1394 640">To discuss</td> <td data-bbox="1398 600 1501 640">√</td> </tr> <tr> <td data-bbox="523 645 919 685">To note</td> <td data-bbox="922 645 1011 685">√</td> <td data-bbox="1015 645 1394 685">To ratify</td> <td data-bbox="1398 645 1501 685"></td> </tr> <tr> <td data-bbox="523 689 919 719">For assurance</td> <td data-bbox="922 689 1011 719">√</td> <td data-bbox="1015 689 1394 719"></td> <td data-bbox="1398 689 1501 719"></td> </tr> </table>			To approve	√	To discuss	√	To note	√	To ratify		For assurance	√		
To approve	√	To discuss	√												
To note	√	To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>To provide updates on the Chair, Non-Executive Directors (NED) and Governor activities since the last Public Board meeting.</p> <p>Appendix 1 The Board are asked to approve the appointment of Stephanie Poole as Senior Independent Director (SID) with effect from 25 March 2026</p> <p>Appendix 2 Board Committee Chairs/Membership and Champions 2026/27 to note.</p>														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• Updated Annual Operating Plan (AOP) submitted to NEY Region February and 18 March 2026.</li> <li>• Townend Court CQC assessed as “Good” overall.</li> <li>• Capability Rating assessed as Green</li> <li>• National Staff Survey with “care of patients or service users is my organisation’s top priority” improved again and highest level to date.</li> <li>• 19 submissions for the NHS Excellence Awards</li> <li>• Dr Phil Earnshaw to be the Resident Doctors’ NED in line with the 10 Point Plan</li> <li>• Humberside Police Service appointed new Partner Governor Supt Simon Vickers</li> <li>• Governor Development</li> <li>• Chair/NED Visits</li> </ul>	<b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b> <ul style="list-style-type: none"> <li>• Revised NED Champion Roles and Board Sub Committees Chairs/Membership 2026/27</li> <li>• Appointment of Senior Independent Director</li> <li>• Board Preparations for A CQC inspection and Well Led Review</li> <li>• Being Humber Board Development</li> <li>• Developing plan to recruit an Associate Non-Executive Director (ANED)</li> </ul>														

<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Strategic Commissioning Framework; Model Region Blueprint, Long Term Plan – both opportunities and challenges for Humber.</li> <li>The Secretary of State’s outline spending plans 2026-27 for mental healthcare will be as a proportion allocated of NHS spend is forecast to be 8.4%, lower than the 8.71% planned for this year.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Council of Governors approved Caroline Non-Executive Director (NED) appointments on 17 March 2026 (subject to satisfactory checks).</li> </ul>
--	--

Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		<b>Date</b>		<b>Date</b>
	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) Council of Governors	17.03.26

**Monitoring and assurance framework summary:**

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

## **Trust Chair's Board Report 25 March 2026**

### **News**

On the March Board agenda for discussion but wanted to highlight the positive news that Townend Court CQC was assessed as "Good" overall after a recent inspection and the National Staff Survey with "care of patients or service users is my organisation's top priority" improved again and highest level to date. These outcomes are very welcome whilst there are areas for improvement which Board will discuss.

It was pleasing to see that nationally our Capability Rating has been assessed as Green, and we have submitted 19 excellent areas of good practice for the NHS Excellence Awards.

The Secretary of State must update parliament each year on projected mental health spend, which the 2019 long-term plan pledged would "grow faster than the overall NHS budget". The Secretary of State's outline spending plans 2026-27 for mental healthcare shows the proportion allocated of NHS spend forecast to be 8.4%, lower than the 8.71% planned for this year. Any increase in mental health funding is welcome and the financial safeguards "remain in place" with all Integrated Care Boards forecast to meet the mental health investment standard, although this has been changed to require growth in line with inflation, rather than to at least match their allocation growth. Humber Board will continue to ensure we operate on a sound financial footing, identify opportunities to benefit from funding in aligned areas of NHS spend and support our operational colleagues to work with the system to ensure mental health investment monies are realised.

Welcome to Superintendent Simon Vickers who replaces Alex Weeks as our Humberside Police Partner Governor. I will be having an introductory meeting with Simon as part of his induction.

### **Annual Operating Plan**

Since the last meeting the Board has been involved in further discussion regarding Humber's draft Annual Operating Plan approving a revised final submission in February which has been well received. At time of writing this report we are now moving towards acceptance of plans prior to moving to delivery from April 2026. Before as a final check organisations have been asked to revise and submit as part of the plan alignment an update by March 18, 2026. For Humber this involves some minor changes and clarification.

### **Non-Executive Director (NED) Recruitment Campaign**

NED interviews took place on 5 and 9 March 2026 and the panel felt able to recommend two candidates for the Council of Governors (CoG) to appoint. This was endorsed by the Appointment Terms and Conditions Committee which met after the interview process was completed on 9 March. The Council of Governors met on 17 March 2026 and approved the candidate recommendations, subject to satisfactory checks being completed. My thanks to Governors Marilyn Foster and Isabel Carrick who took part in the shortlisting and interview panel and Tony Douglas in the Stakeholder Panel for Governors and Service Users.

### **Trust Board Strategic Development Meeting 25 February 2026**

We discussed:

- Efficiencies including Budget Reduction Strategy (BRS)
- Responding to the NHS 10 Year Plan
- Insightful Board and CQC Well-Led Quality Statements Update
- Safer Staffing – Board Oversight
- Advanced Foundation Trust Reaccreditation
- Nursing Job Evaluation Review and National Requirements

As usual we invited some staff to join us over a sandwich lunch and this time we met Health Care Assistants from across our mental health and community services.

## **1. Chair's Activities Round Up**

**Goole Addictions Hub 9 February 2026** – thanks to Andy Partington Service Manager and colleagues for explaining their work and services provided. I gained some great insights from them and about their positive work for service users and families making a difference.

**Long Service Awards 12 February 2026** – afternoon tea for 18 staff members receiving their Long Service Award certificates which in total years came to 441. We also presented certificates to winners of December and January's Employees of the Month. They were Amy Alexander Legal and Information Governance Officer, Rachel Dobbs Advanced Practitioner (RNLD) Complex and Emotional Needs Service and Jack Hudson Forensic Social Worker from the Community Forensic Team. These events remind us of the commitment of our staff to working for Humber and outstanding professional practice and Being Humber.

**Children and Young Peoples Services Briefing 19 February 2026** – I met with Humber and Humber North Yorkshire ICS colleagues to find out more about how mental health hubs in schools will work with early years and pre school interventions. We also discussed the impact of social media platforms on children and young people's mental health and policies to protect from harm and restrict access.

**Internal Audit Review of Digital Governance 24 February 2026** – I met with Audit Yorkshire as part of our review regarding Digital Governance. Other Board members and staff have met with them to share views too.

### **Internal meetings also included:**

FTSU Quarterly Meeting 3 Feb 2026

Complaints Catch Up with David Napier

People and Organisational Committee 4 Feb 2026

Mental Health Legislation Committee 5 February

Council of Governors 9 Feb 2026

Extraordinary Board 11 Feb 2026

Ask the Board 18 Feb 2026

HNY Specialised MH, LD and Autism Provider Collaborative Committee 2 March

### **External meetings also included:**

Jason Stamp ICB Catch up 9 Feb 2026

NHS Confederation Mental Health Chairs' Network 18 Feb and 18 Mar 2026

HNY Chairs and ICB Chair Jason Stamp Briefing 24 Feb 2026

East Riding Health and Well Being Board 19 Mar 2026

### **NED/ED Visits**

Caroline Flint 08/02/2026 Goole Hub – Drug and Alcohol Services

Michele Moran 19/02/2026 Health Visitors West Hull Locality

Steph Poole 05/03/2026 Bridlington & Driffield CMHT

Steph Poole 10/03/2026 Malton Hospital

Steph Poole 11/03/2026 Whitby Hospital

## **2. Governor Activities Round Up**

**Council of Governors** met on 9 February 2026 to note the Annual Report and Accounts and receive an independent presentation from our External Auditor Gavin Barker.

**Appointments, Terms and Conditions Committee (ATC)** met on 9 March to discuss for approval NED candidates. The ATC was followed by a Council of Governors Part II meeting to discuss for approval recommendations from the ATC on 17 March 2026.

### **Governor Development and Information:**

#### **Governor Briefings**

29 Jan 2026 - **What the NHS Long Term Plan means for Humber**

26 Feb 2026 - **Humber response to external inquiries and internal incidents**

The next Governor Briefing on 26 March 2026 will focus on **Health MOTs for staff.**

**Governor Development Session** - On the 2 April 2026 we will meet in person and cover:

- Preparation for the Well Led Review and CQC inspection
- Do-It-Profiler and other digital/AI Innovations
- Find out top A innovative tools we use or planning to improve services
- Digital Board

## **Appointment of Senior Independent Director (SID)**

**The Board are asked to approve the appointment of Stephanie Poole as Senior Independent Director (SID) with effect from October 2024**

Trust Public Board 25 March 2026 - Trust Chair Rt Hon Caroline Flint

### **The requirement and role of the Senior Independent Director (SID)**

As a result of Dean Royles leaving in February, we need to replace him in the role of Senior Independent Director (SID). The appointment of the SID is a Board decision.

In accordance with the NHS Foundation Trust Code of Governance (A.4.1) the Board is required, in consultation with the Council of Governors to appoint one of the independent Non-Executive Directors to be the SID to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary.

The SID should be available to Governors if they have concerns that contact through the normal channels has failed to resolve, or for which such contact is inappropriate.

The SID also has a role in the appraisal of the Chairman's performance and supports the Nominations & Remuneration Committee to carry out its functions in this regard.

In line with guidance an additional payment is appropriate, and £2276.70 pa has previously been approved by the Council of Governors in line with the additional payment agreed for the Audit Chair.

### **Current Position**

Due to Dean Royle's departure, I have considered the requirements of the SID role and both the Chief Executive, and I believe Stephanie Poole has the appropriate skills and experience for the role. Steph has indicated that she would be prepared to take on the role.

In doing so I have consulted with governors by email and they were supportive. I have sought the views of Non-Executive Directors, and the Chief Executive has done likewise with Executive Directors. All were supportive of the recommendation.

### **Recommendation**

The Board are asked to approve the appointment of Stephanie Poole as SID with effect from 25 March 2026

## The Board is asked to note Trust Board Sub Committee Chairs, Members and Non-Executive Director Champion Roles for 2026-27.

Trust Public Board 25 March 2026 - Trust Chair Rt Hon Caroline Flint

### Introduction

The report is presented for noting and identifies the Non-Executive Directors (NEDS) 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 and the same allocation carried through to the conclusion of the two NED recruitment campaigns which completed in March 2026.

### New Committee Membership 2026-27

I have reflected in my decision the incoming NEDs experience and knowledge and will keep under review whilst formally presenting a new report for 2027-28 in no later than a year's time.

Because of additional NED capacity I have been able to reduce Keith Nurcombe's committee membership so that new formation means each NED is a member of 3 Board Sub Committees.

In addition, Phillip Earnshaw has been agreed as the Resident Doctors NED in line with the Resident Doctors 10-point plan and added to the NED Champions' table.

**The Associate Hospital Managers (AHMs)\*** with Dean Royles departure currently Phillip Earnshaw and Stephanie Poole have undertaken training to provide insight to the Board. Training for additional NED AHMs will be agreed to meet the guidance requirements of 50% of NEDS.

### Committee Membership (NEDs):

<b>Mental Health Legislation Committee Members</b>	<b>Workforce Committee Members</b>
Stephanie Poole (Chair) Phillip Earnshaw New NED New NED	New NED (Chair) Phillip Earnshaw New NED

<b>Quality Committee Members</b>	<b>Audit Committee</b>
Phillip Earnshaw (Chair) New NED Keith Nurcombe	Kathryn Smart (Chair) Stephanie Poole Keith Nurcombe

<b>Finance Committee</b>	<b>Collaborative Committee</b>
Keith Nurcombe (Chair) Kathryn Smart New NED	Stephanie Poole (Chair) Kathryn Smart

### 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	New NED to undertake this role
Freedom To Speak Up NED Champion	Recommended	New NED to undertake 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 (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. <b>Stephanie Poole is the NED Champion.</b>

**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 every three years)	Patient Safety Level 1 (every 3 years)
Associate Hospital Manager Training for half of NEDs	Stephanie Poole Phillip Earnshaw .	Additional NEDs for AHM training to be arranged

**Agenda Item 07**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	✓
	To note		To ratify	✓
	For assurance			
Purpose of Paper:	<p>To provide the Board with an update on local, regional and national issues.</p> <p>Areas of note include: Ratification of policies for:</p> <ul style="list-style-type: none"> <li>• SystemOne Use of Tasks</li> <li>• Uniform Dress Code and ID Badge</li> <li>• NICE Implementation</li> <li>• Leave Policy</li> </ul>			
<p>Key Issues within the report:</p> <ul style="list-style-type: none"> <li>• National Oversight Publication</li> <li>• Update on CQC visits</li> <li>• Executive visibility</li> <li>• Workforce initiatives</li> </ul>				
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• Work contained within the report</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Contained within the paper</li> </ul>		
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• Nothing to escalate</li> </ul>		<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• Ratification of Policies</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail) Monthly report to Board		

## Monitoring and assurance framework summary:

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

## Chief Executive's Report

### 1 Policies for Approval

#### Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
SystemOne Use of Tasks	27/1/2026	Executive Medical Director	This new policy has been developed to outline the key principles associated with use of SystemOne Tasking and to ensure that all service areas have appropriate governance and monitoring arrangements in place.
Uniform Dress Code and ID Badge	27/1/2026	Executive Director of Nursing, Quality and Professions	Policy updated to incorporate reference to the national uniform introduction. Other updates have been made to the HR process, badge wearing and cultural considerations.
NICE Implementation	27/1/2026	Executive Director of Nursing, Quality and Professions	Minor changes have been made to the policy in response to Internal Audit findings.
Leave Policy	10/3/2026	Executive Director of People and OD	The section of the policy regarding time off for Staff Governors to undertake their duties has been updated to reflect current practice.

### 2. Leadership Visibility

I recently undertook visits to a number of services including the Homeless Health Service, Electroconvulsive Therapy (ECT) service, and Prison Healthcare services. These visits provided valuable opportunities to engage directly with frontline teams. Staff were enthusiastic in discussing their work and clearly demonstrated their commitment to supporting patients and service users.

As always, these visits were extremely informative and provided useful insights into the challenges and innovations across our services.

## **2.1 Around the Trust**

### **NHS Excellence Awards**

The first ever NHS Excellence Awards, organised by NHS England, have opened for nominations. The organisation has submitted a varied range of entries highlighting the breadth of work across our organisation. Good Luck to the teams

The submissions are as follows:

- Trust Estates – Sustainable Healthcare Award
- Community Forensics Team – Delivering Value Award
- Respect Campaign – Valuing Our People Award
- Flu Vaccination Campaign and Staff Wellbeing – Valuing Our People Award
- Children’s Division Reactive Communications Forum – Improving Healthcare Outcomes Award
- Humber Voices Service User Ward Representative Pilot – Service User Involvement Award
- Swale Ward, Humber Centre – Valuing Our People Award
- ER Inclusion Health Champions – Improving Healthcare Outcomes Award
- Interweave Platform – Digital Innovation Award
- Unintentional Injuries / Safer Sleep Programme – Working in Partnership Award
- Patient, Service User and Carer Stories Framework – Patient Involvement and Choice Award
- Health Stars Programme – Working in Partnership Award
- Media Training Programme – Valuing Our People Award
- Mental Health Streaming in an Emergency Department – Neighbourhood Excellence Award
- Humbelievable Recruitment – Valuing Our People Award
- Increasing and Normalising Breastfeeding in Hull – Improving Health Outcomes Award
- CAMHS CLEAR Project – Delivering Value Award
- Waste Management Programme – Sustainable Healthcare Award
- Fishermen’s Project – Improving Health Outcomes Award

### **2.1.1 Medium Term Plan Submission**

The Trust submitted its Medium-Term Plan (Operational and Financial) to NHS England on the 12<sup>th</sup> February 2026. The plan was submitted successfully within the NHSE Timescales and was developed through a multidisciplinary approach with both clinical and non-clinical staff ahead of approval via Executive Management Team and Trust Board ahead of submission.

Feedback on the plan has been received and is currently being worked through.

### **2.1.2 Easter**

In the spirit of Easter and as a small thank you for everything our teams do, we have arranged for ice cream and chocolate treats to be delivered to staff across our sites on Thursday 26<sup>th</sup> March, Friday 27<sup>th</sup> March, and Monday 30<sup>th</sup> March.

It is important to us to find meaningful ways to reach out to colleagues and say thank you, and planning small gestures like this is one of the ways we can show our appreciation. Delivering ice creams to teams is a simple but genuine example of how

we try to do things differently at Humber, taking the time to recognise the incredible work our teams do every day.

We are proud that these deliveries have been made possible in partnership with our Trust charity, Health Stars. One of the charity's aims is to support staff wellbeing initiatives, and together we want to say thank you and show our appreciation to our staff, who go above and beyond for our patients and their families every day.

### **2.1.3 Humber Easter Egg & Bonnet Competition 2026**

Staff, patients, service users and volunteers have been invited to join in by decorating an Easter egg or designing their very own Easter bonnet.

There are two categories to enter:

- **Decorate an Egg** - use a real egg, a chocolate egg or even a drawing. The more colourful and imaginative, the better.
- **Create an Easter Bonnet** – design and make your own bonnet masterpiece.

### **2.1.4 National Oversight Framework**

The NHS Oversight Framework for Q3 (October-December 2025) has now been published, marking the third release of this new tool that creates a national 'league table' of Trust performance.

I am very pleased to share that in the latest data we have moved into segment one, the highest of the four segments. This is a significant achievement and something that everyone should feel proud of.

Moving into a higher segment is about more than performance ratings. It will give us greater independence in how we run our services and strengthens our position for future opportunities, including any national discussions about Foundation Trust status.

It also matters for the people we serve who can view these ratings online. Being seen to perform strongly helps build confidence among patients, families and partners that we are a safe, reliable and high-quality organisation.

Alongside moving into the highest segment, we have also risen further in the national league table for non-acute trusts, moving from 19th to **7th out of 61 trusts**.

Within our Integrated Care Board System, we also remain the highest-ranked Trust.

Some highlights from our segment one scorecard include:

- We have no Community Waits over 52 weeks
- We have the lowest % of patients in our Adult Acute Mental Health units who have a length of stay more than 60 days
- Our Urgent Community Care 2 Hour Response Performance was 97.59%
- Our financial performance remains strong, and we are reporting a favourable variance to our plan

### **Care Quality Commission**

Two routine inspections have taken place over the last six months:  
Inspire – Rated as Good

Townend Court – Rated as Good

Recommendations and plans will be taken to the Executive Management Team, then to Quality Committee, with Assurance to the Board.

During the month we also had an inspection of all our Community Mental Health Teams, which is part of the National review. Outcome awaited.

### **3. Around the System**

#### **Tees, Esk and Wear Valleys NHS Foundation Trust**

Marie Burnham has been appointed as the new Chair of Tees, Esk and Wear Valleys NHS Foundation Trust. Marie brings over 35 years of leadership experience from both the health and charitable sectors, including executive and non-executive NHS roles with responsibilities for performance and governance. She joins the organisation from her previous role as Chair at South West Yorkshire Partnership NHS Foundation Trust.

#### **North Yorkshire Council**

Following a competitive recruitment process, Chris Watson has been appointed as Assistant Director for Adult Social Care at North Yorkshire Council.

Chris will lead the following service areas:

- Care Provider Services (including in-house care homes and day services)
- Intermediate Care, including hospital discharge and reablement services
- Occupational Therapy services
- Prevention services, including the Council's Customer Centre "front door" team and the Living Well service
- Quality and Business Continuity, including the Integrated Quality Team with the NHS

#### **Harrogate and District NHS Foundation Trust**

There have been several senior leadership changes within Harrogate and District NHS Foundation Trust:

- Russell Nightingale, Deputy Chief Executive and Chief Operating Officer, has secured a new role as Chief Delivery Officer at University Hospitals Tees.
- Angela Wilkinson, Director of People and Culture, has announced her intention to retire at the end of May, following a long and successful career at HDFT and across the NHS.

### **4. National Update**

National News contained within the publications report – nothing further. Planning dominates. We are awaiting regional and national structures.

### **5. Director Updates**

#### **5.1 Chief Operating Officer Update**

##### **5.1.2 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. 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 System Leaders Forum and the North Yorkshire Health Collaborative Joint Committee

### **5.1.3 Operational Position, Winter Preparedness, Industrial Action 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. Reporting arrangements have been revised to meet national winter reporting requirements.

**Operational service pressures** have been moderate in most areas of the Trust in February and early March. 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 UEC-RAIDR triggers have been OPEL 3 predominantly for mental health and OPEL 2/3 for community services.

System pressures reduced in the Humber and North Yorkshire areas during February and through to early March. Acute hospital partners in all parts of our area have reported pressures during this period predominantly at OPEL 3 with reduced escalation to OPEL 4. Reduction in the prevalence of flu in the population in February and March contributed to reduced pressures and in resulting in better bed unavailability.

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. Performance indicators demonstrate that the 4 hour and 12-hour emergency department wait time targets remain challenged, however ambulance CAT2 calls (category 2) response times continue to show some improvement.

The Trusts winter plan for 2025/26 remains stood up until the end of March. The plan has been predicated on Winter Key Lines of Enquiries (KLOE's).

Our plan continues to be effective, and we have experienced very little disruption to our services. There has been no further periods of industrial action by the BMA.

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. The Trust has continued dialogue with the ICB to agree a way forward on these waiting times for 2026/27 and beyond. 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 mental health support teams in schools.

Nationally requirements are in place to eradicate the use of inappropriate out of area mental health beds and our services are implementing plans to achieve this, our data demonstrates that we have seen a reduction in out of area bed days. In February and early March working age adults placed out of area has been zero.

Work is still being undertaken to reduce the use of older peoples out of area beds with plans now implemented to expand the use of the Older Peoples Acute Community Service (intensive community support) and the older peoples crisis intervention team, with a plan to introduce community older people's step/down beds still being progressed. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement. Plans are continuing to change for 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. Further intensive work on improving mental health patient flow is taking place to address the demand for adult mental health out of area placements.

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. Our data demonstrates that we have seen a rise in the number of adult and older people and the associated bed days in delayed transfers during February and early March, escalation continues to take place to the ICB and system partners.

The overall staff absence position has improved in February and early March and sickness is currently at 6.62% (inclusive of 2.03% maternity 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 been completed and this is being taken forward in line with the Planning Framework for NHS England timeline. The Trust has made its required submission in February. Targeted work is taking place to improve and sustain performance against the operational measures included in the [NHS Oversight Framework](#) and the expectations set out in the [NHS Medium Term Planning Framework](#), this continues to be 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 continue 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.

#### **5.1.4 Multi-Agency Public Protection Arrangements (MAPPA) - Update**

The purpose of this update is to provide an outline of the Trusts responsibility under MAPPA and sets out the structures and governance arrangements in place to ensure the Trust can carry out its responsibilities under our duty to cooperate requirements.

The Criminal Justice Act 2003 provides for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership.

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.

To support the delivery of MAPPA requirements within the trust and to ensure support is available within the divisions there is a clear structure in place to carry out

our duties to cooperate. Helen Courtney (Forensic Division Clinical Lead) continues in the role of the Operational Lead for MAPPA in the Trust, attending the Strategic Management Board (SMB) on behalf of the Trust's executive lead, leading on the day to day coordinating and liaison between the Trust and responsible authority, along with leads for MAPPA in each division. The lead role supports the coordination of access and availability of training, reviews and updates the MAPPA Protocol and any other duties that arise in relation to MAPPA and criminal justice in the Humber region. The role also incorporates attendance at the Criminal Justice Board, a forum organised three times per year by the local Police and Crime Commissioner, which has a broader remit and attendance than the SMB but with no legal framework. This is likely to be impacted by the planned abolition of Police and Crime Commissioners.

The network of MAPPA divisional leads continues to routinely attend all MAPPA level 2 and 3 meetings as a core panel member and are the link between MAPPA panels 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. As part of the governance arrangements in place the divisional leads also support the auditing process of MAPPA to provide quality assurance.

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 December 2025 and covered draft revised MAPPA Mental Health Guidance, gave a case study presentation and audit planning, amongst other topics. The next meeting is planned for April 2026.

Within the local MAPPA system there are number of governance arrangements in place where we as a trust are actively engaged and are a key contributor, as a duty to cooperate agency. The Strategic Management Board (SMB) is how the responsible authority fulfils its duties under Section 326(1) of the Criminal Justice Act 2003. All SMB meetings have been attended by the Trust's executive lead and/or MAPPA lead in this reporting period. The Trust are active members of the Performance and Quality Assurance (PQA) subgroup, and this is attended by the forensic divisions MAPPA lead (who is also the community forensics clinical lead). As part of the MAPPA governance process, the MAPPA team undertake an annual audit/census of MAPPA cases which is supported by our divisional MAPPA leads. The census is next due on 31<sup>st</sup> March 2026, and it is anticipated that the Trust's new automated report based on the MAPPA records in SystemOne will make this process significantly better.

MAPPA panels are attended by the division leads for MAPPA and by the appropriate members of the MAPPA-managed offender's care team where required. The attending mental health representative is responsible for ensuring appropriate mental health systems are flagged with the risks posed by offenders managed by MAPPA panels. There is also a responsibility that the flag is removed for cases that are no longer MAPPA eligible. Attendance at panels also enables us to pick up any issues to address or raise with system partners to support the whole system management of people under MAPPA.

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 divisional MAPPA leads. A further training session was delivered by the responsible authority in November 2025 which was attended by a number of trust staff. Further training is planned by the RA but there are currently no dates available at present.

Trust communication methods are regularly used to support and disseminate information about MAPPA, and a dedicated intranet page contains all the relevant information and resources that staff require. The MAPPA Protocol has been reviewed to reflect up to date processes in the current EPR, to update intranet links that have been broken and to transfer the protocol to the new Trust template. The revised protocol was submitted to the MH Legislation Committee for review and support. A new automated report generated from the MAPPA data held within the Electronic Patient Record (EPR) has been available since November 2025.

In December 2025 and January 2026, an audit of all MAPPA cases identified on the automated report from SystmOne has taken place. The report identified that there were 94 patients in the Trust identified on the EPR as being on MAPPA, with the majority of these being under the care of the Forensic Division, as would be expected.

#### **5.1.5 Implementation of the Personalised Care Framework: The Modern Care Programme Approach (CPA)**

The Care Programme Approach (CPA) was first introduced by the Department of Health (DoH) in 1990 as a means of ensuring the organisation and co-ordination of safe and effective care provision of mental health services in England. In late 2025 after several years without clear guidance on replacing the old Care programme approach system as part of the implementation of the Community Mental Health Framework (2019), NHS England produced a new framework which replaces CPA - Personalised Care Framework (PCF) -The Modern Care Programme Approach (2025).

The new personalised care framework applies to all NHS-commissioned secondary mental health services, including inpatients, forensic, community, and VCSE partners. It should be needs led, aimed to support people with severe or complex mental health conditions. The only areas which are out of scope are children's mental health services (specific guidance to follow), NHS talking therapy & primary care mental health teams (exceptions may apply).

Overall, the aim is to move from a rigid process driven approach and bring up the standard of care for everyone who experiences severe mental illness. Therefore, there will no longer be a distinction between "CPA & non-CPA". All adults and older adults in receipt of mental health services will have access to the personalised care framework.

The Personalised Care Framework outlines a number of core principles and actions required to deliver the Modern CPA which are included in our modern CPA implementation plan which is supported through our PMO (project management office) and reported through the service planning and transformation group. To

deliver the work outlined within the implementation plan, a multi-agency delivery group has been established with a number of task and finish groups in place to progress this.

The core principles and actions required to deliver the programme are:

- Everyone has a care and support plan that reflects their needs at that time.
- Clear communication and information about next steps and treatment options.
- People using services have someone who takes lead responsibility for their care.
- Review and Re-access - formal reviews at least every 6 months or when circumstances change.
- Experience of and response to care and treatment are measured and responded to - routine use of outcome and experience measures (PROMs (patients reported outcome measures), PREMs (patient reported experience measures)).
- Safety assessment, formulation and management planning.
- Ensure statutory responsibilities continue to be integrated and exercised within the new PCF framework.

Nationally there are no key performance indicators associated with personalised care planning and the modern CPA. The MHMDS (mental Health minimum data set) KPI of completed CPA reviews is no longer required with a clear shift away from reporting completed reviews as this is not an indication of patient experience or quality. In future the only requirement is a completed Patient Reported Outcome Measure (PROM). However, currently there is no further National guidance on what this needs to be or any thresholds of compliance or how this will be measured if PROMS cannot be completed. A PROM is reliant on the service user agreeing to complete one, and for some people for, instance in acute distress or people with cognitive impairment, a PROM may not be appropriate. To address this, it is suggested that in these instances a clinician reported outcome measure (CROM) will need to be used. Both the reporting of CROMS and PROMS are currently being implemented through the Trusts PROMS and CROMS implementation group.

Currently there is no national timeline to make the change from CPA to PCF. NHS England are in the process of producing a 'Modern National Service Framework' for mental health, but currently there is no confirmed time frame for this being released. It is envisaged that PCF will align with this framework.

For the trust the successful implementation of the Modern CPA is predicated on the implementation of PROMS and CROMS and more significantly the visual reporting tools required to ensure PROMS and CROMS are effectively utilised. A comprehensive project plan and implementation timeline is currently being finalised for the roll out of standardised PROMS and CROMS across all of the Trust services. The implementation of both the PROMS and CROMS work, and implementation of the Modern CPA will be aligned and progressed.

#### **5.1.6 Health Visitor Pathfinder Immunisation Pilot**

As part of the Governments manifesto to give all children 'The Best Start in Life' and the NHS 10-year plan, Humber Teaching Foundation Trust and Hull and East Riding Local Authorities have been selected by NHSE to deliver a Pathfinder programme designed to enable Health Visitors to deliver childhood immunisations during home visits.

The two areas to be targeted as part of the initial pilot are West of Hull and the north of the East Riding of Yorkshire encompassing Driffield and Bridlington, these areas currently have low vaccination uptake for the under 5's and will benefit from this pilot significantly.

Health Visitors as Registered Public Health Nurses are trusted members of the community who see all children under 5. Under this new scheme they will be able to offer families, who are unable to attend for vaccinations with a GP, a vaccination at home. For instance, families who are not registered with a GP, who struggle with travel costs, childcare, language barriers, digital exclusion or any other issues which may stop them from attending a GP surgery. By allowing Health Visitors to administer vaccinations at home, the aim is to support families and encourage vaccine uptake through delivery of the Healthy Child Programme.

The vaccination pilot will begin in February 2026 and will run until March 2027. National evaluation by the UKHSA (UK Health Security Agency) will take place once the pilot has finished. The Hull and East Riding programmes are designed to be supplementary and not a replacement for the core GP immunisation offer. Families should continue to book and attend their child's routine immunisations with their GP practice as usual. The programme will only engage with families subject to criteria based on local and individual need.

Pathfinder areas have been invited to develop local proposals in partnership across health visiting services, GP practices, integrated care boards and community services. Delivery models vary to reflect local circumstances, but all adhere to consistent clinical standards, safeguarding and consent requirements, and are funded and supported to ensure safe, high quality clinical practice. The focus is on families that face the biggest challenges in accessing current services, with health visitors providing trusted, proactive contact and seamless referral back to GP services.

The pilot programme will run for 12 months and will be independently evaluated by the London School of Hygiene and Tropical Medicine Health Protection Research Unit against uptake, equity, and value for money metrics. Only 12 pilot sites have been selected across the country, and our 0-19 services are immensely proud that our public health nurses will be amongst the first in the country to help shape this national programme and to help parents protect their children against preventable diseases.

#### **5.1.7 NHS England ADHD (attention deficit hyperactivity disorder) Task Force Update**

Following the publication of the independent [ADHD Taskforce final report](#) in June 2025 and the response by NHSE in November 2025, the Trust has established a partnership task and finish group across Hull and the East Riding of Yorkshire to take the recommendations of both reports forward. The Strategic ADHD Taskforce Implementation Group has been established to provide strategic oversight, coordination, and leadership in relation to Attention Deficit Hyperactivity Disorder (ADHD) across Hull and ERY.

This group will build on the work already in place and the key role of the partnership group is to:

- Oversee the implementation of the recommendations of the ADHD taskforce working collaboratively to improve outcomes for children, young people, and adults with ADHD through joined-up policy, service design, and delivery.
- Oversee system wide implementation of New ADHD Management Guidance.
- Support alignment of policy, practice and commissioning.
- Address demand, capacity and quality issues across ADHD pathways.
- Improve early identification, assessment and diagnosis of ADHD.
- Promote consistent pathways across agencies.
- Reduce waiting times and address service gaps and inequalities.
- Improve access to appropriate support.
- Strengthen multi-agency collaboration.
- Ensure the voices of people with ADHD and their families/carers inform decision-making.
- Oversee the delivery of agreed ADHD action plans and priorities.

To support the development of a prioritised work plan, a gap analysis comparing the current commissioned services in Hull and ERY with the required future state outlined by the ADHD Taskforce final report has been completed. The analysis shows that the current provision in Hull and ERY falls substantially short of the standards and model of care outlined by the ADHD Taskforce. Key areas requiring transformation include:

- Reducing waiting times
- Expanding workforce capacity
- Embedding ADHD in primary care

The ADHD task force group meets bi-monthly and will report via the Organisational Delivery Group to EMT.

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

### **5.2.1 Leadership Visibility**

#### **0-19 Service East Riding**

On the 29 January 2026, the Executive Director of Nursing, Quality and Professions visited the 0-19 Service at the Maples in Beverley. The visit was supported by the Service Manager, Louise Chadwick.

The Maples provides an excellent environment for families and staff, and it was clear that the service is operating a mature, well-integrated model for delivering the Healthy Child Programme across the area. The multidisciplinary structure, which includes Specialist Community Public Health Nurses, Family Nurse Practitioners, breastfeeding specialists, Public Health Nurses, Health and Development Practitioners and support staff, enables cohesive delivery of both universal and targeted care.

A particular strength evident throughout the visit was the team's robust approach to the mandated Healthy Child Programme contacts. Reviews from the antenatal period through to the 2–2½ year contact are consistently completed by qualified Specialist

Community Public Health Nurse Health Visitors, supporting early identification of developmental needs, maternal mental health concerns and any safeguarding issues. The service also demonstrated strong collaborative working with midwifery, general practice, children's centres, early years providers, schools and wider partners, ensuring coordinated support for families with additional needs and those requiring early help or safeguarding intervention.

Overall, the visit highlighted a service that is closely aligned with national standards, underpinned by prevention, early intervention and a clear commitment to reducing health inequalities across the East Riding. Staff demonstrated professionalism, compassion and a shared focus on improving outcomes for children and families.

### **Memorial Ward, Whitby Hospital**

During a visit to the Memorial Ward at Whitby Hospital on 11 March 2026, the Executive Director of Nursing, Quality and Professions, accompanied by the Matron Tracy Savil, observed the positive impact Tracy has made in a relatively short period of time, since commencing in post at the Trust. Tracy has established a strong, visible leadership presence on the ward, something staff have clearly appreciated. She has also introduced several initiatives that promote a restorative just culture, including access to Professional Nurse Advocate support and a focus on staff health and wellbeing.

The ward environment was noted to be clean, bright and calm, and the Executive Director was able to see the new nurse call system operating effectively. The increased visibility of calls via the corridor panel, along with the louder alert tone, is already supporting quicker staff responses, particularly when they are working across multiple bays.

Staffing levels on the ward were appropriate, with a safe skill mix and good levels of experience across the team. Tracy also outlined plans for a 'Global Tea Party', which forms part of a quality improvement initiative aimed at enhancing nutrition, hydration and patient experience by creating more opportunities for social interaction.

During the visit, Senior Staff Nurse Kelly spoke enthusiastically about developing the ward's volunteer support and exploring fundraising opportunities to purchase additional activity equipment for patients. She also highlighted the positive impact of improved social media use on staff recruitment. Once the new starters currently in the pipeline take up their roles, the ward will be fully established.

Overall, the visit reflected strong leadership, a highly motivated team, and a clear, ongoing commitment to improving patient experience and staff wellbeing.

### **5.2.2 Professional Updates**

On the 21<sup>st</sup> Mental Health Nurses' Day 2026, the Executive Director of Nursing, Quality and Professions paid tribute to the Trust's mental health nursing workforce, recognising their compassion, clinical skills, and dedication to supporting people through their most challenging moments. The Executive Director of Nursing, Quality and Professions, emphasised the vital role mental health nurses play in advocating for service users, providing holistic care, and offering hope in times of crisis. The Trust introduced its first Head of Nursing Mental Health, reflecting the organisation's commitment to strengthening leadership and continuously improving mental health services.

The Trust's new Head of Nursing Mental Health, Sian Johnson, brings 19 years of experience across inpatient, community, crisis, and specialist settings. She highlighted her commitment to visible and supportive leadership, ensuring nurses are empowered, heard, and equipped to deliver high-quality, person-centred care. Sian will focus on strengthening training and resources, improving recruitment and retention, supporting workforce wellbeing, and driving best practice across services.

### **“What to Expect from the Head of Nursing Mental Health”**

Sian Johnson will provide visible, accessible leadership focused on supporting the nursing workforce and improving patient care. Her priorities include ensuring teams have the right training and resources, maintaining safe and high-quality services, acting as a clear point of contact for staff feedback, strengthening recruitment and retention, and promoting innovation and best practice. She will work closely with clinical and operational teams to maintain a strong presence across services to understand challenges and drive improvement.

## **Professional Lead Update – Social Work**

### **Social Work Week (16–20 March 2026)**

The Executive Director of Nursing, Quality and Professions, paid tribute to Social Workers alongside Fran Ashton, the Head of Social Work and encouraged all to participate in the national Social Work Week events hosted by Social Work England, as well as attending the Trust's March Social Work Forum promoted in *The Global*.

Mental health social work is a profession that demands exceptional skill, emotional intelligence and resilience. Our mental health social workers support people through some of the most complex and deeply personal challenges, helping individuals make sense of distress, navigate risk, rebuild confidence, and find hope in moments when hope can feel distant.

What sets mental health social workers apart is their ability to see the whole person, not just the diagnosis. Their practice combines therapeutic skill, social justice, safeguarding, advocacy and relational work. They bring a perspective that is vital to truly holistic care, one that recognises the impact of trauma, social inequality, environment, identity, and lived experience on a person's wellbeing.

Within our multidisciplinary teams, mental health social workers play a critical role in:

- supporting people to make informed decisions about their care
- safeguarding with compassion and clarity
- ensuring that rights, dignity and voice are always upheld
- navigating complex legal frameworks with professionalism and humanity
- bringing social perspective into clinical discussions
- working alongside families, carers and communities to strengthen support networks

### **Joint Working with Hull City Council**

Following Hull City Council's recent *Requires Improvement* rating from the CQC, joint work continues to strengthen delivery of Care Act (2014) duties. Key activity

includes developing performance measures for adult mental health social work and creating a Liquid Logic-based dashboard to improve oversight of recorded activity. A new Court of Protection Protocol has been issued and promoted across teams. Hull City Council has launched a refreshed Mental Capacity Act Forum offer, comprising MS Teams sessions for all staff and in-person sessions for elected representatives throughout the year.

### **Assessed and Supported Year in Employment (ASYE)**

Five newly qualified social workers are currently on the ASYE programme, supported by an independent subject expert funded through Skills for Care. The joint moderation panel with Hull City Council met in February.

### **Social Work Education and CPD**

Managers are reminded of available training on supporting teams working with people affected by trauma. Social workers with delegated duties from Hull City Council continue to access the council's training offer, alongside free places on regional mental health social work CPD sessions delivered through the Community of Practice.

### **Interprofessional Working Project & MH Social Work Leadership**

Work continues on the national interprofessional learning guide, *Learning Together for Better Outcomes*, funded by NHSE. Linked learning sets will follow publication. The Trust's audit of social work leadership commenced in February, focusing on eight domains including strategic leadership, practice excellence, workforce development and demonstrating impact. Engagement sessions with staff and managers are underway.

### **Regional/National Social Work Activity**

The Northeast and Yorkshire Community of Practice has published a blog on the importance of social work identity, featured by the Department of Health and Social Care. The Chief Social Worker for Adults continues to highlight the role and contribution of social work with adults nationally.

### **Professional Update - Health Visiting**

The Executive Director of Nursing, Quality and Professions is providing executive nursing sponsorship and coaching to one of the Trust's Health Visitors, Rebecca Price. Rebecca is one of twenty-four health visitors that have been successful in securing a scholarship on a national programme on the Institute of Health Visiting's Dame Elizabeth Fradd Leadership Programme, the UK's only nationwide leadership fellowship for health visitors. The programme runs over 12 months and includes a mix of workshops, online learning, mentorship and coaching, all designed to strengthen leadership skills within health visiting.

This is a great opportunity for us to invest in future leadership within our early year's services. The initiative focuses on building confident, influential leaders who can support teams, drive evidence-based practice and contribute to improved outcomes for babies, children and families, something strongly emphasised throughout the fellowship.

By supporting participation in this programme, the Trust will:

- Strengthen its leadership capacity within health visiting

- Enhance quality and safety of services for children and families
- Contribute to national leadership development in line with evolving public health priorities
- Position the Trust as a forward-thinking organisation investing in its workforce
- Support the development of an aspiring leader who can influence system-level change

### **5.2.3 Care Quality Commission (CQC) Update – January 2026**

The Care Quality Commission (CQC) has entered 2026 with a renewed commitment to strengthening how it regulates health and social care services. In its January update, the CQC confirmed that it is ahead of schedule in delivering provider assessments, completing more than 5,000 since April 2025 and significantly increasing inspection activity towards the end of last year. While this progress is encouraging, the CQC recognises the need to continue improving the consistency of assessments, the reliability of its systems, and the overall experience for providers.

As part of its ongoing “2026 Reset,” the CQC is implementing a series of improvements following independent reviews. These include modernising digital systems, enhancing clinical expertise within inspection teams, and refining regulatory methods to ensure clearer expectations and more consistent judgements. These changes are intended to create a more transparent, responsive, and supportive regulatory environment—one that better reflects the pressures facing NHS and social care services. We will continue to monitor developments closely and keep colleagues updated on what this means for our Trust.

Results of the public consultation undertaken towards the end of 2025 have not yet been published, this work focuses on key proposed changes around the further development of frameworks and guidance including a review of the quality standards and improving how judgements and ratings are made.

### **5.2.4 Safer Staffing**

In line with National Guidance the Trust reports against the Safe staffing guidance every six months. The trust has strengthened its reporting to ensure it is considered by the Quality Committee prior to receiving at the Trust Board.

### **5.2.5 Anti-Racist Network**

The Trust Anti-Racist Network supports the Trust’s vision of ensuring Black, Asian and Minority Ethnic colleagues feel valued, included and able to thrive within a compassionate workplace. As Executive Sponsor, the Executive Director of Nursing, Quality and Professions supports monthly meetings. The Network works with the organisation to address inequalities, discrimination, social justice issues, and the under-representation of ethnic minority colleagues across pay bands. It also aims to reduce health inequalities in care, outcomes and staff wellbeing, while promoting the principle that anti-racism is everyone’s responsibility. The Network provides a psychologically safe space where concerns can be raised and addressed, empowers members to hold the organisation to account in line with the Being Humber behavioural framework, and ensures lived experience informs inclusive decision-making.

Recent meeting discussions focused on enhancing psychological safety, including inviting Psychology colleagues to offer practical guidance on managing experiences of racism and exploring a confidential route for members to share their stories.

Communication improvements were also discussed, with a proposed mailing list currently under Information Governance review. A face-to-face session has been arranged for 7 October 2026, building on the positive engagement seen in previous years.

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

#### **5.3.1 Leadership Visibility**

Over recent weeks, the Executive Director of People has continued to increase visibility across the organisation by attending a series of staff training sessions, including wellbeing conversations training, sickness management fundamentals and team-based development events. These sessions have offered valuable opportunities to hear directly from colleagues about the quality and practical value of our training offer.

Through informal discussion and observation, colleagues shared helpful reflections on what supports effective learning, where training feels most relevant to day-to-day practice, and where additional clarity or tools would strengthen confidence. Staff also emphasised the importance of protected time for training and welcomed senior leadership presence at these sessions.

In addition to training visits, there was a visit to the Perinatal Team at their new base at The Maples. The team provided a warm welcome and spoke with pride about their service. This visit offered an opportunity to see the new premises, understand the environment in which they work and hear directly from the team about their priorities, challenges and the positive impact of the service on women and families. The team appreciated visible senior support and the acknowledgement of their commitment and expertise.

Insights gathered from all visits are being shared with the People and OD team and Learning and Development to inform ongoing improvements, ensure the training offer remains aligned to operational needs and maintain a focus on practical application. Further visibility sessions are planned over the coming months to continue this direct engagement with staff and to support a culture where learning, development and open conversation are encouraged.

#### **5.3.2 Enabling People Strategy – Assurance Update**

Delivery of the People Strategy continues to progress well, with strong and sustained improvements across key workforce indicators. Vacancy rates have reduced significantly (from 9.98% in 2023 to 6.7% in November 2025), turnover has improved to 8.9%, and statutory and mandatory training and appraisal compliance remain consistently above target. Staff engagement and morale continue to perform above national benchmarks, supported by our leadership, talent and wellbeing programmes. Digital innovations, including ESR Go, appraisal functionality through ESR, and workforce scorecards are strengthening operational grip and improving staff experience.

The full progress report was received and discussed at the People & OD Committee in February, providing additional assurance on delivery and oversight of the strategy.

Work continues to address areas requiring focus, particularly hard-to-fill clinical roles, sickness absence, and embedding inclusion and representation improvements at senior levels. These risks are being actively mitigated through targeted recruitment activity, the Towards a Healthier Workforce programme, and strengthened EDI actions, where several 2025 leadership representation targets have already been exceeded.

Given the evolving national and system context, preparatory work has begun on the planned 2026 refresh of the People Strategy to ensure continued alignment with the NHS Long Term Workforce Plan, the NHS 10-Year Plan and ICB workforce priorities. Overall, current delivery provides positive assurance that we remain on track and continue to strengthen workforce sustainability, culture and capability.

### **5.3.3 New regulation for NHS managers: outcome and next steps**

Published on 22<sup>nd</sup> 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.

### **5.3.4 Job Evaluation Readiness**

The national letter issued on 12 February 2026 outlines a clear expectation that all NHS organisations undertake a review of every Band 5 nursing role, ensuring that duties align with job descriptions and that each nurse is “in the right band.” It also confirms that additional national funding will be provided to support implementation and that further detail on delivery, timescales and assurance arrangements will follow.

Whilst this isn’t new information, this announcement accelerates the requirements and shifts the focus to Band 5’s. Prior to this announcement, our work had already commenced on strengthening our nursing job evaluation processes. However, our approach has, appropriately, been grounded in reviewing roles, not individuals. To date, our focus has included:

- **Establishing a robust evidence base:** Collating job descriptions, confirming whether they are current, and identifying which roles have been evaluated within the last three years.
- **Addressing the complexity of nursing profiles:** Unlike the Band 2–3 HCA review, nursing roles cannot be meaningfully compared through a simple matrix; each specialism requires individual assessment.
- **Setting up a formal working group:** With clinical leads from each area and staff-side colleagues, meeting monthly to oversee the workstream and ensure shared ownership.
- **Reviewing the updated Job Evaluation Handbook** requirements relating to nursing roles.
- **Commencing the NHSE annual JE audit return**, which adds further governance and workload into the same timeframe.

Progress so far has been steady but necessarily slow, given the volume of roles, the level of detail required and the need to obtain accurate and assured information from operational teams.

The Government’s announcement marks a shift in expectation towards individual reviews, which represent a significantly more resource-intensive task. With approximately 300 nurses in scope, this introduces a substantial uplift in workload and coordination requirements.

The letter makes clear that:

- All Band 5 nurses must have a proper assessment of duties against job descriptions, with consistency and accuracy in application.
- Organisations must progress this “at pace” and with “board-level oversight.”
- Further detail on delivery, timescales and assurance expectations will be issued nationally.
- Additional recurrent funding will be provided to assist with implementation.

Given these requirements, our current methodology will not be sufficient to sustain the volume, speed and granularity now anticipated. While we await detailed guidance on national expectations, timescales and assurance processes, the Trust is not yet in a position to redesign the delivery model, commit resources, or shift to

individual-level reviews without clear parameters. We must await formal guidance before adjusting our methodology or committing to revised timescales.

Actions taken whilst we await further information:

- Executive Director of People & OD has emailed all nurses to assure them that once we have further information we will address.
- Message has gone in the Global
- Inbox set up for any FAQ's to be gathered and responses shared

### **5.3.5 Procurement of a New National Job Evaluation Software Solution**

DHSC, NHS England and NHS Employers, working in partnership with the NHS Staff Council, are progressing the procurement of a new national Job Evaluation (JE) software solution to strengthen consistency and compliance in the application of the NHS Job Evaluation Scheme across England. This national programme forms part of the commitment set out by the Secretary of State for Health and Social Care within the 2023 Agenda for Change pay deal.

The system will be centrally funded and procured for all Annex 1 NHS organisations in England. The initial contract term will be three years, with the option to extend for a further two years.

#### **Timeline**

- Market testing has now been completed.
- The formal tender is expected to launch in April 2026, with a preferred supplier identified during Q2 2026/27.
- Development, testing and piloting will follow through the remainder of 2026/27.
- A phased national rollout is planned from April 2027.

We will continue to monitor progress closely and will keep the Board updated as further national information becomes available.

### **5.3.6 Transforming People Services: National Programme Update**

NHS England is progressing the Transforming People Services programme, which aims to modernise and improve the way People Services are delivered across the NHS. The programme supports a digital first approach, greater standardisation and a clearer operating model for HR functions nationally.

The national work has now moved from initial design into more detailed planning. This includes confirming the future structure for People Services and the alignment with the forthcoming national workforce system that will replace the current ESR platform.

The programme seeks to reduce variation, improve staff experience and enable HR teams to focus more on strategic and complex activity through better use of technology and more consistent processes. It is anticipated that the future model will involve some services being delivered at regional or cluster level, supported by improved digital tools and a simplified way for staff to access help and information.

Early national design work has been approved, and regions are now expected to begin local preparation. This includes reviewing current policies and processes,

understanding data quality, and identifying any skills and capability development needed to operate within a more modern and standardised People Services framework.

For our Trust, this means we will begin internal readiness work during 2026. This will help ensure that our People Services team is prepared for the national changes and that we align with emerging national standards. Further updates will be brought to the Board as the national programme provides more detail on timelines and requirements.

### **5.3.7 Future Workforce Solution**

Development of the future workforce solution continues to move forward on a national level, with early adopters now confirmed to roll out in early 2027. We can expect our own implementation timeline to be confirmed in the second half of 2026, with providers expected to be placed in one of four 'waves', with each wave comprised of several 'clusters' of providers. These waves will all go live between 2028 and 2030.

Organisational readiness preparation continues to take place. The future workforce solution is designed around a user-centred approach, and proposals are being put forward to widen the self-service offering in ESR, including increased levels of Manager Self Service and an expansion of the current appraisal process.

Over the coming months foundational readiness guidance is due to be released, which will support local planning and preparing for a smooth adoption of the new solution.

### **Immigration**

The implementation of the Agenda for Change pay award from 1 April 2026 will mitigate the current risk associated with salary thresholds, as Band 2 and Band 3 pay rates will exceed the minimum salary requirement. We anticipate the Government may review and uplift the threshold again in future; this will be monitored and assessed as changes arise.

The uplift is also expected to increase application numbers for Band 2 and Band 3 HCA roles. With longlisting processes now implemented, the additional volume should be manageable. We continue to review individual cases to ensure all previous NHS service is recognised for salary placement in line with Agenda for Change Terms and Conditions.

### **Flexible workforce**

To support the national expectation for Trusts to reduce reliance on flexible resource and increase movement into permanent employment, we continue to strengthen our approach to bank and agency usage while encouraging colleagues to transition into substantive roles across our services.

### **Demand & Fill Rates:**

January saw strong overall performance:

- 89% overall fill rate, with 95% delivered by bank and 5% agency.
- HCA shifts achieved 100% bank fill.

- Nursing shifts achieved 86% overall fill
- Weekend fill rates remained high throughout the month, peaking at 98%.

### **Reduction in Bank & Agency Use:**

Compared to January 2025, January 2026 shows:

- 20% reduction in shift requests
- 20% reduction in agency bookings
- 20% reduction in bank bookings

This aligns with the increasing number of substantive appointments being made across Divisions.

### **Risks, Issues & Opportunities:**

- Strong winter performance has led to a similar enhanced staffing model being put in place for Easter.
- Focus is on converting long-term agency workers to the Trust's bank, and enquiries about substantive HCA roles, presents a positive pipeline opportunity.
- A mid-March meeting with Finance will focus on strengthening agency spend data for EMT reporting.

### **5.3.8 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 with two key interventions 1) The Rapid Response Sickness Intervention Model (RRSIM) and 2) the Towards a Healthier Workforce – Working Group.

The RRSIM is now embedded and sees 38 teams receiving heightened support from People and OD teams.

The working group is currently focusing on the development of a new Sickness Management Policy and Procedure, development of a training module for managers around the fundamentals of sickness management and they are also learning more about the Psychological support offer for staff being developed across the Trust.

Since circulation of the January 2026 scorecard, key sickness indicators show early improvement:

- Monthly sickness reduced from 6.26% (Dec) to 5.67% (Jan).
- Rolling 12-month sickness improved from 5.62% → 5.60%.
- Long-term sickness (LTS) cases reduced from 110 → 85, with 11 returns in February, taking the real-time LTS caseload to 74.
- Notable in-month improvements were recorded in MH Planned Care, MH Unplanned Care and Forensics.

The direction of travel is positive and suggests that targeted interventions are beginning to take hold. Sustained operational grip remains essential to maintain momentum.

## **Your Flex Plus – Impact and Actions**

Since launching Your Flex Plus in November 2024, the Trust has seen a marked increase in engagement with flexible working, with a 31% rise in monthly requests and 158 more applications submitted compared with the year prior to launch, reflecting greater awareness and psychological safety to discuss work–life balance needs. The Trust continues to perform above national comparators for the People Promise “*We Work Flexibly*”, even though early indicators show the 2025 results have dipped slightly across several themes, including burnout.

Approval rates have reduced by around 3.4%, now more closely aligned to regional and national patterns, highlighting increasing operational complexity as more flexible arrangements accumulate within teams. Work-life balance also remains the leading voluntary reason for leaving, making continued focus on this area essential.

To strengthen the sustainability and impact of Flex Plus, EMT has agreed the following actions:

- **Monitor the flexible working acceptance rate closely over the next 6–12 months**, including breakdowns by division, department and staff group, to better understand patterns and pressures.
- **Engage directly with operational areas facing the greatest challenges**, particularly inpatient and community services, to gather barriers, problem statements and local operational constraints, and offer tailored support to managers.
- **Develop additional guidance and practical resources for managers**, especially around more complex flexible options (e.g. annualised hours, term-time working), where Operational HR has identified confusion or implementation difficulty.
- **Plan an annual re-launch of Your Flex Plus**, reinforcing the “aim to say yes” culture, myth-busting, and sharing success stories to maintain momentum and awareness.
- **Encourage greater consideration of flexibility at the job design and recruitment stage**, including reviewing vacancy adverts listed as offering flexible working.

Overall, Your Flex Plus is having a positive impact, but the agreed actions will ensure it continues to drive improvements in wellbeing, engagement, attendance and retention, and that managers are supported to balance individual needs with service requirements.

## **New Starter Experience – Update**

Improving the experience of new colleagues remains a priority, particularly as more than half of voluntary leavers have fewer than two years of service. Work life balance continues to be the most common reason for leaving among this group.

To strengthen early experience and support retention, EMT has supported the introduction of a new, simple New Starter Experience Survey. This will be issued at two key points in a colleague's first year: after successfully passing probation and again at the one year mark.

The survey draws on a small set of National Staff Survey indicators to give divisions timely insight into engagement, team culture, flexible working, morale and advocacy. Colleagues can also provide narrative comments on what worked well and what could have improved their early experience.

Monthly results will be shared with HR Business Partners and divisional managers so that themes can be explored promptly. A quarterly Trust-wide summary and heatmap will be provided to EMT to highlight positive practice and identify areas that may benefit from proactive support.

This new approach aligns with and strengthens other retention initiatives already underway, including Stay Conversations, improvements to Exit Interviews and the wider Employee Value Proposition work. It will help ensure a more consistent and responsive approach to supporting colleagues during the earliest stages of their employment.

### **5.3.9 Multigenerational Workforce – Employee Value Proposition (EVP) Update**

#### **Overview**

The Trust's workforce spans four generational groups (Baby Boomers, Gen X, Gen Y/Millennials and Gen Z). Colleagues' needs, expectations and experiences often differ by life stage and career stage. Developing a clear Employee Value Proposition (EVP) the overall employment offer and experience is a key enabler of retention, engagement and being a great place to work.

This work aims to understand what our people value across generations, how their experience varies, and what actions could strengthen our EVP to support workforce sustainability.

#### **Purpose of the Work**

The programme is designed to:

- Analyse our demographic profile and age mix.
- Review external evidence on generational needs and expectations.
- Assess our own workforce data by generation (Staff Survey, leavers, sickness, flexible working).
- Identify what colleagues value most and where our employment offer meets, or does not meet, these expectations.

- Provide recommendations for actions to enhance the EVP across generations.

The approach includes generational focus groups, follow-up conversations, and wider validation of themes emerging from the sessions

## **Progress to Date**

### **Engagement and early insight**

- The work has been presented at divisional ODGs and at an ODG deep dive. Managers welcomed the focus, highlighting the practical challenges of managing multigenerational teams, differing expectations (e.g. flexibility), and the importance of understanding colleagues' life-stage needs.
- All colleagues were invited to express interest in taking part; 391 colleagues responded, representing a broad mix of roles, bands and service areas:
  - 46 Baby Boomers
  - 132 Gen X
  - 86 Gen Y (Millennials)
  - 29 Gen Z

### **Focus group preparation**

- Four mixed, representative cohorts of 15 participants each have now been selected, ensuring diversity of role type, band, length of service and manager/non-manager mix.
- Sessions will be facilitated by the EDI Lead and Senior OD Practitioner. Dates are:
  - Gen X – 17 March
  - Gen Y – 23 March
  - Gen Z – 22 April
  - Baby Boomers – 24 April
- Participants have received preparation materials to support open, reflective discussion.

### **Wider engagement potential**

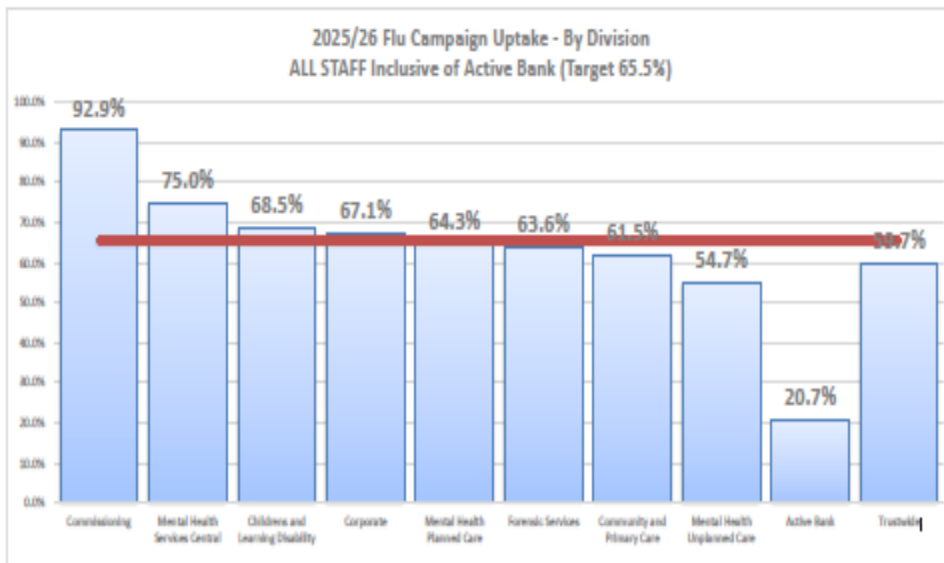
- The working group is exploring how to involve the remaining colleagues who expressed interest, for example by validating statements emerging from the focus groups.
- This project has created a substantial and motivated engagement pool (391 colleagues) who can be approached for future People & OD insight work.

### **Expected Outputs**

- A thematic summary of needs and expectations by generational cohort, presented in an accessible format (e.g. infographics or personas).
- A gap analysis comparing what colleagues value with what the Trust currently offers, identifying:
  - Offers that exist but need better promotion
  - Offers that require strengthening or adaptation
  - Potential gaps for consideration
- Recommendations for next steps to enhance our EVP and improve attraction, retention and people experience.

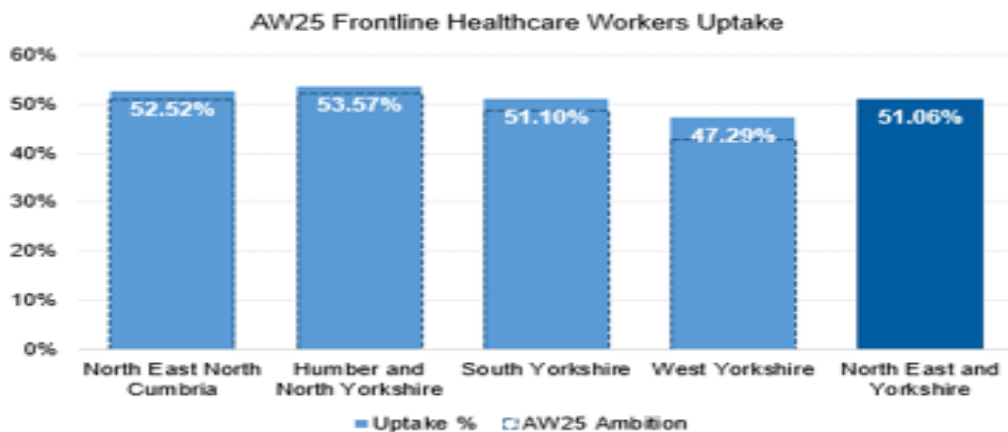
### **5.3.10 Occupational Health - Flu Programme 2025/26**

Flu Vaccine Update Charts - ALL STAFFING



At the end of February 2026, we have exceeded our frontline staff target of 48% with a 56% flu uptake

Flu season for 2025/26 ends on 31<sup>st</sup> March 2026 and we sit within the highest group in the Humber and North Yorkshire region. We also sit 0.5% behind Harrogate with our local uptake at 66.3% compared to Harrogate at 66.8%



## Next steps- Flu

As flu season is coming to an end of 31<sup>st</sup> March 2026 we are offering support to low uptake areas for the remainder of March 2026. Additional clinics are arranged at Townend Court, and the Humber centre and peer vaccinators and managers have been contacted and offered support in the other low uptake areas across the Trust.

We are now starting to collate data on our success and ways we can make next flu season even more successful in 2026/27. Comms will be supporting OH by offering all staff who declined the flu vaccination the opportunity to give anonymous feedback on why they made that decision. We also want to include a big thank you in comms to all staff who worked alongside us during the flu campaign to make it successful.

A submission is being sent to NHS Excellence Awards around our flu campaign at Humber for 2025/26 so we can celebrate the impact our flu uptake has had on reducing sickness absence across the Trust.

### 5.3.11 Wellbeing

#### **Health and Wellbeing Activity – 1 January – 28 February 2026**

49.5% of those attending physical health MOT appointments between 1 January and 28 February 2026 were first time attenders.

Physical Health MOT clinics were held weekly in Skidby House, Willerby and remotely in the following locations:

- The Humber Centre, Willerby
- Granville Court Nursing Home, Hornsea
- Hornsea Community Hospital
- The Waterloo Centre, Hull
- Avondale Clinical Decisions Units, Hull
- Goole Medical Centre.

#### **Talks/Team Visits**

- Perinatal Mental Health Liaison Team - Team Day
- YOURHealth - Team meeting.

#### **Campaigns**

The Workforce Wellbeing Team promoted the following wellbeing campaigns:

- 14 Days to a Humbelievable You, 12-26 January 2026
- Time To Talk Day, Thursday 5 February 2026.

#### **Activities**

	Number of staff
Tai chi	26
Seated exercise	18
Physical training session	23

Yoga	59
Breathwork	38
Massage	106
<b>Total</b>	<b>270</b>

### **5.3.12 Statutory and Mandatory Training Update**

Overall compliance for facilitated statutory and mandatory training remains strong and stable, with performance at 94.93% in January, continuing to sit well above the Trust target of 85%. This reflects sustained system resilience through the winter period and effective recovery following the seasonal dip seen earlier in the autumn.

January data shows significant strengthening in several key areas. Both Safeguarding Adults Level 3 and Safeguarding Children Level 3 continued to improve, reaching 89.84% and 90.57% respectively, providing strong assurance in a core regulatory area. Moving & Handling People Level 2 also recovered back to target at 85.33%, reflecting the impact of focused follow up and improved attendance.

A small number of courses remain below the Trust standard and require continued management attention. ILS Adult improved slightly to 81.80% but remains under target, with over 89 of our clinicians non-compliant in this core skill, while Mental Health Act training reduced further to 81.83%, indicating a need for renewed focus on capacity and access. BLS remains close to target at 82.75%, showing early recovery but still requiring monitoring, for the 300 staff outstanding at the end of January. CRT Disengagement Training remains the most challenged area, falling to 72.71%, reflecting ongoing capacity constraints despite earlier recovery efforts.

Corporate Induction remains consistently high at 98.32%, continuing to demonstrate a robust onboarding process, our improvements to the format and delivery of our corporate induction is currently being piloted and we hope to enhance the quality of our onboarding experience. DMI Refresh also remains securely above target at 89.34% with stable performance.

In summary, the Trust enters the final quarter of the year in a strong overall compliance position, with clear improvements across safeguarding, and targeted actions in place to address residual risks in adult life support, Mental Health Act training, and CRT. Overall performance continues to provide assurance of safe, well governed delivery of statutory and mandatory training across Humber.

### **Everyday Skills Hub: Making Learning Easier to Access Across Humber**

The Learning and Development team has developed and launched the Everyday Skills Hub, a new resource designed to make it easier for colleagues across Humber to access practical learning and guidance that supports everyday work.

The hub brings together a range of existing resources in one place, covering topics such as communication, organisation, digital productivity, systems use and sustainable working practices.

It also introduces colleagues to emerging digital tools available across the Trust, including AI enabled resources and the Microsoft suite. The Everyday Skills Hub forms part of a wider programme of Learning Hubs being developed to help staff browse and discover learning more easily, complementing our ESR learning management system and supporting a culture of continuous development across Humber.

Explore the [Everyday Skills Hub](#)

### **We're using AI to build new learning - Transmission Based Precautions**

We're demonstrating how AI can be used meaningfully to enhance patient safety education within the Trust through the development of a new interactive eLearning module focused on Transmission Based Precautions.

The module explores the risks of transmission, the behaviours that reduce harm, and how the consistent and effective application of Transmission Based Precautions keeps our staff and patients safe in practice.

Its development adopted a new digital approach to eLearning design, avoiding the use of costly actors and lengthy editing processes. Working in close collaboration with subject matter experts from the Nursing Directorate, Learning and Development used AI enabled tools such as hyper realistic avatars, interactive simulations, and visually engaging content to create an immersive learning experience that is clinically relevant, behaviour focused, and grounded in real scenarios.

This project also reflects our Being Humber behaviours in action, recognising and celebrating the expertise of colleagues across Nursing and Learning and Development, focusing on strengths, and demonstrating a collaborative approach that encouraged shared ideas and new ways of working.

The module is available in ESR for all Humber staff and will be supported through our training sharing platforms over the coming months. A sneak peek of the course is available via the link below.

[Transmission Based Precautions: Review version](#)

### **5.3.13 Leadership and Talent Development Update**

- **Humber Talent Programme Update - 2025 Completion**

On 2 December 2025, a celebration lunch was held to mark the successful sign-out of all 10 delegates from the 2025 Humber Talent Programme. The following colleagues have now completed the programme: Felicity Kettley, Katie Maddren, Rebekah Coulthard, Donna Groke, Katie Prendergast, Rebecca McAra, Leigh Cox, Laura Minnikin, Faye Jessop, and Sarah Forster.

Programme outcomes and impact include:

- 3 internal promotions achieved since January 2025
- 9 delegates enrolled on external qualifications
- 1 delegate attended an external, role-specific conference
- 2 delegates enrolled on apprenticeships via the Apprenticeship Levy

- 8 Quality Improvement (QI) charters submitted
- 21 hours of cross-team shadowing completed, supporting skills development, role insight, and professional networking
- 1 executive mentoring relationship delivered consistently throughout the programme, with excellent feedback
- 6 internal mentoring partnerships established
- 3 external coaching partnerships formed
- 10 Lumina Portraits completed
- 10 individual Personal Development Plans (PDPs) developed, setting clear career objectives and post-programme actions
- 10 places secured on the PROUD Programme, commencing in 2026
- 3 external workshops delivered to support informal Continuing Professional Development (CPD)

### **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. Throughout 2025, 17 colleagues have reached out and received 121 Mentoring support with a total of 51 hours of Mentoring being delivered.

### **Career Development**

This last quarter has been marked by significant progress in strengthening partnerships with local education providers, expanding work experience opportunities, and promoting the wide range of careers available within the Trust. The Career Development Team has delivered a comprehensive programme of outreach, events, and internal development activities that support the Trust's long-term workforce pipeline and strategic priorities.

### **T Level Engagement and Work Experience**

The team continued to play a central role in supporting T Level programmes across multiple colleges. Key activity included:

- **Year 2 T Level interviews**, providing students with structured preparation for industry placements.
- **Wyke College T Level Induction Week**, involving visits to introduce students to the Trust and its career pathways.
- **Formal work experience placements** delivered for:
  - Bishop Burton College
  - Wyke College

These placements offered students meaningful exposure to NHS environments and helped strengthen the Trust's reputation as a supportive and high-quality placement provider.

### **Careers Outreach and Education Engagement**

The team continue to engage with a wide range of schools, colleges, and universities to promote healthcare careers and raise awareness of opportunities within the Trust. Highlights included:

- **STEM Event:** A two-day programme showcasing STEM-related roles and apprenticeships within the NHS.
- **Allied Health Professionals Day:** Supporting the celebration of AHP careers alongside the Professional Lead.
- **Careers fairs and expos** at Wyke College, Longcroft School, Scarborough UTC, York St John University, Bishop Burton College, Beverley Grammar School, and Boulevard Academy.
- **Lunch and Learn session** at Ron Dearing Sixth Form College, offering insights into healthcare professions.
- **LEP Pupil Referral Unit support days** (18 & 26 November), providing tailored careers guidance for young people requiring additional support.

These engagements helped broaden understanding of the diverse career routes available within the Trust and encouraged participation from underrepresented groups, including targeted work with disadvantaged students and male learners exploring traditionally female-dominated roles.

We've decided as a team to create a termly update that follows our progress mapped against the education year.

A key highlight this term was the Career Leads Event held on 9 December, which brought together careers leads from local schools and colleges. The event strengthened relationships, improved understanding of Trust career pathways, and received highly positive feedback. It will now be established as an annual event.

### **National Apprenticeship Week**

National Apprenticeship Week (9–13 February) adopted a more personal, outreach-focused approach, resulting in strong engagement from staff, students, and managers. The week successfully raised awareness of apprenticeship pathways and strengthened relationships both within the Trust and with external partners.

#### **Key activity included:**

- **Staff drop-in sessions** at the Learning Centre, where colleagues explored apprenticeship routes, entry requirements, and development opportunities in an informal setting.
- **A student-focused drop-in at Wyke Sixth Form College**, generating high interest in NHS apprenticeship pathways and supporting long-term talent pipeline development.
- **A Trust-wide drop-in session**, enabling staff to meet professional leads and understand the wider support structure required for apprenticeships, including mentors and practice assessors.

#### **Emerging opportunities:**

- Managers expressed interest in future on-site engagement sessions, allowing teams to access informal career and apprenticeship advice directly within their work areas.

**Overall impact:** The refreshed approach created more meaningful interactions, improved visibility of apprenticeship opportunities, and strengthened networks across

the Trust. Engagement was consistently positive, and the week contributed to ongoing workforce development efforts aligned with the NHS 10-Year Workforce Plan.

### **Psychological Professions Event**

Psychologists are a vital part of our system, and in early March, the Trust was delighted to welcome 45 psychology students from Wyke 6th Form College for an inspiring careers event. Students took part in a range of interactive workshops led by Clinical and Trainee Psychologists, a Psychological Wellbeing Practitioner, a Cognitive Behavioural Therapist and a Principal Psychotherapist, giving them a real insight into different areas of the profession.

They also had the chance to hear from Consultant Forensic Psychologist Sarah Rockcliff, who introduced them to the Trust's Forensic Division and highlighted specialist career pathways many had never considered.

The Trust continues to work closely with local education providers, offering T Level placements, work experience and apprenticeships to help young people explore the wide variety of careers available across the NHS - far beyond traditional clinical roles.

As the first event of its kind, the day was a great success. Students were enthusiastic, engaged and particularly keen to speak with professionals across different specialisms, helping to pave the way for the future of psychology. One student said *'The routes I need to take to achieve my dreams in psychology are now clear and transparent. It also gave me motivation to continue working hard to get where I want to be.'*

### **5.3.14 Sexual Violence and Misconduct Update**

The Worker Protection Act 2023 (in force from 26 Oct 2024) places a legal duty on employers to prevent harassment. In line with this, HTNFT signed NHS England's Sexual Safety in Healthcare Charter (Sept 2023), committing to zero tolerance of harmful sexual behaviours.

NHS England has since expanded national expectations (Aug and Dec 2025), setting out 83 required actions for all Trusts.

A comprehensive programme has been implemented to meet statutory and NHS requirements:

- Executive leadership: Karen Phillips appointed as Executive Lead for Sexual Safety.
- Operational leadership: Alison Meads and Rosie O'Connell designated as Trust Sexual Safety Leads.
- Governance: A Sexual Safety Group established, meeting bi-monthly and reporting to QPAS.
- Risk assessment: Sexual Safety Risk Assessments completed across all Trust sites.
- Policy: Sexual Misconduct Policy aligned with the national framework, launched Sept 2025, with streamlined reporting through a central 'Report It' route.

- Specialist support: HR Operations trained to triage and manage reports effectively.
- Resources & communications: Dedicated intranet pages and a Trust-wide launch campaign, including staff briefings and support materials.

Following the national expansion to 83 actions:

- 75 actions rated Green
- 8 actions rated Amber (dependent on national guidance or workforce/EDI data)
- 0 actions Red

All actions are monitored and progressing appropriately.

Regular updates will continue to EMT and relevant committees. The programme remains focused not only on compliance but on embedding a safe, respectful, zero-tolerance culture, ensuring all staff feel protected and supported.

### **5.3.15 Equality, Diversity and Inclusion**

**Adoption of the IHRA Definition of Antisemitism** - The Trust has agreed to adopt the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism, following strong encouragement from NHS England and in line with national expectations to support an inclusive, respectful and safe environment for colleagues, patients and communities. This forms part of our wider equality, diversity and inclusion work and complements ongoing programmes such as Respect, No Excuse for Abuse and the Care, Culture and Equity Steering Group. The updated definition will also be reflected in the refreshed national Equality, Diversity and Human Rights training once released.

**EDI Insight report** - The February issue of the EDI Insight report was provided to 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 Reigniting Respect and No Excuse for Abuse.

**Staff Safety & Support:** In response to international events in the Middle East, the Trust reaffirmed its commitment to staff safety and wellbeing, offering clear pathways for support.

**Addressing Racism Towards Staff in Wards** - Over the past year, Soyeb Aswat led four workshops focused on anti-racist practice, providing valuable feedback that will shape an actionable plan for progress. This work has fostered targeted, collaborative efforts in specific areas to address anti-racism challenges. The ultimate goal is to create a scalable and adaptable intervention framework that can drive meaningful, sustainable change across the organisation.

**New Anti-discrimination resources being delivered:** Our new 'Respect' and 'No Excuse for Abuse' posters have started to be delivered to Trust sites, with PICU,

Waterloo and the Grange being the first recipients. Delivery was accompanied by face-to-face visits to speak to staff and gain an understanding of their experiences.

**2026 EDI Reporting Cycle** - Preparation is Underway for our suite of annual EDI reports, this will include reports for 2026 including the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), the Gender Pay Gap, the EDS22, and the EDI Annual Report, all reports will be subjected to a thorough governance process involving the EDI Steering Group, ODG, EMT, and the People and OD Committee before presentation at the Trust Board.

**New Network Chair Introductions** – The newly appointed Chair and Deputy Chair of the Anti-Racism Network (ARN) have held introductory meetings with their Executive Sponsor, and via the Trusts Global email to all staff. An all-staff webinar will follow to give staff the opportunity to meet the new chair and deputy chair and to hear directly their vision for the network in 2026.

**Trans Action Plan** – Alongside the wider NHS, The Trust continues to await national guidance from of the Equality and Human Rights Commission and NHS England in response to the UK Supreme Court judgment in For Women Scotland v The Scottish Ministers. This is set against a backdrop of repeated court challenges to the EHRC, and recent outcomes from tribunals. The Trust has met its obligations from its Trans Inclusion action plan and are advised by NHS England to await their guidance before making substantive changes. In the meantime, the Trust is committed to being an inclusive employer and provider for everyone.

**Employment Rights Bill** - The UK's Employment Rights Bill passed Parliament in December 2025, becoming the Employment Rights Act 2025, a major update to workers' rights bringing new protections like day-one paternity/parental leave, enhanced flexible working, bereavement leave, and curbs on 'fire and rehire,' with changes phasing in from April 2026 through 2027, impacting casual work and requiring employers to update contracts and procedures.

**Patient and Carer Race Equality Framework (PCREF)** – A collaborative stakeholder meeting was held to review the PCREF self-assessment outcomes, with the Trusts first PCREF Report drafted which is currently undergoing due diligence with stakeholders.

### **Staff Network Activity**

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 January and March 2026.

#### **1. Rainbow Alliance Network**

- We have been unable to recruit a new chair for the network, and the deputy continues to lead the network until we are able to recruit a new chair.
- Attendance continues to be low, and members are exploring alternatives to increase engagement.
- On a quarterly basis the networks' deputy chair continues to attend the regional Hull and East Riding LGBT+ forum on behalf of the Trust.

- Member are hosting a drop-in session for LGBTQ+ awareness and allow staff to ask questions they may have.

## **2. Disability Network**

- A new chair and deputy chair have been appointed.
- The new chairs held their first meeting and are working with their Executive Sponsor on considerations for new meeting times and dates.
- A new intranet page narrative has been developed and discussed.
- The networks chair attended the Zero Discrimination Day Event and fed back to members
- Our application for Disability Confident Leader will go to the network for discussion.

## **3. Anti- Racism Network**

- A new chair and deputy chair have been appointed and introduced to staff via the global.
- In February the network chair attended a Culture of Care Anti-racism Practice event in York, alongside the CofC Lead, EDI Lead, and Clinical Director.
- It was agreed that the network would support the development of the Workforce Race Equality Standard (WRES) report as a partner in exploring and delivering change.

## **5.4 Executive Medical Director Updates**

### **5.4.1 Leadership Viability**

The Executive Medical Director continues to prioritise regular visibility across the Trust, engaging with frontline teams to understand their experiences, strengths, and operational pressures. Recent time spent with colleagues at Miranda House, the CAMHS Crisis Team, Hull CMHT leadership and consultants, and the Westlands Unit has provided meaningful insight into effective practice, current challenges, and ongoing service transformation. Feedback from these visits is being used to inform leadership discussions and guide decision-making. In addition, the Executive Medical Director is undertaking clinical sessions and on-call duties within the team to further support service delivery and maintain direct clinical engagement.

### **5.4.2 Medical Education/Medical Staffing**

1. QiP 'Trainer Development Forum' - The expansion of postgraduate doctor numbers has increased the demand on clinical and educational supervisors, many of whom now oversee multiple trainees. Medical Trainer numbers have overall to support the expansion. Our new Trainer Development Forum is designed to provide structured support, strengthen governance, and enhance supervisory capability. This model aims to improve training quality, patient safety, and supervisor support. The first session was in Nov 2025 and then next is planned for May 2026.

2. Worked on GMC NTS feedback and actions – informal meeting with NHS England 7/1/26 to review all GMC survey feedback.
3. National Education & Training Survey (NETS) results live in March 2026.
4. Medical Education Committee continues to provide governance and assurance of medical education. Next meeting date 18<sup>th</sup> March
5. Ongoing work on the 10-point plan (NHS England set out 10 ways to improve resident doctors working conditions:
  - National Exception Reporting Reform implemented
  - Pilot of new rota development and management software successful
6. Ongoing work with HYMS and supporting the medical students – Year 1 Psychological Medicine placement planning for 103 students throughout March 2026. This runs in parallel with final Year 3 placement 2025/26.
  - 7 student electives agreed for summer 2026 (highest number ever supported in the Trust)
7. SAS Development Forum/Programme being developed in collaboration with, and engagement from SAS Tutor.

### **5.4.3 Medical Business**

1. Medical Appraisal - Work ongoing to establish reciprocal peer review process in collaboration with Cumbria Northumberland Tyne and Wear Mental Health Foundation Trust.
2. Medical job-planning – increase in compliance, currently 90%.
3. Medical Mandatory Training:
  - Medical Study Leave Protocol updated to incorporate a min. 85% compliance with mandatory training. This is working well.
  - Individual compliance figures now provided to appraisers and appraisees prior to appraisal.

### **5.4.4 Research & Development – Update**

In February 2026, the Parliamentary Under-Secretary of State for Health Innovation and Safety, Dr Zubir Ahmed MP, wrote to all NHS Trust Chief Executives reaffirming the Government's commitment to ensuring that research remains a core part of NHS care. The letter highlighted the importance of maintaining the UK's international reputation for high-quality research, increasing the speed and scale of research taking place in the NHS, and supporting the Prime Minister's ambition that all clinical trials are set up within 150 days from March 2026.

To achieve this, Trust executive teams have been asked to maintain strong oversight of local research performance, including:

1. Clear Board-level governance of research delivery
2. Sufficient resourcing to support research activity
3. Alignment with national approaches and processes

A national Research Activity Framework is expected to be published in March 2026. This will help Boards better understand their organisation's research activity and performance. Once published, we will bring back further information on our Trust's

position and, if required, update the research indicators reported within the Integrated Quality and Performance Tracker.

The national 150-day target covers the full process of setting up a clinical trial, including regulatory approvals and local readiness to open the study. The areas most relevant to our Trust relate to:

- the time taken for local review and preparation, and
- the time from study approval to first participant being enrolled.

We have recently strengthened our internal tracking systems so that we can monitor each stage of this process more effectively. This will support earlier identification of delays and enable prompt action to ensure studies progress efficiently.

The Board can be assured that our Research & Development team continues to follow national policy and guidance, including use of Health Research Authority reviews, standardised national agreements, and the National Contract Value Review process for commercial research. These approaches minimise duplication and help reduce the time required to set up studies within the Trust.

#### **5.4.5 Patient and Carer Experience**

- The first Forum meetings of 2026 for Hull and East Riding, Whitby and District and Scarborough Ryedale are being replaced with a series of events and workshops. They will provide members of the public, partner organisations and staff the opportunity to meet teams from our organisation who provide services in the local area and help us to discuss and shape the future of the Forums. Following the events, we will consider all feedback to shape future Forum agendas and set future dates.
- The next Humber Co-production Network forum is taking place on 12 March 2026, will take the form of a workshop where we are inviting local partners to share co-production toolkits, approaches and techniques that they use or idea they would like to develop.
- The Trust's Panel Volunteer Framework has been undergoing a review to ensure that staff are provided with the right tools to fully support patients, service users and carers when they volunteer to be involved in Trust recruitment activities. The review of the Framework has been fully coproduced with current Panel Volunteers and staff who have utilised the initiative. The Panel Volunteer Framework is awaiting approval from QPaS, which is expected in March 2026. Alongside the review of the Framework, work is underway to transfer the management of the Panel Volunteer initiative to the Voluntary Services Team.
- Further work on pulling together a Reasonable Adjustments policy continues, which will provide an overarching approach for staff to understand both what the Trust responsibilities are to comply with legislation such as the Equality Act, and how using the Reasonable Adjustments Digital Flag helps support appropriate person-centred care. This will highlight the breadth of adjustments that can be

made with examples to demonstrate a range of scenarios. It will also signpost staff to more detailed guidance available.

#### **5.4.6 Mental Health Legislation Update**

##### Associate Hospital Managers (AHMs)

The Trust currently has 10 established AHMs. Three were appointed during the last year and are now confidently participating in panels.

Diversity profile:

- 11 AHMs identify as White British
- 2 identify as Black British (African)
- 7 females and 6 males
- Age range 28–80 years

A further AHM has been appointed but is awaiting the outcome of the IR35 assessment before committing to training, as they are unwilling to incur personal tax liabilities.

The Trust has conducted an employment status assessment using the HMRC *Check Employment Status for Tax* tool. The assessment indicates that fees payable under the honorary contract are taxable as employment income. We are awaiting confirmation from Finance/HR regarding whether AHM fees will be paid net of any required deductions.

**Mental Health Act (MHA) Activity:** A recent mock MHA visit was undertaken at Swale in February.

- Overall feedback was positive.
- Issues identified regarding Section 17 leave forms have now been addressed.

Additional mock visits to other units are scheduled.

**Team Capacity and Workforce:** The team continues to experience significant resource pressures, driven by increased workload and greater complexity in the issues requiring support. A proposal for a substantive Band 4 role has been completed and submitted for consideration by the Medical Director. In the interim, we have secured temporary Bank staffing to support general team functions and relieve immediate pressure.

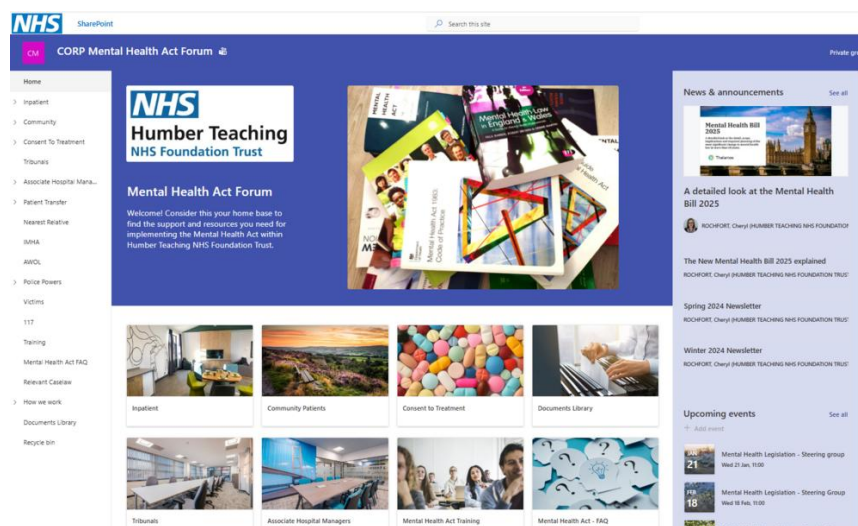
An additional 0.2 WTE Band 3 resource is now in place to manage Section 117 information requests from both Local Authorities and the ICB.

Cheryl in the MHL Team has developed a new resource on SharePoint for all staff working within mental health and learning disability services, full of information and resources staff need for implementing the Mental Health Act within our Trust. It is a

work in progress so will be updated on a regular basis, especially in the coming months with the introduction of The Mental Health Act 2025. This project will be recorded via the quality improvement charter to highlight the benefits, successes and learnings.

Project Management group is being established to ensure the Trust are prepared for the upcoming changes with the new MHA 2025.

Changes to conditional discharge – introduced 18 Feb 2025 - Government not updated patient information leaflet as yet -updated by Humber to ensure patients aware that condition can be implemented that amounts to a deprivation of liberty and to inform them of their rights in relation to this - shared with neighbouring Trusts.



## **5.4.7 Psychology – Key Updates and Achievements**

### General Updates / AD Updates

#### NHSE-Funded Assistant Psychologist Posts

The AD of Psychological Professions has secured NHSE funding for two fixed-term Assistant Psychologist posts. These roles are specifically aimed at supporting individuals from the global majority and those with protected characteristics or other disadvantages that may have limited access to experience required for progression in psychology. This initiative forms part of our 'widening access' work to enhance diversity and representation across psychological professions.

Over 100 applications have been received, and shortlisting is underway. We would like to thank Denise Greene and Pat Tasker from Recruitment for their invaluable support in setting up the longlisting process and ensuring it was practical and effective.

#### Staff Survey

Targeted engagement with trainee clinical psychologists by the AD has resulted in the largest participation increase of any group in the Trust. Their response rate rose by 23.32% compared to 2024, reaching 61.02% - close to the Trust-wide rate of 63.71%.

## Virtual Bouquets

- The Humber Centre Psychology Team received appreciation from Ouse Ward for their ongoing support to staff and patients.
- Kennedy, Assistant Psychologist at Avondale, received positive feedback from senior leadership for introducing a new rapid formulation process on the ward.

## Psychological Professions Careers Day

Colleagues contributed to the Wyke College Psychological Careers Day on 4 March, delivering talks across several professional areas:

- Clinical Psychology – Liam Smith and Emily Magowan
- Psychotherapy – Marie Acton
- Forensic Psychology – Sarah Rockliff
- Psychological Wellbeing Practitioners and CBT Therapists – Lauren Goldsborough and Lynne Swayer

We will work with the Learning and Careers Team to expand next year's event to involve a wider range of education providers.

## Psychological Professions Newsletter

The second edition of the Psychological Professions Newsletter has recently been published and is attached for the Board's information.

## Children and Young People

### Inspire Day Service

The service has successfully recruited its psychology team and is preparing to begin work focused on reducing inappropriate or ineffective inpatient admissions.

### Long-Term Health Conditions (LTHC) Team

The pathway continues to be affected by limited substantive staffing. Reliance on an interim Lead Psychologist is delaying transformational progress. Trainee Psychologist involvement has been positive for both the service and trainee development. Overtime opportunities and secondments have been in place for six months to support capacity.

## Adult Mental Health

### Colleague Story: *Kate Reynolds – MHWP & Trainee Counselling Psychologist*

Kate joined the Trust in April 2022 as part of the first cohort of Trainee Mental Health and Wellbeing Practitioners (MHWP). After completing the blended one-year training programme at Band 4, she progressed to a Band 5 MHWP post.

Kate is passionate about the role, saying:

“I love that I can make a real difference in people’s lives... positive change can come through truly listening and building a strong therapeutic alliance.”

Kate is also the MHWP Co-Chair for the Yorkshire and Northeast Psychological Professional Network, championing the profession and supporting the growing community.

In September 2025, she began a self-funded Doctorate in Counselling Psychology. This requires at least 450 hours of face-to-face therapy experience, alongside academic study. She continues her MHWP role alongside her training, travelling to London monthly for teaching:

“My training is deepening my ability to judge when a client may benefit from a different approach... and I’m bringing this learning back into the Trust.”

Kate reflects openly on the challenge of part-time doctoral study:

“I’m valuing the power of supervision and the support systems around me... I feel steady, supported, and proud to have taken this step.”

We are pleased to support Kate on her journey. By striving to deliver the highest quality care and continually developing her skills, she embodies what it means to be *Humblebelievable*.

## Forensic Services

Psychology colleagues again played a central role in organising and delivering *Thank You Week* within forensic services.

## Minds Matter Monday

Formerly ‘Mindful Monday’, this day focused on wellbeing using the acronym *MIND* — Movement, Intellect, Nurture, Diet, Sleep. Resources were provided to support teams in generating wellbeing ideas, alongside items linked to each theme, such as cognitive puzzles and games, dark chocolate, a plant for the team to nurture and lavender-scented swatches

## Thoughtful Thursday

Teams were encouraged to engage in individual and group reflection. A “pot of positivity” poster was provided, with prompts including gratitude within the team, what energises you about your job and times the team has demonstrated thoughtfulness

Teams completed the posters and used them as a basis for discussion.



## **5.5 Executive Director of Finance Updates**

### **5.5.1 Leadership Visibility**

Since the last board meeting the Director of Finance has held a full directorate staff briefing to update on key areas across the Trust, a joint visit with the Director of People and OD was undertaken to meet and talk with the perinatal mental health team at the Maples Beverley.

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

### **5.5.2 Cyber Security Updates**

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

Alerts fall into two types of notification

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

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

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

Activity updated since the last board report

- Cyber Alerts issued during 2026: 14 (Including 6 in February)
- High Priority Cyber Alerts Issued during 2026: 4 (Including 2 in February)
  
- February Cyber Alerts with patch(s) NOT approved for deployment: 0
- February Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 4
- February 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 September or October 2025

### **5.5.3 Digital updates**

#### **1. Data Quality & Reporting Improvements**

- Virtual Ward data quality has markedly improved following targeted staff training and additional administrative support.
- A standardised approach for recording Did Not Attend, Was not Brought and cancellations has been approved and initiated across Mental Health and Physical Health services, improving consistency of reporting.
- Safeguarding templates have gone live, strengthening documentation practice and compliance.

- The Lorenzo Data Repatriation process has been completed, with all datasets validated and ready for final programme sign-off.

## **2. Artificial Intelligence Governance & Delivery**

- The Searchlight AI tool has been formally approved and is progressing through the remaining governance checks required for implementation.
- CoPilot Chat has been approved for non-clinical and non-sensitive work tasks, with development of Trust-wide SOPs underway.
- The Humber and North Yorkshire ICS AI Group has been formally established, chaired by the Trust's CCIO to support system-wide AI adoption and shared learning.

## **3. Digital Infrastructure & Cyber Security**

- Renewal of network licences has been completed, ensuring continuity of network operations beyond June 2026 and extending support for wireless access points until 2030.
- Meraki network licences have been renewed, and replacement wireless access point hardware has been purchased, with installation now underway.
- All Trust servers are fully patched to the latest security level, strengthening cyber resilience.

## **4. Service Delivery & Operational Digital Improvements**

- ServiceDesk Plus has been reconfigured with improved workflows, clearer SLA definitions and automated reporting mechanisms, enhancing visibility and accountability across divisions.
- Improved asset tracking has reduced the volume of missing or unused digital equipment, with formal quarterly reporting now embedded.
- Fifteen laptops were issued in February, ensuring staff have reliable and up-to-date devices.
- Audit of all KCOM landlines has been completed, allowing unnecessary lines to be decommissioned ahead of migration to the new Redcentric telephony provider.

## **5. Digital Projects Delivered or Progressed to Completion**

- The Lexacom Voice Recognition early adopter programme has expanded, with additional clinicians onboarded and usage monitoring in place.
- The Accurx Patient Portal has transitioned into Business-as-Usual, with benefits realisation continuing.
- All recordings for the OT and Physio Postural Care animations have been completed, with animation work nearing completion.
- The Forefront Discover platform has been clinically reviewed and prepared for governance approval.
- Donorfy, the charity management system, is now embedded in Business-as-Usual with successful event use and a growing supporter database.

## 6. Mobile & Telecoms Efficiency

- Mobile data usage has reduced by 15% month-on-month, supporting a reduction in telecoms-related expenditure.
- Premium rate SMS costs have dropped to zero following targeted staff guidance and usage monitoring.
- A total of 185 inactive mobile connections have been identified for cost-saving action.

## 7. Governance, Oversight & Strategic Delivery

- The Digital Strategy has been incorporated into the Trust's medium-term planning and aligned with national productivity priorities and digital modernisation expectations.
- EPR optimisation continues to progress, including template standardisation, improvements in documentation practices and alignment of specialty naming conventions ahead of Wayfinder deployment.
- Engagement with TPP regarding Clozapine prescribing has been completed and the action closed.

## 8. Interweave

- Leeds Community Healthcare (LCH) successfully went live with structured SystemOne Non-GP data flowing into the YHCR. This includes appointments, encounters, medications, referrals and other core data items now available in near real time to improve clinical decision-making.
- South Yorkshire's transition to a single shared care record is progressing, with the Rotherham Health Record (RHR) being phased out and all users moving to the YHCR by summer 2026. This consolidates systems region-wide and reduces duplication.
- Sue Ryder hospices in West Yorkshire (Manorlands and Wheatfields) have gone live on the YHCR, marking a significant digital inclusion milestone for end-of-life and palliative care services.
- Wakefield Council has expanded its participation by onboarding two additional care homes (Dovecote Lodge and Flanshaw Lodge), strengthening social care integration.
- Leeds Teaching Hospitals NHS Trust has expanded its data sharing, now providing 8 of 10 Minimum Viable Data Set items, with remaining data feeds in progress.
- Usage of the Shared Care Record has reached its highest level to date, with a 25% increase in logins and 40% growth in patient record access between September and November 2025, demonstrating accelerating frontline adoption across Trusts and local authorities.
- The Leicester, Leicestershire and Rutland (LLR) Care Record reported substantial workforce engagement, with 678 county council staff trained and user numbers increasing by 50% across 2025, supported by an active benefits roadshow.
- Interweave has been shortlisted for the HSJ Digital Awards 2026 in the category Interoperability and Standards Through Digital, recognising the platform's contribution to connected care and digital maturity nationally.

- User-experience research is shaping ongoing platform improvements, including better display of prescription data, national patient flags and enhanced controls for SystmOne Non-GP data flows.

#### **5.5.4 Facilities Management Updates**

- Expressions for the potential transfer of NHS Property Services have been sent to the ICB, who will collate and recommend for support to NHSE by the end of March 2026.

#### **Operational Estates**

- Review undertaken of new fixed control measure (Ozone) to assist in water quality management undertaken by members of the Water Safety Management Group. This is with a view to being deployed into buildings with longstanding and persistent water quality issues, Maister Lodge has been identified as the initial site.
- Water Safety Plan refined from 5 books to 3, in conjunction with Authorizing Engineer and Infection Prevention and Control
- Community Diagnostic Centre (Ophthalmology) at East Riding Community Hospital now being successfully serviced by Humber
- Additional flood defences have been installed at the Humber Centre to reduce instances of flooding and damage in the affected areas – training being planned to cascade to staff for when and how to fit

#### **Development and Sustainability**

- Services have vacated Pocklington Beckside and consolidated onto Pocklington Health Centre.
- Submission to the NHS Excellence Awards for Sustainability Team
- Security improvement works at Coltman St complete
- NHSE – Utilities Recovery programme – Trust data submission has been received, reviewed and accepted, detailed testing to identify potential recoveries and insights underway.
- Works to Inspire Walker St Centre have commenced (works will increase patient facing spaces, and support increased clinical and non-clinical utilisation)

#### **Safety**

- HTM 05-01: Managing Healthcare Fire Safety, updated version published in February 2026. Review undertaken, with a briefing being drafted to the Health and Safety Group on 18 March, this will inform any adjustments required to the Trust's existing procedures and controls.

#### **Hotel Services**

- Staff consultation concluding as part of introduction of supervisory cover for weekends, to support weekend working staff and provide resilience

#### **Property**

- Independent valuation procured for Malton Hospital, which will be used as part of the negotiations with York LLP to migrate current arrangements to formal leases.
- Space utilisation studies are being refreshed to inform planned estate changes, in line with the Estate Strategy; with a focus on efficiencies.

### **5.5.5 PARTNERSHIPS AND STRATEGY**

- The Trust has submitted capital bids for services across the Trust, this includes neighbourhood health centres (Hull and East Riding) and Mental Health Emergency Departments – these have been supported and will now follow NHSE governance to release the funds.
- A number of digital proposals have also been submitted, including for a system called Limbic Access AI which was a HNY system submission. Limbic Access AI offers a clinically validated, AI-powered conversational interface that acts as a digital front door, guiding people seeking support through assessment, triage, and onward referral.
- NHSE are transferring the NEL CHIS contract to Humber on the 1st April via a Contract Variation, 2 staff are due to transfer to Humber under TUPE on 1 April and mobilisation is underway.
- A bid for funding has been submitted to the Kristina Martin Charitable Trust through Health Stars for £100,000 over 2 years under the theme of improving mental health outcomes for children and young people. The grant will be used to pilot the recruitment of Advanced Lived Experience Practitioners (ALEPs) within our Child and Adolescent Mental Health Services (CAMHS). Still awaiting outcome expected end March 2026.
- Several other Health Stars dreams for this division are being supported with bids for funding:
  - Sensory Improvements at ERCH (£4k, submitted, awaiting outcome)
  - Furniture at Rivendell (£10k, submitted, awaiting outcome).
  - Eyegaze Machine at Granville (£10k, exploring grant opportunities)
  - Inspire Courtyard – (currently in design stage)
- The role of Learning Disability Community Hub Coordinator has now been recruited to utilising the £20,000 funding received from the National Lottery last year, the project is shortly due to commence.
- The Trust is continuing to work hard to safely transfer Primary Care to our chosen partners.
- A bid for funding (£30k) from York and North Yorkshire Combined Authority has been successful, this will support Mental Health and Wellbeing for farmers in North Yorkshire.
- The Digital and Data Group approved a Digital Skills Project Business Case, this project will enable the purchase of equipment to support patients at the Humber Centre and Pine View to improve their digital skills and awareness and reduce the risk of digital inequality and digital poverty on discharge.

- A pilot project to fund a maximum of 10 patients to complete paid work as Expert by Experience Service User Reps (2 per ward) has completed. Multiple benefits have been realised, including increased engagement and improved consistency of co-production.

## **6. Communications Update**

See Appendix 1

## **7. Health Stars Update**

See Appendix 2

## Media Coverage – Jan /Feb



**33** positive stories published in local/national media



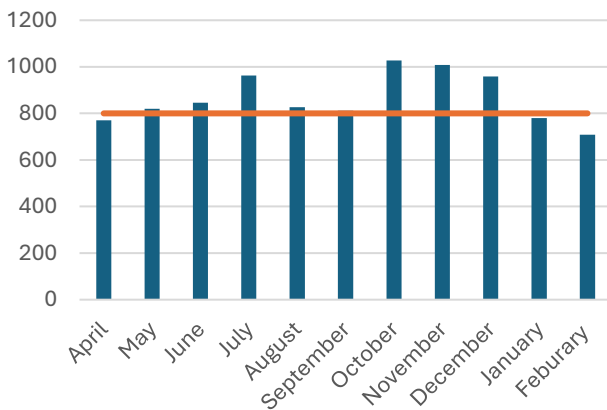
**1** Negative stories published

Monthly target of 5 positive stories:  
1 negative story

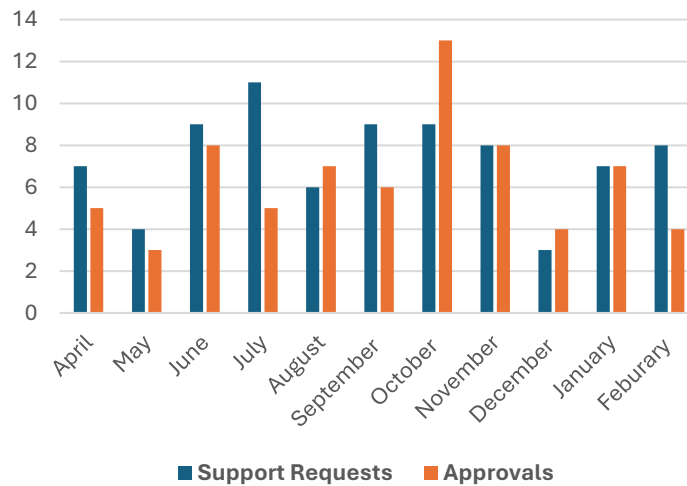
Funnel Stages	Number of Items
Published with key messages	13
Published with high reach	10
Published	33
Picked up by journalists	15
Press releases issued	8

## Brand Management

### Brand Portal Visits



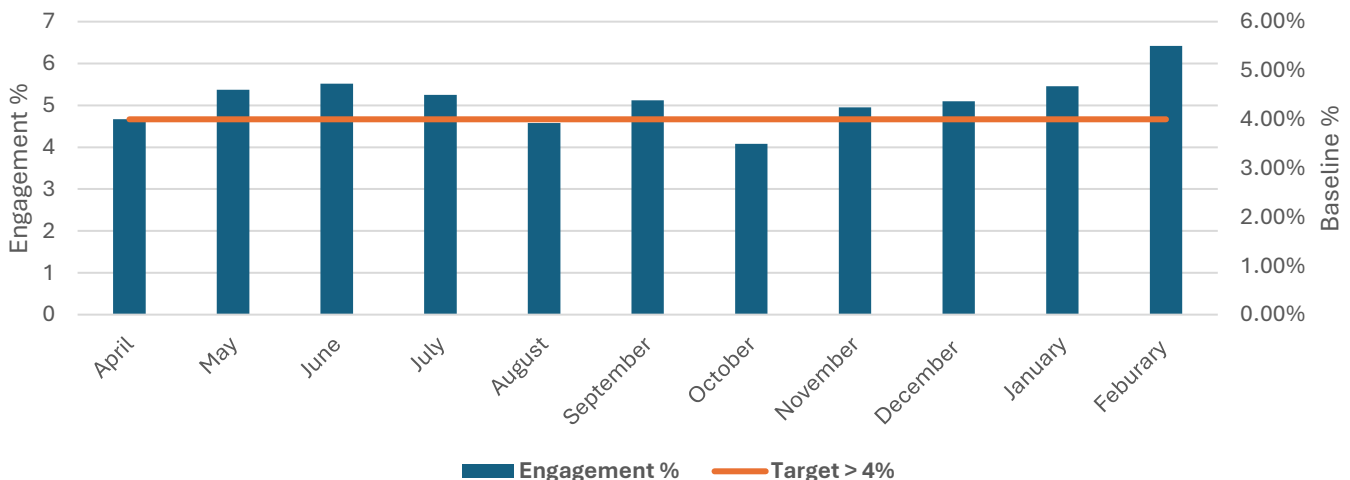
### Brand Requests vs Approvals



Measuring the enquiries to the Brand inbox and visits to the brand website helps us understand if staff are engaging with the information and support, we offer. The drop in visits and approvals in February and December reflects school holidays where we usually see lower engagement from teams.

## Social Media

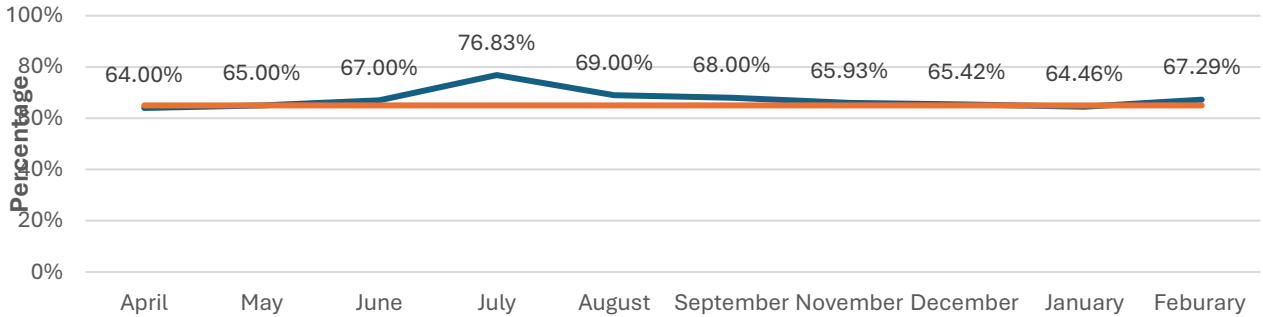
### Social Media Engagement Rate



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

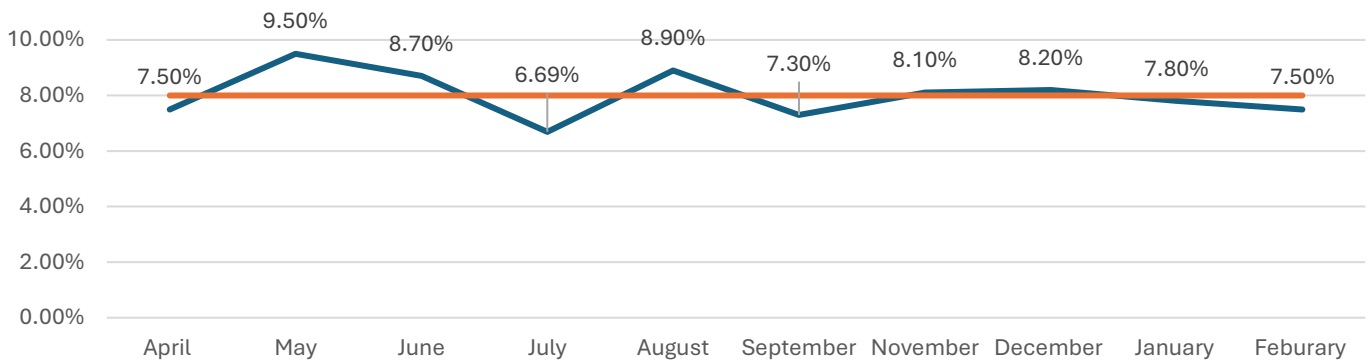
## Internal Communications

### Global Open Rate

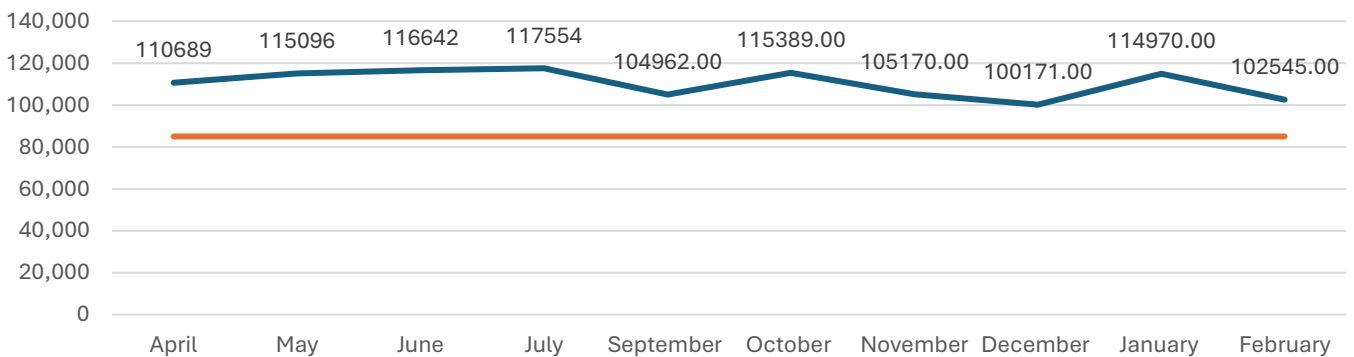


Global staff newsletter performance shows how many colleagues are opening and engaging with our regular updates. The click-through rate (CTR) shows how many go on to interact further by clicking on links, stories, or calls to action. Slight drop expected in February due to half term.

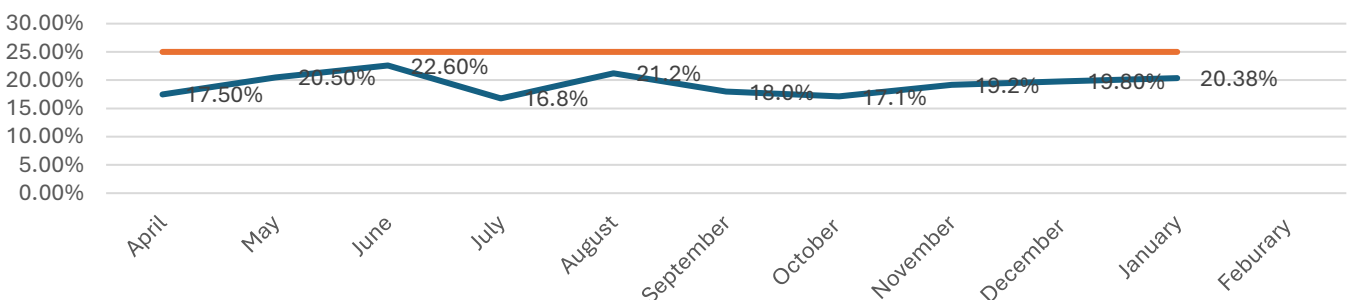
### Global Click Through



### Intranet Sessions



### Intranet Bounce Rate (Excluding homepage)



### Spotlight – Connect Website Search Optimisation

[About us](#) | [Accessibility](#) | [Our Buildings](#) | [Resources](#) | [Help Hub](#)



Children's Services and Adult  
Learning Disability Services



Humber Teaching  
NHS Foundation Trust

[A-Z of Services](#)

[Crisis Support](#)

How can we help you?



[Home](#) | [Health Visiting & School Nursing](#) | [Children's Emotional & Mental Health Services](#) | [Neurodiversity](#) | [Learning Disability Services](#) | [Children's Therapies](#) | [Find out more](#)

Not sure which service you need?

[Visit our help hub](#)



What is Connect?  
[Click here to play our video](#)

The Connect website recorded 22,000 Google search clicks in February, demonstrating strong visibility and discoverability. Since launch, search traffic has grown from around 1,000 clicks in the first four weeks to consistently higher monthly levels, showing sustained interest and improved access to content.

With a limited marketing budget and a wide range of services, the site was structured so individual service pages can be found directly through search engines, rather than relying on users starting at the homepage. Search engine optimisation and research into common search terms, such as autism support or breastfeeding Hull, informed how content was written and organised, helping more people find the right support quickly.

Having this work delivered in house is a strength for the Trust because it combines communications expertise with a deep understanding of local services and patient needs. This means website structure, language and search optimisation can be shaped around how people actually look for support, rather than relying on generic external approaches. Strategic website development, search optimisation and content design is delivered without significant external spend, while still ensuring the Trust's services are visible and easy to access online.

#### Where Our Traffic Comes From

##### Organic Search (70.98% of sessions)

Highest engagement of all major channels (60.44%).

Search is the dominant driver of site activity, proving the content is relevant and easy to find.

##### Direct Traffic (24.42%)

Engagement rate of 45.4%.  
Strong volume suggests Connect is becoming a known and repeatedly visited resource.

##### Referral and Organic Social

Smaller contributors but still valuable for visibility and cross linking.

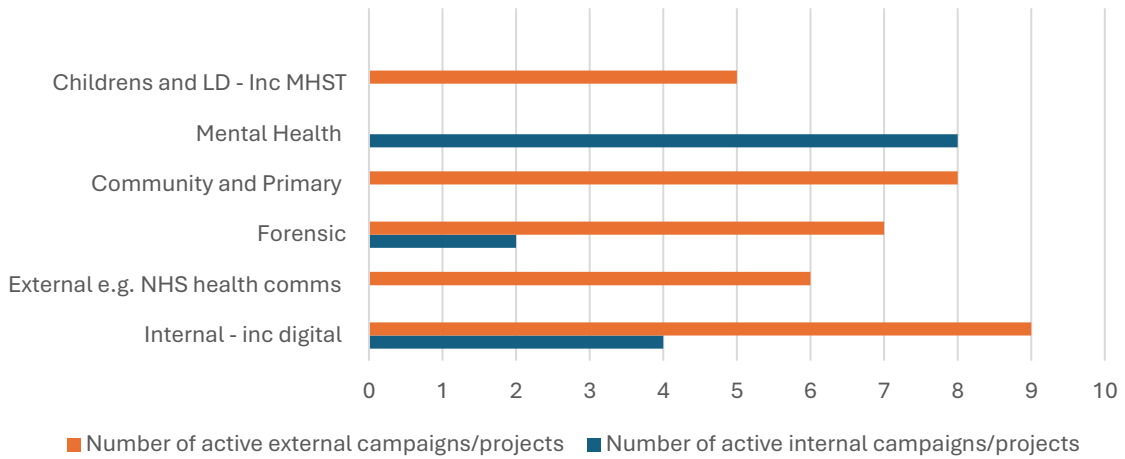
#### What This Means

- Connect's visibility and usefulness continue to grow month after month.
- More than half of all visits result in meaningful engagement.
- Users who return are spending longer with content, showing sustained interest.
- Organic search is performing exceptionally well, and direct traffic signals rising internal awareness.
- There is an opportunity to increase engagement further through clearer on-site guidance and paid advertising activity.

Overall, performance metrics show a strong, healthy, and steadily improving platform that service users, parents and carers are finding, returning to, and engaging with.

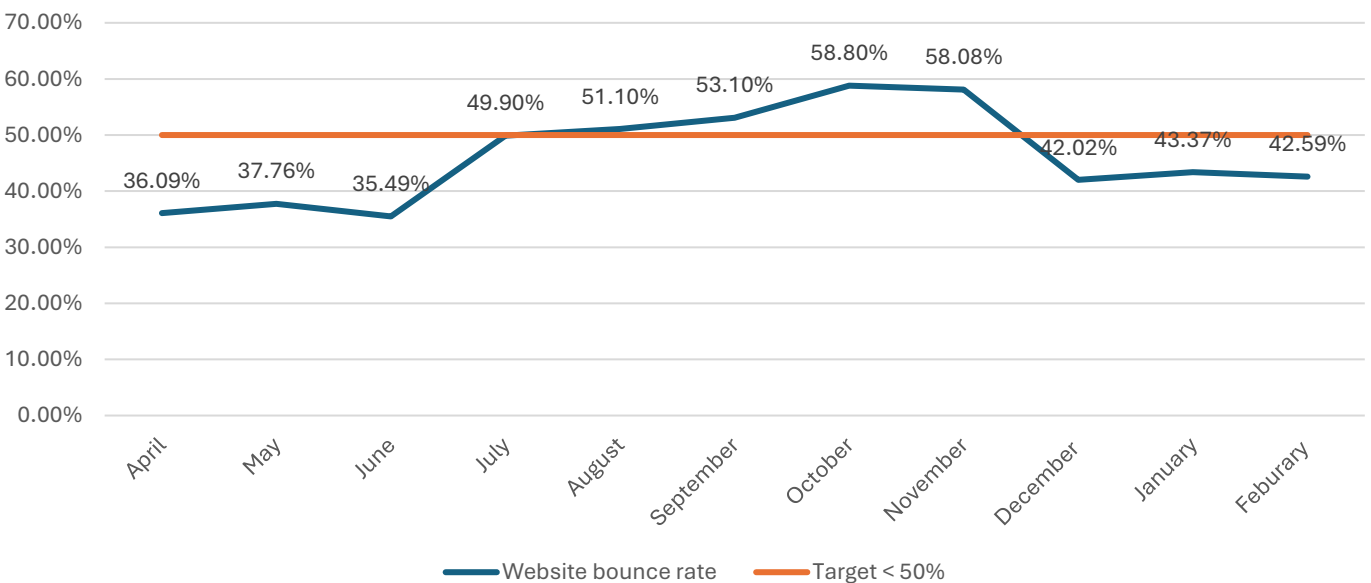
## Communications Service

### Communications Campaigns



## Website

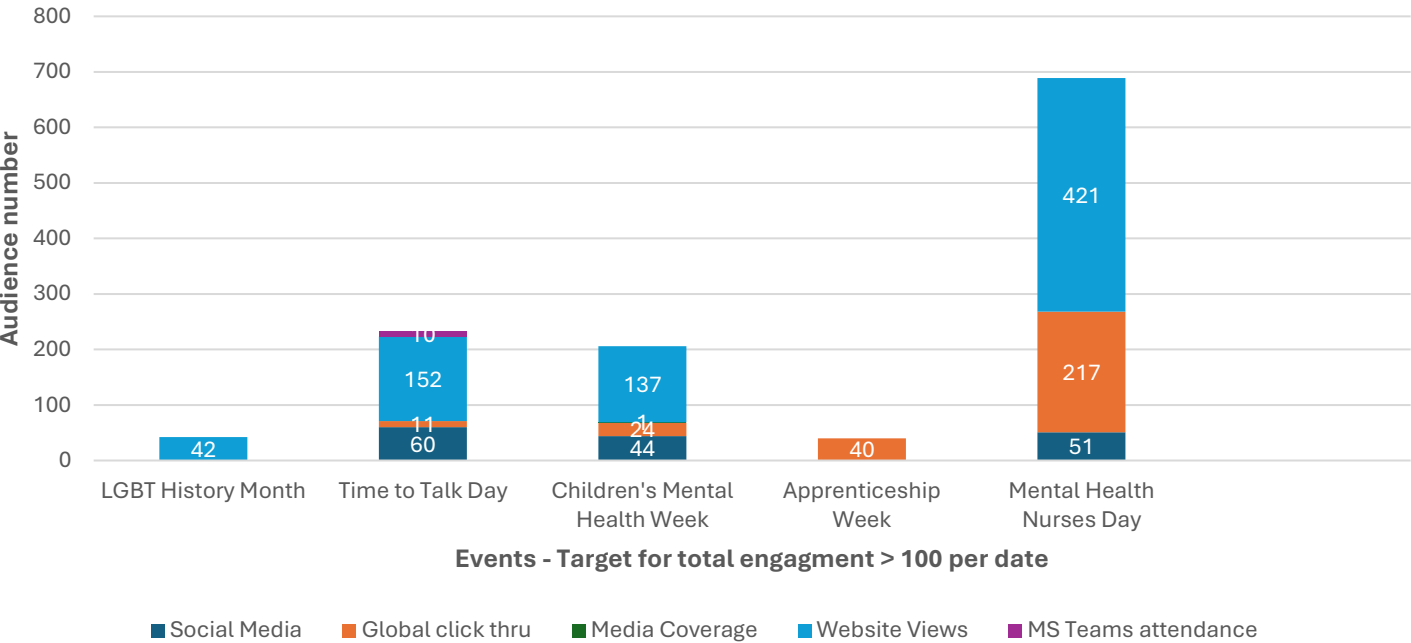
### Homepage Bounce Rate



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

## Events

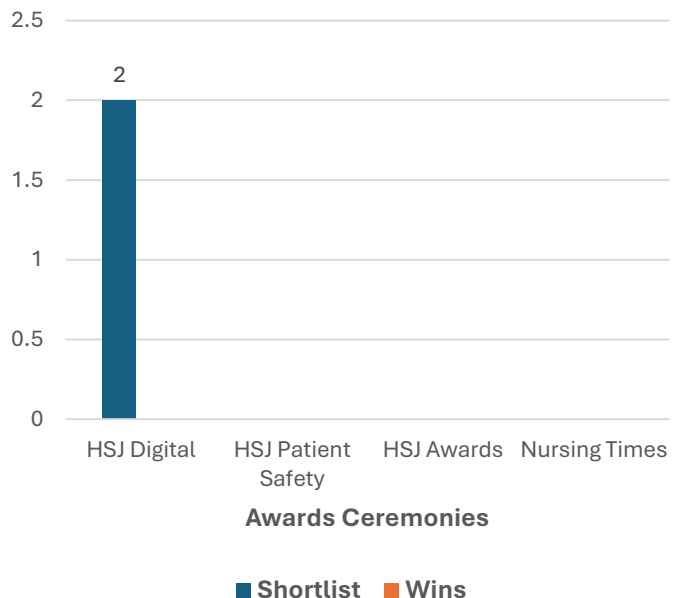
## Awareness Days Engagement



January included just one awareness date: Data Privacy Day (28 January), which was categorised as a green date. These dates are only activated if the relevant service or content owner approaches us with materials. As expected, activity relied on Information Governance February was considerably busier, with five key awareness dates. Three of these were red dates which are priority dates where Communications leads on planning, content creation and delivery. These results demonstrate strong audience interest and effective targeting for our priority dates.

## Awards nominations and wins

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



# Finance & Fundraising Report

Including update on Wishes and Dreams

## March 2026

Reporting on January & February 2026

Anita Green – Charity Manager

John Busby – Senior Finance Officer

# *Health Stars*

*Better Healthcare, Brighter Futures*



# Highlights Dashboard: January / February 2026

## 1. Delivering Outstanding Care



## 2. Enhance Healthcare experiences and outcomes



127 wishes received  
**72%** wishes approved  
Target = 75%



**5 Active Dreams**

## 3. Improve staff health, wellbeing and development

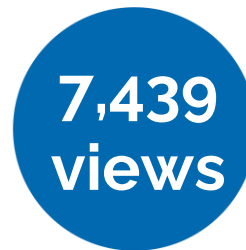


Wishes for staff wellbeing including Team days, buffets, commemorative bench



**9/33**  
Charity Champions

## 4. Improve health and wellbeing of communities



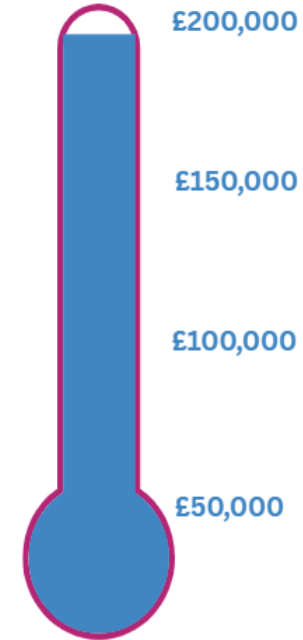
Views on Facebook



**Top social story:**

Hull 10K

1,250 views



**£181,951**  
Total raised YTD

# KPI update

**Trust Strategic Goals:** Enhancing prevention, wellbeing and recovery

**Charity Goal:** Support the delivery of outstanding patient care

GOAL / KPI	Measure of success	Success to date
Be in the upper quartile of Community/Mental Health Trust charities by year 3.  2025/26 Target = £200,000	<b>TOTAL: £200,000</b> Grants: £50,000 Events/Community: £30,000 Individual: £15,000 Corporate: £5,000 Other: £100,000	<b>TOTAL: £181,951</b> Grants: £25,665 Events/Community: £35,367 Individual: £14,773 Corporate: £5,974 Other: £93,329
Be the charity of choice for people taking part in events or organising their own fundraising	20 people signed up to Health Stars events  10 people/groups organising their own fundraising	24 2026 events = 93  6 2026 = 2
Promote fundraising to all staff, visitors and, where appropriate, patients	Fundraising posters/resources visible on every unit/service	Working with admin teams to include info in discharge notes. Messages on digital screens
Share good news across all platforms	25 stories on Health Stars website  4 stories shared to external media	20 stories uploaded  10 – launch of Better Days, Golf Day, Seeds of Support Wall, Skydive, Eyeweb event
Increase visits to website	Maintain visits above benchmark figure - Total – 500 per calendar month - 'Access Funding' page – 60 visits per calendar month	Website: Jan = 2,300 / Feb = 1,600 Access Funding page: Jan = 65 / Feb = 60

# KPI update

**Trust Strategic Goals:** Innovating for quality and patient safety / Optimising an efficient and sustainable organisation

**Charity Goal:** Enhance healthcare experiences and outcomes

GOAL / KPI	Measure of success	Success to date
Increase the percentage of wishes that are approved	75% of wishes approved	72% approval rate
Launch and complete 4 Dreams	4 Dreams completed	5 Dreams 'Active' Confirmed the process.
Focus on staff submitting wishes that address Health Inequalities	10 wishes addressing Health Inequalities	P&S to assess every 3 months and identify which wishes address Health Inequalities

# KPI update

**Trust Strategic Goals:** Developing an effective and empowered workforce

**Charity Goal:** Improve staff health, wellbeing and development

GOAL / KPI	Measure of success	Success to date
Recruit Charity Champions within each service to increase knowledge and understanding of the charity	50% of services have a charity champion (33)	9
Increase understanding amongst staff of need for fundraising	Health Stars team to speak at 20 meetings / events	20
Increase wishes specifically for wellbeing of staff	Approve 10 wishes specifically to improve staff wellbeing	33

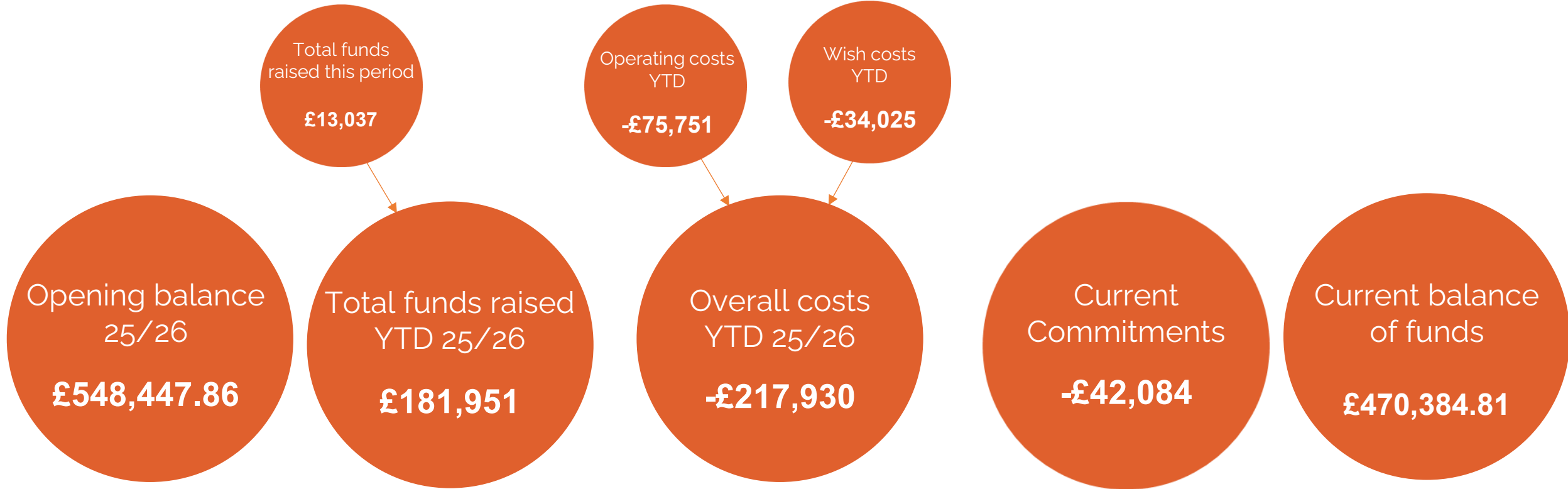
# KPI update

**Trust Strategic Goals:** Fostering integration, partnerships and alliances / Promoting people, communities and social values

**Charity Goal:** Improve the health and wellbeing of our communities

GOAL / KPI	Measure of success	Success to date
Increase social media presence across all platforms	Increase Facebook followers by 15% to 1000 Launch a LinkedIn page – 200 followers	984 followers LinkedIn – 64 followers
Develop corporate relationships	Work with 5 corporate partners	3 + 5 sponsors for CEO Challenge 7 for Staff Awards Union Pub – Malton  2026 = 10 teams already confirmed for Golf Day Humber Biz Week event
Launch and maintain Small Community Grants Scheme	Allocate 35 small grants	Half way through project, £94,000 awarded
Launch external supporter newsletters Establish CRM to manage donor relationships	Launch an external supporter newsletter with 100 people on mailing list.	CRM currently being populated MailChimp subscription approved
Microhive: Concentrate on promoting to new starters through induction, day one pack, introduction email.	Target = 10% increase from 382 members to 420 members.	Info included in new indication emails  2025 = -6.6% from 2024
Lottery: Link campaign to specific fund for 3 months to concentrate promotional activities.	Target to be set after trial with Better Days Appeal in Autumn 2025.	2025 = +100.1% from 2024

# Financial position as at: 28<sup>th</sup> February 2026



# Balance Sheet Reconciliation

The following table provides a reconciliation of fund balances to resources

As per trial balance at 28/02/2026	£
Bank account balance NHS Foundation Trust	10,000
Bank account balance NHS FT Fund Deposit	184,986.05
Charities Investment Fund (CIOF)	355,000
Investment – H Butler Shares	9,556
<b>Total resources held</b>	<b>559,542.05</b>
Accrual	(300.00)
Debtors	0.00
Gifts In Kind (Inventory)	12,844
Prepayments	5,926.25
Other liabilities - Humber Teaching NHS FT (Wish recharges)	(65,543.80)
Current commitments	(42,083.69)
<b>Net funds at DATE</b>	<b>470,384.81</b>

# Update re: outstanding invoices

Outstanding  
invoices January  
2024 - January  
2025 to the  
Trust have been  
paid

- £204,605

Already  
accounted for  
in figures

# Fund Zone Balances

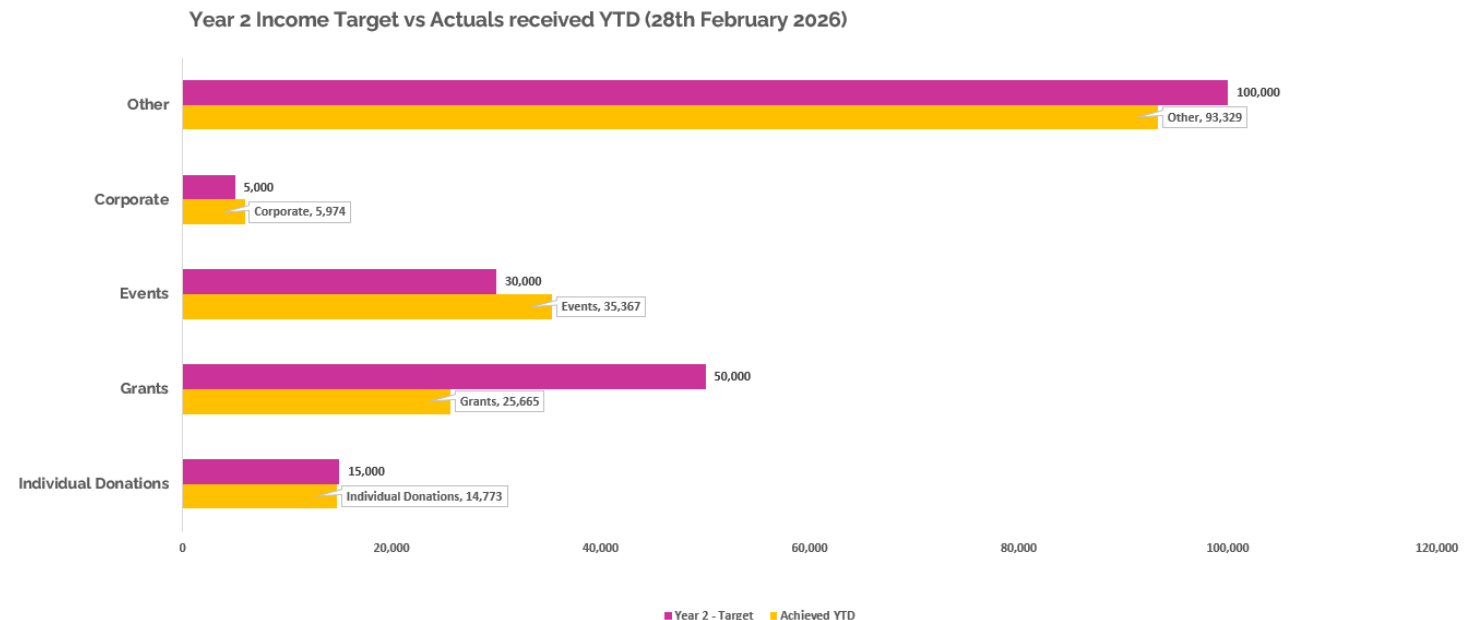
Figures based on balances as at 28-02-2026

Fund Zone	Sub Funds	Current Commitments	Balance 05/06/2025	Balance Jun 2025	Balance Jul 2025	Balance Aug 2025	Balance Sept 2025	Balance Oct 2025	Balance Nov 2025	Balance Dec 2025	Balance Jan 2026	Balance Feb 2026	Remaining	Percentage Split	Operating Costs YTD	Less Operating Costs YTD	
Community & Primary Care	Community & Primary Care - General	12,232.97	86,128.16	86,128.16	85,732.16	85,497.16	85,497.16	85,497.16	85,497.16	90,447.92	90,447.92	90,669.95	78,436.98	16.44%	(6,297.14)	72,139.84	
	Malton	493.80	2,250.93	2,250.93	2,902.09	3,573.78	3,831.38	3,855.45	3,855.45	3,855.45	3,855.45	4,113.75	3,619.95	0.76%	(290.62)	3,329.33	
	Whitby	255.94	29,921.96	29,921.96	29,921.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	29,796.02	6.24%	(2,392.11)	27,403.91
	Bridlington	5,124.43	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,476.97	24,476.97	24,476.97	19,352.54	4.06%	(1,553.68)	17,798.86	
	Betty Whalting Legacy (Alfred Bean)	0.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	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	11,016.06	13,761.64	14,537.54	14,566.04	14,570.31	17,232.37	17,232.37	3.61%	(1,383.46)	15,848.91	
	Scarborough District Nursing Team				350.00	350.00	350.00	350.00	350.00	350.00	155.05	155.05	155.05	0.03%	(12.45)	142.60	
Children, Young People & Families	Children, Young People & Families - General	1,677.65	336.69	336.69	2,565.01	3,431.39	3,902.51	601.69	3,696.69	3,696.69	3,696.69	3,799.69	2,122.04	0.44%	(170.36)	1,951.68	
	Inspire	2,527.56	30,099.60	30,099.60	30,099.60	30,099.60	31,190.53	34,567.94	18,567.94	18,567.94	18,567.94	19,189.66	16,662.10	3.49%	(1,337.68)	15,324.42	
	Learning Disabilities	306.61	368.42	523.18	523.18	523.18	549.02	549.02	549.02	389.02	389.02	389.02	82.41	0.02%	(6.62)	75.79	
	LD Community Hub				20,000.00	20,000.00	20,002.37	20,002.37	20,002.37	20,002.37	20,002.37	20,002.37	20,002.37	4.19%	(1,605.85)	18,396.52	
	Granville Court											0.00	0.00	0.00%	0.00	0.00	
Mental Health & Wellbeing	Mental Health & Wellbeing - General	2,337.56	6,619.79	6,665.77	6,665.77	6,665.77	6,665.77	6,665.77	6,485.77	5,072.31	5,072.31	5,815.21	3,477.65	0.73%	(279.20)	3,198.45	
	Westlands	288.49	246.63	493.57	493.57	493.57	493.57	493.57	493.57	493.57	493.57	493.57	205.08	0.04%	(16.46)	188.62	
	Maister Lodge	2,360.64	758.57	1,609.56	1,677.88	1,734.02	1,734.02	1,783.32	1,783.32	1,783.32	1,783.32	1,943.32	(417.32)	-0.09%	33.50	(383.82)	
	Newbridges	0.00	58.97	58.97	58.97	58.97	58.97	58.97	58.97	0.00	0.00	0.00	0.00	0.00%	0.00	0.00	
	Millview Court	0.00	278.30	278.30	278.30	278.30	278.30	278.30	278.30	278.30	278.30	378.30	378.30	0.08%	(30.37)	347.93	
	Millview Lodge	357.45	104.76	491.81	506.07	617.71	698.53	714.31	714.31	714.31	714.31	714.31	356.86	0.07%	(28.65)	328.21	
	Avondale	750.00	1,551.60	1,551.60	1,551.60	1,551.60	1,551.60	1,551.60	1,251.61	1,105.07	1,105.07	1,105.07	355.07	0.07%	(28.51)	326.56	
	Forensics	1,243.92	13.35	13.35	13.35	13.35	13.35	13.35	3,013.35	3,013.35	3,013.35	3,290.72	2,046.80	0.43%	(164.32)	1,882.48	
Healthstars Central Fund	Healthstars Central Fund - General	11,443.39	98,175.57	100,079.03	173,620.89	174,799.02	177,176.46	175,944.47	174,967.78	176,487.37	176,205.07	182,567.83	171,124.44	35.86%	(13,738.35)	157,386.09	
	Volunteers	753.28	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,517.44	4,517.44	4,517.44	3,764.16	0.79%	(302.20)	3,461.96	
	Recovery College	0.00	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	0.07%	(27.91)	319.78	
	DBT	0.00	79.34	79.34	79.34	79.34	79.34	79.34	79.34	24.40	24.40	24.40	24.40	0.01%	(1.96)	22.44	
	Grimsby Fishermen's Grant	0.00	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00	
	Humber Youth Action Group Walk				9.51	492.26	532.10	532.10	651.08	651.08	651.08	651.08	651.08	651.08	0.14%	(52.27)	598.81
		Small Community Grants Fund	0.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	197,770.00	190,791.00	163,204.74	145,913.74	107,383.74	107,383.74	22.50%	(8,621.07)	98,762.67
Central Charges	Central Charges		4,818.70	(11,195.63)	(16,894.56)	(20,662.86)	(25,129.21)	(27,809.19)	(31,952.44)	(38,307.72)	(41,725.35)	(46,357.97)	(38,307.72)				
Total:		42,153.69	548,282.82	535,857.67	618,720.08	618,213.51	619,670.36	616,439.71	594,850.66	565,107.64	544,120.98	512,468.50	478,365.06	100.00%	(38,307.72)	478,365.06	

# In Year Financial Performance: Year 2 income target £200,000

Grants: £50,000 Actual: £25,665	Events/Comm: £30,000 Actual: £35,367	Ind. donations: £15,000 Actual: £14,773	Corporate: £5,000 Actual: £5,974	Other: £100,000 £93,329
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 February 2026 actual year to date income of £181,951 had been received. The following graph shows the year to date performance against the annual target for the five fundraising pillars.



# Fundraising: Grants

**Grants Target: £50,000**

NHS Charities Together

Grants, Trusts and Foundations

**Total raised to date: £25,950**

**£30,000 funds expected by**

**31/03/2026**

**Target exceeded by £5950**

**Application  
Success Rate =  
50%** which fairs  
well against  
charity sector  
averages for grant  
applications

Project	Funding Source	Funding secured
Malton Better Days (Dream)	Norton Town Council	£1,000
Malton Better Days (Dream)	Malton Town Council Grants	£500
Malton Better Days (Dream)	Jack Brunton Charitable Trust	£1,750
Malton Better Days (Dream)	The Earl Fitzwilliam Charitable Trust	£2,000
LD Community Hub	National Lottery - Awards for All	£20,000
Malton Better Days (Dream)	Malton Lions	£600
Malton Better Days (Dream)	Rydale Lions	£100
<b>Farmers Wellbeing</b>	<b>York &amp; North Yorkshire Combined Authority</b>	<b>£30,000 (funds expected by 31.3.26)</b>
		<b>Total £55,950</b>

Income  
supporting  
other Trust  
projects:  
**£50,000**

Income  
supporting  
Health Stars  
projects:  
**£5,950**

# Fundraising: Grants

Successful	Not successful	Awaiting Outcome	Not proceeding	New
10	10	3	14	6

## 3 Grant applications awaiting outcome:

AWAITING OUTCOME							Closing Date	Date Submitted	Expected Outcome Date (estimated)	Funds Expected Date (estimated)	
Therapies Sensory Nest (Dream)	Screwfix Foundation	Screwfix Foundation	£4,100	TBC	Y	Awaiting Outcome	Bid submitted 10/12/25 for £4,100. Trustees next meet in March. Outcome to be announced 30th March 2026	12/12/2025	10/12/2025	30/03/2026	<b>April–May 2026</b>
Advanced Lived Experience Practitioners Bid	Peer Support Workers (CYP)	Kristina Martin Foundation Charitable Trust	£100,000	TBC	Y	Awaiting Outcome	2 x 1.0wte PSW for Core CAMHS. Bid submitted 11/12/25. Email sent to KMCT to enquire as to the announcement date. Response - Trustees meeting mid February, hopefully receive outcome shortly after.	30/03/2026	11/12/2025	28/02/2026	<b>Late Feb–March 2026</b>
Rivendell Transformation (Dream)	Small Grants / Large Grants - The Big Giveaway	Jane Tomlinson Fund	£9,083.86	TBC	N	Awaiting Outcome	Bid for furniture to improve the reception area at Rivendell. Deadline 5th February for JTF. Bid submitted 26th January via email to info@janetomlinsonappeal.com	05/02/2026	26/01/2026	15/03/2026	<b>Late March–April 2026</b>

# Cash Flow Projections

Cash Flow		
Project	Expected Receipt of Funds if successful (estimated)	Amount (estimated)
Advanced Practitioners Lived Experience	Late Feb–March 2026	£100,000
Rivendell Transformation	Late March–April 2026	£9,000
Farmer MH Wellbeing (Successful)	Late Feb–March 2026	£30,000
Therapy Sensory Nest	April–May 2026	£4,100

Expect to **start the next financial year strong** with some of the above income in April/May.

We suspect that one of our biggest **challenges** for grant funding is that many funders worry that NHS charities duplicate statutory provision. We have developed a 'stock explainer' for use in bids moving forwards, to clearly communicate the relationship between Health Stars and the Trust, when applying for grant funding which explains:

- Who Health Stars is (an independent charity, not part of the NHS body)
- What Health Stars does (funds added-value projects beyond statutory NHS provision)
- How the partnership works (Health Stars manages funding and the Trust delivers the clinical elements)
- Why both organisations appear in an application
- Who holds responsibility for funding, delivery, reporting, and governance

# Fundraising: Grants in consideration/progress

Projections from planned applications: £40,000+

Project	Fund	Update	Potential grant income
Malton Better Days (Dream)	Sport England – The Movement Fund	Application draft prepared by P&S, awaiting clinician review and input prior to submission.	£10,212
Rivendell Transformation (Dream)	Hospital Saturday Fund	Currently being considered	Up to £10,000
Crisis Home Starter Kits	B&Q Foundation	P&S, Healthstars and the Homeless MH Team preparing application for 20 kits to distribute	£10,000
Rough Sleepers Project	Ministry of Housing – Ending Homelessness in Communities	Currently being considered	Eligible organisations can apply for up to three years of revenue funding (£50,000–£200,000 per year) and one year of capital funding (£50,000–£200,000 in either Year 1 or Year 2), and because these limits are separate, they may request up to £200,000 in revenue plus up to £200,000 in capital within the same year.
Eye Gaze Machine - Granville Court (Dream)	New – to be confirmed	Searches are active for suitable funds	£10,968

# Fundraising: Events and Community

**Events: £30,000**

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

**Total raised to date: £35,367**

Money received through Just Giving  
YTD:  
**£20,087**

**2026 event calendar launched and popular**

98 participants registered for events already this year

Over £4000 raised on Just Giving pages for 2026 events so far

# Fundraising: Events and Community

**Events: £30,000**

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

**Total raised to date: £35,367**

## Fundraising plan

**Amount to target: £0**

2026 events calendar

# Fundraising: Individuals

**Individual donations: £15,000**

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

**Total to date: £14,773**



**Table Tennis  
Tournament:  
£541**



**Forensic  
Sponsored  
Walk  
? £300 ?**

# Fundraising: Individuals

**Individual donations: £15,000**

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

**Total to date: £14,773**

Includes people/teams who choose to do their own fundraising, not an event organised by Health Stars

## Fundraising plan

**Amount to target: £227**

- Humber Centre Sponsored Walk and Table Tennis Tournament totals more than this
- Priority to start promoting the charity, our events and other fundraising opportunities to visitors, families, friends and, where appropriate, patients.
- We know people want to say 'Thank you' so we need to give them the opportunity
- Work started to have info in the discharge packs.
- Working with Charity Champions to get info into their services.

# Fundraising: Individuals



- Included in induction packs
- Unable to know exactly how many people have subscribed
- Donations in 2025 decreased by 6.6%

	<b>Total donated</b>	<b>Average / month</b>	<b>Average donors</b>
<b>2023</b>	£2672.25	£242.93	486
<b>2024</b>	£2057.16	£228.57	457
<b>2025</b>	£2495.88	£226.9	453



- Included in induction packs and digital screens
- Donations in 2025 increased by 100.1% from 2023

	<b>Total raised</b>
<b>2023</b>	£2467.95
<b>2024</b>	£3001.09
<b>2025</b>	£4939.67

# Fundraising: Corporate

**Corporate: £5,000**

Charity of the Year

Fundraising within businesses (not connected to an event)

**Total to date: £5,974**



3 sponsors  
for Staff  
Awards



10 teams  
signed up  
to Golf Day

# Fundraising: Corporate

Corporate: £5,000

Charity of the Year

Fundraising within businesses (not connected to an event)

Total to date: £5,974

## Fundraising plan

Amount to target: £0

- Breakfast wellbeing meeting with Humber Biz Week
  - 2<sup>nd</sup> June
  - Wellbeing Exchange

# Fundraising: Other

Other: £100,000

Investment income

Legacies / gifts in wills

Total to date: £93,329

## Fundraising plan

Amount to target: £6,671

- The charity info within the services will help to spread the message about who we are, which could eventually lead to a legacy, focus on Driffield
- Continue to be active and show the difference we are making.



**127 wishes  
received**

Month	Wishes submitted
April 2025	10
May 2025	9
June	11
July	10
August	10
September	15

Month	Wishes submitted
October	16
November	15
December	8
January 2026	14
February	9
March	

92  
complete

8  
declined

21  
in process

3  
closed

72%  
KPI = 75%



JANUARY 2026

Children and Learning Disabilities	Keyworker Service	Team day	£440.00	Complete	
Children's and Learning Disability	Walker Street Centre	Chairs & stools	£2,527.56	Complete	
Children's and Learning Disability	Granville Court	TV	£449.00	Complete	
Community and Primary Care	Scarborough Community Services	30 x Crampons	£453.00	Declined	Declined by H&S
Community and Primary Care	Whitby UTC	Bench & commemorative plaque	£800.00	On Hold	Waiting for details
Mental Health Services	Mental Health Liaison Service	Team day	£440.00	Complete	
Mental Health Services	Millview Lodge	Manicure Nail Table	£64.95	Complete	
Mental Health Services	Maister Court	5 x Memory clocks	£130.00	Complete	
Mental Health Services	Avondale	Christmas Tree Festival 2026	£60.00	In process	
Mental Health Services	Millview Lodge	Outside storage cabinet	£157.50	Complete	
Mental Health Services	Avondale	Team day - buffet lunch	£256.50	Complete	
Mental Health Services	Avondale	Team day - room hire	£155.00	Complete	
Mental Health Services	Maister Lodge Inpatient Unit	TV cabinet, TV & wheelchairs	£2,285.62	On Hold	With FG for confirmation
Mental Health Services	Millview Lodge	Furry Friends Animal Therapy	£135.00	Declined	Declined by IPC



**FEBRUARY 2026**

Children's and Learning Disability	Neurodiversity Front door Team	CPD training	£150.00	Complete	
Children's and Learning Disability	Adult Learning Disability Service	Linen Midnight XL cushion	£474.00	Complete	
Community and Primary Care	Whitby IPU	Fidget items	£255.94	Complete	
Community and Primary Care	Fitzwilliam Ward - Malton Hospital	Fidget items	£255.94	In process	
Forensic Services	Ouse Ward	New pool table/repair old one	?	On Hold	Getting cost
Mental Health Services	Westlands	Team day - crazy golf	£675.00	Complete	
Mental Health Services	Maternal Mental Health	Creative resources	£82.47	Complete	
Mental Health Services	Goole, Beverley & Haltemprice Older People's CMHT	Patient therapy corridor redecoration	£258.86	On Hold	Estates liaising with team
Mental Health Services	Perinatal Mental Health Team	Mum and Baby group items	£145.09	Complete	



# Mental Health Patient Activity Fund

- ★ Received a grant for £500 specifically for patient activities
- ★ Want to encourage more patient-focussed wishes
- ★ Matching the £500 from Health Stars general fund
- ★ Encourage all services to submit a 'wish' – what would you do with your patients for £100?
- ★ Inpatient and community
- ★ Choose 10 to fund
- ★ Great stories. Great buzz around the opportunities. Promote Health Stars within units



## Active dreams

	<b>Malton Day Room</b>	Creating a dementia friendly day room on the Fitzwilliam Ward	£17,500 plus	Work is slow due to team in York Flooring and kitchen due soon	Community and Primary
	<b>Inspire Courtyard Garden</b>	Transform the courtyard garden at Inspire	Unknown	Initial meetings with garden designer. Once we have the design and the cost we will launch the appeal	Children and LD
	<b>Sensory Nest</b>	Additional padding for the walls	£4500	Awaiting outcome from Screwfix Foundation	Children and LD
	<b>Rivendell</b>	Transformation of the entire building	Awaiting shopping list	Brighter Minds Appeal General fundraising for the service	Children and LD
	<b>Granville Court Eyegaze machine</b>	Purchase of 2 Eyegaze machines to support patients who communicate through their eyes	Approx £8000	Dreams pro-forma received. Looking at grant opportunities Granville Team are doing lots of fundraising!	Children and LD

- Possibility that Whitby Children's Area dream will 'reignite'
- Not actively seeking more dreams until 2027



**NHS**  
Humber Teaching  
NHS Foundation Trust

**Health Stars**  
Better Healthcare. Brighter Futures.

**Health Stars  
SPRING  
RAFFLE**

**£2 a  
ticket**

**YOU COULD WIN...**

- iPad Pro
- Mini P&O cruise to Rotterdam
- iPhone 16

**Scan QR code to buy your ticket**  
**Winners announced 25 March 2026**

<b>Title &amp; Date of Meeting:</b>	Trust Board Public Meeting – 25 March 2026														
<b>Title of Report:</b>	Publications and Policy Highlights														
<b>Author/s:</b>	Name: Michele Moran Title: Chief Executive														
<b>Recommendation:</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">To approve</td> <td style="width:10%;"></td> <td style="width:40%;">To discuss</td> <td style="width:10%;"></td> </tr> <tr> <td>To note</td> <td style="text-align:center">√</td> <td>To ratify</td> <td style="text-align:center">√</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															
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	<p>To inform and update the Trust Board on recent publications and policy since the January 2026 Board meeting (as detailed below):</p> <ul style="list-style-type: none"> <li>Maternal Care Bundle</li> <li>Improving Postnatal Care Toolkit</li> <li>Eating Disorders Services for Children and Young People</li> <li>Guidance on: Texting, Emailing and Messaging Patients and Service Users</li> <li>Mental Health Productivity</li> <li>Getting Better Value from Spending on Medicines</li> <li>Community Mental Health Survey 2024</li> <li>Monitoring the Mental Health Act</li> <li>Medicines in Community Mental Health Services</li> </ul>														
<b>Key Issues within the report:</b>															
<b>Positive Assurances to Provide:</b> • n/a		<b>Key Actions Commissioned/Work Underway:</b> • n/a													
<b>Key Risks/Areas of Focus:</b> • n/a		<b>Decisions Made:</b> • n/a													
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>	Date		Date												
	Audit Committee		Remuneration & Nominations Committee												
	Quality Committee		People & Organisational Development Committee												
	Finance Committee		Executive Management Team												
	Mental Health Legislation Committee		Operational Delivery Group												
Collaborative Committee		Other (please detail)													

**Monitoring and assurance framework summary:**

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

## Publications and Policy Highlights

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

### 1. Maternal Care Bundle (MCB)

NHS England has published a Maternal Care Bundle (MCB) which sets out best practice across five areas of clinical care, with the aim to reduce maternal mortality and morbidity. It is for implementation by NHS providers and commissioners in line with the medium-term planning framework. The five areas are:

- Element 1: Venous thromboembolism
- Element 2: Pre-hospital and acute care
- Element 3: Epilepsy in pregnancy
- Element 4: Maternal mental health
- Element 5: Obstetric haemorrhage

Link: <https://www.england.nhs.uk/long-read/the-maternal-care-bundle/>

#### Lead: Chief Operating Officer:

This care bundle provides details of intervention and practice in each of the five elements. This is relevant to and has been shared with our 0-19's service and element 4 is of specific relevance to our perinatal and maternity mental health service. National guidance recommends routine assessment of emotional wellbeing at every antenatal and postnatal contact. Regular screening supports early identification of emerging or escalating concerns and enables timely, proportionate responses, the bundle recommends a specific screening tool. This aligns with [NHS England's Staying safe from suicide guidance \(2025\)](#), which emphasises the importance of continuous review and adaptation of care in response to changing circumstances. Our perinatal and maternal mental health services consult with maternity services regularly and support with mental health needs and signposting to mental health services where needed.

### 2. Improving Postnatal Care Toolkit

NHS England has launched a toolkit, designed to support ICBs, their place-based partners and health and care providers to work with service users and professionals to improve the postnatal care experience and both short and long-term maternal and infant health. It shows ICB leaders what an effective, collaborative approach looks like and recommends evidence-based actions for ICBs and providers to consider taking.

Link: <https://www.england.nhs.uk/publication/improving-postnatal-care-a-toolkit-for-integrated-care-boards-partners-and-providers/>

#### Lead: Chief Operating Officer:

This tool kit set out an increasing need for co-ordinated, high-quality postnatal care. More women are experiencing complex pregnancies due to multi-morbidities and inequalities and women and families are requiring support for a broader range of physical, social and mental health issues both

during pregnancy and after birth. This is also reflected in the greater dissatisfaction women express for postnatal care than any other aspect of maternity care; evidenced over the last 5 years through [Care Quality Commission maternity experience surveys](#), data gathered by local maternity and neonatal voices partnerships and Healthwatch organisations, and the [National Perinatal Epidemiological Unit maternity report](#). ICBs are asked to self-assess their services against the domains set out in the toolkit and from identifying gaps formulate targeted actions or plans for sustainable improvements that place women and families at the centre of postnatal care delivery. The domains are:

- Listening to women and taking a family approach
- Addressing inequalities
- Workforce, training and education
- Taking a public health approach and measuring impact

This toolkit has been shared with our 0-19's, perinatal and maternal mental health services in order that they can support the ICB with this work as required.

### **3. Eating Disorder Services for Children and Young People**

NHS England has published national guidance for ICBs and providers of eating disorder services which sets out how to design collaborative, integrated services that support all children, young people, and their families and/or carers.

Link: <https://www.england.nhs.uk/publication/eating-disorder-services-for-children-and-young-people-national-guidance/>

#### **Lead: Chief Operating Officer:**

This guidance supports the shift from treating illness to preventing it, by helping children and young people (CYP) get support early before eating disorders or disordered eating become more serious. It supports the move from hospital to community-based care, making services easier to access closer to home and reducing reliance on inpatient care facilities. Finally, it encourages the use of digital tools and technology, where appropriate, to make it quicker and simpler for patients and their families to access the right help and support, and to provide joined up care across services. This guidance is in line with previous national publications in relation to eating disorder services for children and young people and is aligned with the service and clinical model for our eating disorder pathway where we have significantly reduced hospital admissions by enhancing our community provision. This guidance is being used to design and inform further developments in our CAMHS eating disorder model.

### **4. Guidance on: Texting, Emailing and Messaging Patients and Service Users**

NHS England has issued updated guidance which outlines information governance issues to consider when sending or receiving messages about health and care services by text, email or other types of messaging.

Link: <https://transform.england.nhs.uk/information-governance/guidance/texting-emailing-and-messaging-patients-and-service-users/>

#### **Lead: Executive Director of Finance (Senior Information Risk Owner):**

This guidance is included in the Trust current 'ELECTRONIC COMMUNICATIONS AND INTERNET ACCEPTABLE USE PROCEDURE'. This guidance covers information governance (IG) topics you need to think about when sending or receiving messages about health and care

services by text, email, or other types of messaging. No additional action is required by the Trust to apply the guidance.

## 5. Mental Health Productivity

HFMA has produced a briefing which gives an introduction to productivity in mental health, learning disability and neurodiversity (MHLDN) services, suggesting NHS objectives for measuring productivity and challenges to the calculation. The briefing is aimed at finance and non-finance professionals who wish to know more about the background and current situation for measuring productivity in the MHLDN sector.

Link to the report: <https://www.hfma.org.uk/publications/mental-health-productivity>

### Lead: Executive Director of Finance:

The key message from this publication is that productivity in mental health, learning disability and neurodiversity services is becoming a major national priority, however current metrics are limited, unclear, and not always meaningful. There remains a need for greater transparency, better data, and more sector-specific approaches to measuring productivity.

The article does reference the work in the Trust on the development of staff utilisation dashboards.

## 6. Getting Better Value from Spending on Medicines

HFMA has published a briefing which explores the role of leadership, systems and processes that need to be in place to effectively manage medicines expenditure. It covers issues such as over-prescribing, polypharmacy, generics and biosimilars, low value medicines and investigates the key role of the structured medicine review in improving both efficiency and patient outcomes. Familiarity with these issues should enable finance professionals to engage with their clinical colleagues and be assured that value in prescribing is being delivered.

Link: <https://www.hfma.org.uk/publications/getting-better-value-spending-medicines>

### Lead: Executive Medical Director:

The HFMA's recent briefing highlights the importance of strong leadership, clear systems, and collaborative processes to ensure NHS organisations achieve value for money in medicines usage. It emphasises tackling issues such as over-prescribing, polypharmacy, and low-value treatments, as well as making best use of generics, biosimilars and structured medication reviews to improve both patient outcomes and financial sustainability. Our approach led by pharmacy teams aligns closely with these principles, with sustained focus on evidence-based prescribing, reducing waste, and ensuring the safest and most cost-effective use of medicines. Despite significant pressures, including rising drug costs, increasing demand and continued real-terms budget erosion, the team has demonstrated strong stewardship and delivered substantial savings. These achievements have helped maintain safe and effective care while managing financial risk responsibly. However, challenges remain, including the need for appropriate funding and the resolution of complex shared-care agreements, to maintain progress and ensure medicines continue to deliver maximum value for patients and the organisation.

## 7. Community Mental Health Survey 2024

This report has been produced by Solutions Strategy Research Facilitation Ltd (Solutions Research) and NHS England to share national insights from qualitative thematic analysis of written responses provided by respondents that took part in the NHS Patient Survey Programme. The aim of this endeavour is to identify opportunities for learning and improvement through an in-depth understanding of experiences of care. The focus of this report is on the Community Mental Health Survey 2024, which captured feedback from 14,619 patients aged 16 and over who received treatment for a mental health condition between 1 April and 31 May 2024.

Link: <https://www.england.nhs.uk/publication/community-mental-health-survey-2024-national-qualitative-report/>

### **Lead: Chief Operating Officer**

This report offers a detailed view of improvement opportunities whilst recognising limitations in determining which matter most and would make the biggest impact for patients. Triangulation with other datasets and targeted engagement activities are recommended to identify high-impact priorities. It concludes that there are significant challenges in access and delivery that can undermine confidence in the service. It identifies that systemic pressures and inconsistencies in care delivery undermine reliability, quality and at times, patient safety and it underlines the importance of addressing structural challenges alongside improving relational aspects of care. Continuity of care, avoiding repeated retelling of traumatic experiences, and effective coordination across services, all feature strongly. This report has been considered as part of the Trusts work on our own CMHT survey results and improvement plan.

## **8. Monitoring the Mental Health Act**

The Care Quality Commission has published its annual report on the use of the Mental Health Act 1983 (MHA). It looks at how providers are caring for patients, and whether patients' rights are being protected.

The MHA is the legal framework that provides authority for hospitals to detain and treat people who have a mental illness and need protection for their own health or safety, or the safety of other people. The MHA also provides more limited community-based powers, community treatment orders and guardianship.

Link: [Monitoring the Mental Health Act in 2024/25 - Care Quality Commission](#)

### **Lead: Executive Medical Director**

The CQC's 2024/25 review of the Mental Health Act highlights a mental health system facing sustained and intensifying pressure. Rising demand, increasing acuity, workforce shortages, and persistent inequalities continue to shape the experience of people detained under the Act. High bed occupancy, delays in assessment, gaps in community provision, and continued reliance on restrictive practices remain significant national concerns, alongside ethnic disparities and wide variation in the quality of inpatient environments. Many challenges identified last year have persisted and, in many cases, deepened, reinforcing the need for a system-wide focus on safety, rights, personalisation, and equitable care.

Within this context, the Trust demonstrates several areas of strength and proactive improvement. While bed pressures, delayed discharge, and workforce challenges continue, vacancy rates remain below national levels, readmission rates are low, and strong governance arrangements are in place to uphold patient rights, reduce restrictive practices, and improve personalised care planning. Targeted programmes are addressing inequalities and strengthening staff capability, and significant investment is planned to modernise inpatient environments. Overall, the Trust is

responding well to national challenges, with clear priorities centred on workforce stability, community service transformation, estate modernisation, and continued reduction of restrictive and unequal practice.

## **9. Medicines in Community Mental Health Services**

The Care Quality Commission has published the results of research into the help people get when they take mental health medicines while living in the community. The survey covered the following areas:

- What help is already there?
- What is working well?
- What is not working?
- How can we help local services do better?

The survey findings outline what is working well and what could be improved.

Link: [Medicines in community mental health services - Care Quality Commission](#)

### **Lead: Executive Medical Director**

Our Trust has been proactive in addressing the themes highlighted in the recent CQC report on medicines in community mental health services. We recognise ongoing challenges nationally and locally, including variable shared-care arrangements, inconsistent access to GP records, and increasing demand.

In response, we have strengthened pharmacist-led support and structured medicines conversations by all clinical staff at key points in care, supported by clear and accessible patient information. We are increasing the number and capability of non-medical prescribers to improve timely access to prescribing, medication advice and continuity of care.

Collaboration with primary care has been enhanced through practical advice and guidance for GPs to improve communication pathways. We closely monitor medicines-related errors and use this learning to target staff training and improve safety. Working with system partners, we are also expanding shared electronic records so all professionals involved in a person's care can access consistent, up-to-date medication information. These actions demonstrate our commitment to addressing known gaps, strengthening medicines optimisation, and delivering safer, more joined-up care in line with national expectations.

**Agenda Item 09**

Title & Date of Meeting:	Trust Board Public Meeting – 25 <sup>th</sup> March 2026																											
Title of Report:	2025 Patient Led Assessment of the Care Environment (PLACE) Results																											
Author/s:	Peter Beckwith, Executive Director of Finance Jayne Morgan, Operations Manager, Soft FM																											
Recommendation:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">To approve</td> <td style="width:10%;"></td> <td style="width:50%;">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																												
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Trust Board with the results from the 2025 Patient Led Assessment of the Care Environment (PLACE) and a summary of the actions being taken.																											
<b>Key Issues within the report:</b>																												
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>PLACE assessments were completed for all inpatient facilities.</li> <li>The process was fully supported by the Trusts volunteers who took an active part in the assessments.</li> <li>Patients had the opportunity to be involved in the assessments.</li> <li>Dashboard continues to be updated in order to track and report on progress</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>PLACE Dashboard is currently in the process of being updated following results (No of actions has reduced from 382 in 2024 to 162 in 2025)</li> <li>Action Plans will be prioritised against ringfenced 2026/27 capital resources, £150k set aside specifically for place and ££200k of resource set aside for Statutory Compliance.</li> <li>Progress against action plans will be reported to the Trusts Health and Safety Group, with escalation to EMT as appropriate.</li> <li>Governance for 2026 PLACE assessments will be reported to EMT ahead of the process commencing.</li> </ul>																										
<b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>Nothing to Escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Trust Board are asked to note the report and actions been taken.</li> </ul>																										
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%;">Date</th> <th style="width:50%;"></th> <th style="width:10%;">Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>People &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance Committee</td> <td></td> <td>Executive Management Team</td> <td>24.03.25</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Collaborative Committee</td> <td></td> <td>Other (please detail) Health and Safety Group</td> <td>18.03.25</td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		People & Organisational Development Committee		Finance Committee		Executive Management Team	24.03.25	Mental Health Legislation Committee		Operational Delivery Group		Collaborative Committee		Other (please detail) Health and Safety Group	18.03.25
	Date		Date																									
Audit Committee		Remuneration & Nominations Committee																										
Quality Committee		People & Organisational Development Committee																										
Finance Committee		Executive Management Team	24.03.25																									
Mental Health Legislation Committee		Operational Delivery Group																										
Collaborative Committee		Other (please detail) Health and Safety Group	18.03.25																									

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> <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	

# 2025 PLACE Results

## 1 Introduction and Purpose

The purpose of this report is to provide the Trust Board with the results from the 2025 Patient Led Assessment of the Care Environment (PLACE) and a summary of the actions being taken.

## 2 Background

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

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

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

- Cleanliness
- Food (*Organisation and Ward*)
- Privacy, Dignity and Wellbeing
- Condition, Appearance and Maintenance
- Dementia
- Disability

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

## 3 Process

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

Key stakeholders at each site are given advanced notice of PLACE assessments.

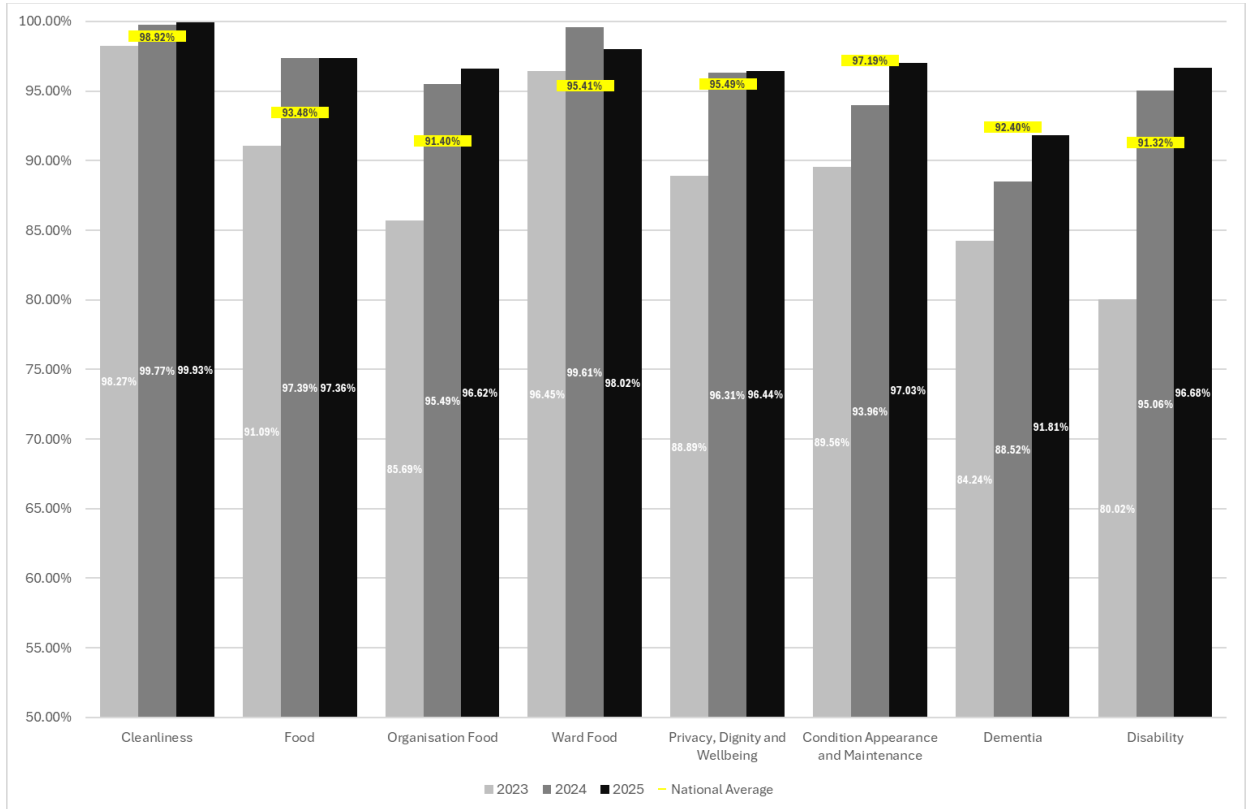
Once assessments have been completed the results are entered onto the NHS Digital Portal, whilst assessments are patient led. All data has senior signoff in the Trust before it is committed (finalised).

## 4 National Results

At a national level 1,080 assessments were undertaken in 2025 compared to 1,107 in 2024

12 assessments were excluded due to insufficient number of patient assessors (9) or incomplete assessments (3); national findings are therefore based on 1,068 assessments.

The overall organisational results for the Trust are summarised in the graph below, alongside prior year comparative data and national average information for MH Trusts.



## 5 Organisational Scores

Organisational scores for the Trust are summarised in the table below, this also provides a comparison against the National Average (for Mental Health Trusts) and the overall rank for the Trust against 42 organisations.

Domain	National Average	Humber	Above / Below	Rank (of 43)
Cleanliness	98.92%	99.93%	1.01%	6
Food	93.48%	97.36%	3.88%	4
Organisation Food	91.40%	96.62%	5.22%	7
Ward Food	95.41%	98.02%	2.61%	10
Privacy & Dignity	95.49%	96.44%	0.95%	18
Condition & Maintenance	97.19%	97.03%	-0.16%	27
Dementia	92.40%	91.81%	-0.59%	28
Disability	91.32%	96.68%	5.36%	7

## 6 Site Scores

Scores for each unit are summarised at Appendix A, at aggregate level the Trust scores are above the national average in 6 of the 8 domains and marginally lower in the remaining 2 domains. Appendix B shows the score comparisons from 2024 to 2025 by location.

The following are worthy of note:

### 6.1 Dementia

This domain is scored in four of our in-patient units Malton, Whitby, Maister and Millview with the average score being marginally below the national average. Both Whitby and Maister exceeded the national average with Malton and Millview being below. In order to improve these scores the Trust needs to consider improvements to lighting, décor and artwork in line with the below questions.

- Is there an area designed, decorated and furnished (furniture, memorabilia and photos) to provide a familiar environment for patients with dementia and their family/visitors to use
- Is it possible to adjust the light levels by using dimmer switches or one on / one off system
- Has colour been used effectively to enhance patients' orientation / co-ordination e.g. doors and bays painted in a different colour
- Are there points of interest such as artwork on the walls e.g. familiar local sight

#### 6.1.1 Privacy, Dignity and Wellbeing

Privacy, Dignity and Wellbeing scores above the national benchmark, placing 18th overall, demonstrating solid performance in supporting patient experience. Humber Centre, Pine View and Inspire all achieved 100% for this domain.

Owing to the physical design of the current in-patient estate it will be difficult for the Trust to further increase scores in this domain as it is not possible to provide single rooms with full ensuite facilities for all patients.

A number of "not applicable" answers were recorded and on investigation it appears this response has a negative impact on the overall score., this has been raised with the national team.

## **7 Next Steps**

The dashboard is currently being populated with the validated data which in turn will generate action plans for each location. It is pleasing to note that the total number of actions has reduced from 380 in 2024 to 162 in 2025.

Action plans arising will be prioritised and aligned to the Trust's approved capital programme.

The Estates Strategy and Capital Delivery Group has ring-fenced a recurrent allocation of £150k per annum within the five-year capital plan to support PLACE-related improvements. This allocation, alongside existing block provisions for statutory compliance and planned capital works, will be utilised to deliver and prioritise identified PLACE enhancement schemes in a structured and sustainable manner.

The dashboard will be presented to and monitored at each Health & Safety Group, with appropriate escalation to EMT if required.

## **8 Recommendation**

Trust Board are asked to note the report and actions being taken.

**Appendix A**  
**PLACE Scores 2025**

Site Name	Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
INSPIRE – WALKER STREET CHILDRENS CENTRE	100.00%	94.96%	96.18%	93.42%	100.00%	100.00%	N/A	100.00%
TOWNEND COURT	100.00%	99.06%	98.26%	100.00%	98.25%	97.86%	N/A	100.00%
MALTON HOSPITAL	100.00%	97.19%	96.53%	97.87%	89.66%	95.71%	85.29%	93.94%
WHITBY COMMUNITY HOSPITAL	100.00%	98.42%	97.87%	98.96%	98.33%	100.00%	97.67%	98.41%
GRANVILLE COURT NURSING HOME, HORNSEA	99.54%	N/A	N/A	N/A	89.61%	93.27%	N/A	93.75%
WESTLANDS	100.00%	98.07%	96.18%	100.00%	91.89%	96.25%	N/A	96.30%
NEWBRIDGES	100.00%	98.38%	96.70%	100.00%	97.44%	96.25%	N/A	97.22%
HUMBER CENTRE FORENSIC UNIT	100.00%	98.13%	96.18%	100.00%	100.00%	94.93%	N/A	97.73%
MAISTER LODGE	100.00%	99.16%	98.26%	100.00%	98.21%	97.86%	97.50%	100.00%
MILL VIEW	99.64%	89.72%	93.23%	85.71%	95.56%	99.23%	88.82%	92.57%
MIRANDA HOUSE	100.00%	98.63%	97.22%	100.00%	95.08%	97.22%	N/A	93.59%
PINE VIEW	100.00%	98.86%	97.74%	100.00%	100.00%	100.00%	N/A	99.17%

2024 v 2025 Site Level Comparisons

Location	Cleanliness			Food			Ward Food			Privacy, Dignity & Wellbeing			Condition, Appearance & Maintenance			Disability			Dementia		
	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance
Granville	99.31%	99.54%	↑ 0.23%	N/A	N/A	N/A	N/A	N/A	N/A	89.33%	89.61%	N/A	89.32%	93.27%	↑ 3.95%	93.33%	93.75%	↑ 0.42%	N/A	N/A	N/A
Humber Centre	100.00%	100.00%	↔ 0.00%	99.09%	98.13%	↓ -0.96%	100.00%	100.00%	↔ 0.00%	96.77%	100.00%	↑ 3.23%	90.88%	94.93%	↑ 4.05%	93.73%	97.73%	↑ 4.00%	N/A	N/A	N/A
Inspire	97.97%	100.00%	↑ 2.03%	94.51%	94.96%	↑ 0.45%	100.00%	93.42%	↓ -6.58%	100.00%	100.00%	↔ 0.00%	98.81%	100.00%	↑ 1.19%	98.08%	100.00%	↑ 1.92%	N/A	N/A	N/A
Maister (Lodge & Court)	99.22%	100.00%	↑ 0.78%	98.21%	99.16%	↑ 0.95%	98.90%	100.00%	↑ 1.10%	100.00%	98.21%	↓ -1.79%	98.59%	97.86%	↓ -0.73%	97.62%	100.00%	↑ 2.38%	97.87%	97.50%	↓ -0.37%
Malton Hospital	100.00%	100.00%	↔ 0.00%	96.43%	97.19%	↑ 0.76%	98.00%	97.87%	↓ -0.13%	86.21%	89.66%	↑ 3.45%	91.43%	95.71%	↑ 4.28%	92.42%	93.94%	↑ 1.52%	83.33%	85.29%	↑ 1.96%
Millview (Court & Lodge)	100.00%	99.64%	↓ -0.36%	94.48%	89.72%	↓ -4.76%	98.72%	85.71%	↓ -13.01%	97.78%	95.56%	↓ -2.22%	95.16%	99.23%	↑ 4.07%	89.58%	92.57%	↑ 2.99%	83.64%	88.82%	↑ 5.18%
Miranda	99.44%	100.00%	↑ 0.56%	96.93%	98.63%	↑ 1.70%	100.00%	100.00%	↔ 0.00%	94.92%	95.08%	↑ 0.16%	96.59%	97.22%	↑ 0.63%	93.42%	93.59%	↑ 0.17%	N/A	N/A	N/A
Newbridges	100.00%	100.00%	↔ 0.00%	97.66%	98.38%	↑ 0.72%	100.00%	100.00%	↔ 0.00%	100.00%	97.44%	↓ -2.56%	85.00%	96.25%	↑ 11.25%	91.67%	97.22%	↑ 5.55%	N/A	N/A	N/A
Pine View	100.00%	100.00%	↔ 0.00%	98.16%	98.86%	↑ 0.70%	100.00%	100.00%	↔ 0.00%	100.00%	100.00%	↔ 0.00%	100.00%	100.00%	↔ 0.00%	97.50%	99.17%	↑ 1.67%	N/A	N/A	N/A
Townend	100.00%	100.00%	↔ 0.00%	97.00%	99.06%	↑ 2.06%	100.00%	100.00%	↔ 0.00%	100.00%	98.25%	↓ -1.75%	95.50%	97.86%	↑ 2.36%	95.45%	100.00%	↑ 4.55%	N/A	N/A	N/A
Westlands	100.00%	100.00%	↔ 0.00%	97.57%	98.07%	↑ 0.50%	100.00%	100.00%	↔ 0.00%	94.59%	91.89%	↓ -2.70%	92.50%	96.25%	↑ 3.75%	96.30%	96.30%	↔ 0.00%	N/A	N/A	N/A
Whitby	100.00%	100.00%	↔ 0.00%	98.13%	98.42%	↑ 0.29%	100.00%	98.96%	↓ -1.04%	96.67%	98.33%	↑ 1.66%	100.00%	100.00%	↔ 0.00%	96.83%	98.41%	↑ 1.58%	97.67%	97.67%	↔ 0.00%

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Executive Summary Briefing – CQC Townend Court														
Author/s:	Sarah Smyth, Executive Director of Nursing, Quality and Professions														
Recommendation:	<table border="1" data-bbox="523 622 919 741"> <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															
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	<p>The report details the recent findings from the CQC published report for Townend Court.</p> <p>The CQC inspected Townend Court on the 11- 12<sup>th</sup> November 2025 and has rated the service Good overall.</p>														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <p>There were a number of strengths noted within the report which included</p> <ul style="list-style-type: none"> <li>• Strong alignment with Right Support, Right Care, Right Culture.</li> <li>• Staff demonstrated compassion, dignity and respect.</li> <li>• Positive safety culture with good incident reporting and learning.</li> <li>• Strong MDT working and evidence-based practice.</li> <li>• Effective governance, leadership visibility and an improvement culture.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b></p> <p>The CQC has requested an action plan including embedding consistent person-centred practice, accelerating environmental redesign, strengthening family communication pathways and improving system flow for discharge.</p> <p>Work is already underway to ensure that the actions needed are implemented swiftly and sustainably, building on the strong foundations highlighted in the rest of the inspection.</p>														
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• Responsive was rated Requires Improvement due to environment, flow and person-centred practice concerns. A single regulatory breach was issued relating to Regulation 9 - Person-centred Care.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• The Board is asked to note the report</li> </ul>														

<b>Governance:</b> <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:**

<b>Links to Strategic Goals</b> (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	

## **Executive Summary Briefing**

### **CQC – Assessment Wards for People with Learning Disabilities or Autism (Townend Court)**

#### **1. Overview**

The CQC inspected Townend Court on the 11- 12<sup>th</sup> November 2025 and rated the service Good overall, with strengths in safety, effectiveness, caring and leadership. Responsive was rated Requires Improvement due to environment, flow and person-centred practice concerns. A single regulatory breach was issued relating to Regulation 9 – Person-centred Care. The ratings against each of the domains are detailed below: -

- **Safe – Good**
- **Effective – Good**
- **Caring – Good**
- **Responsive – Requires Improvement**
- **Well-led – Good**

#### **2. Key Strengths**

There were a number of strengths noted within the report which included: -

- Strong alignment with Right Support, Right Care, Right Culture.
- Staff demonstrated compassion, dignity and respect.
- Positive safety culture with good incident reporting and learning.
- Strong MDT working and evidence-based practice.
- Effective governance, leadership visibility and an improvement culture.

#### **3. Key Risks and Areas for Improvement**

Key areas of ongoing focus for the service are: -

- Care plans and behavioural strategies not always consistently implemented.
- Environmental limitations including damage, sensory unsuitability and poor maintenance.
- Length of stay increased significantly; discharge barriers persist.
- Inconsistencies in communication with families.

#### **4. People's Experience**

People and families reported kindness, trust and involvement in care planning, with good access to advocacy and meaningful activity. However, concerns included care plan inconsistencies and variable communication.

#### **5. Forward Actions / Trust Response**

The CQC has requested an action plan including embedding consistent person-centred practice, accelerating environmental redesign, strengthening family communication pathways and improving system flow for discharge.

Work is already underway to ensure that the actions needed are implemented swiftly and sustainably, building on the strong foundations highlighted in the rest of the inspection.

## **6. Conclusion**

Townend Court provides safe, effective and compassionate care but requires focused improvement in person-centred consistency, environmental suitability and responsiveness to sustain its Good rating.

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026										
Title of Report:	Electronic Patient Record (EPR) - SystmOne Implementation and Optimisation										
Author/s:	Lee Rickles, Chief /information Officer Lynn Parkinson, Deputy Chief Executive & Chief Operating Officer										
Recommendation:	<table border="1" data-bbox="523 667 1501 741"> <tr> <td data-bbox="523 667 919 703">To approve</td> <td data-bbox="922 667 1011 703"></td> <td data-bbox="1015 667 1394 703">To receive &amp; discuss</td> <td data-bbox="1398 667 1501 703">√</td> </tr> <tr> <td data-bbox="523 707 919 741">For information/To note</td> <td data-bbox="922 707 1011 741">√</td> <td data-bbox="1015 707 1394 741">To ratify</td> <td data-bbox="1398 707 1501 741"></td> </tr> </table>			To approve		To receive & discuss	√	For information/To note	√	To ratify	
To approve		To receive & discuss	√								
For information/To note	√	To ratify									
Purpose of Paper:	The report provides a progress update on the Electronic Patient Record (EPR) Programme from completed implementation to optimisation of SystmOne. The report also includes benefits, early evidence of efficiency gains and a summary of the 2026 optimisation work plan.										
Key Issues within the report:											
<p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>• <b>Successful Full-Scale Mobilisation:</b> The Trust has concluded implementation across all scoped services—including mental health, community, and specialist areas—ensuring a unified digital foundation.</li> <li>• <b>Measurable Efficiency and Productivity:</b> Clinical workflows have been significantly streamlined, evidenced by a consistent reduction in the "clicks" required for routine tasks compared to the previous disparate systems.</li> <li>• <b>Strengthened Governance for Continuous Improvement:</b> Governance has been successfully reframed into the <b>SystmOne Optimisation Group</b>, which now leads continuous quality activities, maintains clinical safety oversight, and prioritises user-requested enhancements.</li> <li>• <b>Improved Clinical Safety and Care Quality:</b> Early benefits include safer prescribing through the Electronic Prescription Service (EPS) and more seamless care enabled by real-time, shared access to patient records.</li> <li>• <b>Empowered Workforce and Mobile Capability:</b> The programme is proactively building digital capability through champion networks and role-based learning, while mobile tools like Brigid reduce administrative burdens for community teams.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• <b>Deployment of Bespoke Learning Modules:</b> The Trust is developing and delivering targeted training sessions tailored to the specific clinical workflows of individual teams, building on successful models used for complex services.</li> <li>• <b>Strengthening Data Quality and Reporting:</b> Focused actions are being embedded across teams to improve coding and activity recording, which will enhance the accuracy of operational and statutory dashboards.</li> <li>• <b>Enhancing Mobile and Remote Working:</b> Development is focused on strengthening "mobile-first" patterns for community-based and outreach teams to further reduce administrative burdens.</li> <li>• <b>Strategic Roadmap Alignment:</b> A refresh of the multi-year optimisation roadmap is commissioned to align with 2026/27 service plans, the new Digital plan, and overarching Trust objectives.</li> </ul>										
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>• <b>Realisation of Financial Benefits:</b> While early operational benefits are observed, full financial benefits are not assumed until the 2026/27 financial year,</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• <b>Adoption of Integrated Digital Tools:</b> A strategic decision was made to implement a suite of complementary tools alongside the</li> </ul>										



<p>requiring sustained monitoring to meet Full Business Case (FBC) expectations.</p> <ul style="list-style-type: none"> <li>• <b>Data Quality and Statutory Reporting:</b> Ongoing effort is required to strengthen coding and activity recording to ensure that operational and statutory reporting remains reliable and accurate.</li> <li>• <b>Complexity of Bespoke Workflows:</b> Services with complex needs require intensive, tailored configuration and ongoing targeted training to prevent process inefficiencies.</li> <li>• <b>Optimisation Management:</b> The success of the "continuous improvement" phase depends on the Trust's ability to effectively prioritise and deliver a growing number of user-requested enhancements and system configuration changes</li> </ul>	<p>core system, including Accurx, Lexacom, and the Brigid mobile app.</p> <ul style="list-style-type: none"> <li>• <b>Governance Update:</b> With the deployment complete, the Trust has transitioned the programme's oversight into the permanent <b>SystemOne Optimisation Group</b> to lead continuous quality improvement.</li> <li>• <b>Service-Driven Optimisation:</b> all ongoing system development and training priorities must be directly influenced by division service plans and emerging care models.</li> </ul>																												
<p><b>Governance:</b> Please indicate which committee or group</p>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>People &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td>23.02.26</td> </tr> <tr> <td>Collaborative Committee</td> <td></td> <td>BeDigital</td> <td>23.02.26</td> </tr> <tr> <td>EPR Programme Group</td> <td>02.03.26</td> <td></td> <td></td> </tr> </tbody> </table>		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	23.02.26	Collaborative Committee		BeDigital	23.02.26	EPR Programme Group	02.03.26		
	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	23.02.26																										
Collaborative Committee		BeDigital	23.02.26																										
EPR Programme Group	02.03.26																												

### Monitoring and assurance framework summary:

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

# **Electronic Patient Record (EPR) - SystemOne Implementation and Optimisation**

## **1. Introduction**

Over recent reporting periods, the Board has received regular updates on the Trust's ambition to modernise its digital foundations through the implementation of a unified Electronic Patient Record (EPR). The previous environment, comprised of multiple disparate clinical systems, created challenges for interoperability, safe information sharing, and operational efficiency. Alignment with NHS England's What Good Looks Like framework further reinforced the need to move to a single, modern, enterprise-grade system.

Following a rigorous, compliant procurement process with extensive clinical involvement, the Trust selected TPP SystemOne as its EPR solution. This decision reflected the system's maturity, widespread adoption across the region, established interoperability, and capacity to support long-term transformation. Earlier Board reports detailed the rationale, evaluation criteria, and endorsement of this outcome.

The Trust completed a three-phase go-live sequence covering community, mental health, learning disabilities, children's, forensic, and specialist services. These staged deployments were supported by readiness assessments, training, clinical-safety processes, and post-go-live stabilisation. Additional digital tools, such as mobile working capabilities, structured documentation improvements, and enhanced clinical communication platforms, were introduced alongside the core system.

With SystemOne now fully deployed and embedded, the programme has transitioned from implementation into a continuous quality-improvement phase, with a focus on optimisation, benefits delivery, and supporting service transformation. This report provides an update on mobilisation, early benefits, ongoing optimisation, staff engagement, productivity gains, and next steps.

## **2. Completed Mobilisation**

Mobilisation has now concluded across all services included in scope. Key achievements include:

- Completion of data migration, configuration work, workflow mapping, and user-acceptance testing.
- Stabilisation periods following each go-live, with structured issue triage and resolution.
- Transition into business-as-usual arrangements supported by Digital Operations, Clinical Safety, Training, and the SystemOne Optimisation Group.
- Granville Court, a service with complex care needs, required bespoke workflow configuration to support residential and multidisciplinary processes. Staff received targeted training and system familiarisation, and the service is now fully embedded within the Trust's wider SystemOne footprint.
- Clinical safety assurance, including hazard-log review and clinical-risk mitigation, was undertaken at every stage, ensuring safe transition into live operations.

## **3. Review of Benefits Realisation – Summary of Findings**

A structured assessment of benefits has been undertaken following the full mobilisation of SystemOne. This work draws on the Trust's Full Business Case (FBC) and reflects early benefits emerging during the post-implementation embedding period.

### **3.1 Early Observed Benefits for Staff**

Several meaningful improvements have already been observed;

- Less duplication and manual processing, with more streamlined workflows and fewer workarounds which equals 900 hours per month of time saved.
- Faster access to accurate, real-time patient information, supporting improved decision-making.
- Mobile and flexible working capability through mobile-enabled functionality, reducing administrative burden for community-based staff.
- Safer and clearer clinical documentation, supported by structured forms and templates.
- Improved medicines processes, including digital prescribing and safer discharge information.
- More efficient communication, supported by integrated messaging tools and reduced need for phone-based enquiries.

These improvements also contribute to enhanced staff satisfaction and more consistent system use. Examples are:

- Equivalent of 900 hours per month of time saved by staff using SystmOne visualisations.
- A reduction of 273 hours related to preventing Did Not Attends.
- Voice recognition software integrated with SystmOne has saved 15,985 hours during the previous 12 months.
- Electronic prescribing has saved £31,806 by removing FP10 prescriptions.
- Accurx patient messaging has saved £230,737 posted since the last EPR go-live.

### **3.2 Early Observed Benefits for Patients**

Emerging benefits for patients include:

- More seamless care across settings, enabled by shared, real-time access to records with 3,000 views of the Yorkshire & Humber Care Record each month
- Safer prescribing and medicine management, reducing risk of error.
- Better communication with services, improving clarity and supporting timely interventions.
- Reduced delays in pathways, as teams have up-to-date information at the point of care with one example being patient are received electronic prescriptions at their local pharmacy.
- More inclusive and flexible access routes, particularly through digital communication tools which means patient received communication in 24 hours.

### **3.3 Early Evidence of Efficiency Gains**

Analysis of system workflows has shown:

- Reduced steps (clicks) required to complete many routine actions compared to the previous system.
- More efficient appointment processing, triage, and documentation.
- Reduced reliance on phone calls for clarifying discharge information or other clinical details.
- Fewer administrative tasks associated with paper processes.

- A re-expressed version of the click-reduction evidence is included in Appendix B.

### **3.4 Links to Full Business Case Benefits**

The early gains align to the categories defined in the Full Business Case, including:

- staff efficiency
- improved access to clinical information
- reduced double-entry and administrative burden
- reduced delays in care transfer
- reduced printing, postage and paper use
- improved patient experience
- more effective resource use

A detailed version of the FBC benefits table is included in Appendix A and Impact of the actual implementation in Appendix C.

## **4. EPR Optimisation**

### **4.1 Updated Remit of the Programme Governance – SystemOne Optimisation Group**

As implementation is complete, the governance structure has been reframed as the SystemOne Optimisation Group, responsible for:

- Leading continuous quality-improvement activities related to SystemOne.
- Prioritising enhancements, configuration changes, and user-requested improvements.
- Ensuring consistent standards across services and alignment with the Trust's digital strategy.
- Maintaining clinical safety oversight for all ongoing system changes.
- Monitoring data quality, reporting improvements, and benefits realisation.

Membership includes clinical, operational, digital, informatics, and governance representatives. Regular steering and working group meetings ensure structured decision-making and transparency.

### **4.2 Customised and Ongoing Training Strategy**

- Targeted Familiarisation: For services with complex needs, such as Granville Court, the Trust has already utilised targeted training and system familiarisation to ensure bespoke workflows are fully embedded.
- Role-Based Learning: The 2026 work plan specifically includes role-based learning and the development of digital skills to ensure training meets the specific requirements of different staff groups.
- Digital Champion Networks: The Trust is building workforce capability through digital-champion networks, which provide localized support and feedback loops to ensure training is relevant to real-world clinical needs.
- Refreshed Support Materials: As the system evolves, the programme will provide refreshed support materials and training updates to maintain high levels of digital capability.

### **4.3 Integration with Service Transformation**

The ongoing training is not a "one-size-fits-all" approach but is driven by:

- **Service-Plan Requirements:** Training priorities are influenced by individual service plans, ensuring teams are equipped to handle modernised clinical pathways, such as integrated neighbourhood teams.
- **Continuous Governance:** The SystemOne Optimisation Group maintains oversight of these improvements, ensuring that any user-requested enhancements or configuration changes are supported by the necessary clinical safety training.

### **5. Summary of Work Plan (2026)**

The 2026 work plan focuses on:

- Clinical Workflow Optimisation
- Refining pathways, templates, and structured documentation.
- **Deploy Bespoke Learning Modules:** Develop and deliver targeted training sessions tailored to the specific clinical workflows of individual teams, building on the successful model used for complex services like Granville Court
- Data Quality and Reporting
- Improving coding and activity recording; strengthening operational and statutory reporting.
- Interoperability and Integration
- Enhancing shared-care connections and integration with specialist systems.
- Mobile and Remote Working
- Strengthening mobile capabilities for community-based and outreach teams.
- Training and Digital Capability
- Role-based learning, digital-skills development, and refreshed support materials.
- Productivity and Benefits Tracking

Monitoring efficiency metrics linked to digital change and organisational priorities.

### **6. Service-Plan Requirements Driving SystemOne Development**

Service plans across the Trust directly influence ongoing optimisation priorities, including the need to:

- Modernise clinical pathways and streamline triage, assessment and care-planning workflows.
- Strengthen risk, safeguarding, and caseload visibility within community and mental health services.
- Improve demand, capacity, and productivity monitoring through reliable activity and coded data.
- Enhance integration with wider health and care stakeholders, including social care and system partners.
- Support quality-improvement and governance processes through consistent documentation and auditability.
- Build workforce capability through improved training and digital-champion networks.
- Enable emerging models of care, including integrated neighbourhood teams and blended digital/face-to-face provision.

## **7. Ongoing Staff and Clinician Engagement**

Engagement remains a priority to ensure optimisation reflects real clinical and operational needs. Activities include:

- Structured clinician and operational user groups.
- Targeted engagement with services undergoing pathway reviews.
- Digital-champion networks to support adoption and feedback.
- Regular communications via bulletins, intranet pages, and release notes.
- Testing and feedback loops embedded into optimisation sprints.

## **8. Connection to Productivity, Efficiency, and Reporting**

SystemOne supports the Trust's productivity and efficiency agenda by:

- Providing consistent, reliable, near-real-time operational data.
- Reducing administrative burden through standardised digital processes.
- Supporting analysis of activity, throughput, appointment utilisation, and caseload management.
- Reducing paper, printing, and manual handling costs over time.
- Improving quality and reliability of reporting across multiple performance domains.

## **9. Next Steps**

Key areas of focus for the next year are:

- Deliver the prioritised optimisation backlog.
- Deploy Bespoke Learning Modules: Develop and deliver targeted training sessions tailored to the specific clinical workflows of individual teams.
- Progress workflow, template, and documentation improvements.
- Embed data-quality actions across teams.
- Strengthen reporting and dashboard outputs.
- Enhance mobile-first patterns.
- Align ongoing benefits tracking with organisational productivity goals.
- Refresh the multi-year optimisation roadmap based on the Trust objectives, new Digital plan and 2026/27 service plan.

It is important to note that a range of digital tools were implemented alongside SystemOne to extend its benefits, and these have been summarised in Appendix D.

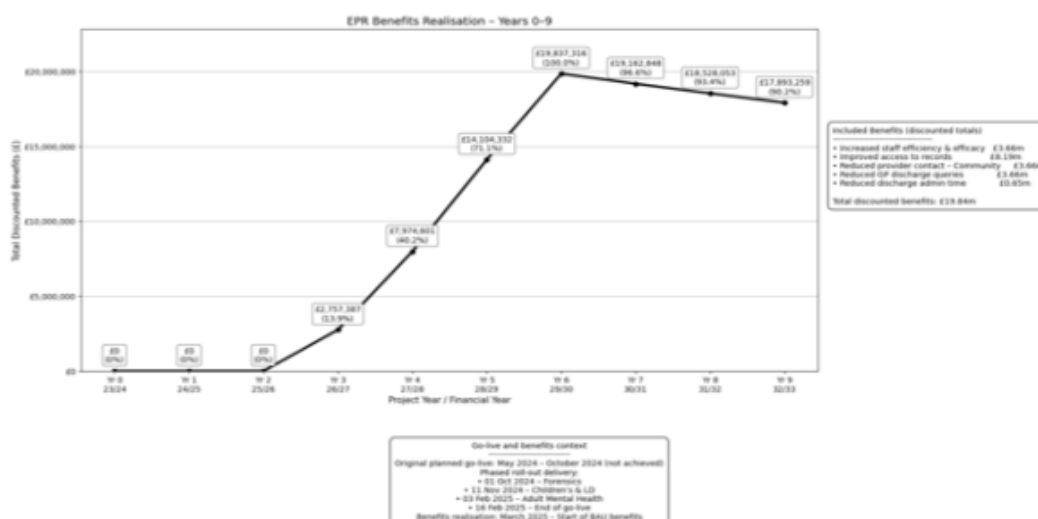
APPENDIX A — Full Benefits Table  
 EPR Full Business Case (FBC) Benefits

ID	Benefit Name	Benefit details What is the benefit and who will be the beneficiaries	Source of Measurement	Financial Value and Assumptions	Calculations used to monetise the benefit	Indicative costs p.a.
B01	Increased staff efficiency and efficacy	Single access point for staff and improved UI will accelerate staff capability to deliver services. Leading to service improvement, scaling, and increased staff satisfaction	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	Cost of nurse £0.215 x time taken chasing for information (minute) = cost of chasing for information	£1,098,650
B02	Improved access to records	Reduced time contacting provider organisation to query/clarify medication, PMH and other relevant clinical information. The ability for clinicians to remotely access up to date medical information about patients (across all care settings) enables quicker and more accurate decision making around patient care and pathways. Reduces double keying errors and requests for information from other care settings	Number of Clinical adverse incidents	Current adverse incidents 9300 in FY 21/22	Current cost to Trust for adverse incidents based on LoS and cost of bed days.	£2,455,200
B03	Reduced time contacting provider organisation to query/clarify discharge medication - Community Services i.e., District Nurse	The electronic discharge summary will accurately define the patients discharge care plan. This will enable Community Service/DN setting to instantly continue discharge care plan without the need to call the provider organisation	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	Cost of nurse £0.215 x time taken chasing for information (minute) = cost of chasing for information	£1,098,650
B04	Reduced Hospital Clinician time dealing with telephone queries from GP Practices querying	By the production of the electronic discharge summary, GP's will have clear and accurate information at the point of transfer. This will reduce the requirement of	NHS Employers pay scales Time spent responding to discharge summary queries. Current	Cost of bed days £264	Cost of hospital clinician (minute) x time taken chasing for information (minute) = cost of	£1,098,650

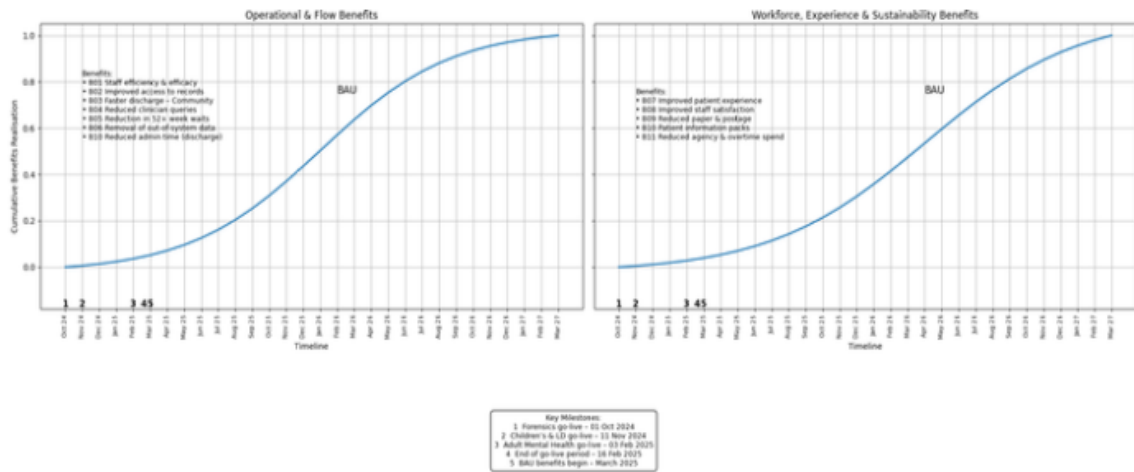
	discharge medication	contacting the provider for clarity	volumes are - 4165 days for 211 patients in FY 2021/22		chasing for information. Include bed day cost x volume of days	
B05	Reduce the number of 52+ week unseen waits	Throughout FY21/22 there remained an average of 1100 unseen 52+ week waits	Current 52+ week wait volumes against forecasted reduction. Along with any Trust fine data	£2,500 NHS fine per patient that has breached the 52-week window		£2,750,000
B06	Stop the use of out of system methods for recording data	Remove dependency on Excel and other means (including paper) for record keeping/recording of difficult to collect data. This data has varying degrees of importance and therefore needs to be accessible by all relevant care teams.	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	Cost of nurse £0.215 x time taken chasing for information (minute) = cost of chasing for information	£1,098,650
B07	Improved patient experience	The most influential factor in patient experience is staff satisfaction. This benefit will follow once staff satisfaction is improved				£0.00
B08	Improve staff satisfaction	Staff satisfaction surveys have shown that some staff responded that they can feel exhausted and worn out (both physically and emotionally) after their shifts. This has a negative impact on their homelife. Improved EPR functionality and the ease of use of the proposed solution would work to remedy this.	Average recruitment costs	£12,000 = cost of replacing a fully trained nurse (NHS) £6,371.41 = cost of recruiting a Nurse from overseas (NHS) £8,477.80 = cost of recruiting 21 Staff Nurses (NHS)	Review of staff retention levels	£501,200
B09	Reduced environmental impact by reducing the paper/printing/postage requirements of sending a discharge summary to the GP	The electronic discharge summary will be sent to the GP via integration services, this will eliminate the need for a paper copy, which is often carbonated with 4 sheets that are then distributed to the	Cost of second-class post Cost of discharge summary £0.08	Assumed each discharge letter is 4 sheets, with 1 sheet posted to GP. Cost of information leaflets given to patients (50% posted)	(Number of discharge letters posted x Cost of postage) + (Cost of paper @£0.08 per patient x number of	£14,293

		patients' medical file, pharmacy (to process TTO's), GP and patient			discharge letters) = cost of paper transmission.	
B10	Reduced environmental impact by reducing the paper/printing/postage requirements of sending a discharge summary to the GP	Patient information packs that would either be handed in person to the patient or sent in the post	Cost of information packs	Assumed each patient receives one 'information pack' (50% to be posted)	Number of discharges x cost of 'information packs' (£5)	£893,325
B10	Reduced administration time processing the patient discharge summary	The implementation of the electronic discharge summary will reduce administration time with tasks associated with sending the discharge, thus streamlining administrative processes	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	(Cost of Band x per minute x time taken to process discharge letter) x number of discharge letters	£196,187
B11	Reduction in bank, agency, locum, and overtime costs	The introduction of improved UI and applications will increase existing staff efficiencies and reduce the reliance on bank, agency, locum, and overtime spend	Trust held data on agency and locum costs	Average annual total cost of bank, agency, locum, overtime costs = £9,743,856.00	20% saving from £9,743,856.00	£1,940,771

The original and revised timelines are illustrated below:



**Figure 1:** Illustrates that Although the original go-live was planned for May–October 2024, delivery was achieved through a phased roll-out from October 2024. The benefits profile shown reflects full operational embedding from March 2025, with financial benefits assumed from 2026/27 onwards. All information can be found in Appendix C.



**Figure 2:** Illustrates the split profile of non-cash releasing benefits. Operational and flow benefits are realised earlier following go-live, while workforce, experience and sustainability benefits accrue more gradually as the solution embeds into business as usual.

## APPENDIX B — Click-Reduction Evidence Table

This table demonstrates reductions in the number of steps required to perform typical tasks in the previous system versus SystemOne.

Action	Previous System	SystemOne
Search for patient using demographics	5 clicks	3 clicks
View waiting list	6 clicks	2 clicks
Record or book planned contact	22 clicks	7 clicks
Record completed planned contact	5 clicks	2 clicks
Write a clinical note (from caseload)	5 clicks	3 clicks
Write a clinical note (from diary)	5 clicks	2 clicks
View ward information	4 clicks	3 clicks
Check medication due on ward	4 clicks	4 clicks
View patient notes within record	4 clicks	1 click
Book appointment from waiting list	16 clicks	6 clicks
Assign patient to caseload	15 clicks	6 clicks

*This demonstrates a consistent reduction in steps required to complete routine tasks, supporting efficiency, reduced cognitive load, and staff satisfaction.*

## **APPENDIX C — Benefits Approach & Timeline Narrative**

This section summarises the method used to assess benefits and the timeline shift.

### Original FBC Assumptions

- Single go-live expected around May 2024.
- Benefits planned to begin from financial year 2026/27.
- Financial modelling based on steady-state adoption following a 12-month embedding period.

### Revised Delivery Timeline

- Actual go-lives occurred between October 2024 and February 2025.
- This introduced a longer natural embedding period before quantifiable benefits could begin to materialise.
- Early benefits now observed are primarily:
  - operational
  - workforce-related
  - improvements in patient experience
  - early indications of efficiency

### Benefits Methodology

- Benefits from the FBC have been mapped to observed outcomes.
- Financial and non-financial benefits have been categorised:
  - Strategic
  - Quality and safety
  - Operational efficiency
  - Financial sustainability
- Benefits realisation is ongoing and will be refined as:
  - data matures
  - workflows are optimised
  - reporting strengthens
  - services embed the system

## APPENDIX D — Integrated Digital Tools

The following digital tools were implemented alongside SystemOne to extend its benefits:

### Accurx

A patient-communication platform enabling secure digital messaging, appointment reminders, and information sharing. Supports quicker communication between staff and patients and reduces phone-based contact administration.

**BeDigital**  
DISCOVER, DESIGN, DEVELOP, DEPLOY

**Nurse**

**YHCR** **Accurx** **Lexacom** **Brigid** **EPS**

**Challenges**

- I often need to update patients, share information, or coordinate care while juggling a busy caseload.
- Finding time to make phone calls or write letters can be difficult, and I don't always have an easy way to confirm the patient has received the message or responded.
- This can lead to delays in care or unnecessary follow-ups.

**Benefits**

- Accurx allows me to send both instant and scheduled messages using team-approved templates, or tailor messages using free-text options and attachments. Service users have a 7-day window to respond, and any replies can be directed to the admin team.
- Undelivered messages are automatically tracked and linked back to the patient record for easy follow-up.

“ Accurx enables secure communication with service users through text messages, letters, emails, information links, leaflets, and even video calls—all from one platform. ”

**BeDigital**  
DISCOVER, DESIGN, DEVELOP, DEPLOY

**Health Visitor**

**YHCR** **Accurx** **Lexacom** **Brigid** **EPS**

**Challenges**

- I am always out and about, visiting families in their homes.
- I need a system which allows me to do this as much as possible and reduce the time spent sending communications and administrative tasks.
- It can be difficult to keep track of parents that have not been in touch, which means follow ups can be delayed.

**Benefits**

- I easily send appointment details and relevant website links discussed during visits with parents. Messages can be customised using free-text options or pre-built templates.
- Undelivered messages are automatically tracked and linked back to the patient record for easy follow-up.
- I can also share Friends and Family Tests, feedback forms, information leaflets, and web links to enhance service user engagement.

“ Service users don't need to download an app to open messages, reply, or join a video call—making it easy for them to engage. Accurx also supports batch messaging to clinic groups, helping reduce DNAs (Did Not Attend) ”

# Lexacom

A digital dictation solution enabling fast, accurate clinical documentation. Supports reduced typing burden, faster letter turnaround, and improved workflow.



## Admin Assistant





### Challenges

Our teams often handle transcription, letter formatting, and managing workflow, which can take some time to complete.

This is a manual process that can take time and needs substantial resource to complete.

### Benefits

Lexacom streamlines this by creating a seamless digital dictation process, helping us work more efficiently, reduce turnaround times, and support clinicians more effectively.

Lexacom integrates with all platforms, including SystmOne, and reduces reliance on outdated or manual processes. The result is faster documentation, better communication, and more time focused on care.

“ Lexacom helps us work more efficiently, reduce turnaround times, and support clinicians more effectively. ”



## Admin Assistant





### Challenges

We have complex and highly demanding case loads, which are passed between shift patterns.

This makes thorough, accurate documentation essential for the next shift pattern to get a comprehensive picture of what is happening without delay.

### Benefits

Lexacom allows us to dictate notes quickly and accurately, improving record-keeping without cutting into patient-facing time.

Lexacom integrates with all platforms, including SystmOne, and reduces reliance on outdated or manual processes. The result is faster documentation, better communication, and more time focused on care.

“ Lexacom helps us work more efficiently, reduce turnaround times, and support clinicians more effectively. ”



## Consultant





### Challenges

Producing a large volume of notes, clinical letters and reports is labour intensive and very time consuming.

This takes away from the time I can spend with patients.

A quicker and easier system would free up more time and result in more patients being seen more quickly.

### Benefits

The voice recognition tool and digital dictation tools helps to complete documentation much faster.

Digital dictation populates documentation as I speak, which is significantly faster than I can type and helps me to work more efficiently.

Less time spent on administrative tasks means more time for patient care.

“ Lexacom makes documentation completion much faster, freeing up more time for patient care. ”

## Electronic Prescription Service (EPS)

Integrated prescribing functionality enabling digital transfer of prescriptions directly to pharmacies. Reduces error risk, removes paper, and speeds up medicines supply.

The infographic features the BeDigital logo (Discover, Design, Develop, Deploy) and a navigation bar with icons for YHCR, Accurx, Lexacom, Brigid, and EPS. On the left, a briefcase icon is labeled 'Prescriber' above a circular photo of a female pharmacist. The main content is in a blue box with two columns: 'Challenges' and 'Benefits'. The challenges include time-consuming paper prescriptions and delays for patients. The benefits include faster access to medicines, tracking progress, and improved accuracy. A quote at the bottom states: 'EPS has reduced the delay in getting prescriptions to the pharmacy and the time the staff were taking to do this. It has increased the flexibility for patients to get their prescriptions delivered from their nominated local pharmacy rather than the one preferred by the DN Team.'

**Challenges**

- Delivering paper prescriptions to patients and pharmacies is time consuming and costly.
- This can also cause delays for patients in receiving the medication they need.
- The process could be sped up significantly and costs reduced by doing this electronically.

**Benefits**

- Patient access to medicines is significantly quicker, easier and more convenient for them. The system can track the progress of a prescription and the availability of the prescribed medicines.
- With electronic tracking, prescription workflows are managed more efficiently to reduce bottle-necks in the system. Prescribing accuracy is also improved.

“ EPS has reduced the delay in getting prescriptions to the pharmacy and the time the staff were taking to do this. It has increased the flexibility for patients to get their prescriptions delivered from their nominated local pharmacy rather than the one preferred by the DN Team. ”

## MESH (Message Exchange for Social Care and Health)

A secure, nationally recognised system for structured information exchange between health and social-care organisations. Enables safe, authoritative record sharing.

## Brigid Mobile Working

Mobile-enabled access to the clinical record for community staff, supporting documentation at point of care, reducing administrative time back at base, and improving record accuracy.

The infographic features the BeDigital logo (Discover, Design, Develop, Deploy) and a navigation bar with icons for YHCR, Accurx, Lexacom, Brigid, and EPS. On the left, a briefcase icon is labeled 'District Nurse' above a circular photo of a female district nurse. The main content is in an orange box with two columns: 'Challenges' and 'Benefits'. The challenges include slow photo transfer and finding contact information. The benefits include direct photo upload, instant record viewing, and direct patient communication. A quote at the bottom states: 'I can instantly view the patient record and check for any allergies and current medication before prescribing, which is faster than accessing SystmOne.'

**Challenges**

- Transferring photos of a patient wound takes a long time. It is not a quick process to find information on allergies etc is not a quick process.
- Finding patient contact information is slow via SystmOne. This is time that could be better spent caring for patients.

**Benefits**

- I can take photos of patient wounds directly via the app and save to the patient record quickly and easily.
- I can instantly view the patient record and check for any allergies and current medication before prescribing
- Patients can be called directly and instantly from the app without writing down details.

“ I can instantly view the patient record and check for any allergies and current medication before prescribing, which is faster than accessing SystmOne. ”

**Occupational Therapist**



**Challenges**

We are always on the move, so logging in and out of SystemOne is slow and impractical, and carrying around notes with important information on pieces of paper isn't secure.

Finding patient contact information can be time consuming. If it was quicker we could spend more time with patients.

**Benefits**

Planned visits are visible instantly in the app, while patient addresses and phone numbers are easily accessible in moments.

Patients can also be called directly from the app. Faster access to important information means reduced admin workloads and a great proportion of time spent on patient care.

“ Viewing visits, accessing patient contact information and the patient record is much faster than loading SystemOne on a laptop. ”

**Yorkshire & Humber Care Record**

The Interweave Yorkshire & Humber Care Record Portal provides clinical and care staff access to shared records that extend across the Yorkshire and Humber population with the most up to date information about our service users.

It does this by sharing appropriate information from health and care records between health and social care services across Yorkshire and the Humber providing a wider scope of information.

**Pharmacy Technician**



**Challenges**

Checking patients' suitability for medications is challenging.

This requires verifying multiple factors, which live in multiple places.

Searching for information in different places is confusing. If it was more efficient, patients would get their correct prescriptions quicker.

**Benefits**

GP data in YHCR includes sections on medication: problems and diagnoses, allergies, bloods and other physical observations plus other information relevant to clerking and reconciling medications.

For unplanned admission to mental health units, YHCR can be used to check allergies, review current and historic medication, problems (including diagnoses) and observations from shared records that extend across the region.

“ YHCR has been used to clinically screen, to make necessary checks of bloods and other physical health monitoring to enable clinical verification of medications for both inpatient wards and the local clozapine clinic. ”

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	National Staff Survey 2025 – Results														
Author/s:	Karen Phillips – Executive Director of People & OD														
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">To approve</td> <td style="width: 10%;"></td> <td style="width: 40%;">To discuss</td> <td style="width: 10%; text-align: center;">✓</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>	<p>To present the 2025 National Staff Survey results, highlight key trends and areas of strength, and outline the organisational and divisional next steps.</p> <p>The paper provides Board-level assurance on current workforce experience, identifies priority areas for improvement and sets out the agreed actions following EMT review.</p>														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• The Trust continues to perform above the national and benchmark averages across all People Promise themes, as well as staff engagement and morale.</li> <li>• The Trust continues to demonstrate strong advocacy, ranking 7th out of 49 Mental Health, Learning Disability and Community providers, with sustained year-on-year improvement at a time when several higher-ranked organisations have declined.</li> <li>• Strong performance in compassionate culture, inclusion, teamworking and flexible working, supported by relatively low levels of bullying, harassment and discrimination.</li> <li>• Advocacy indicators remain positive, with colleagues reporting high confidence in patient care and strong pride in their work.</li> <li>• Improved participation, with the highest response rate to date at 64 percent, strengthening the reliability of the findings.</li> </ul>	<b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b> <p>EMT has agreed four Trust-wide priority areas:</p> <ul style="list-style-type: none"> <li>○ Quality of appraisals</li> <li>○ Health and wellbeing, with a focus on musculoskeletal issues and burnout</li> <li>○ Raising concerns and speaking up</li> <li>○ A structured listening exercise to understand more about colleagues feeling valued</li> </ul> <ul style="list-style-type: none"> <li>• A Trust-wide listening exercise, including a CEO-led narrative, MS Forms survey and manager-led team discussions, is being rolled out to capture deeper insight into colleagues' experience of feeling valued.</li> <li>• Divisions are analysing their own results and presenting local actions through their Accountability Reviews, supported by HR Business Partners.</li> <li>• Further detailed analysis is underway in key themes including wellbeing, development, burnout and appraisal experience.</li> </ul>														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• Declines in appraisal quality, feelings of being valued, and happiness at</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• EMT have agreed the four organisational priority areas and endorsed the</li> </ul>														

<p>work present risks to engagement, retention and morale.</p> <ul style="list-style-type: none"> <li>• Significant deterioration in musculoskeletal health and increased burnout indicators could impact sickness absence and workforce capacity.</li> <li>• Small declines in confidence to speak up and belief that concerns will be addressed highlight a need to reinforce psychological safety.</li> <li>• There is a risk of staff perceiving previous initiatives as having limited impact, reinforcing the importance of visibility, action and feedback loops.</li> </ul>	<p>structured listening exercise as the foundation for the next stage of action planning.</p> <ul style="list-style-type: none"> <li>• Divisions will lead localised action planning as part of the Accountability Review process.</li> <li>• Key organisational themes emerging from the listening exercise will be brought back to EMT to agree a small number of Trust-wide actions with named executive leads.</li> </ul>
---	---

<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	03/03/26
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

**Monitoring and assurance framework summary:**

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

## Updated National Benchmarking Summary - NHS Staff Survey 2025

### Executive Summary

The 2025 National Staff Survey (NSS) results provide a comprehensive view of colleagues' experience across the Trust, supported by a significantly improved 64% response rate – the highest participation level to date. This enhanced engagement strengthens the reliability of the feedback and provides a clear and representative picture of how it feels to work at Humber Teaching NHS Foundation Trust.

The Trust significantly outperforms the national position, scoring above the national average across all seven People Promise themes and both overarching themes of Staff Engagement and Morale. This places Humber as a high-performing organisation nationally, with sustained strengths over five years in compassionate culture, inclusion, teamworking and flexible working. This year, we scored higher than other NHS Trust's in our ICS region across every NHS People Promise theme and sub-theme, at a time when the overall national picture has declined in almost every area and When looking across the wider Northeast and Yorkshire region, including all ICS', Humber and North Yorkshire, North East and North Cumbria, South Yorkshire and West Yorkshire, our overall Advocacy score placed us third out of 31 Trusts.

Despite this strong comparative performance, the 2025 results highlight several areas requiring focused attention. Of the 108 scored questions, 39 improved and 69 declined compared to 2024, with the most notable reductions seen in feeling valued, appraisal quality, burnout-related indicators, and musculoskeletal (MSK) health.

Key positive indicators remain strong.

- 88% of colleagues report that their role makes a difference to patients.
- 82% agree that patient care is the Trust's top priority.
- 70% would recommend the Trust as a place to work—well above the national picture. The Trust also continues to exceed national comparators on equality, diversity and inclusion, with lower levels of bullying, harassment and discrimination compared with similar organisations.

Following EMT's review of the full dataset, four Trust-wide organisational focus areas have been agreed for the next phase of improvement:

1. Quality of appraisals – addressing the decline in the perceived value and quality of appraisal conversations.
2. Health and wellbeing – targeted action on MSK issues and burnout, reflecting deterioration in these measures.
3. Raising concerns and speaking up – reinforcing psychological safety and reversing the small declines in confidence to speak up.
4. Feeling valued – supported by a structured Trust-wide listening exercise to understand what most influences colleagues' experience.

In parallel, divisions are analysing their results and will present local priorities and actions through the Accountability Review process to balance Trust-wide focus with locally tailored improvements.

A synthesis of divisional actions and insights from the listening exercise will be brought back to EMT to agree a small number of high-impact organisational actions, each with a named Executive lead. Progress will be monitored through EMT and reported to Board.

## 1. Introduction

The release of the full national benchmarking dataset provides a more complete view of the Trust's performance relative to other Mental Health, Learning Disability and Community Trusts. Humber Teaching NHS Foundation Trust continues to demonstrate consistently strong staff experience, maintaining its position above the national average across all seven People Promise elements and both themes (Staff Engagement and Morale).

## 2. Response Rates

The Trust achieved a significantly higher level of staff engagement in the 2025 National Staff Survey, with a response rate of 64%, compared to 56% in 2024, this compares favourably to the 49% national response rate which declined from 51% in 2024. This improvement demonstrates a growing commitment from colleagues to share their experiences and contribute to shaping the future of our organisation.

A higher response rate strengthens the reliability and representativeness of the feedback, ensuring that the actions we take are informed by a broader range of staff voices. This year's enhanced engagement provides a strong foundation for understanding emerging trends and prioritising improvements, particularly in areas such as health and wellbeing, learning and development, and morale.

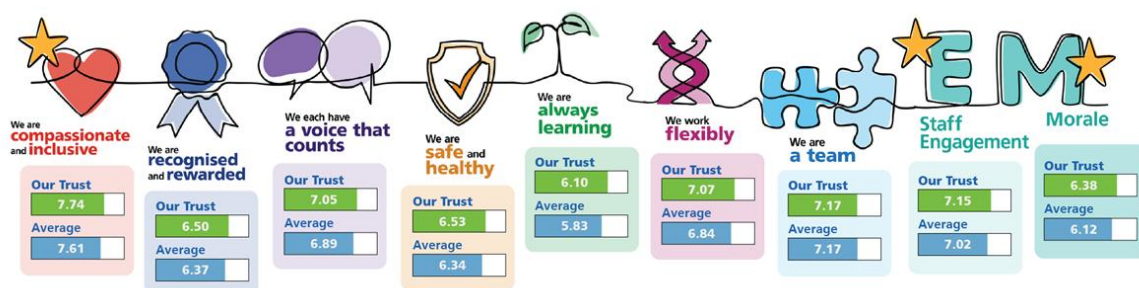
Division/ Directorate	Total Sent	Completed	Not Returned	Response Rate
Chief Executive	23	23	0	100.00%
Chief Operating Officer	25	21	1	91.30%
Children's and Learning Disability	924	586	325	63.83%
Commissioning	14	12	2	85.71%
Community Services	414	271	136	66.10%
Finance	336	207	125	62.16%
Forensic Services	251	168	73	68.02%

### 3. Overall Positioning

- The Trust remains above national average for every People Promise theme, with positive variances ranging from +0.01 to +0.28 against the national comparator group.
- Five-year trend data shows steady improvement or stability in key areas such as compassionate culture, teamworking, inclusion, and flexible working, confirming sustained organisational progress.
- Across 108 question scores, 39 improved, while 69 declined compared to 2024. Although most changes are marginal, this trend signals the need for focused action to reverse declines and build on strengths.

### 4. People Promise Benchmark Highlights

The People Promise themes provide a comprehensive view of colleagues' day-to-day experience at work and reflect the cultural conditions required for high-quality care, strong teamwork and an engaged, healthy workforce. The 2025 results show that the Trust continues to perform above the national average across all seven People Promise elements, demonstrating sustained strength in areas such as compassionate culture,



inclusion, teamworking and flexible working. These themes help us understand what is working well and where further improvement is needed, particularly in relation to feeling valued, appraisal quality, health and wellbeing, and speaking up. Taken together, they offer a rounded picture of how it feels to work here and where leadership attention will have the greatest impact on colleague experience and organisational culture.

### 5. People Promise Themes – Sub Themes

Across the People Promise sub themes, the Trust continues to perform strongly in compassionate culture, inclusion, teamworking and flexible working, with colleagues reporting positive relationships, respect and support from their managers and teams. Diversity and equality measures remain stable and above national comparators, with relatively low levels of bullying, harassment and discrimination. Engagement and morale also remain strong, with an engagement score of 7.15 against a national average of 7.02 and a morale score of 6.38 against a national average of 6.12. These results place the Trust in the top quartile nationally and highlight strong advocacy, motivation and team cohesion.

Areas requiring focused improvement include appraisal quality, which is one of the weakest sub themes, and the wellbeing sub themes relating to musculoskeletal health and burnout, both of which have deteriorated. Small declines in raising concerns and confidence in organisational response also highlight the need to reinforce psychological safety. Divisions are analysing their own results and presenting their core actions through their Accountability Reviews, ensuring that local priorities sit alongside Trust wide focus areas.

Humber continues to outperform the national average across all seven People Promise elements and the two themes

<b>People Promise themes and subthemes</b>	<b>Trust 2024</b>	<b>Trust 2025</b>	<b>Benchmark Group</b>	<b>National position</b>
<b>We are Compassionate and Inclusive</b>	7.69	7.74	7.61	7.33
<i>Compassionate Culture</i>	7.46	7.53	7.19	6.99
<i>Compassionate Leadership</i>	7.57	7.51	7.54	7.08
<i>Diversity and Equality</i>	8.55	8.72	8.53	8.38
<i>Inclusion</i>	7.19	7.19	7.18	6.86
<b>We are Recognised and rewarded</b>	6.61	6.50	6.37	5.95
<b>We each have a voice that counts</b>	7.13	7.05	6.89	6.63
<i>Autonomy and Control</i>	7.24	7.16	7.11	6.89
<i>Raising concerns</i>	7.02	6.94	6.64	6.37
<b>We are safe and Healthy</b>	6.57	6.53	6.34	6.12
<i>Negative Experiences</i>	8.15	8.11	8.05	7.91
<i>Health &amp; Safety Climate</i>	6.12	6.12	5.82	5.48
<i>Burnout</i>	5.44	5.35	5.23	4.98
<b>We are always learning</b>	6.28	6.10	5.83	5.63
<i>Development</i>	6.8	6.73	6.57	6.33
<i>Appraisals</i>	5.73	5.45	5.14	4.90

<b>We work flexibly</b>	7.11	7.07	6.84	6.31
<i>Support for Work life balance</i>	7.07	7.00	6.84	6.36
<i>Flexible Working</i>	7.15	7.14	6.85	6.25
<b>We are a team</b>	7.21	7.17	7.17	6.80
<i>Team working</i>	6.97	6.97	6.94	6.67
<i>Line management</i>	7.44	7.36	7.40	6.92
<b>Staff engagement</b>	7.21	7.15	7.02	6.75
<i>Motivation</i>	7.2	7.06	7.06	6.87
<i>Involvement</i>	7.16	7.08	7.03	6.75
<i>Advocacy</i>	7.27	7.31	6.87	6.64
<b>Morale</b>	6.41	6.37	6.12	5.90
<i>Thinking about leaving</i>	6.61	6.55	6.15	6.01
<i>Work pressure</i>	5.84	5.85	5.61	5.30
<i>Stressors</i>	6.8	6.75	6.66	6.39

- Compassionate & Inclusive: Score 7.74, sitting comfortably between the national best (7.94) and the average
- Recognised & Rewarded: Score 6.50, slightly below the Trust's 2024 result but still above the national average
- We Are a Team: Score 7.17, in line with the national average and close to the best performing organisations.
- We Work Flexibly: Score 7.07, continuing to exceed the national average and reflecting the impact of Flex Plus.

## 6. Key Positive Indicators

The 2025 National Staff Survey highlights several areas where the Trust continues to demonstrate strong and sustained performance. Core indicators relating to advocacy, compassion, inclusion, patient-centred care and teamworking remain consistently high and above national comparators. Colleagues continue to report that their work makes a meaningful difference, that patient care is the organisation's top priority and that they would recommend the Trust as a place to work and receive care. These strengths reflect the positive cultural foundations across many teams and provide a strong platform on which to focus improvement in areas where results have declined.

- **88%** of staff feel their role makes a positive difference to service users (above national average).
- **82%** believe patient care is the Trust's top priority.
- **70%** would recommend the Trust as a place to work, outperforming national comparators.
- **73%** would be happy with the standard of care provided, an improvement of +1.1 and +8.7 above comparator.

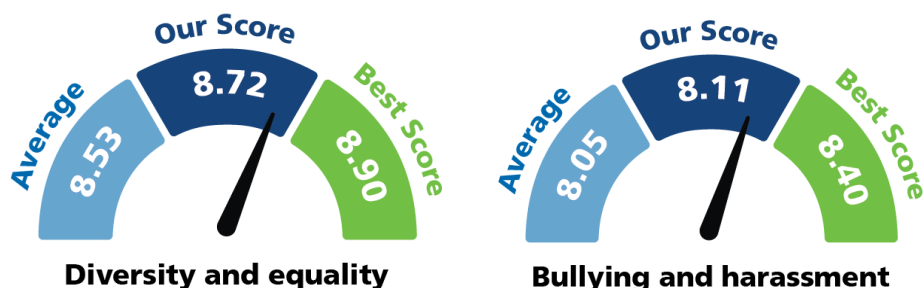


### **We are compassionate and inclusive**

This People Promise theme reflects how it feels to work at our Trust every day. It brings together colleagues' views on whether they feel respected and treated with kindness, whether our leader's role-model compassionate behaviours, whether people feel able to be themselves at work, and the extent to which diversity and equality are genuinely valued.

This remains one of our strongest areas and continues to be among our highest scoring themes. We will continue to build on this positive foundation, ensuring that every colleague feels safe, respected and included, and that compassion remains central to how we work together.

### **Equality, diversity and safe working environment**



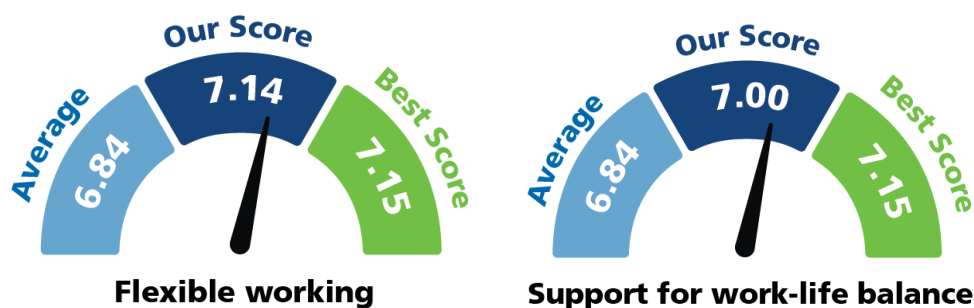
Within this wider People Promise element, our results for questions relating to quality, diversity and a safe working environment remain consistently strong. Colleagues continue to report positive experiences of fairness, inclusion and respect, and our performance compares

favourably with similar organisations. Staff also report relatively low levels of bullying and harassment, reinforcing the strength of our culture when seen against sector benchmarks.

These outcomes reflect the sustained work over the past two years to build a culture where people feel safe to speak up. Initiatives such as *Respect* and *No Excuse for Abuse* have helped increase confidence that concerns will be listened to and acted upon, contributing to a more respectful and supportive working environment.

We recognise, however, that there is more to do. We will continue to work closely with our staff networks and listen to lived experience to ensure every colleague feels safe, respected and supported at work.

### Work life balance and flexible working



In the People Promise element *We work flexibly*, our results for work-life balance and flexible working continue to sit above the national average. This is a positive reflection of how supported colleagues feel in balancing their work and personal commitments, and in accessing flexibility when they need it.

### Team working



In the 'We are a Team' promise, team working and line management remain solid areas of performance, comparing well with national benchmarks. This tells us that strong local leadership and supportive teams remain a real strength across the organisation. These foundations are critical to delivering high quality care and maintaining a positive working environment.

## Advocacy



The staff engagement theme measures three key areas: how motivated colleagues feel in their work, how engaged they are with the organisation, and whether they would recommend the Trust as a place to work or receive care.

Advocacy continues to be a real strength for us. The fact that colleagues would recommend our Trust as a place to work and as a place to receive care shows pride in what we do and trust in the organisation. The steady improvement in these scores over time is a strong sign that our culture is moving in the right direction.

### 7. Areas Requiring Focus

Alongside these strengths, the survey also highlights areas where we need to continue improving. Fewer colleagues than last year say they feel valued, and overall happiness at work has reduced. We know that workload pressures, burnout and the consistency of development and appraisal conversations remain important priorities.

We will use your feedback to focus our efforts where they will make the biggest difference. Teams will be involved directly in shaping the actions that follow.

- Recognition and reward remains a national and local pressure, reflected in reduced satisfaction with pay and feeling valued. This is one of our lower scoring People Promise elements and has dipped slightly from 6.62 in 2024 to 6.50 this year. Although the score remains above the national benchmark, it has fallen compared with last year.



Learning and development shows the largest national decline and is mirrored locally, particularly in appraisal experience. In the 'We are always Learning' promise, our appraisal score is one of our weakest sub-scores relative to the best-performing organisations.

Whilst our appraisal rate is excellent, we know that high quality appraisal conversations are important. When done well they provide space to reflect on performance, agree meaningful objectives and identify the support your ambitions and career aspirations.

The survey tells us that this experience is not yet consistent across the Trust. We want to ensure that appraisals are not seen as a process to complete, but as a valuable conversation that leads to clear actions and follow through. We will continue to support managers to access appraisal training, so everyone knows what a good appraisal looks like.



- Musculoskeletal issues and burnout indicators show national deterioration, with local scores aligned to national trends and requiring targeted support. In the People Promise 'We are safe and healthy', colleagues are asked questions about burnout. Although our score is slightly above the national average, it remains relatively low on a 0–10 scale, meaning too many colleagues are still experiencing pressure or exhaustion in their work. Burnout is closely linked to turnover, sickness absence and patient safety. Even where we compare favourably with other organisations, the overall score tells us this is an area where we must continue to focus.



## Workforce Equality Benchmarking

- The Trust’s results for Diversity & Equality (8.72) and Inclusion (7.19) exceed national averages and continue to strengthen.
- Discrimination from managers/colleagues remains lower than national levels, with marked improvement for ethnically diverse staff.
- Staff with long-term health conditions experience poorer outcomes nationally; locally the Trust performs better than the sector average on reasonable adjustments.

## 8. Core questions Overview

The core questions in the National Staff Survey provide a clear and consistent measure of colleagues’ overall experience at work, covering advocacy, patient-centred care, safety, engagement and views on organisational behaviour. These questions are particularly important as they offer year-on-year comparability and sit at the heart of national performance frameworks.

The 2025 results show continued strength in colleagues’ belief that their work makes a difference, confidence in patient care, and willingness to recommend the Trust as a place to work and receive care, all of which remain above national averages. At the same time, small declines in feeling safe to speak up and confidence that concerns will be addressed highlight priority areas for improvement. Together, these core questions provide a balanced view of where the Trust is performing well and where focused action is required to improve the everyday experience of colleagues.

The Trust out performs the national average across all core questions, in most cases by a significant margin.

Question	2024 %	2025 %	Benchmark Group	National
Q6a. I feel like my role makes a difference to patients/service users	87.4%	88.30%	88.09%	87.78%
Q25a. Care of patients/service users is my organisations top priority	81.0%	81.7%	75.94%	71.78%
Q25b. My organisation acts	79.0%	80.7%	75.03%	69.18%

on concerns raised by patients/service users				
Q25c. I would recommend my organisation as a place to work	69.3%	70.45%	64%	58.05%
Q25d. If a friend or relative required treatment I would be happy with the standard of care provided by this organisation	71.8%	72.95%	64.45%	62.84%
Q25e. I feel safe to speak up about anything that concerns me in this organisation	71.0%	70.1%	64.89%	60.29%
Q25f. If I spoke up about something that concerned me, I am confident my organisation would address my concern	61.2%	59.95%	52.62%	47.59%

### 9. Areas of celebration (largest improvements)

Question	Trust 2025	2024 vs 2025 variance
Q16c09 - On what grounds have you experienced discrimination? Sexual orientation	94.13%	3.7
Q16c08 - On what grounds have you experienced discrimination? Sex	83.8%	3.6
Q13d - The last time you experienced physical violence at work, did you or a colleague report it	92.8%	3.3
Q16c10 - On what grounds have you experienced discrimination? Other	74.3%	1.9

Q16c01 - On what grounds have you experienced discrimination? Age	80%	1.9
Q24e - I am able to access the right learning and development opportunities when I need to	66.3%	1.8
Q25b - My organisation acts on concerns raised by patients / service users	80.7%	1.7
Q3g - I am able to meet all the conflicting demands on my time at work	49.3%	1.7
Q3i - There are enough staff at this organisation for me to do my job properly	40.9%	1.7
Q7d - Team members understand each other's roles	71.9%	1.6

#### 10. Areas of focus (largest declines)

Question	Trust 2025	2024 vs 2025
Q11b - In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities	68.4%	-12.2
Q23d – My appraisal...left me feeling that my work is valued by my organisation	33.9%	-4.9
Q11d - In the last three months have you ever come to work despite not feeling well enough to perform your duties	44.1%	-3.3
Q12b - How often, if at all, do you feel burnt out because of your work	34.8%	-3.1
Q31b - Has your employer made reasonable adjustment(s) to enable you to carry out your work	82.8%	-3.0
Q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of e.g. age, disability, ethnic background, gender reassignment, religion, sex or sexual orientation	62.3%	-2.9
Q2c - Time passes quickly when I am working	71.7%	-2.8
Q5c - Relationships at work are strained	54.2%	-2.7

Q12e - How often, if at all, do you feel worn out at the end of your working day/shift	21.6%	-2.7
Q4b - The extent to which my organisation values my work	52.6%	-2.4

## 11. National Results Comparison

### Areas of Strength (compared with national results)

- Above national average across all seven People Promise themes and both overarching themes (Engagement & Morale).
- Humber scores higher in every domain including compassionate culture, inclusion, flexible working, teamworking, and line management.
- Stronger advocacy and patient-care confidence.  
Higher proportions of Humber colleagues would recommend the Trust as a place to work (70.45% vs 58.05%) and are happy with the standard of care (72.95% vs 62.84%).
- Higher levels of psychological safety.  
More staff feel safe to speak up and believe their concerns would be addressed (70.1% and 59.95%) compared with national levels (60.29% and 47.59%).
- Flexible working and work–life balance outperform national averages.  
Humber’s Work Flexibly score is 7.07 vs national 6.31, driven by positive manager support and good work-life balance.
- Teamworking and line management are significantly stronger.  
High scores for respect, support, and constructive team relationships compared to national benchmarks.
- Given the importance of advocacy as a core indicator, Appendix 1 highlights how Humber’s year-on-year improvement compares with the wider MH/LD/Community sector, where several high-performing organisations have declined.

### Areas Where We Fall Behind / Require Focus (relative to national trends)

- Feeling valued remains a pressure point.  
Despite scoring above national average, Humber mirrors the national decline in staff feeling valued and recognised -one of our relatively weaker themes internally.
- Appraisal experience needs improvement.  
Nationally, appraisal quality continues to dip, and locally our appraisal *quality* score is low despite high completion rates, mirroring the national trend.
- Health and wellbeing concerns -MSK and burnout.  
National results show rising MSK issues (39.74%) and elevated burnout (31.47%).

Humber aligns with these deteriorating themes, and this remains a priority area for action.

- Workload and resourcing pressures.  
Humber outperforms national figures but still faces the same structural challenge: nationally only 32.82% say staffing is adequate, and only 46.51% can meet conflicting demands. These patterns are reflected locally in some hotspots.
- Small declines in speaking-up confidence (mirroring national).  
Although still strong, Humber's scores have dipped year-on-year just as they have nationally, signalling the need to maintain focus.

## **12. National Oversight Framework – Workforce Experience Metrics (Engagement & Raising Concerns)**

Under the NHS National Oversight Framework (NOF), two indicators derived from the National Staff Survey (NSS) are used to assess workforce experience:

1. Staff Engagement
2. Freedom to Speak Up / Raising Concerns

### **2025 NOF Position – Trust Results**

#### **Staff Engagement**

- The Trust's Engagement score for 2025 is 7.15 (a small decrease of 0.06 from 2024).
- Despite this reduction, the Trust continues to significantly outperform the national benchmark, with a positive comparator variance of +0.13.
- Importantly, Humber has achieved a notable improvement in national ranking, moving from 20th to 10th out of 61 Trusts on this measure.
  - It is predicted that this improvement shifts the corresponding NOF Engagement score from 1.95 to 1.45, strengthening our position within the Framework. This is subject to formal confirmation.

#### **Raising Concerns (Speak Up)**

- 70.1% of colleagues feel safe to speak up about anything that concerns them (-0.75 from 2024).
- 59.95% are confident the organisation would address their concern (-0.87 from 2024).
- Both indicators remain well above national comparators, with variances of +5.29 and +7.33 respectively, reinforcing that our overall position continues to be significantly stronger than the national picture.
- Nationally, the Raising Concerns score continues to trend downward; therefore, maintaining our current performance is itself a relative improvement.
- Our NOF ranking on this indicator remains stable: we have held our position as 13th out of 61 Trusts, and the indicator score therefore remains at 1.6.

## Implications for Oversight Framework Compliance

- The Trust's significantly higher-than-national performance in both Engagement and Raising Concerns provides strong assurance against NOF workforce experience requirements.
- However, the downward movement across several speak-up indicators, though small, signals the need for continued emphasis on psychological safety, responsiveness, and visibility of actions.
- The improvement in Engagement ranking represents a material strengthening of our overall NOF profile.
- Once NHS England updates the Framework dashboards (anticipated during the Q3 cycle, subject to confirmation), we will monitor model health and confirm the final NOF-assigned scores. A further update will be provided to Board outlining our formal position within the NOF.

## 12. Next Steps

Following EMT's review of the full NSS 2025 results, four organisation-wide areas of focus have been agreed for the next phase of improvement:

1. Quality of appraisals – improving the consistency, impact and quality of appraisal conversations, recognising that appraisal experience and perceived value have declined and are a key driver of colleagues feeling valued.
2. Health and wellbeing, with a specific emphasis on musculoskeletal issues and burnout, both of which have deteriorated and now present a clear risk to colleague wellbeing, morale and retention.
3. Raising concerns and speaking up, ensuring psychological safety continues to strengthen and addressing the small but important declines in colleagues feeling safe to speak up and confident concerns will be acted upon.
4. Feeling valued, supported by the structured Trust-wide listening exercise already approved by EMT, which will gather deeper insight into what makes the biggest difference to colleagues' experience at work.

In parallel, divisions are analysing their own results and presenting their priority actions through their Accountability Reviews, supported by HR Business Partners. This ensures that organisational priorities are complemented by local action planning informed by the unique context of each service area.

The outputs from the listening exercise and divisional action plans will be synthesised into a small number of high-impact organisational actions for EMT agreement, each with a named Executive lead and clear milestones. Progress will be tracked through EMT and reported back to Board.

## Appendix 1 – Mental Health, Learning Disability & Community Providers

Appendix 1 presents the national benchmarking position for all 49 Mental Health, Learning Disability and combined MH/LD/Community providers, focusing specifically on Question 25c: *“I would recommend my organisation as a place to work.”* This indicator is a core measure of organisational advocacy and is closely aligned to staff engagement, culture and overall workforce experience.

Humber Teaching NHS Foundation Trust is ranked 7th out of 49 providers, placing the organisation firmly within the top quartile nationally. Importantly, the year-on-year trend provides a more meaningful picture than ranking alone. While several of the highest-ranked Trusts have seen their scores decline compared with last year, including three of the top five, Humber continues to demonstrate sustained improvement over time. This reinforces the Trust’s direction of travel and highlights both the stability and upward trajectory of colleague advocacy at a point when the national position has deteriorated for many providers.

The tables that follow illustrate Humber’s comparative position, the movement across the sector, and the continued strengthening of our organisational reputation as a positive place to work.

Organisation	2021	2022	2023	2024	2025	Change 2024-25	Response rate 2025
NAVIGO Health and Social Care CIC	85%	78%	78%	82%	85%	+3.3	62%
Berkshire Healthcare	74%	73%	76%	78%	76%	-1.8	62%
Oxleas	69%	72%	75%	76%	74%	-1.1	58%
Midlands Partnership University	69%	71%	75%	75%	74%	-0.5	52%
North Staffordshire Combined Healthcare	69%	71%	71%	71%	73%	+1.8	65%
Oxford Health	67%	66%	69%	71%	72%	+0.8	61%
Humber Teaching	59%	63%	67%	69%	70%	+1.4	64%
Gloucestershire Health and Care	68%	70%	73%	72%	70%	-1.7	51%
Hertfordshire Partnership University	71%	72%	73%	73%	70%	-3.1	59%
Dorset Healthcare University	69%	67%	70%	70%	69%	-1.4	50%
South West Yorkshire Partnership	65%	66%	71%	70%	68%	-1.8	53%
South West London and St George’s Mental Health	60%	58%	65%	67%	68%	+1.5	62%
West London	66%	63%	68%	68%	68%	+0.1	73%
Northamptonshire Healthcare	72%	70%	72%	72%	68%	-4.8	63%
Cheshire and Wirral Partnership	63%	66%	71%	69%	66%	-2.5	50%
Leicestershire Partnership	60%	61%	63%	68%	66%	-1.7	56%
East London			71%	65%	66%	+0.7	51%
Birmingham and Solihull Mental Health					66%		61%
Central and North West London	66%	64%	68%	67%	66%	-1.6	71%
Bradford District Care	63%	64%	62%	64%	65%	+1.2	50%
Lincolnshire Partnership	72%	69%	75%	75%	65%	-10.1	59%
Surrey and Borders Partnership	69%	71%	72%	66%	65%	-0.7	64%
North East London	68%	69%	70%	70%	65%	-5.5	48%
Herefordshire and Worcestershire Health and Care	63%	60%	63%	64%	64%	+0.4	48%
Derbyshire Healthcare	72%	68%	72%	68%	64%	-4.3	64%
Leeds and York Partnership	66%	64%	68%	67%	64%	-3.3	45%
Avon and Wiltshire Mental Health Partnership	55%	55%	59%	61%	63%	+2.1	50%
South London and Maudsley	65%	62%	63%	60%	62%	+1.9	51%

Essex Partnership University	63%	63%	64%	61%	62%	+1.0	52%
Cornwall Partnership	54%	59%	66%	61%	62%	+0.5	61%
Devon Partnership	62%	64%	66%	65%	62%	-3.7	49%
Pennine Care	59%	66%	70%	72%	61%	-11.1	43%
Lancashire and South Cumbria	60%	61%	66%	64%	59%	-5.1	45%
Rotherham Doncaster and South Humber	67%	70%	67%	64%	59%	-5.5	49%
Mersey Care	60%	58%	59%	63%	59%	-4.4	40%
Hampshire and Isle of Wight Healthcare					58%		51%
Tees, Esk and Wear Valleys	53%	54%	57%	58%	58%	+0.4	52%
Cumbria, Northumberland, Tyne and Wear	64%	65%	63%	63%	58%	-4.6	58%
Coventry and Warwickshire Partnership	61%	58%	61%	61%	57%	-3.7	50%
Cambridgeshire and Peterborough	59%	57%	60%	59%	55%	-3.4	47%
Kent and Medway NHS and Social Care Partnership Trust	60%	57%	58%	56%	54%	-2.4	51%
Sheffield Health and Social Care	44%	44%	52%	54%	54%	+0.4	70%
Greater Manchester Mental Health	56%	46%	53%	55%	53%	-2.5	39%
Black Country Healthcare	61%	61%	58%	55%	53%	-2.5	61%
Tavistock and Portman	47%	40%	40%	49%	51%	+2.3	49%
North London					51%		41%
Sussex Partnership				52%	48%	-4.5	58%
Nottinghamshire Healthcare	60%	60%	59%	48%	44%	-3.2	48%
Norfolk and Suffolk	49%	47%	47%	43%	43%	+0.2	68%

Title & Date of Meeting:	<b>Board – Wednesday 25<sup>th</sup> March 2026</b>														
Title of Report:	<b>Board Member Appraisal Process 2026</b>														
Author/s:	Karen Phillips – Executive Director of People & OD														
Recommendation:	<table border="1" data-bbox="539 510 1524 622"> <tr> <td data-bbox="539 510 935 546">To approve</td> <td data-bbox="935 510 1031 546">X</td> <td data-bbox="1031 510 1410 546">To discuss</td> <td data-bbox="1410 510 1524 546">X</td> </tr> <tr> <td data-bbox="539 546 935 582">To note</td> <td data-bbox="935 546 1031 582"></td> <td data-bbox="1031 546 1410 582">To ratify</td> <td data-bbox="1410 546 1524 582"></td> </tr> <tr> <td data-bbox="539 582 935 622">For assurance</td> <td data-bbox="935 582 1031 622"></td> <td data-bbox="1031 582 1410 622"></td> <td data-bbox="1410 582 1524 622"></td> </tr> </table>			To approve	X	To discuss	X	To note		To ratify		For assurance			
To approve	X	To discuss	X												
To note		To ratify													
For assurance															
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	To outline the proposed process for completing Board Member Appraisals for the period April 2025 to March 2026, ensuring alignment with the Trust’s internal appraisal framework, NHS England expectations, the Fit and Proper Persons Test Framework and the NHS Leadership Competency Framework.														
<b>Key Issues within the report:</b>															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• The 2026 Board appraisal process is fully aligned to NHS England expectations, including the Leadership Competency Framework and the Fit and Proper Persons Test.</li> <li>• The Trust’s appraisal approach has matured into business as usual following its first full adoption in March 2024, ensuring consistency and robustness across all Board roles.</li> <li>• The introduction of multisource feedback for all Board Members strengthens assurance on leadership behaviours, governance contribution and cultural impact across all six national competency domains.</li> <li>• The move to MS Forms modernises the process, improves accessibility and supports secure digital data capture in line with the Trust’s digital ambitions.</li> <li>• The process reinforces the Being Humber values and contributes directly to organisational culture, leadership capability and staff experience by modelling high quality appraisal practice at Board level.</li> <li>• The inclusion of EDI objectives for all Board Members demonstrates alignment to national high impact actions and strengthens the Trust’s commitment to equality, diversity and inclusion.</li> </ul>	<b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b> <ul style="list-style-type: none"> <li>• Implementation of MS Forms for both self-assessment and multisource feedback for the 2026 cycle.</li> <li>• Completion of Board Member self-assessments using the NHS Leadership Competency Framework.</li> <li>• Launch and coordination of multisource feedback for all Board Members, including stakeholder identification and distribution of the digital forms.</li> <li>• Integration of EDI objectives into all Board Member appraisal documentation for 2026 to 2027.</li> <li>• Alignment of the appraisal timeline to ensure completion of all meetings and documentation between April and June 2026.</li> <li>• Ongoing communication with the Board to ensure clarity of expectations, timelines and responsibilities.</li> </ul>														

<b>Key Risks/Areas of Focus:</b>	<b>Decisions Made:</b>
----------------------------------	------------------------

<ul style="list-style-type: none"> <li>• Risk of inconsistent engagement with the multisource feedback process if not well supported or clearly communicated.</li> <li>• Need to ensure that EDI objectives are meaningful, measurable and aligned to national expectations rather than formulaic or generic.</li> <li>• Requirement to maintain confidence in the digital process, including accessibility and data handling, as MS Forms is introduced.</li> <li>• Ensuring the process continues to strengthen, rather than simply comply with, the Leadership Competency Framework and FPPT requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement to adopt the 2026 Board Member appraisal process as set out in the paper.</li> <li>• Approval to implement multisource feedback for all Board Members, extending beyond the Chair.</li> <li>• Approval to move all self assessments and multisource feedback tools to MS Forms for the 2026 cycle.</li> <li>• Agreement that all Board Members will hold a specific EDI objective for 2026 to 2027 in line with national high impact requirements.</li> </ul>
--	--

<b>Governance:</b> <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	24/03/26
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

**Monitoring and assurance framework summary:**

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

## **Board Member Appraisal Process 2026**

### **Purpose of Report:**

To outline the proposed process for completing Board Member Appraisals for the period April 2025 to March 2026, ensuring alignment with the Trust's internal appraisal framework, NHS England expectations, the Fit and Proper Persons Test Framework and the NHS Leadership Competency Framework.

### **Executive Summary:**

This paper sets out a strengthened and more consistent approach to the 2026 Board Member appraisal cycle, covering the period April 2025 to March 2026. The process brings together the Trust's internal appraisal framework, the NHS Leadership Competency Framework, the Fit and Proper Persons Test (FPPT) and wider national expectations into a single, coherent approach that is now embedded as business as usual within the Trust.

The updated process reinforces the importance of high-quality appraisal conversations in shaping leadership capability, organisational culture and the experience of colleagues across the Trust. Feedback from the 2025 National Staff Survey highlighted the need for meaningful, developmental appraisal discussions, and it is therefore essential that the Board models the highest standard of appraisal practice and reflects the Being Humber values in its own processes.

A significant development for 2026 is the extension of multisource feedback to all Board Members. This enhances transparency, strengthens insight and supports a rounded view of leadership performance across the six domains of the Leadership Competency Framework. To support ease of use and meet modern digital expectations, both the self-assessment and multisource feedback tools will move to MS Forms for improved accessibility, secure data capture and streamlined analysis.

The process also continues the requirement for Board-level Equality, Diversity and Inclusion objectives, in line with the national EDI Improvement Plan and the expectation that all leaders actively contribute to reducing inequalities and improving outcomes for colleagues, communities and patients.

Together, these enhancements ensure that the Board Member appraisal process is robust, developmental, values-led and fully aligned to national standards. It supports strong corporate governance, reinforces leadership accountability and contributes directly to the Trust's cultural and strategic ambitions.

### **Background:**

The Tom Kark KC review of the Fit and Proper Person Test (2019) recommended establishing clear, core competency expectations for NHS directors. This led to the creation of the NHS Leadership Competency Framework, now embedded within the NHS England Fit and Proper Persons Test Framework and forming the national standard for assessing, appointing and developing NHS Board Members. The framework supports consistent, high quality and compassionate leadership by enabling directors to assess themselves against six leadership domains that underpin effective governance and the delivery of high-quality care.

The Trust formally adopted the Leadership Competency Framework in March 2024, when a full paper was presented to Board. Since then, the framework has become fully embedded in our appraisal arrangements and is now business as usual for all Board Members.

NHS England requires Board Member appraisals to incorporate the Leadership Competency Framework, include Fit and Proper Person Test declarations and be informed by ongoing dialogue throughout the year. Appraisals must align to organisational priorities and values, reflect on performance and behaviours and set meaningful SMART objectives and development plans. The Trust's internal appraisal approach already reflects these expectations through its emphasis on high quality conversations, continuous development and alignment with the Being Humber behavioural framework.

Wider national work is underway regarding future expectations for NHS leadership and management. In July 2025, the Department of Health and Social Care confirmed its intention to introduce a statutory barring scheme for individuals unfit to hold Board level or senior direct reporting roles. This scheme will be overseen by the Health and Care Professions Council and is separate from existing professional regulation.

Further consultation and draft legislation are expected in late 2026, with future arrangements potentially informing revised national leadership frameworks in due course. Until updated expectations are set out, the Trust will continue to use the existing Leadership Competency Framework and appraisal process. The 2025 National Staff Survey highlighted the importance colleagues place on meaningful, high quality appraisal experiences. As senior leaders, the Board plays a critical role in modelling this through its own appraisal practice, reinforcing a culture of continuous learning, fairness and accountability across the organisation.

### **Proposed Appraisal Process for 2026:**

- **Appraisal Period**

The appraisal period will cover April 2025 to March 2026 and will take place between April and June 2026.

- **Components of the Appraisal**

The appraisal will include:

- A self-assessment against the NHS Leadership Competency Framework
- Completion of the Trust's local Board appraisal documentation
- Multisource feedback for every Board Member
- Review of delivery against previous objectives
- Agreement of SMART objectives for 2026 to 2027
- Agreement of a personal development plan/Career Development Conversation
- FPPT declaration

- **Digital Submission of Self-Assessment and Multisource Feedback**

For the 2026 cycle, both the self-assessment and the multisource feedback will be completed using MS Forms. This ensures an easier user experience, improved accessibility, secure digital capture, and better aggregation of insights. This also supports the Trust's wider digital ambitions and the expectation that leadership processes are modern, efficient and data informed.

- **Introduction of Multisource Feedback for All Board Members**

Multisource feedback will now be used for all Board Members, rather than solely for the Chair. This provides a richer developmental perspective, enables constructive reflection and aligns the Board with national standards for contemporary leadership assessment.

- **Leadership Competency Framework Alignment**

The NHS Leadership Competency Framework will provide the structure for assessing performance across six domains. This ensures a nationally recognised standard of assessment, supports consistent expectations across the Board and provides a clear development structure.

- **Fit and Proper Persons Test**

All appraisals will include the required FPPT declaration to ensure ongoing compliance with regulatory requirements and the suitability of individuals to hold office.

- **EDI Objectives for All Board Members**

In line with the previous two years each Board Member will hold a specific EDI objective for 2026 to 2027. This reflects national expectations and reinforces the Board's role in leading the organisation's approach to equality, diversity and inclusion.

- **Alignment with Being Humber**

The appraisal process will incorporate the Being Humber values and behaviours. This ensures consistency with internal expectations and highlights the Board's role in role modelling inclusive, compassionate and accountable leadership.

- **Reinforcing the Importance of High-Quality Appraisals**

High quality appraisal conversations are an important part of organisational culture. The Board has a role in demonstrating high standards, reinforcing the importance of good leadership and responding to feedback from the staff survey regarding the quality of appraisals across the Trust.

- **Timeline and Implementation**

April 2026: Launch of appraisal cycle and release of MS Forms.

**Recommendation:**

The Board is asked to:

- Approve the proposals for the Board appraisal process for 2026 to include:
  - Endorsing the introduction of multisource feedback for all Board members in line with NHSE guidance
  - Note the move to MS Forms for all digital submissions
  - Support continued alignment to national frameworks and the Being Humber approach
  - Reinforce the importance of high-quality appraisal practice across the organisation

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026														
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update March 2026														
Author/s:	<p>Michele Moran Chief Executive, Humber Teaching NHS Foundation Trust ICB Board Member MHLDA Collaborative CEO Lead</p> <p>Alison Flack Programme Director, MHLDA Collaborative</p>														
Recommendation:	<table border="1" data-bbox="523 913 1513 1032"> <tr> <td data-bbox="523 913 919 954">To approve</td> <td data-bbox="919 913 1015 954"></td> <td data-bbox="1015 913 1394 954">To discuss</td> <td data-bbox="1394 913 1513 954"></td> </tr> <tr> <td data-bbox="523 954 919 994">To note</td> <td data-bbox="919 954 1015 994">√</td> <td data-bbox="1015 954 1394 994">To ratify</td> <td data-bbox="1394 954 1513 994"></td> </tr> <tr> <td data-bbox="523 994 919 1032">For assurance</td> <td data-bbox="919 994 1015 1032"></td> <td data-bbox="1015 994 1394 1032"></td> <td data-bbox="1394 994 1513 1032"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To update members of the Trust Board on the progress of the Mental Health, Learning Disabilities and Autism Collaborative Programme.														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• <b>Performance</b> - metrics largely positive against plan.</li> <li>• <b>Inpatient quality transformation</b> – Work continues to develop with reconfigurations/new services coming online in 2025/26. Changes to current arrangements, such as the rehab referral panel, having a positive impact.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• <b>2026/27 planning process</b> - A largely compliant plan was submitted for mental health, learning disabilities and autism metrics. There are still ongoing conversations around Mental health support teams in order to align ICB and NHSE expectations.</li> <li>• <b>Mental health crisis text lines</b> - Roll out of the crisis text service has been paused due to procurement requirements, an expression of interest process is now being conducted. The timescale for implementation remains as soon as possible.</li> <li>• <b>Mental health, Learning Disabilities and Autism capital funding</b> – proposals submitted focussed on 24/7 mental health centres, Mental Health Emergency Departments and Learning Disability Crisis Services. Awaiting final NHSE approval by the end of March. Full business cases will then be completed.</li> </ul>														

	<ul style="list-style-type: none"> <li>• <b>NHS Talking Therapies</b> - Proposal being developed for digital front door through Limbic AI, to begin in 2026/27. Funding for 2025/26 being used to bolster current provision.</li> <li>• <b>Mental health Support teams in schools (MHST)</b> - Humber and North Yorkshire have submitted an indicative plan to achieve full coverage by 2029/30, which included the addition of 3 MHSTs in 2025/26, 2 in North Yorkshire and 1 in East Riding. Ongoing conversations with NHSE around future plans.</li> <li>• <b>Mental Health, Learning Disabilities and Autism Performance</b> Detailed in the paper.</li> </ul>
--	---

<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• Autism and ADHD – good progress being made on model, however spend and waiting lists continue to grow.</li> <li>• Crisis text lines – expression of interest process now being conducted.</li> <li>• MHST – ongoing conversations around future plans with NHSE.</li> </ul>
--

<p><b>Decisions Made:</b> N/A</p>
---------------------------------------

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

**Monitoring and assurance framework summary:**

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

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

### Humber Teaching NHS Foundation Trust Board Update – March 2026

This report provides a summary of the current work programmes and priorities being undertaken as part of the Mental Health, Learning Disabilities and Autism Collaborative and provides an update on performance across the Humber and North Yorkshire Integrated Care System.

- **2026/27 planning process**  
A largely compliant plan was submitted for mental health, learning disabilities and autism metrics. There are still ongoing conversations around Mental health support teams in order to align ICB and NHSE expectations.
- **Oliver McGowan Training**  
A successful partnership between health and care organisations has been established to deliver the Oliver McGowan Mandatory training. There are now 49 experts by experience actively co-delivering the training across Humber and North Yorkshire. Delivery has started in 11 out of 14 health and care organisations and over 3,600 members of staff have completed their training.
- **Mental health crisis text lines**  
Roll out of the crisis text service has been paused due to procurement requirements. An expression of interest has been now published
- **Mental health, learning disabilities and autism capital funding**  
A number of proposals, mainly for neighbourhood mental health centres and mental health emergency departments have been supported across most of our HNY local places, including Hull and East Riding. A learning disabilities and autism crisis proposal for North East Lincolnshire has also been supported. Awaiting final approval from the NHS England regional team by end of March 2026.
- **NHS Talking Therapies**  
A proposal is in development to procure a digital front door service through Limbic AI. This has been discussed with ICB/provider digital leads and further information is required around the detail of implementation. The proposal has broad support from provider operational leads, however it is unlikely that this service would be live by the end of 2025/26 due to implementation timescales but preparatory work is on-going.
- **Mental health Support teams in schools (MHST)**  
Humber and North Yorkshire have submitted an indicative plan to achieve full coverage by 2029/30, which included the addition of 3 MHSTs in 2025/26, 2 in North Yorkshire and 1 in East Riding.
- **Mental Health, Learning Disabilities and Autism Performance**

#### Performance Highlights

Of the 11 total MH LDA metrics:



**Humber and North Yorkshire**  
Health and Care Partnership

- 7 have achieved target
- 2 have achieved within 90% of target.
- 2 have achieved lower than 90% of target.

### **Plans Achieved**

- CYP MH Access
- Talking Therapies: Reliable Improvement
- Average Length of Stay for MH Adult Acute Beds
- Learning Disability Annual Health Checks
- Learning Disability and/or Autism Children Inpatients
- Adult Autism Inpatients
- Adult Learning Disability Inpatients

### **Plans Within 95% of Target**

- Perinatal MH Access: ICB have achieved 94% of target. NEL, York, and NY have achieved local Place targets.
- Talking Therapies Reliable Recovery: ICB have achieved 99% of target. NL, York and NY achieved local Place target.

### **Plans Within 90% of Target**

- Inappropriate Adult Acute MH OOA Patients: ICB achieved 69% of target, with 21 patient OOA against a target of 16. Hull and NeL both over target by 3 patients.
- IPS Access: ICB achieved 66% of target. No Place has met the local target. Planned targets were based around the expected release of funds by Q2; funds have still not been distributed therefore services have been unable to expand and this can no longer be treated as a 'hard' target.

### **Recommendation/Action**

The Board is asked to note the information presented in the paper.

**Agenda Item 15**

<b>Title &amp; Date of Meeting:</b>	Trust Board Public Meeting – 25 March 2026														
<b>Title of Report:</b>	Finance Report Month 11 (February 2026)														
<b>Author/s:</b>	Peter Beckwith – Executive Director of Finance Iain Omand – Deputy Director of Finance														
<b>Recommendation:</b>	<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															
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	<p>This report is being presented to The Board and provides the financial position for the Trust as at the 28 February 2026 (Month 11).</p> <p>The report provides assurance regarding financial performance, key financial targets, and objectives.</p>														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The Trust recorded a surplus of £2.770m which is a £3.000m improvement above the agreed ICS planning target deficit of £0.231m</li> <li>The Forecast Outturn position is a Surplus of £3.000m which will allow the Trust to increase its 2026/27 capital budget by the same amount</li> <li>The cash balance at the end of Month 11 was £31.082m (£8.509m higher due to ledger timings).</li> <li>The Better Payment Practice Code figures show achievement of 96.4%.</li> <li>The Year-to-Date Agency expenditure totalled £2.808m. This is £2.495m below the same period for the previous year</li> </ul>		<p><b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b></p> <ul style="list-style-type: none"> <li>The Mental Health Division is currently working to an agreed finance recovery plan which is showing demonstrable improvements.</li> </ul>													

<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Nothing to escalate</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Trust Board are asked to note the finance position as at the end of February and raise any points of clarification or further assurance.</li> </ul>		
<b>Governance:</b> <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	24.03.26
	Mental Health Legislation Committee	Operational Delivery Group	
	Collaborative Committee	Other (please detail)	

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (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	

## FINANCE REPORT – February 2026

### 1. Introduction

This report presents to the Trust Board the financial position for the Trust as at the 28th February 2026 (Month 11). 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 dependent 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)
- Month 4 Year to Date Deficit of £19.7m (£5.5m adverse variance)
- Month 5 Year to Date Deficit of £20.3m (£3.1m adverse variance)
- Month 6 Year to Date Deficit of £24.3m (£4.4m adverse variance)
- Month 7 Year to Date Deficit of £29.9m (£11.9m adverse variance)
- Month 8 Year to Date Deficit of £38.0m (£21.9m adverse variance)
- Month 9 Year to Date Deficit of £53.8m (£39.6m adverse variance)

At Month 10 the system reported a £66.0m year to date deficit, the majority of which say with providers. this represents a £55.7m adverse variance against plan, at Month 10 the system has declared an adverse forecast variance of £93m (*previously £96m at Month 9*).

Main factors driving the current provider overspend position are cited as efficiency programme shortfalls, pay award impacts, industrial action, staffing and supernumerary sickness costs.

The position for providers and the ICB at Month 10 is summarised in the following table:

Place	Year To Date			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
York and Scarborough	(747)	(12,839)	(12,092)	0	(32,652)	(32,652)
Harrogate	(1,706)	(18,948)	(17,242)	0	(20,000)	(20,000)
NLAG	(4,379)	(13,888)	(9,509)	0	(14,534)	(14,534)
Humber Teaching	(424)	2,576	3,000	0	3,000	3,000
HUTH	(3,079)	(22,870)	(19,791)	0	(22,030)	(22,030)
<b>Total</b>	<b>(10,335)</b>	<b>(65,969)</b>	<b>(55,634)</b>	<b>0</b>	<b>(86,216)</b>	<b>(86,216)</b>
ICB	0	(54)	(54)	0	-7094	-7094
<b>Full System Position</b>	<b>(10,335)</b>	<b>(66,023)</b>	<b>(55,688)</b>	<b>0</b>	<b>(93,310)</b>	<b>(93,310)</b>

### 3. Trust Position as at February 2026

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 28th February 2026 the Trust recorded a surplus of £2.770m which is £3.001m higher than the planned deficit of £0.231m.

The donated assets depreciation and Capital Grant Donation do not count against the Trust's financial control target, the year-to-date net variance to budget for these items is £0.067m resulting in a ledger position of £3.067m surplus.

The Year to Date favourable variance is attributable to non-recurrent income into the trust and the £3.000m surplus is forecast to be sustained through to the year end.

The achievement of the £3.000m surplus will allow the Trust to increase its 2026/27 capital budget by the equivalent amount which is in line with NHSE guidance.

**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
<b>Income</b>							
<b>Block Income</b>	<b>188,117</b>	<b>172,466</b>	<b>172,478</b>	<b>13</b>	<b>188,117</b>	<b>187,915</b>	<b>(202)</b>
YHCR	4,635	4,249	4,586	338	4,635	5,110	475
<b>Total Income</b>	<b>192,752</b>	<b>176,714</b>	<b>177,065</b>	<b>350</b>	<b>192,752</b>	<b>193,025</b>	<b>273</b>
<u>Clinical Services</u>							
Children's & Learning Disability	44,812	41,114	41,463	(349)	44,812	44,488	324
Community & Primary Care	22,382	20,518	19,317	1,201	22,382	22,392	(10)
Mental Health	61,561	56,287	55,296	991	61,561	61,428	133
Forensic Services	14,387	13,148	13,084	64	14,387	14,244	143
	<b>143,141</b>	<b>131,067</b>	<b>129,160</b>	<b>1,907</b>	<b>143,141</b>	<b>142,551</b>	<b>590</b>
<u>Corporate Services</u>							
	<b>42,188</b>	<b>39,588</b>	<b>40,371</b>	<b>(784)</b>	<b>42,188</b>	<b>41,928</b>	<b>260</b>
<b>Total Expenditure</b>	<b>185,329</b>	<b>170,654</b>	<b>169,531</b>	<b>1,123</b>	<b>185,329</b>	<b>184,480</b>	<b>850</b>
<b>EBITDA</b>	<b>7,422</b>	<b>6,060</b>	<b>7,533</b>	<b>1,473</b>	<b>7,422</b>	<b>8,545</b>	<b>1,123</b>
Depreciation	5,591	5,125	5,028	97	5,591	5,485	106
YHCR Amortisation	1,382	1,267	1,266	1	1,382	1,382	-
Interest	(1,478)	(1,355)	(1,090)	(264)	(1,478)	(1,182)	(296)
IFRS 16	1,691	1,550	1,704	(154)	1,691	1,859	(168)
PDC Dividends Payable	1,736	1,591	1,591	1	1,736	1,736	-
Gain on disposal of assets	-	-	(735)	735	-	(735)	735
<b>Operating Total</b>	<b>(1,500)</b>	<b>(2,119)</b>	<b>(230)</b>	<b>1,889</b>	<b>(1,500)</b>	<b>(0)</b>	<b>1,500</b>
BRS	(1,500)	(1,887)	-	(1,887)	(1,500)	-	(1,500)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Non Recurrent Income	-	-	(3,000)	3,000	-	(3,000)	3,000
<b>Operating Total</b>	<b>(0)</b>	<b>(231)</b>	<b>2,770</b>	<b>3,002</b>	<b>(0)</b>	<b>3,000</b>	<b>3,000</b>
<i>Excluded from Control Total</i>							
Capital Grant\Donation	-	-	(66)	66	-	(16)	16
Donated Depreciation	39	35	35	0	39	39	0
	<b>(39)</b>	<b>(267)</b>	<b>2,801</b>	<b>3,067</b>	<b>(39)</b>	<b>2,977</b>	<b>3,016</b>
<b>Ledger Position</b>	<b>(39)</b>	<b>(266.933)</b>	<b>2,801</b>	<b>3,067</b>	<b>(39)</b>	<b>2,977</b>	<b>3,016</b>
<b>EBITDA %</b>	<b>3.9%</b>	<b>3.4%</b>	<b>4.3%</b>		<b>3.9%</b>	<b>4.4%</b>	
<b>Surplus %</b>	<b>-0.8%</b>	<b>-1.2%</b>	<b>-0.1%</b>		<b>-0.8%</b>	<b>0.0%</b>	

### **3.1 Income**

Income is forecast to overachieve by £0.273m which relates to increased funding in relation to the Yorkshire and Humber Care Record, this is offset by expenditure commitments.

The reduction in Block income relates to the Final quarter of funding that had been agreed with partners as a substitution of non recurrent ICB funding that has not been achieved due to the forecast position of the system.

### **3.2 Divisional Net Expenditure**

The overall operational divisional net expenditure position is showing a forecast underspend of £0.590m.

#### **3.2.1 Children's and Learning Disability (£0.324m underspend)**

The month 11 position is an overspend of £0.349m, both pay and non-pay are underspent, but income has an adverse variance of £1.400m. This relates to Townend Court where we recover the cost of an out of area placement from the ICB. A contract variation has been agreed, and it is expected to be paid this month, once this has been transacted income will be in line with budget.

The year-to-date saving on pay of £0.529m is due to vacancies, notably in Early Intervention (£0.338m) and Hull IPHN (£0.426m). Offsetting these are pay pressures in our inpatient units which collectively total £0.492m. Pay costs for Townend were brought in line with budget but have increased again over the last quarter in response to staffing challenges and the CQC report.

Non pay is also showing a year-to-date underspend of £0.493m, but this is not forecast to continue as outstanding invoices are accounted for in March from subcontracted providers for neuro assessments and to support waiting lists.

#### **3.2.2 Community and Primary Care (£0.010m overspend)**

The Division's forecast outturn position has improved from a £0.069m overspend to a £0.010m overspend to budget. The movement is mainly due to additional income received from ERYC for the addictions service.

Primary Care is forecasting an underspend of £0.290m, largely due to vacancies in the management team that remain unfilled in advance of the upcoming practice transfers from the Trust.

One of the main factors contributing to the £0.290m overspend in Community Services is the sustained high demand for continence products (£0.243m). The ICB has initiated a system-wide review of continence expenditure to address this issue.

An additional cost pressure of £0.165m relates to services provided to Malton Ward by York FT. Contracting and finance teams have reviewed the contract and are in the process of amending elements of it for 2025/26.

Pay pressures within certain services (Scarborough Core, Diabetes, and Malton Ward) are currently being offset by underspends in others, including Urgent Community Response, Whitby Core, and Whitby Ward. It needs to be established whether the rota's set within services are reflective of the resources available.

### **3.2.3 Mental Health (£0.133m underspend)**

The Division has continued to recover the financial position with the forecast now expected to be an underspend of £0.133m.

Staffing within inpatient units, particularly on Adult units, has continued to remain at levels lower than the first half of the financial year due to the introduction of improved roster management and control processes.

Further improvement since last month is mainly due to Agency medic annual leave being covered by substantive staff and additional vacancies.

The reduction in the number of adult aged acute patients being placed out of area has also been sustained throughout February.

Discussions are still ongoing with the ICB around the release of the full year funding for the enhanced older peoples crisis service which may have a detrimental impact on the Divisions outturn position however, there is a plan to mitigate this at Trust level.

### **3.2.4 Forensic (£0.143m underspend)**

The Forensic division is under spent by £0.064m year to date. There are some cost pressures and offsetting savings. Vacancy savings in the community are offset by pressures on the inpatient areas. Enhanced Packages of Care have been secured for 6 patients which have supported the cost of additional staff due to patient complexity.

The biggest area of overspend is the inpatient medical workforce (£0.269m year to date) as agency was being used to cover long-term sickness for the first half of the year and is now being used to cover a vacancy. The forecast outturn overspend for this area is £0.312m.

Income is currently showing as a pressure as invoices for HMP Millsike were outstanding, but these have been raised in March. Income in month 12 will show a favourable position reflecting the additional funding agreed for the contract.

The forecast outturn position for the financial year is an underspend of £0.143m, this is an improvement from the previous breakeven position as

winter pressures were managed, and the financial impact seen in previous years didn't materialise. There is also a benefit on Ullswater where the cost of additional staff to support high patient acuity was less than anticipated.

### 3.2.5 Corporate Services (£0.260m underspend)

Corporate Services (including Finance Technical Items) underspend relates to savings held for contingency/reserve purposes.

### 3.2.6 Other Items

There has been a non-recurrent (*non cashable*) benefit to the Finance position of £0.735m due to 2 leases ending which relate to Beverley Health Centre and Bransholme Health Centres.

## 4. Cash

As at the end of Month 11 the Trust held the following cash balances:

**Table 2: Cash Balance**

<b>Cash Balances</b>	<b>£000s</b>
Cash with GBS	30,817
Nat West Commercial Account	236
Petty cash	29
<b>Total</b>	<b>31,082</b>

The actual balance is overstated due to the timing of salary payments of £8.509m

The cash balance is held in the Government Banking Service account earning interest of 3.64% and avoiding a PDC dividend charge for each day it remains in the account.

## 5. Agency

Actual agency expenditure year to date at Month 11 is £2.809m, which is £2.495m 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	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Grand Total
Administration & Clerical	-	-	12,990	7,312	3,078	171	85	243	-	-	-	23,879
AHPs	260	13,735	24,901	-	(5,932)	16,583	27,063	11,728	14,843	(4,385)	9,207	108,002
Clinical Support Staff	-	-	-	-	-	-	-	505	-	-	-	505
Consultant	197,661	281,604	153,371	219,109	198,766	131,016	247,952	217,632	180,905	230,203	109,063	2,167,281
Nursing	8,109	65,161	40,375	57,677	(180)	148,679	39,615	41,390	37,807	34,872	35,409	508,914
<b>Grand Total</b>	<b>206,031</b>	<b>360,500</b>	<b>231,637</b>	<b>284,098</b>	<b>195,732</b>	<b>296,449</b>	<b>314,715</b>	<b>271,497</b>	<b>233,554</b>	<b>260,690</b>	<b>153,679</b>	<b>2,808,581</b>

Table 3 shows the agency spend by staff type by month, the majority (77%) 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 96.7% for non-NHS and 89.6% for NHS with an overall total of 96.4%. Work is constantly ongoing to improve this position with targeted support to managers.

**Table 4: Better Payment Practice Code**

Better Payment Practice Code	YTD Number	YTD £
<b>NON NHS</b>		
Total bills paid	25,711	105,034
Total bills paid within target	24,868	101,969
Percentage of bills paid within ta	96.7%	97.1%
<b>NHS</b>		
Total bills paid	1,169	28,051
Total bills paid within target	1,048	24,135
Percentage of bills paid within ta	89.6%	86.0%
<b>TOTAL</b>		
Total bills paid	26,880	133,085
Total bills paid within target	25,916	126,104
Percentage of bills paid within ta	96.4%	94.8%

## **6. Recommendations**

Trust Board are asked to note the Finance report for February 2026 and comment accordingly.

<b>Title &amp; Date of Meeting:</b>	Trust Board Public Meeting – 25 March 2026														
<b>Title of Report:</b>	Trust Performance Report – February 2026														
<b>Author/s:</b>	Peter Beckwith – Executive Director of Finance Richard Voakes - Business Intelligence Lead														
<b>Recommendation:</b>	<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															
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of February 2026.</p> <p>The report (Appendix A) is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format.</p> <p>All indicators have been aligned to the Trusts Strategic Goals.</p> <p>Long Term Plan performance dashboard is attached at appendix B.</p>														
<b>Key Issues within the report:</b>															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• A reduction in Adult Out of Area Placements has now been achieved and is now expected to be sustained.</li> <li>• Over 52 week waits (with the exception of neurodiversity) have been reduced and are expected to be eradicated by the end of Q4</li> <li>• Mandatory Training – the Trust continues to maintain a strong position reporting current compliance at 94.4%</li> <li>• The overall trust vacancy position is 6.7%.</li> <li>• Clinical Supervision continues to perform above target; in month performance was recorded at 91.0%.</li> <li>• % of harm free incidents is at 99.5%.</li> <li>• The Two Hour Urgent Care Response (UCR) time, key measure within the National Oversight Framework (NOF) has demonstrated good performance</li> </ul>		<b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b> <ul style="list-style-type: none"> <li>• The Executive Management Team (EMT) are currently reviewing the Trust Performance Report ahead of the new financial year, this includes a review of the safer staffing and mortality dashboards.</li> <li>• Plans in place to address the mental health Older Adult and PICU out of area bed use are expected to achieve a sustained reduction and improvement.</li> <li>• Proactive management of sickness absence remains a priority across the Trust, including early intervention, consistent application of policy, and enhanced support for managers in addressing trends and individual cases effectively.</li> <li>• Work and plans continue to achieve the 18 week maximum NHS constitutional standard access time across all of our services</li> </ul>													

<p>achieving above 96.7% compliance in December 2025.</p> <ul style="list-style-type: none"> <li>• Care Programme Reviews (3 days and 12 months) have performed above target throughout the last 2 quarters.</li> <li>• EIP Performance in month was 100% and has been for the last 3 months.</li> <li>• Virtual Ward occupancy in month was 88.9%</li> </ul>	
---	--

<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• 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 currently stands at 5.6%.</li> <li>• Safer Staffing Dashboard – there are no units with 5 or more Red flags however 15 units are flagging red for sickness</li> <li>• Waiting times for children’s neurodiversity services continues to be the most significant area of pressure and challenge.</li> <li>• Perinatal Access is below plan by 87, with an actual of 778 compared to the target of 865, this is across all PLACE’s.</li> <li>• UCR Referrals has fallen below plan, 105 for February 2026 against a planned target of 150.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• None (report is to note)</li> </ul>
--	--

<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	27.01.26
	Mental Health Legislation Committee		Operational Delivery Group	26.01.26
	Collaborative Committee		Other (please detail)	

**Monitoring and assurance framework summary:**

**Links to Strategic Goals** (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links )

√ Tick those that apply

<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	Fostering integration, partnership and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce
<input type="checkbox"/>	Maximising an efficient and sustainable organisation
<input type="checkbox"/>	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	

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:

Feb-26

Chief Executive: Michele Moran  
Prepared by: Business Intelligence Team

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending: **February 2026**

<p><b>Purpose</b></p>	<p>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).</p>																																																																																													
<p><b>What are SPCs?</b></p>	<p>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.</p> <p>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.</p> <p>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:</p>																																																																																													
<p><b>Example SPC Chart</b></p>	<p>S – statistical, because we use some statistical concepts to help us understand processes.</p> <p>P – process, because we deliver our work through processes ie how we do things.</p> <p>C – control, by this we mean predictable.</p>	<table border="1"> <caption>Approximate data from the SPC chart</caption> <thead> <tr> <th>Month</th> <th>In Month (%)</th> <th>Target (%)</th> <th>CL (Mean) (%)</th> <th>UCL (%)</th> <th>LCL (%)</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>90.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>May-22</td><td>92.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Jun-22</td><td>90.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Jul-22</td><td>90.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Aug-22</td><td>90.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Sep-22</td><td>95.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Oct-22</td><td>88.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Nov-22</td><td>92.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Dec-22</td><td>92.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Jan-23</td><td>50.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Feb-23</td><td>95.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Mar-23</td><td>90.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>Apr-23</td><td>90.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> <tr><td>May-23</td><td>88.0</td><td>80.0</td><td>88.0</td><td>92.0</td><td>65.0</td></tr> </tbody> </table>			Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)	Apr-22	90.0	80.0	88.0	92.0	65.0	May-22	92.0	80.0	88.0	92.0	65.0	Jun-22	90.0	80.0	88.0	92.0	65.0	Jul-22	90.0	80.0	88.0	92.0	65.0	Aug-22	90.0	80.0	88.0	92.0	65.0	Sep-22	95.0	80.0	88.0	92.0	65.0	Oct-22	88.0	80.0	88.0	92.0	65.0	Nov-22	92.0	80.0	88.0	92.0	65.0	Dec-22	92.0	80.0	88.0	92.0	65.0	Jan-23	50.0	80.0	88.0	92.0	65.0	Feb-23	95.0	80.0	88.0	92.0	65.0	Mar-23	90.0	80.0	88.0	92.0	65.0	Apr-23	90.0	80.0	88.0	92.0	65.0	May-23	88.0	80.0	88.0	92.0	65.0
Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)																																																																																									
Apr-22	90.0	80.0	88.0	92.0	65.0																																																																																									
May-22	92.0	80.0	88.0	92.0	65.0																																																																																									
Jun-22	90.0	80.0	88.0	92.0	65.0																																																																																									
Jul-22	90.0	80.0	88.0	92.0	65.0																																																																																									
Aug-22	90.0	80.0	88.0	92.0	65.0																																																																																									
Sep-22	95.0	80.0	88.0	92.0	65.0																																																																																									
Oct-22	88.0	80.0	88.0	92.0	65.0																																																																																									
Nov-22	92.0	80.0	88.0	92.0	65.0																																																																																									
Dec-22	92.0	80.0	88.0	92.0	65.0																																																																																									
Jan-23	50.0	80.0	88.0	92.0	65.0																																																																																									
Feb-23	95.0	80.0	88.0	92.0	65.0																																																																																									
Mar-23	90.0	80.0	88.0	92.0	65.0																																																																																									
Apr-23	90.0	80.0	88.0	92.0	65.0																																																																																									
May-23	88.0	80.0	88.0	92.0	65.0																																																																																									
<p><b>Strategic Goal 1</b></p>	<p>Innovating Quality and Patient Safety</p>		<p><b>Strategic Goal 4</b></p>	<p>Developing an effective and empowered workforce</p>																																																																																										
<p><b>Strategic Goal 2</b></p>	<p>Enhancing prevention, wellbeing and recovery</p>		<p><b>Strategic Goal 5</b></p>	<p>Maximising an efficient and sustainable organisation</p>																																																																																										
<p><b>Strategic Goal 3</b></p>	<p>Fostering integration, partnership and alliances</p>		<p><b>Strategic Goal 6</b></p>	<p>Promoting people, communities and social values</p>																																																																																										
<p><b>Key Indicators</b></p>	<p>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</p>																																																																																													

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending: **February 2026**

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: **February 2026**

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)

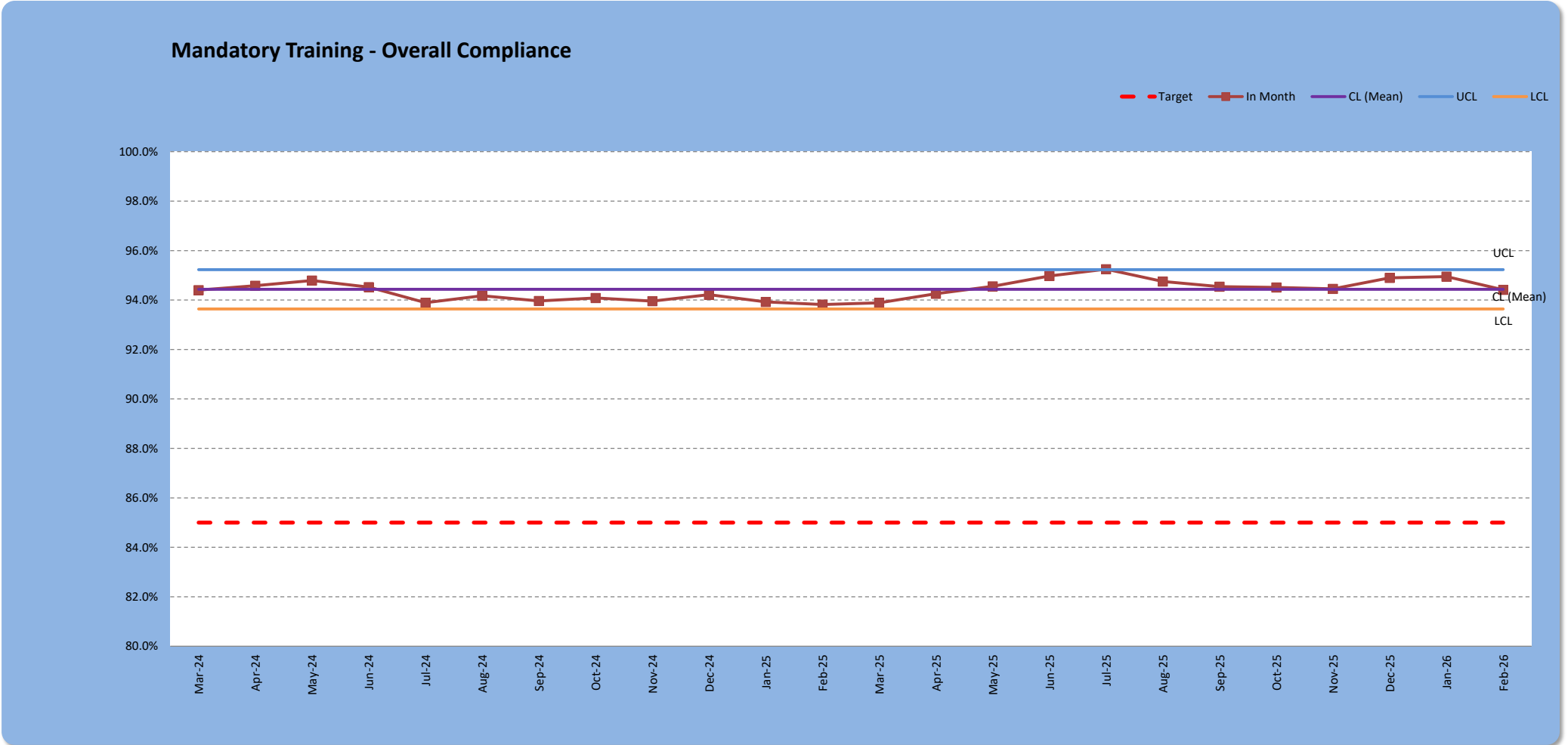
# PI RETURN FORM 2025-26

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
85%	80%	94.4%

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



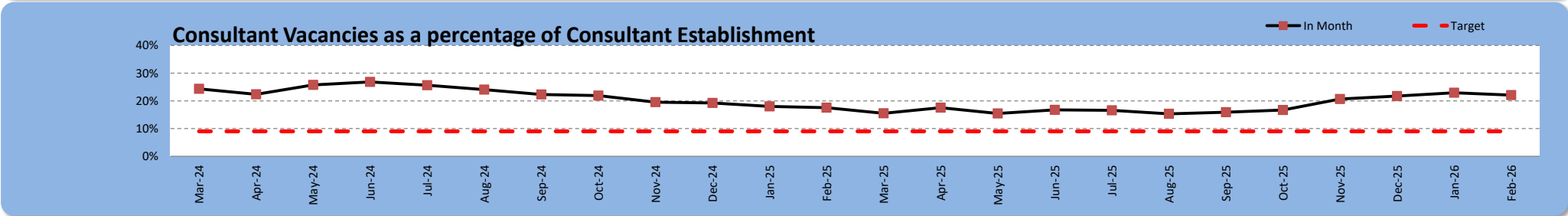
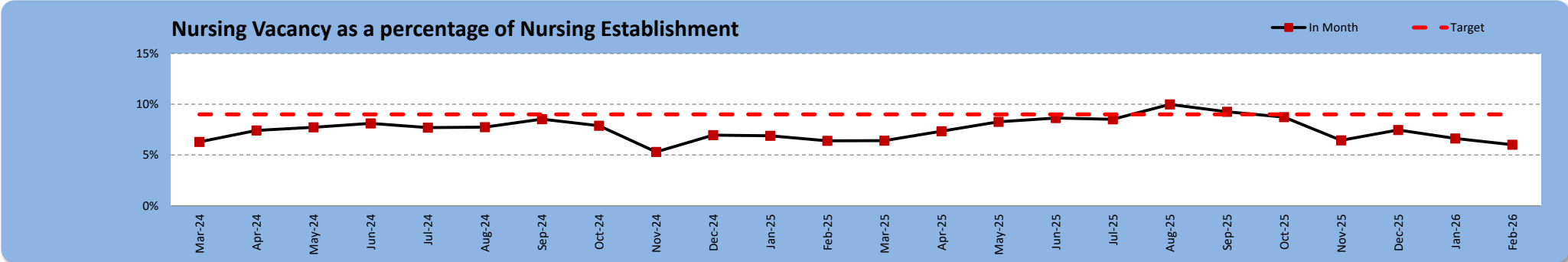
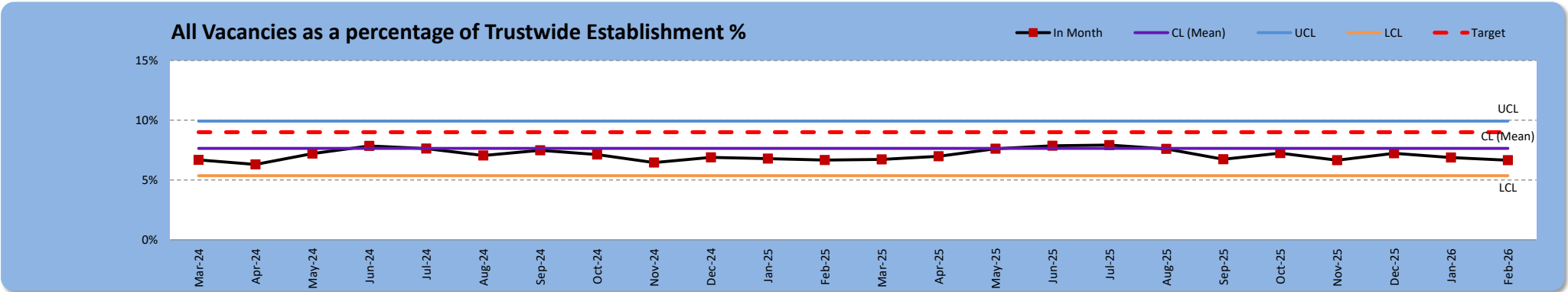
# PI RETURN FORM 2025-26

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
N/A	N/A	6.7%

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



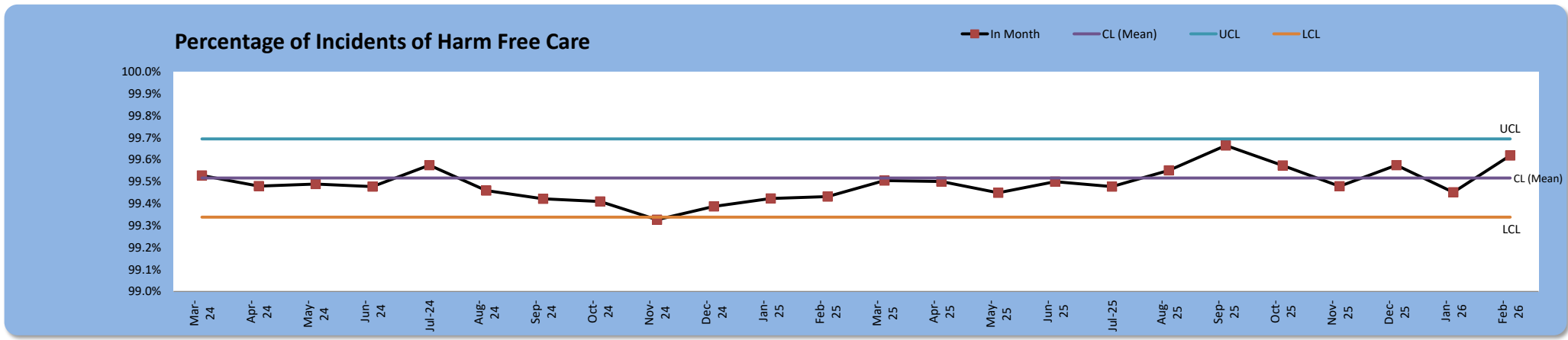
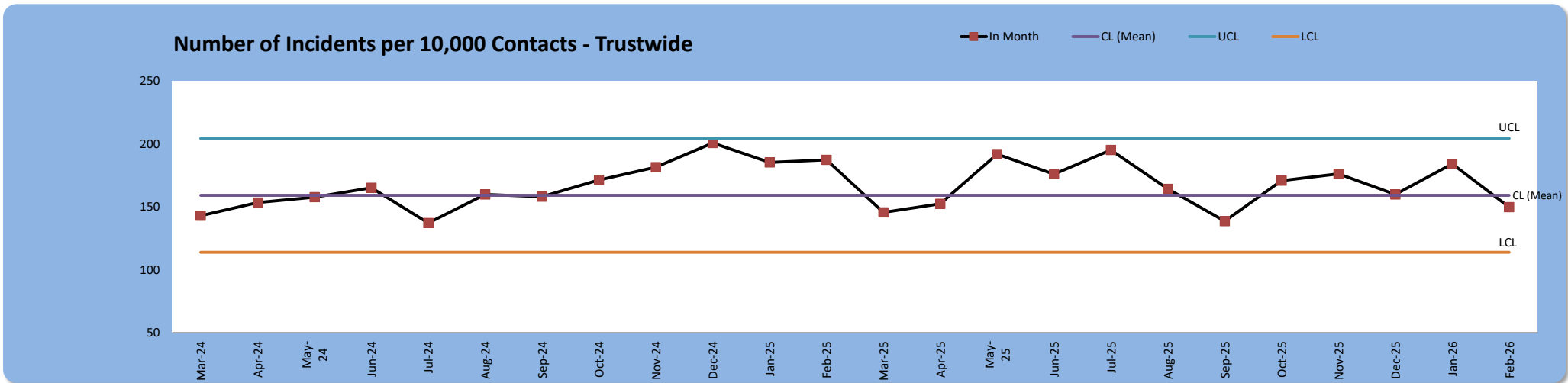
# PI RETURN FORM 2025-26

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2026**

Target:	Amber:	Trustwide current month stands at:
0	0	150

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



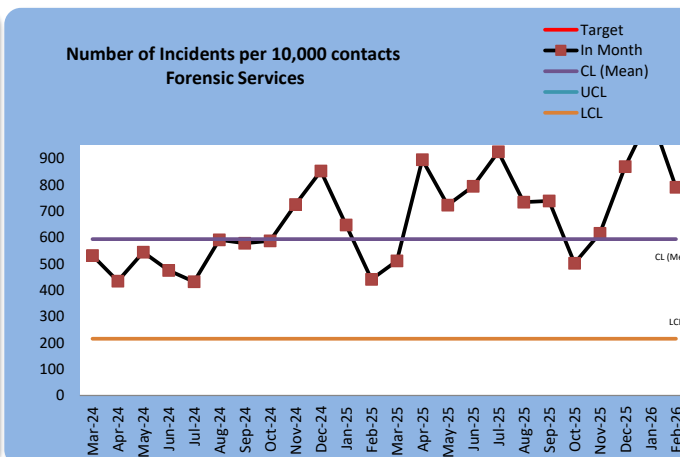
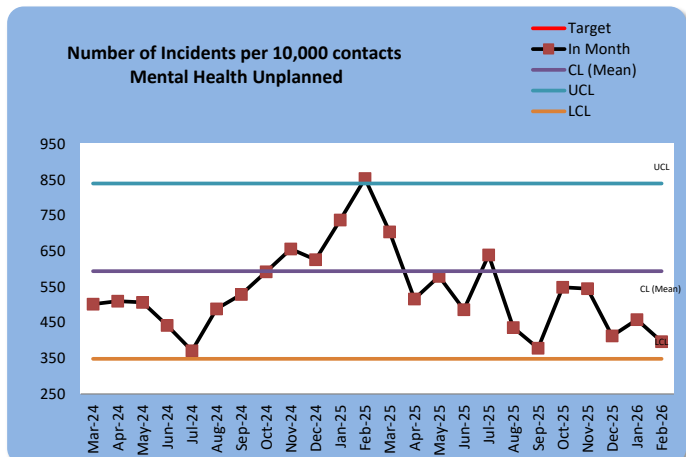
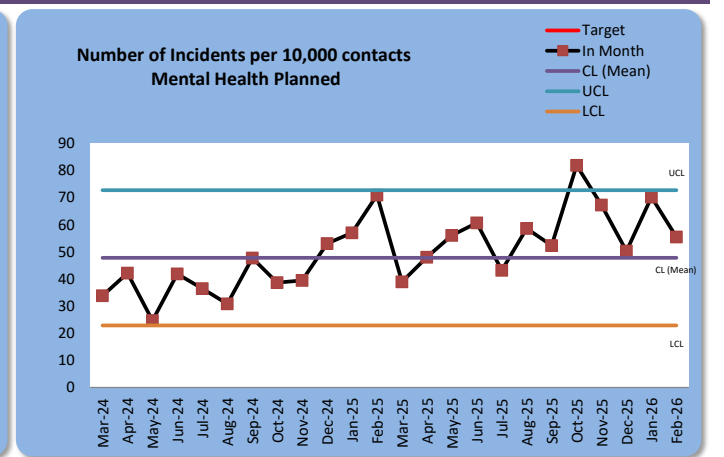
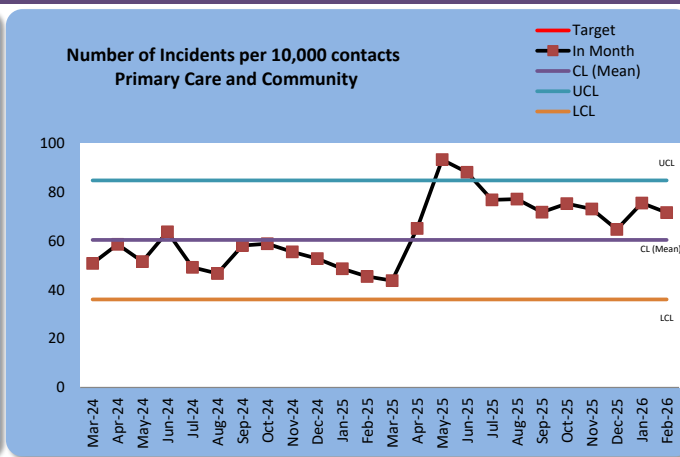
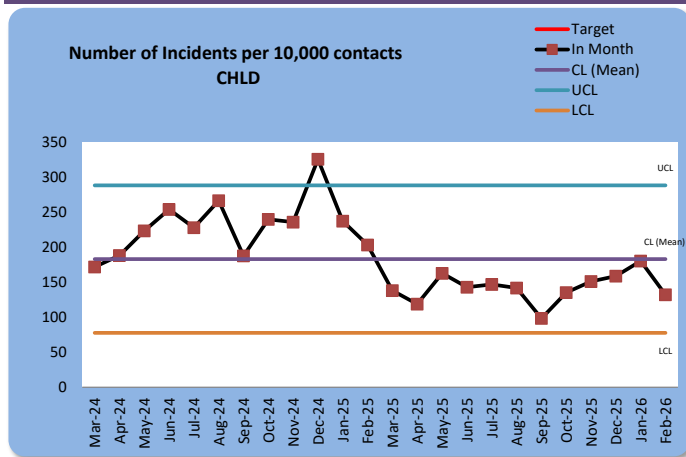
# PI RETURN FORM 2025-26

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2026**

Target:	Amber:	Trustwide current month stands at:
0	0	150

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



Current Month per Division

Children and Learning Disability	132
Primary Care and Community	72
Mental Health Planned	55
Mental Health Unplanned	396
Forensic Services	791

Incident Analysis

	Jan-26	Feb-26
Never Events	0	0
% of Harm Free Care	99.5%	99.6%
% of Incidents reported in Severe Harm or Death	0.6%	0.5%

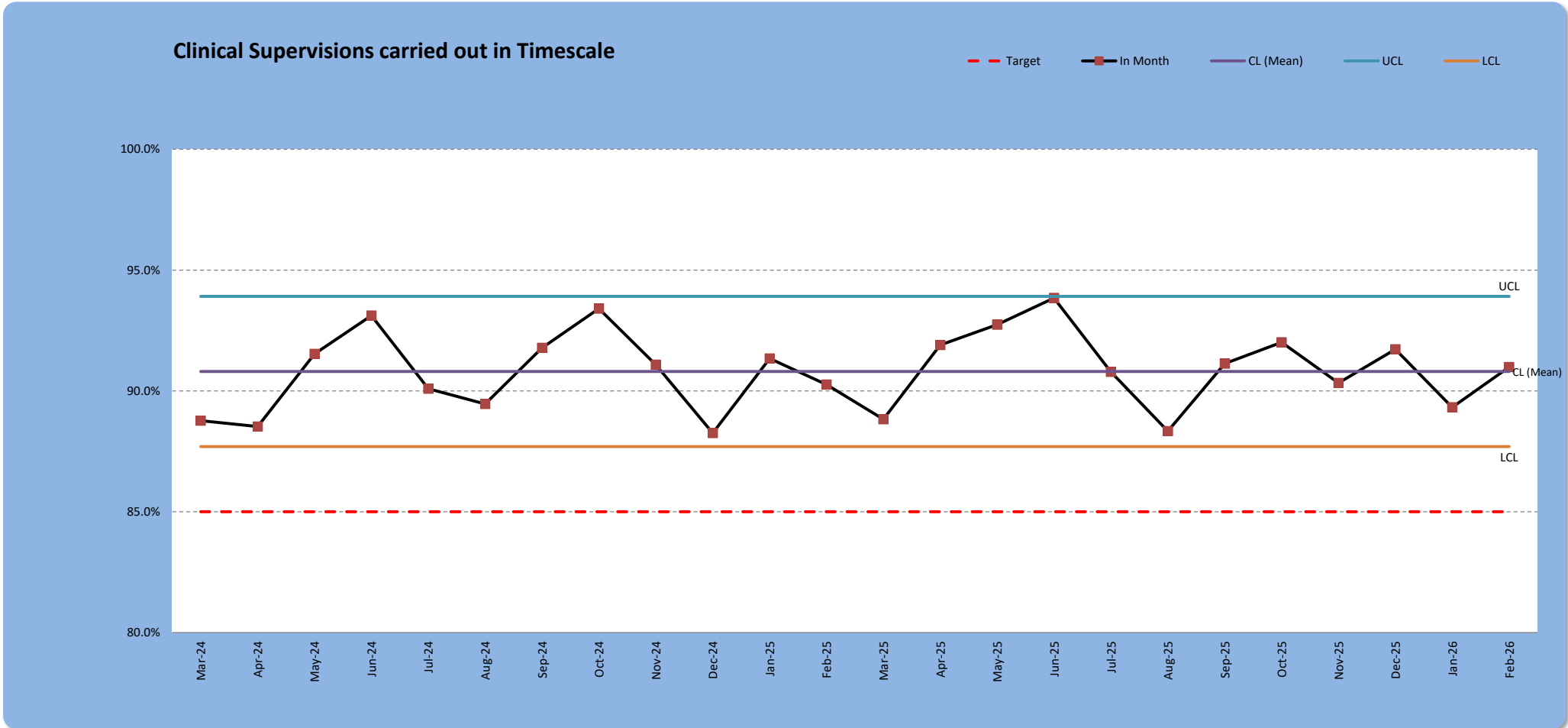
# PI RETURN FORM 2025-26

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
85%	80%	91.0%

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

Staffing and Quality Indicators  
 Contract Period: 2025-26  
 Reporting Month: Jan-26



Shown one month in arrears

Speciality	Units		Bank/Agency Hours							Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals						
			WTE	OBDS (including leave)	CHPPD Hours (Nurse)	Improvement	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Month				YTD											
											Registered	Un Registered	Registered	Un Registered	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 (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)
Adult MH	Avondale	Adult MH Assessment	28.8	69%	12.0	↑	19.4%	↓	1.7%	↑	98%	97%	101%	100%	0	9	1	0	1	56	6	0	83.3%	92.7%	90.0%	88.2%	4.7%	3.0	2	0
	New Bridges	Adult MH Treatment (M)	36.6	92%	7.8	↑	15.1%	↓	0.0%	↑	101%	97%	96%	103%	0	4	0	3	3	33	1	10	86.8%	98.1%	100.0%	95.2%	4.0%	1.6	2	1
	Westlands	Adult MH Treatment (F)	36.4	81%	9.6	↑	17.4%	↑	1.9%	↑	85%	88%	97%	106%	2	13	0	0	3	111	4	5	75.8%	94.8%	81.3%	85.7%	9.0%	0.0	2	1
	Mill View Court	Adult MH Treatment	30.1	85%	8.4	↑	19.5%	↓	1.8%	↑	102%	90%	102%	105%	0	2	0	0	0	8	1	0	100.0%	91.6%	76.5%	87.5%	7.4%	1.8	2	1
	PICU	Adult MH Acute Intensive	34.3	77%	24.4	↑	27.8%	↑	3.8%	↓	107%	88%	100%	102%	0	8	0	0	1	205	2	0	47.1%	89.8%	88.2%	77.8%	8.9%	0.6	0	2
OP MH	Maister Lodge	Older People Dementia Treatment	35.5	74%	15.3	↓	31.3%	↓	3.7%	↑	102%	85%	100%	125%	0	8	0	0	3	48	1	0	87.0%	93.2%	76.9%	91.7%	15.2%	1.4	1	1
	Mill View Lodge	Older People Treatment	33.9	100%	12.5	↑	30.8%	↓	1.4%	↓	82%	83%	123%	92%	0	1	0	0	2	8	0	0	74.1%	95.7%	92.9%	93.8%	5.3%	-1.6	2	3
Child & LD	Maister Court	Older People Treatment	21.0	100%	14.8	↓	39.2%	↓	3.1%	↓	91%	75%	100%	100%	0	2	0	0	2	39	0	0	95.2%	91.3%	88.9%	100.0%	7.7%	-1.6	3	3
	Pine View	Forensic Low Secure	33.1	92%	9.7	↑	9.7%	↓	0.0%	→	86%	115%	65%	138%	0	0	0	0	1	3	2	3	100.0%	96.4%	91.7%	95.5%	6.2%	1.1	1	2
	Derwent	Forensic Medium Secure	30.2	93%	12.2	↓	8.1%	↓	0.0%	→	86%	76%	100%	101%	0	0	0	0	0	10	0	0	100.0%	96.7%	83.3%	100.0%	5.9%	-0.8	1	2
	Ouse	Forensic Medium Secure	22.8	80%	8.5	↑	19.3%	↓	0.0%	→	107%	92%	119%	98%	0	0	0	0	0	1	0	13	100.0%	95.6%	70.0%	84.6%	8.7%	0.2	2	2
	Swale	Personality Disorder Medium Secure	29.3	83%	10.3	↓	13.3%	↑	0.0%	→	121%	82%	117%	94%	0	0	0	0	0	3	0	2	100.0%	96.7%	75.0%	100.0%	8.0%	1.2	1	1
	Ullswater (10 Beds)	Learning Disability Medium Secure	30.3	62%	21.9	↓	24.8%	↑	0.0%	→	99%	136%	100%	151%	0	6	0	0	3	43	0	0	86.7%	93.8%	66.7%	89.5%	13.5%	-1.9	1	2
	Townend Court	Learning Disability	36.2	34%	35.5	↑	38.8%	↓	0.2%	↑	56%	72%	76%	81%	1	19	0	0	2	121	1	0	80.0%	94.1%	80.0%	84.0%	13.5%	4.0	4	3
CH	Inspire	CAMHS	47.8	62%	24.1	↑	9.7%	↓	0.0%	→	108%	84%	103%	112%	0	0	0	0	0	0	0	1	N/R	94.8%	95.2%	92.3%	6.8%	0.2	2	2
	Granville Court	Learning Disability Nursing Care	49.7	65%	20.6	↓	26.3%	↓	0.0%	→	128%	86%	100%	102%	0	1	0	0	0	0	0	0	87.5%	97.5%	92.9%	77.8%	8.6%	-1.5	2	1
	Whitby Hospital	Physical Health Community Hospital	29.1	90%	7.8	↑	5.9%	↓	3.4%	↑	88%	71%	101%	95%	0	0	0	0	4	1	0	0	94.3%	91.8%	86.7%	88.9%	6.1%	0.9	2	2
	Malton Hospital	Physical Health Community Hospital	32.4	88%	6.6	↓	8.1%	↑	0.0%	→	86%	81%	119%	76%	0	0	0	0	2	1	1	0	100.0%	88.6%	89.5%	88.2%	4.7%	0.9	2	1

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:	Jan-26



## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : Jan

There are 15 units flagging red for sickness in January which remains a similar position to Quarter 3, however there has been an improvement in units with a sickness rate above 10% from 9 in December to 3 in January.

Ouse, Ullswater continued to fall under 75% for ILS in January. In addition, 6 units are under the 85% threshold. Avondale and Whitby have recovered their position in January above 85%. There continues to be a focus on recover plans for those areas with reduced compliance.

Statutory/Mandatory training overall has continued to remain above the Trust target of 85% for all wards.

Maister Court has 4 red flags for OBD (this is a 5 bedded units so high bed occupancy can be expected), unregistered staff on days reported at 75%, a nil return on clinical supervision and sickness at 7.7%. 2 units had 3 red flags, Mill View Lodge and Townend Court. No units with 5 red flags. This continues to be an improved position overall when compared to November and December.

CHPPD remains in a strong position across the majority of inpatient wards. Newbridges, Malton and Whitby were slightly under their target CHPPD for the month. Westlands and Mill View Court were under target CHPPD in December but have met their target in January. Whitby, whilst under their local target of 8.0 continue to benchmark positively compared to the peer median of 7.28. Malton however are slightly under target and the peer benchmark with a CHPPD of 6.6.

Supervision compliance has shown a small improvement since December with 4 units (Avondale, Westlands, TEC, Mill View Lodge) under the target threshold. Mill View Court has recovered their supervision compliance above the target of 85% to 100% in January. Similarly, Maister Lodge are now above target at 87%. There were 3 nil returns noted in January for PICU, Maister Court, Inspire.

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))
<=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)

Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
7.57%	7.15%	7.71%	8.90%	10.20%	10.65%	11.04%	11.27%	9.85%	6.90%	7.73%	8.58%

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

	Nov-25	Dec-25	Jan-26
Maister Lodge	2	2	2
Millview Lodge	1	2	0
Malton IPU	3	1	1
Whitby IPU	1	2	2

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

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING COMMUNITY DASHBOARD

## Staffing and Quality Indicators

Contract Period:

2025-26

Reporting Month:

Jan



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	Dec-25	Jan-26	
Adult MH Services	Mental Health Response Service	Adult Crisis	57.6	13.6%	✗ 6.5%	£36,317	£0	✓ 92.5%	N/R	2	✗ 0.0%	0	0	⚠ 2	⚠ 2	
	Hull East Mental Health Team	Hull Adult MHT	27.8	26.3%	✗ 13.4%	£4,476	£1,110	⚠ 81.2%	✗ 76.5%	0	NS	0	0	⚠ 3	⚠ 2	
	Hull West Mental Health Team	Hull Adult MHT	9.7	17.7%	✗ 19.6%	£7,366	£9,195	✓ 92.4%	N/R	0	NS	0	3	✓ 1	✓ 1	
	Beverley Mental Health Team	ER Adult MHT	6.7	1.0%	✓ 1.2%	£0	£0	✓ 94.9%	✓ 90.0%	4	✓ 100.0%	0	0	✓ 0	✓ 0	
	Goole Mental Health Team	ER Adult MHT	8.4	13.8%	✓ 0.9%	£224	£0	✓ 96.9%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 0	
	Haltemprice Mental Health Team	ER Adult MHT	8.9	7.2%	✓ 4.1%	£106	£0	✓ 93.9%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 0	
	Holderness Mental Health Team	ER Adult MHT	12.4	-4.9%	✓ 2.7%	£0	£0	✓ 92.9%	✓ 100.0%	13	⚠ 84.6%	0	0	✓ 0	✓ 0	
	Bridlington & Driffield MHT	ER Adult MHT	15.9	2.1%	✗ 21.1%	£1,139	£0	✓ 98.3%	✓ 100.0%	0	NS	0	0	⚠ 2	✓ 1	
STaRS Community	Rehab & LTC	22.7	9.0%	✗ 16.8%	£534	£292	✓ 89.9%	⚠ 80.0%	0	NS	0	0	✓ 1	✓ 1		
Older People MH Services	Crisis Intervention Team for Older People (CITOP)	OP Crisis	28.0	12.5%	✗ 10.0%	£10,943	£0	✓ 94.1%	✓ 100.0%	5	✓ 100.0%	0	0	✓ 1	✓ 1	
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	22.7	7.5%	✓ 2.0%	£0	£0	✓ 98.2%	✓ 100.0%	7	✓ 100.0%	0	0	✓ 0	✓ 0	
	Beverley and Haltemprice OP CMHT	ER OP CMHT	8.4	3.8%	✓ 0.0%	£0	£0	✓ 100.0%	✓ 100.0%	7	✓ 100.0%	0	0	✓ 0	✓ 0	
	Bridlington & Driffield OP CMHT	ER OP CMHT	7.4	0.0%	✗ 11.4%	£524	£0	✓ 96.6%	✓ 94.7%	4	✓ 100.0%	0	0	✓ 1	✓ 1	
	Goole & Pocklington OP CMHT	ER OP CMHT	6.1	24.7%	✓ 3.8%	£190	£0	✓ 99.0%	✓ 100.0%	16	✓ 100.0%	0	0	✓ 0	✓ 0	
	Holderness OP Community Team	ER OP CMHT	5.5	-3.8%	✓ 1.2%	£0	£0	✓ 97.9%	✓ 100.0%	5	✓ 100.0%	0	0	✓ 0	✓ 0	
Universal	Early Intervention in Psychosis	14-65 MHT	30.1	-8.7%	✓ 2.9%	£0	£0	✓ 92.2%	✓ 92.9%	2	✓ 100.0%	0	0	✓ 0	✓ 0	
	Hospital Mental Health Team	Liaison Services	33.9	16.0%	✗ 7.9%	£3,205	£37,157	✓ 96.1%	⚠ 80.0%	6	✓ 100.0%	0	0	✓ 1	✓ 1	
Community Services	Ryedale Team	Comm Services	22.0	-7.0%	✓ 1.5%	£0	£0	✓ 90.2%	✓ 85.7%	0	NS	0	0	✓ 1	✓ 0	
	Scarborough Hub	Comm Services	66.0	6.0%	✗ 7.7%	£19,064	-£616	✓ 88.3%	✗ 79.3%	1	✓ 100.0%	0	0	⚠ 2	⚠ 2	
	Whitby Community Nurses	Comm Services	27.9	20.2%	✗ 13.0%	£2,120	£0	✓ 91.6%	N/R	0	NS	0	0	✓ 1	✓ 1	
	Pocklington Nurses	Comm Services	16.8	13.8%	✗ 9.8%	£5,461	£0	✓ 85.3%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 1	

### 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

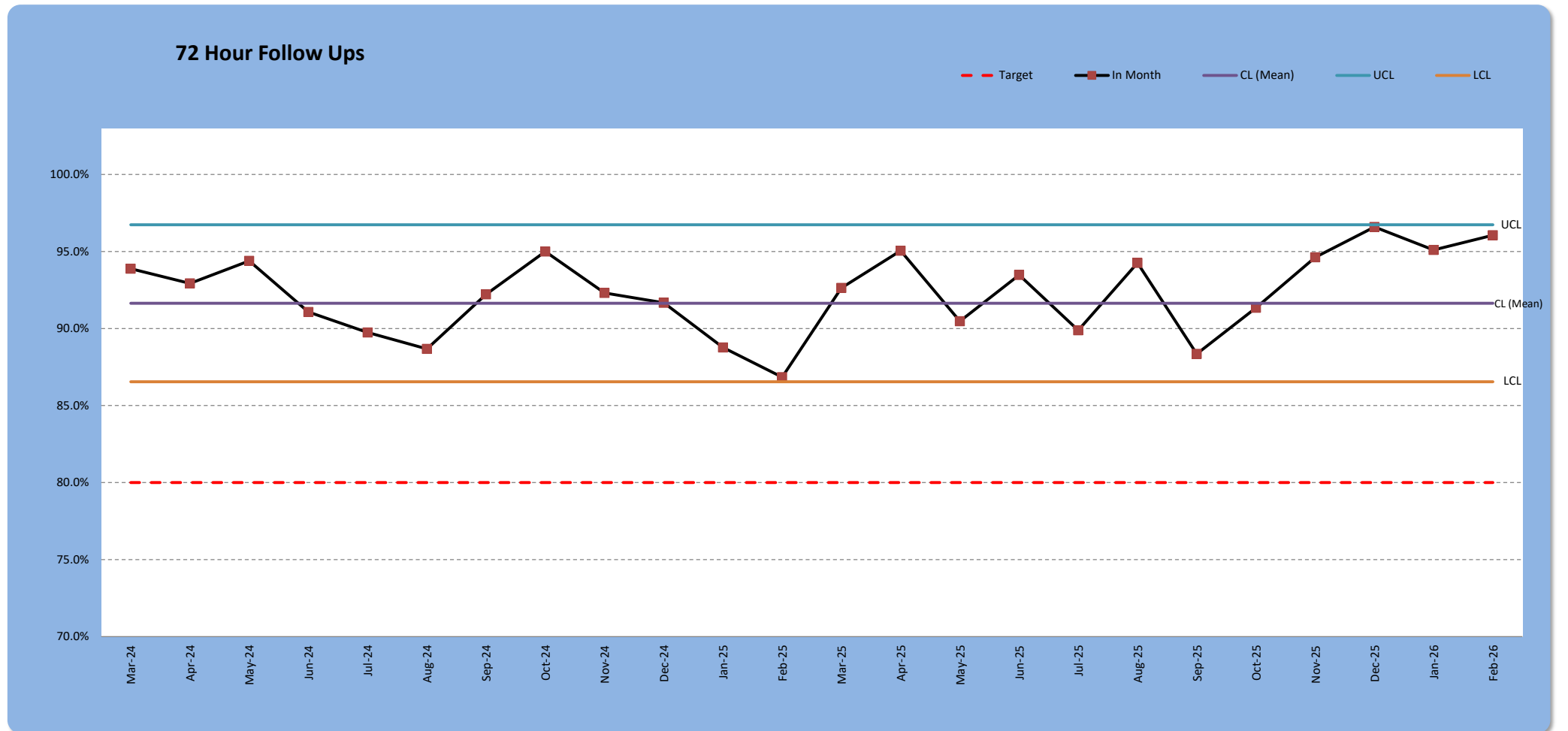
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

		Current month for 72 hour stands at:
Target:	Amber:	
80%	60%	96.1%

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



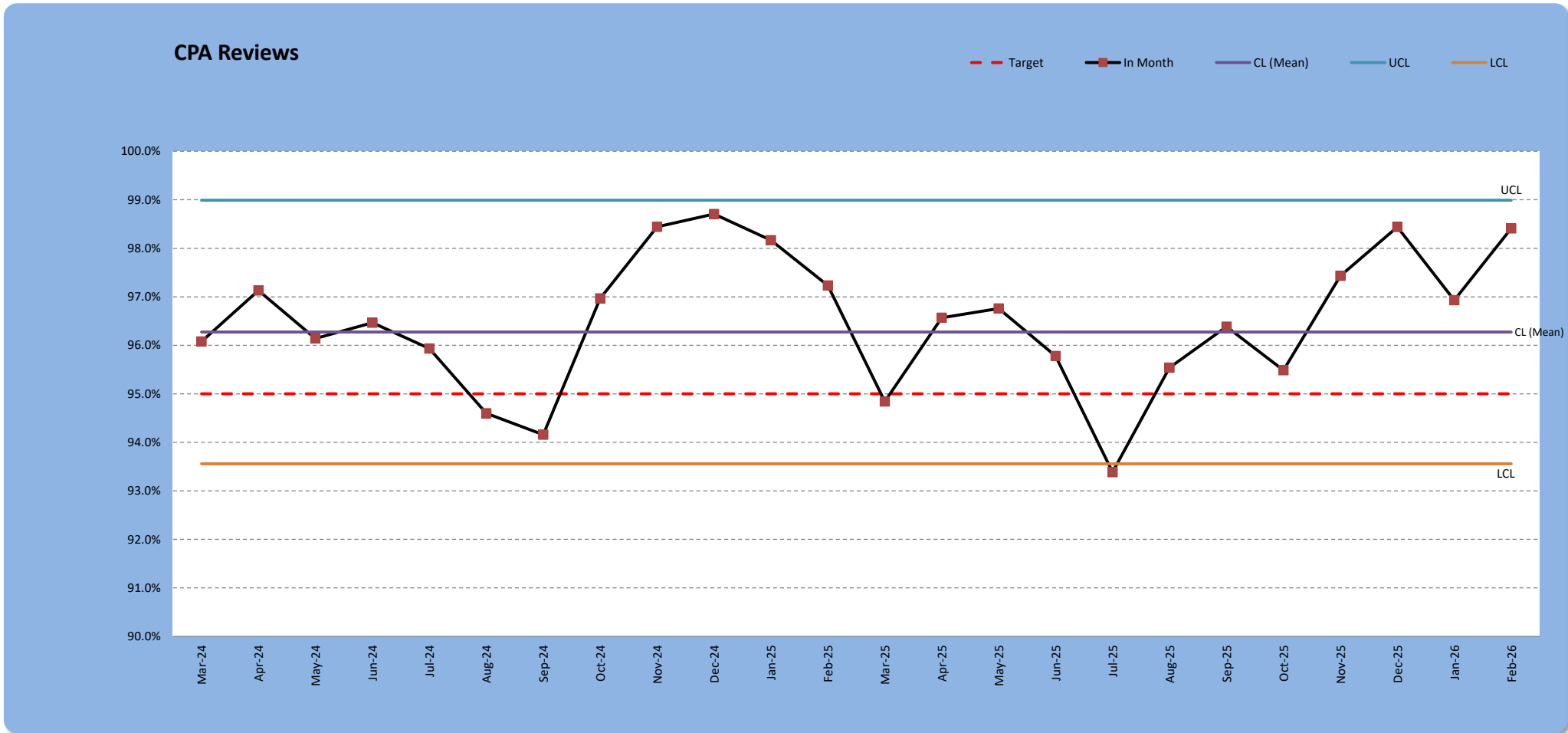
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
95%	85%	98.4%

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



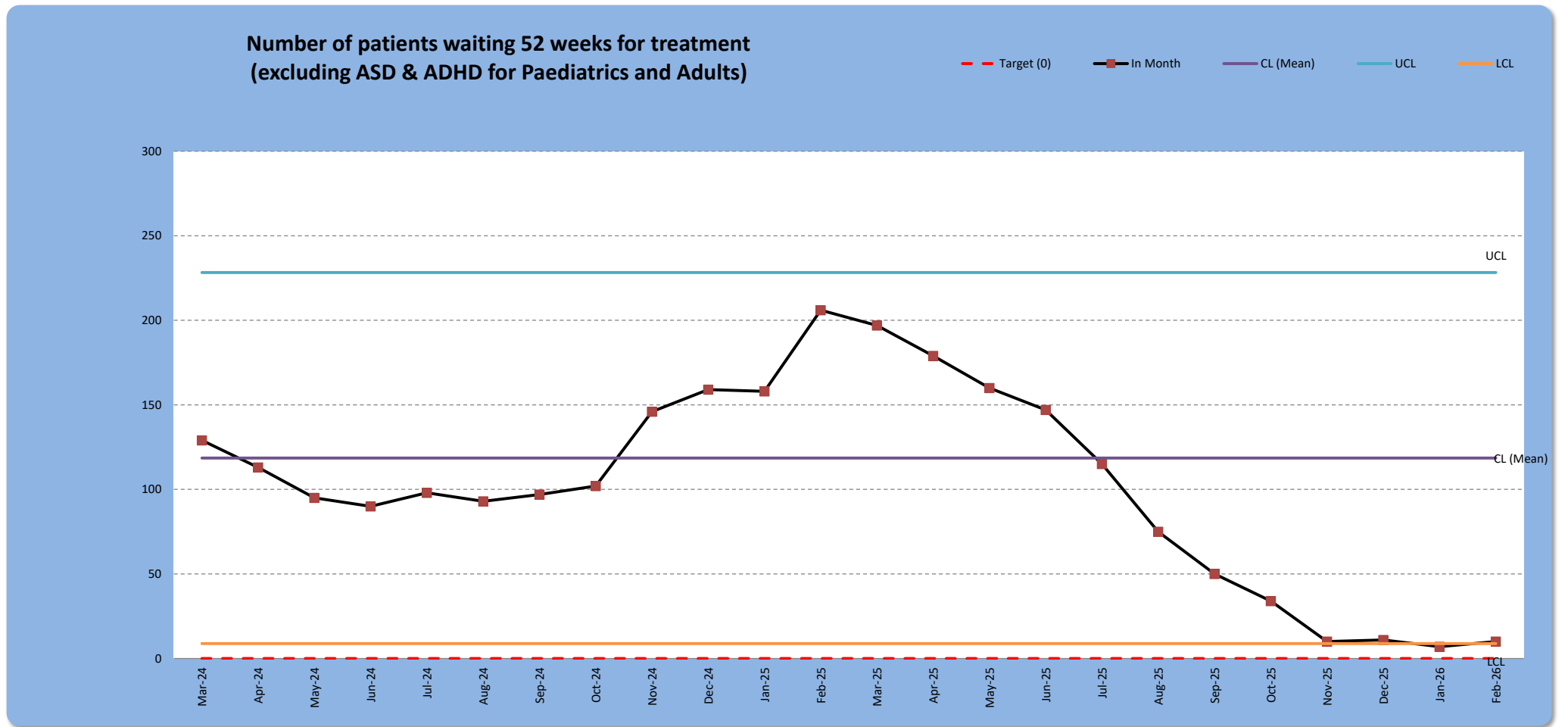
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
0	0	10

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. <i>(Excludes ASD &amp; ADHD Services for both Adult and Paediatrics)</i>	Lynn Parkinson	OP 22x



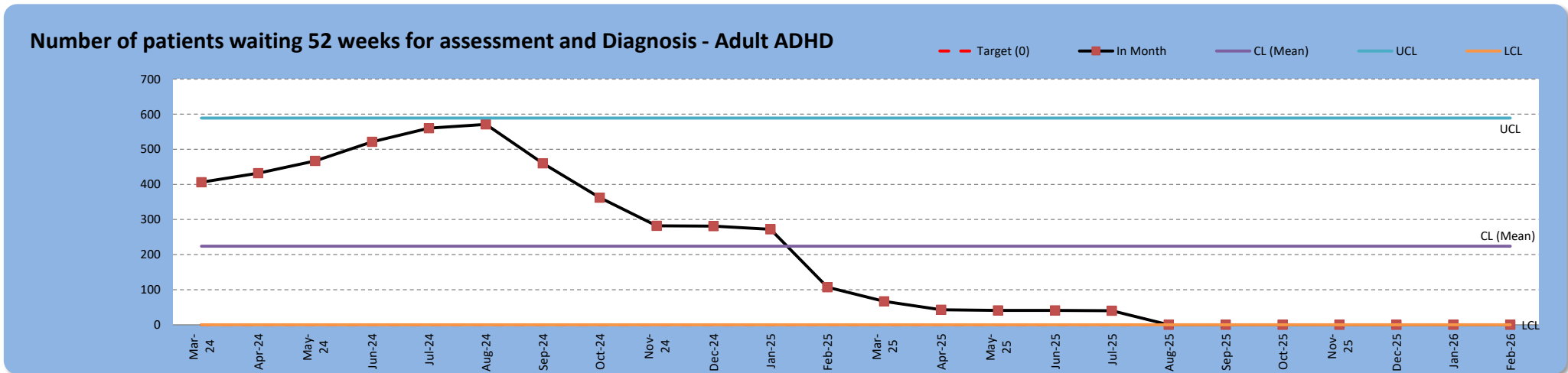
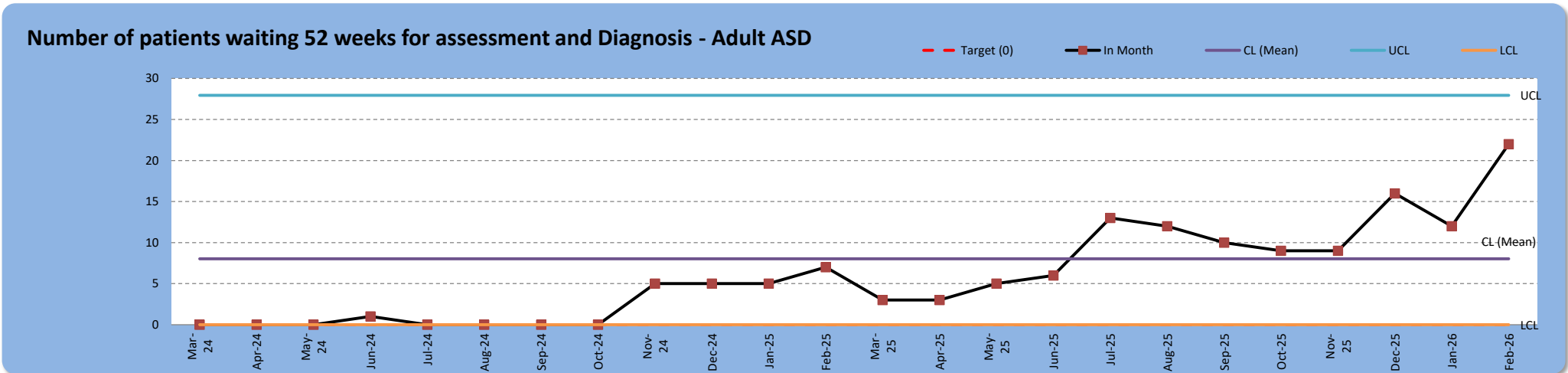
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
0	0	22

Indicator Title	Description/Rationale	Executive Lead	KPI Type
<b>52 Week Waits - Adult (18+) ASD/ADHD</b>	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



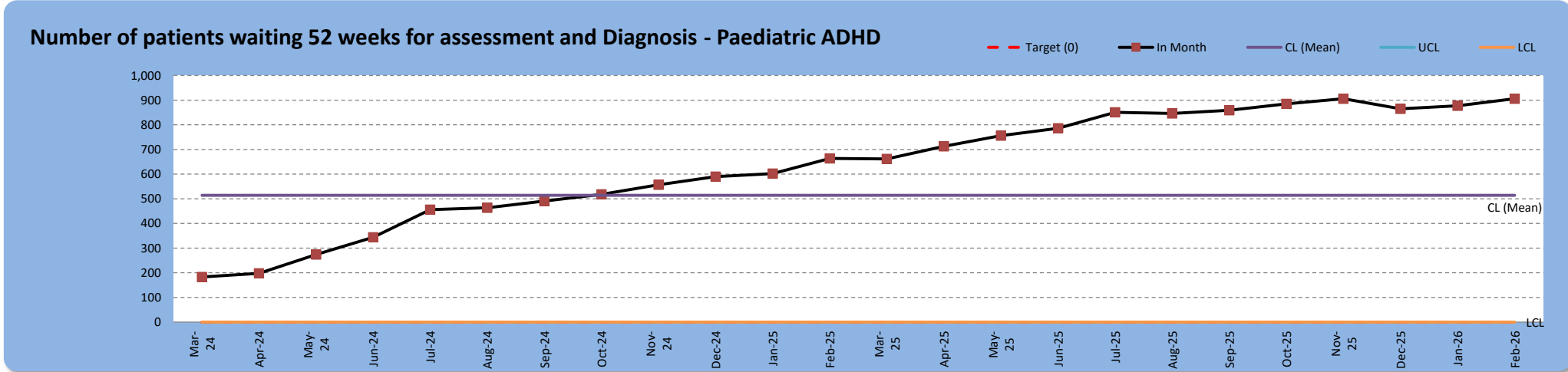
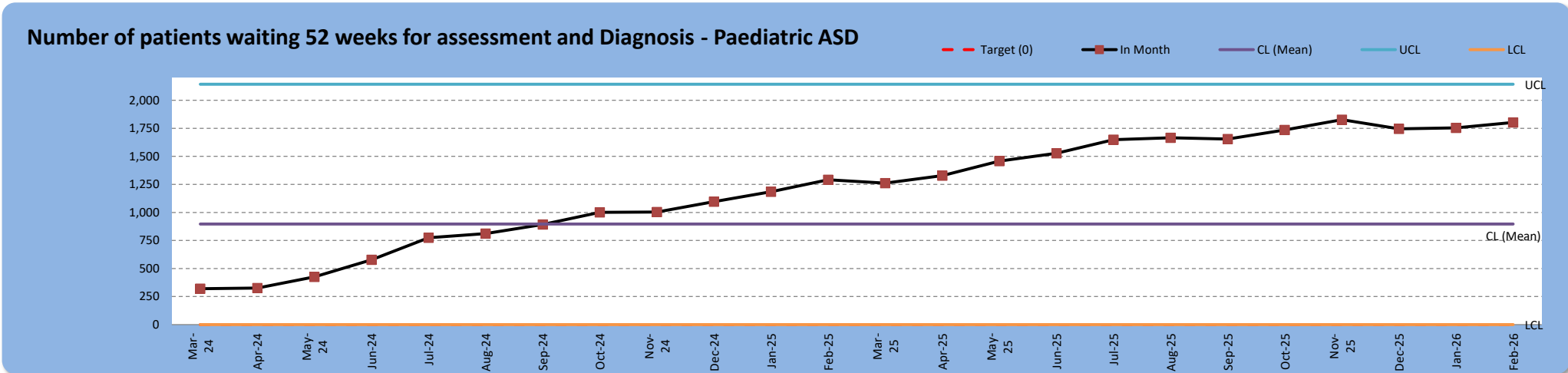
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
0	0	2708

Indicator Title	Description/Rationale	Executive Lead	KPI Type
<b>52 Week Waits - Paediatric ASD/ADHD</b>	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



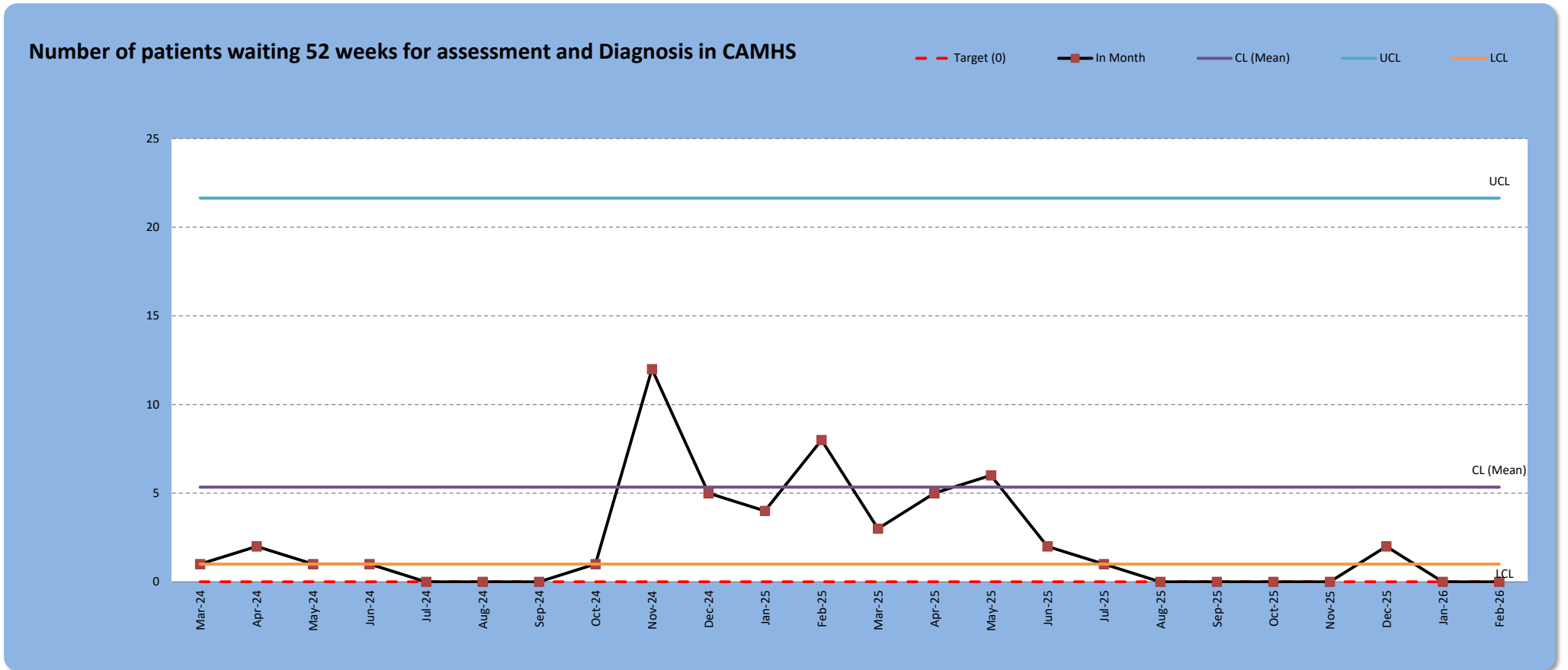
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

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



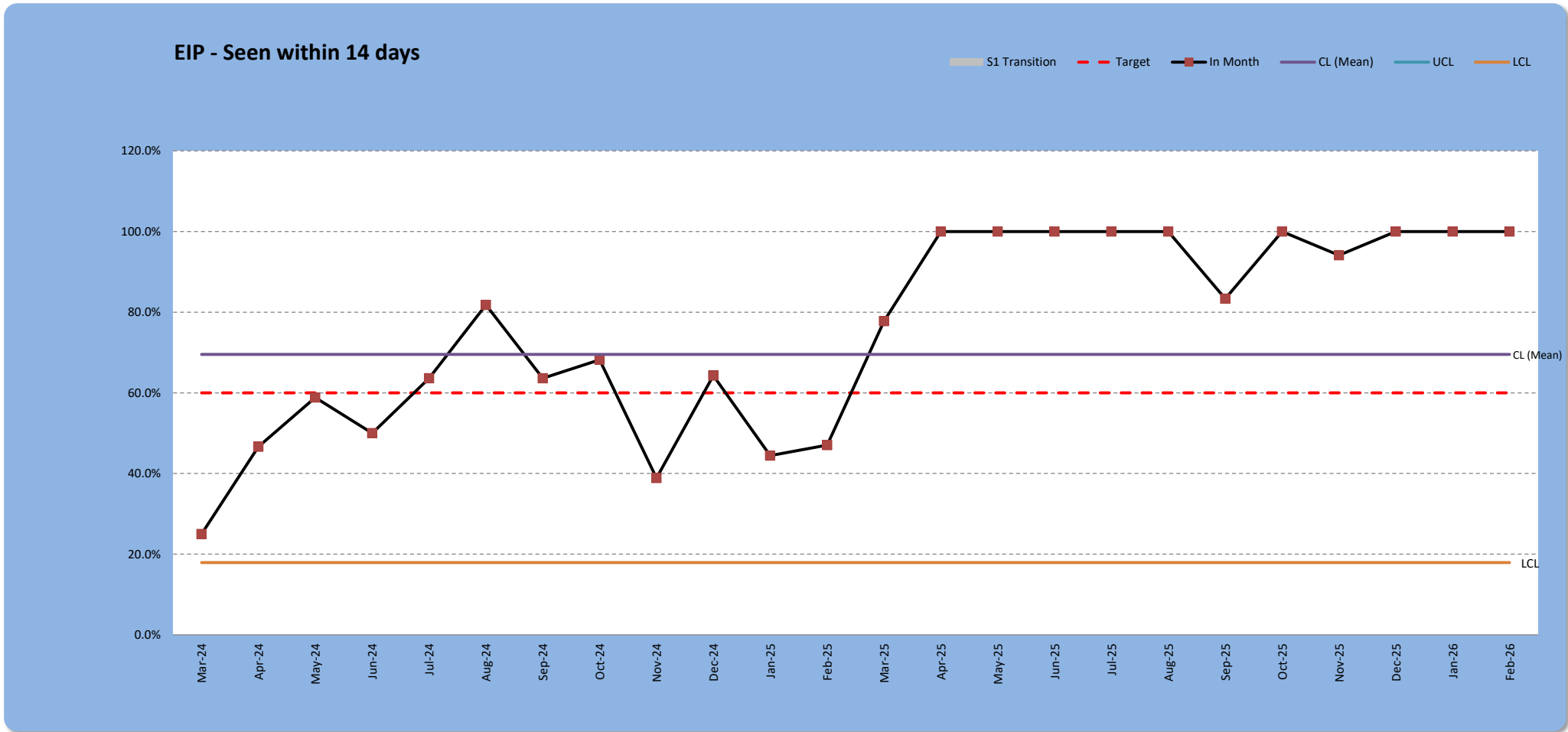
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

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



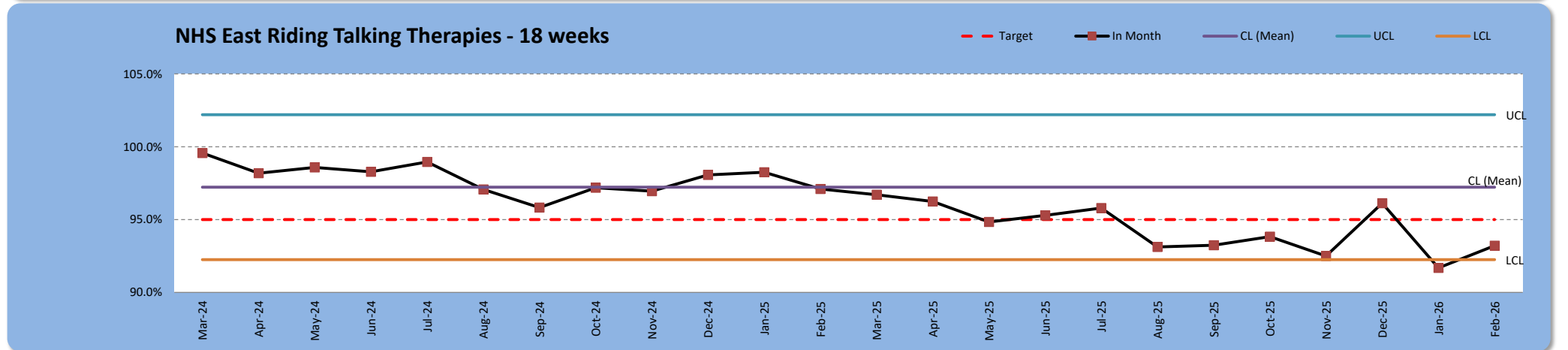
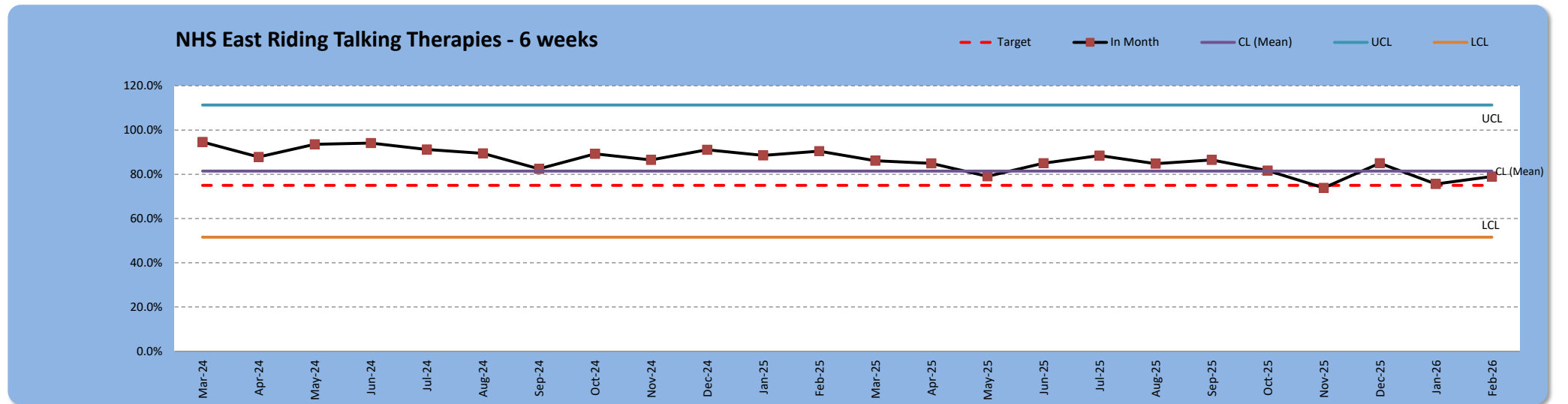
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

		Current month 6 weeks stands at:			Current month 18 weeks stands at:
Target:	Amber:		Target:	Amber:	
75%	70%	79.0%	95%	85%	93.2%

Indicator Title	Description/Rationale	Executive Lead	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)	Lynn Parkinson	OP 10a



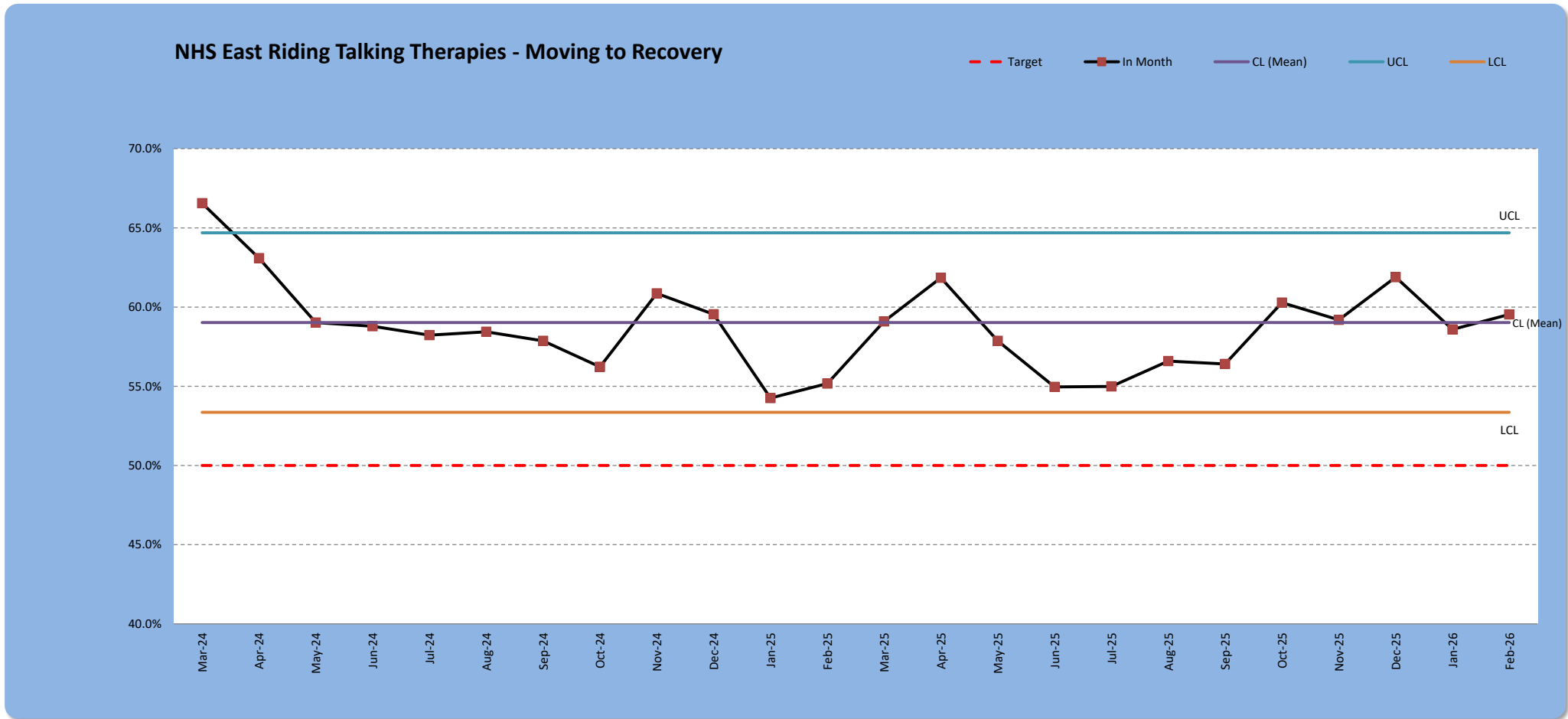
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
50%	45%	59.5%

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



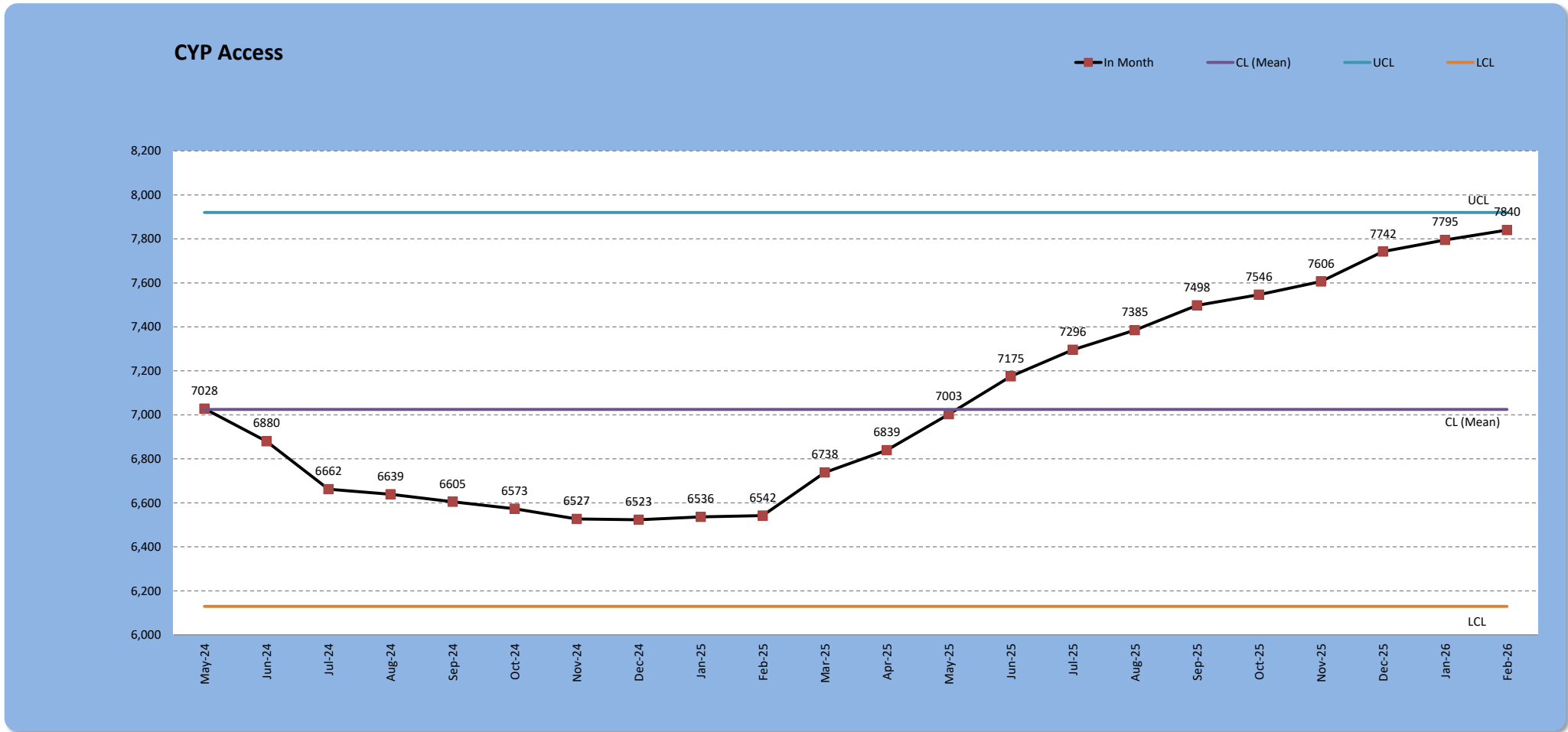
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
TBC	TBC	7840

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes Neuro Services, no team types are excluded.</i>	Lynn Parkinson	MHS95.2



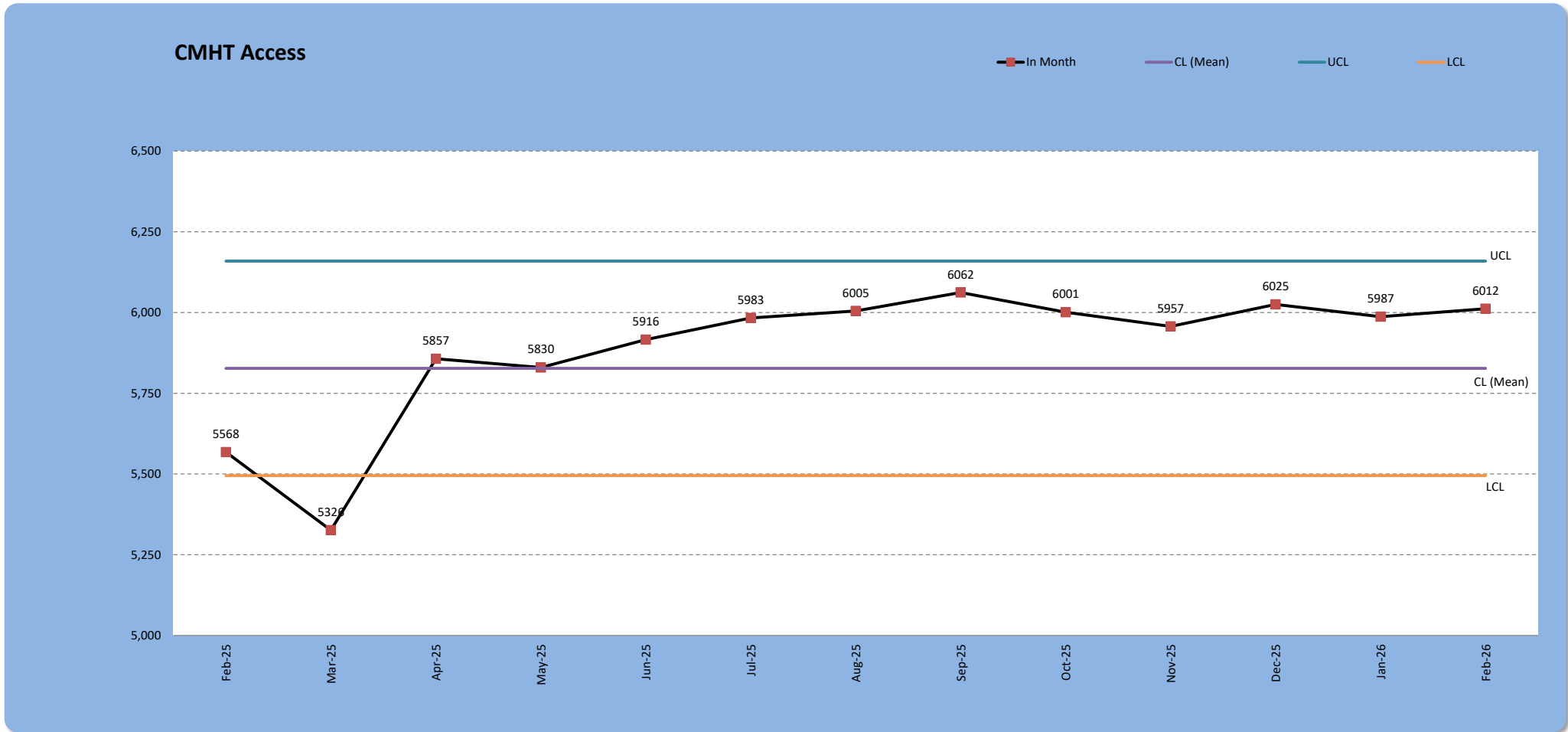
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
TBC	TBC	6012

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



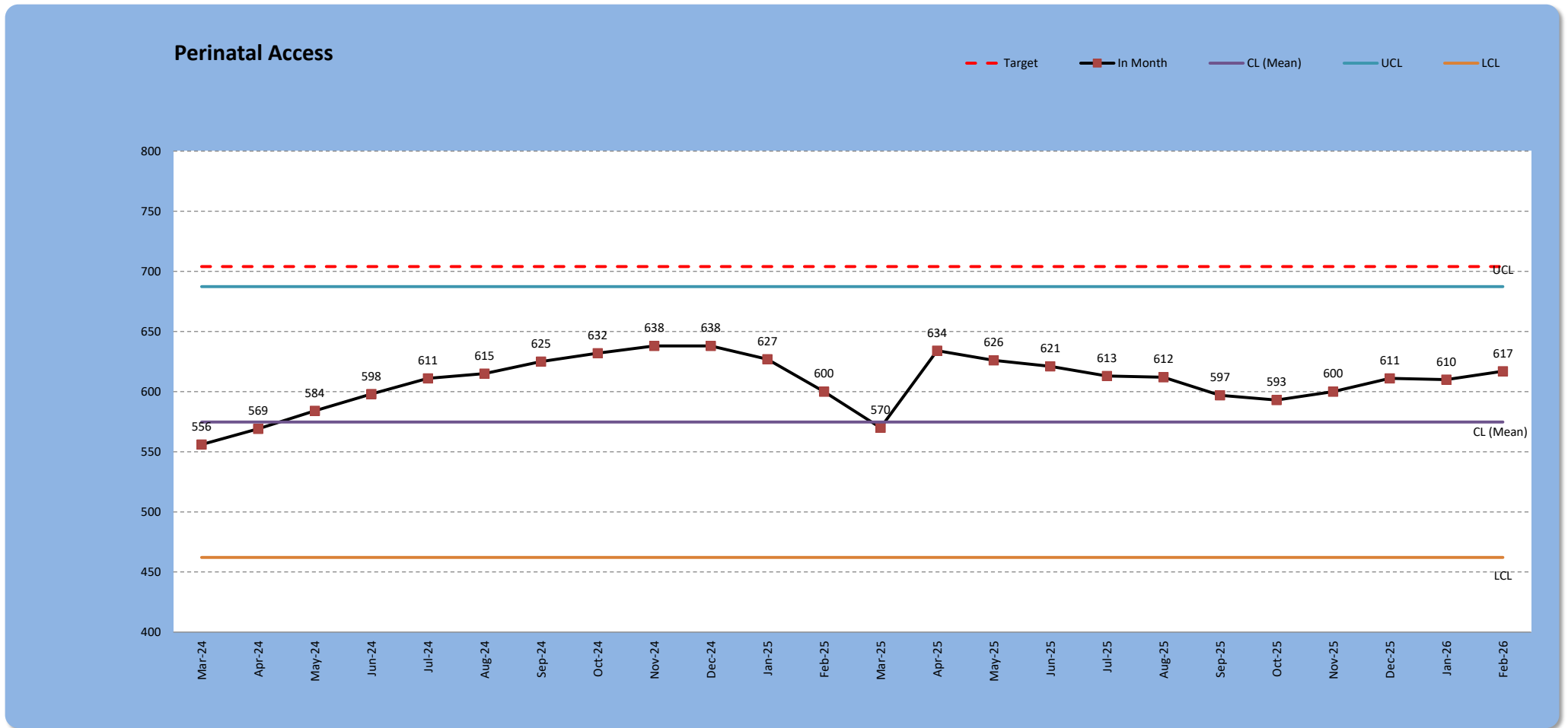
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
TBC	TBC	617

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months <i>(Hull, East Riding &amp; North Lincs only)</i>	Lynn Parkinson	MHS91.1



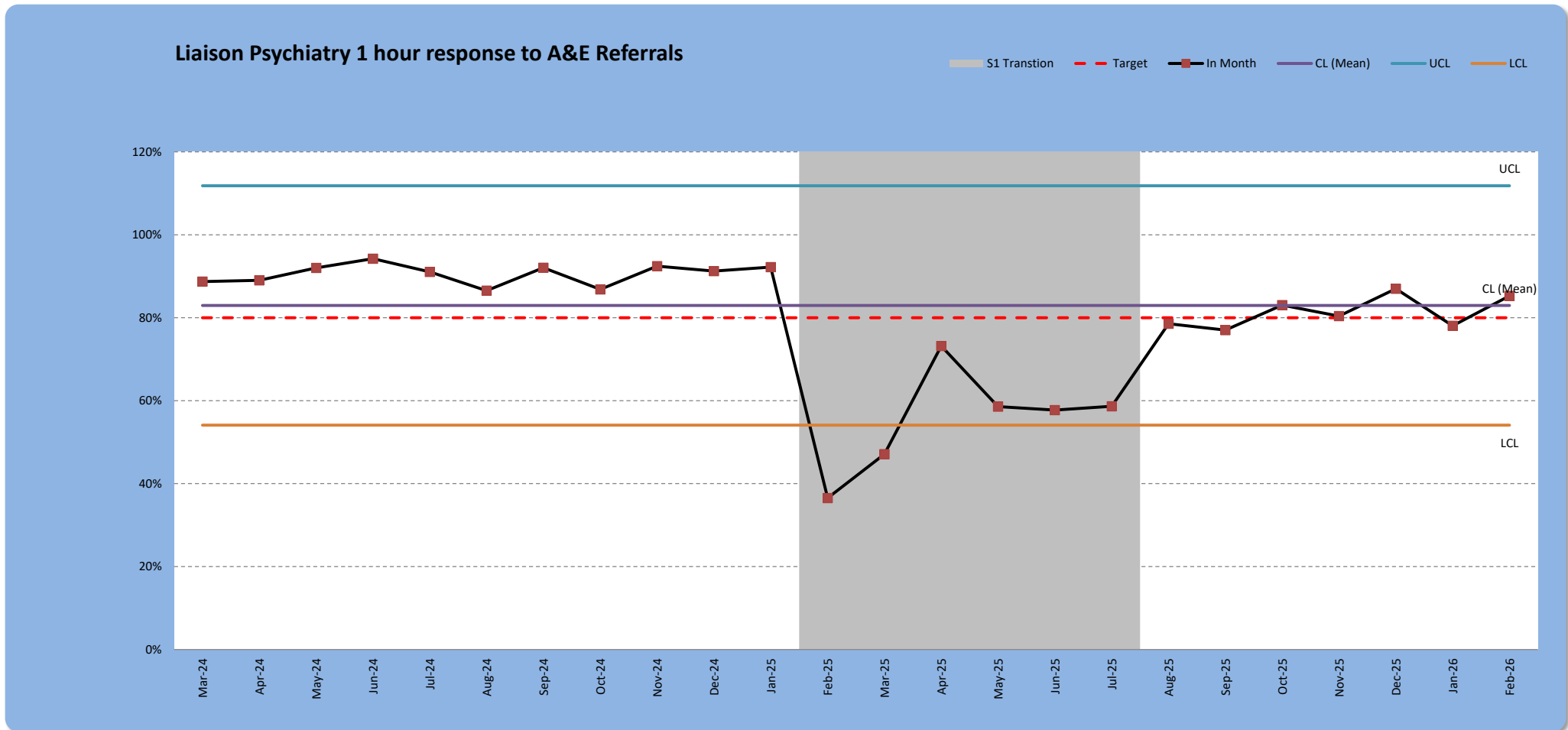
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
80%	75%	85.3%

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



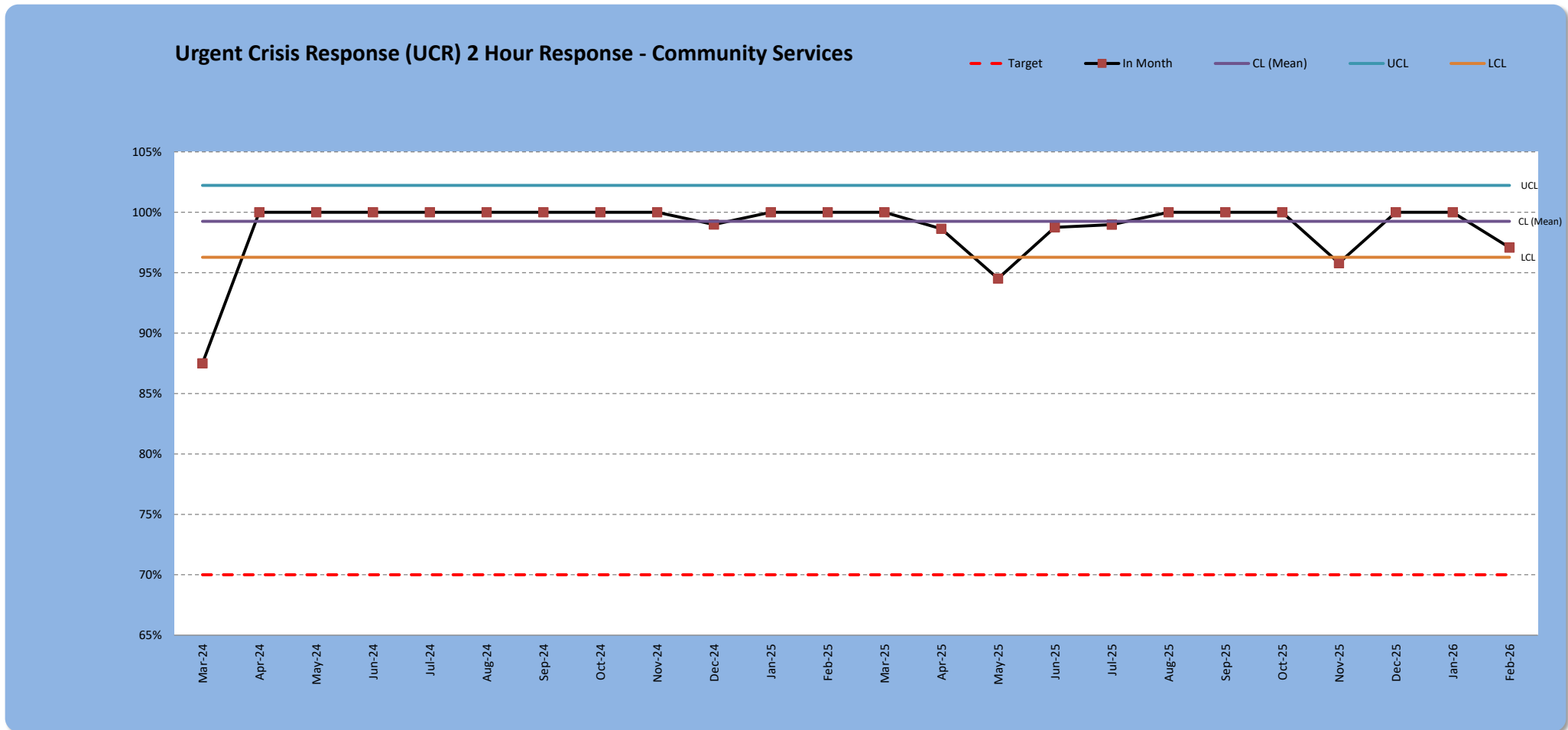
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
100%	95%	97.1%

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



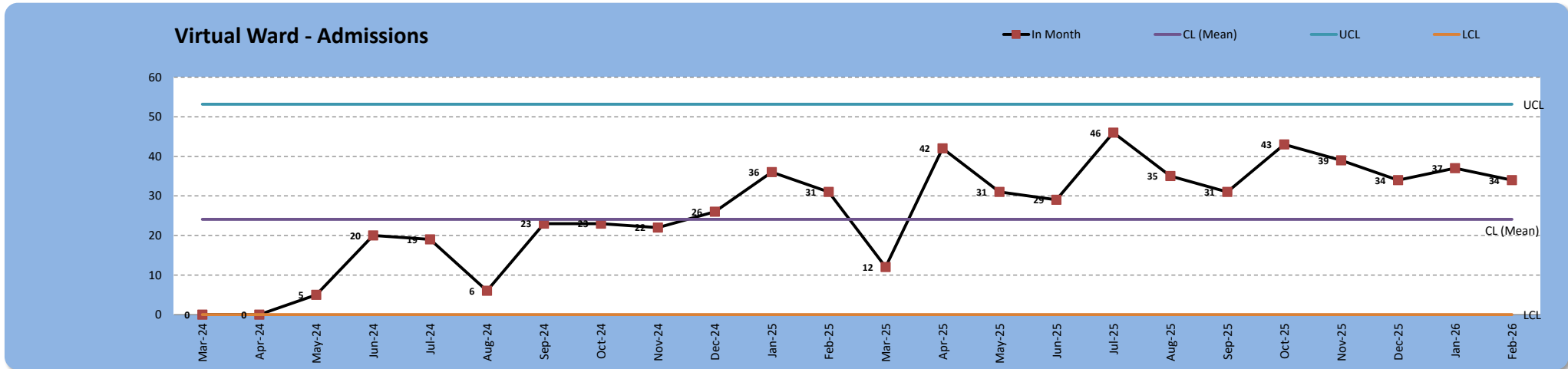
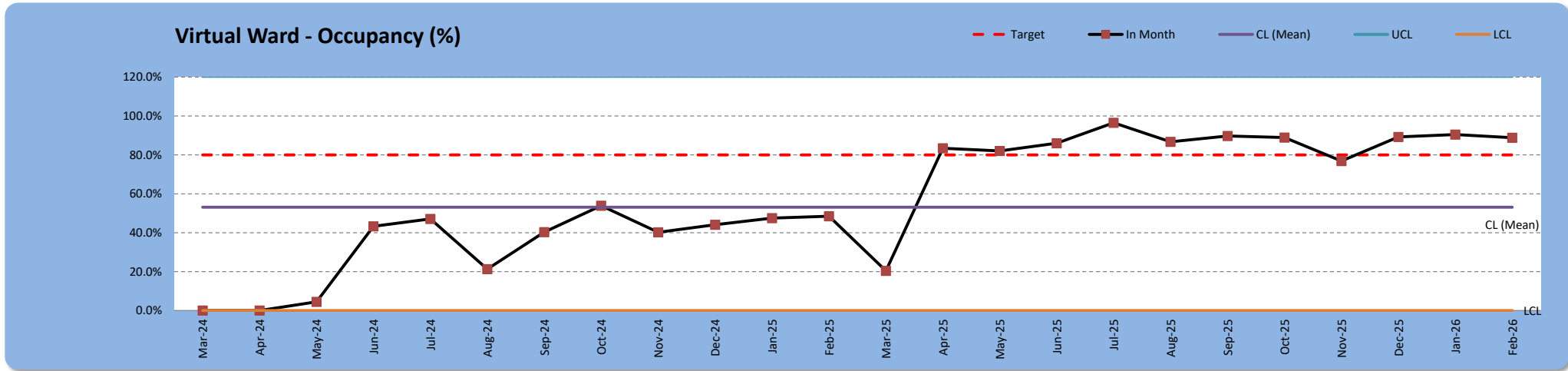
# PI RETURN FORM 2025-26

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
80%	75%	88.9%

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

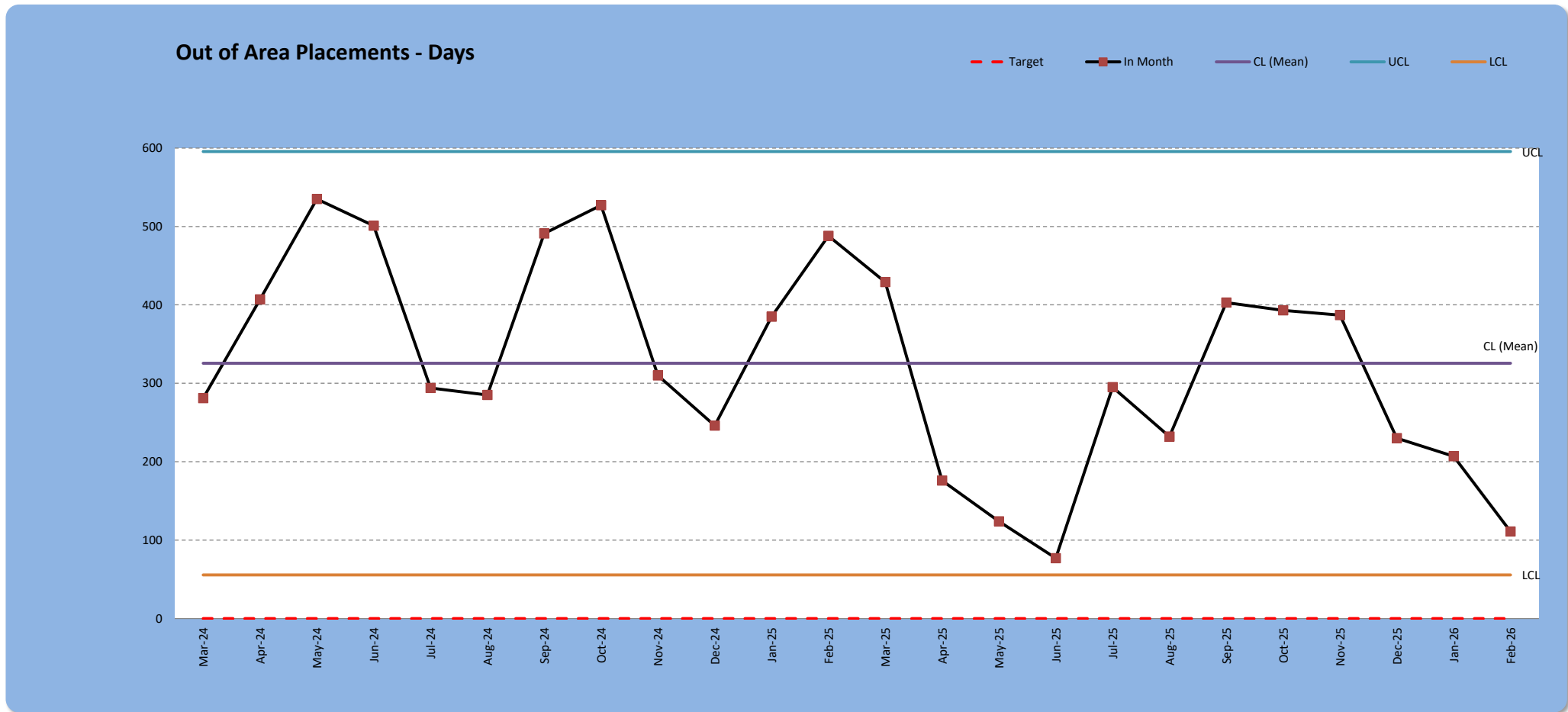
## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **February 2026**

Target:	Amber:	Patients OoA within month:
0	0	5

Split:	# days	# patients
Adult	0	0
OP	81	3
PICU	30	2

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



# PI RETURN FORM 2025-26

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **February 2026**

Split for Current month:

Feb-26	
0	Adult
81	OP
30	PICU
111	Total

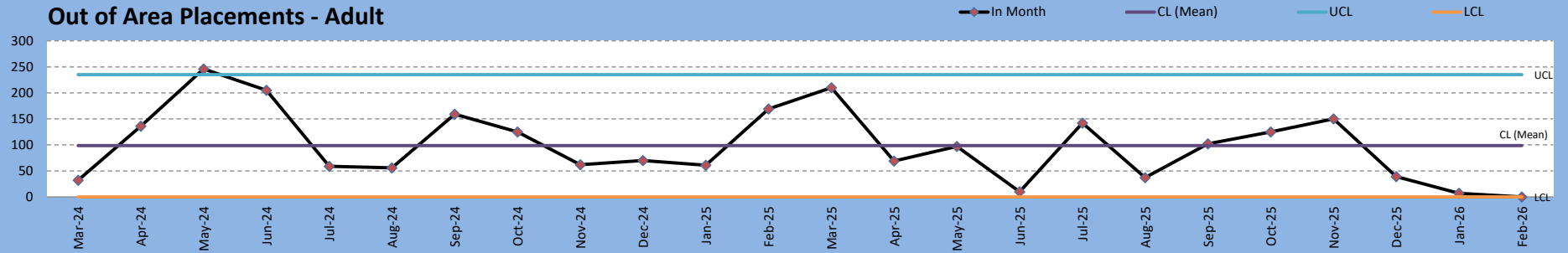
Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead  
Lynn Parkinson

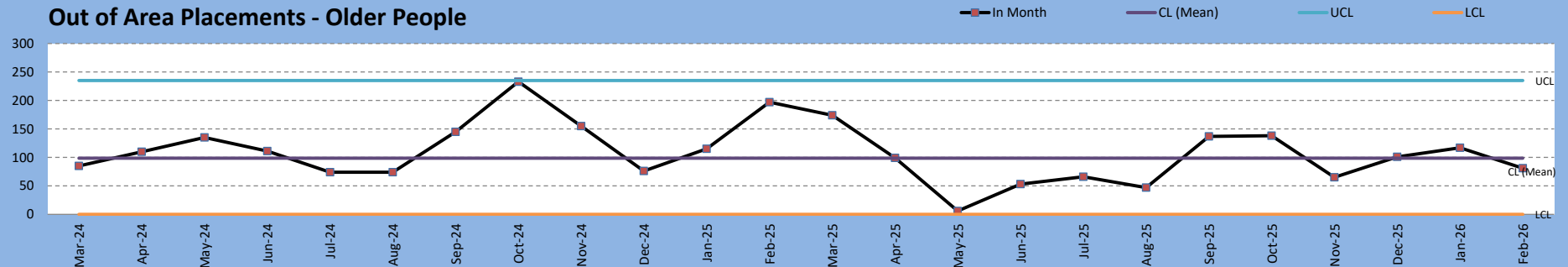
KPI Type

ST 4 split

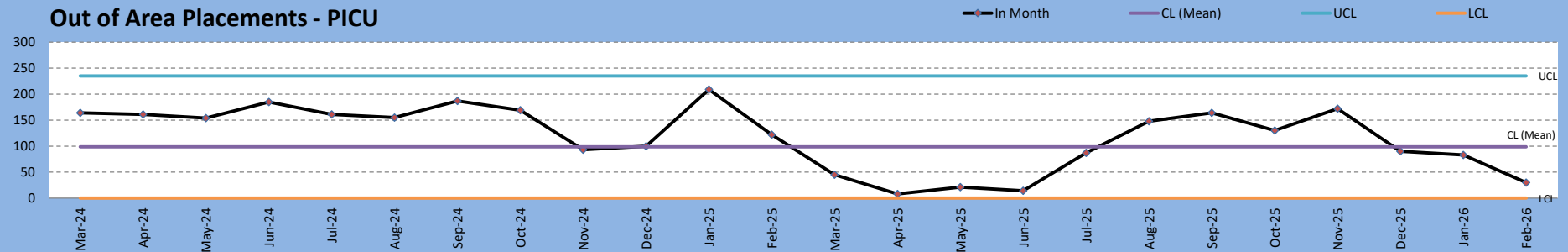
### Out of Area Placements - Adult



### Out of Area Placements - Older People



### Out of Area Placements - PICU



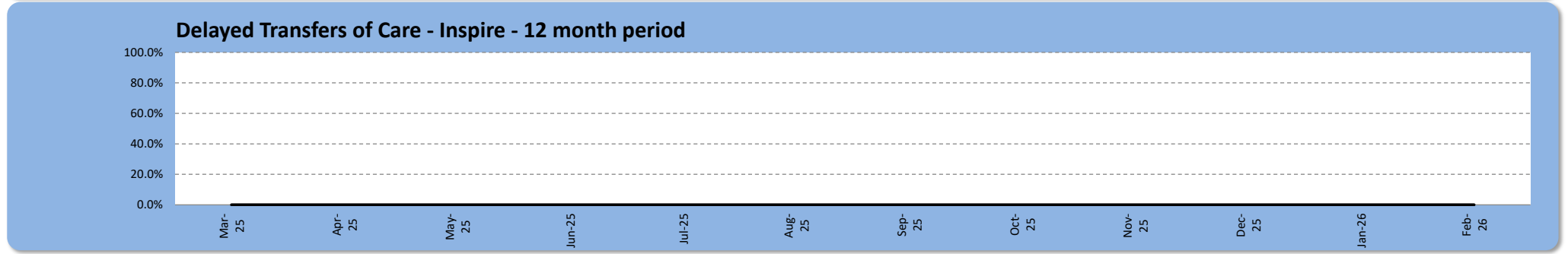
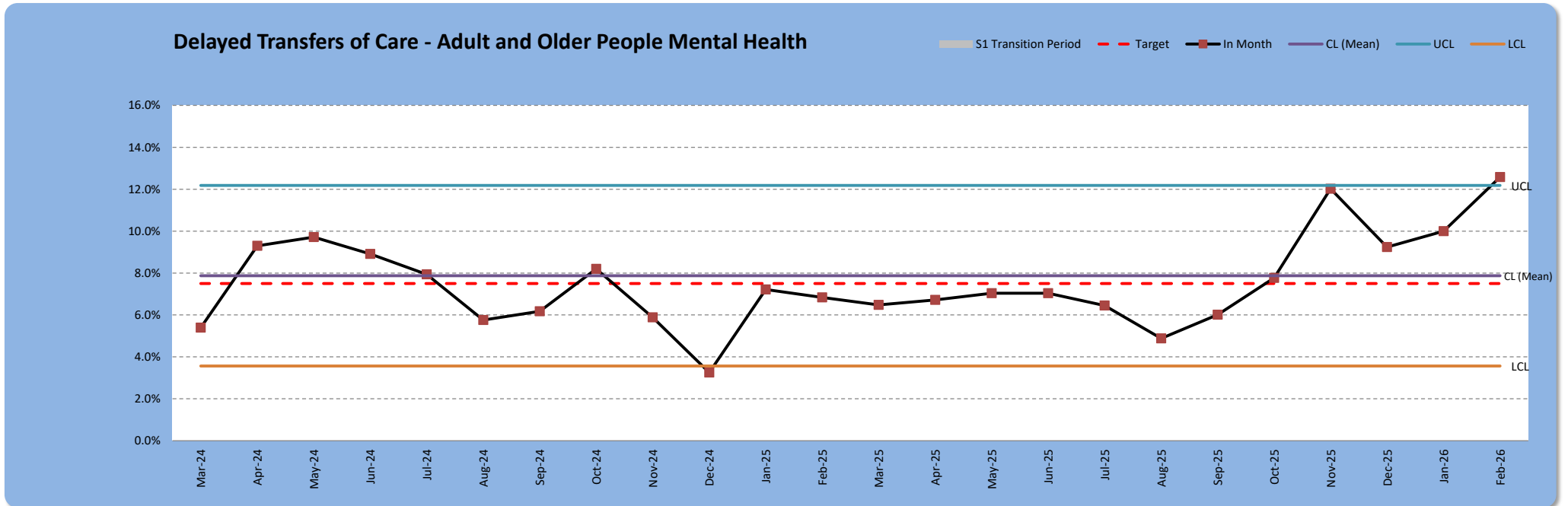
# PI RETURN FORM 2025-26

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:
7.5%	7.0%	12.6%

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

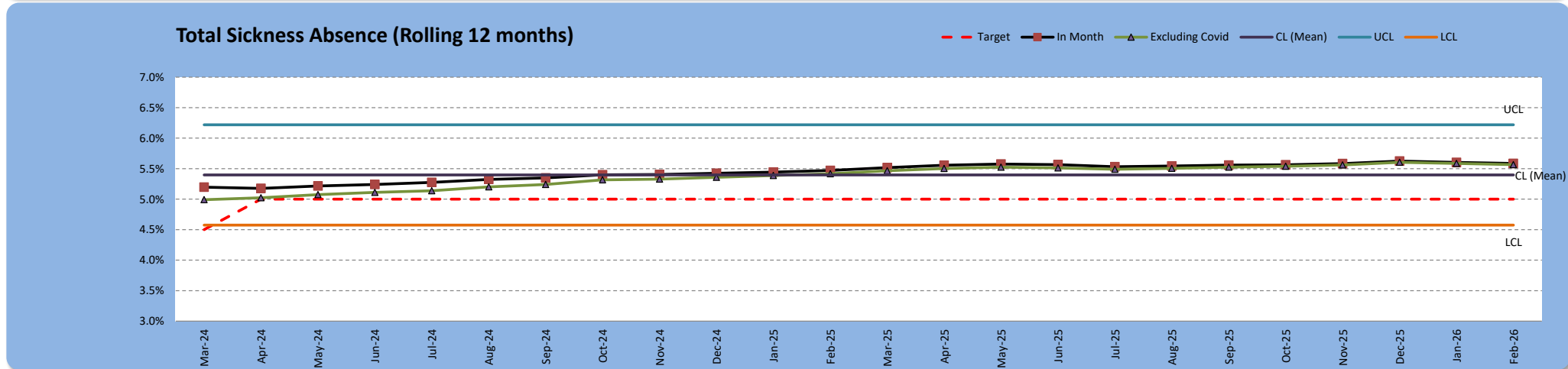
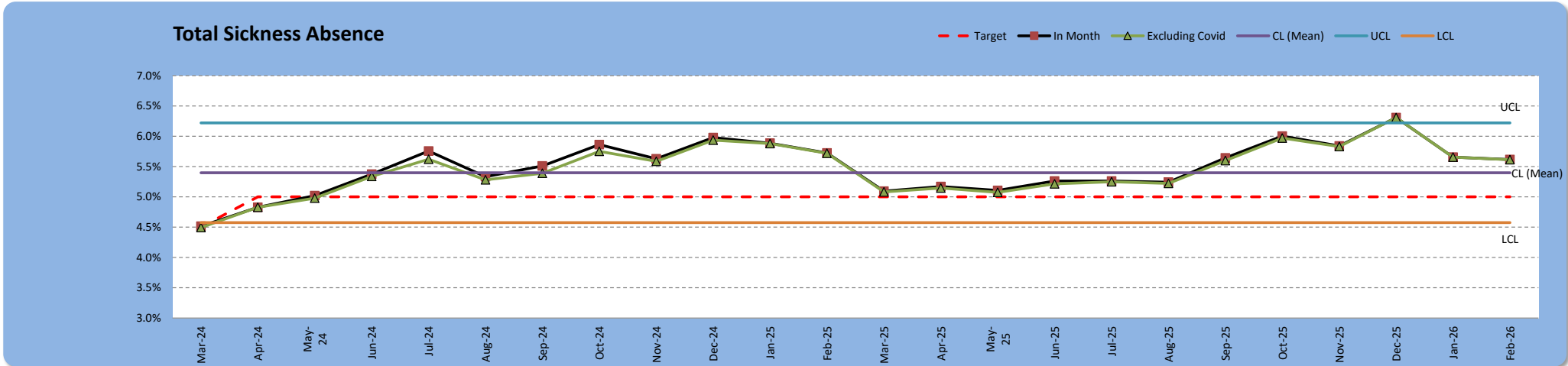
## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

February 2026

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.6%

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	



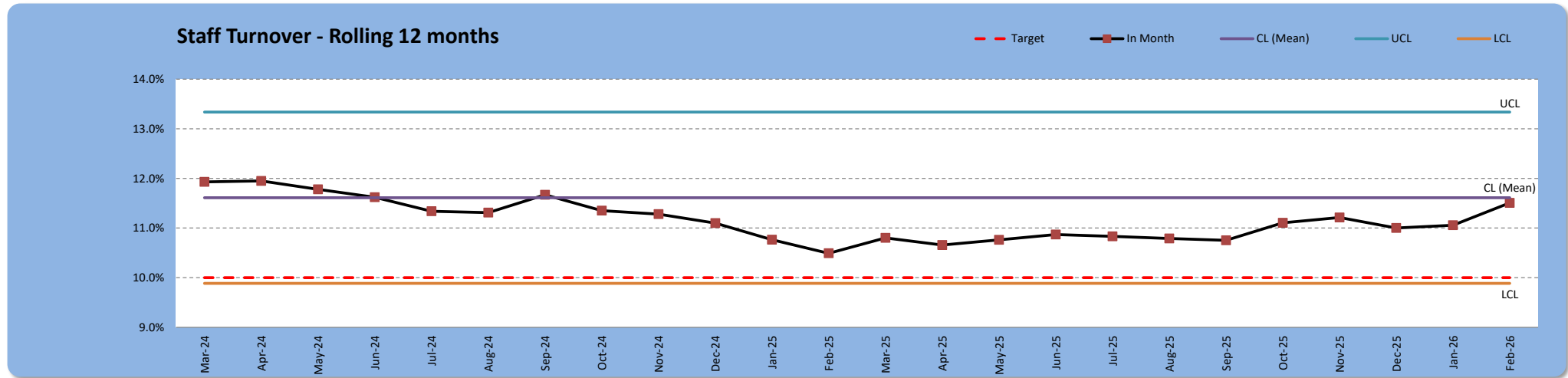
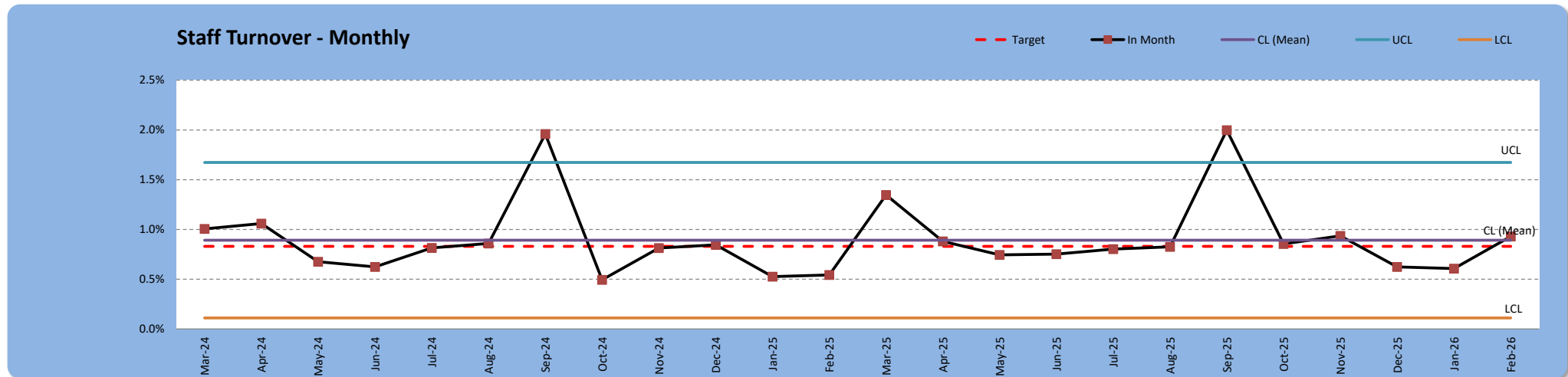
# PI RETURN FORM 2025-26

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **February 2026**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	0.9%	10%	9%	12%

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



# 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



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: 13/03/2026

Financial Year  
2025-26

# NHS Prioritises Operational Planning Metrics

This document provides a high level summary of the performance against the NHS Prioritises (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:

Feb-26

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



# Mental Health Operational Planning Metrics

NHS England
Humber Teaching NHS Foundation Trust
2025/26
11 March 2026



Entry	Indicator Definition	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
E.A.5	Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> - SNAPSHOT at Reporting Month End	6	● 13	● 3	● 5	● 3	● 7	● 10	● 11	● 14	● 10	● 6	● 5	● 3
E.A.4a	Access to <b>NHS talking therapies</b> for anxiety and depression - reliable recovery	59%	● 58%	● 62%	● 58%	● 55%	● 55%	● 57%	● 56%	● 60%	● 59%	● 62%	● 59%	● 60%
E.A.4b	Access to <b>NHS talking therapies</b> for anxiety and depression - reliable improvement	75%	● 75%	● 78%	● 76%	● 75%	● 77%	● 73%	● 74%	● 77%	● 73%	● 76%	● 76%	● 76%
E.H.15	Women Accessing Specialist Community <b>Perinatal Mental Health Services</b> <b>Rolling 12months (ALL 4 PLACE AREAS)</b>	865	● 860	● 845	● 840	● 822	● 809	● 797	● 776	● 771	● 773	● 779	● 770	● 778
E.H.9	Access to <b>Children and Young People's</b> Mental Health Services <b>Rolling 12months</b>	6760	● 6751	● 6839	● 7003	● 7175	● 7296	● 7385	● 7498	● 7546	● 7606	● 7742	● 7795	● 7840
E.H.34	<b>Individual Placement Support access</b> <b>Rolling 12months</b>	320	● 303	● 299	● 307	● 320	● 331	● 332	● 323	● 317	● 318	● 325	● 321	● 326

# Community Services Operational Planning Metrics

NHS England
Humber Teaching NHS Foundation Trust
2025/26
11 March 2026



Entry	Indicator Definition	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
E.T.5	Virtual Wards - Number of Bed Occupancy	80%	● 56%	● 83%	● 82%	● 86%	● 97%	● 87%	● 90%	● 89%	● 77%	● 89%	● 90%	● 89%
E.T.8	UCR referrals (all). These are referrals to UCR services whether they require a 2-hour response or not.	150	● 97	● 77	● 81	● 87	● 100	● 82	● 105	● 131	● 146	● 159	● 148	● 105
E.T.10	Count of all attended care contacts in the period	43655	● 40981	● 40517	● 42188	● 42504	● 47955	● 41874	● 45155	● 48981	● 47071	● 44211	● 48528	● 42410
E.T.9	Number of Adults (18+ years) >52 weeks on community waiting lists per system	0	● 6	● 15	● 19	● 23	● 20	● 1	● 1	● 0	● 0	● 0	● 0	● 0
E.T.9	Number of CYP (0-17 years) >52 weeks on community waiting lists	24	● 30	● 40	● 41	● 17	● 7	● 4	● 1	● 17	● 0	● 0	● 0	● 1

# Mental Health Long Term Plan Targets Dashboard - PLACE data

NHS Improvement
Humber Teaching NHS Foundation Trust
2025/26
11 March 2026



Entry	Indicator Definition	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
EA.5	Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> bed days <b>Rolling 3 months (HULL PLACE ONLY)</b>	3	● 7	● 2	● 2	● 1	● 3	● 3	● 5	● 4	● 3	● 1	● 1	● 1
EA.5	Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> bed days <b>Rolling 3 months(EAST RIDING PLACE ONLY)</b>	3	● 6	● 1	● 3	● 2	● 3	● 5	● 3	● 8	● 6	● 5	● 3	● 2
E.H.9	Access to <b>Children and Young People's</b> Mental Health Services <b>Rolling 12months (HULL PLACE ONLY)</b>	3735	● 4027	● 4073	● 4180	● 4284	● 4367	● 4400	● 4467	● 4542	● 4598	● 4687	● 4742	● 4788
E.H.9	Access to <b>Children and Young People's</b> Mental Health Services <b>Rolling 12months (East Riding PLACE ONLY)</b>	3025	● 3341	● 3411	● 3520	● 3596	● 3657	● 3711	● 3754	● 3784	● 3816	● 3914	● 3934	● 3961
E.H.34	<b>Individual Placement Support</b> access <b>Rolling 12months (HULL PLACE ONLY)</b>	128	148	154	163	175	180	187	179	170	165	● 161	● 157	● 162
E.H.34	<b>Individual Placement Support</b> access <b>Rolling 12months (East Riding PLACE ONLY)</b>	192	143	131	128	128	131	125	123	124	130	● 140	● 142	● 144

# Perinatal Dashboard - PLACE data

NHS Improvement  
 Humber Teaching NHS Foundation Trust  
 2025/26  
 11 March 2026



Entry	Indicator Definition	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services <b>Rolling 12months (HULL PLACE ONLY)</b>	345	● 300	● 293	● 296	● 294	● 284	● 287	● 276	● 264	● 271	● 270	● 269	● 275
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services <b>Rolling 12months (EAST RIDING PLACE ONLY)</b>	353	● 232	● 227	● 219	● 213	● 211	● 205	● 200	● 207	● 207	● 216	● 218	● 220
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services <b>Rolling 12months (NORTH LINCS PLACE ONLY)</b>	171	● 116	● 115	● 113	● 113	● 116	● 115	● 116	● 116	● 115	● 119	● 118	● 116
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services <b>Rolling 12months (NORTH EAST LINCS PLACE ONLY)</b>	177	● 212	● 210	● 212	● 202	● 198	● 190	● 184	● 184	● 180	● 174	● 165	● 167

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

**Issue Date:** 11/03/2026

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Risk Register Update														
Author/s:	Sarah Smyth, Executive Director of Nursing, Quality and Professions  Oliver Sims Corporate Risk and Incident Manager														
Recommendation:	<table border="1" data-bbox="523 667 1500 779"> <tr> <td data-bbox="523 667 919 701">To approve</td> <td data-bbox="919 667 1015 701"></td> <td data-bbox="1015 667 1394 701">To discuss</td> <td data-bbox="1394 667 1500 701">✓</td> </tr> <tr> <td data-bbox="523 701 919 734">To note</td> <td data-bbox="919 701 1015 734">✓</td> <td data-bbox="1015 701 1394 734">To ratify</td> <td data-bbox="1394 701 1500 734"></td> </tr> <tr> <td data-bbox="523 734 919 779">For assurance</td> <td data-bbox="919 734 1015 779"></td> <td data-bbox="1015 734 1394 779"></td> <td data-bbox="1394 734 1500 779"></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 Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in November 2025.														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks).</li> </ul>	<p><b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b></p> <ul style="list-style-type: none"> <li><b>OPS31 – Failure to effectively address waiting times within the Trust's Children's Neurodiversity services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain:</b>  Key actions focussing on work at ICB level to determine standardisation / streamlining of Neuro diversity services as well as appropriate funding. Further consideration underway around waiting list initiatives and Right to Choose.</li> <li><b>FII239 – As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery:</b>  Ongoing maintenance of relationships with commissioners and continued work to highlight the requirement for funding through MHIS and service development funds. The Trust will continue to bid for national capital resource as and when it becomes available.</li> </ul>														

- FII223 – Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base:**  
  
 Development of Medium-Term financial plan with funding proposals in conjunction with the ICB.
- WF57 – Persistent and elevated sickness absence rates across Trust staff groups— currently averaging 5.54% (Sep 25) pose a significant risk to workforce capacity, operational delivery, and the ability of the organisations to meet performance expectations under the 2025/26 NHS Oversight Framework as well as reduced staffing levels compromising patient safety, increase waiting times, and hinder service recovery:**  
  
 Focus on delivery of Trust 'Working Towards a Healthier Workforce' plan, with continued work around flu vaccination uptake and embedding of Plus schemes. Continued delivery of health and wellbeing MOTs to Trust workforce and recruitment of Psychologist to Trust Occupational Health department.  
  
 Following previous Trust Board discussion, further consideration has been given to the ongoing risk associated with the primary care transfer project. The risk currently sits beneath scoring threshold for inclusion on the trust-wide risk register but is being actively managed via the Trust Operational Delivery Group and via the Primary Care and Community Service divisional risk register governance arrangements with regular updates provided to the Executive Management Team.

**Key Risks/Areas of Focus:**

- No key risks / areas of focus to highlight further to the content referenced in the appended risk register entries.

**Decisions Made:**

EMT were assured that appropriate actions are in place to mitigate the risks. EMT has requested that ODG regularly review all risks that are 2 years or older and those where the risk rating has stayed the same for 6 months or more.

**Trust-wide Risk Register (15+ significant risks only)**

- The Trust-wide risk register extract contains **4 risks** currently rated at 15+:

Risk Description	Current Rating
<b>OPS31</b> – Failure to effectively address waiting times within the Trust's Children's Neurodiversity services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain	<b>16</b>
<b>FII239</b> – As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	<b>15</b>
<b>FII223</b> – Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.	<b>16</b>

**WF57** – Persistent and elevated sickness absence rates across Trust staff groups—currently averaging 5.54% (Sep 25) pose a significant risk to workforce capacity, operational delivery, and the ability of the organisations to meet performance expectations under the 2025/26 NHS Oversight Framework as well as reduced staffing levels compromising patient safety, increase waiting times, and hinder service recovery.

16

**Governance:**

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

	Date		Date
Audit Committee	02/2026	Remuneration & Nominations Committee	
Quality Committee	12/2025	People & Organisational Development Committee	02/2026
Finance Committee	02/2026	Executive Management Team	10/02/26
Mental Health Legislation Committee		Operational Delivery Group	02/2026
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	

## Risk Register Update March 2026

### 1. Trust-wide Risk Register

The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in November 2025.

There are currently **4** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

**Table 1 - Trust-wide Risk Register (current risk rating 15+)**

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score	Movement from prev. quarter
OPS31	Failure to effectively address waiting times within the Trust's Children's Neurodiversity services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain	20	16	8	↔
FII223	As a result of difficulties within the ICS to meet challenging financial targets for 2024/25, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	20	16	8	↔
FII239	As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	20	15	5	↔
WF57	Persistent and elevated sickness absence rates across Trust staff groups—currently averaging 5.54% (Sep 25) pose a significant risk to workforce capacity, operational delivery, and the ability of the organisations to meet performance expectations under the 2025/26 NHS Oversight Framework as well as reduced staffing levels compromising patient safety, increase waiting times, and hinder service recovery.	20	16	8	↔

### 2. Closed/ De-escalated Trust-wide Risks

There are no risks to highlight that were previously held on the Trust-wide risk register and have been closed / de-escalated since last reported to the Trust Board in November 2025.

### 3. Wider Risk Register

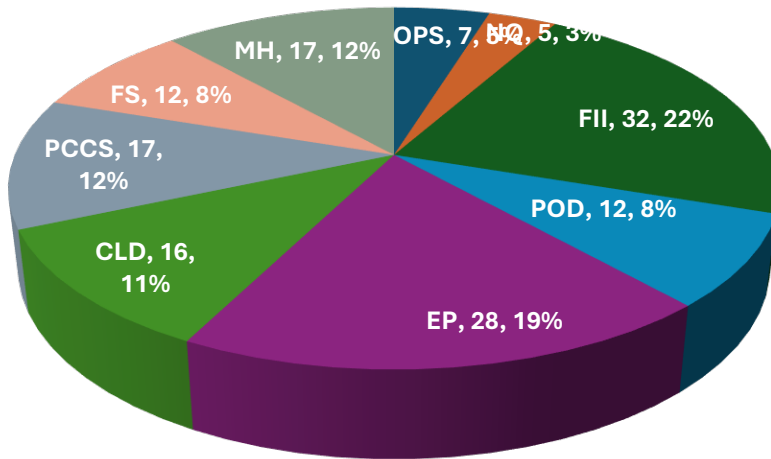
There are currently **157** risks held across the Trust's risk registers. The current position represents an overall increase of **11** risks from the **146** reported to Trust Board in November 2025. The table below shows the current number of risks at each risk rating:

**Table 2 - Total Risks by Current Risk level**

Current Risk Level	Number of Risk – November 2025	Number of Risk – March 2026
20	0	0
16	3	3
15	1	1
12	31	34
10	6	5

Current Risk Level	Number of Risk – November 2025	Number of Risk – March 2026
9	38	45
8	21	23
6	31	30
5	0	0
4	13	13
3	1	2
2	1	1
<b>Total Risks</b>	<b>146</b>	<b>157</b>

**Chart 1 – Total Risks by Division/ Directorate**



**Key:**

- OPS** – Operations Directorate
- NQ** – Nursing & Quality
- FII** – Finance, Infrastructure & Informatics Directorate
- POD** – People & OD Directorate
- EP** - Emergency Preparedness, Resilience & Response
- PCCS** – Primary Care and Community Services
- CLD** – Children’s and Learning Disabilities
- FS** – Forensic Services
- MH** – Mental Health Services

**4. Recommendations**

The Trust Board is asked to discuss and note the update

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/Consequence Type	Likelihood (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	OPS31	Failure to effectively address waiting times within the Trust's Children's Neurodiversity services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain	Objectives	Almost Certain	20	Severe	<ol style="list-style-type: none"> <li>1. Targeted meetings with Division and service areas to address areas of challenge</li> <li>2. Local Targets and KPIs.</li> <li>3. Close contact being maintained with individual service users affected by ongoing issues.</li> <li>4. Waiting Times Procedure in place</li> <li>5. Waiting times review is key element of Divisional performance and accountability reviews.</li> <li>6. Review completed of all services with high levels of waiting times and service-level recovery plans developed.</li> <li>7. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements</li> <li>8. Planning round and discussions taking into acute waiting times position</li> <li>9. Devised process for skill mixing / pathway review to use existing funding to address patient that require treatment that stay in system</li> <li>10. ICB continuing to review how we can address neurodiversity services challenges and national taskforce implemented to consider these demands.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group.</li> <li>2. Quality impact on key identified areas monitored via Quality Committee.</li> <li>3. Weekly divisional meetings with Performance &amp; Access Mgr around waiting list performance.</li> <li>4. Introduction of Monthly Performance &amp; Productivity Group chaired by COO.</li> <li>5. Capacity and Demand planning has either taken place or is scheduled to take place in all long waiting areas and improvement trajectories developed or proposals developed for improvement.</li> </ol>	<ol style="list-style-type: none"> <li>1. Opportunities to revise pathways to increase productivity or reduce demand into services.</li> <li>2. insufficient funding available to support demand / service provision</li> <li>3. Outcome of option review for ASD/ADHD</li> </ol>	<ol style="list-style-type: none"> <li>1. Children's Autism number of patient waiting &gt;52 weeks - January -1800</li> <li>2. Children's ADHD number of patient waiting assessment &gt;52 weeks - January - 902</li> <li>3. Operational planning guidance does not provide instructions in relation to neuro services.</li> <li>4. Limited over 52-week progress</li> </ol>	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>1. Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures (30/04/2026)</li> <li>2. CYP ASD /ADHD Options paper approved by EMT to support potential Pause of the Waiting Lists encouraging Right to Choose (30/04/2026)</li> <li>3. Confirmation on levels of funding available to support demand (30/04/2026)</li> </ol>	10/03/2026	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
2	FI1239	As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery .	Objectives	Likely	20	Catastrophic	<ol style="list-style-type: none"> <li>1. Contractual discussions with commissioners and Trust taking all necessary action to ensure receipt of appropriate funding.</li> <li>2. Budget Reduction Strategy in place up to 2027-28 and small amount of contingency/risk cover provided for in plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. Monthly reporting to EMT</li> <li>2. Quarterly Reporting to Finance Committee monitoring of performance against plans.</li> <li>3. Monthly reports and Quarterly Accounts Returns to NHS I with quarterly feedback.</li> <li>4. ODG and Divisional ODG reports monitoring financial position and performance against plans.</li> <li>5. Accountability Review monitoring of financial position and discussed with budget holders (regular confirm and challenge).</li> </ol>	<ol style="list-style-type: none"> <li>1. The overarching ICS financial position and the ability for Commissioners to invest up to MHIS and the lack of full deployment of Mental Health Service Development Funding</li> <li>2. Short term nature of Financial Planning from an ICS perspective</li> </ol>	<ol style="list-style-type: none"> <li>1. Longer-term planning guidance is awaited.</li> <li>2. Initial advice given by NHSE indicates that there will be a 1 year settlement for 2025/26 with no growth</li> </ol>	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> <li>1. Ongoing maintenance of relationships with Commissioners (30/04/2026)</li> <li>2. Continue to work with Commissioners to highlight the requirement for funding through MHIS and Service Development Funds (30/04/2026)</li> <li>3. Continue to bid for national resource as and when it becomes available(30/04/2026)</li> </ol>	10/03/2026	Iain Omand	Peter Beckwith	Directorate business meeting/ Executive Management Team	Board	Rare	Catastrophic	5	Moderate
3	FI1223	Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.	Objectives	Almost Certain	20	Severe	<ol style="list-style-type: none"> <li>1. Draft Financial Plan in progress.</li> <li>2. BRS 2025/26 developed</li> <li>3. Monthly reporting, monitoring and discussion with budget holders.</li> <li>4. Small contingency / risk cover provided in plan.</li> <li>5. MTFP in development to inform plans.</li> <li>6. Service and Operational plans.</li> <li>7. Regular reviews with NHSE/I and relevant Commissioners</li> <li>8. Non-recurrent savings identified</li> </ol>	<ol style="list-style-type: none"> <li>1. Monthly reporting to EMT.</li> <li>2. Bi monthly reporting to Board</li> <li>3. Quarterly Reporting to Finance Committee</li> <li>4. Monthly reporting to NHSE/I and feedback</li> <li>5. ODG monitoring progress of Financial Position and BRS plans.</li> <li>6. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board.</li> <li>7. External / Internal Audit on financial controls/systems.</li> <li>8. Regular input through Humber and North Yorkshire ICS</li> <li>9. Cash Position for the Trust is strong</li> </ol>	<ol style="list-style-type: none"> <li>1. Current underlying position of the ICS is a risk of £78.5m could be £167m gap for 2026/27</li> <li>2. There has been no deployment of MHIS which was previously annual investment of £2m</li> <li>3. There is Risk in the assumption of the receipt of 2024/25 Income from the ICS</li> <li>4. The 2025/26 Pay Award has created an approx risk of £0.262m</li> </ol>	<ol style="list-style-type: none"> <li>1. Longer-term planning guidance is awaited</li> <li>2. Initial advice given by NHSE indicates that there will be a 1 year settlement for 2025/26 with no growth. Medium term Financial Planning has been provided by NHSE with proposed minimum uplifts of 0.3% and 0.0% for 2026/27 and 27/28</li> </ol>	Likely	Severe	16	Significant	<p>Medium Term Financial Plan to be developed when guidance is issued August 2025. The ICB have initiated a MTFP with the Trust inputting to. <b>Medium Term Plan being developed with a 2 year funding proposal with 0.3% and 0.0% uplift in 26/27 and 27/28 (30/04/2026)</b></p>	10/03/2026	Iain Omand	Peter Beckwith	Directorate business meeting/ Executive Management Team	Board	Unlikely	Severe	8	High
4	WF57	Persistent and elevated sickness absence rates across Trust staff groups—currently averaging 5.54% (Sep 25) pose a significant risk to workforce capacity, operational delivery, and the ability of the organisations to meet performance expectations under the 2025/26 NHS Oversight Framework as well as reduced staffing levels compromising patient safety, increase waiting times, and hinder service recovery.	Objectives	Almost Certain	20	Severe	<ol style="list-style-type: none"> <li>1. Over 700 staff have access HWB MOTs</li> <li>2. Launch of HWB Plus to support ongoing workplace wellness</li> <li>3. Internal OH team delivering against management referrals and pre-employment screening</li> <li>4. People Strategy with focus on Wellbeing and associated metrics</li> <li>5. Implementation of rapid response model to target and assess teams presenting with 8%+ sickness absence rates</li> </ol>	<ol style="list-style-type: none"> <li>1. People and OD Committee (insight reports).</li> <li>2. Divisional Business Meetings.</li> <li>3. EMT</li> <li>4. Trust Board</li> <li>5. ODG</li> <li>6. Accountability Reviews</li> <li>7. The Trust is currently in segment 2 of the NOF</li> </ol>	<ol style="list-style-type: none"> <li>1. Inpatient areas continue to report high levels of absence</li> </ol>	<ol style="list-style-type: none"> <li>1. 5.62% rolling sickness absence rate (Dec 25) 5.62%, above the 5% Trust target.</li> <li>2. 6.26% monthly sickness absence rate (Dec 25))</li> <li>3. All divisions with the exception of C&amp;LD report absence above the Trust target</li> </ol>	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>1. Delivery of the 'Working Towards a Healthier Workforce plan (30 April 2026)</li> <li>2. Achieve 5% increase in uptake with the flu vaccine (30/04/2026)</li> <li>3. Embed Plus schemes in the organisation (30/04/2026)</li> <li>4. Continue to deliver HWB MOTs to the workforce (30/04/2026)</li> <li>5. Recruit to the Psychologist in Occupational Health (30/04/2026)</li> </ol>	10/03/2026	Vickie Murray	Karen Phillips	Directorate business meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026			
Title of Report:	Board Assurance Framework			
Author/s:	Executive Lead: Michele Moran, Chief Executive Oliver Sims Corporate Risk and Incident Manager			
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>	The report provides the Trust Board with the most recent version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.			
<b>Key Issues within the report:</b>				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Progress against the identified risks to each of the Trust's strategic goals is reflected within the framework to allow for consideration to be given to assurances in place, which enables focused review and discussion of the challenges to the delivery of the organisational objectives.</li> <li>Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals.</li> <li>Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal. The overall rating is applied based on the overall assurance available to the Executive Lead at the time of review.</li> </ul>		<b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b> <ul style="list-style-type: none"> <li>Following review of the Board Assurance Framework template as part of the recent internal audit, work is underway to address the recommendations. These will be reviewed and approved by EMT in readiness for the May Board.</li> </ul>		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Trust Board is asked to review the current iteration of the Board Assurance Framework and to identify any further elements for consideration as part of the ongoing</li> </ul>		<b>Decisions Made:</b> Current assurance ratings for each section of the Board Assurance Framework are detailed below following review by EMT:		



<p>development of the Board Assurance Framework.</p> <ul style="list-style-type: none"> <li>Trust Board is asked to consider the amended layout of the individual strategic goals sections whereby the inputs/ outputs have been mapped for ease of reference to support review.</li> </ul>	<p><b>Strategic Goal – Innovating for Quality and Patient Safety</b></p> <ul style="list-style-type: none"> <li>Current rating 8 – High.</li> </ul> <p><b>Strategic Goal – Enhancing prevention, wellbeing, and recovery.</b></p> <ul style="list-style-type: none"> <li>Current rating 12 – High.</li> </ul> <p><b>Strategic Goal – Fostering integration, partnerships, and alliances.</b></p> <ul style="list-style-type: none"> <li>Current rating 8 – High.</li> </ul> <p><b>Strategic Goal – Promoting people, communities, and social values.</b></p> <ul style="list-style-type: none"> <li>Current rating 6 – Moderate.</li> </ul> <p><b>Strategic Goal – Developing an effective and empowered workforce.</b></p> <ul style="list-style-type: none"> <li>Current rating 8 – High.</li> </ul> <p><b>Strategic Goal – Optimising an efficient and sustainable organisation.</b></p> <ul style="list-style-type: none"> <li>Current rating 8 – High.</li> </ul>
---	--

<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee	02/2026	Remuneration & Nominations Committee	
	Quality Committee	12/2025	People & Organisational Development Committee	02/2026
	Finance Committee	01/2026	Executive Management Team	10/03/26
	Mental Health Legislation Committee	02/2026	Operational Delivery Group	01/2026
	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	
---------------------------------------	--	--	----	--



**Humber Teaching**  
NHS Foundation Trust

# Board Assurance Framework

## Quarter 3 2025/26

# Humber Teaching NHS Foundation Trust Strategic Goals / Objectives

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
<p>Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.</p> <p>Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.</p> <p>Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.</p> <p>Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.</p> <p>Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.</p>	<p>Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.</p> <p>Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.</p> <p>Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.</p> <p>Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.</p>	<p>Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.</p> <p>Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.</p> <p>Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.</p> <p>Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.</p> <p>Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.</p> <p>Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.</p>	<p>Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.</p> <p>Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.</p> <p>Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.</p> <p>Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.</p> <p>Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.</p> <p>Offer simplified routes into good employment for local people. Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.</p>	<p>Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.</p> <p>Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.</p> <p>Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.</p> <p>Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.</p> <p>Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.</p> <p>Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.</p> <p>Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people. Maximise a diverse and inclusive workforce representative of the communities we serve.</p>	<p>Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system.</p> <p>We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.</p> <p>Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.</p> <p>Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.</p> <p>Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.</p> <p>Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.</p>

## RISK APPETITE

Strategic Goal	Executive Lead	Risk Appetite (Agreed by Trust Board June 2025)	Threshold Risk Score
Innovating for quality and patient safety	Executive Director of Nursing	<b>SEEK</b>	15
Enhancing prevention, wellbeing, and recovery	<b>Chief Operating Officer</b>	<b>MATURE</b>	15+
Fostering integration, partnerships, and alliances	<b>Chief Executive</b>	<b>MATURE</b>	15+
Promoting people, communities, and social values	<b>Executive Medical Director</b>	<b>MATURE</b>	15+
Developing an effective and empowered workforce	<b>Director of Workforce and OD</b>	<b>MATURE</b>	15+
Optimising an efficient and sustainable organisation	<b>Director of Finance</b>	<b>SEEK</b>	15

## RISK APPETITE DEFINITIONS

<b>Minimal (Low risk)</b>	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
<b>Cautious (Moderate risk)</b>	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
<b>Open (High risk)</b>	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.).
<b>Seek (Significant risk)</b>	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
<b>Mature (Significant risk)</b>	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

# BOARD ASSURANCE FRAMEWORK SUMMARY

Strategic Goal	Risk	Executive Lead	Assuring Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement (from previous version)
				I	L	Rating I X L	I	L	Rating I X L			
Innovating for quality and patient safety	Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting required quality standards resulting in substandard care which could impact on patient safety and outcomes, trust reputation and CQC rating.	Executive Director of Nursing	Quality Committee	4	3	12 HIGH	4	2	8 HIGH	SEEK	IN	↔
Enhancing prevention, wellbeing, and recovery	Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.	Chief Operating Officer	Quality Committee	4	4	16 SIGNIFICANT	4	3	12 HIGH	MATURE	IN	↔
Fostering integration, partnerships, and alliances	Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.	Chief Executive	Audit Committee	4	3	12 HIGH	4	2	8 HIGH	MATURE	IN	↔
Promoting people, communities, and social values	Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.	Executive Medical Director	Quality Committee	3	3	9 HIGH	3	2	6 MODERATE	MATURE	IN	↔
Developing an effective and empowered workforce	Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes	Director of Workforce and OD	People and OD Committee	4	3	12 HIGH	4	2	8 HIGH	MATURE	IN	↔
Optimising an efficient and sustainable organisation	Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.	Director of Finance	Finance and Investment Committee	4	3	12 HIGH	4	2	8 HIGH	SEEK	IN	↔

# Innovating for quality and patient safety



**Lead Director:  
Executive Director of  
Nursing**

**Lead Committee:  
Quality Committee**

Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.

**Risk Score: 8**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15	IN APPETITE

Risk Analysis	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15	15	15

## Positive Assurance – (Current Inputs)

Strategic Objective 1 - Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.

- (A) Peer review process in place aligned to CQC fundamental standards.
- (B) Quality Standards meeting established to oversee CQC inspection preparation including oversight of the divisional and directorate self-assessments.
- (C) Programme of mock inspections in place – reviews undertaken to date (Hull CMHT) and Whitby Ward
- (D) Well led compliance overseen by EMT and Trust Board
- (E) Trust embedded Safer Staffing Review process
- (F) PSIRF implemented successfully.

Strategic Objective 2 - Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.

- (A) QI training increased with 1241 total places delivered.
- (B) QI initiative linked to CQC domains and patient safety incidents identified.
- (C) Trust FFT process
- (D) NHS National Staff Survey

Strategic Objective 3 - Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health.

- (A) QI training increased with 338 total places delivered 2024/25.
- (B) The Trust continues to host our six-monthly Humber Co-production Network meetings chaired by the Chief Executive. The last meeting took place on Thursday 11 September where a presentation was delivered to the group from Community Vision (Voluntary Infrastructure Support Involving Organisations and Networks). Community Vision informed the group on the work they are leading to support voluntary sector organisations.
- (C) Trust Patient Care and Performance Accountability Review Process aligns information on clinical and non-clinical operational performance, activity, finance, and quality and Patient Safety, to give an accurate organisational overview and have been applied to the Divisions in the Operations Directorate

Strategic Objective 4 - Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.

- (A) Waiting Times Procedure in place
- (B) Waiting times review is key element of Divisional performance and accountability reviews.

Strategic Objective 5 - Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.

- (A) Introduction to research included as part of staff training, e.g. Preceptorship programme, Medics teaching, student placements.
- (B) Research Champions in clinical services.
- (C) New research collaborations with external sponsors across the country where Trust staff are named and funded as co-applicants/collaborators.
- (D) External research grant funding secured with our Trust as the lead NHS organisation.
- (E) New treatments/novel interventions evaluated as part of national trials for which our Trust is a site.

## Positive Assurance – (Current Outputs)

Strategic Objective 1 - Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.

- (A.B.C.D) The Trust's current CQC rating is 'Good' (2019 assessment)
- (A.B.C.D) Inspection of Orion (Inspire) services rated as 'Good' 2025.
- (A.B.C.D) Townsend Court inspection – No immediate concerns highlighted by CQC (awaiting final report)
- (c) Updated schedule of mock CQC inspections
- (E) Significant assurance given by Audit Yorkshire for Trust Safer Staffing audit.
- (F) Trust PSIRF plan signed off by ICB. Quarterly performance reports in place.
- (F) Significant assurance given by Audit Yorkshire for Trust Patient Safety Governance audit

Strategic Objective 2 - Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.

- (A.B) 695 recorded Quality Improvement (QI) activities of which 420 were complete, 187 live and 88 not viable / closed.
- (A.B) 186 (43%) Divisional QI activities underway or complete have indicated that they have included Patients and Carers in the planning and delivery of the work.
- (C) FFT response rate and feedback mechanisms in place
- (C) Friends and Family Test 'Safe' question
- (D) Staff Survey results around 'Safe' questions – Trust staff feel supported to report incidents

Strategic Objective 3 - Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.

- (A) 38% QI activities have indicated that they have collaborated with organisations outside the Trust
- (B) The Patient and Carer Experience team and divisional engagement leads are meeting with Community Vision to identify future opportunities for partnership working.
- (C) Children and Learning Disabilities – Segment 1. The Division had maintained and sustained improvement and were commended on their leadership. Community and Primary Care - Segment 2, with a moderate concern for Whitby Ward and a minor concern for finance. Forensics – Segment, with a moderate concern for sickness.

Strategic Objective 4 - Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.

- (A.B) Review completed of all services with high levels of waiting times and service-level recovery plans developed.

Strategic Objective 5 - Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.

- (A.B) Annual Research Report indicates high level of research activity in the Trust.
- (C) Performance in Initiating and Delivering (PID) research is published on Trust website
- (C.D) Performance management system (EDGE) used to monitor recruitment to studies and Assistant Director R&D and Research Support Manager maintain monitoring dashboard to review progress.
- (D) Increased numbers of participants recruited into NIHR Portfolio studies.
- (D.E) National Institute for Health and Social Care Research (NIHR) fellowship awards for clinical staff.

Negative Assurance / Gaps in Assurance – Required Outputs
<p>Strategic Objective 1 - Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care</p> <p>(1) Trust CQC rating for 'Safe' domain remains requires improvement (2019 assessment)</p> <p>(2) Internal assessment against key inspection domains and evidence against quality standards.</p>
<p>Strategic Objective 3 - Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health.</p> <p>(1) Adult Mental Health - Segment 4. There were four moderate concerns for – Patient Safety governance processes, Sickness / absence, Finance, and Hull CMHT.</p>
<p>Strategic Objective 4 - Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.</p> <p>(1) Trust Waiting Time position for neurodiversity services remains high (Risk OPS31 – See Trust wide Risk Register)</p>

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO1. 1 - Patient Safety Priorities 2025/2026 monitoring.	Next Check point: April 2026	Kate Baxendale	Leads identified for each priority. Working group established and all have a project group underpinned by charter. Agreed for two-year period and work underway around reporting.
SO1. 2 - Programme of mock inspections in place.	Next Check point: April 2026	Kate Baxendale	Ongoing programme underway across Trust services.
SO3. 1 - Programme of support for division in relation to patient safety element identified through accountability review.	Next Check point: April 2026	Kate Baxendale	Continue to improve the incident position, Improve ILS and BLS and Level 3 safeguarding training and review safer staffing at New Bridges
SO4. 1 - Waiting list Capacity and Demand work ongoing to identify areas for further support. (Neuro diversity and Adult ADHD)	Next Check point: April 2026	Lynn Parkinson	Adult ASD/ADHD Assessment waiting times are improving
SO4. 1 - Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures	Next Check point: April 2026	Lynn Parkinson	ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.



Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.

**Risk Score: 12**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	4	16 - SIGNIFICANT	4	3	12 - HIGH	15+	IN APPETITE

Risk Analysis	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)
Current Risk Rating	12 HIGH	12 HIGH	12 HIGH	12 HIGH
Risk Appetite Threshold	15	15+	15+	15+

### Positive Assurance – (Current Inputs)

Strategic Objective 1 - Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.

- (A) Work with ICB colleagues and provider collaboratives to improve local capacity to reduce the need for out of area placements. Targeted escalation meetings with place partners and provider collaboratives are in place to resolve the complex care packages of patients that are required.
- (B) Work with social care providers to improve timely discharge of care which in turn should reduce OOA placements.
- (C) We continue to review access and recovery data by ethnicity and deprivation decile.

Strategic Objective 2 - Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.

- (A) Improved telephony infrastructure across all three Trust GP practices.
- (B) Promotion of the NHS App supported by digital volunteers in practices increasing App utilisation, improved digital access to appointments, care navigation and Total Triage.
- (C) Working with PCN colleagues to ensure that ARRS roles deliver additional capacity within practices via the PCN.
- (D) Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7%.
- (E) Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% of patients receiving one.
- (F) Respond effectively to the NHS 111 option 2 calls.
- (G) Build on the community mental health model of "no wrong door".
- (H) Continue to develop and expand the resources provided by the recovery college and deliver the objectives in the recovery strategic framework.
- (J) Good attendance at all system meetings internally and externally to anticipate and monitor patient flow between partners.

Strategic Objective 3 - Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.

- (A) The Trust continues to host several forums for patients, service users, carers, staff, and partner organisations to attend. The Trust continues to attend 'A Good Experience' steering group of which provides assurance to oversee the Communications Charter project. York St John University have produced a project proposal to support the initiative.
- (B) Aim to achieve the Trust "co-production stamp" accreditation for all service change transformation programmes.
- (C) The Trust currently has 2 Patient Safety Partners. The Involving Patients and Families Subgroup of the PSIRF has recently been set up; this is a new project which will help the Trust to look at ways it can recruit more Patient Safety Partners.
- (D) The Trust currently has 17 panel volunteers. Data on panel volunteer representation at interviews is not currently collected, but this is being reviewed by HR.

### Positive Assurance – (Current Outputs)

Strategic Objective 1 - Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.

- (A, B, C) Supporting improvements in the quality and safety of all-age inpatient care, by finalising and publishing system 3-year plans to localise and realign inpatient care in line with the mental health inpatient commissioning framework.
- (A, B, C) The Trust has consistently delivered over 700 patients a month who complete 2+ contacts at discharge.
- (A, B, C) The Trust have consistently delivered above the 48% reliable recovery objective over the last year
- (A, B, C) The Trust also demonstrates a 67% reliable improvement rate over the last year
- (A, B, C) The Trust continues to work with the ICB & Public Health to achieve 6 week and 18-week access targets.
- (A, B, C) Waiting lists in Dietetics are reducing due to recent investment.
- (A, B, C) Core CAMHS are almost <18 week compliant.

Strategic Objective 2 - Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.

- (A, B, C, D, E, F, G, H) Improved FFT and patient satisfaction results.
- (A, B, C, D, E, F, G, H) Ongoing provision of extended access appointments over and above PCN target.
- (J) Escalation processes in place using the SCC where necessary.

Strategic Objective 3 - Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.

- (A, B, C, D) Service specification reviews for Children's Therapy Services to ensure that service specifications reflect the services that our workforce is being asked to deliver.
- (E) Updated referral model for Contact Point CAMHS.

Strategic Objective 4 - Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.

- (A) Trauma in Care Strategy Task and Finish group action plan for key pieces of work.

(E) Review of the Contact Point CAMHS referral process due to increased demand.

Strategic Objective 4 - Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.

(A) Trauma in Care Strategy Task and Finish group established.

#### Negative Assurance / Gaps in Assurance – Required Outputs

Strategic Objective 1 - Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.

(1) The Recovery College full review of courses and prospectus

(2) There are system challenges around patient flow and a lack of places to discharge patients is leading to a bottleneck which is increasing out of area placements due to reduced flow (Open Risks – OPS30, OPS33)

Strategic Objective 3 - Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.

(1) CYP and Adult ADHD and CYP Autism waiting lists are currently outstripping demand due to significant rise in referrals. Due to the size of the current ADHD medication waiting lists for CYP the current children's and adult services are not able to start anyone on medication as the services are at capacity (Risk OPS31 – See Trust wide Risk Register)

(2) Reviewing the model of referral in to Contact Point CAMHS due to increased demand.

Strategic Objective 4 - Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.

(1) Mental Health Division to apply the principles to the Trauma Service.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO1.1, 2 The Recovery College is currently going through a full review of courses and prospectus, with a transition back to more face-to-face sessions.	Next Check point: April 2026	Lynn Parkinson	Future reporting will capture both face-to-face and online attendance, and feedback will be captured more accurately. A new focus group is also being set up to help develop and co-produce future courses/sessions.
SO3. 1 Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures	Next Check point: April 2026	Lynn Parkinson	ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.
SO4. 1 - Development of Trauma in Care Strategy and implementation in Mental Health	Next Check point: April 2026	Lynn Parkinson	

## Fostering integration, partnerships, and alliances



**Lead Director:**  
Chief Executive

**Lead Committee:**  
Audit Committee

Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.

**Risk Score: 8**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15+	IN APPETITE

Risk Analysis	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15+	15+	15+

### Positive Assurance – (Current Inputs)

Strategic Objective 1 - Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.

(A) Working with the ICB and North Yorkshire Place to support the definition of an effective core offer for community services

Strategic Objective 2 - Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.

(A) We are working with colleagues from East Riding to develop content for the ER Place population health training programme, which will initially be delivered to staff in primary care and the VCSE across East Riding.

(B) Working with East Riding Place on the successful transfer of our three primary care practices to established service providers in the East Riding.

Strategic Objective 3 - Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.

(A) Currently supporting the ICB with clearing arrangements.

Strategic Objective 4 - Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.

(A) The Community Hubs Working Group

(B) Hull MH clinical leads continue to participate in the Neighbourhood Health and Care Group

(C) In Hull and ERY MH Services the background work around mapping needs and then location options is underway in relation to Neighbourhood Mental Health Centres agenda.

(D) A business case has been created in partnership with patients with lived experience on developing the PICU business case.

Strategic Objective 5 - Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.

(A) Reporting data has been improved for partners and it now provides users and information accessed information.

(B) Data sharing agreements have been updated to provide patient information using the national record locator.

### Positive Assurance – (Current Outputs)

Strategic Objective 1 - Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.

(A) This will support equitable service provision, whilst still allowing tailored services locally, as well as defining the role of community services within neighbourhood health.

Strategic Objective 2 - Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.

(A) Following a period of engagement and insights gathering, a plan has been co-developed to address financial inclusion across the Trust, and we will be working with local partners to support our staff, patients, and carers. We are also involved with the newly formed Hull and East Riding Prevention Concordat for Better Mental Health. A draft Reasonable Adjustments policy was prepared for discussion with the RA Working Group.

(B) This supports the ICB strategy of neighbourhood-based primary care services at scale and ensuring the long-term sustainability and provision of services.

Strategic Objective 3 - Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.

(A) Workforce, Finance and Operational plans now being submitted to region with ICB engagement.

Strategic Objective 4 - Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.

(A) Collaboration with stakeholders in Driffield to develop plans for an older people's mental health and wellbeing hub at Alfred Bean Hospital.

(B) Workshop held in November to identify priorities and workplan.

(C) The Public Health and ICB data sets are being utilised to reconcile finding against our actual activity data.

(D) This proposal will see the development of two separate male and female high dependency units. There will be continued dialogue with stakeholders and patients as we progress.

Strategic Objective 5 - Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.

(A) This helps understand the usage and the need to resolve the current gaps in data provider data. YHCR is one of the five ICS digital priorities, and it is included in the strategic commissioning intentions.

(B) This allows health care professional across England to access the patient records processed by interweave. Yorkshire & Humber Care Record is viewing 60k records each month (601,112 records accessed in 2025). Leicester & Leicestershire Care Record is viewing 11k records each month (182,618 records accessed in 2025). Nottingham care record is viewing 56k records each month (277,971 records accessed in 2025)

<b>Negative Assurance / Gaps in Assurance – Required Outputs</b>
<p>Strategic Objective 3 - Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.</p> <p>(1) Q3 saw a significant increase in both Out of Area patients and Delayed Discharges. For OoA, there were 16 for adults/OP and 12 if you include PICU. In total this is 5 more than Q2. For DToC, there was 12.9% for adult/OP and 13.1% if including PICU. This is an increase of 8.7% and 8.2% respectively.</p> <p>(2) State of flux with system partners at present due to ICB consultation</p>

<b>Mitigating Actions to Address Gaps</b>	<b>Target Date</b>	<b>Action Lead</b>	<b>Update on Actions</b>
SO3. 1 Work is ongoing to restructure services and review bed capacity	Next Check point: April 2026	Lynn Parkinson	Delays are improving but transitory position week to week. Board rounds / MADE work implementation action. Work is continually ongoing to address Out of Area placements including development of a PICU business case
SO3. 2 Awaiting new structures which will determine future joint working approaches	Next Check point: April 2026	Michele Moran	



Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.

**Risk Score: 6**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
3	3	9 - HIGH	3	2	6 - MODERATE	15+	IN APPETITE

Risk Analysis	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)
Current Risk Rating	6 MODERATE	6 MODERATE	6 MODERATE	6 MODERATE
Risk Appetite Threshold	15	15+	15+	15+

**Positive Assurance – (Current Inputs)**

Strategic Objective 1 - Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.

- (A) Work is ongoing with colleagues in Business Intelligence to develop Health Inequality reporting.
- (B) An accessibility checklist has been created to support services in improving the accessibility of patient-facing documents and letters.
- (C) Progressing a project to manage DNAs alongside addressing health inequalities.

Strategic Objective 2 - Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.

- (A) Reignite Respect: Renewing Our Commitment to No Excuse for Abuse
- (B) The Trust launched its Sexual Misconduct Policy with an all-staff event that reiterated the Trust commitment to safer culture.

Strategic Objective 3 - Offer simplified routes into good employment for local people.

- (A) A vibrant Explore Humber Clinical Careers Day took place in July where students explored the world of healthcare and got a closer look at the many rewarding roles within our NHS and we received excellent feedback from students, school representatives and Humber staff. Due to July, August and September being the Q2 period, school engagement is limited but we continued to support 7 young people with work experience across a variety of teams and services but we are now re-engaging with schools throughout September and have inducted the new cohort of T level students from Wyke college to ensure they ready for their work experience with us, over the next two years. Our focus this year is supporting students from disadvantaged backgrounds and encouraging young men into female predominant roles in Health.

Strategic Objective 4 - Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances. Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.

- (A) The Trust continues to host our six-monthly Humber Co-production Network meetings chaired by the Chief Executive.
- (B) Following the last meeting that took place, the Patient and Carer Experience team and divisional engagement leads met with Community Vision (a voluntary infrastructure support organisation for local voluntary sector groups and organisations) to identify future opportunities for partnership working.
- (C) The Trust continues to work on building strong connections with Voluntary Services and the VCSE.

Strategic Objective 5 - Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.

**Positive Assurance – (Current Outputs)**

Strategic Objective 1 - Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.

- (A) Dashboard showing Did Not Attends by deprivation decile, age band, and ethnicity is now available.
- (B) We are working with teams to understand the impact of Dialog+ on our insights into patients' wider conditions of living. Additionally, there is ongoing work to support the Community MH Grants Scheme and gather insights from community organisations applying.
- (C) Cancellations reasons codes are under development and include a category to identify cancellations relating to personal or financial circumstances.

Strategic Objective 2 - Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.

- (A) Reignite Respect: Renewing Our Commitment to No Excuse for Abuse - In October, we relaunched our Respect and No Excuse for Abuse anti-discrimination frameworks.
- (A) The event: Reignite Respect- Renewing Our Commitment to No Excuse for Abuse, featured an exclusive opportunity to see our new video guidance, new posters, links to information on our intranet, and a presentation demonstrating how we address bullying and harassment at the Trust.
- (B) Defence Employer Recognition Scheme whereby the Trust was awarded silver in the recent Employer Recognition Scheme accreditation.

Strategic Objective 3 - Offer simplified routes into good employment for local people.

- (A) During the quarter there were 7 x Band 2 Peer Support Workers (6.2 wte) and 3 Band 3 Peer Support Workers (1.8wte). There was one Band 7 Expert by Experience Programme Facilitator on the Trust bank.

Strategic Objective 4 - Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances. Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.

- (A) Next Humber Co-production Network meeting to take place March 2026. In Q3 there were a total of 15 voluntary organisations working in collaboration with the Trust which is a slight decrease on Q2 (17).
- (B) Links made between our Trust and Community Vision to facilitate future partnership working on service initiatives and projects and contact details were shared between all. Additionally, Community Vision have agreed to sit on the Trust's working group when we embark on the next Patient and Carer Experience Five Year Forward Plan (2028 to 2033).
- (C) As a snapshot at the end of Q3 25/26 there were 95 volunteers which is an increase of 12 compared to the end of Q2. Three volunteers moved into a career with 15 new volunteers are currently going through the recruitment process.

(A) The Trust's Five-Year Estate Strategy 2022-2025 continues and is shared with ICB members and informs the ICB Estate Strategy. Priorities include redesigning MH Inpatient Services. Estate Plans are refined on a locality basis. Current areas of focus are Hull, Beverley and Driffield. The Estate Strategy and CDG provides a forum at which progress is monitored and reviewed against service need. The Estate Strategy is influenced by the organisational Green Plan which focuses on carbon reduction and use of local suppliers where appropriate and within procurement guidelines.

Strategic Objective 6 - Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.

(A) During the quarter there were 6 x Band 2 Peer Support Workers (5.2 wte) and 3 Band 3 Peer Support Workers (1.8wte). There were 8 Band 7 Experts by Experience Programme Facilitator on the Trust bank.

Strategic Objective 5 - Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.

(A) The Trust aids the ongoing delivery of healthcare to the region including coordinating as a landlord organisation for partner Trusts and third sector organisations. This is evident in the ongoing Hull Place Pilot, following the One Public Estate projects.

Strategic Objective 6 - Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.

(A) By the end of Q3 there were 57 individuals registered on the Trust's EbE database. Of these 28 have been actively paid for 205.5 hours. These figures demonstrate quarterly growth of 9% for registered EbEs, 32% increase in those actively paid for work and a 5% increase in hours worked compared to Q2. This is attributable to the contracted employment, during the quarter, of a longstanding EbE individual into a senior leadership lived experience role, resulting in a slight decrease in overall paid EbE hours). It was noted that:

#### Negative Assurance / Gaps in Assurance – Required Outputs

Strategic Objective 1 - Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.

(1) Stakeholder input into Trust involvement with Place and ICS level strategy

#### Mitigating Actions to Address Gaps

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO1. 1- Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICB level.	Next Check point: April 2026	Michele Moran	

# Developing an effective and empowered workforce



**Lead Director:**  
Executive Dir. of People and OD

**Lead Committee:**  
P&OD Committee

Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes

**Risk Score: 8**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15+	IN APPETITE

Risk Analysis	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15+	15+	15+

## Positive Assurance – (Current Inputs)

SO1 Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.  
 (A) Implementation and oversight of an organisation-wide workforce plan that aligns leadership capacity, capability and succession planning with strategic priorities and agreed values and behaviours.  
 (B) Internally delivered PROUD Leadership Programme; Alumni programme, Being Humber culture and values programme, Humber Talent Programme and revised induction processes.  
 (C) Monthly Teams Scorecard developed to enhance reporting and show progress

SO2 Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.  
 [A] Deliver the People Strategy and NHS People Promise through grounded leadership development, wellbeing and retention initiatives.  
 [B] Embed compassionate and inclusive leadership via PROUD, talent, mentoring and coaching programmes.  
 [C] Strengthen employer experience through targeted wellbeing, flexible working, sickness intervention and Stay Conversations.  
 [D] Improve staff experience and efficiency through workforce digitisation and intelligence-led decision-making.

SO3 Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.  
 (A) Ongoing monitoring of hard to recruit roles in the recruitment and retention task and finish group, which uses workforce intelligence to target hard-to-fill roles, reduce turnover and support sustainable staffing models.  
 [B] Strengthen local and system pipelines through targeted recruitment campaigns, apprenticeships, university partnerships and system collaborations.  
 [C] Actively review and invest in retention through leadership development, career pathways, wellbeing interventions, flexible working and proactive Stay Conversations.

SO4 Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.  
 [A] Health & Wellbeing Offer: A comprehensive programme of wellbeing support is in place, strengthened in 2024/25 through the launch of Your Health and Wellbeing Plus. Delivery and impact are overseen by the Health & Wellbeing Steering Group, with regular assurance reporting to EMT and the People & OD Committee.  
 [B] Sickness Absence: A structured, data-led approach is embedded through Towards a Healthier Workforce and the *Rapid Response Sickness Intervention Model*, targeting services with sickness absence of ≥8% to support early intervention and workforce resilience.  
 [C] Flu Vaccination: The Flu Stops with You campaign has been enhanced, informed by prior uptake data, with targeted OH delivery, expanded peer vaccination, executive sponsorship and improved communications. The Trust is working towards the national requirement to improve frontline uptake by 5%, equating to a 48% target.  
 [D] Workplace Safety & Respect: Significant progress has been made in implementing the Worker Protection Act (2023) and embedding the NHS Sexual Safety Charter.

## Positive Assurance – (Current Outputs)

SO1 Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.  
 (A) The 2026-27 internal workforce plan is under development and has been in an established annual planning cycle for some time. This is closely aligned to the initial submission of the Workforce Medium Term Plan and fully triangulated with financial and operational plans.  
 [B] The Trust delivers a consistent, values-led leadership and culture approach through the PROUD Leadership Development Programme, providing 98 fully funded places annually across seven cohorts with ≥95% completion, supported by a PROUD Alumni CPD offer from 2025 sustaining ≥75% engagement. The Being Humber framework is embedded across 100% of induction and all leadership and management development, ensuring ≥95% of new starters receive behavioural input within eight weeks. This drives NSS engagement above national benchmarks, year-on-year improvement in culture indicators, and sustained improvement in key workforce metrics, including ≥94% statutory and mandatory compliance and reduced turnover (8.76%).  
 [C] Appraisal completion ~98.7%, Mandatory training ~94.9%, NSS engagement above national benchmark, Turnover stable at ~8.9%

SO2 Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.  
 [A] People Strategy progress report to EMT and P&OD Committee (Feb 26) showing progress across measures. Quarterly People Insight report and monthly scorecard reports on progress against strategy  
 [B] See measures in SO1 [B] above. Coaching 3, Mentoring accessed by 17 staff (51 delivery hours) and delivery of Compassionate leadership to 40 Alumni participants  
 [C] Launch of 'Plus' schemes, delivery of Wellbeing Conversation training to 40 managers, OH referral training to 200 managers, 127 Physical health MOTs in last quarter 380 in total from April 25-Dec 25., flexible working requests in the Trust - 569 in the last 12 months with 294 accepted [D] ESR optimisation review showing higher than average optimisation, plans to deliver self-service as a large implantation and fully roll out Appraisals digitally in 2026. ESR GO launched in 2025. 2025 saw complete roll out of E-Roster to frontline teams.

SO3 Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.  
 (A, B, C) 7.23% vacancy rate (December 2025)  
 (A, B, C) Registered Nurse vacancy rate December 2025 – 7.46%  
 (A, B, C) Consultant vacancy rate demonstrating month on month improvement in December 2025 – 23.29% (open risk WF38)  
 (A, B, C) NSS engagement score 7.20 which is an improvement on previous years and better than national and benchmark averages.  
 (A, B, C) Staff recommending the Trust as a place to work has increased from 49% in 2019 to 69% in 2024 – significantly above the benchmark and national averages  
 [B] 42 apprenticeships, 77 T-levels, 25 Work experience placements, 34 engagements with schools and college  
 [C] see also data set out in SO2 and SO6.

SO5 Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.

[A] People Strategy (2024–2028) ratified with delivery plan in place; refresh underway to align with the NHS 10-Year Health Plan and Long-Term Workforce Plan.

[B] Workforce and Medical Workforce Plans embedded within medium-term service and financial planning, focused on sustainable supply, vacancy trajectories and *grow-your-own* pipelines.

[C] Workforce productivity programme in place, including roster optimisation and expansion of e-rostering to improve deployment and efficiency.

[D] Digital enablement of workforce processes, including ESR Go, appraisal functionality, workforce dashboards and digitisation of key operational HR processes, planning underway for Manager Self-Service and a future workforce solution.

[E] Integrated Workforce, Finance and Productivity reporting presented to EMT and the People & OD Committee, enabling triangulated assurance and informed strategic decision-making.

[F] Job Evaluation and Job Matching Preparedness - In preparation for national job matching activity, the Trust has completed scoping and preparatory work for the Band 2–3 review, with identified actions implemented, and has commenced organisational readiness activity for the Band 5–6 review, including engagement with system partners to develop consistent generic job descriptions and person specifications in the absence of national guidance.

SO6 Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.

[A] The Trust supports 136 apprentices across 40+ pathways, using the 0.5% levy to strengthen workforce supply, grow internal talent and contribute to system development. Engagement spans 30+ regional education providers, with impact monitored through levy utilisation, quarterly apprenticeship starts, divisional uptake and progression into substantive roles.

[B] The Trust participated in the ICB-led 2025 Digital Work Experience Programme, which forms part of the joint system initiative to strengthen early-career engagement and widen participation

[C] strong engagement with universities to ensure a strong university pipeline is in place

SO7 Maximise a diverse and inclusive workforce representative of the communities we serve.

[A] No Excuse for Abuse and Respect Framework relaunched in October 2025, targeting unacceptable abuse from patients towards staff, won QI Charter of the Month for December 2024, well received by staff, further work being developed to analyse Datix information to offer bespoke support to areas affected.

[B] Immigration Policy Compliance and Workforce Risk Mitigation - The Trust has proactively responded to the Home Office immigration policy changes by completing a comprehensive impact assessment. A case-by-case review process is in place to support affected staff while ensuring compliance with legal requirements and maintaining workforce stability.

SO8 Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people.

[A] OD programme and leadership - expansion of Trust mentoring and coaching offer, delivering a minimum of 3 themed PROUD Alumni sessions per year to support ongoing leadership development, focusing on leading change, compassionate leadership, and managing challenging teams, while fostering

[B] Career development conversations are being embedded across the organisation through the Trust's appraisal process, with early pilots already underway. This includes preparation for a digitally enabled appraisal approach planned for launch in 2026.

SO4 Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.

(A) Proactive Health & Wellbeing Support: 731 Physical MOTs delivered since April 2024, representing 19.2% staff uptake, providing early identification of physical health risks and informing targeted wellbeing interventions through Your Health and Wellbeing Plus.

(B) Staff Experience – Health & Safety: The NSS 'We are Safe and Healthy' theme score has improved compared to 2023 and is above both national and benchmark averages, providing independent assurance of positive staff perception of wellbeing support and safe working environments.

(C) Flu Vaccination Uptake: At 12<sup>th</sup> January 2026 the Trust positioned 3<sup>rd</sup> nationally and 2<sup>nd</sup> regionally for flu uptake, having exceeded targets.

(D) Sexual Safety & Worker Protection: A new Sexual Misconduct Policy is in place, with clear reporting routes, Trust-wide risk assessments, and a comprehensive communications campaign.

A baseline assessment against the national assurance framework confirms that the majority of requirements are met, with remaining gaps addressed through a live action plan overseen by the Sexual Safety Group. Progress and compliance are reported to EMT and the People & OD Committee, ensuring governance and ongoing assurance.

SO5 Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.

[A] People Strategy (2024–2028) - People Strategy ratified and in delivery, with vacancy rate reduced to 7.23% and sustained below target. Turnover reduced to 8.76%, below the 10% target. Statutory & mandatory training >94%; appraisals >98%. 2026 strategy refresh scoped to align with the NHS 10-Year Health Plan.

[B] Local workforce plans embedded in the Medium-Term Plan. Improving consultant vacancy trajectory (reduced from ~30% to ~23%). Starters exceed leavers, with planned intake peaks aligned to NQN pipelines. Grow-your-own supply routes established (apprenticeships, NAs, AHPs).

[C] Roster rolled out to entire clinical workforce, with expansion of e-rostering into corporate planned. Workforce productivity risks (WTD and annual leave breaches) identified and monitored.

[D] ESR Go live; appraisal pilot via ESR implemented. Monthly workforce dashboards (Teams Scorecard) in place. Digitisation of key workforce processes completed: Manager Self-Service and future workforce solution in planning.

[E] Consolidated Workforce, Finance and Productivity Report presented to EMT and People & OD Committee. Enables triangulation of workforce transformation, productivity and financial performance.

Workforce intelligence embedded in executive decision-making and planning.

[F] The Trust has successfully completed the national Job Evaluation Readiness Assessment, confirming robust governance, infrastructure and partnership arrangements, with a Board-monitored action plan in place for continuous improvement.

SO6 Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.

[A] 42 apprenticeships have been completed in the previous rolling 12 months.

[A] 81 T Level Placements being supported at the Trust in previous rolling 12 months.

[A] Year 10 Careers event hosted with 6 schools attending

[A] In the last 12 months we have visited 34 schools in our Region to deliver careers sessions.

[B] 57 attendees at the ICB digital work experience event, from across the NHY region, 26 individuals attended work experience at the Trust.

[C] 39 student nurses (30 university students and 9 Trust apprentices) onboard in September 2025, with work underway to review the 2026 cohort.

SO7 Maximise a diverse and inclusive workforce representative of the communities we serve.

(A, B) Workforce representation - ethnic diversity 10.7% (Jan 2026) which is better than the regional demographic in East Riding, Humber and NY.

(A, B) Workforce representation - LGBTQ+ 4.64% (Jan 2026) which is better than the regional demographic in East Riding, Humber and NY.

(A, B) Since 2022, the Trust has been working to improve the representation of underrepresented groups in clinical and non-clinical roles at band 7 and above. We have seen:

(A, B) A significant 58% rise in ethnically diverse staff occupying senior roles.

(A, B) A 38% increase in staff with a disability occupying senior roles.

SO8 Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people.

[A] Reporting of OD progress into EMT on a quarterly basis.

[A] 48 colleagues are currently enrolled on the PROUD Leadership Programme and 78 have completed it.

[A] Mentoring engagement has increased to 17 staff receiving 51 hours of support.  
 [A] The latest Humber Talent cohort delivered strong outcomes, including 10 completions, 3 internal promotions, 8 colleagues progressing to external qualifications, 2 apprenticeships started, and 8 QI charters submitted.  
 [B] Appraisal completion is high at 98.7%, reflecting strong engagement process.

Negative Assurance / Gaps in Assurance – Required Outputs
<p>SO7 Maximise a diverse and inclusive workforce representative of the communities we serve.</p> <ul style="list-style-type: none"> <li>The 2024 staff survey saw a decrease in scores for 8 out of the 9 questions around discrimination on the grounds of a specific protected characteristic. (Open Risks - WF42, WF 45)</li> <li>The 2024 staff survey saw 16.5% of ethnically diverse staff report higher rates of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public compared to 7.9% of white staff.</li> <li>59.2% of staff with a disability or long-term condition compared to 68.1% without one report that the organisation acts fairly with regards to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age</li> <li>Workforce representation - Disability 10.36% (September 2025) which is lower than the regional demographic of between 16 and 20% in East Riding, Humber and North Yorkshire, but represents an improving position from 4.1% in 2019 to 10.36% in 2025.</li> <li>Immigration Policy Impact on Workforce Stability - Despite proactive mitigation efforts following the Home Office immigration policy changes, 6 staff members remain at risk of dismissal due to not meeting the revised salary threshold for visa sponsorship. These cases span multiple divisions and are being managed in line with legal and policy requirements. Regrettably, unless further evidence supports salary variation, these individuals will not be eligible for continued sponsorship, posing a workforce stability risk in affected areas.</li> </ul>
<p>SO3 Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.          Consultant vacancy rate for September 2025 – 17.14% (Risk WF38– See Risk Register)</p>
<p>SO4 Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber. The Workforce Scorecard (December 2025) reported a rolling sickness rate figure of 5.62% (Trust target 5%), and above national and regional benchmarks. With long term sickness increasing to 110 live cases. The highest reason for sickness absence within the organisation remains stress, anxiety and mental ill health The National Staff Survey identifies this as an area of focus with 2025 survey currently underway.</p>

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO7. 1 - EDI	Next Check point: April 2026	Karen Phillips	<p>Actions refreshed as part of the NSS, WRES, WDES and Gender pay gap action planning process and ratified at Board.            Respect campaign refreshed with new resources and No excuse for Abuse re-launched organisationally in October 2025. Humber Talent programmes and leadership development ring fence spaces for staff networks and those with protected characteristics. Focus on Succession planning in band 7 + roles. EDI assurance/insight report presented to EMT in October 2025 shows progress against all actions. EDI insight report presented to each P&amp;OD Committee.</p>
SO3. 1 - Medical Vacancies	Next Check point: April 2026	Kwame Fofie	<p>Based on information for December 2025:            Appointments have been made to six consultant posts. Of these, four are expected to commence in February, and two currently have no confirmed start date (one is awaiting AC approval, and one must provide three months' notice to her existing Trust).            One of the recent appointees is already employed within the Trust, so this will be processed through internal processes.            There are currently six agency doctors in post.</p>
SO4. 1 - Sickness absence	Next Check point: April 2026	Karen Phillips	<p>Deep dives into sickness reported into EMT and P&amp;OD Committee twice yearly, which identified trends and actions.            Divisional accountability reviews monitoring and exploring absence routinely. Reports continue to feed into EMT and People &amp; OD Committee.            Report produced for ODG to explore psychological support. Psychological support post being recruited in Occupational Health as a result.            Towards a Healthier workforce/ Rapid response model implemented in October 2025 with ongoing intervention required.</p> <ul style="list-style-type: none"> <li>Monthly ESR reporting to identify teams with sustained high sickness absence (≥8% over 3 months).</li> <li>A tiered intervention model (Levels 1–3) aligned to sickness trends and wider people metrics, enabling proportionate and targeted support.</li> <li>Divisional Insight Meetings with cross-functional representation to review data, agree actions, and monitor progress.</li> </ul>

				<ul style="list-style-type: none"> <li>• Deployment of Wellbeing MOTs, sickness clinics, and Occupational Health reviews to support staff and managers.</li> <li>• Development of action plans with clear accountability, tracked monthly via workforce performance reporting to ODG.</li> </ul> <p>These measures provide assurance that sickness absence is being proactively managed, with clear governance, escalation routes, and a focus on prevention, recovery, and sustainable workforce health.</p>
<p>SO5 Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.</p> <p>There is a requirement to ensure ESR Manager Self-Service and readiness for the new workforce solution will be delivered to plan and within required timescales</p> <p>Work to continue regarding the internal Band 5-6 job evaluation review will be completed in alignment with the wider regional approach.</p>	<p>SO5 – 1 - ESR Optimisation</p>	<p>Next Check point: April 2026</p>	<p>Karen Phillips</p>	<p>Plans developed to fully optimise ESR in readiness for the new workforce solution. 2026 will see the roll out of the three final functionality elements implemented – appraisals in ESR, Manager Self Service and full establishment control. EMT receiving regular updates on ambitions and plans.</p>
	<p>SO5 – 2 - National Role Profiling – Band 5-6</p>	<p>Next Check point: April 2026</p>	<p>Karen Phillips</p>	<p>Plan in place to review and consolidate all band 5-6 job descriptions with activity managed through an internal working group, with Trust participation in regional streamlining and efforts to avoid duplication. Full alignment and co-working with Trade Unions.</p>

# Optimising an efficient and sustainable organisation



**Lead Director:**  
**Dir. Finance**

**Lead Committee:**  
**Finance Committee**

Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.

**Risk Score: 8**

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - High	4	2	8 - High	15	IN APPETITE

Risk Analysis	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15	15	15

## Related Strategic Goal (Inputs Overview)

Strategic Objective 1 - Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system.

- (1) Trust has moved the tenant for Power BI and now has 20 users up and running.
- (2) The mobile phone contract has been awarded in 2024.

Strategic Objective 2 - We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.

- (1) Trust has reviewed its Digital Governance Structures in 2025 to ensure appropriate oversight and assurance at Executive and Board Level

Strategic Objective 3 - Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.

- (1) The Trust is building on its role as Specialist Lead Provider and is currently exploring opportunities for core mental health services to follow a similar collaborative approach with the Trust identified as the preferred Host.

Strategic Objective 4 - Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.

- (1) The Trust continues to prioritise its capital investment priorities based on available information to maximise impact across the Trust's Estate

Strategic Objective 5 - Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

- (1) A new Green Plan, effective from 2025, is under development and a draft is scheduled for submission to the EMT in June 2025.

Strategic Objective 6 - Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.

- (1) Planning Guidance requires the system to deliver a balanced net financial position for 2025/26.
- (2) Agency Reduction Target of 30% for 2025/26 has been set
- (3) The Trust has a breakeven financial plan that meets the ICS planning target set for it.

## Positive Assurance – (Current Outputs)

Strategic Objective 1 - Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system.

- (1) Trust Data Quality Maturity Index (DQMI) score at 99% above national average (95%).
- (1) Patient communication, electronic referral service, electronic prescription service, voice requisition and hand-held device app to be fully implemented in 25/26.
- (1) Implementation of the new data lake/lake house business intelligence system which include artificial intelligence capabilities.
- (1) Create a centre of excellences within the Interweave team to lead on user centred design the Yorkshire & Humber Care Record
- (2) Mobile phone contract provides 50% reduction in spend and access to different mobile phone networks providing the best connectivity for our mobile workforce.

Strategic Objective 2 - We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.

- (1) The Trust has successfully implemented a new Electronic Patient Record in 2024/25

Strategic Objective 3 - Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.

- (1) Overall, the Trust has a high level of sustainability with a good cash position.
- (1) Trust has delivered a balanced position as part of the ICS 2024/25 Plan and has a breakeven 2025/26 plan
- (1) Trust has delivered a 30% Agency cost compared to pay bill in 2024/25, current modelling suggests Agency Reduction of 2.1m in 2025/26, this equates to a 39% year on year reduction.

Strategic Objective 4 - Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.

- (1) 2024 PLACE scores of 99.77% for Cleanliness (Avg 98.31%) and 97.39 for Food (Avg 91.32%)
- (1) The Trust has plans for the redevelopment of Granville Court in 2025 and a longer-term plan for the reprovion of Westlands Inpatient Unit as part of its wider Inpatient Redesign project

Strategic Objective 5 - Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

- (1) Provision of virtual private network technology allow staff to work from any location (including home) enabling a reduction of the estate required for corporate staff and reducing our CO2 emissions from staff travel.
- (1) The Trust is currently exceeding the carbon reduction targets outlined in the Green Plan (2022–2025), achieving an approximate 33% reduction in T/CO<sub>2</sub>e from the baseline year

Strategic Objective 6 - Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.

- (1, 2, 3) Humber Financial Times is issued to all staff

Negative Assurance / Gaps in Assurance – Required Outputs
<p>Strategic Objective 3 - Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.            (1) Wider ICS Financial Position is showing to be on track to deliver the financial plan but has an overall unmitigated risk of £78.5m (Risk FI1239 – See Trust wide Risk Register)</p> <p>Strategic Objective 6 - Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.            (1) Details of staff understanding of Trust finance measures and controls (Risk FI1223– See Trust wide Risk Register)</p>

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO3. 1 Medium Term Financial Planning has been initiated across the ICB	Next Check point: April 2026	Pete Beckwith	National Guidance has been circulated, and initial plans have been shared with the ICB
SO3. 1 Deliver a balanced net system financial position for 2025/26.	Next Check point: April 2026	Pete Beckwith	Trust has submitted a balanced plan to the ICS. Month 8 financial position shows the Trust is on plan to deliver a Balanced Position at Year end
SO6. 1 Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2025/26.	Next Check point: April 2026	Pete Beckwith	Current plan delivers the expected reduction, Agency is monitored at Finance Committee, EMT, ODG and forms part of the Accountability Review process

## RISK SCORING MATRIX

			IMPACT				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 Moderate	5 x 2 = 10 High	5 x 3 = 15 Significant	5 x 4 = 20 Significant	5 x 5 = 25 Significant
	Likely	4	4 x 1 = 4 Moderate	4 x 2 = 8 High	4 x 3 = 12 High	4 x 4 = 16 Significant	4 x 5 = 20 Significant
	Possible	3	3 x 1 = 3 Low	3 x 2 = 6 Moderate	3 x 3 = 9 High	3 x 4 = 12 High	3 x 5 = 15 Significant
	Unlikely	2	2 x 1 = 2 Low	2 x 2 = 4 Moderate	2 x 3 = 6 Moderate	2 x 4 = 8 High	2 x 5 = 10 High
	Rare	1	1 x 1 = 1 Low	1 x 2 = 2 Low	1 x 3 = 3 Low	1 x 4 = 4 Moderate	1 x 5 = 5 Moderate

## RISK TERMINOLOGY DEFINITIONS

<b>Initial Risk Rating</b>	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.
<b>Current Risk Rating</b>	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.
<b>Target Risk Rating</b>	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regards to risk appetite and the level of risk the organisation is willing to accept.
<b>Control</b>	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.
<b>Assurance</b>	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.

Title & Date of Meeting:	Trust Board Public Meeting –25 March 2026														
Title of Report:	People & Organisational Development Committee Assurance Report from meeting held on 04 February 2026.														
Author/s:	Dean Royles – Non-Executive Director														
Recommendation:	<table border="1" data-bbox="477 633 1455 748"> <tr> <td data-bbox="477 633 871 674">To approve</td> <td data-bbox="871 633 967 674"></td> <td data-bbox="967 633 1347 674">To discuss</td> <td data-bbox="1347 633 1455 674"></td> </tr> <tr> <td data-bbox="477 674 871 714">To note</td> <td data-bbox="871 674 967 714">✓</td> <td data-bbox="967 674 1347 714">To ratify</td> <td data-bbox="1347 674 1455 714"></td> </tr> <tr> <td data-bbox="477 714 871 748">For assurance</td> <td data-bbox="871 714 967 748">✓</td> <td data-bbox="967 714 1347 748"></td> <td data-bbox="1347 714 1455 748"></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss													
To note	✓	To ratify													
For assurance	✓														
Purpose of Paper:	<p>This paper provides an executive summary of the key discussions and outcomes from the People and Organisational Development Committee meeting held on 04 February 2026. The Committee operates as a formal sub-committee of the Trust Board and is responsible for providing assurance on matters relating to workforce, organisational development, and equality, diversity and inclusion (EDI).</p> <p>The report highlights key points for the Board’s attention and consideration.</p>														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• The Committee received comprehensive insight reports across Health &amp; Wellbeing, EDI, Medical Education, Safer Staffing, and People Insight, all of which provided strong assurance on progress and sustained improvement.</li> <li>• Targeted health and wellbeing interventions continue to be directed toward areas with the highest sickness absence, with positive developments in menopause support, period dignity, and men’s health initiatives.</li> <li>• EDI indicators show continued improvement, supported by highly visible leadership and strengthened routes for staff to raise concerns.</li> <li>• Strong progress is being made against the Medical Education 10-point plan, e-rostering standards, productivity, vacancy reduction, and agency spend.</li> <li>• Workforce benchmarking indicates the Trust continues to perform well</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b></li> <li>• Wellbeing interventions continue to be targeted towards areas with the highest levels of sickness absence, with a clear focus on impact and prioritisation rather than broad, unfocused activity.</li> <li>• Ongoing work is progressing on menopause support, period dignity initiatives, and the Trust’s men’s health programme, recognising the higher sickness absence levels within this group.</li> <li>• The Committee requested that options for a “Know Your Numbers” or cholesterol-focused campaign be explored further; this will be taken forward by Karen and Stacey outside the meeting.</li> </ul>														

<p>compared with peers, and the People &amp; OD Strategy remains on track and well aligned with emerging national expectations.</p> <ul style="list-style-type: none"> <li>No significant issues were identified in the Guardian of Safe Working Hours Report, with no exceptions raised in the last quarter.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthened oversight arrangements have been agreed, with regular reporting on wellbeing activity and impact to be brought to future Committees.</li> <li>Continued operational focus on long-term sickness management, return-to-work completion rates, and ensuring the new sickness absence policy is fit for purpose.</li> </ul>																								
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>Sickness absence remains a key area of concern at 5.54%, with two-thirds relating to long-term cases; further management action may be required if improvement does not materialise.</li> <li>Emerging potential risks in medical workforce supply due to IR35 implications, visa constraints, and tightening Deanery policy on core training extensions.</li> <li>Cultural risks highlighted within specific services require ongoing attention and continued support from EDI and operational leadership. This is in train</li> <li>Ensuring that wellbeing and development initiatives remain targeted, impactful, and not overly broad, avoiding dilution of effort.</li> <li>Implementation risks associated with the national workforce solution replacing ESR, with a long and complex transition period ahead.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>Agreed that regular reporting on wellbeing initiatives and their impact will be provided going forward.</li> <li>Confirmed continued prioritisation of targeted wellbeing interventions in areas with the highest absence.</li> <li>Supported the proposed approach to future e-roster rollout, focusing on areas of greatest benefit rather than completion percentage alone.</li> <li>Endorsed the audit plan and the areas selected for forthcoming review.</li> <li>Agreed that the Executive Team will further consider escalation of management actions should sickness figures not begin to improve.</li> <li>Noted and supported ongoing work on leadership and management development, including apprenticeships and management fundamentals.</li> <li>Acknowledged the need for continued system alignment and preparation for national changes to the People Function and the new workforce solution.</li> </ul>																								
<p>Governance:</p>	<table border="1"> <thead> <tr> <th data-bbox="470 1415 849 1442"></th> <th data-bbox="849 1415 983 1442">Date</th> <th data-bbox="983 1415 1323 1442"></th> <th data-bbox="1323 1415 1468 1442">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="470 1442 849 1503">Audit Committee</td> <td data-bbox="849 1442 983 1503"></td> <td data-bbox="983 1442 1323 1503">Remuneration &amp; Nominations Committee</td> <td data-bbox="1323 1442 1468 1503"></td> </tr> <tr> <td data-bbox="470 1503 849 1563">Quality Committee</td> <td data-bbox="849 1503 983 1563"></td> <td data-bbox="983 1503 1323 1563">People &amp; Organisational Development Committee</td> <td data-bbox="1323 1503 1468 1563"></td> </tr> <tr> <td data-bbox="470 1563 849 1624">Finance Committee</td> <td data-bbox="849 1563 983 1624"></td> <td data-bbox="983 1563 1323 1624">Executive Management Team</td> <td data-bbox="1323 1563 1468 1624"></td> </tr> <tr> <td data-bbox="470 1624 849 1684">Mental Health Legislation Committee</td> <td data-bbox="849 1624 983 1684"></td> <td data-bbox="983 1624 1323 1684">Operational Delivery Group</td> <td data-bbox="1323 1624 1468 1684"></td> </tr> <tr> <td data-bbox="470 1684 849 1756">Collaborative Committee</td> <td data-bbox="849 1684 983 1756"></td> <td data-bbox="983 1684 1323 1756">Other (please detail) Trust Board</td> <td data-bbox="1323 1684 1468 1756">25/03/26</td> </tr> </tbody> </table>		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	25/03/26
	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	25/03/26																						

## Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

### Assurance Report 04 February 2026

#### **Health & Wellbeing Insight Report:**

The Committee received a comprehensive update on Health and Wellbeing from the Head of Occupational Health & Wellbeing, which generated a rich and constructive discussion. It was particularly encouraging to hear about the continued progress on menopause support and period dignity initiatives, alongside the recent emphasis on men's health, recognising that this group can experience higher levels of sickness absence.

The Committee reflected on the importance of ensuring that wellbeing interventions remain targeted towards areas of greatest need and where they can have the most meaningful impact on reducing absence. We were assured that current initiatives are being focused on services with higher levels of sickness and encouraged a continued disciplined approach to prioritisation, avoiding an over-extension of activity.

We also discussed the potential to develop a "Know Your Numbers" or cholesterol-focused campaign, and this will be picked up outside the meeting by Karen and Stacey. An action was agreed to ensure regular reporting on wellbeing initiatives and impact going forward.

#### **Equality, Diversity and Inclusion Insight Report:**

There is a considerable amount of ongoing work in this area, and it is encouraging to see continued improvements in our diversity indicators across the organisation, with significant progress on several measures. There has also been strong support provided to managers, particularly through the *No Excuse for Abuse* initiative.

The Committee also wanted to acknowledge, the value of the EDI Lead's visible approach - getting out into services, speaking directly with staff, and creating space for open discussion. This has given people a clear route to raise concerns, which has been especially important in areas such as Townend Court and PICU, where it is helping us address long-standing issues.

Discussed the timeline for adopting the anti-Semitism statement, and a paper will be going to the Executive Team on this.

Reflected more broadly on how we can continue to build a more genuinely tolerant organisation, one where a diverse range of voices can be heard and where people feel confident to speak up, supported by our values and behavioural framework. The Chair will explore whether there is an opportunity, through the Strategic Board or another appropriate mechanism, for us to challenge ourselves further in this area and identify ways to continue improving our culture.

#### **Professional Education Insight Report – Medical Education:**

The Committee noted and discussed the report, and it is encouraging to see the amount of good work continuing in this area. There were no specific issues or concerns to escalate. Progress is being made against the 10-point plan, although there are some risks issues around the Deanery tightening its policies on

extensions to core training that we're looking to manage and mitigate, as well as the impact of visa-related issues affecting some resident doctors.

**Safer Staffing Update:**

The Committee reviewed the staffing report, which had previously been to Board, and noted that the sequencing will be adjusted for future cycles to improve the flow of information. It was helpful to focus on the key people-related issues, particularly the hotspots around sickness absence, skill mix, and temporary staffing. We look forward to receiving the next report.

**People Insight Report:**

An excellent paper that provided strong assurance, and it was encouraging to see the steady, incremental progress being made. Incremental improvement is valuable in its own right, and it's important to see this reflected.

A discussion took place around sickness absence, which remains an outlier despite the significant work underway. The encouragement to the Executive Team was to consider what additional management actions may be required if the figures do not start to move in the right direction.

**Finance and Workforce Controls Assurance Report:**

We received the Workforce Assurance Report and commended the work taking place in this area with lots of hard work on agency reduction and the Trust vacancy rate which is currently 6.6%. It was particularly good to see the continued improvements, especially around productivity.

**Risk Register and BAF:**

We noted both the Board Assurance Framework and the Risk Register. For the Risk Register, we acknowledged that there are four items rated at 9 and above; however, all actions across both reports have been reviewed and undertaken.

**E-Roster Levels of attainment:**

Noted the progress update on e-rostering and were pleased to see strong progress against the required standards, particularly in ensuring that 24-hour clinical services are appropriately rostered. We also discussed the future approach, taking a more nuanced approach of where further rollout will bring the greatest benefits, rather than focusing solely on achieving an overall completion percentage.

**Update on leadership and Management Framework:**

Received an update on the work around the leadership and management work underway, as well as the national framework, and the committee's assessment is that we've got a great opportunity through the development of the Leadership and Management Hub where we'll see strong alignment.

A discussion took place about apprenticeships and the training plan, which will be presented at the next Committee meeting. A discussion also took place about the importance of management fundamentals where a significant amount of positive work happening in this area, and the trust are encouraging roll out development of this piece of work.

**Progress against the People Strategy & OD Strategy:**

The Committee noted the progress report on the People and OD Strategy, and it is encouraging to see the positive progress being made. This work puts us in a strong position as further national developments and expectations in this area continue to emerge.

**People & OD Corporate Benchmarking & National Transformation of People Services Summary:**

Regarding the Corporate Benchmarking Report, it was positive to note that we benchmark well, whilst also highlighting the opportunities. This naturally links to the Target Operating Model nationally and the work we're doing to get ready for that and to have a look at what we can do to prepare ourselves for that model. Therefore, we are in a good position both as an organisation and within the wider system.

**Guardian of Safe Working Hours Report:**

Report received and discussed the quarterly report and noted the concerns that had previously been raised, but also that no exceptions were reported in the last quarter and also no indication of any emerging systemic issues during that period.

This is a time of change, with new contract amendments coming into effect from 6 February 2026. Any impact of these changes will be noted in future quarterly updates. It is hoped that these amendments will help streamline the exception-reporting process, particularly for education-related exceptions, which will now be directed to the Director of Medical Education.

The Committee also received an update on the 10-point plan, and it appears that good progress is being made against the actions.

**Audit Plan:**

Noted the audit report and the committee were supportive of the areas that are going to be covered.

**Absence Deep Dive:**

The Committee noted that sickness absence currently stands at 5.54%, which is similar to the level reported at the last deep-dive. Around two-thirds of this absence relates to long-term cases. We discussed the work underway to manage some of the more complex cases and recognised the focused activity around ensuring we have a fit-for-purpose sickness absence policy.

There is continued emphasis on improving the completion of return-to-work discussions, where we are currently achieving around two-thirds, and on strengthening the management of long-term sickness absence.

It was positive to see how our performance compares with other organisations, with benchmarking indicating that we are doing well against similar trusts. However, we also acknowledged that there remains scope for improvement in certain areas.

**Leaver Deep Dive:**

Received the Leaders Deep Dive report and wanted to acknowledge the significant amount of work that has gone into producing it. We are in a strong position in terms of both turnover and vacancy rates, and further analysis is underway to

understand the increasing prominence of work–life balance as a reason cited by staff.

**Medical Workforce Plan:**

Welcomed the six-month update and want to recognise the significant amount of work that had taken place under the Medical Directors leadership as CMO. It is clear that good progress is being made across the programme.

The report highlighted some risks, including IR35 considerations, visa constraints, and the financial pressures associated with agency spend. These continue to reinforce the importance of our *grow-our-own* approach. It was also positive to note the 100% fill rate for resident doctors.

We were encouraged to see the creativity and innovative thinking being applied to address some of the longer-term, more complex issues, and we continue to support and encourage this work.

**New Workforce Solution:**

The Committee noted the workforce solutions update which is the new system which will replace ESR in the next few years. This will be long rollout period, and we'll learn more over the coming months.

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting on 5 February 2026														
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>√</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss													
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board.</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 5 February 2026.</p>														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Activity report for Q3 to end December 2025.</li> <li>Analysis of admissions between age groups 18-34 and 34-65 (ad hoc report)</li> <li>MHA Benchmarking report (ad hoc report)</li> <li>Restrictive Practices Improvement Report</li> <li>Insight Report, including MHA 2005 updates; CQC MHA visits; AHM updates.</li> <li>Multi Agency Public Protection Arrangements (MAPPA) update and result of audit</li> <li>Review of BAF as it relates the MHLC</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Mental Health Act (MHA) 2005 has received Royal Assent and implementation being led nationally. HTFT is initiating project team and progress will be monitored by this committee.</li> <li>Development of an agreement with East Yorkshire Council regarding urgent Deprivation of Liberty Safeguards (DoLs) issues.</li> <li>Exploration of the introduction of trust-level MHA benchmarking and comparative data nationally and regionally.</li> </ul>													
<b>Key Risks/Areas of Focus:</b>  No new risk areas identified.		<b>Decisions Made:</b>  None													
<b>Governance:</b> <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:**

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

## Committee Assurance Report – Key Issues

### Action list update

DoLs - In Q1, the Committee heard that occasionally, there are a very small number of patients where urgent Deprivation of Liberty Safeguards (DoLS) authorisation would expire prior to the standard DoLS being authorised by the Local Authority. An agreement is in place with Hull Council so that patients are prioritised and the Medical Director has written to the East Yorkshire Head of Service for Safeguarding and Quality to ask that they similarly respond promptly to requests. Further follow up work has been undertaken, and an agreement is in development. These incidences are being closely scrutinised, and the associated risk is now included on the Trust risk register.

### Activity Report Q3 December 2025

The number of patients admitted/detained was as expected and within control limits (total 81, compared to 104 in September 2025 and 89 December 2024). Comparisons of detention by section, regrades, CTOs, s136, tribunals and hearings are within control limits and do not show any significant trends. AWOL incidents were reviewed in detail. It was noted that no under 18s were admitted on a section to an adult ward.

Analysis of admissions between age groups 18-34 and 34-65 (ad hoc report) - National data indicated that admissions of males in the age bracket 18–34 was high. As HTFT demographic data only has age range 18–65, a further break down was completed by age and gender (both informal and formal patients). This showed that HTFT does not show a high admission rate for males 18-24.

MHA Benchmarking report (ad hoc report) - For some time the committee has been keen to see some comparative data for detentions and patients subject to Community Treatment Order (CTO). However it has been recognised that data collected nationally is not in a format useful for benchmarking or assessing performance. However some detailed (but crude) analysis considered detentions per 100,000 population 2024-5 for a range of MH Trusts. HTFT appears to be similar to Trusts of a comparable size in detention rates for Hull and East Yorkshire, with Hull at the higher level. CTO data is only available by ICB area and is not analysed per population. It is not known whether NHSE have plans to collect more meaningful MHA data in future. However members of the committee thought it important to have supporting data to assist in identifying best practice and service improvement opportunities. The Trust will seek to influence the production of meaningful comparative benchmarking data at both regional and national levels.

### Restrictive Practices Improvement Report

De-escalation Management Intervention (DMI) training compliance has consistently remained above the 85% compliance rate and is currently at 90.57%. There has been an increase in compliance with CTR/disengagement training with trajectory of reaching compliance by end of Q1 2025/6. Assurance is now in place for data quality and reporting from SystmOne regarding seclusion data, while work continues on restraint reporting. The use of seclusion has reduced during Q3. The use of restraint has continued to reduce in Q3 to the lowest position since Q4 of 2021/22. The use of rapid tranquilisation has further reduced during Q3. There has been a reduction in missed nursing and medic seclusion reviews. All incidences of use of restrictive interventions continue to be subject to clinical review via the daily safety huddle and weekly by the Clinical Risk Management Group (CRMG). Co-production and service user by experience involvement within the Culture of Care programme has continued to strengthen and the new lived experience lead is now in post within the mental health division. The Committee received 2 good practice patient stories from Newbridges and Humber Centre.

## **Insight Report**

Mental Health Act 2025 – It was noted that the Board was updated by the Medical Director on 28 January 2026 regarding Royal Assent on 18 December 2025. The implications for the Trust were noted along with the implementation timescales, which will be over a number of years. A Code of Practice is expected in early 2027, which will signal the start of a programme training and implementation of changes over a 10 year period. In order to assist Trust preparations, resources have been requested from the Project Management Office and a draft Project Initiation Documents has been prepared. The MHLC will seek assurance through its Insight Reports until a substantive project plan is in place with an indicative implementation timetable, at which point a standing agenda item will be introduced. Consideration of the risks and resource requirements will need to be included once they are identified.

The Associate Hospital Managers forum met in December 2025 and the key topics were noted. The need to continue to recruit and support AHMs was noted as demands continue to increase.

CQC MHA visits – there were no visits during Q3. Outstanding themes and action from previous visits were noted and are proactively followed up by the MHL team.

## **Multi Agency Public Protection Arrangements (MAPPA) update and result of audit**

The MAPPA mechanism is led by the Responsible Authority (Police, Probation Service and Prisons). The Trust has a duty to co-operate with these and other agencies and has appropriate structures and governance arrangements in place to meet this duty. The Trust continues its active attendance and involvement in all MAPPA meetings and panels and feedback from other agencies remains positive. The new Electronic Patient Record (EPR/SystemOne) provided an opportunity to audit and validate patient records in relation to MAPPA. This has enabled improvements to be made to the records and for automated reports to be generated from the system. This is being taken further with the Trust inviting partners to look at consistency and accuracy of records across the partnership. Looking at data in December 2025 and January 2026, 90 patients were under MAPPA, mainly in Forensic Division as expected. There was good assurance that MAPPA is being captured in care plans and risk assessment/management plans for patients who are managed in the community. However some issues were identified in relation to recording MAPPA reviews on the system. Action plans have submitted to Divisional Clinical Networks and for action and a repeat audit is planned for March 2026 for assurance. The Committee received a case study of a patient journey through secure hospitals to discharge.

Further reports were received by the committee and will be on the agenda for discussion at the next meeting.

- Risk assessment prior to patient leave (ad hoc report)
- S132 rights and appeals against detention under the MHA (ad hoc report)
- Annual committee effectiveness questionnaire results (to be incorporated into the annual review).

**Next meeting 7 May 2026**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Assurance Report to Board from Audit Committee														
Author/s:	Kath Smart, Non-Executive Director														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>√</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss													
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Report to the Board of the outcomes of the Audit Committee.														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trusts highest risks are documented and up to date.</li> <li>Our deep dive into Children &amp; Learning Disabilities Division Risk Register demonstrated a positive approach to risk management generally, and a good grip on the specific risks being managed</li> <li>The internal audit programme is progressing to plan</li> <li>Positive Assurance audit outcomes for Budget Reduction Strategy audit and Service Users Property &amp; Money audit</li> <li>The Trust team are diligent at implementing actions arising from audits</li> <li>The counter fraud programme remains effective</li> <li>Procurement activity, including justifications for direct awards, is well controlled</li> <li>The Trust's insurance arrangements remain in place for 26/27, with premiums for clinical negligence claims continuing to reduce.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Self-assessment against requirements of Failure to Prevent Fraud legislation continue and will be brought back to May's Audit Committee</li> <li>Improve response rate to the Committee self-assessment survey</li> </ul>													
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Work on the two "limited assurance" audits to close down the actions and address the findings of the audit continue: Discretionary Spend; and Prescribing at Discharge</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Endorsed the external and internal audit and counter fraud work in progress</li> <li>Endorsed direct award justifications</li> <li>Approved the 26/27 Internal Audit programme</li> </ul>													

<b>Governance:</b> 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) Trust Board	Sep 25	

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (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	

## Assurance Report to Board from Audit Committee's 16<sup>th</sup> February meeting

The Committee was quorate, and considered the following:

**Minutes/Actions:** approved and reviewed.

**Work Plan:** approved. It was noted there are some items included which need to be considered in the Terms of reference (later on the agenda)

**Board Assurance Framework:** A newly issued audit report confirms significant assurance on the BAF, with some recommendations on future improvements. Audit Committee comments focussed on reviewing if actions are enough to achieve targets, the impact of the Medium Term plan and changes at a regional level impact.

**Corporate Risk Register:** The risks were reviewed and felt to be appropriate, with some review of the sickness absence risk required, cross referencing to the ICB Risk register and an assessment if the planned actions will reduce the risk as required

**Children & Learning Disabilities Divisional Risk Register:** a deep dive into this register presented by divisional lead gave an overview of a positive approach to using risk management as a management tool.

Risks being managed by the Division included:-

- Patients with an LD diagnosis experiencing delayed discharges due to lack of appropriate community placements;
- Demand for ADHD and ASD assessments exceeding capacity and creating longer waiting lists

**External Audit:** Forvis Mazars presented their Annual Audit Letter which concludes the 2024/25 work now the pension valuation work has been completed.

**Internal Audit:** The plan continues to be delivered and is on target.

Since the last Committee, four more reports have been completed; Budget Reduction Strategy – High assurance; and Service Users Property and Money – Significant assurance, both reports were viewed positively by the Committee and represent good outcome for Humber. Also, presented were 2 Limited assurance reports a) Discretionary Spend – Limited Assurance; b) Prescribing at Discharge – Limited Assurance. Much of the discussion focussed around the 2 limited assurance reports and associated actions. Verbal confirmation was given that the Discretionary spend audit had been a value added exercise and actions already in train to improve the controls currently in place. Further work was requested on the Prescribing at Discharge actions to ensure they are specific, this is being reviewed via EMT including clarification of actions, timelines, and assurance on patient safety and incident data.

Internal Audit confirm through sample testing that the Trust is implementing recommendations as agreed.

Internal Audit Plan 2026/27 – There has been a robust process to bring together areas for the 26/27 internal audit days, this was approved by the Audit Committee

**Implementation of internal audit recommendations:** We noted the position with some recommendations overdue, and asked for more detail on the future timelines which

recommendation owners are working towards which should be addressed by the new SOP currently being finalised.

**Counter Fraud:** We received a positive update on current counter fraud activity, noting an ongoing investigation into a member of staff with multiple contracts in the NHS and the self assessment relating to the “failure to prevent” part of the Economic Crime and Corporate Transparency Act will come back to the next Audit Committee.

#### **Procurement Activity:**

We considered the latest direct award justifications. Currently 25 contracts are in progress, with a value of c £8.52m Since the last Committee, 2 more were awarded, with a value of £0.82m. We considered each and endorsed the justifications for direct award. Audit Committee asked for clear identification of who authorised each award

**Insurance:** The proposed 2026/27 arrangements & payments were noted, with the premiums for the categories of clinical negligence, liabilities to 3<sup>rd</sup> 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.

#### **Audit Committee Effectiveness (draft), Terms of Reference**

The draft was reviewed, and it was noted the compliance with the HFMA Checklist was good. It was also noted there was a lower response rate than we would like for the survey that had been undertaken. Actions agreed to improve this for the final review in May, alongside actions to align the Terms of reference with the workplan items

**Review of Meeting:** The meeting was completed slightly ahead of scheduled time, but it was commented that there were positive and detailed discussions where required, the papers were good quality, items were taken away to complete outside the meeting and there was good all-round participation.

**Agenda Item 22**

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Chairs Log and Assurance Report from the Specialised Provider Collaborative meeting held on 2 March 2026														
Author/s:	Stephanie Poole, Non-Executive Director Melanie Bradbury, Collaborative Planning Director														
Recommendation:	<table border="1" data-bbox="486 752 1474 869"> <tr> <td data-bbox="486 752 879 790">To approve</td> <td data-bbox="879 752 975 790"></td> <td data-bbox="975 752 1358 790">To discuss</td> <td data-bbox="1358 752 1474 790"></td> </tr> <tr> <td data-bbox="486 790 879 828">To note</td> <td data-bbox="879 790 975 828">√</td> <td data-bbox="975 790 1358 828">To ratify</td> <td data-bbox="1358 790 1474 828"></td> </tr> <tr> <td data-bbox="486 828 879 869">For assurance</td> <td data-bbox="879 828 975 869">√</td> <td data-bbox="975 828 1358 869"></td> <td data-bbox="1358 828 1474 869"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance	√		
To approve		To discuss													
To note	√	To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This paper provides an executive summary of the discussions held at the Collaborative Committee meeting on Monday 2 March 2026, together with a summary of the key matters for the Humber Teaching NHS Foundation Trust Board to note and consider for assurance.														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>All providers subject to routine quality assurance monitoring</li> <li>Number of clinically read for discharge patients is improving across the 3 work streams.</li> <li>Positive financial position</li> <li>Positive feedback from NHS England to HNY Specialised PC quality assurance</li> <li>North East Lincolnshire alternative to admission for adult eating disorder service launched 1 March 2026.</li> <li>Inspire progressing with the new alternative to admission service for young people.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b></p> <ul style="list-style-type: none"> <li>Continuing to progress all the work stream 2025/26 priorities and identify new priorities for 2026/27.</li> <li>Continued work with ICB colleagues regarding improving Care Pathways.</li> </ul>														
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>Continuation of monitoring of all patient care packages to ensure safe effective care and treatment.</li> </ul>	<p><b>Decisions Made:</b> The following were reviewed and ratified at the meeting:</p> <ul style="list-style-type: none"> <li>✓ YHIN Big Event</li> <li>✓ AED work stream Terms of Reference</li> <li>✓ CAMHS work stream Terms of Reference</li> <li>✓ Collaborative Management Executive Terms of Reference</li> </ul>														

<b>Governance:</b> 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	2.3.2026	Other (please detail)	

**Monitoring and assurance framework summary:**

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

## **1 Introduction and Purpose**

This report is presented to the Humber Teaching NHS Foundation Trust (HTFT) Board to provide assurance regarding the governance, oversight and delivery arrangements of the Collaborative Committee. The Committee has been established by HTFT in its capacity as Lead Provider for the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

In undertaking the Lead Provider role, HTFT is required to demonstrate robust governance arrangements that ensure clear separation between its commissioning (Lead Provider) responsibilities and its provider functions, thereby mitigating any potential conflicts of interest. To support this separation and strengthen independent oversight, HTFT has delegated specific operational responsibilities to the Collaboration Planning and Quality Team (CP&QT), which is formally accountable to the Collaborative Committee.

The CP&QT is responsible for undertaking functions previously delivered by NHS England Specialised Commissioning. These functions include strategic planning, contractual oversight, financial monitoring and quality assurance of specialised Mental Health, Learning Disability and Autism services across the HNY region. The Team also oversees patient placements outside of natural clinical flow for individuals requiring specialist care within the following service areas:

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

Through these arrangements, the Collaborative Committee provides assurance that the Lead Provider responsibilities are being discharged effectively, transparently and in accordance with statutory and contractual requirements.

## **2. Patient Story**

At each Collaborative Committee meeting, a non-identifiable patient story is shared about an individual from HNY who has accessed specialised mental health, learning disability, and/or autism services.

At the meeting held on 2 March, a patient story was presented about a service user who had received care within adult secure hospital settings for over 20 years. The story highlighted how the Specialised Provider Collaborative managed and coordinated the individual's care package, ultimately leading to a positive outcome for the patient.

In addition to the individual's progress, the case also demonstrated wider service improvements, including strengthening the patient voice within care planning and establishing more regular and robust review procedures for similar cases going forward.

## **3. Insight Report**

The Insight Report is presented at each Collaborative Committee meeting and provides members with a summary of developments across the national, regional, and local Specialised Provider Collaborative programme. It also highlights any additional topical issues that are not addressed within other reports submitted to the Committee.



This meeting's report includes:

- **Quarter 3 Contract Monitoring** – the meeting was very positive with NHS England sharing positive feedback to HNY Specialised Provider Collaborative regarding quality assurance, contractual oversight, financial management, innovation in new Care Pathways and patient outcomes.

#### 4. Overall Specialised Provider Collaborative Risk Register

This paper shared summarises the current Risk Register for the Humber and North Yorkshire Specialised Provider Collaborative. It provides a high-level overview of the key risks, with the accompanying Excel spreadsheet offering detailed information on each risk, including associated actions and assurances.

As at 2 March 2026 there are 2 risks on the Risk Register of which no risk is rated over 12:

	Initial Rating	Rating – last report	Current Rating	Change	Target Risk Rating
PC 35 CAMHS Clinically Ready for Discharge	15	12	6		4
PC24: Adult Secure Clinically Ready for Discharge	15	12	6		4

It was agreed at the meeting that a new risk will be added to the Specialised Provider Collaborative and HTFT Corporate Risk Register regarding the proposed changes to the Future Model of Specialised Provider Collaboratives.

#### 5 Work Stream Updates

##### 5.1 CAMHS – Children and Young People

- There are no young people on the waiting list for admission.
- There are currently only 2 extra packages of care in place
- Good progress is being made with the CAMHS work stream 2025/26 priorities.
- Number of clinically ready for discharge young people has reduced from 4 to 2.
- Work is ongoing in relation to the NHS England Developmental Specification for children and young people intensive services.
- Work continues to bring lived experience voice into service planning.
- Inspire day care development progressing with a positive response to recruitment.
- The workstream are considering new priorities for 2026/27.
- Continued positive impact following the new alternative to hospital services at Willow View, EDiTT and Young Minds Matters in North East Lincs.

## 5.2 Adult Eating Disorder

- There are currently no clinically ready for discharge patients.
- The number of out of area admissions has reduced from 3 to 1.
- North East Lincs alternative to admission pathway launched on 1 March 2026
- Good progress is being made with 2025/26 priorities and the workstream are considering new priorities for 2026/27.
- There has been an increase in referrals particularly from North Yorkshire and York; this is being monitored closely.

It was noted at the meeting that the new service initiatives in both CAMHS and Adult Eating Disorders would routinely be commissioned by the ICB, however the Collaborative acknowledges that there is also a benefit to the Specialised PC. Agreed to monitor the patient outcome and financial impact of the new initiatives.

## 5.3 Adult Secure

- HNY secure care providers average length of stay continues to be lower than in January 2022.
- Clinically ready for discharge remains at 9.
- Active national collaboration around adult secure bed modelling
- HOPE(s) team; learning disability and autism specialised support to people in long term segregation, recruitment in progress for the service to cover in HNY, the service is funded by the ICB and Specialised Provider Collaborative.
- Capacity and demand modelling toolkit co-development underway as part of national NHS England pilot.
- Engagement with NHS England on Learning Disability Forensic Outreach Liaison guidance, advocating for integrated, locally appropriate service specification.
- Workshop being held on 4 March in Bradford with West and South Yorkshire Specialised Provider Collaboratives to progress planning of adult secure care pathways for services which are not provided within the region and also access assessments for specific patient diagnosis.

Discussed in the meeting the impact of clinically ready for discharge and the continuation of oversight and escalation to local authority and health service commissioners when there are patient care pathway delays.

## 5.4 Clinical and Quality

- **CQC Inspections.** An unannounced full inspection of Leeds and York Partnership NHS Foundation Trust (LYPFT) CAMHS services (Mill Lodge and Red Kite View) took place on 16 July 2024, followed by a further full inspection on 29 October 2025 due to delays in publication. Discussions between West Yorkshire PC and HNY SPC have aligned post-publication quality assurance processes.
- **No active PSIRF incidents (PSIIs)** at the time of reporting.
- **Safeguarding** - There are no current concerns regarding clinical care delivery for this individual.
- **Freedom to Speak Up alerts** - **None** reported.
- **Long-Term Segregation (LTS)** - As of 13 February 2026 3 people in LTS

- Oversight is maintained through case manager reviews and escalation meetings. All LTS cases have CRFD (Care Review for Detained Patients) processes applied where required.
- All HNY SPC commissioned providers remain at **Routine Oversight** across domains including:
- **Mental Health Act 2025 (Royal Assent: 18 December 2025)** - Implementation will be phased nationally. HNY SPC has requested provider self-assessments regarding readiness, pathway impact, and risk register implications. CPaQT will determine if risks require inclusion on the SPC Risk Register.
- **National Quality Transformation Programme** - The Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Programme is progressing nationally via ICBs, with CAMHS and PICU as early implementers.
- HNY SPC has established a task and finish group, linking with ICB leads. This remains a standing agenda item at the Quality Assurance and Improvement Group.
- **Annual Quality Reviews (2025–26)** - All HNY provider Annual Quality Reviews completed in Q2.
  - No escalations required.
  - Action plans monitored through monthly meetings.
  - Emerging themes reviewed systematically.
- **National Recognition**
  - HNY SPC CPaQT has been identified by NHSE as an exemplar of quality oversight practice.
  - The collaborative has been invited to contribute as one of ten national case studies, highlighting:
    - Strong provider engagement
    - Effective use of soft intelligence
    - Robust oversight matrix framework

## 6. Finance Reports

The year-to-date budget at the end of month 10 is £56m, against which the expenditure is £53.5m giving a favourable variance of £2.5m. Significant proportion is due to the positive financial position of the CAMHS work stream.

Discussions held with Risk and Gain share partners regarding the positive financial position.

	Adult Secure	CAMHS	Adult Eating Disorder	Enhanced Packages	Infrastructure	Contingency	Total
Ytd Budget	34,067	13,554	2,794	3,773	1,228	531	55,947
Actual	34,107	11,422	2,730	3,977	1,219	-	53,455
Variance	(40)	2,131	64	(204)	10	531	2,492

## 7. Annual Agenda Items

- 7.1 Collaborative Committee Work Plan – reviewed and agreed.
- 7.2 Collaborative Committee Terms of Reference – reviewed and agreed with the following changes:
  - Agreed to change name to Specialised Collaborative Committee
  - Agreed to change Vice Chair to Non-Executive member.
- 7.3 Collaborative Committee Annual Effectiveness – reviewed and agreed.

## **8. Items for Review and Ratification**

- 8.1 VCSE Women's Pathway Business Case  
*discussed and following receipt of procurement guidance will be considered for ratification*
- 8.2 YHIN Big Event ratified
- 8.3 AED work stream Terms of Reference ratified
- 8.4 CAMHS work stream Terms of Reference ratified
- 8.5 Collaborative Management Executive Terms of Reference ratified

## Board Awayday Agenda

Wednesday 29 April 2026, 10.30am – 4:00pm  
The Maples

		Lead	Action	Report format	Timings
	<b>Arrive from 10.00am for tea and coffee</b>				
1.	Apologies, Welcome and Purpose of the Day	CF	Note	-	10.30
2.	Notes of Meeting held on 25 February 2026	CF	Notes	✓	10.35
3.	Key Issues Facing the Trust: <ul style="list-style-type: none"> <li>• CQC Well-Led</li> <li>• Productivity (i.e. out-sourcing, sharing corporate teams, clinical services to protect)</li> <li>• Our place in the future Integrated Care System:               <ul style="list-style-type: none"> <li>○ As a Mental Health Provider</li> <li>○ As an integrated care provider</li> <li>○ As part of an integrated care system</li> </ul> </li> <li>• Our fit with the general landscape</li> <li>• Our part as IHO lead or leader of provider alliances</li> </ul>	SS/SJ PB/MM  PB  PB PB	Discuss	Verbal	10.35
4.	Lunch				13:00
5.	Outcomes and Next Steps	CF	Discuss	✓	14.00
6.	Any Other Topical Issues	CF/MM	Discuss	Verbal	15.00
7.	<b>Date, Time and Venue of Next Meeting</b> <ul style="list-style-type: none"> <li>• Wednesday 24 June 2026, Multi-Use Room, Trust Headquarters.</li> </ul>				

*Members of the Board, Governors and Committees who receive copies of the agenda and meeting papers for Private meetings are required to observe the strictest confidence regarding any information contained within them and are required not to disclose any confidential information. Failure to comply with this requirement may be considered a breach of the Codes of Conduct for Trust Board members, Governors and Committee members.*