

Trust Board Meeting 26 November 2025 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 26 November 2025, via Microsoft Teams

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

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

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

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 24 September 2025	CF	Approve	√
4.	Annual Members Meeting Minutes	CF	Approve	√
5.	Action Log, Matters Arising and Work Plan	CF	Discuss	√
6.	Staff Story – Specialist Heart Failure & Cardiac Rehabilitation Service	LP	Discuss	√
7.	Chair's Report	CF	Note	√
8.	Chief Executives Report Including: • Policies to Ratify • Associated Hospital Managers Reappointment requiring Ratification	MM	Discuss/Ratify	√
9.	Publications and Highlights Report	MM	Note	√

	Patient Safety and Quality			
10.	Health Inequalities Update Sarah Clinch, Senior Partnerships and Strategy Manager attending	KF	Note	√
	Building a Shared Purpose and Vision			
11.	EPRR Core Standards Compliance	LP	Approve	√
	Investing in People and Culture			
12.	Guardian of Safe Working Annual Report Dr Mohammed M Qadri, Guardian of Safer Working attending	KF	Approve	√
13.	NHS England 10 Point Plan to Improve Resident Doctors' Working Lives	KF	Discuss	√
	Developing Leadership Behaviours			
14.	Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Alison Flack, Programme Director attending	MM	Note	√
	Embedding Improvement into Management Systems and Processes			
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	√
19.	NHS Providers Capability Submission	MM	Ratify	√
	Assurance Committee Reports			
20.	Finance Committee Assurance Report	KN	Approve & Assurance	√
21.	People & Organisational Development Committee	DR	Assurance	√
22.	Mental Health Legislation Committee Assurance Report	SP	Assurance	√



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

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025														
Title of Report:	Declarations of Interest														
Author/s:	Rt Hon Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>	To approve		To discuss		To note	✓	To ratify		For assurance					
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations: Amendment and addition to Karen Philipps														
Key Issues within the report:															
Positive Assurances to Provide: Updated declarations		Key Actions Commissioned/Work Underway: N/A													
Key Risks/Areas of Focus: No issues to note		Decisions Made: N/A													
Governance:		Date		Date											
	Audit Committee		Remuneration & Nominations Committee												
	Quality Committee		People & Organisational Development Committee												
	Finance Committee		Executive Management Team												
	Mental Health Legislation Committee		Operational Delivery Group												
	Collaborative Committee		Other (please detail) Monthly Board report	✓ 24.09.25											

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

Directors' Declaration of Interests

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

Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	• Director of Conexus GP Federation • Owner of Phillip Earnshaw Ltd • Trustee of Prince of Wales Hospice • Five Towns PCN Clinical Director • Board Member of Wakefield District Health & Care Partnership • Chair and Trustee Smawthorne Community Project is a local charity in Castleford • Non-Executive Director for Lincolnshire Integrated Care Board
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	• No interests declared
Mr Keith Nurcombe, Non-Executive Director (Voting Member)	• Director of Dietary Assessments LTD • Director of WMSG (Part of West Midlands Combined Authority • Crown representative – Cabinet Office – UK Government • Chair of the Avalon Group • Chair of Derbyshire Health United (CIC)
Ms Stephanie Poole, Non-Executive Director (Voting Member)	• Husband is a Trustee of Yorkshire Coast Sight Support (YCSS), a registered charity

Trust Board Meeting

Minutes of the Public Trust Board Meeting held on Wednesday 24 September 2025, 9:30am – 12:35pm via Microsoft Teams

Present:

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

In Attendance:

Mrs Laura Roberts, PA to Chair and Chief Executive (Minutes)
 Dave Reade, Senior Group Work & Volunteer Coordinator, Changes Service (for item 118/25)
 Fernanda Marbrow, Patient and Carer Experience Manager (for item 118/25)
 Karl, Service User & Peer Mentor (for item 118/25)
 Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production (for item 121/25)
 Alison Flack, Programme Director (for item 1255/25)

Apologies:

Mrs Stella Jackson, Head of Corporate Affairs
 Ms Priyanka Perera Associate Non-Executive Director
 Mr Keith Nurcombe, 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.

114/25	Declarations of Interest The declarations were noted. Board members have been made aware that any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the person should declare the interest and remove themselves from the meeting for that item.	
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	The Chief Executive; Director of Finance; Stuart McKinnon-Evans, Non-Executive Director and Stephanie Poole, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.	
115/25	Minutes of the Meeting held on 30 July 2025 The minutes of the meeting held on 30 July 2025 were approved as an accurate record. <u>Resolved:</u> The minutes were approved by the Board.	
116/25	Action Log, Matters Arising and Workplan 2025/26 There were no matters arising. The action log and work plan were noted.	
	<i>The agenda was taken out of order after this point.</i>	
117/25	Chair report The Trust Chair introduced the Chair's Report and highlighted the following key points: • The Trust achieved NHS England Segment 2 status. • Matters discussed at the Board Strategic Development Away Day. • The Chair confirmed a decision to maintain the current Committee Membership and Non-Executive Director (NED) Champion roles until the recruitment of new NEDs was completed. • Preparations for the upcoming Governor Elections were underway. The Board endorsed the Chair's decision to retain the existing Committee Membership and NED Champion roles until the appointment of new NEDs was concluded. <u>Resolved:</u> The Board noted the report.	
118/25	Patient Story: Addictions – Drugs and Alcohol Fernanda Marbrow and David Reade outlined the background, scope, and key functions of the services provided by the East Riding Partnership and the Drug and Alcohol Services. The Board received a personal account from Karl, who shared his journey of accessing support through the Drug and Alcohol Service. He described the challenges he faced, the impact of the service on his recovery, and his progression into the role of Peer Mentor. His testimony provided valuable insight into the lived experience of service users and the importance of peer-led support in promoting sustained recovery. Lynn Parkinson enquired whether there was any additional support the Trust could offer in relation to the matters discussed. In response, Karl suggested	

	that earlier awareness and education around addictions would be beneficial. He further proposed the use of social media as a platform to share personal stories and support recovery efforts. Stephanie Poole referred to the list of services outlined within the report and sought clarification on how individuals are supported and guided through the various service pathways. Dave responded by confirming that all services operate collaboratively and actively promote access across the full range of available support. The Board held a discussion during which it was suggested that the Trust could consider using podcasts as a means of promoting the support available through its services. The Chair of the Trust raised a point regarding the impact on families of service users and enquired about the support mechanisms in place for them. In response, Dave explained that family members are informed of the services available to them, and service users are routinely asked whether their families required additional support. He further noted that where support needs fall outside the scope of existing services, a multiagency approach is adopted to ensure appropriate provision.	
119/25	Chief Executives Report (Including policies to ratify and Associated Hospital Manager Appointment Requiring Ratification) The Chief Executive presented her report to the Board and reiterated several key points contained within it. She drew attention to a number of policies requiring consideration and noted that the appointment of an Associate Hospital Manager was subject to ratification. Lynn Parkinson provided an update on the impact of the Langdale Moor fire in North Yorkshire, which occurred in August 2025. She advised that community-based staff and Whitby Hospital had been affected due to road closures resulting from the incident. Support had been provided by the Emergency Preparedness, Resilience and Response (EPRR) Team, and Lynn extended thanks to all teams for their efforts during this challenging period. Lynn Parkinson drew attention to the Winter Plan and the Emergency Preparedness, Resilience and Response (EPRR) annual self-assessment, advising that a full report would be presented to the Board at its November 2025 meeting. Karen Phillips informed the Board of the 'Flu Stops With You' flu vaccination campaign, noting that the launch event was scheduled for 2 October 2025. She also advised that the National Staff Survey would be addressed as a separate item on the meeting's agenda. Phillip Earnshaw raised a query regarding the newly introduced 10 Point Plan for Resident Doctors, specifically asking whether a senior doctor had been appointed to lead its implementation. In response, Kwame Fofie confirmed that, in his capacity as Medical Director, he had been designated to lead on this work. He added that benchmarking activity had already commenced and that findings would be reported back to the Board within a 12-week timeframe.	

	Lynn Parkinson highlighted the Winter Plan and the Emergency Preparedness, Resilience and Response (EPRR) annual self-assessment, advising that a full report would be presented to the Board at its November 2025 meeting. Stuart McKinnon-Evans raised a point regarding the identified area for improvement in access to crisis services, as noted in the segment 2 section of the report. He enquired where this would be monitored within the Performance Report. The Chief Executive responded by suggesting that a refresh of the Performance Report be undertaken to ensure appropriate oversight. Pete Beckwith confirmed that a performance speciality report incorporating these metrics had been drafted and would be presented to the Board once finalised. Phillip Earnshaw sought clarification on the operating costs of Health Stars in relation to grant funding and queried whether further grants and wishes should be explored. In response, Peter Beckwith advised that the charity's income exceeded its operating costs, and that good progress had been made in delivering wishes. He added that staff were actively encouraged to submit wishes and participate in the Dream campaigns. <u>Resolved:</u> The Board noted the report. All the policies and Associated Hospital Manager appointment listed in the report were ratified by the Board.	
120/25	Publications and Highlights Report The report which provided an update on recent publications was accepted as read. <u>Resolved:</u> The Board noted the report.	
121/25	Patient and Carer Experience Annual Report (2024/25) including Complaints and Feedback) Mandy Dawley introduced the Patient and Carer Experience (PACE) Annual Report for 2024/25, which included Complaints and Feedback, and sought ratification by the Board. As part of the presentation, a section of the supporting video was shown to members. The Chair of the Trust reported that the Primary Care event held in Market Weighton had been well attended, with participation from over 200 individuals. The event had received support from Marilyn Foster, Trust Governor. Stuart McKinnon-Evans raised a query regarding the communication processes associated with complaints that had been raised and subsequently upheld. He asked whether the root cause of these issues had been identified. In response, Mandy Dawley acknowledged that communication had been recognised as a challenge across the Trust and confirmed that a communications charter was currently in development to address these	

	concerns. She added that it had proven difficult to establish a definitive root cause for all complaints. Stephenie Poole enquired whether the Trust would be required to assume responsibility for certain areas of work currently overseen by Healthwatch, which was in the process of being disbanded. Mandy responded that the PACE team and Trust divisions had been meeting with Hull and East Riding Healthwatch managers on a six-weekly basis to discuss any concerns. She noted that no significant issues had been raised in relation to the Trust over the past few months. She further added that neurodiversity remained an area of concern and confirmed that the Complaints Manager held regular meetings with the relevant Healthwatch managers to address this. <u>Resolved:</u> The Patient and Carer Experience Annual Report (2024/25) was ratified	
122/25	Infection, Prevention and Control Annual Report Sarah Smyth introduced the Infection, Prevention and Control Annual Report, noting that it had previously been presented to the Quality Committee. The report had been positive, demonstrating compliance with relevant requirements and the inclusion of the Patient Safety Incident Response Framework (PSIRF). Sarah added that some risks had been identified in relation to water safety, which were being addressed through ongoing estates programmes. These considerations had been incorporated into the planning of new builds. Stuart McKinnon-Evans enquired about the capital programme, specifically regarding progress in addressing related issues and the incorporation of Infection Prevention and Control (IPC) considerations into investment decisions. Peter Beckwith responded that within the capital programme, funding had been ringfenced for compliance-related work. He confirmed that the design of new builds had been undertaken in collaboration with authorised engineers and IPC groups to ensure appropriate standards were met. <u>Resolved:</u> The Infection, Prevention and Control Annual Report was approved.	
123/25	Safeguarding Annual Report Sarah Smyth introduced the Safeguarding Annual Report to the Board, noting that it was a positive report which demonstrated the Trust's adherence to its statutory safeguarding responsibilities. She advised that while compliance with Level 1 and Level 2 safeguarding training was satisfactory, there had been challenges in achieving full compliance with Level 3 training. Sarah confirmed that improvement work had been initiated to address this issue, and that progress would be monitored through the Executive Management Team and the Quality Committee. It was further reported that the Trust had successfully established strong partnerships and formal agreements, which were contributing to enhanced service delivery and collaboration. These developments were supported by effective reporting mechanisms and were closely aligned with the Patient Safety Incident Response Framework (PSIRF) work, reinforcing the Trust's commitment to continuous improvement in patient safety and governance.	

	<u>Resolved:</u> The Safeguarding Annual Report was approved.	
124/25	NHS England - Annual Self-Assessment for Placement Providers 2025 Kwame Fofie introduced the NHS England Annual Self-Assessment for Placement Providers 2025 report to the Board. He noted that completion of the self-assessment was a mandatory requirement for all NHS Trusts delivering placement services. Kwame confirmed that the Trust had been consistently meeting the required standards and that continuing professional development and learning activities for staff remained ongoing as part of the Trust's commitment to quality education and training. <u>Resolved:</u> The NHS England - Annual Self-Assessment for Placement Providers 2025 was approved.	
125/25	Freedom to Speak Up Guardian's Annual Report 2024/25 Alison Flack presented the Freedom to Speak Up Guardian's Annual Report for 2024/25. The report had previously been reviewed by the People and Organisational Development Committee. The Board received the report and noted the following key highlights: • Significant assurance was received from internal audit, with all recommended actions completed. • Training compliance showed an upward trend during the reporting period. • 31 concerns were raised, marking a decrease compared to the previous year. • Positive anonymous feedback from staff indicated confidence in the Freedom to Speak Up process. • The report included planned improvements for 2025/26. Stuart McKinnon-Evans observed changes in the number of concerns reported by specific staff groups and queried whether any underlying themes or issues had been identified. In response, Alison Flack advised that in some instances, multiple staff members may have raised the same concern, which could account for the observed changes. She confirmed that no specific areas of concern had been identified The Trust Chair informed the Board that she, the Chief Executive, Dean Royles, and Alison Flack meet regularly to review and discuss any concerns raised through the Freedom to Speak Up process. The Chief Executive reiterated the Trust's commitment to fostering a culture of openness and transparency and emphasised that staff are actively encouraged to raise concerns. Alison Flack further reported that the Freedom to Speak Up Ambassadors were actively reviewing communications and the overall visibility of the service to ensure continued accessibility and effectiveness. <u>Resolved:</u> The Freedom to Speak Up Guardian's Annual Report 2024/25 was ratified.	

126/25	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex A – Annual Board Report and Statement of Compliance Kwame Fofie presented the Framework of Quality Assurance for Responsible Officers and Revalidation, including Annex A – the Annual Board Report and Statement of Compliance. He advised that this submission was a statutory requirement and formed part of the Responsible Officer’s duties. Kwame confirmed that the framework would be submitted to NHS England for assurance purposes in relation to the revalidation and appraisal processes for medical staff. <u>Resolved:</u> The report was noted.	
126/25	EDS22 Annual Report Karen Phillips introduced the EDS22 Annual Report to the Board for approval. The Board noted the following key highlights: • The Trust was meeting the aims of the EDS22 framework, with scoring demonstrating improvement compared to the previous year. • Priority areas for continued focus included bullying and harassment, as well as the ongoing “No Excuse for Abuse” campaign. Stuart McKinnon-Evans commented on the initiatives outlined in the report and queried whether the Trust was self-assessing its performance, noting that reference had been made to an external validator. In response, Karen Phillips confirmed that whilst the Trust undertakes internal scoring against the EDS22 framework, the Annual Report had also been subject to scrutiny by both the People and Organisational Development Committee and the Quality Committee. She advised that the analysis of progress aligned with findings from other internal reports, providing assurance of consistency and rigour in the assessment process. The Trust Chair observed that multiple reports across the organisation addressed similar themes and initiatives. She queried how the Trust ensured that outcomes are effectively captured from these inputs, including demonstrable evidence of improvements made. She further asked how information was collated across reporting streams and whether a consolidated executive summary could be developed to provide a clearer and more strategic overview of progress and impact. In addition, the Trust Chair emphasised the importance of progressing from achieving to excelling in the delivery of EDS22-related activity. She queried what further actions could be taken to support this advancement and recommended that such considerations be incorporated into the executive summary of the report. In response, Karen Phillips confirmed that a consolidated executive summary would be developed for the following year to enhance clarity and alignment across reporting streams. She further advised that, in relation to outcomes and assurances particularly regarding issues such as bullying and harassment, the Trust draws upon multiple data sources to inform its analysis. <u>Resolved:</u> The EDS22 Annual Report was ratified.	

127/25	Digital Optimisation Update Lee Rickles presented the Digital Optimisation Update report to the Board. The following key points were noted: • The Board received an update on the implementation of the Electronic Patient Record (EPR) system and other supporting digital technologies across the organisation. • Progress was reported against key performance indicators (KPIs), with evidence of both financial and non-financial benefits being realised as a result of digital optimisation initiatives. In response to an enquiry from Phillip Earnshaw regarding the next phase of digital development, Lee Rickles advised that the immediate priority was to ensure the robust embedding of existing digital processes across the organisation. Following this, the next stage would involve further exploration of opportunities to implement and expand the use of artificial intelligence (AI) programmes to support service delivery and optimisation. Stuart McKinnon-Evans enquired whether quality assurance mechanisms were in place to evaluate the accuracy and reliability of Lexicom’s speech-to-text conversion output. In response, Lee Rickles confirmed that independent review activity was being undertaken using a research-based artificial intelligence tool developed by Hull York Medical School (HYMS). He noted that this approach had reduced processing time by approximately one third. Lee also acknowledged that some issues had been identified with voice recognition functionality and advised that the introduction of a scribe system was expected to provide additional support in mitigating these concerns. The Trust Chair raised a query regarding the effectiveness of patients receiving text message reminders and their impact on reducing Did Not Attend (DNA) rates. It was questioned whether patients valued or desired this form of communication. The discussion also explored the extent to which clinicians were currently utilising technology, and whether there was an established baseline to measure against. Consideration was given to the potential for comparative analysis in terms of time savings and efficiency gains associated with the adoption of new technologies, including a review of inputs and outputs. Lee responded by acknowledging that a minor risk persisted in relation to the achievement of some of the planned targets and overall efficiency outcomes. The Trust Chair requested that the reports for the Board provided assurance on the implementation and use of digital technology. The report should include an evaluation of associated costs, measurable outcomes, and a clear articulation of any identified risks. <u>Resolved:</u> The report was noted.	
128/25	Overview of 2025 National Staff Survey Launch Plan Karen Phillips introduced an overview of the 2025 National Staff Survey Launch Plan report. She confirmed that the survey was scheduled to launch on 6 October 2025 and would remain open until 28 November 2025. The report outlined the communication strategy and clarified leadership responsibilities for delivery. Karen noted that incentives have been enhanced,	

	including a weekly £75 prize draw and the opportunity to win an iPad or iPhone. The plan also included the introduction of team league tables to encourage participation. The report has previously been reviewed by the Executive Management Team and Operational Delivery Group. <u>Resolved:</u> The report was noted.	
129/25	Finance Report Peter Beckwith presented the Finance Report for Month 5 and highlighted the following key points: a) System Financial Position • The system's breakeven plan remained contingent upon receipt of £80m in deficit support funding. As at the end of July, the system reported a deficit of £20m, which is approximately £5.5m adverse to plan. • There were currently £60m of financial pressures across the system. Recovery plans were being developed to support the breakeven position. • Deficit support funding was conditional and must be earned, with assurance required from NHS England (NHSE). • Cash flow remained a concern, with potential support required towards the end of the financial year. b) Trust Financial Position • The Trust remained ahead of plan at Month 5, primarily due to non-recurrent income. • The Trust remained confident in delivering the breakeven plan, although pressures persisted within the Mental Health (MH) Division. • Work was ongoing with commissioners regarding the pay award. • The Trust continued to work proactively to manage pressures and remains confident in achieving its financial objectives. Phillip Earnshaw requested further detail regarding the financial pressures within the Mental Health Division. Peter Beckwith responded that two key areas were contributing to the pressure: • Elevated staffing costs within inpatient units. • Increased sickness absence rates. Targeted interventions were currently underway to address these issues. Additionally, out-of-area placements were contributing to the financial strain and are being actively reviewed. The Division was working closely with Finance on a financial recovery plan. <u>Resolved:</u> The report was noted.	
130/25	Performance Report Peter Beckwith presented the Trust Performance Report as at the end of August 2025. He noted that overall performance remained consistent with previous months. Key highlights included: • Continued strong performance across workforce metrics.	

	• Ongoing review of care contact recording and access target compliance. • A decline in performance within Talking Therapies, attributed to increased demand and team capacity constraints. Mitigating actions are currently under consideration. Phillip Earnshaw raised a concern regarding a perceived reduction in activity levels, specifically within perinatal services. He queried whether this was reflected in a reduction in waiting list numbers and asked for clarification on the underlying causes. Lynn Parkison responded that there were no excess waiting times within perinatal services and confirmed that the team currently has sufficient capacity. She emphasised the importance of ensuring that service users and referrers were aware of the availability of these services. Stuart McKinnon-Evans referred to the waiting times data presented in the report, noting that there were 391 patients waiting over 52 weeks. He queried whether this indicated a plateau in progress. Lynn Parkison clarified that, with the exception of the children's neurodevelopmental pathway, the Trust continued to maintain a strong focus on improvement plans. She also noted that some data quality issues had arisen due to the implementation of the new system, which were being addressed. Stephanie Poole raised a query regarding the use of Friends and Family Tests within Community Services. In response, Sarah Smyth confirmed that the Friends and Family Tests were being conducted across both Community and Primary Care Services. The Trust Chair made observations concerning the 52-week waiting lists and enquired whether data was also monitored at additional intervals, such as the 18-week mark. Lynn Parkinson confirmed that such monitoring was in place and noted that further collaborative work with the divisions was ongoing to address the matter. This included a focus on demand and capacity planning, as well as the implementation of new technologies to support service improvement. <u>Resolved:</u> The report was noted.	
131/25	Trust Winter Plan and Board Assurance Statement Lynn Parkinson introduced the Trust Winter Plan and accompanying Board Assurance Statement report to the Board and requested formal approval. She advised that the plan had been developed in alignment with national requirements, the Urgent and Emergency Care Plan, and the NHS England key lines of enquiry for winter preparedness. Lynn highlighted the need for improvement in vaccination uptake, noting that a minimum increase of 5% compared to the previous year was expected, with particular emphasis on frontline staff. She further outlined that the plan prioritised increasing access to primary care within community settings and achieving improvements in ambulance handover times, specifically aiming to meet the 45-minute target. While there had been no substantive changes to the requirements since the previous year, Trusts remained expected to deliver against these standards. Lynn confirmed that the plan had undergone internal testing through a Trust-led	

	workshop and that the organisation had also participated in external events, including those coordinated by NHS England. She concluded by noting that infection prevention and control (IPC) would be a significant area of focus throughout the winter period. <u>Resolved:</u> The Trust Winter Plan and Board Assurance Statement were approved by the Board.	
132/25	Risk Management Strategy Sarah Smyth introduced the Risk Management Strategy to the Board for formal approval. She explained that the strategy served as an enabling framework designed to support the overarching Trust Strategy. Sarah noted that several updates had been incorporated into the document, including the inclusion of risk appetite guidance, the integration of audit recommendations, and feedback received from the Trust Audit Committee. <u>Resolved:</u> The Risk Management Strategy was approved by the Board.	
133/25	People & Organisational Development Committee Assurance Report The People & Organisational Development Committee Assurance Report was introduced by Dean Royles who highlighted the following key points: • Positive progress had been made in relation to consultant appointments and the reduction of vacancies. • There were emerging concerns regarding forthcoming visa changes and their potential impact on staff. • There was an ongoing focus on managing sickness absence across the organisation. <u>Resolved:</u> The report was noted.	
134/25	Quality Committee Assurance Report - 7 August 2025 & 11 September 2025 The Quality Committee Assurance Report was introduced by Phillip Earnshaw for the meetings that had taken place on 7 August and 11 September 2025, and he highlighted the following key points: • Several Annual Reports had been reviewed and formally approved. • The Committee also discussed the low response rate to the Community Mental Health survey, recognising the need for further engagement in this area. • An increase in patient falls had been noted and would remain under ongoing review by the Committee. <u>Resolved:</u> The report was noted.	
135/25	Mental Health Legislation Committee Assurance Report Stephanie Poole introduced the Mental Health Legislation Committee Assurance Report for the meeting and highlighted the following key points:	

	• A detailed review of Community Treatment Orders had been undertaken, with assurance noted following the exercise • A risk had been identified concerning the application of Deprivation of Liberty Safeguards (DoLS) between the Trust and the local authority. She confirmed that this issue was being actively monitored, and that collaborative work was underway to address the matter. <u>Resolved:</u> The report was noted	
136/25	Audit Committee Assurance Report The Audit Committee Assurance Report was introduced by Stuart McKinnon-Evans and highlighted the following key points: • The Mental Health Division team had attended the session, during which constructive discussions were held regarding risk management processes, with encouraging outcomes. • Internal audit reports had been received, and strong levels of assurance had been provided. • A new legislation, the Economic Crime and Corporate Transparency Act, which places a duty on the Trust to take reasonable steps to prevent fraud by any member of staff had been discussed. A self-assessment in relation to this requirement would be presented to the Committee at its November meeting. <u>Resolved:</u> The report was noted.	
137/25	October Board Strategic Development Meeting Agenda The Chair of the Trust introduced the agenda for the October Board Strategic Development Meeting for information. It was noted that NHS Providers would be attending the session to deliver a presentation focused on digital developments. <u>Resolved:</u> The agenda was noted.	
138/25	Items to Escalate including to the High-Level Risk Register, Board Assurance Framework and for Communication There were no items to escalate.	
139/25	Any Other Urgent Business There were no other items of business raised.	
140/25	Review of Meeting – Being Humber The Board agreed the meeting had been held in the Being Humber style.	
141/25	Exclusion of Members of the Public from the Part II Meeting It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the	

	business to be transacted, publicity of which would be prejudicial to the public interest. The meeting concluded at 12:35pm.	
142/25	Date, Time and Venue of Next Meeting Wednesday 26 November 2025, 9.30am via Microsoft Teams	

Signed Date

Chair

Trust Board Meeting
Minutes of the Annual Members Meeting/Annual General Meeting

held on Thursday, 25 September 2025 at 2:00pm
in the Lecture Theatre, Humber Teaching NHS Foundation Trust

Present:

Rt Hon Caroline Flint, Trust Chair
 Mrs Michele Moran, Chief Executive
 Dr Phillip Earnshaw, Non-Executive Director
 Ms Stephanie Poole, Non-Executive Director
 Mr Dean Royles, Non-Executive Director
 Mr Peter Beckwith, Director of Finance
 Dr Kwame Fofie, Medical Director
 Mrs Karen Phillips, Executive Director of People and Organisational Development
 Mr Tony Douglas, Public Governor, East Riding of Yorkshire
 Mr Ted Burnside, Public Governor, East Riding of Yorkshire
 Mrs Isobel Carrick, Public Governor, Hull
 Mr Tim Durkin, Public Governor, Rest of England
 Jacquie White, Appointed Governor, University of Hull
 Dan Laughton, Staff Governor, Non-Clinical or Clinical
 Sian Johnson, Staff Governor - Clinical
 Mr Anthony Houfe, Service User and Carer Governor (via MS Teams)
 Cllr Linda Chambers, Appointed Governor, Hull City Council (via MS Teams)
 John Duncan, Staff Governor - Non-Clinical (via MS Teams)
 Sarah Bennett, Staff Governor - Clinical (via MS Teams)

In Attendance: Mrs Laura Roberts, PA to the Chair and Chief Executive (Minutes)

58 members of staff (53 in person and 57 live streaming)
 16 members of the public (5 in person and 11 via live streaming)

Apologies: These were noted

01/25	Welcome and Guest Speaker The Trust Chair welcomed everyone to the combined Annual Members Meeting and Annual General Meeting. She then introduced guest speaker Dean Windass who shared his experiences of healthcare services and the charitable work he had undertaken.
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02/25	Review of the Year: 2024-2025 The Chief Executive gave a presentation containing key facts and figures about the Trust and key highlights, achievements and challenges during the 2024-25 financial year. A video '25 Reasons to Celebrate' was played during the presentation which emphasised a number of the key points made regarding key achievements.
03/25	Financial Review: 2024-2025 The Director of Finance gave a presentation regarding the Trust's financial performance during 2024-25. He reported the audit of the accounts would be finalised once the local government pension scheme audit had concluded and the audited accounts would be presented to a General meeting of the Council of Governors. The presentation also contained information regarding the Trust's income and expenditure and highlighted the financial outlook for 2025-2026.
04/25	Lead Governor Presentation Tony Douglas, Public Governor (standing in for the Lead Governor) gave a presentation regarding the role and work of the Council of Governors during the financial year. He reported the Governor elections were upcoming and encouraged people to nominate themselves for the vacancies. He also thanked all governors who had stood down since the last Annual Members Meeting, Marilyn Foster as Lead Governor and welcomed those appointed during 2024-25.
05/25	Looking Ahead: 2025-26 The Chief Executive gave a presentation regarding the key areas of work being undertaken and planned during 2025-26.
06/25	Social Values Report 2024-25 The Chair introduced the launch of the Trust's Social Values report, a copy of which was available at the meeting.
07/25	Questions and Answers A pre-submitted question was asked: 'What, if anything might trigger services and resources moving from acute into the community? How might the Integrated Care Board, Commission Policy under development support this?' The Chief Executive responded that ongoing discussions had been taking place regarding a move of services into the community from the acute sector. It was highlighted that the policy relating to the Integrated Care Board being a strategic commissioner along with financial pressures would drive this work to progress. Virtual wards, prevention work and digital solutions would aid in this matter. The Chief Executive added that financial challenges would continue for the NHS. Another pre-submitted question was asked:

	'With all the changes and scrutiny on the NHS, how will Humber support staff's health and wellbeing? The Chief Executive highlighted that the Trust offers a number of health and wellbeing initiatives, which had already been discussed earlier in this meeting. She provided an overview of some of the health and wellbeing initiatives available to staff. The Executive Director of People and Organisational Development added that the Trust does invest in health and wellbeing and has a dedicated Health and Wellbeing Team. She provided an overview of some of the work undertaken by the team and added that staff feedback was valued. A member of the audience asked if there were any challenges in securing the right candidate for the role during staff recruitment campaigns. The Executive Director of People and Organisational Development advised that it was crucial to secure the right person for the right job during recruitment campaigns and commented on the 'offer' to potential candidates and being the employer of choice. She added that gaps in recruitment are explored, and partnership and alliance work was undertaken, including with local organisations and educational bodies. The Chief Executive commented that there were some areas in the Trust where there were hard to recruit to posts and that targeted work was being undertaken to address the matter. She added that in comparison to peers, the Trust was performing rather well with recruitment. Isobel Carrick, Public Governor Hull, asked if an overview of activities that Governors had been involved in could be provided for those that may be interest in the Governor role. Tony Douglas, Public Governor, East Riding of Yorkshire provided a summary of the Governor role and gave examples of the meetings, interviews and visits that they could be involved in. Another pre-submitted question was asked about winter planning and concerns regarding flu. The Chief Executive responded that the Chief Operating Officer was looking at the Winter Plan and the Executive Director of People and Organisational Development was working on the flu vaccination campaign. She added that a trail day for winter planning was undertaken in the summer and that the Winter Plan had been submitted to the Integrated Care Board. The flu campaign would commence on 1 October 2025. The Chief Operating Officer advised that the Winter Plan was reviewed each year, with any lessons learnt and improvements identified. The previous year had seen some challenges relating to winter viruses and staff sickness associated pressures across the system. The Executive Director of People and Organisational Development advised of the Trust flu campaign 'flu stops with you', focuses on the impact on others and dispelling myths. There would be a launch event on 2 October 2025 at Inspire and a targeted approach for the vaccination delivery. She added that there had been a target increase of 5% from last year for the vaccination uptake. The Chief Executive thanked the speakers, governors, staff, volunteers and members of the public for attending and supporting the event.
08/25	Any Other Business There were no other items of business, and the meeting concluded at 16.05.

Signed Date

Chair

Agenda Item 4

Action Log: Actions Arising from Public Trust Board Meetings

Summary of actions from September 2025 Board meeting and update report on earlier actions due for delivery in November 2025 <i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
24.09.25	There were no new actions arising from this meeting.					

Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
30.07.25	92/25	Review of Patient Safety across the Health and Care Landscape	The paper was to be presented at the relevant committees for further discussion and reported back to the Board in the assurance reports.	Director of Nursing, Allied Health and Social Care Professionals	November 2025	Due to be present at the Quality Committee in November 2025.
A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Head of Corporate Affairs						

Board Public Workplan April 2025/March 2026 (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:								
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Workplan	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors Updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM	x	x	x	x	x	x
Quarterly Items								
Finance Committee Assurance Report	Assur Comm	KN	x	x		x	x	
People & Organisational Development Committee	Assur Comm	DR	x	x	x	x		x
Quality Committee Assurance Report	Assur Comm	PE	x		x	x	x	x
Mental Health Legislation Committee Assurance Report	Assur Comm	SP	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE		x		x	x	x
High Level Risk Register (March, 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
Six Monthly and Annual Agenda Items								
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report (July, January)	Corporate	SS		x			x	
Recovery Framework Update (from 2026)	Strategy	KF						
Patient and Carer Experience Forward Plan (2023 to 2028 – next due September 2028))	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
Reports:								
Presentation of Annual Community Survey Results	Corporate	KF		✖				
Guardian of Safeworking Annual Report	Corporate	KF			✖	x		
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			
Infection Control (Enabling) Plan (three yearly – next due in Sept 2026)	Strategy	SS						
Infection Prevention Control Annual Report	Quality	SS			x			
Safeguarding Annual Report	Quality	SS			x			
People Enabling Strategy	Strategy	KP						x
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards	Corporate	LP				x		
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	LP						x
NHS England - Annual Self-Assessment for Placement Providers	Quality	KP			x			
Annual Operating Plan	Strategy	PB						x
Freedom to Speak Up Annual Report (and Six Month Update)	Corporate	MM		✖			6 month update	
Annual Associate Hospital Manager Review	Quality	KF						x
Report on the Use of the Trust Seal	Corporate	MM	x					
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ	x				SFI Thresholds	
Charitable Funds Annual Accounts	Corporate	PB					X Separate meeting of Trustees	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	Corporate	KF			x			
Gender Pay Gap	Corporate	KP		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board	Corporate	KP		x				
WRES Report reports into Workforce Committee with report to Board	Corporate	KP		x				
Board 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
Reports:								
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		
Adhoc/future Items								
Freedom to Speak Up Strategy 2024-2027 (next due May 2027)	Corporate	MM						
Review of Committee Membership and NED Champions (part of Chair report)	Corporate	CF			x			
Digital Optimisation (included in CEO Report)	Corporate	LP	x	X	x	x	x	x
Health inequalities	Corporate	KF	*	X		x		x
Insightful Board Update	Corporate	SS/SJ	x	X	✗ Discussed at Private Board		x	
Mental Health Inpatient Redesign and Granville Court Development Progress Update (requested at the April Strategic Board Development meeting)	Corporate	PB				x		
Risk Management Enabling Strategy	Corporate	SS		✗	x			
Review of patient safety across the health and care landscape	Quality	SS		x				
Feedback from October Strategic Board regarding Digital	Strategy	PB				x		
Manager and Leadership Competency Framework	Corporate	KP						x
Enablement of Artificial Intelligence	Corporate	PB					x	
Strategy Refresh	Strategy	PB					X	
Deleted /Removed Items								
Annual Non-Clinical Report	Quality	PB			*			

Board Dates:-	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
Reports:								
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	

Agenda Item 06

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025			
Title of Report:	Specialist Heart Failure and Cardiac Rehabilitation: Empowering North Yorkshire Communities			
Author/s:	Sarah Locker, Service Manager – Community Services Katie Barraball, Clinical Lead – Community Services Matthew Handley, General Manager - Community & Primary Care			
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 purpose of this presentation is to provide the Trust Board with a comprehensive overview of the Community Specialist Heart Failure and Cardiac Rehabilitation Service, highlighting its development, achievements, and impact across North Yorkshire. The presentation aims to demonstrate how the service delivers high-quality, patient-centred care through timely clinical triage, home-based assessments, and evidence-based rehabilitation, while maintaining strong partnerships with acute trusts and community providers. By sharing service performance, patient feedback, and national accreditation outcomes, this presentation seeks to assure the Board of the service's effectiveness, responsiveness, and alignment with the NHS Long Term Plan. It will also outline ongoing priorities for service development, workforce growth, and further integration of care closer to home for people living with heart failure in our communities.			
Key Issues within the report:				
Positive Assurances to Provide: - Service consistently achieves rapid contact and assessment targets (contact within 5 working days, seen within 10). - Waiting lists are well managed, with only one patient waiting above six weeks for initial assessment. - Full Green Certification achieved for cardiac rehabilitation, meeting all national standards and Key Performance Indicators (KPIs). - Strong patient and family feedback, highlighting professional, compassionate care and positive health outcomes. - Robust staffing structure in place, with ongoing investment in workforce development and leadership.		Key Actions Commissioned/Work Underway: - Continued delivery of timely clinical triage and home-based assessments for all new referrals across Whitby, Scarborough, Ryedale, and Pocklington. - Ongoing collaboration with acute trusts and community partners to ensure safe governance and high-quality patient care. - Maintenance of national accreditation for cardiac rehabilitation, with regular data submission and quality monitoring. - Implementation of apprenticeship and degree-level training to 'grow our own' specialist clinicians. - Service development planning to align with the NHS Long Term Plan, including digital transformation and prevention-focused initiatives.		
Matters of Concern or Key Risks to Escalate: Increasing demand for heart failure and cardiac rehabilitation services may		Decisions Made: Adoption of a stand-alone community service model for heart failure and cardiac rehabilitation since 2018.		

challenge current workforce capacity and timely access. • Geographical variation in service uptake and patient access, particularly in rural and remote areas. • Ongoing need to maintain national accreditation and compliance with all seven British Association for Cardiovascular Prevention and Rehabilitation (BACPR) Key Performance Indicators. • Reliance on collaborative working with acute trusts for consultant cardiologist support and seamless patient pathways. • Sustaining workforce development and specialist training to ensure service resilience and future growth.	• Commitment to maintain and evidence compliance with national accreditation standards. • Investment in workforce development through apprenticeship and advanced training programmes. • Ongoing partnership working with acute trusts for consultant support and pathway integration. • Prioritisation of digital innovation and prevention as part of future service development. • The Board are asked to note and discuss the presentation.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goals this paper relates to)				
√ Tick those that apply				
√	Innovating Quality and Patient Safety <i>The service achieves national accreditation and uses evidence-based pathways to ensure the highest standards of safe, effective care for heart failure patients.</i>			
√	Enhancing prevention, wellbeing and recovery <i>By delivering proactive cardiac rehabilitation and supporting self-management, we empower patients to improve their health and prevent future complications.</i>			
√	Fostering integration, partnership and alliances <i>Strong collaboration with acute trusts, GPs, and community partners ensures seamless patient journeys and shared governance.</i>			
√	Developing an effective and empowered workforce <i>Ongoing investment in specialist training, apprenticeships, and leadership development builds a skilled, resilient, and motivated team.</i>			
√	Maximising an efficient and sustainable organisation <i>Efficient triage, home-based care, and digital innovation optimise resources and ensure timely access for all patients.</i>			
√	Promoting people, communities, and social values <i>The service champions patient-centred care, equity of access, and positive patient and family experiences across North Yorkshire communities.</i>			
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	

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025															
Title of Report:	Trust Chair's report															
Author/s:	Rt Hon Caroline Flint															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td>√</td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>√</td> <td></td> <td></td> </tr> </table>				To approve		To discuss	√	To note	√	To ratify		For assurance	√		
To approve		To discuss	√													
To note	√	To ratify														
For assurance	√															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To provide updates on the Chair, Non-Executive Directors (NED) and Governor activities since the last Public Board meeting.															
Key Issues within the report:																
Positive Assurances to Provide: - Progress on Audit Chair Recruitment and next recruitment round. - Chair observing Finance, Mental Health Legislation, Audit Board sub committees - Information from Strategic Development Board on 29 October 2025.		Key Actions Commissioned/Work Underway: Digital Board Programme facilitated by NHS Providers and Be Digital continues with half day in October Strategic Development Board and an online AI masterclass														
Key Risks/Areas of Focus: Strategic Commissioning Framework; Model Region Blueprint, Long Term Plan – both opportunities and challenges for Humber.		Decisions Made: Interview panel recommendation to appoint Audit Chair NED and re-run campaign for new NED to Appointment, Terms and Conditions Committee and Council of Governors on 20 November 2025.														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail)													

Monitoring and assurance framework summary:

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

Trust Chair's Board Report 26 November 2025

Associate Non-Executive Director (ANED) Priyanka Perera

At the end of September Priyanka completed her ANED development programme and we wish her all the best and hope she will still be involved in Humber. Priyanka engaged so positively with everyone she met and the Board activities she undertook. She even jumped out of a plane to raise money for our charity HealthStars. It was a pleasure to work with her and we hope to provide a similar opportunity for someone next year.

Fit for the Future: 10 Year Health Plan for England – Being Humber ready

Since the last Board meeting both internally and externally Humber continues to be engaged in discussions regarding plans to reform the NHS to meet Government's three shifts from:

- Hospital to Community
- Analogue to Digital
- Sickness to Prevention

Further guidance has been provided following the Model ICB Blueprint which put strategic commissioning as the central purpose of the Integrated Care Boards (ICB) of the future. The Strategic Commissioning Framework (SCF) published on 4 November 2025 sets out what this means and how it will be delivered. Key ICB milestones are:

- Approved integrated needs assessment and strategy and population health improvement plan by January 2026
- Baseline assessment against the framework carried out by March 2026

As a Board we continue to strategically discuss how we can be ready for this, where are there gaps and opportunities and what the reform changes mean for Humber. At the same time we agree that whilst alive to the changes happening nationally and regionally, we continue to support our patients with the best services possible sharing, learning and evolving.

One aspect of this is being part of NHS Providers Digital Board Programme. This is a free programme supported by NHS England. We recently had a second half day facilitated session in person and an online AI workshop. This has enabled us as a Board to explore our individual and combined knowledge, the opportunities and challenges around AI and strategic guidance for AI adoption.

Non-Executive Director (NED) Recruitment Campaign

The general NED interviews took place on 23 September and the panel felt unable to appoint. However, the interviews for the Audit Chair NED in October were more successful, and we were able to propose to the governor led Appointments, Terms and Conditions Committee (ATC) an appointable candidate. At time of writing the ATC is due to meet and if agreed will recommend to an additional Council of Governors meeting on 20 November to appoint an Audit Chair NED and initiate a new recruitment round for the additional general NED.

Humber Annual General Meeting and Annual Members Meeting 25 September

Like last year we had a marketplace of our services, and a 'Meet the Governors Stand' alongside the usual business and report backs. All taking place in our Lecture Theatre and available to join online. As our new Lead Governor Tony Douglas presented the Governors' Report. This year's guest speaker was renowned and popular former footballer Dean Windass who I interviewed. He shared stories of growing up in Hull, becoming a professional footballer, coping and not coping with football retirement. He is putting his experience of depression and recent diagnosis of stage 2

dementia and ADHD to positively working with others to raise awareness and money. Despite advertising and emails to members in person attendance was low but hundreds viewed online. My thanks to everyone: governors, staff and volunteers who helped to make the event.

Planned Non-Executive Director (NED) Visits 2026

These are service knowledge visits individually requested by NEDs organised by the Board Support Unit (BSU) and relevant service. The Chief Executive and I have agreed that for January and February 2026 due to Winter pressures and chance of viral infection, NED visits to our inpatient units will be postponed. This does not prevent other visits NEDs can make in person or online to other services.

The Chief Executive and I have also discussed and agreed going forward that once organised NEDs can offer a governor the opportunity to join them on the visit.

This followed Lead Governor Tony Douglas, Dean Roles, Stella Jackson and I meeting to discuss further developing governors' knowledge of our services. I asked Stella to research what other Mental Health NHS Foundation Trusts in Segmentation 1 do and she shared the evidence that Humber is not that different and, in some cases, doing more. This additional option was suggested and alongside PLACE visits, briefings, development sessions, service spotlights, PACE Forums and other Humber events involving hearing from patients, staff, volunteers and partners provides a rich and diverse offer to our governors.

Trust Board Strategic Development Meeting 29 October 2025

We devoted half a day to our Digital Board Development programme mentioned earlier. Our aims were to:

- Ensure the whole Board understands the need to take collective and individual ownership of the Trust's digital transformation.
- Help the Board understand the role and impact of AI on the Trust's digital transformation efforts, and where to focus attention.
- Support the Board to reflect on and crystallise its intended outcomes for digital transformation at Humber.

Through some structured activities (which were fun too) I think we emerged with a better understanding of what key outcomes we want and in what areas we want to be pioneers, fast followers or wait to take on best practice. This work will continue along with developing a digital strategy and assurance framework.

The second half of the day was spent discussing our strategic challenges some of which I have touched on earlier in this report alongside system funding, future direction of mental health services provision, capital for estates and digital transformation, human resources and neighbourhood health.

We were joined for a sandwich lunch by some of our Resident Doctors who shared some of the challenges they face but also it was pleasing to hear that they felt Humber was a good place to work and their concerns were listened to and acted upon where possible. Like every other trust Humber is self-assessing and action planning against the NHS England 10 Point plan to Improve Resident Doctors' Working Lives published on 29 August 2025. Outcomes will be reported to the People and Organisational Development Committee and Trust Board.

1. Chair's Activities Round Up

Yorkshire and Humber NHS Chair's Meeting 8 October 2025

This online event received an NHS Providers Overview from CEO Daniel Elkeles; NHS England national and Yorkshire and Humber regional update from Regional Director Fiona Edwards. There was also a presentation on the Aspiring Chief Executive programme with plans for a regional talent pool.

Very informative was the presentation on "Fit to Fight Fraud" by Alex Rothwell CEO NHS Counter Fraud Authority (CFA) and new CFA Chair Dame Linda Pollard. The NHS loses £1.3 billion per year through fraud. New legislation enacted on 1 September 2025 means all NHS Trusts will have to show all reasonable steps are taken to prevent fraud otherwise the crime of failure to prevent fraud could be prosecuted. This legislation has been discussed operationally and by the Audit Committee, The Audit Chair provides assurance to the Board through a Trust self-assessment against failure to prevent fraud.

The key areas vulnerable to fraud are:

- Insider Threat
- No employee connection fraud for example by suppliers or illegal access to services
- Weak Corporate Governance
- Cyber attack

The CFA is planning more visible engagement and developing anti- fraud materials for trusts to use.

Humber's Annual Medical Education Conference 22 October 2025

I chaired the conference with the theme this year "CAMHS 2025 Collaboration, Innovation and Hope". Subjects included bipolar disorder in CAMHS; ADHD and Autism: From exclusion to Overlap; AuDHD – A New Diagnosis or Spectrum; Anti Psychotics and ADHD and Beyond Picky Eating – Clinical Perspectives on ARFID. I thoroughly enjoyed flexing my brain and hearing from a range of external and Humber speakers. Everyone who attended gets a certificate including me!

Healthy Hull and East Yorkshire: shifting the system towards prevention at all levels

I took part in a roundtable convened by Mayor Luke Campbell and Michael Wood from the NHS Confederation on 5 November focussed on how Hull and East Riding Combined Authority (HEYCA) young people can be supported to flourish – creating resilience, addressing inactivity, and improving health.

Whilst recognising many are working to improve the health and economic outcomes for local people it is often in silos. This event was to see the links between health and prosperity as a joint undertaking – helping shift the system towards prevention at all levels and address the growing number of young people in our area not in employment, education or training.

This roundtable will be followed by one focussed on the NHS's contribution in driving a thriving HEYCA economy which CEO Michele Moran will attend.

Humber has a lot to offer to both roundtables being in touch with the needs of children and young people in our 0-19 community and mental health services and as an anchor organisation directly employing and offering training opportunities clinical and non-clinical to local people and supporting economic growth through our supply chain. It also aligns with the government's prevention and growth agendas as well as system and wider partnership working.

Humber Volunteer's Awards – 6 November 2025

We held our first ever Volunteer Awards with a splendid afternoon tea at the Willerby Lecture Theatre. We include a volunteer award in our Annual Staff Awards but wanted to recognise more

the range of volunteering activities and impact individuals have. On my tea table alone, I chatted with volunteers with careers in policing, local government and the Port Authority freely providing their time. For younger volunteers the experience also enhanced their skills and confidence. Staff joined us too to show their appreciation too.

NHS Providers Annual Conference 11-12 November 2025

For the first morning I was invited to speak on a panel on the subject of “The NHS Social Contract – What do we do when we can’t do everything” along with Haris Sultan (Joint NED Wirral University Teaching Hospital NHS FT and Wirral Community Health and Care NHS FT) and Siva Anandaciva (Director of Policy Events and Partnerships, the King’s Fund). Together we explored with questions from the audience public trust and the sustainability of the service, what should the public expect from the NHS today and the NHS from them, how data can be used to strengthen the relationship and how much can the 10 Year Plan meet expectations or not.

Once done I could take the opportunity to hear from others which I did including Wes Streeting’s speech and Perspectives on Leadership with Sir Terence Stephenson and Lord Victor Adebawale. Breakout groups included Board Autonomy and Accountability in the new world order and Unlocking value – Leading a more human centred approach to productivity. I also met up with Rebecca Gray Mental Director NHS Confederation and the NHS Providers Digital Team and got to chat with NHS England Chair Dr Penny Dash and President of the Royal College of Psychiatrists Dr Lade Smith.

When I first joined Humber, I asked Michele Moran why NHS Confederation and NHS Providers as two separate organisations to affiliate to? Pleased to see that the two are now merging and whilst agreeing a name is taking a little longer reorganisation is underway and a full open recruitment process for a Chief Executive. Lord Victor Adebawale will be the Chair and Sir Terence Stephenson Vice Chair.

Internal meetings also included:

Governor Briefings 25 Sep, 20 Oct
Finance Committee – 21 Oct
Complaints Catch Up with David Napier - 15 Oct & 5 Nov
Mental Health Legislation Committee – 6 Nov
Freedom to Speak Up Meeting with FTSU Guardian Alison Flack – 8 Oct & 8 Nov
Governor Development Session 13 Nov
Appointments, Terms and Conditions Committee 20 Nov
Audit Committee – 25 Nov

External meetings also included:

ICS Chairs and ICB Chair Jason Stamp - 21 Oct
Annual catch up with Helen Higgs from Audit Yorkshire - 23 Oct

2. Visits

Below are NED/ANED Visits since September Trust Board.

Unannounced (with Executive Director)

Millview Court	Priyanka Perera & Lynn Parkinson	25/09
ED Streaming	Stuart McKinnon-Evans & Kwame Fofie	04/11
Inspire	Phillip Earnshaw & Lynn Parkinson	19/11

Announced

Goole Adult CMHT	Phillip Earnshaw	25/09
Scarborough Community Services	Steph Poole	06/10
Hotel Services and Estate	Dean Royles	08/10
Whitby Hospital	Stuart McKinnon-Evans & Michele Mora	22/10

3. Governors

Appointments, Terms and Conditions Committee (ATC), at time of writing this report, is due to meet on 20 November to discuss for approval Audit Chair candidate, NED recruitment campaign, Chair and NED remuneration and ANED programme. The ATC will be followed by a Council of Governors Part II meeting to discuss for approval recommendations from the ATC.

Governor Development and Information: Governor Briefings 2025 are open to all governors including our Partner Governors. They take place ten times a year from 0900-1000 online with time for an informal catch up and for a bitesize brief on a specific service or topical issue relevant to governors. **Governor Development Sessions:** These take place three times a year, two in person and one online, and are longer sessions. Online recordings and slides are shared with all governors and NEDs. The 2026 schedule of topics is being prepared based on governors' requests.

Governor Briefing 25 September – The role of Peer Support Workers

Governor Briefing 30 October – Developing Place and the ICB

Governor Development Session 13 November - The Work of the Collaborative Committee led by Audit Chair NED Stuart McKinnon Evans and Overview of Co-Production Work and Experts by Experience led by Mandy Dawley and the People and Carers Experience Team.

The next **Governor Briefing on 27 November** will cover "Our community Services" and the schedule for 2026.

The Governor Briefing on 29 January 2026 will focus on "**What the NHS Long Term Plan means for Humber**".

PLACE Visits 2025 – this year we have reestablished the opportunity for a governor to be part of the assessment team along with patients, carers and volunteers. Governors who took part have enjoyed the opportunity. Thank you to governors who took part, and I hope next year to see more governors sign up to undertake a visit. Some of the PLACE visits clashed with Governor meetings and events which was avoidable as all dates were scheduled well in advance of the PLACE timetable planning.

Agenda Item 08

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	✓
	To note		To ratify	✓
	For assurance			
Purpose of Paper:	To provide the Board with an update on local, regional and national issues. Areas of note include: - Associated Hospital Managers Reappointment requiring Ratification. - Ratification of policies for: - Artificial Intelligence and Software as a Medical Device - Blanket Restrictions Policy - Ventilation Policy			
Key Issues within the report:				
Positive Assurances to Provide: Work contained within the report		Key Actions Commissioned/Work Underway: Contained within the paper		
Key Risks/Areas of Focus: Nothing to escalate		Decisions Made: Ratification of Policies		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Monthly report to Board	

Monitoring and assurance framework summary:

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

Chief Executive's Report

1 Policies for Approval

1.1 Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Artificial Intelligence (AI) and Software as a Medical Device	14.10.2025	Medical Director	This new policy seeks to provide high level guidance as to how the organisation considers AI products and Software as a Medical Device (SaMD) for deployment, and how already deployed products are monitored and reviewed.
Blanket Restrictions Policy	11.11.2025	Medical Director	This policy has been fully reviewed and the following changes/additions made: • Added to introduction on page 3; • Added definition section on page 4; • Amends to duties and responsibilities on page 5; • Clarity to procedures on page 9; • Added requirements for inclusion on blanket restriction register on page 10.
Ventilation Policy	11.11.2025	Finance Director	The Ventilation Policy has been developed via the ventilation group, this is a new policy and is brought to the Board for ratification.

1.2 Associated Hospital Manager reappointments requiring ratification

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

The Board is requested to approve the reappointment of the following 4 Associate Hospital Managers (AHMs):

- Anne Crick
- Angela Loughlin
- John McGorrigan
- Sheila Trever

The re-appointees have each been observed in a hearing and fully appraised. They are recommended for reappointment for three years, expiring on 31.12.2028.

Current AHMs are continually encouraged to take on the role of panel Chair and all newly recruited AHMs will be expected to take on the role when competent.

1.2 Leadership Visibility

As always, I have been busy with visits and meetings this month, these included our first ever volunteer awards, it was great to reward our fabulous volunteers and see some many attending the afternoon tea.

The research conference as ever was a huge success and oversubscribed as always.

Both Westlands and Newbridge's are busy, but EPR seems to have settled down and there is good work taking place.

Whitby and Scarborough brought different challenges, our virtual wards are increasing in occupancy and our community nurses experiencing increasing demand. Staff felt well supported.

Meet Michele went online due to an increase demand, we will be booking the lecture theatre for the next one.

1.2.1 Around the Trust

Quality Mark Recognition

Humber Teaching NHS Foundation Trust is proud to be among the few trusts awarded the Quality Mark for the National Preceptorship, as a result, we have been invited to participate in the national pilot for the Newly Qualified Registrant Commitment Charter.

Awards and Recognition

The community team were Highly Commended in the Patient Voice Award category at the Humber and North Yorkshire Cancer Alliance Awards.

Finance Accreditation

Humber's finance team have been reaccredited for Future-Focused Finance Level 1, reflecting our continued commitment to financial excellence.

2 Around the System

Executive Appointments.

Clare Smith has been appointed as the York and Scarborough Hospitals new Chief Executive. Clare is currently Chief Operating Officer and Deputy Chief Executive at Leeds Teaching Hospitals NHS Trust, where she has served since 2018. She brings extensive leadership experience from one of the UK's largest hospital trusts.

Humber Health Partnership (HHP) Leadership

Murray Macdonald has been appointed as Interim Chair of HHP, succeeding Sean Lyons. Murray's appointment has been approved by NHS England and the Northern Lincolnshire and Goole Hospitals (NLaG) Council of Governors. He will assume the role from Monday, 13 October. Murray has served as a Non-Executive Director with HHP for nine months and brings significant experience from various NHS roles and the housing sector.

Hull City Council Leadership Changes

Effective 1 October 2025, Hull City Council has restructured its Corporate Strategy Team:

- Pauline Turner: Deputy Chief Executive & Executive Director of Children, Young People and Family Services.
- Tracy Meyerhoff: Executive Director of Adult Social Care and Health; retains statutory DASS role.
- Ali Patey: Director of Public Health.

Integrated Care Board (ICB) - Executive Director of Nursing and Quality Appointment

Amanda Stanford has accepted a conditional offer to serve as Executive Director of Nursing and Quality until March 2026. Amanda currently serves as Group Chief Nurse at Humber Health Partnership.

City Health Care Partnership (CHCP)

Yvonne Elliott has been announced as the new Chief Executive of CHCP, replacing Andrew Burnell, who is retiring. Yvonne's appointment will commence April 2026.

Care Quality Commission (CQC) Reports

The CQC report for North Yorkshire was published recently, placing the region equal 3rd in England.

Hulls Report was Requires Improvement

East Riding outcome report Inadequate.

We will work and support our Local Authority partners.

Regional Mid-Year Review

Following Jim Mackey's letter (19 September 2025), a regional mid-year review process is underway: Selected providers will have individual meetings to discuss finance, quality, and performance. Humber Teaching NHS Foundation Trust however was not included in the wider Humber and North Yorkshire Integrated Care System mid-year review.

2.1 National Update

NHS Providers and NHS Confederation Merger

Following a joint board meeting on 29 October, NHS Providers and NHS Confederation have agreed to proceed with a merger, subject to due diligence.

Key points:

- A single membership body will represent NHS organisations across England, Wales, and Northern Ireland.
- A new membership offer will launch in March 2026, effective from 1 April 2026.
- A transition committee will be formed, chaired by Victor with Terence as Vice Chair.
- A new leadership and staffing structure will be in place by March 2026, including recruitment for a new Chief Executive.
- A brand identity review is underway to reflect the new organisation.

3 Director Updates

3.1 Chief Operating Officer Update

3.1.2 Leadership Visibility

The Chief Operating Officer continues to undertake a series of visits to in patient units and community teams, unannounced and out of hours. Visits include Millview Court and PICU. 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 North Yorkshire Health Collaborative Board and workshop.

3.1.3 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 (a web-based tool that provides real time information on capacity and pressures across providers within an integrated care system). Reporting arrangements have been revised to meet national winter reporting requirements.

Operational service pressures have been stable in most areas of the Trust in October and early November. 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 for predominantly for mental health and OPEL 2/3 for community services.

System pressures increased in the Humber and North Yorkshire areas during October and early November. Acute hospital partners in all parts of our area have reported pressures during this period predominantly at OPEL 3 with more frequent escalation to OPEL 4.

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

The Trusts winter plan for 2025/26 has been stood up and is being implemented. The plan has been predicated on Winter Key Lines of Enquiries (KLOE's).

The British Medical Association (BMA) resident doctors committee announced its intention to take **industrial action** from 7:00am on Friday 14 November to 6:59am on Wednesday 19 November. Jim MacKey, Chief Executive, NHS England wrote to Trusts on 7th November 2025 making clear that the key objective was to maintain the level of service to the public to keep patients safe and set out the following priorities for the period of action:

- maintaining emergency care, including maternity services
- maintaining flow, ensuring appropriate and efficient discharge and length of stay
- maintaining elective care to the fullest extent possible – with at least 95% of elective activity continuing compared with what would otherwise have been expected
- maintaining priority treatments, including urgent elective surgery and cancer care

The Trust stood up its EPRR arrangements to prepare for and manage the implications of the industrial action and mitigate any disruption to service delivery.

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. Teresa Fenech, ICB Acting Chief Executive wrote to providers at the end of October who are part of the Mental Health, Learning Disability and Autism Collaborative with a view to coming up with both a short and medium term solution to this issue. She set out that there needs to be a shift to earlier functional assessment and support, including for those with the most complex needs and that any proposal cannot cost more than the current

projected outturn. The Trust has submitted a revised service proposal and dialogue is still taking place with the ICB to agree a way forward on these waiting times for 2025/26 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 support teams in schools.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this, our data demonstrates that whilst some fluctuation is taking place, we have seen a rise in out of area bed days in September and October for both adults and older people. Our daily bed occupancy has been between 70.0% – 82.0%.

Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans progressed to expand the use of the Older Peoples Acute Community Service (intensive community support). Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement. Plans are continuing to be progressed to change our current PICU based at Miranda House to an all-male unit and to make alternative provision for female patients by developing a High Dependency Unit (HDU) within our current estate. The current timescale for achieving this is Quarter 1 2026/27. The rise in out of area placements for adults and older peoples correlates with a rise during September and October in the number of patients who are clinically ready for discharge. Further intensive work on improving mental health patient flow is taking place to address the rise in 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 September and October, this has been escalated to the ICB and system partners.

The overall staff absence position due to sickness is currently at 7.2% (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 commenced and this is being taken forward in line with the **Planning Framework for NHS England** timeline. Targeted work is taking place to improve and sustain performance against the operational measures included in the [NHS Oversight Framework](#) and the expectations set out in the [NHS Medium Term Planning Framework](#), this is being overseen through our Performance and Productivity group, reported via Organisational Delivery Group (ODG) and escalated to the Executive Management team. Focus on improved efficiency and productivity continues. Work is taking place to reduce the Trust's National Cost Collection Index, each service has a targeted plan for those areas above the Trusts target and service transformation plans are required to set out the expected productivity and efficiency gains.

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

3.1.4 National Attention Deficit Hyperactivity Disorder (ADHD) Taskforce Final report

An independent ADHD Taskforce was commissioned by NHS England in 2024. It was tasked with (1) considering how services and support across health, education, justice and the whole of society need to be transformed to ensure those with ADHD are able to access timely, appropriate, effective and high-quality support beyond health alone and live to their full potential, as well as (2) making recommendations on a whole system approach to managing ADHD. This report was published in June 2025 to be considered ahead of the 2025 government Spending Review and the 10 Year Health Plan for England.

The [ADHD Taskforce final report](#) recognises that cross-sector services across the country are under significant pressure due to the growing number of people seeking assessment and support which has resulted in long waits for diagnosis and treatment. It calls for ADHD to be recognised and treated as a common condition, supported by new diagnosis models to help reduce waiting lists and that professionals across healthcare including GPs should receive more training on recognising symptoms and having an appropriate role in treatment.

The report also highlighted the need for stronger collaboration between government departments, across health, education, employment, and criminal justice, to ensure more joined-up support. Other recommendations included greater use of digital tools and data to enable services to work more efficiently with patients.

In November 2025 NHS England published a response to the taskforce report which set out that NHS England has been working on improving ADHD services alongside the taskforce's work. The Partnership for Inclusion of Neurodiversity in Schools (PINS) programme, delivered with the Department for Education, is helping teachers better identify and support neurodivergent pupils and work with their families. By March 2026, six in ten pupils will also have access to a Mental Health Support Team in school. It recommends that data collection and evaluation are built in at the outset to ensure new systems are effective and do not result in unintended consequences. It reiterates the importance that all ADHD support and service models should involve co-design and co-production with local parents, children, young people, adults with ADHD/neurodivergence, their carers or families and include marginalised groups. The response to the taskforce report supports the following key recommendations:

- Support for ADHD and neurodivergence should be holistic and begin early
- Early support in schools should be needs-led, its provision uncoupled from diagnosis: a whole school approach and targeted interventions
- There should be a single, accessible front door. Support needs to be timely, of graded intensity depending on needs, focused on the whole-person and work across systems
- Urgently address escalating NHS ADHD waiting times: breakdown diagnostic and service silos, expand existing workforce skills and improve accessibility
- Urgently address escalating NHS ADHD waiting times: expand NHS service provision, test models of task shifting and digitise routine administrative tasks
- Improve support to those on waiting lists
- Move to a generalist model through shared care protocols and the availability of non-pharmacological interventions in primary care.
- Delivering Stepped care models providing support of different intensities
- There is a need to implement quality standards across all ADHD service commissioners and providers

Through the Medium-term planning framework, NHS England has set clear expectations for local integrated care boards (ICBs) and trusts to improve access, experience, and outcomes for ADHD services over the next three years, focusing on improving quality and productivity.

We are **responding to all of these recommendations** in our updated proposal to the ICB which reflects and incorporates the national task force report findings. Increasingly we have been moving our approach in our current service delivery model to be aligned with these recommendations, specifically that we:

- Have an holistic personalised approach that is not just focussed on formal diagnosis
- Increasingly supporting early interventions with targeted support integrated with the mental health support teams in schools.
- Already have a single accessible front door with an approach increasingly focussed on a stepped care model.
- Using and testing digital approaches where these are applicable.

The section below provides more information about how we are taking some of these recommendations forward.

3.1.5 Children's Neurodiversity Services – clinical digital tool (Do-IT Profiler)

Core Needs Service

The Humber Neurodiversity Service has introduced a new Core Needs Assessment for children and young people (CYP) aged 13–16, designed to identify functional challenges early and provide support without requiring a formal diagnosis. This approach addresses increasing demand for Autism (ASD) and ADHD referrals by offering proactive, needs-led intervention. The Core Needs Service includes a partnership with Matthew's Hub, reflecting the ethos of integrating expertise from lived experience alongside expertise from clinical knowledge to deliver more person-centred support.

The Core Needs Service is being piloted in twelve secondary schools, and the selection was based on their high referral rates for neurodevelopmental assessments across Humber. Delivered through a school hub model, the service will work to integrate with existing services such as school nursing, educational psychology, mental health in schools, and the sensory service—providing a coordinated, holistic offer of support.

This model focuses on understanding the underlying causes of functional difficulties rather than simply identifying needs. The goal is to empower children and young people (CYP), families, and educators through early understanding, targeted support, and coordinated intervention planning—improving engagement, wellbeing, and educational outcomes while preventing escalation of need.

Early feedback indicates that schools are responding more quickly to emerging challenges, reducing family stress, and improving inclusion for neurodiverse young people. The assessment of a single child is generating learning that helps school staff improve support strategies for many children across the school.

Digital Solutions: Do-IT Solutions

One of the key tools which will be used in the above approach is the Do-IT Profiler, a digital solution that will maximise and increase productivity to identify needs, guide tailored support, and develop a neurodevelopment profile for young people. The use of this technology will also enhance data quality and improve coordination of care for neurodiverse individuals across both children's and adult services. The Profiler is due to go live at the end of November. As a profiling tool it helps identify an individual's strengths, challenges, and environmental factors impacting their well-being. This information can inform personalised care plans, support early intervention, and empower children, young people, and adults in their recovery journey. To enhance efficiency and quality across neurodiversity services, Do-IT Solutions has been contracted to deliver two digital tools:

1. **Do-IT Profiler** will launch at the end of November, this digital tool identifies the individual's strengths and challenges and will guide tailored interventions

and care plans designed to support both children and adults. It supports both those undergoing Core Needs Assessments and those awaiting diagnostic assessments.

2. **Do-IT Portal** can also be used as a mapping tool which is a secure digital platform enabling families and professionals to:
 - View the young person's profiler results and tailored support plan. For instance, if sensory issues are a cause of the individuals stress it will advise how to reduce sensory overload by giving advice to carers and teachers.
 - Submit assessment information (from families, schools, and clinicians)
 - Track their assessment and waiting list progress.
 - Reduce administrative time by streamlining data collection and reporting.
 - Accelerate diagnostic procedures and decision-making by improving the time it takes to gain information from schools and parents.

In summary, the Core Needs Service and associated digital solutions represent a transformational shift towards early intervention, integrated support, and efficient, needs-led care improving outcomes for young people while optimising service capacity.

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility

The Executive Director of Nursing, Allied Health and Social Care Professionals has had planned visits to:-

- Fitzwilliam Ward at Malton Community Hospital
- Millview Court and Millview Lodge with the Executive Medical Director, Kwame Foife
- The Humber Centre with the Director of People and OD, Karen Phillips

In addition, a schedule of unannounced visits have taken place with the Chief Operating Officer/ Deputy Chief Executive at

- Newbridges
- Mill View Lodge

Feedback from these visits is shared with staff and via the Global.

3.2.2 Flu Campaign

The Executive Director of Nursing, Allied Health and Social Care Professionals has recently trained as a Flu Peer Vaccinator is supporting the local delivery of the Flu vaccination at the Trust.

3.2.3 External Leadership - Fostering Organisational Research Growth and Excellence (FORGE)

The Executive Director of Nursing, Allied Health and Social Care Professionals has been successfully selected to take part in the national Fostering Organisational

Research Growth and Excellence (FORGE) initiative. This prestigious programme, led by the Chief Nursing Officer (CNO), aims to strengthen research capacity and capability across the NHS by embedding a research-positive culture for nurses, midwives, and allied health professionals.

The Executive Director of Nursing, Allied Health and Social Care Professionals will work in partnership with senior research leaders and regional colleagues to drive the implementation of the Self-assessment of Organisational Readiness Tool (SORT) and champion engagement with the CNO strategic plan for research. Her leadership will play a pivotal role in shaping organisational maturity for research and influencing best practice across the region.

As part of this national leadership role, the Executive Director of Nursing, Allied Health and Social Care Professionals has been invited and attended a national round 'integrating research at ward level' which will support the development of the national strategy.

3.2.4 Professional Updates

Chief Nursing Officer England - Professional Strategy Framework - Update

The 10 Year Health Plan for England includes a commitment to develop a long-term professional strategy for nursing, midwifery, and nursing associates, looking ahead to 2040.

This strategy will apply to all nurses, midwives, and nursing associates in England, regardless of their sector (NHS, social care, independent, education, research, etc.) or career stage.

The future of the professions will include defining the modern role to meet the changing needs of society through:

- Working with communities and delivering care closer to home
- An increased focus on prevention, population health, and wider determinants of health.
- Reflecting the wider social responsibility and influence with a positive role in health promotion.
- Addressing global health challenges
- Leading and delivering research and innovation
- Working and leading in a new digital and technology enabled landscape.

Allied Health Professionals (AHP's)

The Executive Director of Nursing, Allied Health and Social Care Professionals had the pleasure of opening the Trust celebration event for National AHP Day on the 14th October. The event was a celebration of the incredible work, leadership, and innovation of our AHPs and a moment to reflect on the future we're shaping together.

This year's themes, the three shift, couldn't be more timely or more relevant to the work we do across our Trust:

From hospital to community: Our AHPs are leading the way in delivering care closer to home, supporting people to live well in their communities, and reducing reliance on acute services. Whether it's through rehabilitation, reablement, or proactive outreach, our AHPs are transforming lives where it matters most.

From treatment to prevention: Our AHP's are not just responding to illness, they are preventing it. Through education, early intervention, lifestyle support, and holistic care, AHPs are helping people stay well, independent, and empowered. This shift is vital for the sustainability of our health and care system.

From analogue to digital: Our AHP's are embracing innovation, from virtual consultations to digital assessments, remote monitoring, and data-driven decision-making. AHPs are proving that technology, when used wisely, can enhance care, improve access, and support better outcomes.

AHPs are also actively contributing to the wider professional landscape by presenting at conferences and shaping national guidance, such as the recently published Promoting Work as a Health Outcome: Guidance for AHP Leaders. These activities reflect the profession's commitment to evidence-based practice, innovation, and system-wide transformation.

[Promoting work as a health outcome: guidance for AHP leaders - GOV.UK](#)

The Enabling Multi-Professional Strategy

The Enabling Multi-Professional Strategy, sponsored by the Executive Management Team and led by the RIISE Group (Retention, Inspiration, Involvement, Support, Excellence), is set to launch in April 2026. Developed as an enabler of the Trust Strategy 2022–2027, it provides strategic direction for professional groups across the Trust, strengthens professional identity, and promotes multi-professional collaboration. The strategy is aligned with the Trust's overarching goals and national priorities, including the NHS Fit for the Future – Long Term Plan. A collaborative and inclusive development process has been central to its creation, with engagement activities such as workshops, MS Teams events, and MS Forms surveys capturing the voices of both the workforce and those who access our services. These insights have shaped the strategy's key priorities, which are framed around four core promises:

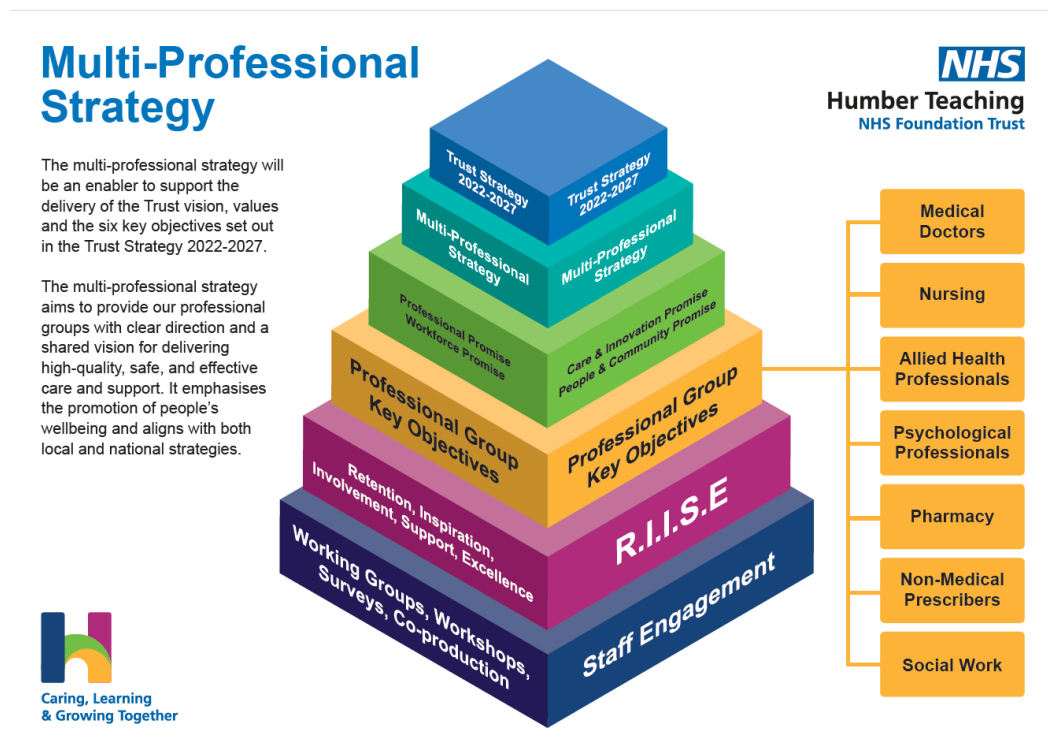
Professional Promise: We will champion the roles our professions play in delivering high quality, collaborative, person centred care will be understood, valued and celebrated.

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

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

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

As the strategy moves toward finalisation and its planned launch in April 2026, stakeholders are encouraged to actively champion its vision, contribute to its continued development, and prepare for its implementation in alignment with Trust-wide strategic objectives.



Culture of Care Update

Good progress is being made against the milestones that were agreed within Culture of Care delivery plan, with the wards and the wider trust making best use of all the opportunities available via the national support offers and embedding the principles in practice. We now have 12 out of 17 of our wards engaging directly with at least one of the national support offers that are being facilitated by the National Collaboration Centre for Mental Health (NCCMH), the Foundation of Nursing Studies (FoNS), or The Public Service Consultants (PCS) and Virginia Mason Institute (VMI). Each of the ward support programmes uses a slightly different methodology but all are aimed at supporting the wards to embed the 12 core standards into practice, and work to the four equity principles of co-production, trauma-informed, autism-informed and anti-racist practice. The four wards who are participating in the NCCMH work have 48 ward-based, co-produced change projects either completed or underway. Each of these projects is helping them create and maintain the culture on their ward in which patients and staff can thrive.

Seven of our Ward Managers and Clinical Leads have been enrolled on the PCS and VMI Culture of Care Ward Management Development Programme. Abi McKeown from Mill View Court is the first to finish the training days. She has said that ;

“The training programme has been a really good experience; it’s provided a lot of insight on autism informed practice. Hearing the experiences of other ward managers across the country has been really insightful and helpful to hear similar challenges are being faced nationally and share ways of overcoming some of these obstacles by using the Culture of Care standards to address all aspects of patient care through co-production and nurturing staff relationships.”

The national support programme comes to an end in March 2026, so we are turning our attention to developing the forward plan. This is including how we replicate the methodology of ward support that has been so effective, how we embed the patient surveys into business as usual, how we develop the lived experience support infrastructure so as to further embed co-production, and how we better integrate the Reduce Restrictive Interventions and Culture of Care work. Over the next five months a large group of staff from across the clinical and corporate teams are engaging with an Organisational Support offer from NCCMH which is focused on supporting a board-to-ward approach to the Culture of Care standards, which anticipate will also contribute to the development of the forward plan.

3.3 Director of People & Organisational Development (OD) Updates

3.3.1 Leadership Visibility

Whitby Ward and Urgent Treatment Centre (UTC) – Wednesday 22nd November 2025

The Executive Director of People & OD recently visited Whitby Ward and the Urgent Treatment Centre, taking the opportunity to engage directly with staff and service users. The visit provided valuable insights into the operational demands of the UTC, highlighting both the challenges faced and the exceptional quality of care delivered. Staff shared their experiences candidly, offering a deeper understanding of the pressures within the setting and the resilience of the teams working there.

A particular highlight of the visit was participation in the Long Service Awards ceremony, celebrating an impressive 209 collective years of service among those in attendance. This event was a powerful reminder of the dedication and commitment of our workforce, and a moment of genuine pride for all involved.

The facilities at Whitby were noted to be of a high standard, supporting both patient care and staff wellbeing. The visit reinforced the importance of continued investment in our people and infrastructure, and the value of recognising long-standing contributions across the organisation.

Humber Centre & Pine View – Wednesday 12th November 2025 (Joint visit with Sarah Smyth)

On our recent announced visit to the Humber Centre Forensic Services, the Executive Director of People & OD and Executive Director of Nursing, Allied Health and Social Care Professionals were delighted to experience the energy and enthusiasm that radiates throughout the service and through the workforce.

3.3.2 Staffing and Workforce Planning

We observed excellent staffing levels and were reassured by the robust plans in

place to maintain safe and effective staffing throughout the winter period. The commitment to workforce resilience was evident in both the planning and the confidence expressed by the leadership team. Equally we were pleased to hear of the number of valued Bank staff moving into substantive contracts which is supporting continuity of care for our patients

3.3.3 Service User Engagement

A highlight of the visit was attending a Humber Voice meeting, where we witnessed service users raising matters that were promptly addressed and resolved. This was a powerful example of genuine co-production and responsiveness, reinforcing the Centre's commitment to listening and acting on feedback.

3.3.4 Staff Engagement and Wellbeing

There was a palpable sense of energy among staff around the Staff Survey and flu vaccination campaign, demonstrating strong engagement and a shared commitment to wellbeing and continuous improvement.

3.3.5 Career Development and Opportunity

We were particularly inspired by the Humber Centre's approach to staff development. One standout example was a colleague who began as a cleaner during the pandemic and has now progressed to become a Nurse Associate. This story reflects the services dedication to creating career pathways and supporting professional growth.

Overall, the visit showcased a service that is not only delivering high-quality care but also fostering a culture of inclusion, development, and engagement. The enthusiasm and professionalism of the team were evident throughout, and we left confident in the ability to continue providing outstanding care and support.

3.3.6 New Regulation for NHS Managers – Outcome and Next Steps for 2026

The Department of Health and Social Care (DHSC) has confirmed its intention to introduce a statutory barring scheme for NHS managers. This is a new and distinct form of regulation, focused on preventing individuals who have been found to be unfit from holding board-level roles or senior direct-report positions. The Health and Care Professions Council (HCPC) will be responsible for operating the scheme. Unlike professional regulation linked to qualifications or registration to practise, this scheme will specifically identify individuals who are barred from senior leadership appointments. It represents a novel regulatory approach within the health sector.

What happens next

Detailed design work has not yet begun. DHSC has confirmed that:

- The scheme design and regulatory rules will be developed during 2026.
- This will include a formal consultation on how the scheme will work in practice, who will be in scope, what evidence will be required, and how decisions and appeals will be handled.
- The HCPC will also consult on supporting elements such as the Code of Conduct and operational processes.
- Draft legislation will follow the usual parliamentary stages before implementation.

Implementation period

Once the framework and supporting guidance are finalised, there will be a transition period of up to 12 months to support organisations and individuals in understanding their responsibilities before the scheme becomes active.

3.3.7 Rostering Levels of Attainment

The organisation recently completed its annual Levels of Attainment review in association with the Workforce Design team at NHS England. This is designed to assess the current implementation of rostering across our services, from procurement through to regular review.

While the Trust currently achieves over three quarters of the standards for most staff groups, it also recognised two main areas of improvement. One area relating to the reporting of specific KPI's and another regarding the development of a group to regularly review rostering performance across the organisation.

The rostering team are now working with other stakeholders to determine how to meet the remaining standards going forward and how they will lead to actual benefits within services.

3.3.8 Job Evaluation Readiness

The results from the recent workforce self-assessment are largely positive, with only a small number of areas identified for further consideration and improvement. These findings will directly inform the formal audit commencing in Autumn 2025. In support of this, a dedicated working group will be established to review all employees aligned to nursing and midwifery job profiles, using a phased approach. Progress updates and data will be shared with the EMT on a quarterly basis.

Key areas for improvement have been identified and are being actively addressed through a formal action plan. These actions have been discussed at both Committee and EMT level, with ongoing oversight in place.

3.3.9 New Workforce Solution

The NHS Business Services Authority (NHSBSA) has awarded a £1.2 billion, 15-year contract to Infosys to deliver the Future NHS Workforce Solution—an ambitious, end-to-end digital transformation of workforce management across the NHS. This initiative marks a generational shift from the current Electronic Staff Record (ESR) system, aiming to modernise and streamline the entire employment lifecycle of NHS employees.

The new platform will integrate recruitment, onboarding, career development, payroll, and retirement into a single, user-friendly system. The system will leverage advanced technologies, including AI, to enhance data connectivity, empower employees with better self-service tools, and provide NHS leaders with actionable workforce insights to drive productivity and cost efficiencies.

This strategic investment reflects the government's commitment to strengthening NHS infrastructure and supporting healthcare professionals with tools that enable them to focus more on patient care. The solution is expected to unlock significant financial savings, which can be reinvested into frontline services, while also standardising processes and improving the employee experience across the NHS.

Implementation is targeted for completion by 2030, with early implementers commencing the shift from 2027. The Workforce Information Team are currently scoping Manager Self Service on ESR which will make integration more effective and also developing relationships with the new Business Manager for the new workforce solution.

3.3.10 Guidance updated following immigration rule changes

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

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

EMT have agreed that any potential previous service will be considered on a case-by-case basis, as it may affect pay step progression, overall salary, and therefore visa eligibility.

3.3.11 Off Framework Agency Use

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

The Trust has maintained a zero HCA agency usage position, however, there is still some reliance on framework agency usage for Nurses. With that said, the overall agency usage for Nurses has seen a reduction of 10% in 12 months and there are plans to reduce further throughout the remainder of 2025/26.

Since January 2025, FWT have recruited more bank nurses than projected, 39 in total, thus meaning there will be less reliance on agency once all have been cleared for work.

Over the last 12 months, the team have reduced agency use by roughly 56%. Within this same period, there has also been a reduction of bank by over 9%.

3.3.12 Recruitment Statistics

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

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

- **‘Conditional offer to checks ok’** was an average of 16.6 days, below the 20-day target. This KPI has been under target since January 2025.
- **‘Closing date to start date’** was an average of 63.4 days, below the 65-day target. A healthy position is maintained each month, with only a few occasions of the KPI being breached.

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

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

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

TRAC Benchmarking Report – Q3 (1 July to 30 September 2025) **Shortlisting Performance**

During Q3, a total of 147 vacancies progressed to the shortlisting stage. The average time taken by recruiting managers to complete shortlisting was 6.5 days, placing the Trust 33rd out of 196 participating organisations. While this is slightly above the Service Level Agreement (SLA) target of 5 days, it marks a notable improvement from our historical average of 8 days. This is the first time since joining the benchmarking programme that our ranking has fallen outside the top 60; however, the data reflects positive progress in streamlining the shortlisting process, indicating that recent interventions are yielding results.

Employment Checks

A total of 49 applicants completed employment checks during the reporting period, with an average time to recruit of 19 days—performing within the SLA target of 20 days. This places the Trust 14th out of 117 organisations, demonstrating strong performance in this area.

Although the volume of applicants was lower than the same period last year, the Trust’s overall ranking and performance in Q3 2025 show clear and encouraging improvement across key recruitment metrics.

Our comparable data for the same quarter below:

Type of Check	Q3 - 2023 (1st July - 30th September 2023)	Q3 - 2024 (1st July - 30th September 2024)	Q3 - 2025 (1st July - 30th September 2025)
CODE	BK	BT	AS
Employment Check (Speed) (SLA: 20)	21	28	19
No. of Applicants	97	73	49
Rank	21 out of 182	104 out of 193	14 out of 117
Time to shortlist (Speed) (SLA: 5)	8.1	7.9	6.5
No. of vacancies	224	180	147
Rank	126 out of 182	140 out of 211	33 out of 196

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

Towards a Healthier Workforce is a strategic initiative aligned with the NHS 10-Year Plan, focused on shifting the approach from reactive sickness absence management to proactive prevention. A multidisciplinary working group, comprising representatives from People and OD, staffside, and operational teams - will convene on 5th November to establish the programme's scope, priorities, and long-term goals.

The programme will take a structured, strategic approach, with clear governance through regular updates to the Operational Delivery Group (ODG), TCNC, and the Health and Wellbeing Committee.

In parallel, a Rapid Response Sickness Intervention Model has been deployed to address current high sickness absence rates. This model targets teams with sustained absence levels above 8% over three months, delivering tiered support from People and OD functions. It uses a defined action plan approach to stabilise and improve attendance through early intervention and tailored support.

Together, these efforts represent a significant step toward building a healthier, more resilient workforce - reducing absence, improving wellbeing, and enabling staff to deliver high-quality care more consistently.

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

3.3.13 Workforce Wellbeing

The following data show the uptake of the Workforce Wellbeing Team's services, with data of physical and wellbeing MOTs for the first six months of this year. We can see a total of 329 new referrals for staff attending for a physical or wellbeing MOT and that figures that peaked in June 2025 with 82 staff seen.

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Total
Number of new referrals for MOT appointments – physical health and wellbeing	72	31*	82	56	36	52	329
Total number of physical health MOT appointments	66	27*	80	50	30**	0**	253
Total number of wellbeing MOT appointments	0	0	0	2	0	0	2
Number of new referrals for 1-2-1 appointments	5	6	2	3	10	13	39
Total number of 1-2-1 appointments	0	0	0	23	23**	54	100

MOT referrals by Division 1 April 2025 – 30 September 2025

Division	Physical Health MOT	Wellbeing MOT	Total
	Number of staff	Number of staff	
Corporate	42	5	47 (14.3%)
Children's and Learning Disability	111	-	111 (33.7%)
Primary Care and Community	54	-	54 (16.4%)
Forensic Services	13	1	14 (4.3%)
Mental Health	97	6	103 (31.3%)
Total	317	12	329 (100%)

33.7% of all staff who attended for physical and wellbeing MOTs came from the Children's and Learning Disability Division.

31.3% of staff within Mental Health Services attended for physical and wellbeing MOTs in the last 6 months. This is a direct proportion of the workforce as this service makes up 31% of the Trust workforce.

Physical Health MOTs – out of range results (1 April 2025 – 30 September 2025)

Of those staff attending Physical Health MOT appointments between 1 April 2025 – 30 September 2025 (253):

- o Blood Pressure – 4 had out of range results
- o Random blood sugar – 8 had out of range results
- o Cholesterol – 41 had out of range results.

In the case of out-of-range results, the Health and Wellbeing Practitioner provided a copy of the results for the staff member to take to their GP for the appropriate care and intervention. Whilst 50 of the staff (19.8%) who received Physical Health MOTs had out-of-range results some (28) were already under the care of their GP or on related medication.

When those staff under the care of their GP or on related medication are excluded, this leaves 9.8% (22/225) of staff seen (or 1 in 10) being identified with results requiring further investigation by their GP.

Wellbeing 121 support (1 April 2025 – 30 September 2025)

1-hour long one-to-one sessions are available with the Health and Wellbeing Specialist. At the first session a personalised plan including goal setting is co-produced with follow-up appointments/support provided over a 6-month period.

This includes support with physical, mental, emotional, and social elements of health and wellbeing. During the period 1 April 2025 – 30 September 2025 there were 39 referrals. Some staff indicated more than one type of support was required:

Type of support	Number of staff
Emotional wellbeing	22 (56.4%)
Weight management	13 (33.3%)
Physical activity	5 (12.8%)
Stress and anxiety	15 (38.5%)
Sleep hygiene/improvement	5 (12.8%)
Digital health	2 (5.1%)
Not recorded	1 (2.6%)

Health and Wellbeing Activities – Participation/Booking Requests (1 April 2025 – 30 September 2025):

Health and Wellbeing activity	Number of staff
Yoga	87
Indoor climbing	4
Dance classes / workshops	10
Massage / Reflexology	336
Tai Chi	15
Total	452

Health and Wellbeing Remote Clinics and Drop Ins (1 April 2025 – 30 September 2025):

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

In addition, the Workforce Wellbeing Team have delivered presentations, provided health and wellbeing input at team days/meetings and other events and delivered targeted support. Between 1 April 2025 and 30 September 2025 these have included, for example attendance at:

- Community Forensics Team meeting, Humber Centre
- Preceptorship Academy
- Forensic Services Reception Team – Away Day in Pine View
- Wellbeing Roadshows with the Professional Nurse Advocates for International Nurses Day in Malton Hospital and Rosedale Community Unit
- Trust Medical Staff – building resilience and mindfulness taster
- West and East Hull Community Mental Health Team bases
- Whitby Hospital
- STaRs inpatient Ward, Townend Court.

3.3.14 Flu Programme 2025/26

Planning for flu season 2025/26 is now into its second month within the Trust with an overall goal of achieving a 5% increase in vaccination rates across the Trust.

In 2024/25 the Trust achieved a non-frontline staff uptake of 62.50%. However, the uptake for frontline teams was 43.02%. Our yearly target of a 5% increase on these figures is currently progressing well and week commencing 27th October 2025 we were the 7th highest ranking NHS Trust delivering the flu programme for 2025/26.

On 4th November 2025 we had delivered 1681 flu vaccines with an overall staff count target of 2327. This leaves 547 vaccines to be administered before we reach our Trust target of 58.5% combined front line and non-front-line staff.

We feel very confident we will reach our target and continue to work hard to deliver this service for the remainder of the flu season.

3.3.15 National Staff Survey (NSS) Update

- **2025 NSS Window**

Monday 6th October 2025 running until Friday 28th November 2025.

- **Overview**

People Experience Team, Communications Team and Strategic HR Business Partners work closely together to;

- promote the survey to the wider workforce.
- provide managers with a suite of resources and tools to do so, including [Manager Support Pack](#)
- provide support, advice and workshops to managers to be able to drive response rates in their local teams.
- engage with managers regarding any perceived barriers to participation.
- regularly and proactively identify slower uptake departments and offer/provide proactive support to managers.

- **Response rate, communications plan and actions are reviewed weekly**

People Experience Team, Communications Team, Strategic HRBP and the EDI Lead come together weekly, where comms plan actions are progressed, updated, Trust response rates and the league table are discussed to review any areas of the Trust that can be proactively offered support.

- **League table**

The new department level league table is seemingly encouraging some positive and healthy engagement and competition in some of the manager community and in fact, in some of the colleague community who are keen to ensure their department represents themselves well in the league table response rate. People Experience Team regularly seek reassurances from managers, colleagues are motivated to have their say when taking part and stress the importance of this not being about only a response rate.

The league table also allows the People Experience Team each week, to reach out to top performing departments for lessons learned (shared with the manager community) and proactively offered support to departments who are straggling a little behind. The reasons for slower response rate uptake are often not simple, can be complex and challenging reasons.

See below league table, which is updated 10.30am each day.

[League Table](#)

1. As of the end of Week 5 (Friday 7th November)

Humber vs National Response Rates

- Humber 52% (average nationally 39.2%)
- Humber Bank 24% (average nationally 12.31%)

Bank Survey:

At the end of Week 4 we were +4.4% higher than at the same point last year (19.6%)

3.3.16 Statutory and Mandatory Training Update

Overall compliance for facilitated statutory and mandatory training remains strong, with Trust performance holding above the 85% target. As expected, September shows a *seasonal softening* compared to August, with overall statutory and mandatory completion rates easing from 94.8% in August to 94.1% in September. This pattern reflects the annual influx of new starters, junior doctor rotations, and reduced training capacity following the August leave period.

Performance remains largely positive, with Safeguarding Children Level 3 continuing its upward trajectory and now performing above 90%. Safeguarding Adults Level 3 also improved across the quarter, recovering to close the gap toward target. Mental Health Act training remains consistently strong and BLS is holding stable around the compliance threshold.

A small number of courses require focused attention. DMI Refresh, after peaking in August, dipped slightly but remains above target and stable overall. ILS Adult and ILS Paediatric have softened and remain just below the 85% threshold.

Disengagement Training (CRT) continues to present the most significant challenge, remaining in the mid-70% range. This is linked to PET team training capacity and is already logged on the risk register. A dedicated CRT training week in November is scheduled to support recovery.

Key strengths continue to include:

- Corporate Induction (consistently high at ~99%)
- Mental Health Act training
- Safeguarding Children Level 3
- BLS and M&H People (L2)
- DMI Refresh

In parallel, we are progressing a shift from reactive to *proactive* training engagement. The compassionate reminder approach, initially piloted with medical colleagues to encourage supportive, personalised follow-up for overdue training, is now being extended to wider staff groups.

Finally, we are piloting a new process to record externally provided CPD in ESR, enabling colleagues to document learning that is relevant, role-enhancing, and personally meaningful. This supports:

- A richer picture of workforce capability
- Greater recognition of professional development beyond mandatory compliance
- A cultural shift from training as obligation to learning as enrichment

This development also aligns with growing manager capability in using ESR data to monitor DNAs, support attendance, and have timely, constructive conversations about learning engagement.

In summary, September reflects a predictable seasonal dip, but overall compliance remains secure. Work continues to stabilise CRT and ILS performance while enabling colleagues to focus not only on *mandated* training but also the *development* that supports excellence, confidence, and quality of care across Humber.

Corporate Induction Update

We have been working with colleagues across Corporate Services to enhance and modernise the Humber corporate induction. A significant part of the programme has now been digitised, allowing us to move from fourteen speakers in the webinar to just five. The refreshed induction places greater emphasis on welcoming new colleagues to Humber and introducing our culture, vision and values, rather than providing a long sequence of service briefings.

To support this shift, we have developed a Welcome to Humber email series, produced in partnership with Communications and Corporate teams. This provides a spotlight on a different corporate function each day across the first ten days of employment. This approach ensures that new starters receive information at a manageable pace and at the point they are most likely to use it, rather than being overwhelmed on day one.

We are also streamlining the coordination of induction through our digital working groups. This will reduce manual processing and create a more consistent, reliable experience for all new starters. Presenters who remain part of the webinar have already met to refine their key messages, ensuring a cohesive flow with the existing introductions from our Chief Executive and Chair.

This revised induction model is being tested throughout November and December, with a planned full launch for the January intake.

Alongside this, we are developing a Managers Induction Programme, which will offer regular sessions led by colleagues in Training and HR. These sessions will provide practical support, guidance, and signposting, as well as promoting key development opportunities such as our PROUD leadership programmes and management toolkits. Design work is underway, with the programme expected to launch in early 2026. This will align with national resources while ensuring managers and leaders at Humber feel confident, supported and well equipped to lead effectively.

3.3.17 Leadership and Talent Development Update

- **Humber Talent Programme Update**

As the Humber Talent Programme approaches its close in December 2025, all 10 delegates are on track to successfully complete the programme and progress onto a PROUD cohort in 2026.

Key Achievements This Year:

- 3 internal promotions since January 2025
- 8 delegates now enrolled on external qualifications
- 2 delegates commenced apprenticeships through the organisation's levy
- 8 Quality Improvement (QI) charters submitted, with 2 more to be completed by December 2nd
- 18 hours of internal shadowing completed, enabling delegates to gain cross-team insight
- 1 executive mentoring relationship maintained throughout the programme, with excellent feedback received
- 6 internal mentoring partnerships successfully established
- 3 external coaching partnerships developed to support personal and professional growth
- 10 Lumina Spark portraits delivered to enhance self-awareness and leadership understanding
- 10 personalised PDPs (Personal Development Plans) created, each outlining clear career objectives and post-programme actions
- 10 confirmed places secured on the PROUD Programme starting in 2026
- 3 professional development workshops delivered by an external training provider as part of ongoing CPD

Delegates will attend a celebration event on the 2nd December in the Learning Centre to reflect on their year and receive certificates for their achievements during the programme.

- **Mentor service**

As part of the PROUD programme of Organisational Development, we offer staff the opportunity to connect with an internal mentor if they wish. Since April 2025, 18 colleagues have formed internal mentor relationships with a total of 43 hours of mentoring delivered so far.

- **PROUD Alumni: Reflecting on a Year of Growth and Collaboration**

The third and final set of workshops for the PROUD Alumni's inaugural year are now complete, with over 40 managers choosing to continue their leadership development journey at Humber.

Building on the collaborative work that began with the creation of the Alumni Change Model, members once again came together to co-design a practical formula and toolkit aimed at helping teams recognise and address dysfunction effectively. This new model will be officially launched in December, alongside the third edition of the Alumni Newsletter.

This first year marks a significant milestone in supporting the ongoing development of our current managers and those aspiring to become future leaders within Humber. Our 2025 focus areas: Change Leadership, Compassionate Leadership, and Leading Through Dysfunction, have seen over 100 managers take part, contributing to a growing culture of shared learning and leadership excellence.

3.3.18 Career Development & Widening Participation

The Career Development Team is focused on building Humber's role as a leading local employer by supporting young people, developing talent pipelines, and strengthening the local workforce. We work closely with schools, colleges, and community partners to create meaningful opportunities and promote access to careers across Humber.

Our approach to widening participation is central to this work:

- **Reaching more teams internally:** We are engaging more departments, especially those that haven't yet hosted apprentices or offered work experience, to make opportunities available across the organisation.
- **Engaging new audiences externally:** We are running a *Male Careers Event* in November as a Widening Participation pilot to increase engagement among young men and also piloting a *STEM Widening Participation Package* in two schools before December. The team also took part in *Scarborough STEM Week* with the Scarborough Business Ambassadors supporting our region in North Yorkshire.
- **Supporting local communities:** We are working with 28% of schools in areas of higher deprivation, providing workshops and activities to open career opportunities for young people who may not otherwise have access.

Since September, in the new academic year, the team has visited six schools and continues to plan a series of events throughout the year to strengthen links with local education providers, and our ICP and Local Enterprise partners to showcase Humber as an employer and inspire the next generation of skilled workers. Career Conversations are also starting across the Trust, with sessions at the Mental Health Planned ODG and HR All Staff Call, encouraging teams to focus on career development and CPD.

Apprenticeships

Apprenticeships continue to play a big part in growing our own talent and improving patient care. We now have 139 apprentices on programme, with 22 starting in the month of Sept, our highest number yet, showing strong interest across many teams. As funding for Level 7 apprenticeships ends in January, we're supporting the final cohorts and planning next steps as NHSE have agreed to fund 5 of the L7 healthcare apprenticeships standards.

Due to the success of the partnership work with Humber Health Partnership and Corndel Training Provider, with regards to the Level 3 and 5 management apprenticeships, we have another Level 3 programme starting in January. Funding has also been secured for Level 3 and Level 5 AHP apprenticeships, supporting the AHP career pathway.

Work Placements

Over the summer in the early part of the new academic year, we arranged 50 T-Level and work experience placements, helping students move into further education or apprenticeships.

3.3.19 Sexual Violence and Misconduct Update

As a Trust, we have demonstrated our commitment to the NHS Sexual Safety Charter by signing the charter, launching the policy, conducting risk assessments, and clearly communicating our intentions across the workforce with a launch for the programme of work in September 2025.

A baseline assessment has now been completed against the updated NHS Sexual Safety Assurance Framework (August 2025), which outlines 78 actions across 10 core principles.

This assessment has enabled us to RAG-rate our current position: 61 actions are 'green' (in place and complete), 9 are 'amber' (in place but requiring further review), and 8 are 'red' (not yet in place).

These red and amber-rated actions have been incorporated into a targeted action plan overseen by the Sexual Safety Group. This action plan is progressing at pace and updates will be provided quarterly.

In the meantime, the Trust's leads for sexual safety supported by the Sexual Safety Group remain committed to embedding the framework's principles and fulfilling our legal duty to prevent sexual harassment, with regular reports into Operational Delivery Group, Executive Management Team and the People Committee on progress.

3.3.20 Equality, Diversity and Inclusion

Civil Unrest - In response to the civil unrest, the Trust has provided clear, compassionate, and effective communication to Trust staff affected, ensuring they feel supported, informed, and valued during this challenging time. A manager's briefing has been distributed that outlines how managers can better support their staff and encourage team-level conversations about support and concerns. A listening event is to be set up to hear from staff and reiterate the Trust's support, signposting colleagues to the available support, including Occupational Health, Wellbeing, and psychological services.

Staff Network Chair Recruitment - The Trust has undertaken a comprehensive communications campaign to recruit the next generation of staff network chairs to lead our networks into 2026. Three new chairs have been recruited and will be provided with a comprehensive induction and development programme, along with guidance from the new Chairs. An introduction to the new chairs will be made via internal communications channels.

Reignite Respect: Renewing Our Commitment to No Excuse for Abuse - In October, we relaunched our Respect and No Excuse for Abuse anti-discrimination frameworks. 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.

[Respect Introduction Video](#)

[Respect](#)

[No Excuse for Abuse Guidance](#)

Veterans Employer Recognition Scheme - The Trust was awarded silver in the recent Employer Recognition Scheme accreditation and received our framed certificate in a ceremony held in October at York Racecourse.

A focus on Anti-Racist Practice— In September, the Culture for Care Programme delivered a face-to-face development day called Creating a Culture of Care - A focus on Anti-Racist Practice. The half-day workshop was facilitated by Soyeb Aswat (Independent Social Worker), who explored issues of equality and diversity in inpatient mental health wards. This training supports the work of the Workforce Race Equality Standard (WRES), the Patient and Carer Race Equality Framework (PCREF), and the Culture of Care Programme.

NHS Sexual Safety in the Workplace Campaign - In September, the Trust launched its Sexual Misconduct Policy with a n all staff event that reiterated the Trust commitment to:

- **Safer Cultures:** Encouraging open conversations about sexual safety and making clear that inappropriate behaviour is never acceptable.
- **Clear Policies:** Our Trust has a strong, up-to-date policy that gives a robust reporting mechanism, is well communicated and is fairly enforced.
- **Training and Education:** An e-learning module is available via ESR, which is highly recommended for all colleagues to complete.
- **Support:** Providing confidential, trauma-informed services, from counselling to HR and safeguarding.
- **Accessible Reporting:** Making it easy and safe to raise a concern

Staff Networks

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

1. Rainbow Alliance Network

- Members of the network attended the Hull and East Riding LGBT Forum.
- The networks' duty chair continues to attend the Trans Inclusion Task and Finish Group
- Members of the group are developing a guide to support LGBTQ+ patients.

2. Disability Network

- A new network co-chair has been recruited.
- The network contributed to discussions with the People Experience team on reducing avoidable harm in investigations and on multigenerational working.

3. Anti-Racist Network

- A new network co-chair has been recruited and attended the October meeting.
- Hosted a well-received conversation regarding the status of staff who require a visa to work

- Escalated concerns of their members, with discussions about the application of No Excuse for Abuse

3.3.21 National Target Operating Model & Humber Shared Services

Development

The NHS is embarking on the largest global HR transformation, underpinned by the National Target Operating Model (TOM) for People Services. This initiative aims to shift from a fragmented, transactional-heavy HR landscape—where 60% of effort is transactional and £6bn is spent nationally—to a digitally enabled, standardised, and strategic model. Key drivers include:

- Digital Front Door: All initial HR contacts via a single digital entry point; 50% of queries resolved through AI.
- Centres of Excellence (CoEs): Regional clusters for scarce expertise (e.g., workforce planning, rostering, recruitment).
- Agile Delivery Squads: Specialist teams deployed for change adoption.
- HR Operations: Consolidation of transactional services (payroll, recruitment) using technology at system or regional level.
- Local HRBPs: Retain differentiated employee value proposition locally.
- Phased Rollout: Regional implementation from Year 3 onwards, supported by robust governance, tech investment, and change management.

Challenges: Governance, sovereignty, tech investment, and standardisation across systems remain critical. Success depends on willingness to adopt shared processes and leverage scale for quality and consistency.

Humber's Shared Services Alignment

In parallel, Humber Teaching NHS Foundation Trust is progressing its Shared Services Model for Transactional People & OD Teams, aligning with the national TOM by:

- Creating a single, digitally enabled front door for HR services.
- Role alignment across Roster, Workforce Systems, Recruitment, and Flexible Workforce Teams for integrated workforce planning and seamless onboarding.
- Centralised Admin Hub to streamline processes and improve resilience.
- Benefits: Reduced duplication, improved data quality, enhanced candidate/manager experience, career development opportunities, and resilience during peak demand.

Proposed Implementation Plan:

- Phase 1–2: Design and pre-consultation (Nov–Jan)
- Phase 3: Formal consultation (Feb)
- Phase 4–5: Training and go-live (March–June)

This approach positions Humber as a strategic host for shared services at scale, supporting national priorities while strengthening local delivery.

3.4 Medical Director Updates

3.4.1 Leadership Viability

The Executive Medical Director continues to prioritise visits across the Trust to engage with frontline teams. Recent time spent with the Hull CMHT at The Grande and Waterloo Centre provided valuable insight into effective working, operational challenges, and team transformation, ensuring staff voices inform leadership decisions. I will also be contributing clinical sessions into the team.

On an unannounced visit with Stuart McKinnon-Evans to the ED Streaming Service on 4 November 2025, the team was observed to be motivated, proud, and experienced, clearly explaining their processes, successes, and challenges. Staff valued being co-located at ED, though the indirect impact of pressures of allied services, such as the Hull Community Mental Health Team, were noted, and new recruits reported feeling well supported.

3.4.2 Medical Education & Medical Staffing

Medical Education

1. Quality Improvement Project – A *Clinical and Educational Supervisors Development Forum* has been established. This will be held bi-annually, with the first meeting scheduled for 26 November 2026.
2. Annual Medical Education Conference – ‘*CAMHS 2025: Collaboration, Innovation & Hope*’ took place on 22 October 2025. Over 150 delegates attended from across the country. The event was extremely well received, with excellent feedback.
3. GMC National Training Survey (NTS) – Feedback and corresponding actions are currently being reviewed.
4. Resident Doctor Working Lives – Development of a *Trust-level action plan* to support the 10-Point Plan to Improve Resident Doctor Working Lives is ongoing, in full collaboration with our Resident Doctors.
5. HYMS Self-Assessment Document (SAD) – The document has been received by the Trust for completion and submission to HYMS by 12 December 2025. This will inform the 2025/26 Quality Visit.
6. Higher Training Engagement – Several Humber Consultants and Higher Trainees represented the Trust at the *Higher Training Speed Dating Event* in Leeds on 5 November 2025. Several Higher Trainees expressed interest in pursuing a consultant career with Humber.

Medical Staffing

1. A pilot of new rota development and management software will commence in November 2025 (approved by DDG).
2. Preparatory work is ongoing in anticipation of national reforms to exception reporting.
3. Discussions are underway with the new SAS Tutor regarding requirements and actions associated with the SAS Charter.

Medical Business

1. Medical Appraisal – Work continues to establish a *reciprocal peer review process* in collaboration with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
2. Job Planning – The medical job planning cycle has commenced, with a focused effort to improve compliance across the Trust.

Addition Updates:

The Medical Training Review: Phase 1 diagnostic report highlights urgent reforms needed in postgraduate medical education to meet future healthcare demands. [NHS England » The Medical Training Review: Phase 1 diagnostic report](#)
Published by NHS England in October 2025, the report assesses the current state of medical training and outlines 11 key recommendations, with four core priorities: enhancing flexibility in training, recognizing excellence beyond formal pathways, resolving critical bottlenecks, and rebuilding inclusive, supportive team structures where doctors feel valued. While acknowledging the risks and trade-offs of major reforms, the report concludes that the gap between current practices and future needs is substantial enough to warrant immediate action.

3.4.3 Research and Development

In October 2025, the National Institute for Health and Care Research (NIHR) announced a £157 million investment over five years to establish ten NIHR Applied Research Collaborations (ARCs), starting in April 2026. Bradford Teaching Hospitals NHS Foundation Trust will host the Yorkshire & Humber ARC (YH ARC).

These new ARCs will help deliver the ambitions set out in the NHS 10-Year Plan by addressing some of the UK's most pressing health and social care challenges through high-quality applied research, translating effective interventions and models of care into practice.

We are delighted that Dr Hannah Armitt, Senior Clinical Research Psychologist within our Trust, is a key researcher for the '*Prevention and Early Intervention for Children and Families*' theme within the new YH ARC.

3.4.4 Mental Health Legislation

- Three new Associate Hospital Managers have now been appointed and are actively sitting on panels. Bespoke training has been completed. One further appointment is still progressing through the recruitment process.
- No mock CQC visits have been undertaken since Townend Court at the end of July, due to competing priorities. Further visits are planned once team resources allow.
- The team is currently experiencing significant resource pressures due to increased workload and the complexity of issues requiring attention. A temporary member of staff has been recruited for one additional day per week to assist with general team duties and alleviate pressure.

Although initially appointed to support the monitoring of restrictive practices (such as rapid tranquillisation and LTS reviews), this is not currently the

priority. The post holder is also managing Section 117 information requests from both Local Authorities and the ICB.

- A proposal for a permanent Band 4 post has been completed and submitted to the Medical Director for review. In the interim, we are exploring temporary support through the Bank.
- A CTO Workshop was held in the Lecture Theatre on Friday 31 October, which was very successful. Several Consultants and Doctors attended, and the session received excellent feedback.

3.4.5 Psychology – Key Updates and Achievements

Leadership and Structure

Sarah Rockliff has been appointed Associate Director of Psychological Professions (effective 20 November 2025, start date TBC). Work is ongoing to revise leadership structures, bringing together an additional 175 psychological professionals with the existing psychology teams.

Connect to Thrive Conference – 20 November 2025

The conference, led by Consultant Clinical Psychologist Joanne Robinson, has seen exceptional demand, with 180 delegates attending from across the country – from Sussex to Durham. The event will showcase Humber as a national centre of excellence in trauma-informed practice, with a strong multi-disciplinary presence across agencies and professions.

Colleague Achievement – Dr Katie Foy

Congratulations to Katie Foy, who has successfully completed her doctorate-level Qualification in Forensic Psychology (QFP) and is now eligible for HCPC registration. Katie, who joined the Trust in 2018 as an Assistant Psychologist, progressed through self-funded study and the Trust's first trainee forensic psychologist post. Special thanks go to her supervisor, Carolyn Scott. This is a clear example of Humber's commitment to 'growing our own' professionals.

Psychological Professions Week – 10–14 November

A full CPD programme of 11 sessions is being delivered by Humber's psychological professionals, including clinical psychologists, CBT therapists, dramatherapists, and counsellors. Sessions are open to all Trust staff and regional network colleagues, promising a vibrant week of shared learning.

Training and Development

Clinical Psychologists Lolly Hernandez and Kathryn Southall delivered Introduction to Cognitive Analytic Therapy (CAT) training to 50 Adult Mental Health staff, receiving highly positive feedback.

All 26 places on the Doctorate in Clinical Psychology have been successfully recruited to, with trainees now in post and starting placements.

Additional Updates

- Forensic Psychologist Kay Raleigh led a reflective support session for Whitby Hospital staff following the loss of a colleague.
- The Humber PsychLink newsletter launched in September, strengthening communication across the psychological professions.
- Clinical Psychologist Sara Appleyard co-authored a published paper highlighting innovative dementia in-patient care.

- Tailored communications and a dedicated vaccination clinic have been introduced to encourage flu vaccine uptake among trainees, linking the initiative to trauma-informed and EDI principles.

Challenges

Two Trainee Clinical Psychologists on placement within the Community Team for Learning Disabilities (CTLD) experienced racist remarks from carers that were not challenged by staff. Lead Psychologist Alex Hamlin, alongside Sarah Rockliff and colleagues, is working with Hull University to implement an action plan promoting inclusivity within CTLD. Reflective sessions with staff from the global majority also identified cultural issues; a divisional plan is being developed and will be escalated through governance channels.

Additionally, low engagement from trainees in the staff survey remains an issue, with efforts under way to improve participation through targeted communication and peer representatives.

3.5 Director of Finance Updates

3.5.1 Leadership Visibility

Since the last board meeting the Director of Finance has visited Malton Hospital to discuss the planned enabling works for the Malton Dementia Friendly Dream, observed the Patient Led Assessment of the Care Environment (PLACE) assessments at both Whitby Hospital and Mill View Lodge and Court, and visited Crystal Villa's Bridlington with Jon Duckles to discuss a range of topics with staff, and not only those from the finance directorates portfolio.

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

3.5.2 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 2025: 112 (Including 6 in October)
- High Priority Cyber Alerts Issued during 2025: 20 (Including 5 in October)
- October Cyber Alerts with patch(s) NOT approved for deployment: 0

- October Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 6
- August Cyber Alerts not 100% deployed (due to devices still to check in): 2

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

3.5.3 Digital updates

- Granville Court has successfully gone live onto SystmOne replacing the previous paper-based record keeping, early life support remains in place
- Interweave have been shortlisted for the Health Care Financial Management Association (HFMA) Delivering Value with Digital Technologies Award, the winners will be announced at the annual HFMA conference in December.
- The Trust Chief Information Officer (Lee Rickles) has been confirmed as a judge for the HSJ Digital awards.
- Wayfinder funding has been secured to lead on TPP functionality development for 8 partner organisations, this will enhance patient communications and service redesign.
- Agreement has been reached with NHS England on the Booking and Referral Standard (BaRS) adoption.
- Memorandum of Understanding has been initiated for the Single Patient Record interoperability.
- Artificial Intelligence and Software as a medical device policy has been approved by EMT.
- The Trust had active engagement in the Shared Care Record Summit, CIO Live and HETT Leaders Summit, promoting the Trusts Digital Strategy and sector leadership.
- The Trust has continued involvement in the national oversight board for Reasonable Adjustment Digital Flag supporting learning disability and autism care.

3.5.4 Facilities Management Updates

- NHS HHP have advised that the CDC facility at ERCH is expected to go live in the new calendar year (*Ground Lease is nearing completion and electrical connections have now been made to the new facility*). A requested has been made for the Trust to provide Hard and Soft FM to the facility and a SLA is in the process of being drafted.
- Bids have been submitted for Greener NHS Funding (PV, EV Charging Infrastructure, LED Lighting and BMS enhancements), with funding decisions expected in Dec 2025. The Trust are continuing with updates of all lighting (internal and external) to LED in accordance with Green Plan.
- Porter Medical Gas Training is now complete, annual legionella awareness training is due to commence in Jan 26
- Princes Court Remediation works on programme for completion WC 01/12/25
- Pocklington HC environmental enhancement works programmed for completion WC 01/12/25. These works are linked to relocation of services from Beckside and surrendering of that lease.
- Block H (Beverley), phased handover in progress, with furniture delivery etc. In progress. Services are planned to be relocated from Beverley HC from Mid-December, to enable the Health Centre to be fully vacated by the end of the calendar year. Agreement has been reached with ERYC regarding an additional 30 car parking permits.

- Redesigning Mental Health Inpatient Facilities – Female unit re-provision: RIBA Stage 2 complete (general arrangements), which will include clinical sign off WC 17/12/2025. Detailed study of the site development plan is in progress.
- PLACE audits will be completed with all data being input by 8th Dec 25.
- 5* Cleanliness and Food Hygiene ratings have been maintained.
- All outstanding Whitby Sub Leases have been completed. Arrangements being put into place to offer up one room to the PCN for the remainder of the financial year. Further discussions are ongoing with the ICB in respect of the cost of Whitby Hospital and future use of accommodation by other organisations.
- Pocklington Beckside: This property is occupied under 2 separate Lease due to expire on 17 August 2025. The first-floor accommodation was handed back on 17 August 2025. The ground floor accommodation is subject to consultation and hand back will now be on 31 March 2026.

3.5.5 PARTNERSHIPS AND STRATEGY

Children and Learning Disability Division

- £8,500 worth of funding has been agreed through ERYC for a pilot for an Armed Forces Neurodiversity Schools Support Package. The funding will see the package piloted for a year commencing April 2026 for five families based at Leconfield Army Barracks Defence School for Transport.
- Humber will offer the Neurodiversity School Support Package to identified children of armed forces serving personnel who are on the Trust's Neurodiversity Services waiting lists or who have been referred / transferred to the Trust's Neurodiversity Service waiting lists or Front Door service for either ADHD or autism. This package of support aims to address the needs identified within a series of focus groups held at Leconfield with both health and education.

Mental Health Division

- The Trust has received confirmation that the £1.8 million capital funding to develop the separate male PICU and female HDU has been successful. The trust is now working with the ICB to secure revenue funding to support the work.

4 Communications Update

See Appendix 1 & 2

5 Health Stars Update

See Appendix 3

Communications Board Report – July– September 2025

This is the second report to the Board on the delivery of the 2025–2027 Communications Plan.

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

Strategy Link	Project	Description	Activity over period	Progress towards KPI's over period	Target KPI by 2027
Promoting people, communities, and social values	Shared Content Strategy	A coordinated way of creating and using content to ensure consistent, accessible messages reach the right people. It reduces duplication, supports clear communication and makes best use of resources.	Continuation of strategy planning, weekly updates	✓ 7%+. Highest 16%	8% Social Media Engagement Rate
			Development of 'share your story' form	✓ Only single use content is one-off announcements	No single use content
			Content log set up	✓	Fully functioning content log
			Review of analytics	Nine social media or press release worthy stories published to date (starting April 2025) ✓ 834 social media posts across the reporting period. Average of three per day.	Ten press or social media worthy, people focused stories by year end 3-12 social media posts/per weekday. Excluding event days.
	Health Inequalities	This project supports the delivery of the Trust's Health Inequalities Plan	Prototyping of online library of patient information/signposting library completed	Funding proposal to DDG to progress with plans to go live by end Year 1.	Visits to library – KPI set after 6 months in operation
			- Easy read Taking over Easy Read contract from December to centralise access - Plain English Reading age	✓ Complete and now being tested	Develop accessibility check list for all documents that come through the Brand inbox

			Tools shared at all clinical networks to encourage use. - Document translation Awaiting appointment of new supplier to progress next steps - Accessible patient letters Attended Champions of PACE forum to understand next steps for patient letter project.	Progressing awareness of tools and support available – on track to complete Y1 actions	Number of documents available in multiple formats per month
Developing an effective and empowered workforce	Cultural Comms	Supporting a positive, inclusive culture through clear, compassionate internal communication. Strengthen leadership visibility and improve message cascades and increases two-way communication.	Paper on new leadership communications for EMT/ODG approved at EMT and supported by ODG – go Live November Reviewing 2-year performance of Global to inform future structure AI search and new navigation for intranet completed for go live post staff survey/flu (to reduce risk of any downtime)	Proposal on revised internal communications cascade including the Global being prepared for Q3 EMT	Increased global open rate in mental health unplanned, forensic and in estates and facilities team. (benchmark to be set in June following 4 months of the new global design)
				Working with People Experience team on Staff Survey campaign including leading workshops with all divisions.	Staff survey Engagement measure 7.49- in line with 'best' score (currently 7.20)
					Involvement measure (Engagement sub - score) 7.35 – in line with 'best score (currently 7.16)
	Comms training hub	Developing an online and in person training package to share our expertise and skills to supporting and empower colleagues to communicate more effectively.	Evaluated the current training offered by the Comms team Worked with OD on future plans. Media training now recorded on ESR	✓	Created Learning Proposal Document with OD to highlight areas of need
				✓	
				Media training booklet to be produced in Q3	Create Learning Hub booklet to showcase the training available to staff from Comms team

Enhancing prevention, wellbeing and recovery	Humblebelievable	Continuing our award-winning recruitment marketing campaign enabling the objectives of the Recruitment Task and Finish group objectives.	Completion of new summer and early-autumn campaigns – make a 'refreshing change' this summer. Campaign performance keeping pace with last year's statistics with reduced campaign spend.	20% rise in website traffic throughout summer Overall equal session data compared to previous year. Differences will be more pronounced as changes to the main new year new job campaign take action.	Surpass 2024-2025 website sessions
	Trauma informed Comms	We will support the Trust's aspiration to have a trauma-informed culture, recognising the impact of trauma on individuals, fostering a safe and trusting environment, and adapting practices to support recovery and prevent re-traumatisation.	Joined Care Culture and Equity Steering group and developed communications plan to support group aims. Creating project group to influence and guide trauma informed and accessible patient/family communications	Nursing vacancy rate c 6%	Sub-6% nursing vacancy rate
				Join Humber jobs bulletin has surpassed 2,500 subscribers and enjoys a 40%+ open rate	
				Workshops for EbE to define standards in Q3 (early November)	80% of materials sent to Brand Inbox for sign off will meet standards set for trauma informed communications compliance by Q3 2027
				Ongoing	Improved self-assessment of TI and community knowledge by Q3 2027
				Attending PACE forum to discuss Trust wide approach to trauma informed patient/family communications e.g. letters/texts	Increase in use of Reach Deck tools and AccessAble > 60% by 2027
	Digital Accessibility	Through implementing an accessibility audit on Trust website and acting on the	Implemented accessibility guidance for creating documents shared on the Brand Centre. To	All KPI's remain on track for the reporting period.	Be awarded and maintain the Ability Net accreditation.

		recommendations we will ensure that we maintain a fully inclusive and accessible digital environment across all platforms, removing barriers for our communities, stakeholders, and staff to access our digital communications	raise awareness and promote adoption, attended clinical networks. Ran brand workshop open to all staff to share changes.		Be named in the Top 30 NHS websites for accessibility.
			Completed and submitted a Disproportionate Burden Assessment to formally disregard historical documents that would otherwise make the site non-compliant.	✓	Expand our accessibility offering on the Brand Centre.
			Produced implementation plan based on audit, to work towards accreditation. Developing a new approach to producing newsletters using Microsoft Sway to ensure that all newsletters are correctly branded and accessible in all formats.	Implementation plan complete . In-house actions addressed and external developers have quoted to rectify the outstanding issues. Paper to DDG for next steps.	Implement all recommendations from accessibility audits to comply with web accessibility standards. Percentage of digital content and platforms that meet accessibility standards.
Communications Partner Projects	Community and Primary Care	Working closely with the clinical team we will support the virtual ward with external outreach and education to support referral and transition of patients to virtual care settings.	A refresh of service promotional resources completed	Fortnightly 121 meetings with Andrew Churm Clinical Operational Lead - Virtual Frailty Ward and Operational Lead for UCR.	Positive feedback from Virtual Wards Service Manager and Matron on being supported to communicate focus areas.
			The Clinical Operational Leads' key focus areas were communicated to partner organisations, including Scarborough and York Teaching Hospitals and the Yorkshire Ambulance Service, to strengthen collaboration across pathways.	Full refresh of service promotional resources	

			Continuity This work has now paused due to maternity leave. The service will be able to request support directly from the wider communications team.	Communicated the Clinical Operational Leads key focus areas with partner pathways, including Scarborough and York Teaching Hospitals and Yorkshire Ambulance Service.	Higher percentage of appropriate referrals and sustained bed occupancy.
					Feedback on the integration of partner pathways and how communication efforts have supported this.
	Mental Health	This marketing campaign will amplify the work of the Humber Recovery and Wellbeing College by reaching wider audiences through targeted, interest-based content.	Increased promotion through social media in action Refreshed communications materials including photography Internal communications campaign developed: 'Set your patients on the road to recovery'.	20% increase in followers since campaign started	Double social media following for Recovery and Wellbeing College
				Regular content channel set up, current minimum of 2x posts a week.	Minimum of one recovery-focused post of Trust social media channels per week
				Reports of increase in attendance levels. Data to be analysed after main winter campaigning period.	25% increase in session attendees
	Children' s & Learning Disabilities	Establish a Communications Champions Forum project will bring together representatives from Hull and East Yorkshire 0-19 Services and Mental Health Support Teams (MHSTs to address key	Monthly forum meetings have continued, maintaining strong engagement and momentum. Multiple communications opportunities have been identified, delivery rates remain consistent both internally and externally, and social	All KPIs remain on track for the reporting period.	Achieved 10-12 meetings a year.
				On track to achieve 10 meetings this year, with representation from every service area.	Engaged at least one rep from each service per meeting. Identify one actionable comms piee per meeting.

		health concerns affecting local populations.	media engagement has exceeded targets. Forum Continuity and Development During maternity leave, measures are being introduced to strengthen the forum's effectiveness and ensure continuity	Social media engagement continues to perform above baseline, with the most recent quarter achieving an average engagement rate of 4.41%.	Conduct quarterly evaluations of social media campaigns, with 80% of campaigns delivering an engagement rate of 3% or higher.
	Forensic	Raising the profile of the Forensic Division by sharing its news, achievements, and stories more widely across both internal Trust channels and external platforms.	South West Lodge video produced with aim of increasing use Forensic stories are now shared regularly in the Global for increased awareness Trust-wide External stories have been shared on Trust channels – EDI award, Conference presentation	On track	Increase in shared information – include 6 stories per year Identify external facing stories and share through channels – aim for 3 external facing per year Reduction in division job vacancy rate
Fostering integration, partnership and alliance	Cultivating collaboration and managing internal efficiencies	As our communications function evolves, we are focusing on stronger collaboration and more sustainable ways of working. This will help us align with organisational needs, increase impact and build a resilient, future-ready communications service.	Relaunch planned to include enhanced induction email. Focusing on improving internal culture actions taken from survey. Fully developed comms plans with key areas of focus for 2026: PACE & Workforce Continued support provided for the development of enhanced and efficient processes within our team, including the integration of 365 offers such as Planner and OneDrive	Ongoing measure	70%+ people feel satisfied working in our team
				80% overall satisfaction rate when surveyed in Q1,	60%+ senior managers surveyed believe they're well supported by the comms team
					Positive feedback and inclusion in Trust-wide projects
				Q1 Year One data shows: - 45% confident with Planner - 63% confident with OneDrive	80%+ team members feel confident with new processes by year-end

Optimising an efficient and sustainable organisation	Digital empowerment, innovation and quality	Empowering staff and communities to confidently use and understand the value of digital tools, Promoting innovation and quality by supporting the shift from analogue to digital, in line with the national 10 Year Plan.	Delivering the Interweave Communications Strategy Supporting the Shared Care Record Summit 2025 and NHS CIO Live events Supporting Trust-wide EPR Programme and BeDigital overall Positive case studies from digital investment are being captured and shared, with DDG minutes used for storytelling. Working with digital journalists to promote our innovation and Digital-First position. Internal digital training opportunities are being reviewed with Workforce & BeDigital. Consistently providing EMT and the Board with meaningful digital comms data and outputs, to show impact against organisational goals and the 10-Year Plan.	See appendix 2/3 for progress against plans See appendix 2/3 for progress against plans	
Innovating for quality and patient safety	CQC		Monthly review of assessment, progress and activity Attendance at Quality Standards Group to report on progress and communicate and support group priorities.	Q1 self assessment completed demonstrating progress. Shared with Sarah Smyth/Kate Baxendale – positive feedback. Presented at Quality Standards Group Ongoing	Improvements across CQC self-assessment

	Freedom to Speak Up		Supported recruitment drive to fill current vacancies Freedom to Speak up month supported by Comms Team with new video and spotlight features in the Global.		Increase in percentage of staff being aware of FTSU and the process to follow (Staff Survey Results)
					Increase in low grade FTSU reporting

Media & Communications Dashboard

Media Coverage – Year to date



67 positive stories published in local/national media



3 negative stories published

Period	Positive	Negative
Q1	29	1
Q2	38	2

Monthly target of 5 positive stories: 1 negative story exceeded monthly

Brand Management

Brand Requests vs Approvals



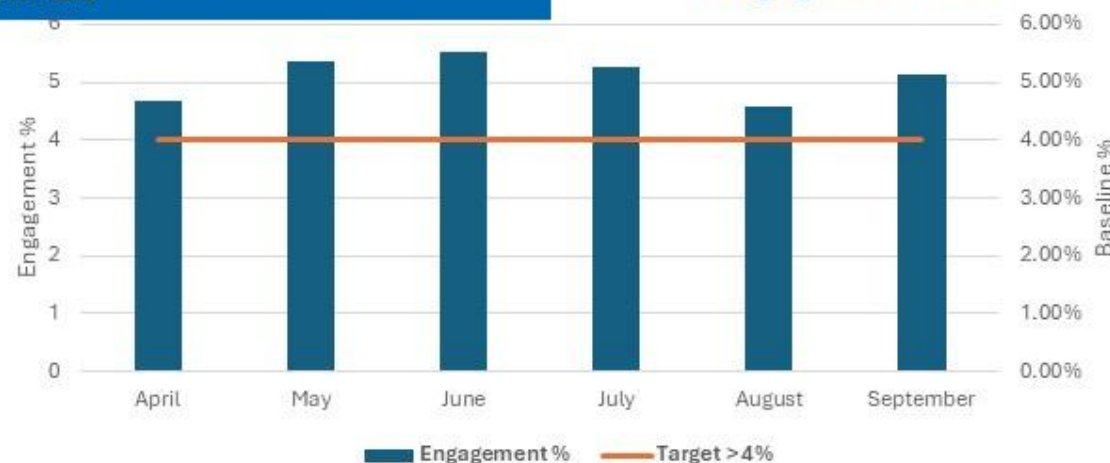
Brand Portal Visits



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 and therefore following correct guidance and procedures.

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.

Media & Communications Dashboard

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.

Both measurements are above target showing that content feels relevant and useful to staff.

Global Click Through



Intranet Sessions



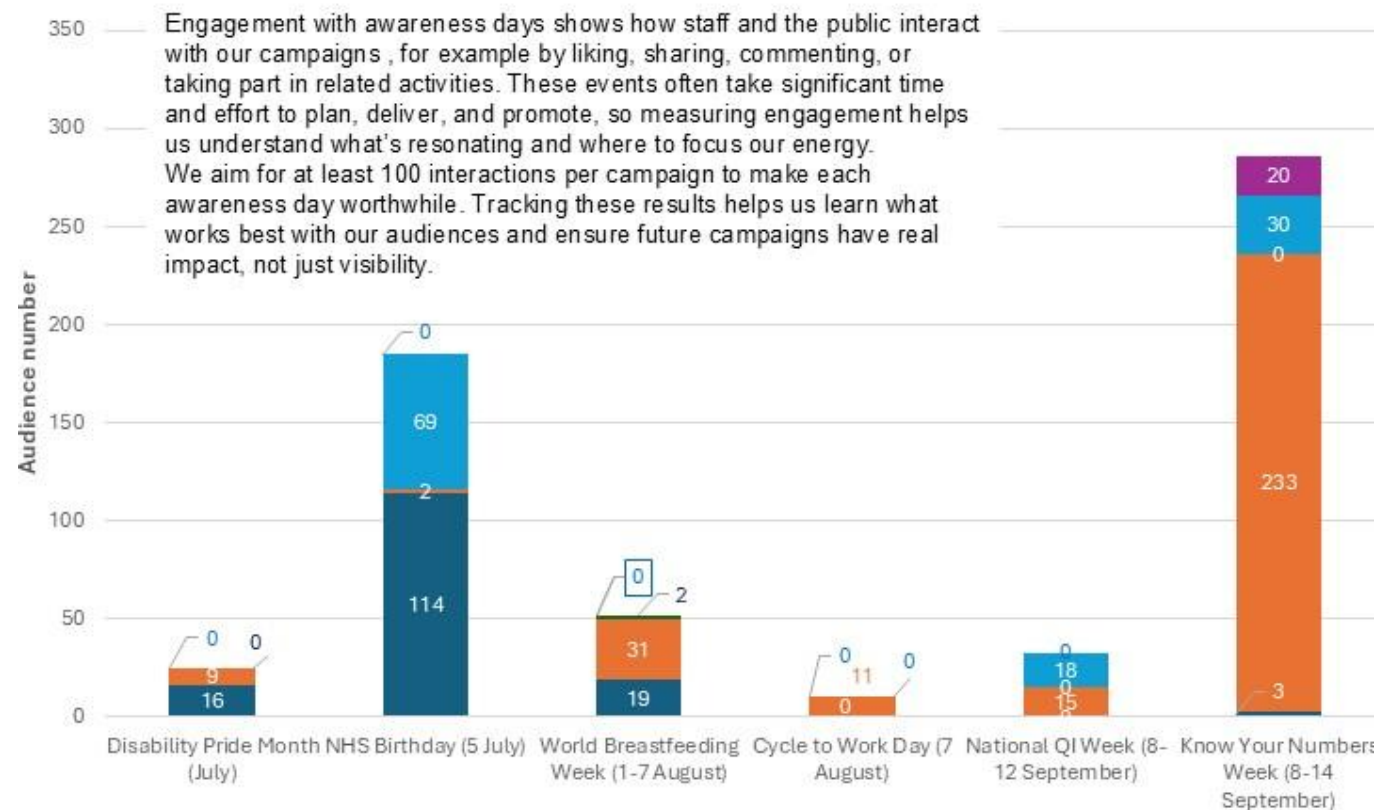
Expected decline in intranet sessions and open rate due to high levels of annual leave in August.

Intranet Bounce Rate (Excluding homepage)



Events

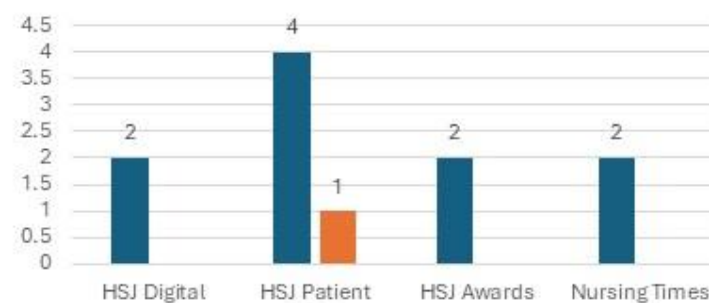
Awareness Days Engagement



Events - Target for total engagement > 100 per date

■ Social Media ■ Global click thru ■ Media Coverage ■ Website news ■ MS Teams attendance

Award Nominations and Wins



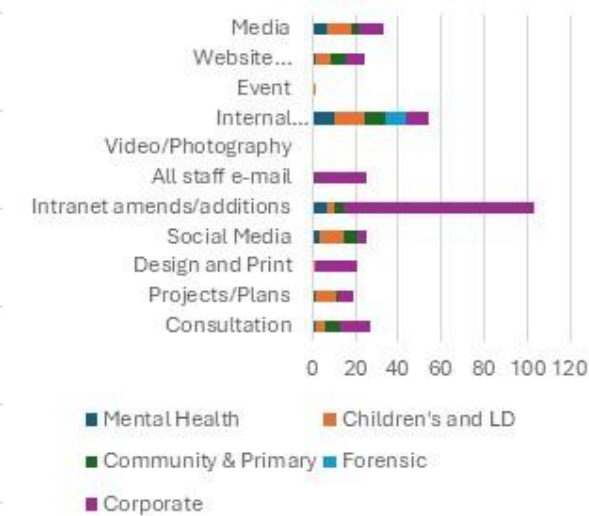
Awards Ceremonies

■ Shortlist ■ Wins

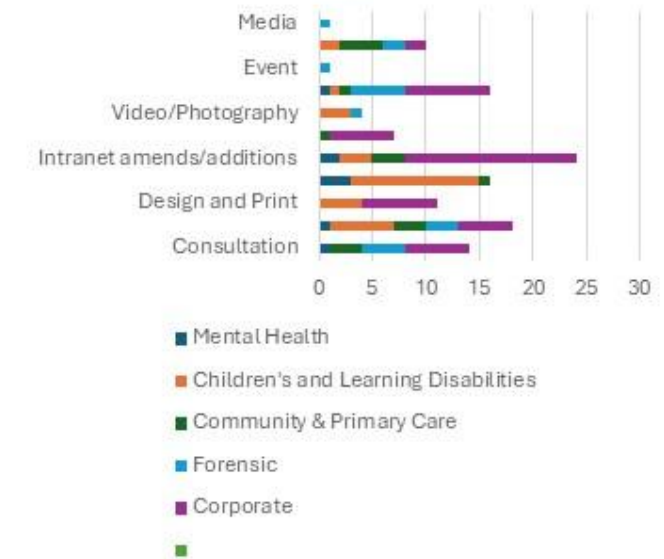
These figures complete last years awards season. Moving forward we will be covering the 25/26 season shown as a comparison to this graph

Communications Service

July

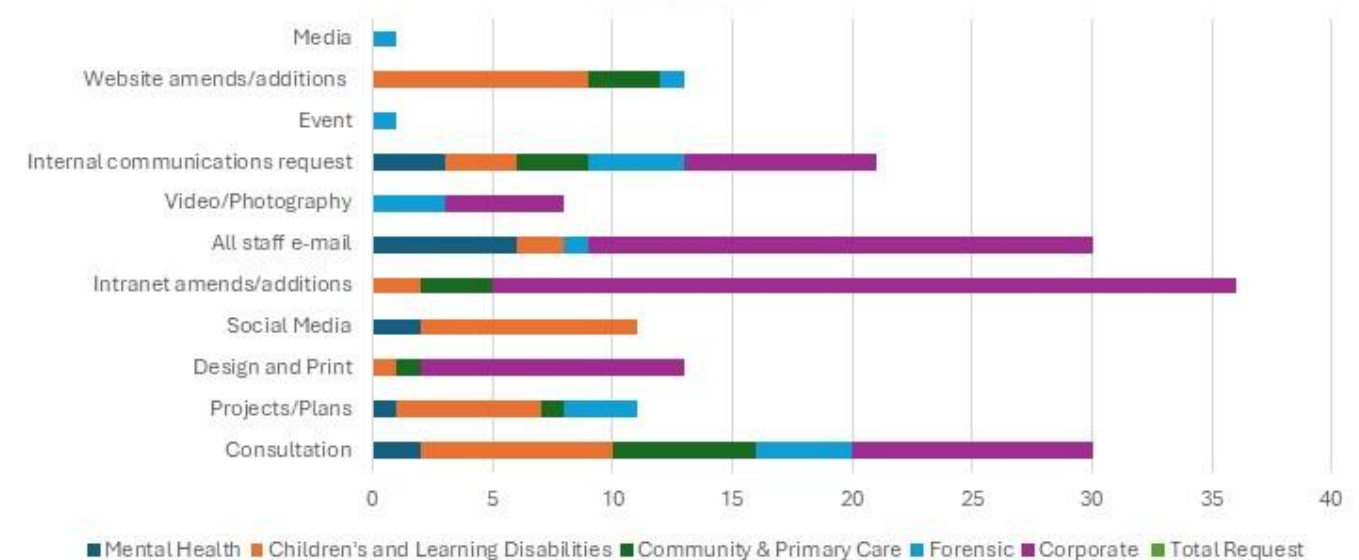


August



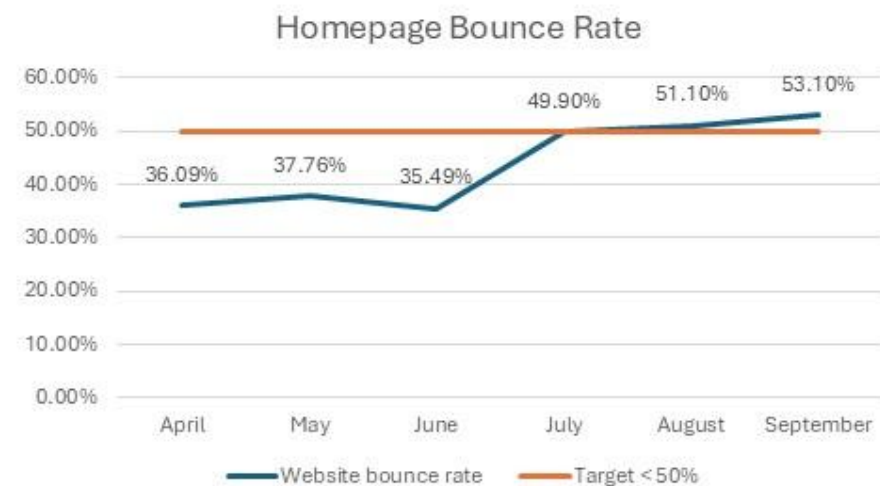
These charts show the support offered by each Communications Partner to their division by request. This role is held by five staff alongside their day-to-day role/specialist as a single point of contact for the division (including corporate). This demonstrates the level of service provided by the team as well as our core service and strategic projects.

September



Total support requests Q2- 630

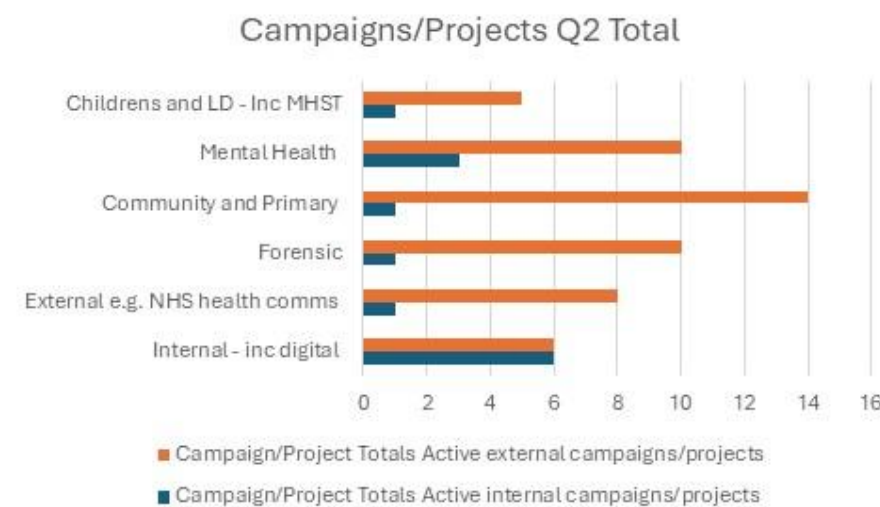
Website



Homepage bounce rate measures how many visitors leave the website after viewing only the homepage, without clicking through to any other pages. It helps us understand whether people are finding what they need quickly, or if the homepage isn't guiding them effectively to the right information.

A lot of work took place in Q1 to review and remove high-bounce pages, particularly older content from before 2017. This significantly reduced the bounce rate and improved the overall health of the website. The recent increase in bounce rate may reflect lower engagement with newer content, which can happen as the site evolves. In some contexts, though, a higher bounce rate can be positive, for example, on service pages where visitors find the information they need quickly and then leave the site satisfied. We will continue to review this data.

Projects

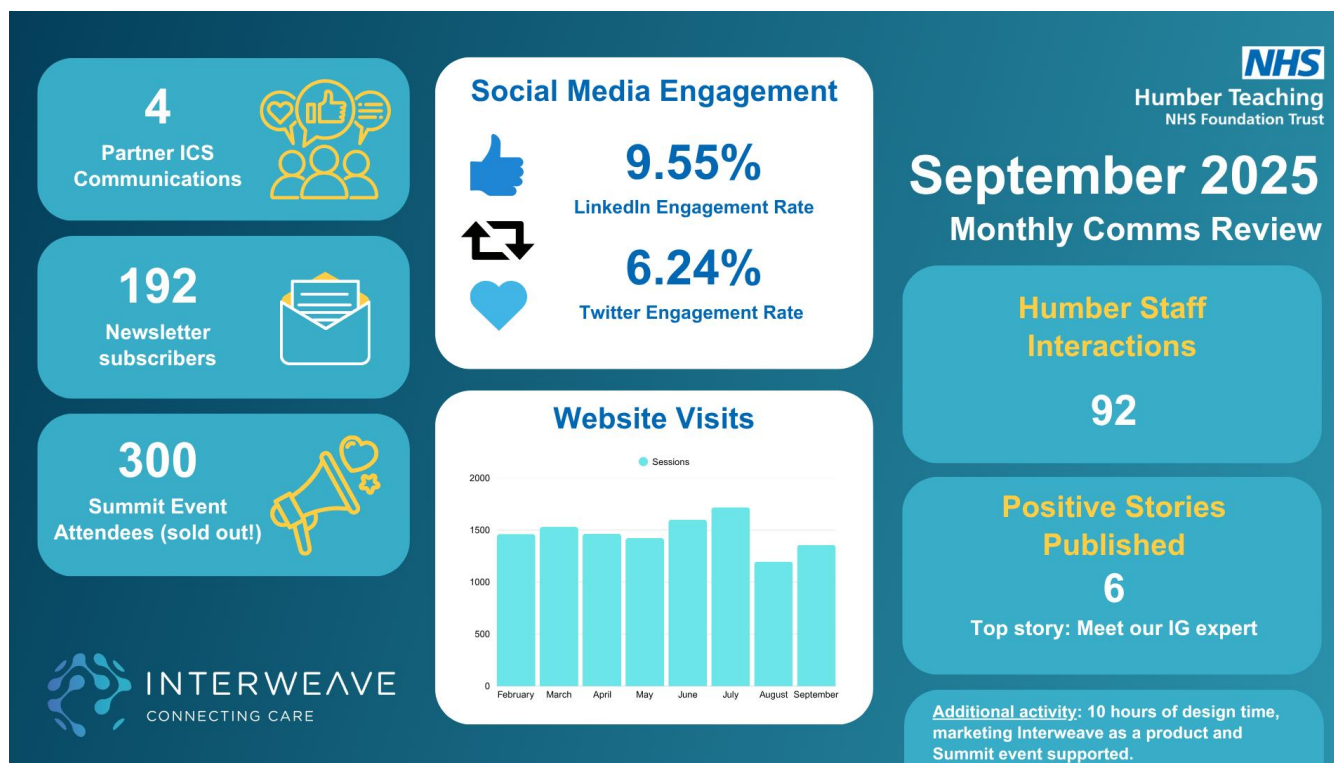


By end of Q2 team had completed 52 projects/marketing and communications campaigns

Appendix 2 - Interweave

Through roles funded by Interweave, the team support the marketing and promotion of the shared care records platform and wider digital initiatives in line with the national 10 Year Plan.

Channels/outputs	Measure of Success	Target indicator
Increase web traffic	Google analytics	+25% (1500 sessions p/m)
Increase social media engagement and growth	Engagement rate Click through rate Channel growth	5% 10% +30%
Increased proactive stories and content	Posted website article	2 p/m



Appendix 3 - BeDigital

8
EPR Optimisation
projects supported



2
Campaign emails
sent to staff



2
EPR Benefits case
studies published

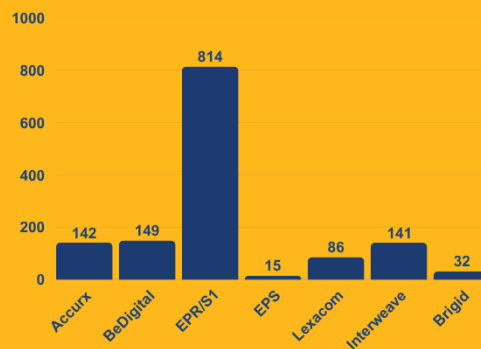


Staff Engagement

72%

or 7,840 of campaign
emails opened

Intranet Page Visits



Humber Teaching
NHS Foundation Trust

September 2025

Monthly Comms Review

Global And Local Newsletter Interactions

211

in the Digital section

Digital Stories Published

12

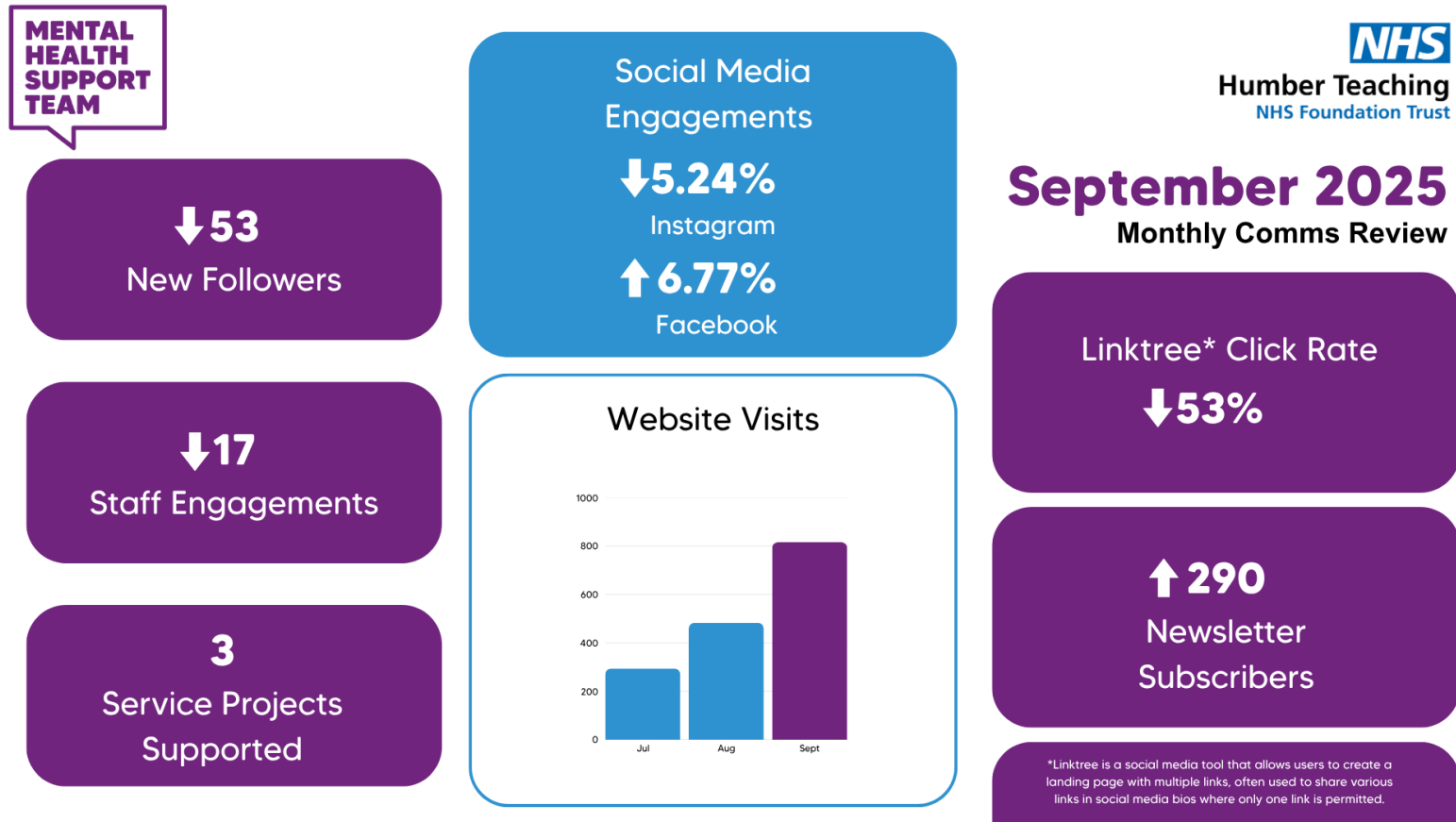
Topics include: Digital 10YP, Accurx
benefits, Interweave partner news, building
a digital NHS around our service users.

Additional activity: 0.5 design
hours for AMM Event materials.

Since the conception of our latest EPR Programme, our team have supported BeDigital to ensure that their communications goals are met and that staff are informed and up to date with the latest developments.

Appendix 4 – MHST

While social media growth and engagement dipped slightly, gains in Facebook interaction, website visits, and newsletter subscriptions reflect continued progress in audience reach and engagement through alternative channels.



Media Coverage – October



15 positive stories published in local/national media



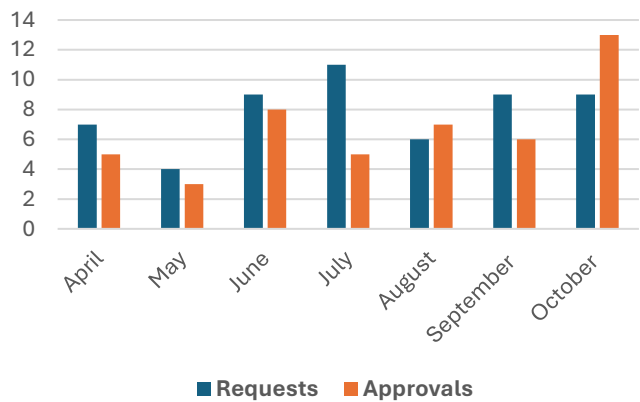
0 negative stories published

Monthly target of 5 positive stories:
1 negative story

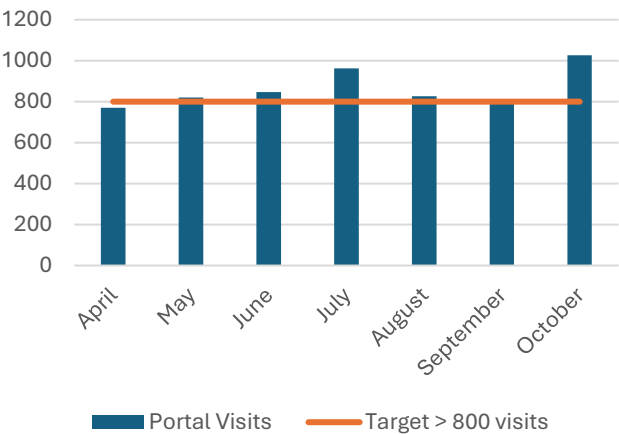
Funnel Stages	Number of Items
Published with key messages	10
Published with high reach	7
Published	15
Picked up by journalists	15
Press releases issued	7

Brand Management

Brand Requests vs Approvals



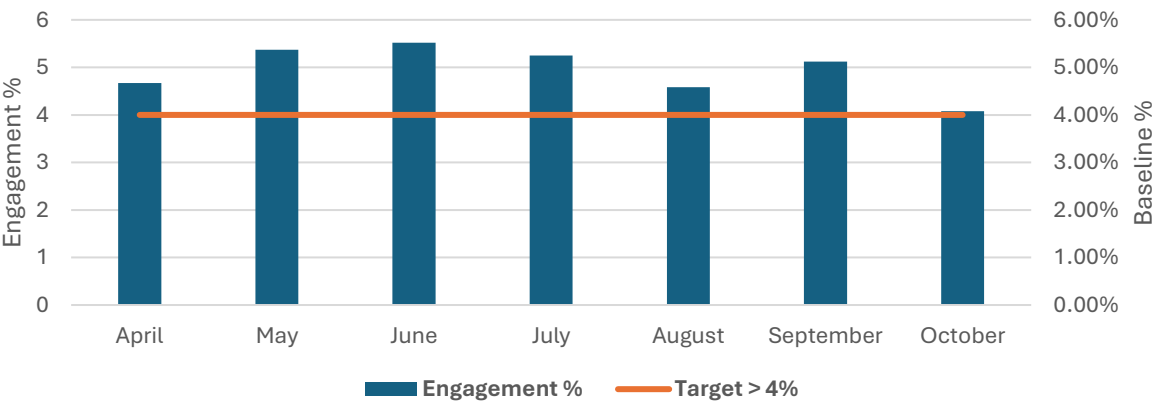
Brand Portal Visits



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. Following a workshop with our Graphic Designer and increased promotion of our accessible design tools visits are up significantly over the period. Brand approvals also exceeded requests for help for the first time this year showing staff are using tools and guidelines to create their own branded design.

Social Media

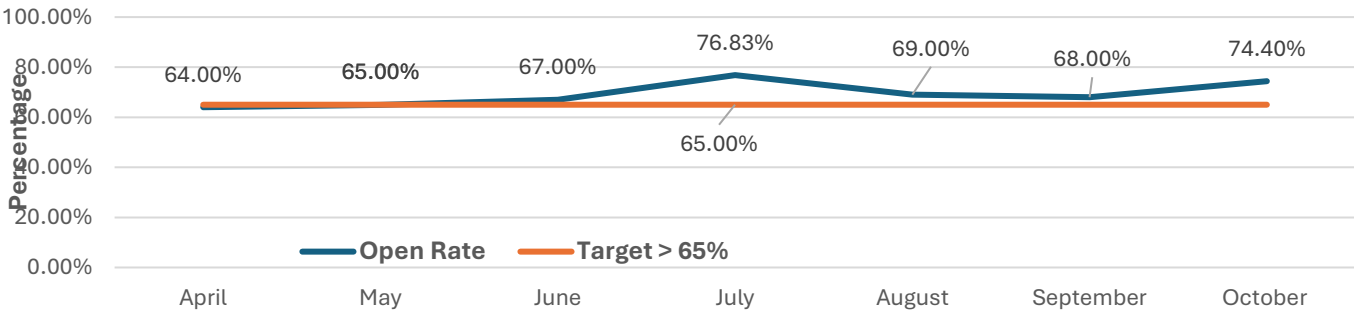
Social Media Engagement Rate



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

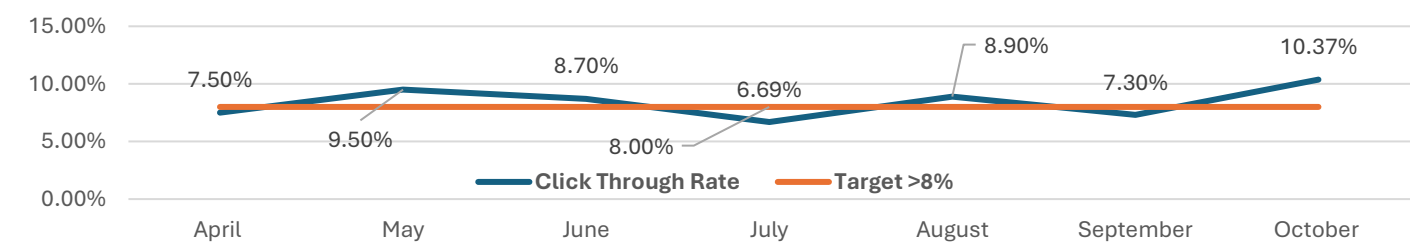
Global Open Rate



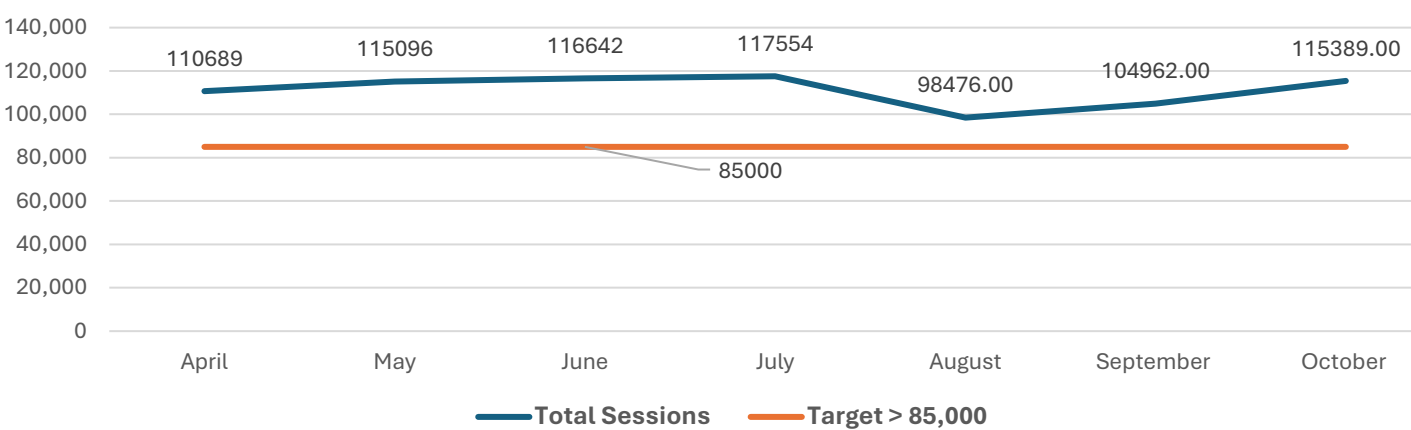
Global staff newsletter performance shows how many colleagues are opening and engaging with our regular updates. The click-through rate (CTR) shows how many go on to interact further by clicking on links, stories, or calls to action.

Both measurements are above target showing that content feels relevant and useful to staff. This is especially positive given the volume of communications for flu and staff survey over the period.

Global Click Through

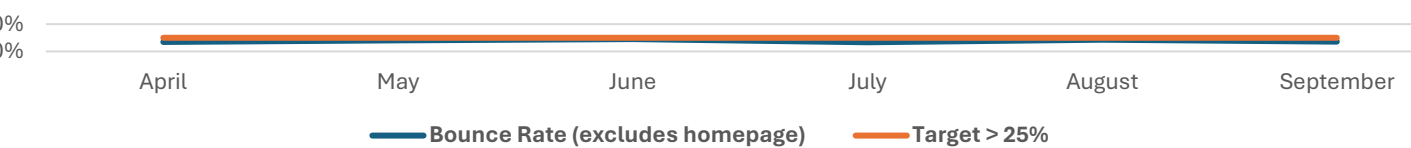


Intranet Sessions



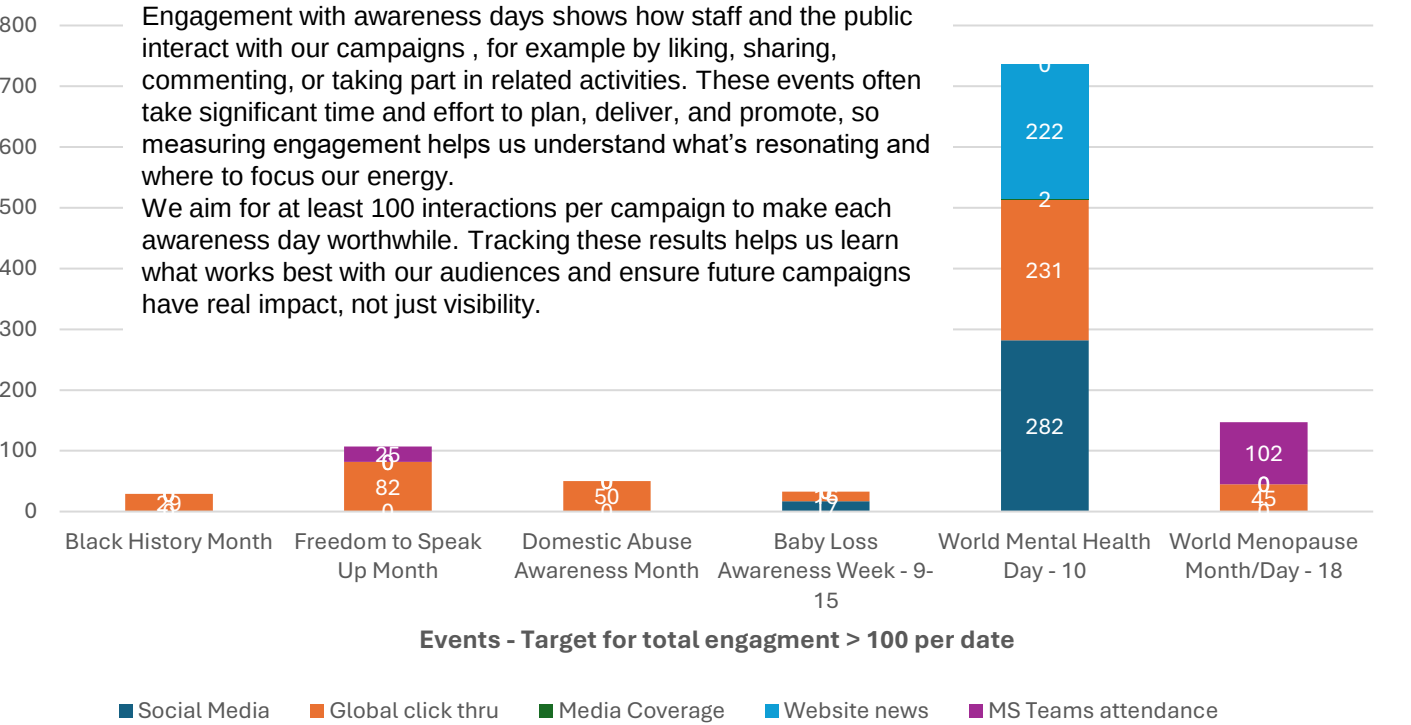
Expected decline in intranet sessions and open rate due to high levels of annual leave in August .

Intranet Bounce Rate (Excluding homepage)



Events

Awareness Days Engagement



World Mental Health Day 2024

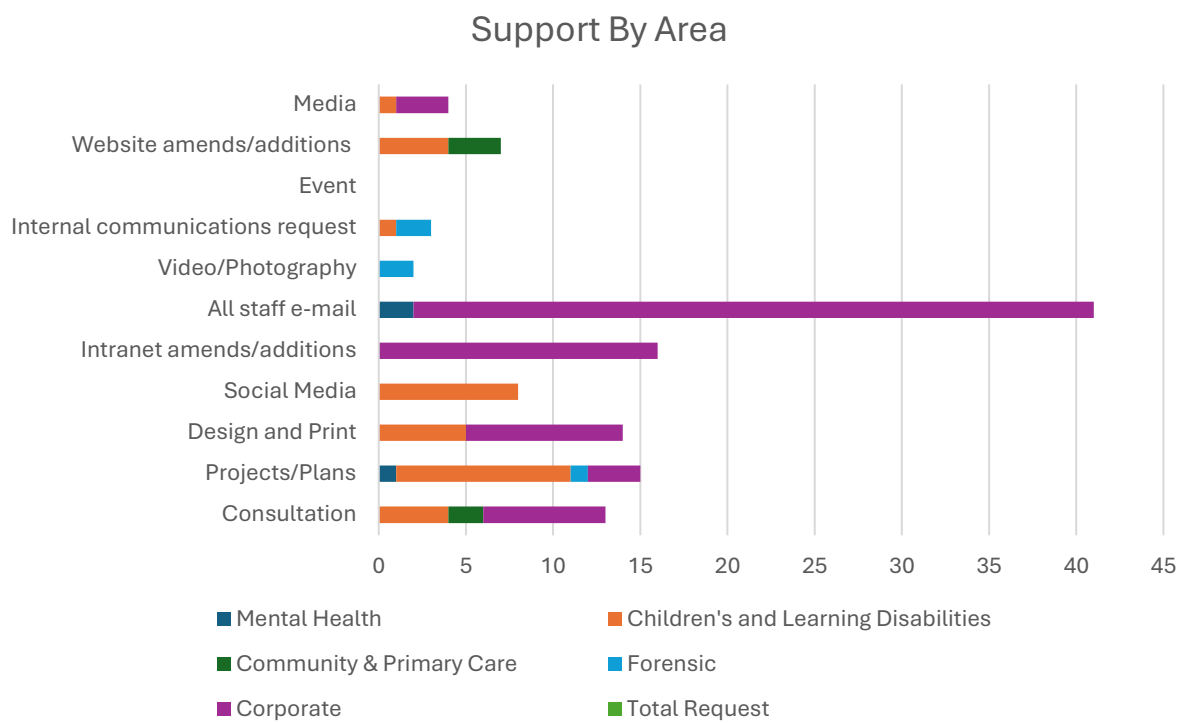
To mark World Mental Health Day on Friday 10 October we hosted a pop-up art event featuring an exhibition, art/creative activities and a Trust marketplace . The idea is to bring people together through creativity and to highlight how art can support mental wellbeing. The event was attended by over 150 visitors and received media coverage in the Hull Daily Mail and BBC Radio Humberside.



Awards nominations and wins

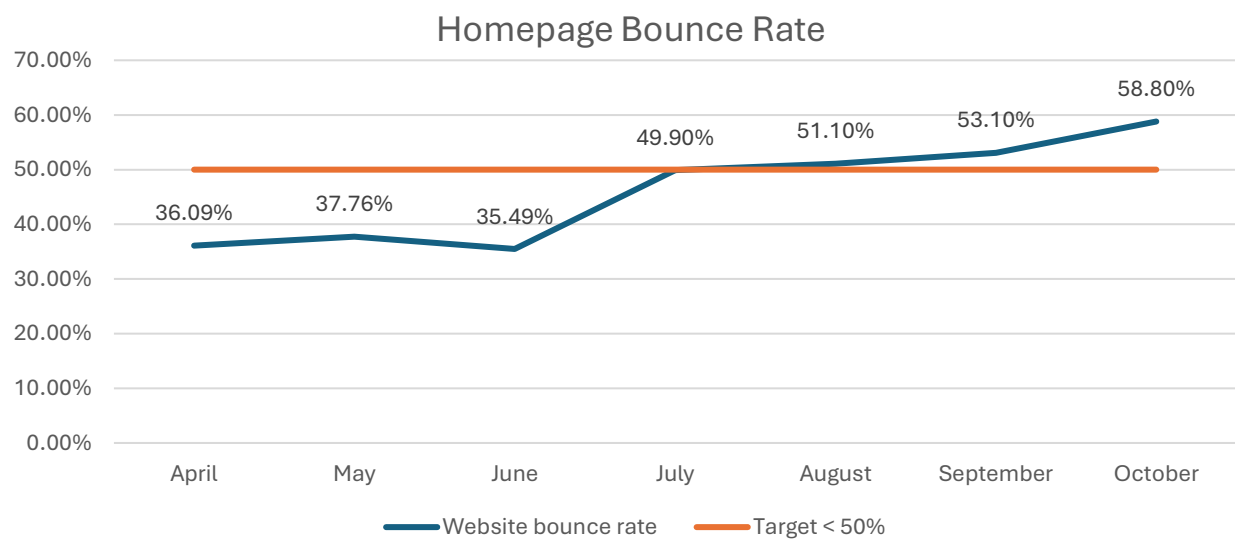
The awards season has now closed. The Health Service Journal Awards takes place on the 23rd of November. Submissions for the 2026 season has begun with the first shortlist announced in January.

Communications Service



These charts show the support offered by each Communications Partner to their division by request. This role is held by five staff alongside their day-to-day role/specialist as a single point of contact for the division (including corporate). This demonstrates the level of service provided by the team as well as our core service and strategic projects.

Website



Homepage bounce rate measures how many visitors leave the website after viewing only the homepage, without clicking through to any other pages. It helps us understand whether people are finding what they need quickly, or if the homepage isn't guiding them effectively to the right information.

Finance & Fundraising Report

Including update on Wishes and Dreams

October 2025

Reporting on September 2025

Anita Green – Charity Manager
John Busby – Senior Finance Officer

Health Stars

Better Healthcare, Brighter Futures



Financial position as at: 30th September 2025



Balance Sheet Reconciliation

The following table provides a reconciliation of fund balances to resources

As per trial balance at 30/09/2025	£
Bank account balance NHS Foundation Trust	10,000
Bank account balance NHS FT Fund Deposit	476,178.89
Charities Investment Fund (CIOF)	355,000
Investment – H Butler Shares	9,556
Total resources held	850,734.89
Accrual (to be reviewed)	(1,200)
Debtors	0.00
Gifts In Kind (Inventory)	12,844
Prepayments	31,317.00
Other liabilities - Humber Teaching NHS FT (Wish recharges)	(274,025.53)
Current commitments	(28,947.28)
Net funds at DATE	590,723.08

Fund Zone Balances

Figures based on balances as at 30-09-25

Sub Funds	Current Commitments	Balance 05/06/2025	Balance Jun 2025	Balance Jul 2025	Balance Aug 2025	Balance Sept 2025	Remaining	Percentage Split	Operating Costs YTD	Less Operating Costs YTD	
Community & Primary Care - General	5,462.38	86,128.16	86,128.16	85,732.16	85,497.16	85,497.16	80,034.78	13.89%	(3,489.63)	76,545.15	
Malton	0.00	2,250.93	2,250.93	2,902.09	3,573.78	3,831.38	3,831.38	0.66%	(167.05)	3,664.33	
Whitby	0.00	29,921.96	29,921.96	29,921.96	30,051.96	30,051.96	30,051.96	5.21%	(1,310.31)	28,741.65	
Bridlington	5,243.32	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	19,332.79	3.35%	(842.94)	18,489.85	* pre restructure legacy held here
Betty Whatling Legacy (Alfred Bean)	0.00	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	11,016.06	1.91%	(480.32)	10,535.74	
Children, Young People & Families - General	826.35	336.69	336.69	2,565.01	3,431.39	3,902.51	3,076.16	0.53%	(134.12)	2,942.04	
Inspire	0.00	30,099.60	30,099.60	30,099.60	30,099.60	31,190.53	31,190.53	5.41%	(1,359.95)	29,830.58	
Learning Disabilities	466.61	368.42	523.18	523.18	523.18	549.02	82.41	0.01%	(3.59)	78.82	
LD Community Hub				20,000.00	20,000.00	20,002.37	20,002.37	3.47%	(872.13)	19,130.24	
Mental Health & Wellbeing - General	3,671.61	6,619.79	6,665.77	6,665.77	6,665.77	6,665.77	2,994.16	0.52%	(130.55)	2,863.61	
Westlands	59.99	246.63	493.57	493.57	493.57	493.57	433.58	0.08%	(18.90)	414.68	
Maister Lodge	0.00	758.57	1,609.56	1,677.88	1,734.02	1,734.02	1,734.02	0.30%	(75.61)	1,658.41	
Newbridges	58.97	58.97	58.97	58.97	58.97	58.97	0.00	0.00%	0.00	0.00	
Millview Court	0.00	278.30	278.30	278.30	278.30	278.30	278.30	0.05%	(12.13)	266.17	
Millview Lodge	0.00	104.76	491.81	506.07	617.71	698.53	698.53	0.12%	(30.46)	668.07	
Avondale	553.38	1,551.60	1,551.60	1,551.60	1,551.60	1,551.60	998.22	0.17%	(43.52)	954.70	
Forensics	13.35	13.35	13.35	13.35	13.35	13.35	0.00	0.00%	0.00	0.00	
Healthstars Central Fund - General	12,181.26	98,175.57	100,079.03	173,620.89	174,799.02	177,176.46	164,995.20	28.63%	(7,194.02)	157,801.18	
Volunteers	351.12	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,338.65	0.75%	(189.17)	4,149.48	
Recovery College	0.00	347.69	347.69	347.69	347.69	347.69	347.69	0.06%	(15.16)	332.53	
DBT	58.94	79.34	79.34	79.34	79.34	79.34	20.40	0.00%	(0.89)	19.51	
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	
Humber Youth Action Group Walk				9.51	492.26	532.10	532.10	0.09%	(23.20)	508.90	
Small Community Grants Fund	0.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	34.70%	(8,720.28)	191,279.72	
Scarborough District Nursing Team				350.00	350.00	350.00	350.00	0.06%	(15.26)	334.74	
Central Charges		4,818.70	(11,195.63)	(16,894.56)	(20,662.86)	(25,129.21)	(25,129.21)				
	28,947.28	548,282.82	535,857.67	618,720.08	618,213.51	619,670.36	590,723.08	100.00%	(25,129.21)	590,723.08	

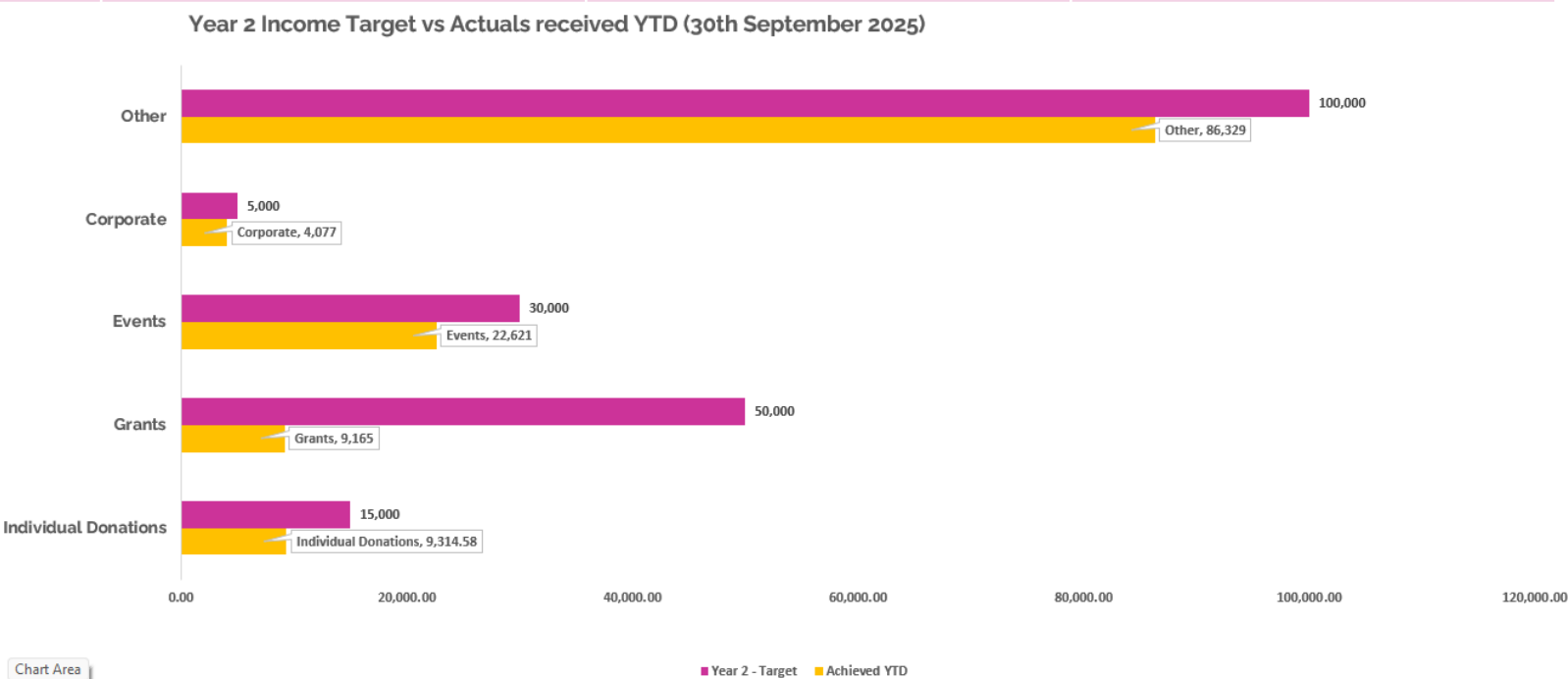
In Year Financial Performance:

Year 2 income target £200,000

Grants: £50,000 Actual: £9,165	Events/Comm: £30,000 Actual: £21,621	Ind. donations: £15,000 Actual: £9,315	Corporate: £5,000 Actual: £4,077	Other: £100,000 £86,329
NHS Charities Together	Health Stars own events or hosted by third parties	Individual fundraising	Charity of the Year	Investment income
Grants, Trusts and Foundations	Seasonal campaigns and appeals	Major gifts	Fundraising within businesses (not connected to an event)	Legacies / gifts in wills
		Planned giving (in memory, celebration)		
		General donations		

As at the end of September 2025 actual year to date income of £131,507 had been received. The following graph shows the year to date performance against the annual target for the five fundraising pillars.

Action: Anita and John to work together to ensure donations are being allocated to correct fundraising pillar (i.e. Corporate, Events, Trusts)



Fundraising: Grants

Grants: £50,000

NHS Charities Together

Grants, Trusts and Foundations

Total raised to date: £9,165



Successful application to
Malton Town Council for
Better Days Appeal

£500



Trial of Grants
Online website

Fundraising: Events and Community

Events: £30,000

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

Total raised to date: £22,621

Money received
through
Just Giving
YTD:
£11,024

14 Skydivers
raised over
£8000!

Charity of
the Month
at Coffee
Stop in
Malton

Fundraising: Individuals

Individual donations: £15,000

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

Total to date: £9,315



Meg Richardson
ran the Birmingham
Half Marathon and
raised £520 for
Townend Court

Fundraising: Corporate

Corporate: £5,000

Charity of the Year

Fundraising within businesses (not connected to an event)

Total to date: £4,077



Eyeweb's forfeit-filled marathon raised
£1540



Staff Awards night sponsorship:
£4400

Fundraising: Other

Other: £100,000
Investment income
Legacies / gifts in wills
Total to date: £86,329



**65 wishes
received**

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

Month	Wishes submitted
October	
November	
December	
January 2026	
February	
March	

48
complete

4
declined

11
in process

3
closed

74%
KPI = 75%



Children and Learning Disabilities	Camhs Crisis home intensive treatment team	Axe throwing/escape room activity	£490.00	Complete
Children and Learning Disabilities	Poole Children's Therapy Services	AHA kit & Go with the Floe	£636.04	Closed**
Children and Learning Disabilities	Sensory Processing Service	Soft Play Wall Padding	£4,012.88	On Hold*
Community and Primary Care	Therapy Team - Physiotherapists	Room hire	£90.00	Complete
Corporate	Partnerships and Strategy	Bus & Taxi fares	£350.00	Closed
Mental Health Services	Avondale	Ping Pong Club room hire & food	£485.00	Complete
Mental Health Services	Mill View Court	Lunch buffet	£293.00	Complete
Mental Health Services	Beverley and Haltemprice older adults community mental health team	Artwork for reception	£200.00	In process
Mental Health Services	Perinatal mental health team	Books/well being items	£1,704.96	Complete
Mental Health Services	Avondale	ASDA George clothing for patients	£477.75	Complete
Mental Health Services	Avondale	Self help books	£68.38	Complete
Mental Health Services	Goole, Beverley & Haltemprice Older People's CMHT	Refreshments, craft & game items	£338.16	In process
Mental Health Services	Bridlington and Driffield Community Mental Health	Sensory items	£104.44	In process
Mental Health Services	Mill View Court	Mural for patient courtyard	£850.00	Complete
Mental Health Services	Westlands	Projector	£59.99	In process

*We are looking for external funding for this.

**This wish is for a team outside of Humber NHS so has not been processed.



Active dreams

	Malton Day Room	Creating a dementia friendly day room on the Fitzwilliam Ward	£50,000	Appeal launched Donor wall installed Community event = 19 th September New target / shopping list being devised	Communi ty and Primary
	Flojac - Scarborough	An inflatable bed which could be used to assist in palliative care.	£8000	Application to Saturday Hospital Fund was unsuccessful. Matthew Handley has agreed to fund through Health Stars C&PC fund	Communi ty and Primary
	Inspire Courtyard Garden	Transform the courtyard garden at Inspire	Unknown	Initial meetings and engagement with HYAG and patients Lots of fundraising already happening! Application to Capital for garden designer (£10,000) = November	Children and LD
	Granville Court Eyegaze machine	Purchase of 2 Eyegaze machines to support patients who communicate through their eyes	Approx £8000 Pro-forma not yet received	Application to Hornsea Freemasons was unsuccessful. Application to RTR Foundation was unsuccessful Working with P&S to look for alternative funding Team at Granville are fundraising, £155 raised so far	Children and LD



Awaiting pro-forma / Dream Team meeting

	0-19 Mobile Clinic	To provide services within communities	Unknown cost Pro-forma received, Dream Team to be established	Children's Team putting together plans. Meeting with P&S to discuss funding	Children and LD
	Rivendell	Transformation of the entire building	Unknown cost	Health Stars are funding the new furniture etc	Children and LD



Potential Dreams

	Granville Court	Huge transformation of Granville Court – Anita finding out how Health Stars can be involved	No details re: Health Stars involvement		Children and LD
	De-escalation space - PICU	Create an area in PICU for patients to de-escalate in the hope they can avoid going into seclusion	Initial conversations only at this point.	Details with Estates to look into what might be funded by Health Stars	Mental Health



Paused dreams

	Whitby Hospital Children's Area	To install a children's 'play' space within the waiting area	£30,000	13/10/2025: Suspended due to no response from team in Whitby	Children and LD
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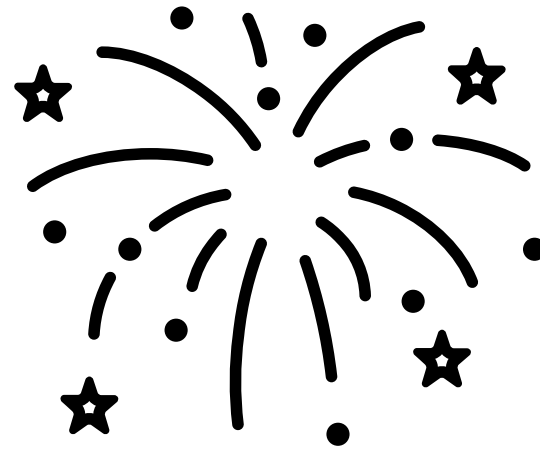
Going forward we will suspend any dreams that have not moved for two months, if the delay is not due to Health Stars.

For example, if a team stops engaging with the Dreams process, their wish will be suspended.

The Dream can be 'reignited' if the Team re-engage but as a charity we will not follow this up after two months.



Donor wall is installed
on the ward



**£500 from Malton
Town Council**



Verbal confirmation
that we will be
receiving some money
from Malton Lions



Community Mental Health & Wellbeing Grant

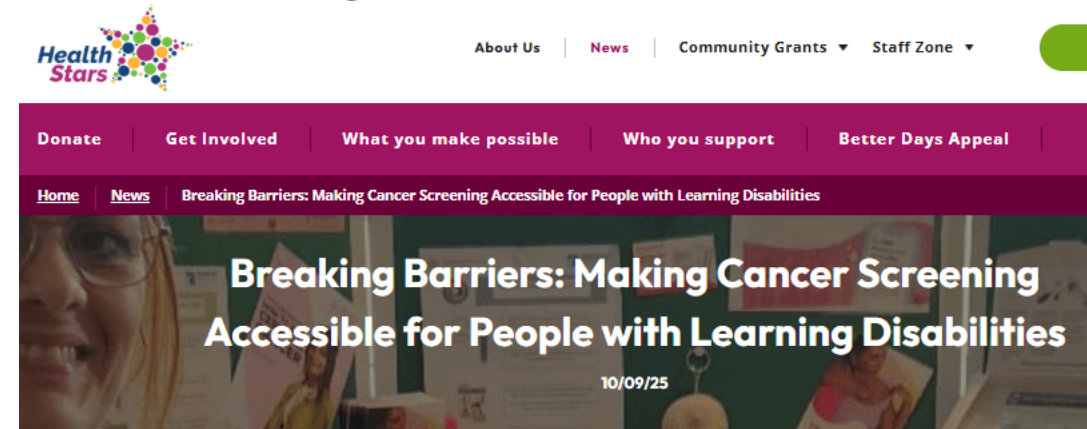
- Launched on 24 September 2025
- 14 applications received so far
- Anita and Jess (Health Stars volunteer) have attended meetings and workshops with the East Riding VCSE Forum and the Hull CVS Forum, speaking to over 50 local organisations about the grant programme.
- Anita has presented to staff from HEY Smile Foundation
- Jess has sent over 25 emails to local organisations with details of the funding
- First panel meeting has taken place: one grant approved, one rejected, seven have been asked for further information



Good News

Check out our latest news stories:

healthstars.org/news



Health Stars are proud to be supporting a Learning Disability Cancer Screening Programme by funding specialist tools that make cancer awareness and screening more accessible for patients.

Patients with learning disabilities are less likely to attend or take up appointments for vital health checks, such as cancer screening, putting them at greater risk of poor health and negative outcomes.

Thanks to charitable donations, we have funded a weighted blanket, which helps patients feel calm and comfortable before their annual cancer health check review. We have also provided an anatomy cervical screening kit, a hands-on resource that allows patients to see exactly what happens during a cervical screening. This helps reduce anxiety and builds confidence ahead of appointments. In addition, a breast anatomy model has been purchased to teach patients how to check their breasts and understand what changes to look out for. Together, these resources are breaking down barriers and helping people with learning disabilities engage with vital health checks.

Anna is an Expert by Experience for the programme. She said "I have never been able to see what happens when I have my cervical smear. You can see videos, but they can be to overwhelming - it's always been a worry. When I was shown how it is done, I felt so much better and less stressed. I felt more comfortable and confident"

Sophie Riley, Specialist Cancer Screening Project Nurse, said: "Anna also didn't know how to check her breasts until we went through the process using the models. She now is an advocate for checking breasts."

This work is part of a wider initiative, following Humber Teaching NHS Foundation Trust's success in securing one of the first ever Cancer Innovation Grants from the Humber and North Yorkshire Cancer Alliance, in partnership with NHS Humber and North Yorkshire Integrated Care Board (ICB) and Bridlington Primary Care Network (PCN). The grant had funded specialist nursing and expert-by-experience roles, with a particular focus on Bridlington and Goole

Health Stars are delighted to play a key role in supporting this important programme.

Agenda Item 09

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025														
Title of Report:	Publications and Policy Highlights														
Author/s:	Name: Michele Moran Title: Chief Executive														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To inform and update the Trust Board on recent publications and policy since the September 2025 Board meeting (as detailed below): - NHS England Medium Term Planning Framework 2026/27 to 2028/29 - Merger of NHS Providers and NHS Confederation - Health and Care Bill Changes Briefings - Government to tackle antisemitism and other racism in the NHS - CQC launches Better Regulation, Better Care consultation - Investing in the NHS: empowering the sector to drive productivity, renewal and growth - Principles for a National Quality Management System - The Benefits of Improving Health Literacy - Identifying Restrictive Practice - Culture of Care Standards - Tackling Modern Slavery in NHS Procurement - Becoming a Research Positive Healthcare Organisation - The state of health care and adult social care in England 2024/25 - MIND: the Big Mental Health Report - Good practice in relation to access, experience and outcomes for Black men in mental health services														
Key Issues within the report:															
Positive Assurances to Provide: n/a		Key Actions Commissioned/Work Underway: n/a													
Key Risks/Areas of Focus: n/a		Decisions Made: n/a													

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

Monitoring and assurance framework summary:

Links to Strategic Goals (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	

Publications and Policy Highlights

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

1. NHS England Medium Term Planning Framework 2026/27 to 2028/29

NHS England has published a Medium-Term Planning Framework covering the financial years 2026/27 to 2028/29.

Unlike most recent planning guidance covering only one year, this planning framework covers three years, following the three-year revenue and four-year capital spending review settlements published in the summer.

The framework commits to more ambitious targets across cancer, urgent care, waiting times, access to primary and community care, mental health, learning disabilities and autism, and dentistry, with an ambition to achieve constitutional standards by 2028/29 where possible. It also 'returns to some of the basics that have taken a back seat over the last decade' incorporating expectations around patient and staff feedback and aims to support delivery of the ambitions in the 10 year health plan.

Link: [NHS England » Medium Term Planning Framework – delivering change together 2026/27 to 2028/29](#)

NHS Providers has summarised the new planning framework's key points in a briefing available at: [On the day briefing: Medium term planning framework 2026-2029](#)

Lead: Director of Finance:

[A report was presented to the Part II Board Meeting in September.](#)

[The Trust are working with the ICB on the requirements for the current planning round and we are still awaiting the technical guidance and allocations. Regular updates will be taken to EMT ahead of any submission which will be brought to board ahead of any submission.](#)

2. Merger of NHS Providers and NHS Confederation

NHS Providers and NHS Confederation have confirmed plans to merge, paving the way for a new organisation to represent frontline NHS organisations across the healthcare system from April 2026.

The two organisations have conducted significant engagement with members - spanning NHS trusts, integrated care boards, primary care providers, and voluntary sector providers - with the clear view that a single membership body for the NHS should be established. Eighty-five per cent of almost 400 chairs, chief executives and other members in executive-level positions surveyed expressed this view; only five per cent disagreed.

The purpose of the new body will be to improve the NHS and the health of the people of the UK as the independent membership body providing an influential voice for NHS leaders and supporting its members to drive improvement.

A new membership offer will be launched in March 2026 and will start from 1 April.

Link to the announcement: [NHS Providers and NHS Confederation confirm merger](#)

Lead: Chief Executive

The Trust values the work of NHS Providers and NHS Confederation and awaits further information regarding the future offer and focus.

3. Health and Care Bill Changes Briefings

NHS Confederation has produced a briefing setting out proposed changes to primary legislation to potentially help deliver the aspirations of the Long Term Plan.

The briefing sets out:

- Additional primary legislative changes which the NHS Confederation proposes
- Anticipated changes to primary legislation in a forthcoming Bill

Link to the report: [Health and Care Bill changes briefing 2025.pdf](#)

Lead: Chief Executive:

As outlined in the briefing, it is anticipated the Health and Care Bill will be laid before Parliament in early 2026 and will receive Royal Assent in late 2026. Consequently, any changes are unlikely to take effect before 2027.

The changes are wide-ranging and will present both challenges and opportunities for the Trust. These will be worked through once the Bill has been passed and any subsequent guidance has been received.

4. Government to tackle antisemitism and other racism in the NHS

The Prime Minister has ordered an urgent review of antisemitism and all forms of racism in the NHS, as part of wider efforts to tackle discrimination in the health service.

Following recent incidents of antisemitism from doctors which drew stark attention to problems of culture and the regulation in the health system, Lord John Mann will lead the review, looking at how to protect patients and staff from racism and hold perpetrators to account.

Link: [Government to tackle antisemitism and other racism in the NHS - GOV.UK](#)

Lead: Director of People and Organisational Development:

The Trust already has in place effective measures to challenge unacceptable behaviours, including the Being Humber (Humber Framework), Humber Behavioural Standards and the Respect Campaign, which has made a real difference. Our latest staff survey shows a 7% rise in staff reporting bullying, harassment or discrimination, which is a positive sign that people feel more confident speaking up. Then we have the No Excuse for Abuse Toolkit – This has been well received, even being recognised nationally and endorsed by UNISON. It's helping us set clear expectations and provide practical support. We've met all six key actions in the EDI Improvement Plan and were asked to share our approach as a best practice case study by NHS England.

In response to the civil unrest, the Trust has provided clear, compassionate, and effective communication to Trust staff affected, ensuring they feel supported, informed, and valued during this challenging time. A manager's briefing has been distributed that outlines how managers can better support their staff and encourage team-level conversations about support and concerns. A listening event is to be set up to hear from staff and reiterate the Trust's support, signposting

colleagues to the available support, including Occupational Health, Wellbeing, and psychological services.

5. CQC launches Better Regulation, Better Care consultation

The CQC has launched a public consultation on proposals to improve how it assesses health and care services, makes judgements, and awards ratings.

The proposals in the consultation aim to address the concerns raised in external reviews of current ways of working, from Dr Penny Dash, Professor Sir Mike Richards, and the Care Provider Alliance. The changes aim to create a clearer, simpler, and more trusted framework, built through engagement, collaboration, and co-design with those who deliver and use services.

The proposed changes are detailed below:

- **Re-introducing rating characteristics**
These are clear descriptions of what each rating level (such as good or requires improvement) looks like in practice. They will help to provide a better understanding of what each rating means.
- **Replacing quality statements with assessment questions**
These questions will be similar to the previous key lines of enquiry (KLOEs) and will support the rating characteristics by guiding how we assess quality.
- **Developing sector-specific frameworks**
These will include detailed content and guidance tailored to a specific health or care sector, so providers can better understand our expectations for their sector, as well as consistent core content that would be included across all frameworks.
- **Simplifying the content of the frameworks**
The CQC is proposing to remove duplicate or overlapping content and make the language clearer and easier to apply in practice.

The CQC is also proposing changes which will simplify how they make judgements and award ratings.

The consultation will run until 11 December 2025 and is open to everyone, including providers, professionals, partner organisations, people who use services, and members of the public.

Link: [CQC launches Better regulation, better care consultation - Care Quality Commission](#)

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

The Trust response to the consultation will be coordinated via the Quality Standards Group and reported through the Quality and Patient Safety Group.

6. Investing in the NHS: empowering the sector to drive productivity, renewal and growth

The 10-year health plan makes clear that unless the service delivers sustained improvements in productivity, the long-term financial sustainability of the health service will be at risk.

Trusts are working hard to ensure every pound is well-spent and focused on improving outcomes for patients – but they are doing so within facilities that are too often outdated and unfit for purpose. There is broad recognition that the capital regime faces significant challenges and the case for reform is urgent and compelling.

In recognition of the above, NHS Providers and PA Consulting have produced a joint report setting out the scale of the challenge and the scale of the opportunity.

Link to the report: [Investing in the NHS: empowering the sector to drive productivity, renewal and growth](#)

Lead: Director of Finance

This report will be taken to the Finance Committee for consideration as part of the new structured agenda which has dedicated focus on productivity via the Executive Management Team and the Board before submission.

7. Principles for a National Quality Management System

NHS Providers has published a briefing exploring how a proactive approach to quality management through organisation-wide quality management systems (QMSs) can help reduce avoidable harm and improve care. It outlines what trusts want from a national QMS framework, how it can support consistency, learning and better outcomes, and what national support is needed to make it a reality.

Link to the briefing: [Embedding quality: principles for a national quality management system](#)

Lead: Medical Director

NHS Providers' *Embedding Quality* briefing calls for a more coherent and coordinated approach to improving quality across NHS services. It highlights the value of a robust Quality Management System (QMS) that integrates planning, assurance, and improvement to reduce harm, enhance outcomes, and foster a culture of continuous learning.

Trusts are encouraged to assess their current quality processes and identify areas where leadership, data use, or workforce capability need strengthening. Boards should lead this work, ensuring quality is embedded in both strategic priorities and day-to-day operations.

With the right national support, aligned policy, digital infrastructure, and enabling regulation, this is a timely opportunity to drive safer, better care across the NHS.

7. The Benefits of Improving Health Literacy

NHS Providers has launched a new guide on the benefits of improving health literacy, to reduce health inequalities, boost productivity and improve patient experience.

The guide explores what is meant by health literacy, the benefits of applying health literacy interventions, recommendations for trust board members, and case studies from five trusts that have effectively embedded interventions.

Further information is available here: [Improving health literacy in the NHS](#)

Lead: Medical Director

Under the Health Inequalities Plan section "*The way we communicate and interact with patients and service users is welcoming to all our communities*," the Trust is improving health literacy and accessibility in all communications. Led by the Communications Team, this work ensures that patient information is accessible, trauma-informed and inclusive, supporting equal participation in care. Progress includes a new accessibility checklist, improved access to easy-read tools, and the development of an online leaflet library (launching in Autumn 2025) to provide clear, culturally

appropriate information on clinical topics and wider health determinants such as housing, employment and social isolation.

8. Identifying Restrictive Practice

NHS England has produced a resource to raise awareness among staff on the range of restrictive practices that are used within mental health inpatient services and their impact on patients. This resource is intended for all NHS-funded mental health inpatient services, across all age groups and populations, including older adults, children, young people, people with a learning disability, and autistic people.

Link to the resource: [NHS England » Identifying restrictive practice](#)

Lead: Chief Operating Officer

This publication has been considered and progressed by the Trusts Reducing Restrictive Interventions Group, chaired by the Clinical Director. This resource defines and gives examples of 8 types of restrictive practice used in mental health, learning disability and autism inpatient services. These align with practices identified by the national Restraint Reduction Network which the Trust aligns its work to. Reducing the use of restrictive practices is consistent with the Culture of Care standards for mental health inpatient services. These set out what is needed to create a positive culture of care and the conditions for people to thrive through trauma informed, autism informed and culturally competent care. The reducing the use of restrictive interventions work is reported to the Mental Health Legislation Committee quarterly in order to provide board level information and assurance.

9. Culture of Care Standards

NHS England has produced culture of care standards for mental health inpatient services. Three new approaches support practical application for:

- autism-informed inpatient care
- culturally competent inpatient care
- trauma-informed and harm-aware inpatient care

The co-produced guidance sets out the culture of care everyone, including people who use services, families, carers and staff, want to experience in mental health inpatient settings, and supports providers to realise this. The standards apply to all NHS-funded mental health inpatient service types, including those for people with a learning disability and autistic people, as well as specialised mental health inpatient services such as mother and baby units, secure services, and children and young people's mental health inpatient services.

Link to the Standards: [NHS England » Culture of care standards for mental health inpatient services](#)

Lead: Director of People and Organisational Development/Chief Operating Officer:

Inpatient care must be trauma informed, autism informed and culturally competent, lived experience and coproduction is at the centre of this work nationally and is at the heart of our approach in our across our mental health inpatient services.

The Culture of Care training programmes have recently equipped ward managers and executives with tools from race equity and trauma-informed training. There is a close collaboration between the Culture of Care programme and the work of the Workforce Race Equality Standard (WRES) and the Patient and Carer Race Equality Framework (PCREF) via the Care, Culture and Equity Steering Group. This group brings together the leads of Culture of Care, Health Inequalities, Patient and Carer Experience (PACE), Workforce Race Equality Standard (WRES), Lived Experience Coordinators and the Patient and Carer Race Equality Framework (PCREF). Through this collaboration, the Trusts' work is integrated, ensuring a more productive use of resources to

achieve common aims. An example of this collaboration is combining data requests to BI to ensure a single dashboard meets all aims, rather than multiple requests that call for differing levels of data.

10. Tackling Modern Slavery in NHS Procurement

In December 2023, the Department of Health and Social Care (DHSC), supported by NHS England (NHSE), delivered a review of risk of modern slavery and human trafficking in the NHS supply chains. The review covered a snapshot in time and showed that across 60% of spend on medical consumables, 21% of suppliers were identified as high risk for modern slavery and 16% were medium risk. The review highlighted the need for standardised risk management across the NHS and better data showing the extent and nature of modern slavery in NHS supply chains. The review also showed a significant amount of commitment from suppliers to tackle modern slavery in their supply chains and made a recommendation to lay the regulations.

NHS England has issued guidance for procurement professionals which: sets out how regulations should be followed, provides examples of the scope of the regulations and details steps that organisations should take based on the assessed level of modern slavery risk.

Link to the guidance: [NHS England » Tackling modern slavery in NHS procurement \(post consultation updated draft guidance\)](#)

Lead: Director of Finance:

The Trust is committed to ensuring there is no modern slavery or human trafficking in its supply chain, and this is covered in both the Trust procurement and safeguarding strategies/policies.

11. Becoming a Research Positive Healthcare Organisation

NHS England has issued a guide which suggests actions executive chief nurses can take to help their organisation become a research-positive healthcare organisation with research sustainably embedded in everyday practice and professional decision-making.

Link: [NHS England » Research matters: enabling and sustaining a research-positive culture for nurses, midwives and allied health professionals](#)

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

A review of the guidance will be undertaken and action plan developed to progress research positive culture.

12. The state of health care and adult social care in England 2024/25

The State of Care is the CQC's annual assessment of health care and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

This report finds that demand for services is increasing across a health and social care system that is already under severe pressure – affecting how easily people can access care and the quality of care they receive. The report also highlights longstanding inequalities with some groups of people – including older people, people with dementia, people with a learning disability, and those with complex mental health needs – more likely to struggle to navigate services, often meaning their families and unpaid carers carry increasing burdens.

Report Link: [The state of health care and adult social care in England 2024/25 - Care Quality Commission](#)

Lead: Chief Operating Officer:

This is a comprehensive report which considers how the health and social care system is currently fragmented and under severe pressure as it prepares for the major shift from hospital to community care. It provides information about how people experience accessing services, continued unwarranted variation but also examples of innovation and change that support the shift. The Trust continues to collaborate with our Place and local authority partners to support integrated health and neighbourhood working through a variety of local forums. Our local authority partners have recently received CQC inspection reports and we are working with them to address the findings and areas of improvement.

13. MIND: the Big Mental Health Report

MIND has published a report which highlights that public attitudes towards mental health and people with mental health problems are getting worse, with more than one in ten unwilling to live next to someone who has been mentally unwell – even if they have since recovered. It warns that an increasingly negative public discourse about mental health, from politicians and in the media, risks undoing the progress in attitudes and stigma achieved in recent years.

Report Link: [mind the-big-mental-health-report digital4.pdf](#)

Lead: Medical Director

This report serves as a wake-up call: despite years of progress, the battle against mental health stigma is far from over. It is a challenge that must be continually addressed. HTFT is actively tackling stigma through community outreach, partnerships, lived-experience storytelling, and peer-led education. We work with the media to promote empathetic and accurate narratives.

Our culture of care and trauma-informed approach foster anti-stigma practice and cultural competence, ensuring inclusive and respectful care environments. We are committed to improving timely access to high-quality mental health support, especially for young people. Through our social value and health inequality initiatives, we are making a genuine and sustained effort to address this ongoing issue

14. Good practice in relation to access, experience and outcomes for Black men in mental health services

Black men in England often don't get the mental health care they need. Sometimes, the system even makes things worse for them. The CQC has published a report about improving that issue and making mental health services better for Black men.

Link to the report: [Good practice in relation to access, experience and outcomes for Black men in mental health services - Care Quality Commission](#)

Lead: Chief Operating Officer

This report is underpinned by research studies over the last 10 years and hearing the experiences of black men directly. It concludes that mental health care for Black men in England needs major change and that for a long time, services have been unfair, unsafe, and damaging. It sets out that we already know what good mental health care should look like. It should be anti-racist, co-produced (designed for the people it's for), and community based. It reinforces that Black men must be part of making decisions about their own care and that staff must have proper training so they can challenge racism and treat Black men with respect and understanding. This report is being considered as part of

the work of the Trusts Care, Culture and Equity Steering Group which brings together Workforce Race Equality Standard (WRES) and the Patient and Carer Race Equality Framework (PCREF) to ensure staff are supported with training and development to address these findings.

Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025															
Title of Report:	Health Inequalities Update															
Author/s:	Sarah Clinch, Senior Partnerships and Strategy Manager Tess Owen, Partnerships and Strategy Officer															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>✓</td><td></td><td></td></tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This paper and the accompanying highlight report provide the board with an update on progress made in addressing health inequalities.															
Key Issues within the report:																
Positive Assurances to Provide: - The programme remains on track against the delivery plan. - Significant progress has been made across multiple workstreams, including: - Development of dashboards for ethnicity and deprivation analysis. - Completion of 149 Equality and Health Inequality Impact Assessments (EHIAs). - Rollout of Dialog+ training and creation of accessibility tools. - Strategic engagement with partners and community stakeholders.		Key Actions Commissioned/Work Underway: - Implementation of action plans with CAMHS and Talking Therapies. - Development of appointment cancellation codes to better understand barriers to access. - Communication initiatives led by the Care, Culture and Equity Steering Group. - Financial inclusion workshops and relaunch of the Community Mental Health Grants Scheme. - Ongoing collaboration with Healthstars and regional mental health concordats.														
Key Risks/Areas of Focus: - BI team capacity remains a moderate risk, though mitigations are in place: Active BI involvement in steering groups. - Integration of health inequality metrics into PowerBI dashboards.		Decisions Made: No decisions requiring escalation have been made during this reporting period.														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>			Date													
	Audit Committee			Remuneration & Nominations Committee												
	Quality Committee			People & Organisational Development Committee												
	Finance Committee			Executive Management Team												
	Mental Health Legislation Committee			Operational Delivery Group												
	Collaborative Committee			Other (please detail)												

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
✓ Tick those that apply				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to 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	

HEALTH INEQUALITIES EMT/TRUST BOARD HIGHLIGHT REPORT		Period Covered:	July-October 2025		Project End Date	n/a
Project Name:	Health Inequalities	Project RAG Status:	Current:	G	Previous	G
Division:	Finance Division	Service Area:	Partnerships & Strategy			
Project Lead:	Sarah Clinch & Tess Owen	Project Ref:	N/A			

Work Area	RAG		Progress in this reporting period
	Current	Previous	
Understanding health inequalities in our services and communities			- Work with CAMHS and Talking Therapies to develop and implement action plans to improve access, outcomes and experience for minoritised communities and higher deprivation deciles. - Dashboards have been created which facilitate the analysis of outcomes in Talking Therapies by ethnicity and deprivation decile. Referrals data by ethnicity is available on PowerBI - Staff Health and Wellbeing Group have reviewed data on uptake of Staff Wellbeing offer by demographic group, identifying low uptake in some groups (e.g. males) - Briefing created for Non-Executive Directors exploring health inequalities experienced by women and girls in HTFT services.
Change happens at all levels			- Ongoing work connecting with various QI projects, to offer support and track activity including: Seamless transition of care between Stroke acute and community services. Trauma Informed Adult Autism Diagnostic assessments and the impact of shame. - Delivered a HI session as part of the Humber Postgraduate Teaching Programme for Medics in August 2025. - Worked with Healthstars to develop an improved process to more easily and accurately identify 'Wishes' that align with the health inequalities agenda and meet Healthstars' KPI target.
Health inequalities at the heart of our biggest programmes of change			149 Equality and Health Inequality Impact Assessments (EHIA) have been completed as part of policy review process within the first year of adoption. - DNA and Health Inequalities Project has developed appointment cancellation reasons codes which will allow the Trust to identify cancellations relating to personal or financial circumstances. Going forward, this will inform the design of appropriate support.
The way we communicate and interact with patients and service users is welcoming to all			- An accessibility checklist has been created to support services to improve the accessibility of patient-facing documents and letters. - A draft Reasonable Adjustment policy has been produced and is currently being reviewed with staff and Experts by Experience.
The way we deliver care supports health equity			- Care, Culture and Equity Steering Group has developed a communication plan with staff and patient facing messages about health inequalities, anti-racism and trauma informed approaches - Dialog+ training was rolled out across the Mental Health Division in August and September 2025. Dialog+ can identify patients' needs relating to their wider conditions of living.

			The Trust's Psychology Annual Report 2024-25 commits to a continued focus on reducing health inequalities, including specific targeted projects in this area for 2025-26.
Tackling the wider causes of inequality			- Workshops held to develop a Trust-wide approach to improving financial inclusion among our patients and service users and further staff training sessions delivered by Citizens Advice and Yorkshire Energy Doctor - The Community Mental Health Grants Scheme has been relaunched and has awarded its first grants to support mental health and wellbeing in underserved communities. - Community Hubs Working Group is working with stakeholders in Driffield to develop plans for a older people's mental health and wellbeing hub at Alfred Bean Hospital.
Working with partners			- Involvement with newly formed Hull and East Riding Prevention Concordat for Better Mental Health. - SWOT and PESTLE analysis of Neighbourhood Health in general and National Neighbourhood Health Implementation Programme prepared for EMT, identifying opportunities to structure service delivery around the needs of communities, especially disadvantaged communities.

Key Risks / Issues / Late Tasks	Risk Rating		Actions to Mitigate Risk
	Current	Previous	
Capacity of the BI team to support data analysis for HI work, during the EPR optimisation	Moderate	High	BI are actively involved in Care, Culture and Equity meetings and reviewing data requirements. Strong support from BI to incorporate HI metrics in PowerBI dashboards
Items for escalation: None			

Quarter 1&2 Health Inequalities Activity Highlights

Training Course Attendance Overview



Business Cases



Completed QI Projects by Division

Division	Total
Children's and Learning Disability	4
Community and Primary Care	2
Forensics	5
Mental Health	7

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025															
Title of Report:	Emergency Preparedness Resilience and Response (EPRR) Core Standards Compliance 2025/2026.															
Author/s:	Lynn Parkinson, Chief Operating Officer (Accountable Emergency Officer - AEO) Alexandra Smith, EPRR and Business Continuity Manager															
Recommendation:	<table><tr><td>To approve</td><td>√</td><td>To discuss</td><td>√</td></tr><tr><td>To note</td><td></td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td></td><td></td><td></td></tr></table>				To approve	√	To discuss	√	To note		To ratify		For assurance			
To approve	√	To discuss	√													
To note		To ratify														
For assurance																
Purpose of Paper: Please make any decisions required of Board clear in this section:	These core standards are the basis of the EPRR annual assurance process. Commissioners and providers of NHS-funded services must assure themselves against the core standards and these are the minimum requirements they must meet. Following the new more in-depth approach to last year’s assurance process undertaken by NHSE which applied a greater scrutiny to each standard requiring supporting evidence, this year’s assurance was conducted by the Integrated Care Boards (ICBs) EPRR Team. The timeline for this year’s assurance was as follows: - Initial indicative compliance submitted to the ICB by the end of September 2025. - Peer reviews took place during September with a similar organisation. - All evidence to be uploaded to the portal by 31st October 2025. - Final self-assessment signed off by Trust AEO and submitted to the ICB by 31st October 2025. - ICB to Humber Teaching Foundation Trust (HTFT) meeting including Trust AEO took place on 3rd November to discuss submission. - LHRP (Local Health and Resilience Partnership) Confirm and Challenge on 20th November 2025. - Final submission to go to Trust Board on 26th November 2025. The Trust has self-assessed itself against the 11 domains of which there are 58 applicable core standards. This paper outlines the compliance rating for this year and demonstrates the improvements from 2023 and 2024 (Appendix 1).															
Key Issues within the report:																
Positive Assurances to Provide: Significant progress has been made over the last 12 months raising the %compliance		Key Actions Commissioned/Work Underway: Core Standards action plan and programme of EPRR work for 2026-27 in development														

and the Trust has now moved from non-compliant to partially compliant.			
Key Risks/Areas of Focus: - Review of EPRR core standards by NHS England taking place for 2026. There will be some new standards that require additional work to be undertaken. - The action plan generated from the submission will be a key focus for the EPRR team and form part of the next year's programme of EPRR work. - CBRN (Chemical, Biological, Radiological and Nuclear) domain is still a challenge due to the significant reliance on Yorkshire Ambulance Service expertise and ICB support.		Decisions Made: The Trust Board are asked to consider the compliance self-assessment rating and approve the that the AEO sign and submit the Statement of Compliance for the Trust in November 2025 (attached at appendix 2).	
Governance: Please indicate which committee or group this paper has previously been presented to:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		People & Organisational Development Committee
	Finance Committee		Executive Management Team
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√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Emergency Preparedness Resilience and Response (EPRR) Core Standards Compliance 2025/2026.

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1. Introduction

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

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

In 2023 the process was amended to include an evidence-based check and challenge process, whereby organisations were required to submit evidence to support their self-assessment.

This year the process has been undertaken by the ICB EPRR team and although still applying the rigour and scrutiny as before they concentrated on standards that have moved up in compliance i.e., standards that were green in last year's assessment will not require further evidence to be submitted this time.

The Trust EPRR team has worked consistently with the internal stakeholders, HNY ICB and health partners throughout 2025 to complete the self-assessment in a timely and objective way.

The Trust has self-assessed against each core standard using the compliance levels defined below:

Compliance Level	Definition
Fully Compliant	Fully compliant with the core standard
Partially Compliant	Not compliant with the core standard The organisation EPRR work programme demonstrates evidence of progress and an action plan is in place to achieve full compliance within the next 12 months
Non-Compliant	Not compliant with the core standard In line with the organisation EPRR work programme, compliance will not be reached within the next 12 months

Assurance rating principle

The number of core standards applicable to each organisation type is different however, Humber Teaching NHS Foundation Trust has 58 applicable core standards to self-assess against. The overall EPRR assurance rating is based on the percentage of core standards the organisation is compliant with outlined in the table below:

Compliance Level	Definition
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partially	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-Compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

2. Timeline for 2024/25 assurance process:

- Initial indicative compliance submitted to the ICB by the end of September 2025.
- Peer reviews to be undertaken during September with a similar organisation. Our peer review took place with Navigo on 29th September 2025 with their EPRR team.
- All final evidence was uploaded to the portal by 31st October 2025.
- Final self-assessment was signed off by the Trust AEO and submitted to the ICB by 31st October 2025.
- ICB to provider (HTFT) meeting including EPRR Team and Trust AEO, took place on 3rd November to discuss the final submission.
- LHRP Confirm and Challenge on 20th November 2025.
- Final submission to go to Trust Board on 26th November 2025.

3. Trust NHS EPRR Core Standards – 2025-26 submission

The Trust has submitted its self-assessed compliance rating by 31st October 2025 and is defined below (a comparison from 2023 to 2025 is attached in appendix 1):

Overall assessment: Partially compliant

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	11	0	0
Command and control	2	2	0	0
Training and exercising	4	4	0	0
Response	5	4	1	0
Warning and informing	4	4	0	0
Cooperation	4	4	0	0
Business Continuity	10	9	1	0
Hazmat/CBRN (Chemical, Biological, Radiological and Nuclear)	10	4	6	0
CBRN Support to acute Trusts	0	0	0	0
Total	58	50	8	0

Table 1

4. Collaborative Working

Over the last 12 months the Trust EPRR team have shared our good practice and significantly improved our documentation and processes through collaborative working with our local health partners, the ICB and our colleagues across mental health and community Trusts in our region. This will continue over the next 12 months as we strive to improve further on our percentage compliance and further embed EPRR into the Trust.

5. Next Steps

In 2026 the EPRR Core Standards will have its three yearly reviews from NHS England. This is a piece of work being undertaken by a national steering group. The likely outcome is changes in some standards.

The Trust EPRR team are working proactively with HNY ICB to understand the timescales of the revised EPRR Core Standards release and actions required to ensure our compliance is in a robust position.

As part of our own internal governance cycle, we will report progress on EPRR Core Standards to the Trust Organisationl Delivery Group (ODG) with escalation as necessary to EMT as part of the EPRR quarterly updates.

The action plan generated from this submission will be a key focus for the EPRR team and form a key part of next year's programme of EPRR work (plan attached for non-compliant statements attached at Appendix 3)

6. Conclusion

The EPRR Core Standards submission in 2024 was 60% (non-compliant) and in 2025 our compliance is 86% (partially compliant). This is marked increase of our compliance in 12 months. However, the CBRN domain is still a challenge due to the significant reliance on Yorkshire Ambulance Service expertise and proportionality for Mental Health & Community Trusts.

The Trust Board are asked to consider the compliance self-assessment rating and approve the AEO sign and submit the Statement of Compliance for the Trust in November 2025 (attached at appendix 2).

Appendix 1: EPRR Core Standards 2023 to 2025 journey

Core Standards	Total standards applicable	Fully compliant 2023-24	Fully compliant 2024-25	Fully compliant 2025-26	Partially compliant 2023-24	Partially compliant 2024-25	Partially compliant 2025-26	Non compliant 2023-24	Non compliant 2024-25	Non compliant 2025-26
Governance	6	3	6	6	3	0	0	0	0	0
Duty to risk assess	2	1	2	2	1	0	0	0	0	0
Duty to maintain plans	11	1	11	11	10	0	0	0	0	0
Command and control	2	1	2	2	1	0	0	0	0	0
Training and exercising	4	0	2	4	3	2	0	1	0	0
Response	5	2	4	4	3	1	1	0	0	0
Warning and informing	4	0	4	4	4	0	0	0	0	0
Cooperation	4	2	4	4	2	0	0	0	0	0
Business Continuity	10	4	5	9	6	5	1	0	0	0
Hazmat/CBRN	10	0	0	4	8	10	6	2	0	0
Total	58	14	40	50	41	18	8	3	0	0

Appendix 2 – Statement of Compliance

Northeast & Yorkshire Emergency Preparedness, Resilience and Response (EPRR) assurance 2025-26

STATEMENT OF COMPLIANCE

Humber Teaching NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Partial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board/governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

26/11/2025

Date of Board/governing body
meeting

[Click here to enter a date.](#)

Date presented at Public Board

[Click here to enter a date.](#)

Date published in organisations Annual
Report

Appendix 3 – Action plan for partially compliant standards

***Note that the CBRN actions are dependent on to Yorkshire Ambulance Service resource and guidance.**

Standard	Description	Actions to be taken	Lead	Timescale
Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Requirement to have pre-defined thresholds more explicit within BCP's, BC policy & escalation process	EPRR	August 2026
Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	RAG rating of commissioned suppliers and contractors has been undertaken. Review this and understand out highest risk (impact/likelihood/BC assurance) suppliers and contractors. Understand the capacity of the EPRR team to undertake assessment of BC arrangements.	EPRR	April 2026
Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients. Equipment is proportionate with the organisation's risk assessment of requirement - such as for the management of non-ambulant or collapsed patients	Confirm IOR equipment requirement and cross reference with building risk assessment document. Compile costing for the IOR equipment and start procurement/ordering process. Place IOR boxes in relevant buildings.	EPRR	April 2026
Equipment - Preventative Programme of Maintenance	There is a preventative programme of maintenance (PPM) in place, including routine checks for the maintenance, repair, calibration (where necessary) and replacement of out of date decontamination equipment to ensure that equipment is always available to respond to a Hazmat/CBRN incident. Equipment is maintained according to applicable industry standards and in line with manufacturer's recommendations There is a named individual (or role) responsible for completing these checks	Create an IOR checklist to be completed by the relevant person (confirmed timescale of checks). Include CBRN risk as party of relevant Business Continuity Plans.	EPRR	April 2026
Hazmat/CBRN training resource	The organisation must have an adequate training resource to deliver Hazmat/CBRN training which is aligned to the organisational Hazmat/CBRN plan and associated risk assessments	Start the development of a dedicated CBRN TNA. EPRR manager to attend IOR YAS training when available. CBRN IOR e-learning (national package being created and timescales are March 2026) - need confirmation	EPRR	April 2026
Staff training - recognition and decontamination	The organisation undertakes training for all staff who are most likely to come into contact with potentially contaminated patients and patients requiring decontamination. Staff that may make contact with a potentially contaminated patients, whether in person or over the phone, are sufficiently trained in Initial Operational Response (IOR) principles and isolation when necessary. (This includes (but is not limited to) acute, community, mental health and primary care settings such as minor injury units and urgent treatment centres) Staff undertaking patient decontamination are sufficiently trained to ensure a safe system of work can be implemented	Start development of CBRN training slides for relevant staff. To support the IOR e-learning.	EPRR	April 2026
PPE Access	Organisations must ensure that staff who come in to contact with patients requiring wet decontamination and patients with confirmed respiratory contamination have access to, and are trained to use,	Obtain fit testing schedule and staff list for EPRR Core Standards submission.	EPRR	April 2026

	appropriate PPE. This includes maintaining the expected number of operational PRPS available for immediate deployment to safely undertake wet decontamination and/or access to FFP3 (or equivalent) 24/7			
Exercising	Organisations must ensure that the exercising of Hazmat/CBRN plans and arrangements are incorporated in the organisations EPRR exercising and testing programme	Start development of CBRN exercise to test a relevant site.	EPRR	April 2026

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025															
Title of Report:	Guardian of Safe Working Annual Report - September 2025															
Author/s:	Name: Dr Mohammed M Qadri, Guardian of Safer Working															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To inform the board of issues relating to the safe working of trainee doctors. Through reporting on exceptions that include the ability to attend education and training and immediate patient safety concerns and highlighting issues relating to safer working for the trainees as per terms of the 2016 junior doctor contract.															
Key Issues within the report:																
Positive Assurances to Provide: System is working well with payment now being made on a timely basis.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): Once exceptions agreed with clinical supervisor then medical workforce will review at end of each month for payments to be authorised by the finance department.														
Key Risks/Areas of Focus: - Overdue payments from retrospective exceptions - due to allocate software not linking to finance department. - Better engagement of residents to continuous rota monitoring.		Decisions Made: - Timely resolution of exceptions raised - Need for robust and better engagement with monitoring process as discussed and highlighted at quarterly resident doctor forum.														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail) Annual report to Board	✓												

Monitoring and assurance framework summary:

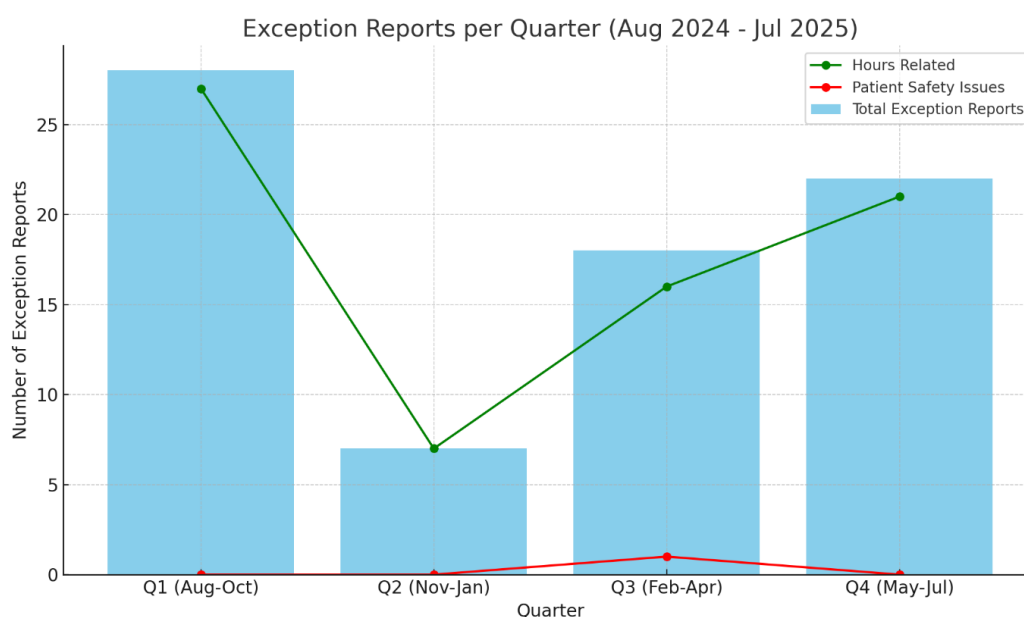
Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)				
√ Tick those that apply				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances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

1 EXECUTIVE SUMMARY

- 1.1 This annual report summarises the Guardian of Safe Working Hours (GSWH) activity for the period August 2024 to July 2025 and is presented for assurance and oversight by the Trust Board. The purpose is to highlight exception reporting data, rota gaps, trainee feedback, and actions taken to ensure compliance with the 2016 junior doctor contract.
- 1.2 Exception reports peaked in Q1 (28) and decreased significantly in Q2 (7). There was a moderate rise in Q3 (18) and a further slight increase in Q4 (22). The primary cause of the initial spike was linked to backlogged submissions due to technical issues with the Allocate software, preventing contemporaneous exception reporting. As system access stabilised and payments were processed, the number of reports decreased.

The chart below illustrates the trend in exception reports across the four quarters:

- **Q1 (Aug–Oct 2024):** 28 reports, 27 of which related to working hours. No patient safety issues.
- **Q2 (Nov 2024–Jan 2025):** Significant drop to 7 reports, all regarding working hours. Improvements in supervisor support and training in reporting potentially contributed to this reduction.
- **Q3 (Feb–Apr 2025):** An increase to 18 reports, with one flagged as a patient safety issue. Upon review, this was found to be workload-related and not a true safety concern.
- **Q4 (May–Jul 2025):** A slight increase to 22 reports, mostly associated with out-of-hours clinical activity. This correlated with notable increase in out of hours admissions and pressures on on-call services.



Key contributing factors to reporting trends include:

- **System Access and Backlog Clearance:** The spike in Q1 aligned with restored access to Allocate and processing of historical entries, including multiple submissions from a single trainee.
- **Workload Patterns:** Increased out-of-hours demands, particularly during industrial action and acute rota pressures, potentially influenced Q3 and Q4 trends.

- **Improved Supervision and Training:** Engagement in clinical supervision, structured teaching on reporting procedures, and proactive forum dialogue led to improved quality and relevance of reports.
 - **Cultural Shifts and Reporting Fatigue:** Anecdotal evidence suggests that delayed payments and lack of feedback initially discouraged consistent reporting. However, this was addressed by manual authorisation and communication campaigns.
- 1.3 Throughout the year, Resident Doctor Forums (RDFs) were consistently held on a quarterly basis to address trainee feedback. Topics included improvements in rota design, clinical handovers, out-of-hours coverage, and implementation of a buddy system for resident doctors. Suggestions were translated into operational changes, such as rota rebalancing and potential SOPs for consideration.
 - 1.4 The Guardian attended six-weekly meetings with the Freedom to Speak Up Guardian, ensuring a clear channel for escalation of trainee concerns. Quarterly updates were also provided to the DME and Medical Workforce.
 - 1.5 Looking forward, the national changes to exception reporting, due for implementation in September 2025, are expected to:
 - 1.5.1 Route reports directly to Medical Workforce and DME.
 - 1.5.2 Eliminate clinical supervisor sign-off as a requirement (though still encouraged to discuss in supervision).
 - 1.5.3 Introduce geolocation tracking and policy compliance mechanisms.
 - 1.6 In summary, the GSWH role has continued to support a culture of transparency, responsiveness, and oversight. Ongoing improvements to rota design through continuous monitoring, reporting education exceptions directly to DME, and better software system access will help sustain safer working environments for residents.

2 KEY ISSUES AND FINDINGS

- 2.1 The exception reporting data over the period demonstrated clear fluctuations across quarters, reflecting both systemic issues and evolving resident behaviour. Exception reports peaked significantly in Q1, driven by backlogged entries due to Allocate system outages. The restoration of access allowed a substantial number of retrospective submissions many from a single trainee which contributed to the initial spike. The subsequent decline in Q2 was notable and corresponded with improvements in supervision, structured teaching on exception protocols, and better understanding of the reporting process.
- 2.2 In Q3 and Q4, a moderate rise in reports was observed. This increase was attributed to rising clinical demand, out-of-hours activity in particular out of hours admissions, and pressures from staff shortages, potentially during industrial action and periods of high patient acuity. Nonetheless, these exceptions continued to focus predominantly on breaches in working hours, with no upheld safety concerns—a reassuring sign that the working environment remained clinically safe.
- 2.3 Importantly, the pattern of exception reporting revealed deeper behavioural and cultural dimensions. Reports were more likely to be submitted following structured encouragement such as through clinical supervision, Resident Doctor Forums, or peer discussions. This suggests that reporting culture was shaped by reassurance, role modelling, and confidence in governance mechanisms. Moreover, the quality of reporting improved, with payments also now being made in a timely manner.

- 2.4 Informal feedback, including from the Resident Doctor Forum, shed light on persistent challenges. Concerns were raised around leave entitlements when rota gaps emerged particularly for Foundation Year doctors but again, these were not captured through reporting systems, highlighting the limitations of relying solely on quantitative data.
- 2.5 Further work was highlighted to support residents to engage more consistently with rota monitoring. Allowing evidence-based practice to support positive changes such as rota adjustments or additional support. This reinforced the importance of timely feedback and visible action to strengthen psychological safety and promote a culture of openness and trust.
- 2.6 Overall, the trends and resident feedback suggest that while the number of exception reports alone is not a definitive marker of safety, the context in which they are submitted, and how they are responded to, is critical. Continuous investment in rota design, education, reflective supervision, and governance transparency remains essential to sustain and improve safe working conditions.

3 CONCLUSION AND FORWARD ACTIONS

- 3.1 Over the past year, the number of exception reports have fluctuated due to various factors, including systemic issues and changes in workload. The Guardian of Safer Working was actively working with supervisors and resident doctors to address these concerns, improve reporting practices, and ensure a safer working environment through better engaged Rota monitoring, robust supervision in exceptions reports, timely resolution of payment.
- 3.2 Looking ahead, we will continue monitoring exceptions closely, work towards prompt resolution, and address any outstanding payment concerns. This ongoing focus will help enhance junior doctors' engagement and adherence to safe working practices.
- 3.3 Guardian also works closely with college tutor, DME, Medical workforce to identify any specific training issues for individualised trainees to better promote safer working.
- 3.4 No fines were issued by the guardian, notably from September 12, 2025, new guidance advises fines to be levied if residents do not have access to exception raising software within 7 days.

4 BACKGROUND

- 4.1 The introduction of the 2016 TCS has meant clear limits to the number of hours junior doctors can work being set. It has also provided a framework for trainees to be able to report safety concerns in the workplace trainees to record if they worked beyond their scheduled hours fining departments directly for the most serious breaches of working hours, providing work schedules to doctors, and trainees to inform if they are not able to attend education and training opportunities and hours worked over the contract through exception. The contract also stipulates the establishment of a junior doctor's forum (JDF) to discuss work and training issues.
- 4.2 The contract also requires that every Trust has a Guardian of Safe Working (GoSW), whose responsibilities include ensuring that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and providing assurance to the Board of the employing organisation that doctors' working hours are safe.

Rota Rules Enshrined in the 2016 Contract

- Max 13hr shift length, with no more than 5 consecutive long shifts, or 4 consecutive long evening shifts.
- Max 8 consecutive shifts, with a minimum of 48 hrs rest following completion.
- A minimum of 30mins break for 5 hours work and a 2nd 30mins for more than 9 hrs.
- Maximum of 72hrs in 7 consecutive days.
- Maximum of 4 consecutive nights, with a minimum of 46 hours rest when 3 or more night shifts worked.
- Max average of 48 hrs/wk – can opt out of EWTD allowing 56 hrs.

NROC (Non-resident on call)

- No consecutive on-call periods, except Saturday and Sunday, no more than 3 in 7 consecutive days.
- Day after a NROC must be less than 10hrs, or 5hrs if minimum rest not met.
- Expected rest – 8hrs in 24hrs, with 5hrs continuous between 2200 and 0700

5 THE ROLE OF THE GUARDIAN OF SAFE WORKING HOURS

- 5.1 The guardian is a senior appointment, and the appointee does not hold any other role within the management structure of Trust. The guardian ensures that issues of compliance with safe working hours are addressed by the junior doctor and/or Trust, as appropriate. The guardian shall provide assurance to the Board that junior doctors' working hours are safe in concordance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 but additional oversight of the working hours of junior doctors still working on the 2002 contract.
- 5.2 The Guardian:
- 5.2.1 acts as the champion of safe working hours for doctors in approved training programs.
 - 5.2.2 provides assurance to doctors and employers that doctors are safely rostered and enables work hours that are safe and in compliance with Schedules 3, 4 and 5 of the terms and conditions of service.
 - 5.2.3 receives copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service.
 - 5.2.4 escalates issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level.
 - 5.2.5 requires intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk.
 - 5.2.6 requires a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed.
 - 5.2.7 has the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily.

- 5.2.8 distributes monies received as a consequence of financial penalties to improve the training and service experience of doctors.
- 5.3 The Guardian reports to the Board of the Trust directly or through a committee of the Board, as follows:
- 5.3.1 The Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the Local Negotiating Committee, or equivalent. It will include data on all Rota gaps on all shifts.
 - 5.3.2 A consolidated annual report on Rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the trust chief executive. This report shall also be provided to the Local Negotiating Committee, or equivalent.
 - 5.3.3 Where the guardian has escalated a serious issue and the issue remains unresolved, the guardian must submit an exceptional report to the next meeting of the Board.
 - 5.3.4 The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.
 - 5.3.5 The Guardian and Director of Medical Education have jointly established a resident Doctor Forum. This includes resident doctor colleagues from the organisation and includes the relevant junior doctor representatives. The guardian attended and consulted with resident doctors regarding their concerns and liaised with supervisors where necessary to explore any issues arising including exceptions.

6 TRAINEE NUMBERS

- 6.1 The Report on Safe Working Hours for doctors in training covered staffing levels and changes from August 2024 to July 2025. Throughout these periods, work schedules were provided 8 weeks in advance to ensure proper planning and safe working hours with adjustments made when updates were provided by HEE as per the 2016 contract.
- 6.2 Across the reporting period from August 2024 to July 2025, the Trust maintained a broadly stable cohort of junior doctors across all grades, with only minor fluctuations due to rotational changes, long-term leave, and workforce transitions.
- 6.3 In **Q1 (Aug–Oct 2024)**, the Trust hosted approximately 19 full-time Core Trainees, 3 less-than-full-time (LTFT) Core Trainees, 9 FY1 doctors, 4–5 FY2 doctors, 7 GP Trainees, and 7 Higher Trainees. The group included some trainees on maternity or long-term sick leave. Staffing was relatively stable during this quarter, providing a consistent base for training and service delivery.
- 6.4 By **Q2 (Nov 2024–Jan 2025)**, the number of FY2 doctors slightly decreased, and adjustments were made to rota allocations. The Trust accommodated 17 full-time Core Trainees, 2 LTFT Core Trainees, 9 FY1s, 5 FY2s, 6 GP Trainees, and 11 Higher Trainees. There was one Core Trainee on long-term sick leave. Despite the slight reduction in FY2s, this quarter benefited from improved advance scheduling and increased engagement with exception reporting training.

- 6.5 **Q3 (Feb–Apr 2025)** saw the workforce configuration largely unchanged, with sustained levels of 17 Core Trainees (full-time), 2 LTFTs, and 9 FY1s. GP and Higher Trainee numbers remained constant, though one trainee continued on extended sick leave. Rota pressures during this period were influenced more by clinical demands and external workforce pressures (including strike action) than by internal staffing variability.
- 6.6 In **Q4 (May–Jul 2025)**, the workforce remained consistent, demonstrating good retention and effective forward planning. Staffing continuity over this quarter supported the delivery of educational activities and reduced reliance on temporary staff to fill rota gaps.
- 6.7 Overall, the number of residents remained broadly consistent across quarters, which facilitated stable rota planning and clinical coverage. However, workforce pressures were intermittently compounded by long-term absences, redeployment challenges, and national workforce shortages. The Trust's ability to issue work schedules eight weeks in advance throughout the year was an important mitigating factor in supporting safe working patterns and maintaining trainee confidence in rota reliability.
- 6.8 This consistency in trainee numbers also enabled clearer longitudinal tracking of exception reporting patterns and helped isolate external influences—such as workload intensity or IT disruptions—from core staffing factors. The Guardian role, in liaison with Medical Workforce, will continue to monitor trainee deployment across the year to anticipate and mitigate service pressure risks.

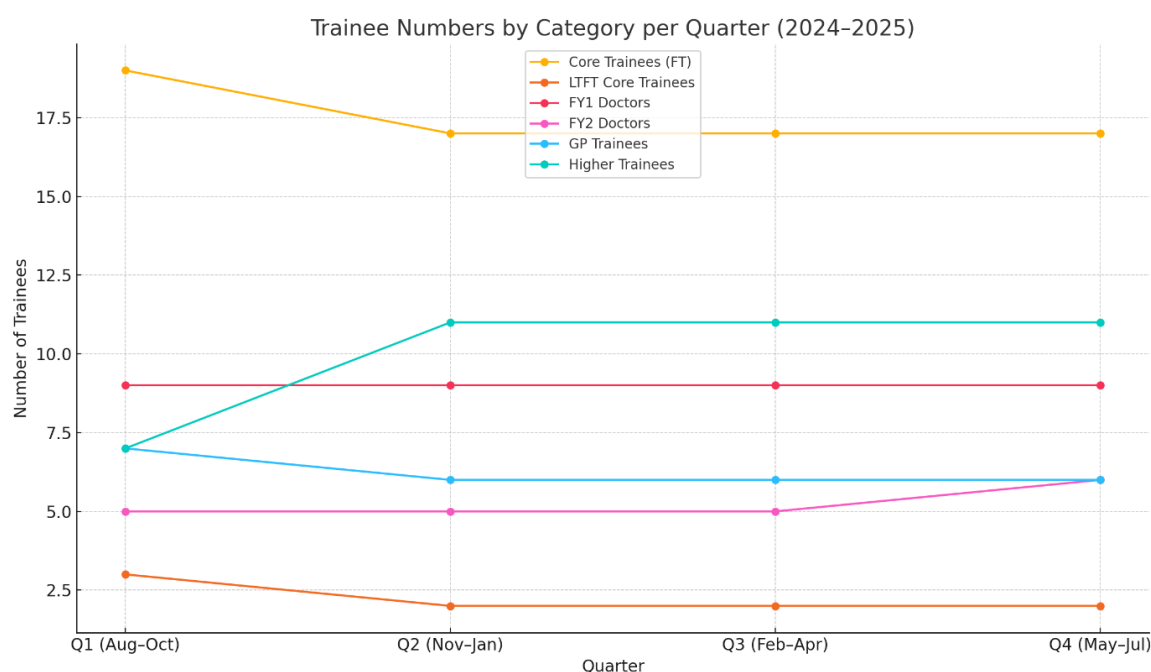


Figure 1. Trainee numbers provided by medical workforce.

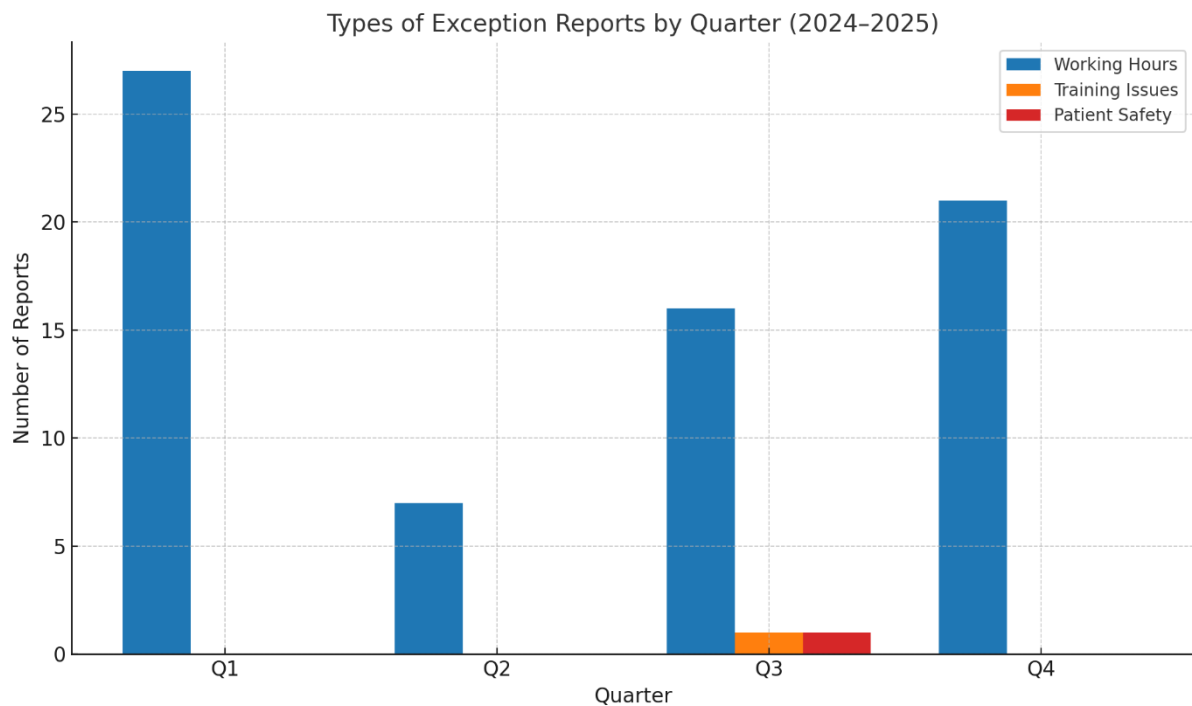


Figure 3. Exception data by category over the year

6.9 The review and feedback of on call work and case presentation can further improve safer working environments and is being highlighted through clinical supervision.

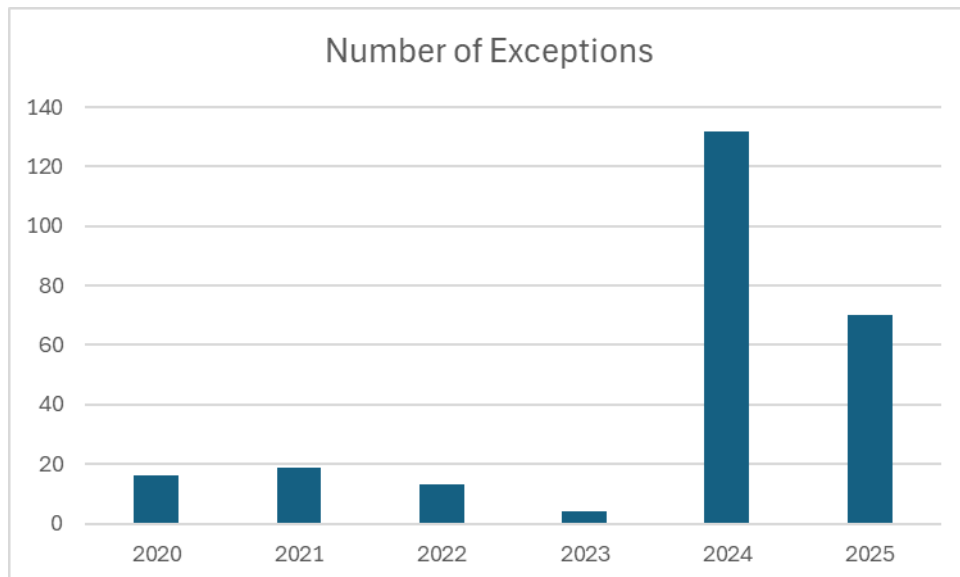


Figure 4. Exception data by year provided by exception reporting software.

	Previous Work Schedule	New Work Schedule
Weekday Evening (1700-2200)	3 hours standard	4.15 hours standard
Weekend Day (0900-2200)	10 hours standard	9 hours standard
Night (2200-0900)	6hrs45 enhanced	6:00 enhanced

6.10 The night on call remains as a 3-night weekend and 4-night mid-week pattern. This means the trust is non-compliant with the 2016 TCS which advises against 2 consecutive night resident on call shifts (NROCS). This, however, was agreed locally by the junior doctor cohort, who expressed a preference for maintaining the current 3:4 night on call pattern.

7 RECOMMENDATIONS

- 7.1 The training and teaching program will continue to provide opportunities for resident doctors to develop their clinical skills, focusing on managing on-call duties and emergency situations more effectively. Training sessions will specifically address handling on-call scenarios to improve emergency response capabilities.
- 7.2 Support for reflective spaces, such as Balint groups, will be maintained to help doctors develop their practice and create better working strategies, reducing workload during emergency cover.
- 7.3 Ongoing efforts will be made to minimise rota gaps by encouraging proactive sustainable recruitment and retention, ensuring a stable and reliable workforce.
- 7.4 There will be an emphasis on better engagement with regular rota monitoring to ensure accurate scheduling and identify any areas that need adjustment.
- 7.5 Further collaborative work to be supported between medical staffing, the Guardian of Safe Working (GOSW), resident doctors, and supervisors who will continue to ensure residents are supported and working in safer environments.
- 7.6 Representatives from the medical workforce and Local Negotiating Committee (LNC) to attend resident doctor committee meetings to share concerns and collaborate on timely resolutions.
- 7.7 Enhance Feedback Loops: Establish regular feedback mechanisms (e.g., summary emails or updates at teaching sessions) to communicate the actions taken following exception reports. This will reinforce the value of reporting and build trust in the process and reporting at quarterly resident doctor forums.
- 7.8 Maintain Manual Oversight During System Transitions: While preparing for the national update of exception reporting from September 2025, ensure continued manual oversight and responsiveness to maintain accuracy and accountability during the transition phase.
- 7.9 Improve Leave Policy Clarity: Work with Medical Staffing and Foundation Programme Directors to improve communication regarding leave entitlement, particularly during periods of rota shortage or redeployment.

- 7.10 Promote Early and Reflective Reporting: Continue to encourage exception reporting during supervision sessions and clinical reviews, supporting a reflective culture that uses reporting as a learning and safety tool—not solely a compliance task.
- 7.11 Strengthen Resident Doctor Forums: Maintain regular RDFs with standing agenda items on rota design, trainee wellbeing, and exception trends. Invite guest representation from DME and Medical Workforce to promote open dialogue.
- 7.12 Visualisation and Governance Use of Data: Use exception trend data (visualised quarterly) to identify risk patterns and rota pressure points and incorporate this intelligence into rota planning and operational staffing decisions.

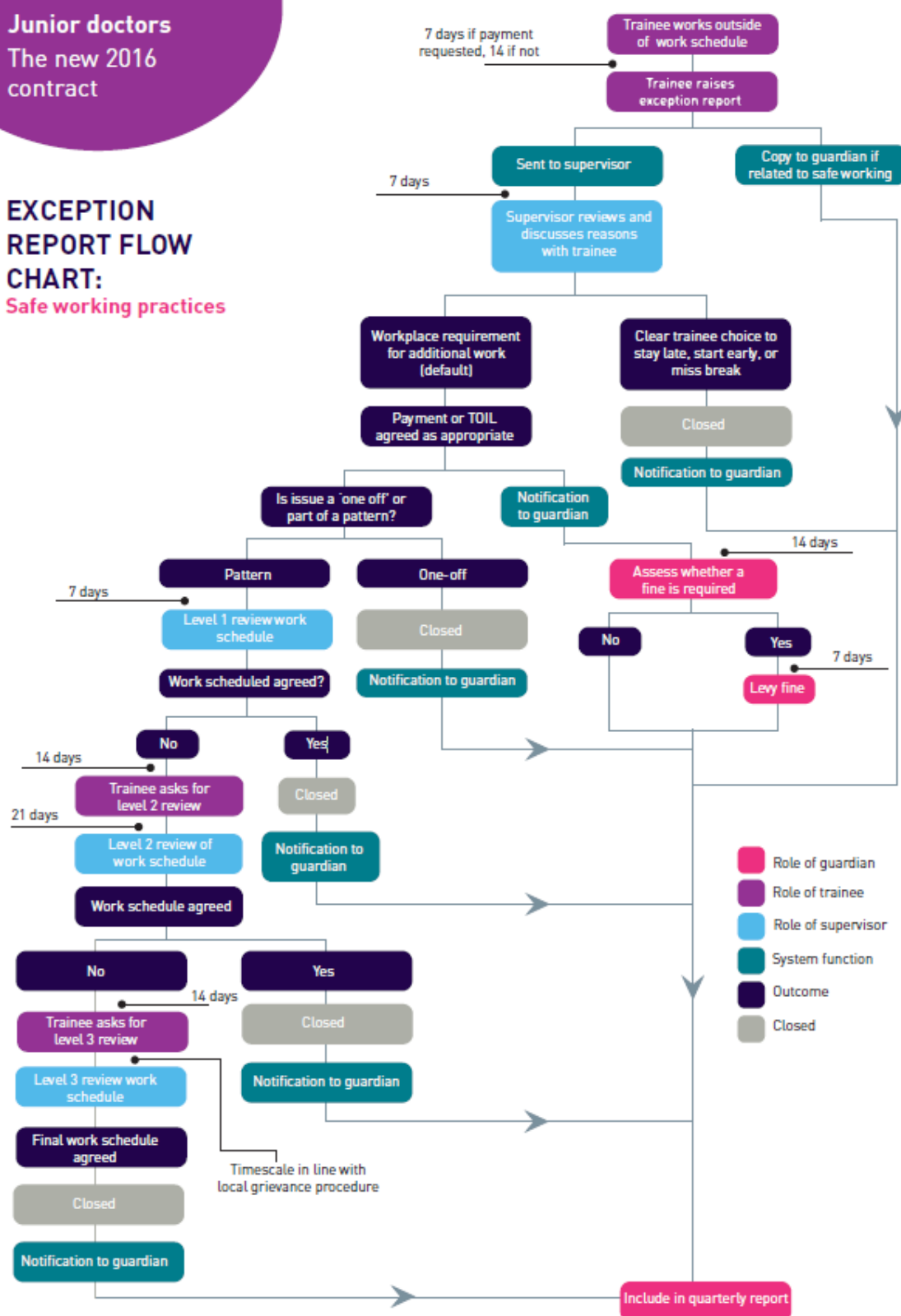
7.13 Decisions Made:

- 7.14 Promotion of improved engagement with exception monitoring and clinical supervision.
- 7.15 Guardian to continue liaising with Medical Workforce to ensure implementation of national policy changes.

Appendices

Junior doctors The new 2016 contract

EXCEPTION REPORT FLOW CHART: Safe working practices



Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025														
Title of Report:	NHS England 10 Point Plan to Improve Resident Doctors' Working Lives: Humber Teaching NHS Foundation Trust Self – Assessment and Action Plan														
Author/s:	Dr Kwame Fofie, Executive Medical Director Gillian Wicks, Head of Medical – Education, Business & Staffing														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>√</td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>			To approve		To discuss	√	To note		To ratify		For assurance	√		
To approve		To discuss	√												
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The NHS England 10 Point Plan to Improve Resident Doctors' Working Lives was published on the 29 August 2025 - <i>"Every NHS organisation is required to act across all 10 areas within the next 12 weeks"</i>. Trusts are expected to develop a Board Assurance Framework to provide oversight of this work. The outcomes should be included in their annual reports to demonstrate accountability and progress. This report provides a self-assessment and Trust action plan which has been drafted, and agreed, through full consultation with the Resident Doctors of Humber Teaching NHS Foundation Trust. The board are asked to consider the self-assessment and discuss and agree the associated action plans. Timescales would be negotiated with individual leads and used to track progress.														
Key Issues within the report:															
Positive Assurances to Provide: - Self-assessment and action plan has been drafted, and agreed, through full consultation with the Resident Doctors of Humber Teaching NHS Foundation Trust, led by Resident Doctor representatives Dr Jemima Cohen, Dr Vieri Thonet, and Dr Catarina San-Bento. - The self-assessment highlights areas of good practice as well as areas for improvement and/or attention. - Of the 10 points, self-assessment has ranked 5 positively as requiring no action (green), 4 requiring some attention (amber), and only 1 red.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Trust self-assessment conducted (see embedded document) - 18 local/Trust actions identified. - Summary of actions produced (see embedded document). - Discussion of action plan at EMT 14th October 2025. - Plan presented at People & OD Committee on 5 Nov 2025. We agreed that the update on the action will be monitored and track progress with date of completion in the committee.													

- Some actions are dependent on action/changes at a national level by NHS England, DHSC, NHS Employers, BMS.			
Key Risks/Areas of Focus: A number of the actions will be owned by the Medical Staffing Team. Investment in team establishment is required.		Decisions Made: - Proceed with final action plan as agreed by EMT. - Self-assessment to be presented to People & OD Committee, and Trust Board, by Dr Kwame Fofie, SLRDE, in November 2025.	
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Collaborative Committee		Other (please detail)

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to. 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	

10 Point Plan to improve resident doctors' working lives

"Fixing unacceptable working practices: getting the basics right for resident doctors", NHS England, 29th August 2025.

Context as Described by NHS England:

"The 75,000 resident doctors working across the NHS are the backbone of the service – but too often they are let down on basic issues like payroll errors, poor rota management, lack of access to rest facilities and hot food, and unnecessarily repeating training.

While some progress has been made, it has been too slow, and many still face unfair and inconsistent working conditions.

Supported by our commitment to staff under the recently published 10 Year Health Plan for England, NHS England is setting out 10 ways in which we are improving resident doctors working conditions over the next 12 weeks."

This plan sets out actions for NHS England and individual trusts. To ensure meaningful progress, it will be formally incorporated into the new NHS Oversight Framework.

However, it has been prescribed that *"Trusts should proceed on the basis that it is already in effect and take appropriate action without delay"*.

Summary of the 10 Point Plan:

1. Trusts should take action to improve the working environment and wellbeing of resident doctors. *
2. Resident doctors must receive work schedules and rota information in line with the Code of Practice. *
3. Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing.
4. All NHS trust boards should appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. Both should report to trust boards.
5. Resident doctors should never experience payroll errors due to rotations. *
6. No resident doctor will unnecessarily repeat statutory and mandatory training when rotating.
7. Resident doctors must be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours.
8. Resident doctors should receive reimbursement of course related expenses as soon as possible.
9. We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery. *
10. We will minimise the practical impact upon resident doctors of having to move employers when they rotate. **

NHS England - Why are we doing this?

- Supporting resident doctors improves the quality of care offered to Many of these steps will also improve the lives of other staff groups across the NHS.
- Our educators work hard to ensure that resident doctors' education and training is world class, but too often they have been let down on basic issues. The 10 Point Plan will help us respond to what resident doctors have been telling us.
- We have long recognised the need to improve the working lives of resident doctors, but we know we need to go further, faster to build on what we have already done.

NHS England - Why the focus on resident doctors?

- Resident doctors are different from other staff because they provide care while training in different parts of the NHS, which means they move employer regularly for several years.

- All NHS staff are important, and we will continue to support improvements in working conditions, retention, health and wellbeing and facilities through the 10 Year Health Plan and the forthcoming NHS Workforce Plan.

NHS England - What have we already done?

We have piloted a payroll improvement programme with 31 trusts to tackle the root causes of payroll errors leading to a 48% reduction in errors.	90% of trusts who responded to a recent survey have a named senior resident doctor lead responsible for improving doctors working lives issues and who report directly to trust boards on this issue.
Started a national review of the current system of resident doctor medical rotations to reduce administrative and bureaucratic burdens.	Learned from the best local initiatives such as an enhanced focus on sexual safety, health and wellbeing, improved local facilities such as doctors' mess, on-call facilities and car parking, and enhancements to HR medical staffing teams particularly around reviewing processes to inform these further national plans.
We have agreed a new national framework to improve exception reporting.	Established a new national project to explore extending Lead Employer arrangements, allowing resident doctors to have a single employer throughout their rotations.

What happens next?

NHS England – “We will immediately”:

- Include this work within the NHS Oversight Framework and work with all trusts to deliver these 10 actions.
- Ask NHS regions to support and oversee trusts in their delivery.
- Require trust boards to take clear ownership of local improvements to resident doctors' working lives by developing and implementing action plans informed by staff feedback and national survey results.
- Share these actions with all resident doctors via their educators, medical directors and deans, including with the new resident doctors who rotated in August, and expect them to hold us to account.

NHS England – *From the autumn we will publish new data and information on:*

- Trusts delivering access to the basics – lockers, rest facilities, hot meals, on-call parking spaces.
- Delivery of 8-week work schedules and 6-week rota notice on rotations.
- Number of payroll errors.
- Self/preferential e-rostering.
- Percentage of trusts delivering board level reporting of issues.
- Changes to the way in which annual leave can be taken.

Trust Requirement/s:

Every NHS organisation is required to act across all 10 areas within the next 12 weeks (from 29th August 2025). Progress must be reported to their boards and, where actions are not met, a formal explanation and corrective measures should be provided.

As a first step, Trust Board or executive teams should arrange to meet with their resident doctors committee (RDC) to discuss the issues addressed in the plan and any other local concerns.

Trusts are expected to develop a Board Assurance Framework to provide oversight of this work. The outcomes should be included in the Trust annual report/s to demonstrate accountability and progress.

Trust boards should take clear ownership of local improvements, develop action plans informed by feedback and national survey results, and report progress publicly

To demonstrate progress, from Autumn 2025 NHS England will begin publishing trust-level data on the following indicators as part of the NHS Oversight Framework:

- Access to basic facilities (lockers, rest areas, hot meals, on-call parking spaces).
- Work schedule and rota notice compliance.
- Self/preferential e-rostering.
- Payroll errors.
- Board-level reporting and assurance.

To facilitate this, work a Trust level self-assessment has been completed against each of the 10 points. This Self-Assessment and Action Plan has been drafted, and agreed, through full consultation with the Resident Doctors of Humber Teaching NHS Foundation Trust, led by Resident Doctor representatives Dr Jemima Cohen, Dr Vieri Thonet, and Dr Catarina San-Bento. Views/responses were also taken from the Trust's Medical Staffing Team, Medical Education Department, and Payroll. A summary of actions can also be found at the end of the attached document below:

People & OD Committee Meeting - 05 November 2025 review this self-assessment and agree actions listed. Once agreed, named leads are asked to take this work forward. Progress will be monitored by Dr Kwame Fofie as Senior Leader for Resident Doctor Experience (SLRDE).

NHS England 10 Point Plan to Improve Resident Doctors' Working Lives
Humber Teaching NHS Foundation Trust Summary of Actions (Derived from Trust Self-Assessment)



PRN02140 Getting
the basics right for i



PRN02140 10 Point
Plan to improve resi



10 Point Plan to
Improve Resident Dr

Responsibility	Action	Update Against Action
Humber Teaching NHS Foundation Trust		
Trust Board/Corporate Governance	1. Development of a Board Assurance Framework (BAF) to provide oversight of this work/10 Point Plan.	This is being developed by the Senior Lead for Resident Doctor Experience (SLRDE) in consultation with Resident Doctor representatives, with support from the Corporate Risk and Incident Manager. It will be included in the next Board BAF in January 2026.
	2. Include outcomes in Trust Annual Report to demonstrate accountability and progress.	Resident Doctor representatives and the SLRDE will ensure that progress against the plan is included.
	3. Trust Board to recognise the named Resident Doctor representatives and the SLRDE (Dr Kwame Fofie) and ensure regular reporting mechanisms are in place.	7th Oct 2025 - Dr Kwame Fofie officially designated SLRDE (Senior Lead for Resident Doctor Experience) by Michele Moran. - Named Resident Doctor reps 2025/26: - Dr Catarina San-Bento, ST5 - Dr Raheel Mushtaq, ST5 - Dr Vieri Thonet, CT2 - Dr Jemima Cohen, CT3

	4. Ensure Resident Doctor representatives are invited to attend Board level discussions on issues which specifically relate to improving doctors' working lives.	15th Oct 2025 – Four Resident Doctors representatives invited to Strategic Board on 29th Oct 2025 by SLRDE. Confirmed attendance from: - Dr Catarina San-Bento, ST 5 - Dr Vieri Thonet, CT 2
	5. Ensure the executive team engages directly with Resident Doctors to understand local working conditions and priorities (Boards or executive teams to arrange to meet with their resident doctors committee (RDC) to discuss the issues addressed in the plan and any other local concerns.	(SLRDE) engages regularly with Resident Doctor representatives through various committees, including the Local Negotiating Committee, the Medical Education Committee, and the Medical Staff Committee. The SLRDE will also attend Resident Doctors' Committee meetings and will invite other Executive colleagues to participate when appropriate.
Dr Kwame Fofie – SLRDE	6. Report progress to Trust Board.	Update to Public Trust board on 26 Nov 2025
	7. Where actions are not met, provide a formal explanation and corrective measures.	EMT and People and OD Updates by SLRDE
Estates Department (Pete Beckwith)	8. Access to mess facilities, rest areas (including on-call room/s) and lockers in all hospitals, including new builds – Action required: Self-assessment by Estates Department re: feasibility of introducing improvements (including 2 nd on-call room – urgent), addressing gaps.	23rd Oct 2025 – SLRDE held a discussion with Rob Atkinson, Deputy Director of Estates and Facilities re: proposal of adding the second on-call room for Resident doctors to the plan of the new update of Town and Court High Dependency Unit.
Jayne Morgan/Hotel Services (Pete Beckwith)	9. A 24/7 out-of-hours menu offering hot meals and cold snacks for staff – Action required: Self-assessment by Hotel Services Department re: feasibility of introducing improvements, addressing gaps.	9th Oct 2025 - Meeting held by SLRDE and Gillian Wicks, Head of Medical – Education, Business, & Staffing, with Jayne Morgan, Hotel Services Manager. Agreed that Resident Doctors have access to hot meals and cold food during routine working hours when working on in-patient units. Rotas are non-resident on-call (NROC),

		cold snacks are provided in the on-call room at Miranda House and Resident Doctors have access to kitchen/cooking facilities in order to make/heat hot food if required.
Lisa Arnold/Medical Staffing (Dr Kwame Fofie)	10. Medical Staffing Team to ensure ALL rotas meet compliance standards and performance data is submitted to NHS England as required i.e. ensure that resident doctors receive their work schedules at least 8 weeks in advance and detailed rotas no later than 6 weeks before the rotation begins. Where these standards are not met corrective action must be taken.	• 23rd Sept 2025 - Lisa Arnold, Medical Staffing Manager confirmed that rotas are sent 6-8 wks. prior to rotation, if not, it is due to changing information from NHS England. Over the last 2yrs, on average rotas are shared 7-8 wks. in advance. • Work is ongoing in Medical Staffing to pilot new rota development software (Lantum/DRS5) from Feb – Aug 2026. • NHS England also has an action relating to the provision of trainee information 12 weeks before rotation. Nb. The measures outlined above should ensure this action is met in full. 3rd Nov 2025 – Guardian of Safe Working (GoSW) Report on Safe Working Aug – Oct 2025 confirmed <i>“Work schedules were issued in a timely manner, with no reported delays. Trainees received their personal rota at least eight weeks in advance of their rotation and continued to have access to the live rota via the shared V drive. This ensured transparency and allowed trainees to anticipate and plan around their clinical duties effectively.”</i>
	11. Resident doctors enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours –	• Work is ongoing in Medical Staffing, led by Lisa Arnold, Medical Staffing manager, to

	Enabled through new rota software (switch from Allocate).	pilot new rota development software (Lantum/DRS5) from Feb – Aug 2026.
	12. To implement new exception reporting agreement which will simplify the reporting process for Resident Doctors, ensure they are being fairly compensated for the additional hours they are required to work, and will support the safety of their working hours.	• New exception reporting rules to be rolled out nationally by Feb 2026 which will simplify the process of claiming payment for extra hours. Key changes include HR/Medical Staffing signing off on initial reports/claims. This work is being led by Lisa Arnold, Medical Staffing Manager. • Work is ongoing in Medical Staffing to pilot new rota development software (Lantum/DRS5) from Feb – Aug 2026. This system directly communicates with Payroll to ensuring delays relating to payment of additional hours are avoided.
	13. Work with RA Team to agree a more streamlined pathway which ensures IT access/HUTH Lorenzo.	• 11th Nov 2025 – Meeting with RA/IT Team requested to resolve this issue.
	14. Work with Trust IT Department to agree a quicker, more streamlined process for email access and addition to essential mailing lists.	• 11th Nov 2025 – Meeting with IT, Richard Brumpton and Paul Wright requested to resolve this issue.
	15. Work in consultation with Resident Doctors to agree a fair process for covering rota gaps brought about by sickness out-of-hours, and at weekends	• Work is ongoing in Medical Staffing, led by Lisa Arnold, to pilot new rota development software (Lantum/DRS5) from Feb – Aug 2026. If successful, implementation of this system will help towards reducing sickness absence. • Working Group being arranged by Lisa Arnold, Medical Staffing Manager, to include Resident Doctor reps, Clinical Supervisor rep/s, Director of Medical Education (DME), Guardian of Safe

		Working, to agree a protocol/process for covering rota gaps.
Christine Perry/Payroll (Pete Beckwith)	16. Confirmation that the Trust is participating in the roll-out of the national payroll improvement programme.	7th Oct 2025 – Christine Perry, Payroll Manager, confirmed the Trust will be participating in the National Payroll Improvement Programme. 10th Oct 2025 – Christine Perry attended the National Payroll Improvement Programme and discussed with Iain Omand, Deputy Director of Finance. Christine to update further with the details once they have been agreed.
	17. Ensure that payroll errors as a result of rotations are reduced by a minimum of 90% by March 2026.	7th Oct 2025 – Christine Perry confirmed <i>“We do not experience a high number of errors, and we have a relatively low intake of Resident Doctors”</i>.
	18. Board-level governance framework established to monitor and report payroll accuracy and begin national reporting as required.	14th Oct 2025 – Christine Perry discussed with Iain Omand. Christine/Iain to update further with the details once they have been agreed.
NHS ENGLAND		
NHS England	1. Must provide at least 90% of trainee information to trusts 12 weeks prior to rotations commencing.	
NHS England	2. To conduct a review of how annual leave is currently agreed and managed for our resident doctors.	
NHS England	3. By April 2026 - Reform of the entire approach to statutory and mandatory training with a revised framework as outlined in the 10 Year Health Plan for England	
NHS England	4. Roll out for of new national Framework Agreement for Exception Reporting (agreed on 31 March 2025) and will be rolled out for implementation in due course	

NHS England	5. Transition nationally from an approach where expenses for approved study leave are reimbursed only after a resident doctor has attended a course/activity, to one where reimbursement is provided as soon as possible after the expense is incurred. ACTION MET AND IMPLEMENTED FROM 8th OCTOBER 2025.	8th Oct 2025 – Implementation of early reimbursement of study leave expenses action met. All approved study leave activity for which an expenses receipt can be provided are eligible. Accent Leave Manager has been configured to allow all expenses to be recorded as claimed and authorised by Medical Education in advance of the activity date, except for mileage and subsistence.
NHS England	6. Develop and launch suggested pilots of reformed rotational changes, while continuing to look at wider reform.	
NHS England	7. Extend the Lead Employer model to cover all resident doctors and dentists in training. This change will eliminate the need for trainees to change employers with each rotation, reducing duplication and administrative errors while improving continuity, efficiency, and the overall training experience.	
NHS England	8. By October 2025 - Develop a comprehensive and financially sustainable roadmap, underpinned by a robust business case. This will include detailed recommendations on costing and funding, service catalogue requirements, and pricing models for national implementation. The roadmap will provide a clear framework for expanding Lead Employer arrangements across the system.	
DHSC/BMA		
DHSC/BMA	1. A review of how rotations are managed is now underway and is being led by the Department for Health and Social Care (DHSC) in conjunction with the British Medical Association (BMA).	

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025														
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update March 2025														
Author/s:	Michele Moran Chief Executive, Humber Teaching NHS Foundation Trust ICB Board Member MHLDA Collaborative CEO Lead Alison Flack Programme Director, MHLDA Collaborative														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>√</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To update members of the Trust Board on the progress of the Mental Health, Learning Disabilities and Autism Collaborative Programme.														
Key Issues within the report:															
Positive Assurances to Provide: Performance - metrics largely positive against plan. Inpatient quality transformation – 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.		Key Actions Commissioned/Work Underway: 2026/27 planning process - The collaborative is working with Integrated Care Board (ICB) colleagues to deliver against the planning requirements. Several key pieces of guidance are not yet available, including financial allocations and activity templates. ICBs and providers are required to submit 5-year plans. ICB commissioning intentions are in development Autism and ADHD scoping work – Work ongoing to refine proposal around functional impact assessment. Governance being developed through the collaborative. Mental health crisis text lines - Proposal to commission the SHOUT clinical model. Perinatal Mental Health service review – Review undertaken, significant improvement around quality concerns. The recommendation from the													

		review is for the ICB to contract with both Humber Teaching NHS FT and Tees Esk and Wear Valleys to deliver two services and align service specifications, Key Performance Indicators (KPI's) and service offer. • NHS Talking Therapies - 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. • Mental health Support teams in schools (MHST) - 3 MHSTs in 2025/26, 2 in North Yorkshire and 1 in East Riding. Awaiting approval for funding from the ICB. • Inpatient quality and safety transformation - Since June 2025, the Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative has been actively case managing older adults in long-stay mental health hospitals and adults in rehab settings. To date 9 patients have been discharged and a further 16 discharges are expected by the end of Q3, with additional discharges anticipated in Q4. Community Rehabilitation service now live in North Lincolnshire. Case management funding for the remainder of 2025/26 now confirmed. • Mental Health, Learning Disabilities and Autism Performance Detailed in the paper.			
Key Risks/Areas of Focus: • Autism and ADHD – good progress being made on model, however, spend and waiting lists continue to grow. • Crisis text lines – awaiting ICB funding approval. • MHST – awaiting ICB funding approval. • IPS – awaiting ICB funding approval.		Decisions Made: N/A			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>			Date		Date
	Audit Committee			Remuneration & Nominations Committee	
	Quality Committee			People & Organisational Development Committee	
	Finance Committee			Executive Management Team	
	Mental Health Legislation Committee			Operational Delivery Group	
	Collaborative Committee			Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances

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

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

Humber Teaching NHS Foundation Trust Board Update – November 2025

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**

The collaborative is working with ICB colleagues to deliver against the planning requirements. Several key pieces of guidance are not yet available, including financial allocations and activity templates. ICBs and providers are required to submit 5-year plans. ICB commissioning intentions are in development.

- **Autism and ADHD Provision**

Work is ongoing to further refine a proposed approach/model that will be led by functional impact assessment and level of need, rather than focus on full diagnosis. There is a recognition that the funding being spent on right to choose (often out of area) could be much better used via a co-ordinated local approach in Humber and North Yorkshire. There are ongoing discussions between providers and the ICB to develop a plan to address this.

- **Mental health crisis text lines**

A proposal to commission the SHOUT clinical model by the end of 2025/06 has been approved by the collaborative Executive Leadership team.

- **Perinatal Mental Health service review**

A review of current provision was initiated following patient safety incidents in York and Selby. A full desktop review of services was completed and an engagement session was held with all providers in September 2025. TEWV have addressed the patient safety issues and have extensive internal governance to monitor this progress. These locally owned improvements are starting to embed and should be allowed to continue without being undermined by a wholesale restructuring of service models.

The recommendation from the review is for the ICB to contract with both Humber Teaching NHS FT and TEWV to deliver two services and align service specifications, KPI's and service offer, core standards, training and supervision. This has been supported by the collaborative Executive Strategic Leadership group.

- **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. The focus for the use of the remaining talking therapies funding in 2025/26 is around bolstering of current provision.



- **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. A funding proposal has been developed and is awaiting approval from the ICB expenditure panel.

- **Inpatient quality and safety transformation**

Since June 2025, the MHLDA Collaborative has been actively case managing older adults in long-stay mental health hospitals and adults in rehab settings, including both out-of-area placements and in-area non-contracted independent hospitals. To date 9 patients have been discharged and a further 16 discharges are expected by the end of Q3, with additional discharges anticipated in Q4.

The collaborative lead is working with Humber Be Digital team to process map case management and managing out of area referrals for rehab and other complex or specialist provision. Further meeting planned with finance and commissioning colleagues to explore the variation and processes/pathways of who is approving funding and placements, as this is quite varied.

North Lincolnshire Community Rehabilitation Service – a new high dependency rehabilitation service is opening this month with Rotherham, Doncaster and South Humber NHS Foundation trust (RDASH), commissioned by South Yorkshire ICB. It will be available for North Lincolnshire patients and potentially other Humber and North Yorkshire patients. RDASH are building that into their pathway as a step-down approach with length of stay expected to be approximately 1 year.

- **Mental Health, Learning Disabilities and Autism Performance**

Performance Highlights

Of the 11 total MH LDA metrics:

- 7 have achieved target
- 3 have 95%+ target achieved
- 1 has achieved within 90% of target.

Plans Achieved

- CYP MH Access
- Inappropriate Adult Acute MH OOA Patients
- Average Length of Stay in Adult Acute MH 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 98% of target. Only NEL and NY have achieved local Place targets.
- Talking Therapies Reliable Recovery: ICB have achieved 95% of target. Only Hull & NY have achieved local Place targets.

- Talking Therapies Reliable Improvement: ICB have achieved 98% of target. ERY, Hull, & NL achieving local Place targets.

Plans Within 90% of Target

- IPS Access: ICB achieved 92% of target. Only York have achieved local Place target. July signified the first stepped increase of target in 25/26 with a gradual increase from this point throughout the rest of the year. The trajectory was set on the premise it would be reviewed every quarter and there would be release of the agreed expansion funding.

Recommendation/Action

The Board is asked to note the information presented in the paper.

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025			
Title of Report:	Finance Report Month 7 (October 2025)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:				
	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
	The Board are asked to note the report for October 2025 and comment accordingly.			
Purpose of Paper:	This report is being presented to the Board to provide the financial position for the Trust as at the 31 October 2025 (Month 7). The report provides assurance regarding financial performance, key financial targets, and objectives.			
Key Issues within the report:				
Positive Assurances to Provide: - The Trust recorded a surplus of £2.391m which is a £3.005m improvement above the agreed ICS planning target deficit of £0.614m - The cash balance at the end of Month 7 was £18.816m. - The Better Payment Practice Code figures show achievement of 96.3%. - The Year-to-Date Agency expenditure totalled £1.889m. This is £2.129m below the same period for the previous year.			Key Actions Commissioned/Work Underway: The Mental Health Division is currently working to an agreed finance recovery plan.	
Matters of Concern or Key Risks: The Mental Health Division is showing a deficit forecast of £1.035m			Decisions Made: The Board are asked to note the Finance report for October 2025.	

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

Monitoring and assurance framework summary:

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

FINANCE REPORT – October 2025

1. Introduction

This report presents to the Board the financial position for the Trust as at the 31st October 2025 (Month 7). The report provides assurance regarding financial performance, key financial targets, and objectives.

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

2. System Position

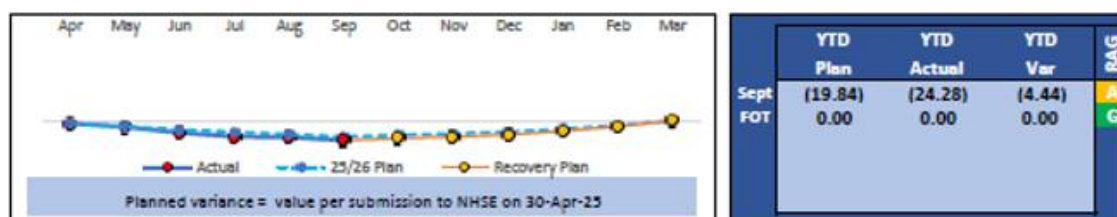
The Humber and North Yorkshire NHS system are working to a breakeven plan for 2025/26, the plan is dependant on non-recurrent deficit support funding of £79m.

To date Q1 and Q2 deficit support funding has been secured, funding for Q1 and Q4 is not guaranteed and will be dependent on system financial performance.

Across previous months the system has reported the following position:

- Month 2 Year to Date Deficit of £7.4m (£0.2m adverse variance)
- Month 3 Year to Date Deficit of £15.0m (£3.9m adverse variance)
- 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)

At Month 6 the system is reporting a £24.3m year to date deficit, all with providers. This represents a £4.4m adverse variance against plan, at Month 6 the system is continuing to forecast achievement of a breakeven plan, as summarised in the graph below (*source ICB Board Performance Report*):



Main factors driving the current provider overspend position are cited as efficiency programme shortfalls, pay award impacts, industrial action, staffing and supernumerary sickness costs.

Previous straight line extrapolation of the deficit run rate suggested a £60m year end deficit position.

3. Trust Position as at 31st October 2025

The Trust's ICS target is a requirement to achieve a break-even position for the year.

Table 1 shows for the period ended to 31st October 2025 the Trust recorded a surplus of £2.391m which is £3.005m higher than the planned deficit of £0.614m.

The donated assets depreciation and Capital Grant Donation do not count against the Trust's financial control target, the year-to-date net value for these items is £0.006m resulting in a ledger position of £2.385m surplus.

The Year to Date favourable variance is attributable to the timing of non-recurrent income into the trust and is forecast to be utilised by the end of the financial year.

2.1 Forecast Position (October 2025)

The forecast outturn position is a break-even position which again is consistent with the agreed plan and details of which are also summarised in Table 1.

There remains risk to delivery of the current forecast being:

1. The Mental Health Division is currently reporting a forecast deficit of £1.035m, due to the level of forecast outturn pressure highlighted the Division has produced an Executive approved recovery plan which would reduce the deficit by £1m by the end of the financial year. The forecast deficit is currently being offset by non-recurrent flexibilities outside of the division whilst the recovery is achieved.
2. The Trust has also estimated a pay award funding risk of £0.262m, which has been communicated to the ICS. The Trust delivers services commissioned by both Hull and East Riding Local Authorities, whilst some additional funding has been received for historical pay awards there are ongoing discussions regarding current year funding to cover the pay awards.

**Table 1: 2025/26
Income and Expenditure and Forecast**

	25/26 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	187,993	109,731	109,803	72	187,993	187,949	(44)
YHCR	4,635	2,704	2,588	(116)	4,635	5,166	531
Total Income	192,628	112,435	112,391	(44)	192,628	193,116	488
Clinical Services							
Children's & Learning Disability	44,812	26,195	26,149	46	44,812	44,363	449
Community & Primary Care	22,153	12,929	12,352	576	22,153	22,192	(39)
Mental Health	61,847	35,983	35,554	429	61,847	62,882	(1,035)
Forensic Services	14,334	8,343	8,317	26	14,334	14,293	40
	143,146	83,450	82,372	1,077	143,146	143,731	(585)
Corporate Services							
	42,041	24,634	25,679	(1,044)	42,041	40,592	1,449
Total Expenditure	185,187	108,084	108,051	33	185,187	184,323	864
EBITDA	7,441	4,350	4,340	(11)	7,441	8,793	1,352
Depreciation	5,610	3,272	3,201	72	5,610	5,487	123
YHCR Amortisation	1,382	806	806	0	1,382	1,382	-
Interest	(1,478)	(862)	(711)	(152)	(1,478)	(1,202)	(276)
IFRS 16	1,691	986	1,058	(72)	1,691	1,807	(116)
PDC Dividends Payable	1,736	1,013	1,013	0	1,736	1,736	-
Gain on disposal of assets	-	-	(419)	419	-	(417)	417
Operating Total	(1,500)	(865)	(609)	257	(1,500)	(0)	1,500
BRS	(1,500)	(251)	-	(251)	(1,500)	-	(1,500)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Non Recurrent Income			(3,000)	3,000	-	-	-
Operating Total	(0)	(614)	2,391	3,005	(0)	(0)	(0)
Excluded from Control Total							
Capital Grant\Donation	-	-	(16)	16	-	-	-
Donated Depreciation	39	23	22	0	39	39	(1)
	(39)	(636)	2,385	3,021	(39)	(40)	(1)
Excluded							
Ledger Position	(39)	(636.409)	2,385	3,021	(39)	(40)	(1)
EBITDA %	3.9%	3.9%	3.9%		3.9%	4.6%	
Surplus %	-0.8%	-0.8%	-0.5%		-0.8%	0.0%	

2.2 Income

Income is forecast to over achieve by £0.488m which relates to increased funding to Yorkshire and Humber Care Record which is offset by expenditure commitments.

2.3 Divisional Net Expenditure

The overall operational divisional net expenditure position is showing a forecast overspend of £0.585m.

2.3.1 Children's and Learning Disability (£0.449m underspend)

The month 7 position is an overspend of £0.046m, both pay and non pay are underspent, but income has an adverse variance of £0.838m in relation to ICB income where contract variations have to be finalised. Focus has been on the inpatient areas which have been the biggest areas of cost pressure year-to-date, Townend Court and Inspire now have a monthly spend in line with budget, but winter pressures present a risk to this going forward.

The forecast outturn position for Children's & LD is a £0.449m underspend with H1 pay pressures on the inpatient areas being offset by vacancy savings in community teams. Pay costs are forecast to increase in the second half of the year as vacant posts are recruited into, notably in Hull 0 to 19 and Mental Health Support Teams. A focus on decreasing waiting lists will also increase costs at the end of the financial year as investment is made to meet targets, if plans are supported this will be an additional spend of circa £0.15m.

2.3.2 Community and Primary Care (£0.039m overspend)

The forecast outturn position has deteriorated by £0.097m since Month 6, primarily due to recent reductions in Primary Care staffing costs being covered through bank and overtime arrangements. This approach has been agreed to mitigate clinical risks ahead of the planned transfer of practices.

The main factor contributing to the £0.282m overspend in Community Services is the sustained high demand for continence products, which is expected to exceed budget by £0.243m by year-end. 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 are working closely with the provider to investigate and manage this increase, which is higher than in previous years.

Primary Care is forecasting an underspend of £0.243m, largely due to vacancies that remain unfilled in advance of the upcoming practice transfers from the Trust. In addition, income has increased as a result of GP Collective Action.

2.3.3 Mental Health (£1.035m overspend)

The Mental Health Division continues to incur additional pressures from the continuing need to place patients out of area and safer staffing pressures on both Adult and Older People Inpatient units which are impacting on the ability to meet financial recovery targets.

The forecast over spend on the Unplanned areas of the Division continue to be partially offset by the number of vacancies on the Planned areas.

It is anticipated that the forecast position will improve in November due to the closing down of the STaRS Ward and the redeployment of staff into vacant posts on other wards.

The forecast deficit is currently being offset at Trust level by non recurrent flexibilities in other areas.

2.3.4 Forensic (£0.040m underspend)

The Forensic division is underspent by £0.026m, there are some cost pressures and offsetting savings. Vacancy savings in the community are offset by pressures on the inpatient areas. EPOCs for 5 patients have been secured which have supported the cost of additional staff due to patient complexity.

The biggest area of overspend is the medical workforce (£0.178m ytd) 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 £0.324m.

Nursing on the wards is a potential risk area due to winter pressures and the cost of patients on high levels of observations who are not supported by an EPOC. The forecast outturn position is £0.04m underspend.

2.3.5 Corporate Services (£1.449m underspend)

Corporate Services (including Finance Technical Items) underspend relates to the need for non-recurrent balance sheet support to achieve the balanced control total position.

3. Cash

As at the end of Month 7 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	18,724
Nat West Commercial Account	65
Petty cash	28
Total	18,816

The cash balance is held in the Government Banking Service account earning interest of 3.89% and avoiding a PDC dividend charge for each day it remains in the account.

4. Agency

Actual agency expenditure year to date at Month 7 is £1.889m, which is £2.129m 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	Grand Total
Administration & Clerical	-	-	12,990	7,312	3,078	171	85	23,636
AHPs	260	13,735	24,901	-	(5,932)	16,583	27,063	76,610
Clinical Support Staff	-	-	-	-	-	-	-	-
Consultant	197,661	281,604	153,371	219,109	198,766	131,016	247,952	1,429,480
Nursing	8,109	65,161	40,375	57,677	(180)	148,679	39,615	359,437
Grand Total	206,031	360,500	231,637	284,098	195,732	296,449	314,715	1,889,162

Table 3 shows the agency spend by staff type by month, the majority (76%) of expenditure relates to Consultants.

There continues to be no off-framework agency since September 2024.

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 4. The current position is 96.6% for non-NHS and 90.1% for NHS with an overall total of 96.3%. 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 £
NON NHS		
Total bills paid	16,707	69,838
Total bills paid within target	16,132	68,060
Percentage of bills paid within ta	96.6%	97.5%
NHS		
Total bills paid	654	18,343
Total bills paid within target	589	17,858
Percentage of bills paid within ta	90.1%	97.4%
TOTAL		
Total bills paid	17,361	88,181
Total bills paid within target	16,721	85,918
Percentage of bills paid within ta	96.3%	97.4%

6. Recommendations

The Board are asked to note the Finance report for October 2025 and comment accordingly.

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025			
Title of Report:	Trust Performance Report – October 2025			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To discuss	✓
	To note	✓	To ratify	
	For assurance			
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of October 2025.			
	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.			
	All indicators have been aligned to the Trusts Strategic Goals.			
	Long Term Plan performance dashboard is attached at appendix B. This report is being considered by the Executive Management Team (EMT) on the 25 th of November, and views will be fed into the board verbally.			
Key Issues within the report:				
Positive Assurances to Provide: - Mandatory Training – the Trust continues to maintain a strong position reporting current compliance at 94.5% - The overall trust vacancy position is 7.2%. - Clinical Supervision continues to perform above target, in month performance was recorded at 92.2%. % of harm free incidents is at 99.6% and has been in the upper quartile for the last quarter - The Two-Hour Urgent Care Response (UCR) time is a key measure within the National Oversight Framework (NOF) requiring eligible patients to receive a 2hour response. The service has demonstrated good performance achieving above 95% compliance consistently since April 2024.		Key Actions Commissioned/Work Underway: - Work to improve the recording of contacts following the change of system is taking place through the EPR optimisation group. This includes validation work to ensure data is recorded and therefore reported accurately. - In response to high levels of sickness absence, a rapid response intervention model has been developed that addresses high prevalence of absence and undertakes root cause analysis with solutions to address. Progress with this work is reported into EMT/Operational Delivery Group (ODG). - Operational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work across all services that are challenged by meeting over 52 week and 18 week waiting time standards.		

- Care Programme Reviews (3 days and 12 months) have performed above target throughout the last quarter. - EIP Performance in month was 100% - Urgent Care Response within 2 hours was 99.2% in October - Virtual Ward Bed Occupancy remains above target at 89% in October.		- The referral target for Urgent Care Response (UCR) is 150 referrals per month and the service has seen some recent improvements in this. A multi-agency action plan has been developed to further improve the number of referrals received as this relies on other partners making them to the service. - The perinatal service is reviewing the quality of data to ensure that recording of activity is accurate. In addition to this a review of the patient pathway is being undertaken to consider how to increase the availability of first assessments through the effective management of appointments, waiting times and did not attends (DNA).	
Matters of Concern or Key Risks: - 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 6%. - Safer Staffing Dashboard – there are no units with 5 or more Red flags however 12 units are flagging red for sickness - Waiting times for children’s neurodiversity services continues to be the most significant area of pressure and challenge. - Inappropriate MH Out of Area continues to be monitored, and solutions are being actively progressed to reduce usage.		Decisions Made: None (report is to note)	
Governance: Please indicate which committee or group this paper has previously been presented to:			
	Audit Committee	Date	Remuneration & Nominations Committee
	Quality Committee		People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Collaborative Committee		Other (please detail)

Monitoring and assurance framework summary:

Links to Strategic Goals (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	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Financial Year
2025-26

TRUST PERFORMANCE REPORT

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

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

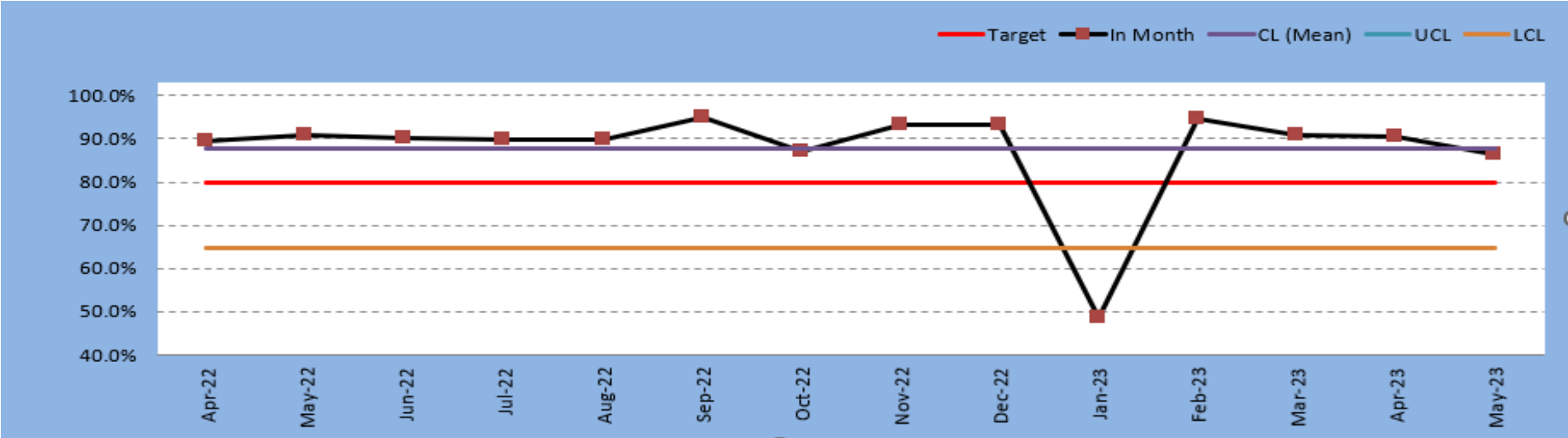
Reporting Month:

Oct-25

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team

For the period ending:

October 2025

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).			
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set. The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:			
Example SPC Chart	S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable. 			
Strategic Goal 1	Innovating Quality and Patient Safety		Strategic Goal 4	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery		Strategic Goal 5	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances		Strategic Goal 6	Promoting people, communities and social values
Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts			

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **October 2025**

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral

For the period ending:	October 2025	
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Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention
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)

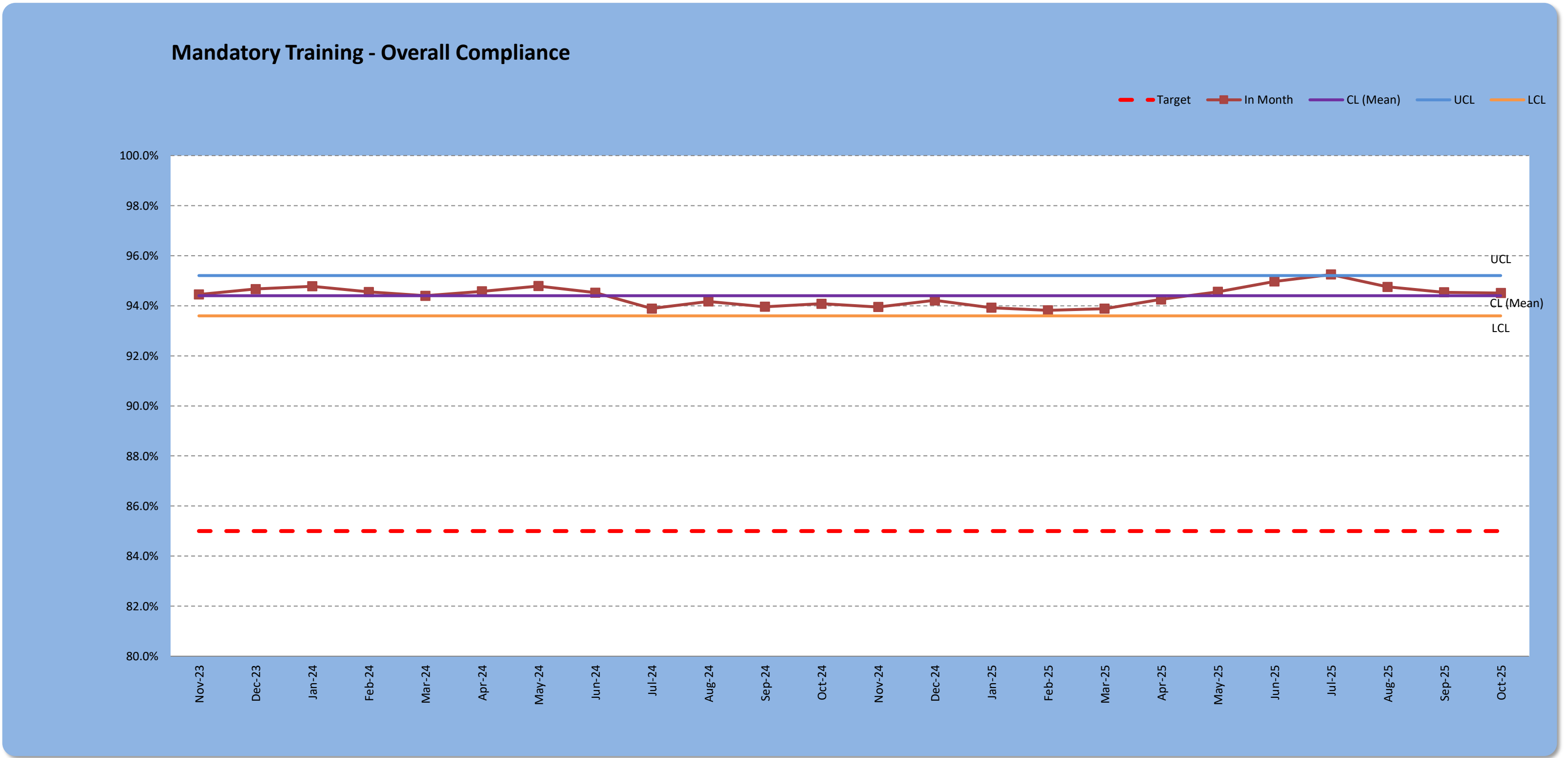
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: October 2025

Target:	Amber:	Current month stands at:
85%	80%	94.5%

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



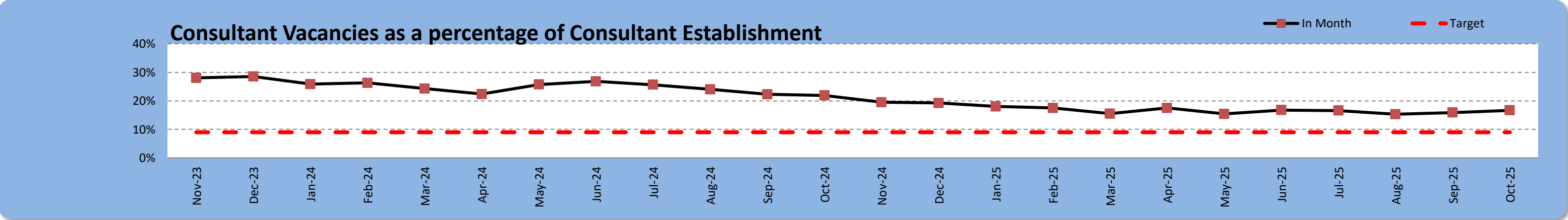
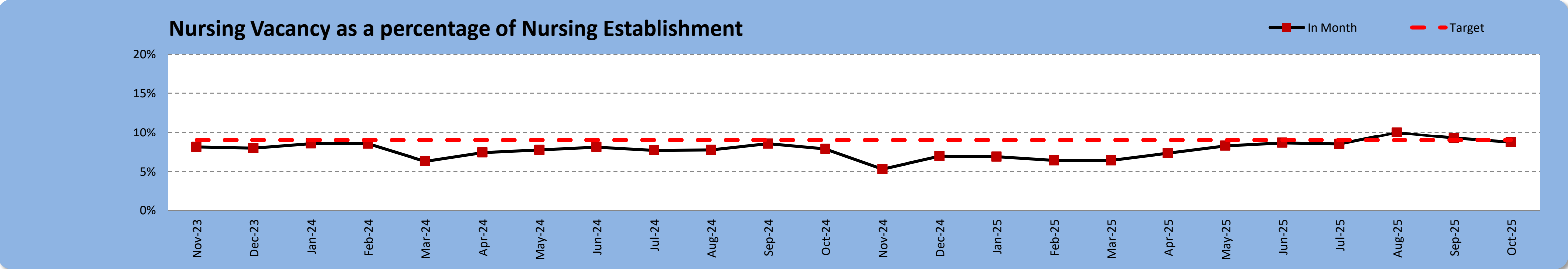
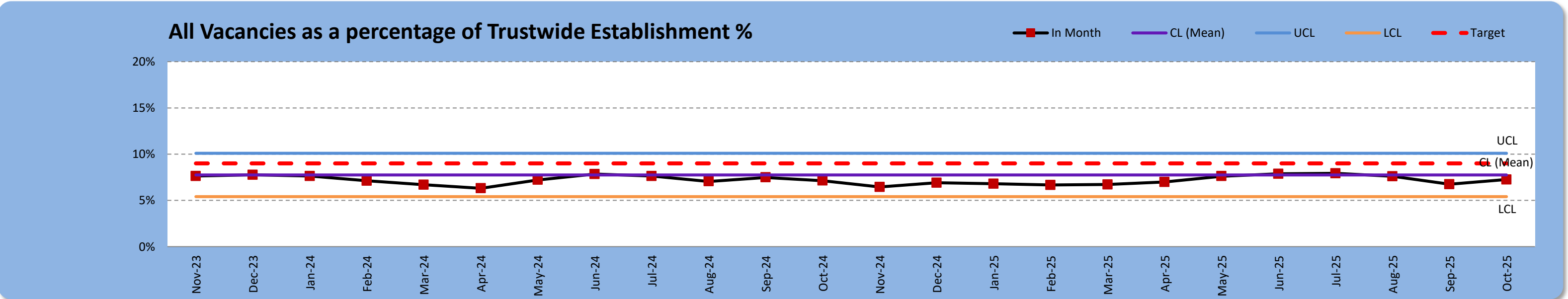
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: October 2025

Target:	Amber:	Current month stands at:
N/A	N/A	7.2%

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



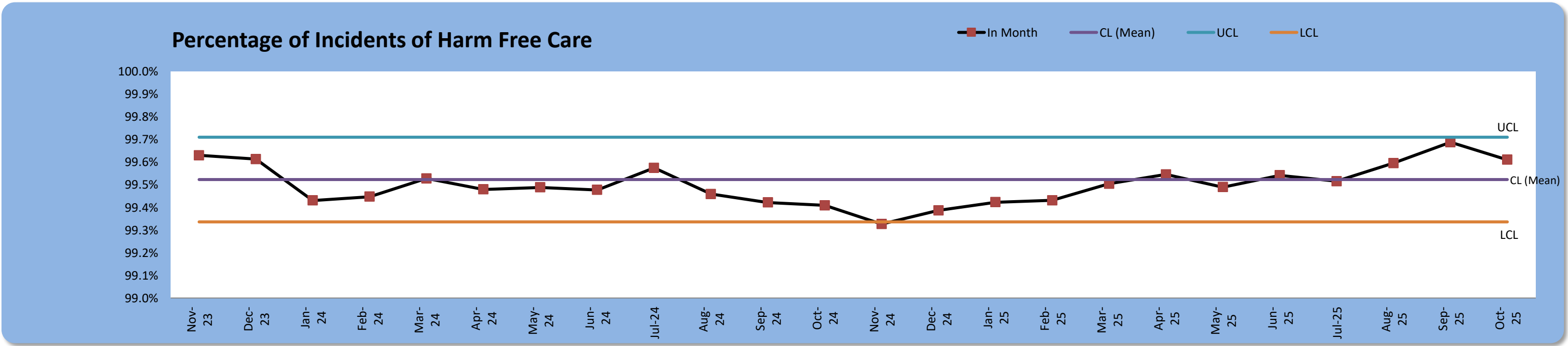
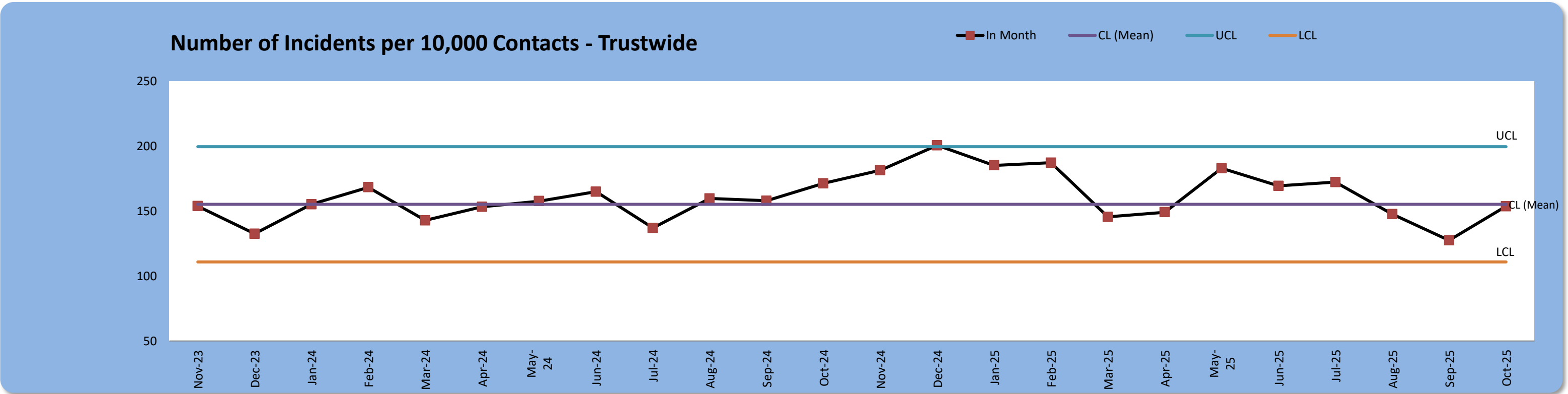
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2025**

Trustwide current month stands at:	
Target: 0	Amber: 0
154	

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



PI RETURN FORM 2025-26

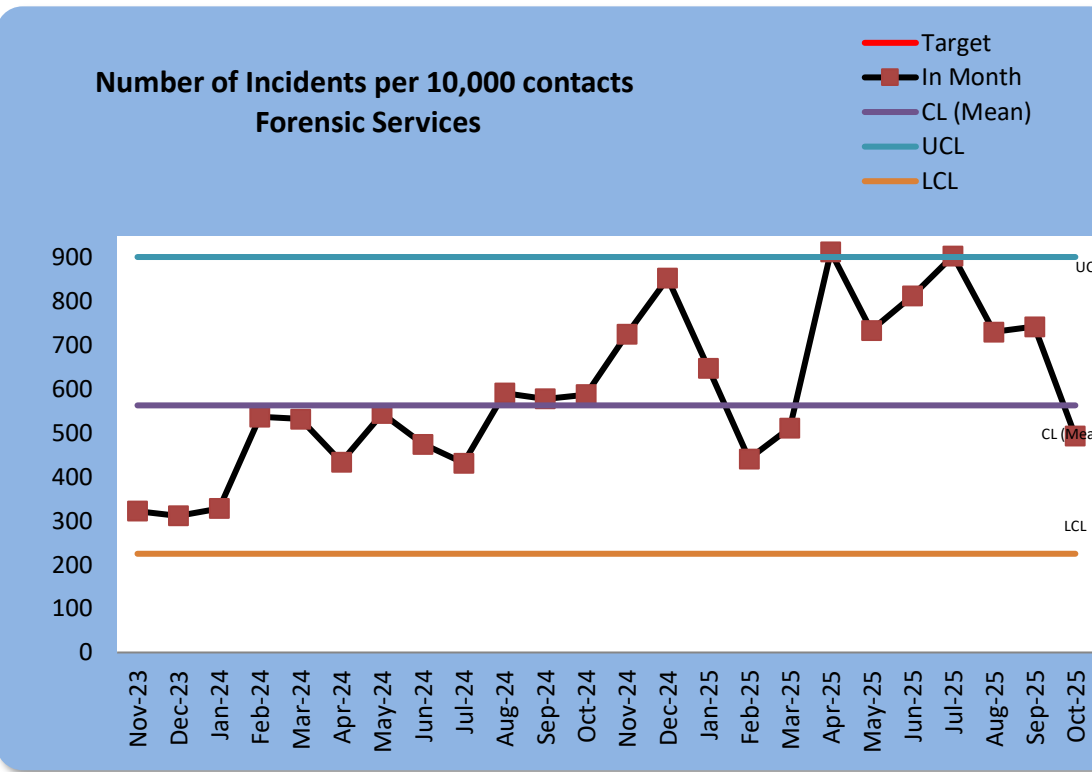
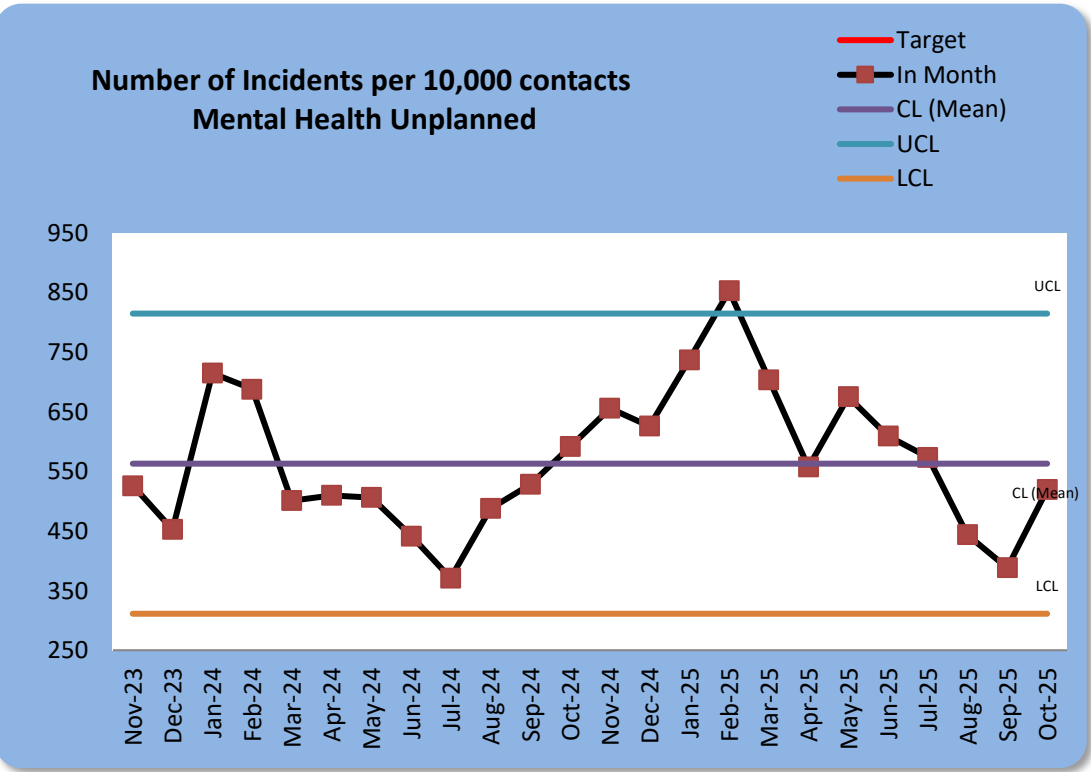
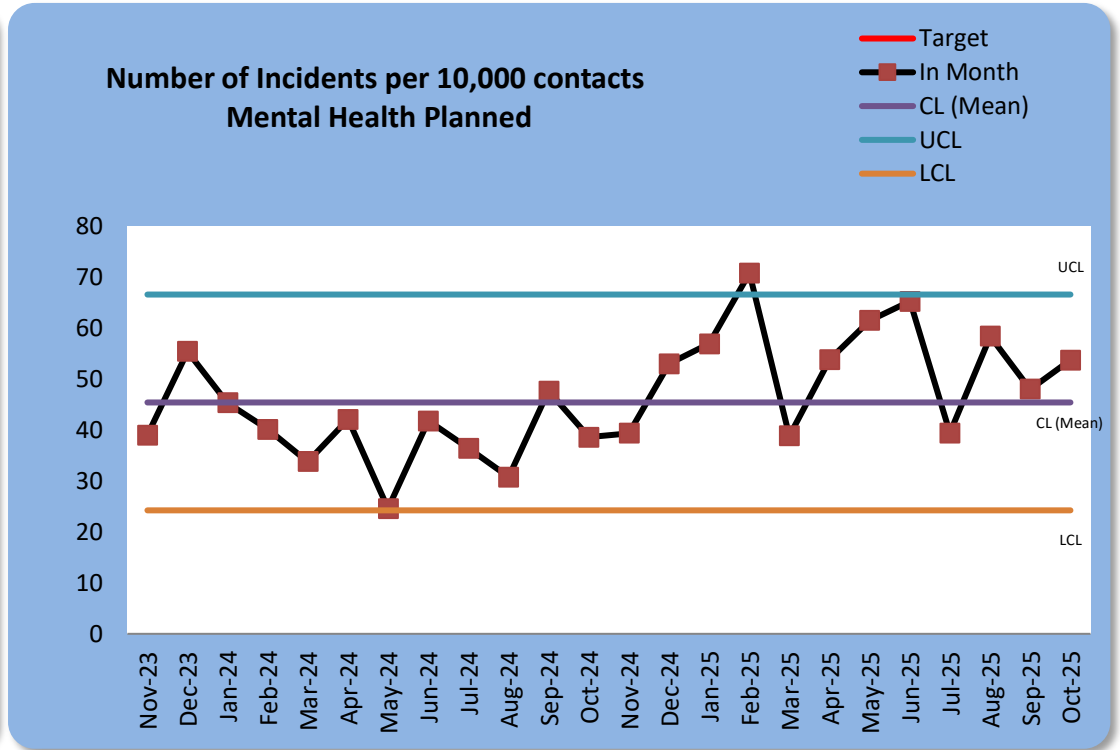
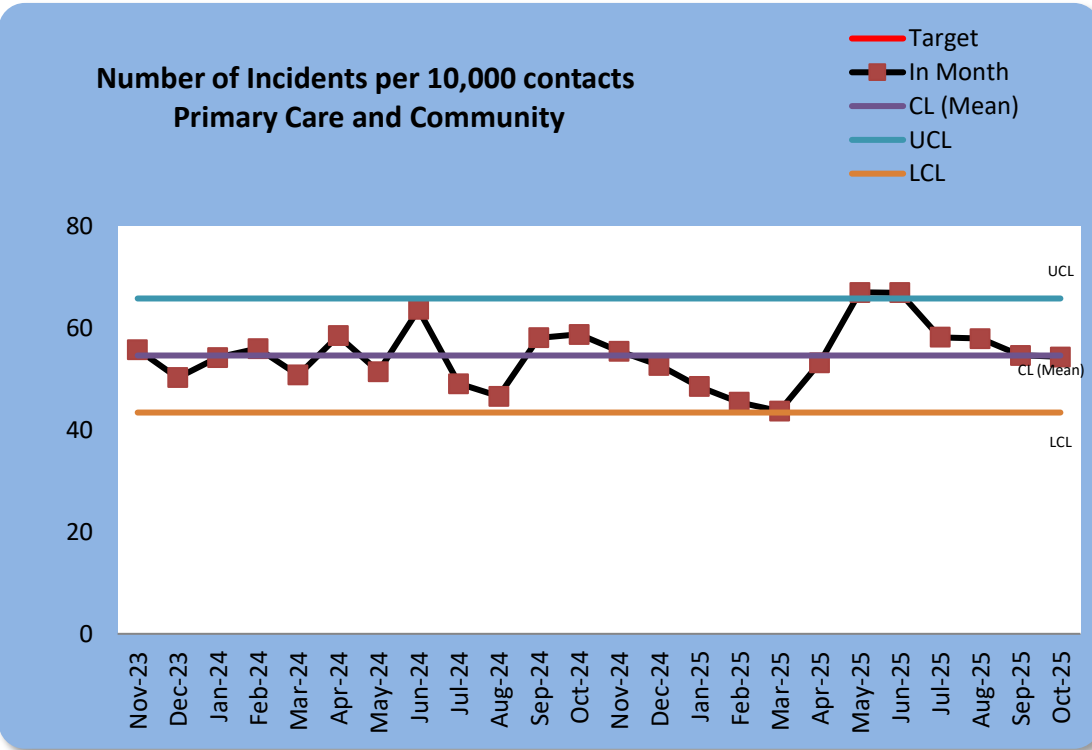
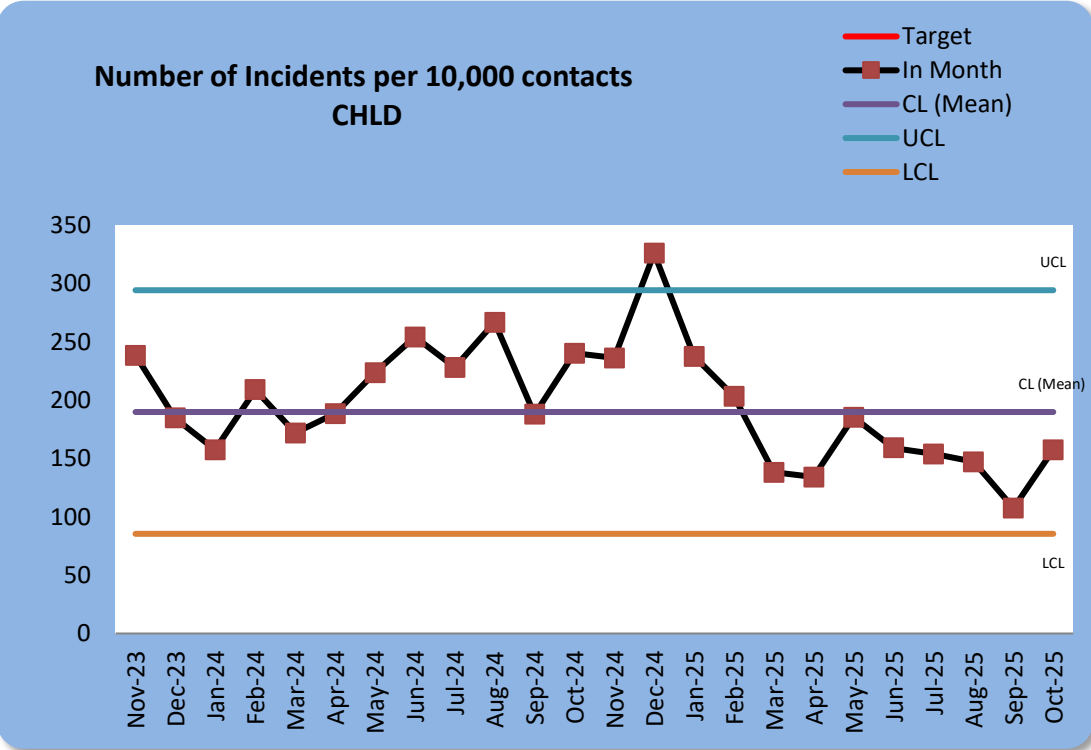
Goal 1 : Innovating Quality and Patient Safety

For the period ending: October 2025

Target:	Amber:	Trustwide current month stands at:
0	0	154

Indicator Title	Description/Rationale	Executive Lead
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Sarah Smyth

KPI Type
IA_TW



Current Month per Division	
Children and Learning Disability	158
Primary Care and Community	54
Mental Health Planned	54
Mental Health Unplanned	520
Forensic Services	493

Incident Analysis	Sep-25	Oct-25
Never Events	0	0
% of Harm Free Care	99.7%	99.6%
% of Incidents reported in Severe Harm or Death	0.4%	0.1%

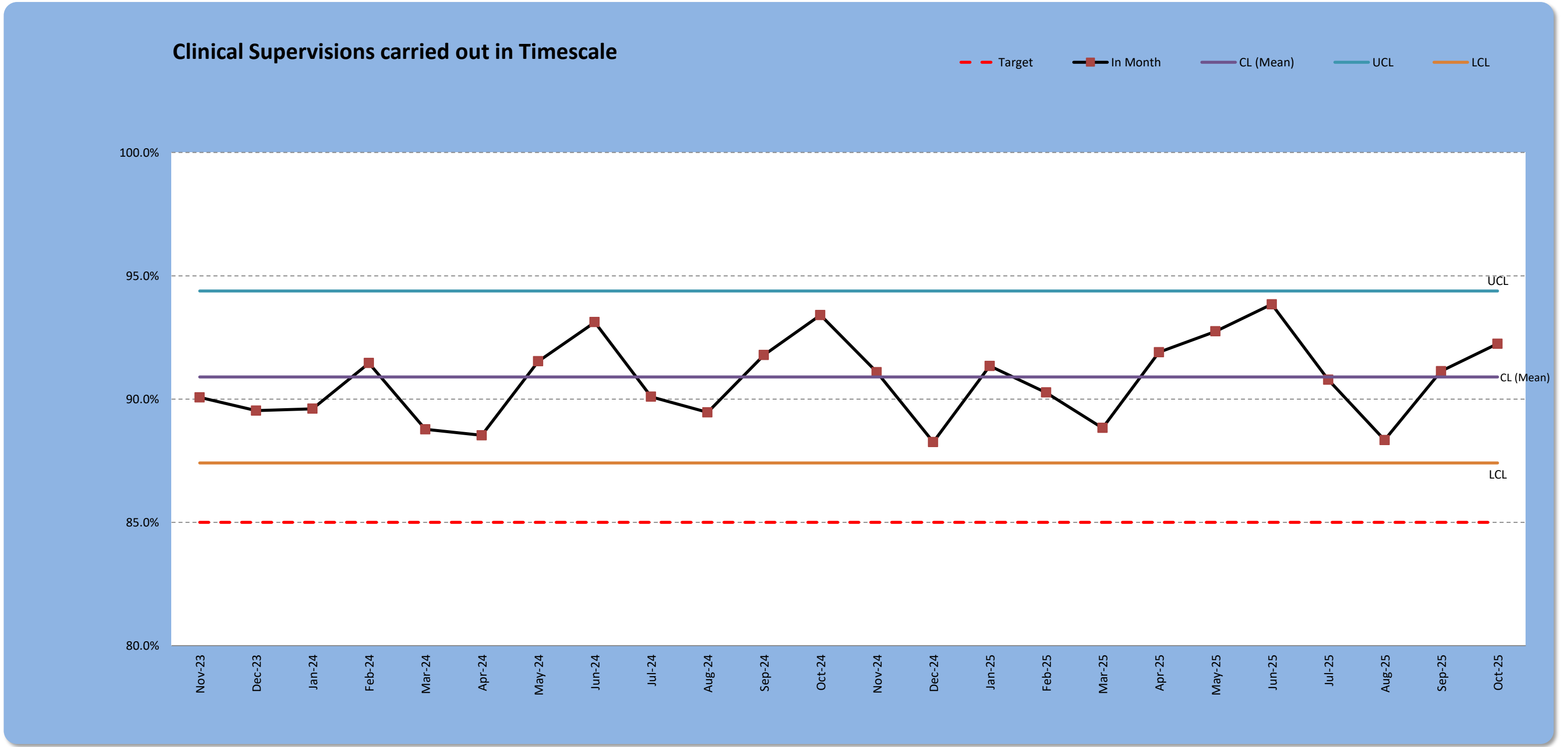
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2025**

Target:	Amber:	Current month stands at:
85%	80%	92.2%

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



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD														Contract Period:		Staffing and Quality Indicators										NHS Humber Teaching NHS Foundation Trust										
Shown one month in arrears														Reporting Month:		2025-26																				
														Reporting Month:		Sep-25																				
Units									Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators																			
									Day		Night		QUALITY INDICATORS														Indicator Totals									
													Month				YTD																			
Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Improvement	Bank % Filled	Improvement	Agency % Filled	Improvement	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)	Aug-25	Sep-25						
Adult MH	Avondale	Adult MH Assessment	28.8	✔ 82%	✔ 10.1	↓	32.1%	↓	5.3%	↓	✔ 93%	✔ 100%	✔ 95%	✔ 102%	0	0	0	0	0	21	0	0	⚠ 80.8%	✔ 91.3%	✔ 90.0%	⚠ 76.5%	✔ 2.9%	2.0	✔ 1	✔ 0						
	New Bridges	Adult MH Treatment (M)	34.6	✖ 98%	⚠ 7.8	↑	29.4%	↓	0.8%	↓	✔ 108%	✔ 95%	✔ 102%	✔ 115%	0	0	0	0	3	22	0	3	✔ 87.9%	✔ 94.9%	✔ 87.5%	✔ 100.0%	✖ 12.7%	4.4	⚠ 2	⚠ 2						
	Westlands	Adult MH Treatment (F)	33.6	✖ 96%	⚠ 7.5	↓	30.9%	↑	5.2%	↓	✔ 92%	⚠ 81%	✔ 98%	✔ 100%	0	7	1	0	1	90	0	1	✔ 93.8%	✔ 92.3%	⚠ 81.3%	✖ 57.9%	✖ 7.0%	0.0	✔ 1	⚠ 3						
	Mill View Court	Adult MH Treatment	32.1	✖ 99%	⚠ 7.4	↓	13.5%	↑	7.4%	↓	✔ 95%	✔ 101%	✔ 95%	✔ 110%	0	5	0	0	0	7	0	0	✔ 94.1%	✔ 93.1%	⚠ 82.4%	⚠ 77.8%	✖ 9.2%	1.8	⚠ 2	⚠ 2						
	STARS	Adult MH Rehabilitation	16.8	✔ 59%	✔ 29.2	↑	21.8%	↑	2.1%	↓	✔ 100%	⚠ 82%	✔ 100%	✔ 100%	0	1	0	0	0	1	0	0	✔ 100.0%	✔ 93.6%	⚠ 80.0%	⚠ 84.6%	✖ 11.8%	2.0	✔ 0	✔ 1						
	PICU	Adult MH Acute Intensive	26.3	✖ 98%	✔ 19.4	↓	40.2%	↑	5.1%	↑	✔ 102%	⚠ 88%	✔ 91%	✔ 124%	0	17	0	0	1	137	0	0	✔ 90.3%	✔ 95.9%	✔ 93.3%	⚠ 76.9%	✖ 5.7%	2.6	⚠ 3	⚠ 2						
OP MH	Maister Lodge	Older People Dementia Treatment	35.7	✔ 78%	✔ 16.5	↓	28.0%	↓	2.3%	↓	✔ 108%	✔ 91%	✔ 100%	✔ 145%	1	11	0	0	3	39	0	0	✖ N/R	✔ 93.2%	⚠ 81.8%	✔ 96.0%	✖ 7.5%	2.3	✔ 0	⚠ 2						
	Mill View Lodge	Older People Treatment	31.5	✖ 97%	✔ 12.2	↓	25.1%	↑	3.7%	↓	✖ 65%	⚠ 82%	✔ 100%	✔ 99%	0	1	0	0	1	2	0	0	⚠ 80.8%	✔ 91.4%	✔ 100.0%	✔ 94.1%	✖ 8.6%	-1.0	⚠ 2	⚠ 3						
	Maister Court	Older People Treatment	22.0	✖ 100%	✔ 15.5	↓	22.1%	↑	1.6%	↑	⚠ 88%	⚠ 86%	✔ 107%	✔ 103%	0	0	0	0	2	32	0	0	✖ N/R	✔ 93.6%	✔ 100.0%	⚠ 83.3%	✖ 6.1%	-0.6	✔ 1	⚠ 3						
	Pine View	Forensic Low Secure	29.2	✔ 81%	✔ 9.8	↓	21.4%	↓	0.0%	➡	⚠ 78%	✔ 94%	⚠ 76%	✔ 110%	0	0	0	3	0	2	0	3	✔ 100.0%	✔ 98.1%	✔ 100.0%	✔ 90.9%	✖ 7.2%	4.1	✔ 1	✔ 1						
	Derwent	Forensic Medium Secure	27.2	✔ 65%	✔ 21.4	↑	35.3%	↓	0.0%	➡	✔ 96%	⚠ 88%	✔ 100%	✔ 145%	0	0	0	0	0	8	0	0	✔ 100.0%	✔ 95.9%	⚠ 83.3%	✔ 100.0%	✔ 3.3%	0.2	✔ 0	✔ 0						
	Ouse	Forensic Medium Secure	22.6	✔ 86%	✔ 8.8	↑	30.6%	↓	0.0%	➡	✔ 96%	✔ 95%	✔ 120%	✔ 117%	0	1	0	2	0	1	0	10	✔ 100.0%	✔ 96.0%	✔ 100.0%	⚠ 84.6%	✖ 19.6%	0.2	✔ 1	✔ 1						
	Swale	Personality Disorder Medium Secure	27.3	✔ 86%	✔ 11.0	↑	28.9%	↑	0.0%	➡	⚠ 90%	✔ 102%	✔ 100%	✔ 111%	0	0	0	0	0	3	0	2	⚠ 78.6%	✔ 98.9%	✔ 90.0%	✔ 100.0%	⚠ 4.5%	3.2	✔ 1	✔ 0						
	Ullswater (10 Beds)	Learning Disability Medium Secure	28.4	✔ 58%	✔ 23.4	↑	33.1%	↑	0.0%	➡	⚠ 87%	✔ 145%	✔ 108%	✔ 145%	1	5	0	0	3	31	0	0	✔ 92.6%	✔ 96.6%	✔ 90.9%	✔ 94.4%	✖ 8.3%	-1.0	✔ 1	✔ 1						
	Townend Court	Learning Disability	42.2	✔ 35%	✔ 34.0	↓	7.1%	↓	0.0%	➡	✖ 70%	⚠ 78%	⚠ 88%	✖ 67%	0	11	0	0	0	80	0	0	✔ 94.1%	✔ 94.3%	✖ 72.7%	✔ 89.7%	✖ 7.4%	2.0	⚠ 3	⚠ 4						
	Inspire	CAMHS	45.8	✔ 54%	✔ 30.3	↑	7.0%	↑	0.0%	➡	⚠ 82%	✔ 94%	⚠ 82%	✔ 109%	0	0	0	0	0	0	0	1	⚠ 83.3%	✔ 93.7%	✔ 90.0%	⚠ 84.0%	⚠ 4.9%	0.7	⚠ 2	✔ 0						
Child & LD	Granville Court	Learning Disability Nursing Care	50.8	✔ 66%	✔ 20.6	↓	24.9%	↑	0.0%	➡	✔ 109%	⚠ 87%	✔ 130%	✔ 103%	0	0	0	0	0	0	0	0	✔ 85.1%	✔ 97.7%	✔ 85.7%	✖ 71.4%	✖ 13.5%	-0.9	✔ 1	⚠ 2						
	Whitby Hospital	Physical Health Community Hospital	30.2	✔ 76%	✔ 8.5	↑	0.9%	↑	9.3%	↑	⚠ 75%	✖ 59%	✔ 100%	✔ 98%	0	0	0	#N/A	3	1	0	#N/A	✔ 88.9%	✔ 93.1%	✔ 85.7%	✔ 90.0%	✔ 2.7%	2.6	⚠ 3	✔ 1						
	Malton Hospital	Physical Health Community Hospital	30.4	✔ 75%	✔ 8.1	↑	17.8%	↑	0.0%	➡	✔ 92%	✖ 73%	✔ 113%	⚠ 87%	1	0	0	#N/A	1	1	0	#N/A	✔ 100.0%	✔ 90.9%	✖ 52.9%	⚠ 82.4%	✖ 10.6%	1.9	⚠ 2	⚠ 3						
Key	✔ Target met			⚠ Within 5% of target			✖ Target not met																													

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Contract Period:

Reporting Month:

Staffing and Quality Indicators
2025-26
Sep-25



Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Sep

Following an overall reduction in sickness in August, there are 14 units flagging red for in September compared to 12 in August, with 5 over 10% (up from 3 in August).

BLS and ILS compliance has been consistently strong over time however there were a number of units under the target threshold for September. A full review of the compliance rates on ESR has been conducted by the resuscitation officer. Westlands, Avondale, MVC, PICU, Maister Lodge, Maister Court and Derwent have all since recovered their position above the target threshold of 85%. An additional course is scheduled in November at Malton. Granville Court are currently reviewing the assignment of staff ILS/BLS requirements on ESR.

Mandatory training overall is above target for all wards.

There are 4 units with 3 red flags (Westlands, MVL, Malton and Maister Court) and 1 unit with 4 red flags (TEC). Safer staffing reviews have taken place during October and November, led by the Deputy Director of Nursing, Allied health and Social Care Professionals and areas of low compliance in relation to quality metrics have been addressed with the teams. The E-roster templates are being reviewed to ensure they are accurately reflecting minimum staffing requirements and to address discrepancies associated with long days and early and late shifts with an increased focus on ensuring e-roster efficiency and appropriate deployment of staff.

CHPPD is strong across the majority of inpatient wards with Newbridges, Westlands and MVC slightly below their target impacted by high bed occupancy.

Malton and Whitby have both met their target of 8.0 CHPPD, supported by lower bed occupancy during this reporting period. As part of this round of safer staffing reviews we have introduced the use of the Safer Nursing Care Tool.

Supervision compliance remains consistent, however there were 2 nil returns for September (Maister Court and Lodge). Maister Court have achieved 100% in October following 4 months of nil returns and have put in new processes to ensure timely data submission. Maister Lodge have a strong overall 6 month position April-Sept with an average of 97%.

The staffing level incidents reported in September have been reviewed. All but 1 incident reported as no harm, 1 reported as low harm. Impacts included reduced patient activities, section 17 leave, ability to complete timely documentation and delay in attending to personal cares.

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows: Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between		
Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton))
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby, Malton
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Townend Court

Registered Nurse Vacancy Rates (Rolling 12 months)

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
6.80%	6.30%	7.39%	7.77%	7.57%	7.15%	7.71%	8.90%	10.20%	10.65%	11.04%	11.27%

Slips/Trips and Falls (Rolling 3 months)

	Jul-25	Aug-25	Sep-25
Maister Lodge	6	2	7
Millview Lodge	3	10	3
Malton IPU	0	4	3
Whitby IPU	7	0	2

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

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING COMMUNITY DASHBOARD

Contract Period:

Reporting Month:

Staffing and Quality Indicators
2025-26
Sep

2025-26

Sep



			Workforce Indicators						Quality Indicators						Trend						
Area	Team	Speciality	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	Aug-25	Sep-25				
Adult MH Services	Mental Health Response Service	Adult Crisis	60.9	7.2%	⊗	7.2%	£42,617	£126	✔	92.7%	⊗	77.1%	2	⊗	50.0%	0	0	✔	1	⚠	3
	Hull East Mental Health Team	Hull Adult MHT	22.4	41.5%	⊗	24.0%	£991	£8,271	⊗	73.2%	⊗	71.7%	2	⊗	50.0%	0	0	✔	1	⚠	4
	Hull West Mental Health Team	Hull Adult MHT	12.4	17.8%	⊗	15.3%	£1,508	£1,116	✔	91.8%		N/R	0		NS	0	1	✔	1	✔	1
	Beverley Mental Health Team	ER Adult MHT	6.6	3.2%	⊗	8.7%	£2,262	£0	✔	97.7%	✔	100.0%	8	✔	100.0%	0	0	✔	1	✔	1
	Goole Mental Health Team	ER Adult MHT	8.4	13.8%	✔	0.0%	£273	£0	✔	97.9%	✔	100.0%	7	✔	100.0%	0	0	✔	1	✔	0
	Haltemprice Mental Health Team	ER Adult MHT	9.9	4.7%	⊗	8.6%	£729	£0	✔	91.9%		N/R	0		NS	0	0	✔	1	✔	1
	Holderness Mental Health Team	ER Adult MHT	11.0	4.6%	⊗	17.1%	£0	£0	✔	93.6%	✔	100.0%	1	✔	100.0%	0	0	✔	1	✔	1
	Bridlington & Driffield MHT	ER Adult MHT	14.3	10.2%	✔	1.0%	£137	£0	✔	97.0%	✔	100.0%	10	✔	90.0%	0	0	✔	1	✔	0
Older People MH Services	Crisis Intervention Team for Older People (CITOP)	OP Crisis	25.8	17.4%	⊗	20.0%	£4,931	£0	✔	92.4%	✔	100.0%	6	⚠	83.3%	0	0	✔	1	✔	1
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	21.9	6.1%	✔	4.3%	£3,742	£0	✔	97.7%	✔	100.0%	11	✔	100.0%	0	0	✔	1	✔	0
	Beverley and Haltemprice OP CMHT	ER OP CMHT	8.4	12.3%	✔	2.0%	£0	£0	✔	97.4%	✔	100.0%	10	✔	100.0%	0	0	✔	0	✔	0
	Bridlington & Driffield OP CMHT	ER OP CMHT	6.6	19.1%	✔	1.3%	£1,301	£0	✔	87.0%	✔	100.0%	5	⚠	80.0%	0	0	✔	0	✔	0
	Goole & Pocklington OP CMHT	ER OP CMHT	6.1	0.0%	⊗	16.4%	£0	£0	✔	96.9%	✔	100.0%	8	✔	100.0%	0	0	⚠	2	✔	1
	Holderness OP Community Team	ER OP CMHT	4.5	14.9%	✔	0.0%	£0	£0	✔	98.7%	✔	100.0%	3	⊗	66.7%	0	1	✔	0	✔	1
Universal	Early Intervention in Psychosis	14-65 MHT	24.7	9.3%	⊗	6.5%	£0	£0	✔	89.7%	✔	89.3%	0		NS	0	2	✔	0	✔	1
	Hospital Mental Health Team	Liaison Services	35.7	11.2%	⊗	6.7%	£1,990	£50,595	✔	90.9%	⊗	69.7%	12	⚠	83.3%	0	0	✔	1	⚠	2
Community Services	Ryedale Team	Comm Services	21.0	-1.0%	✔	0.4%	£3,216	£0	✔	92.4%	✔	96.3%	0		NS	0	0	✔	0	✔	0
	Scarborough Hub	Comm Services	66.6	4.5%	⊗	5.4%	£19,887	£7,210	✔	87.8%	⊗	76.6%	0		NS	0	0	✔	1	⚠	2
	Whitby Community Nurses	Comm Services	28.7	16.2%	✔	1.4%	£2,491	£0	✔	94.4%	✔	100.0%	0		NS	0	0	✔	0	✔	0
	Pocklington Nurses	Comm Services	17.8	9.6%	⊗	5.7%	£5,547	£0	⚠	80.9%	✔	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

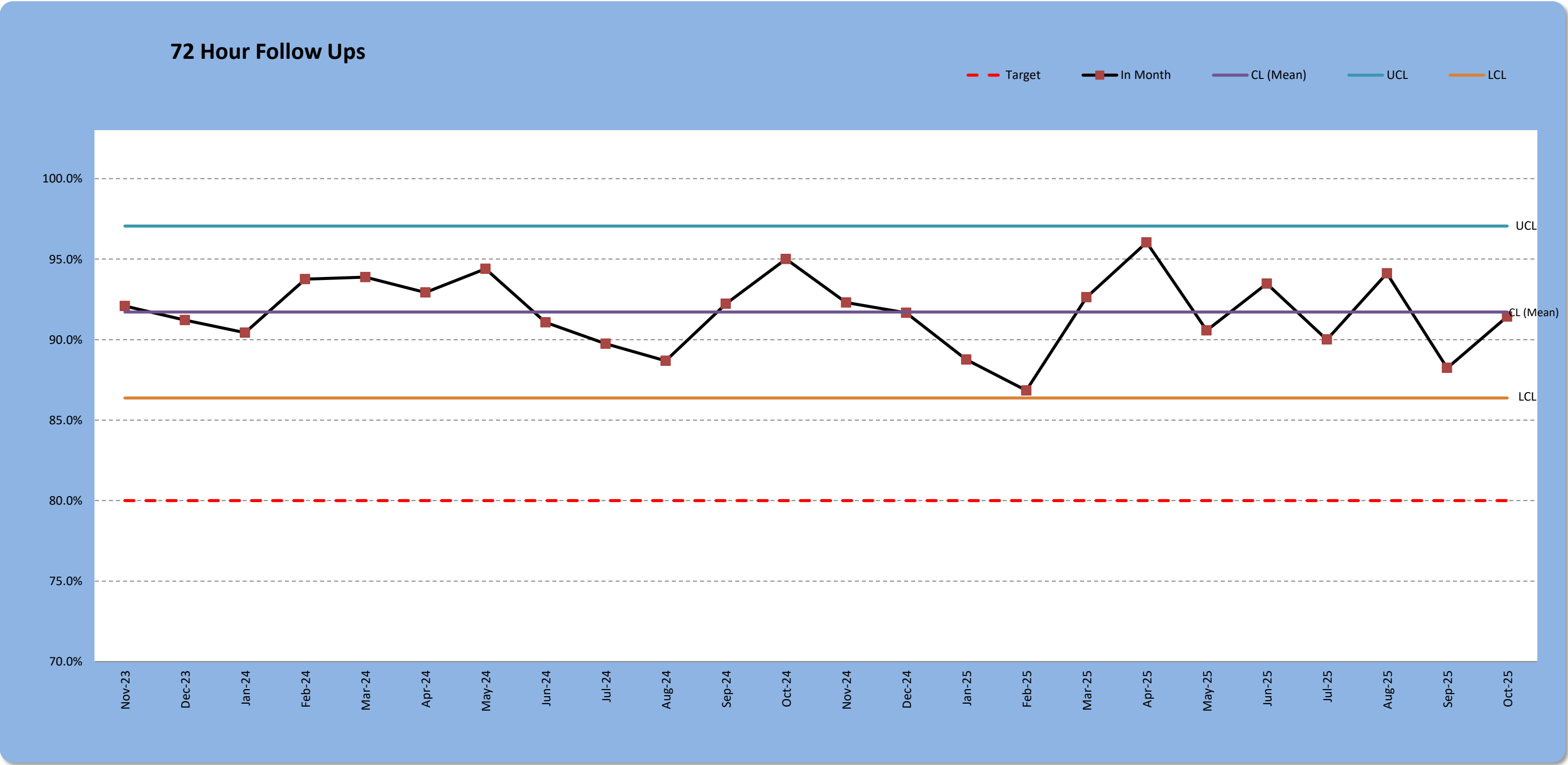
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

		Current month for 72 hour stands at:
Target:	Amber:	
80%	60%	91.4%

Indicator Title	Description/Rationale		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	Executive Lead Lynn Parkinson	OP 12



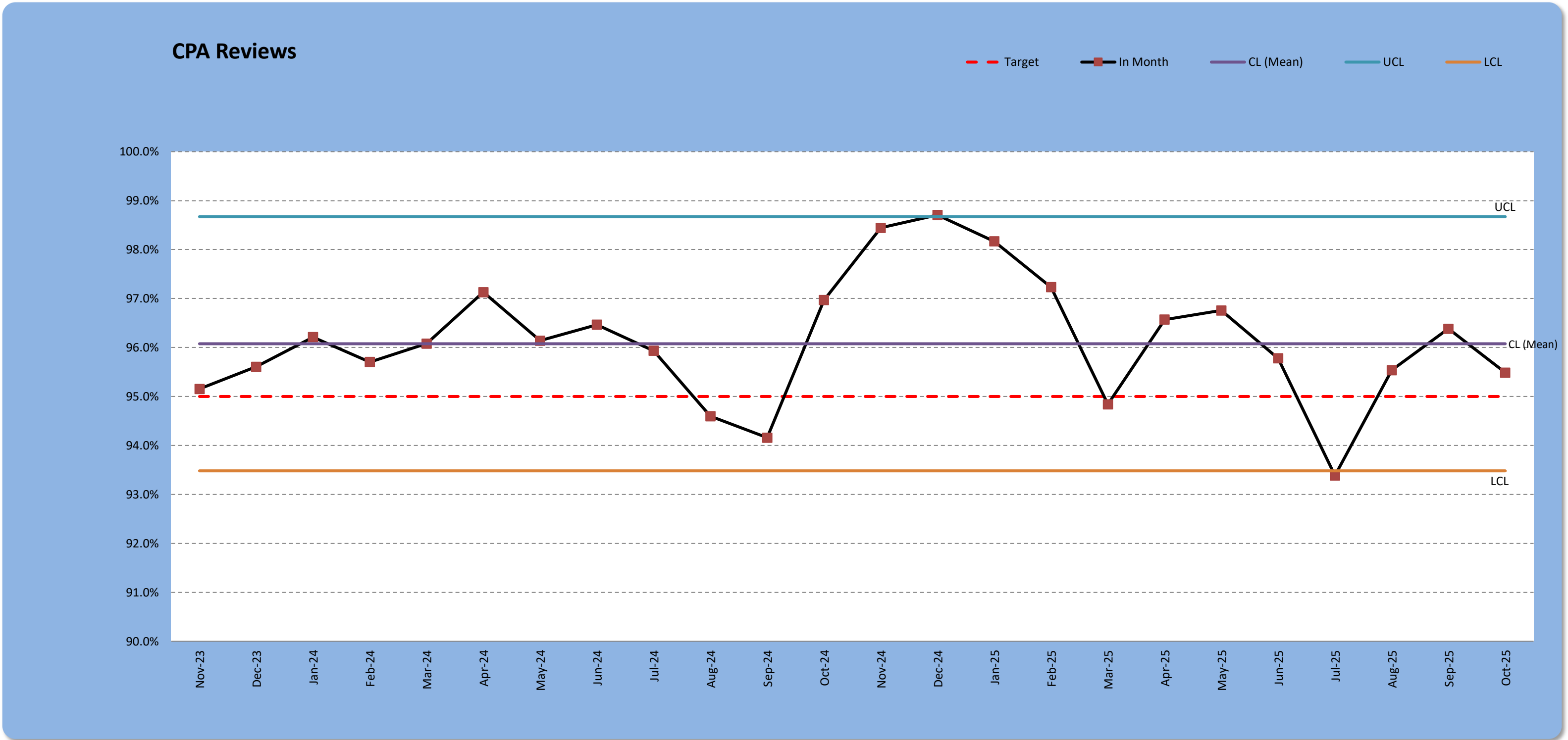
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
95%	85%	95.5%

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



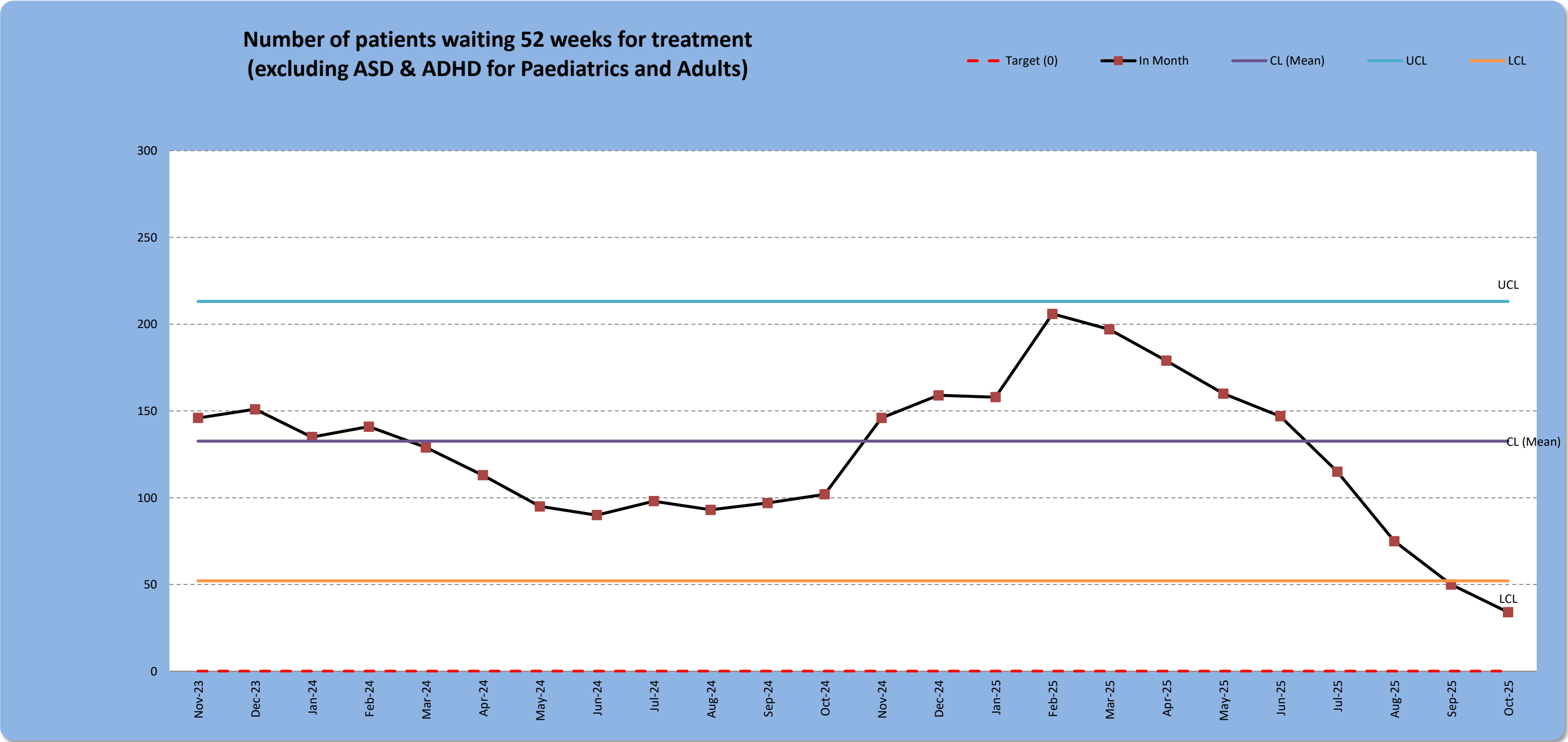
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

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

Indicator Title	Description/Rationale	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 & ADHD Services for both Adult and Paediatrics)</i>	OP 22x
Executive Lead Lynn Parkinson		



PI RETURN FORM 2025-26

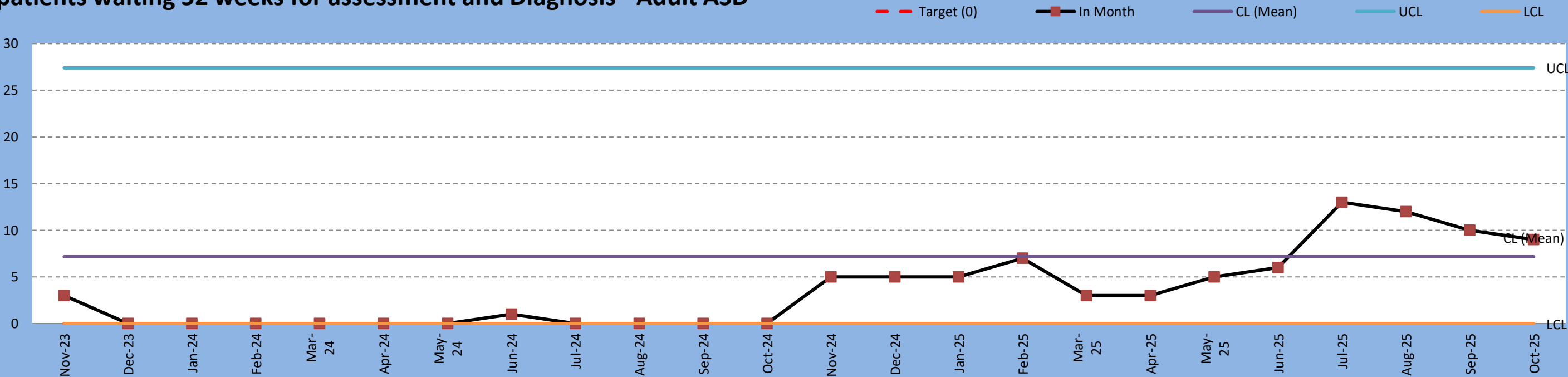
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

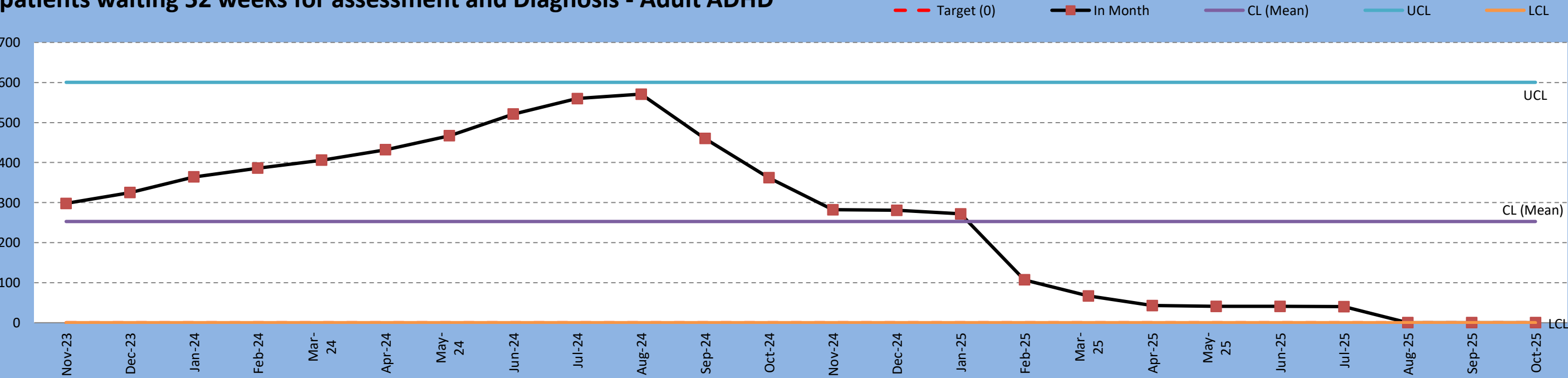
Target: Amber:		Current month stands at:
0	0	9

Indicator Title	Description/Rationale	KPI Type
52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks	OP 22u
Executive Lead Lynn Parkinson		

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



Number of patients waiting 52 weeks for assessment and Diagnosis - Adult ADHD



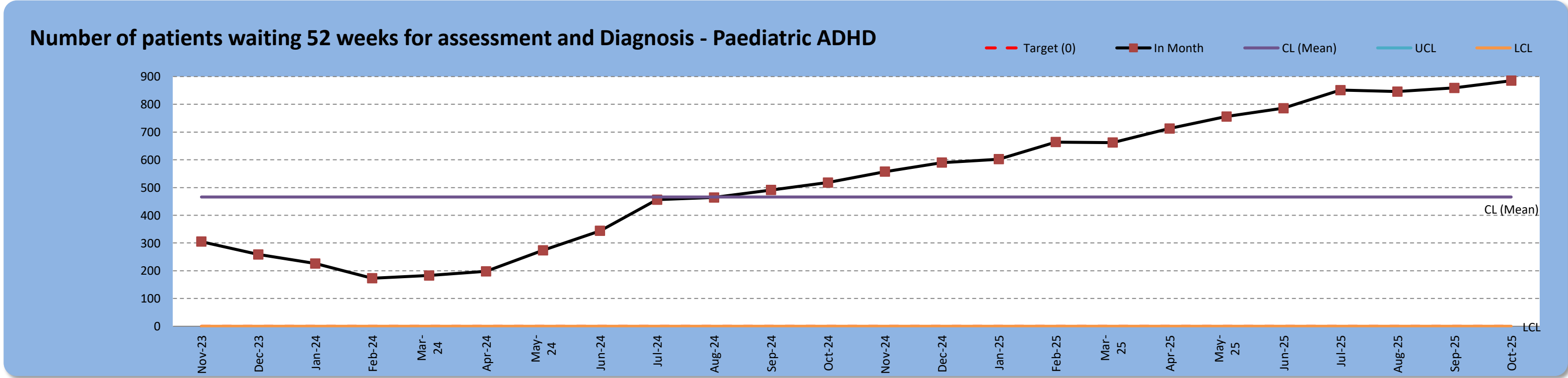
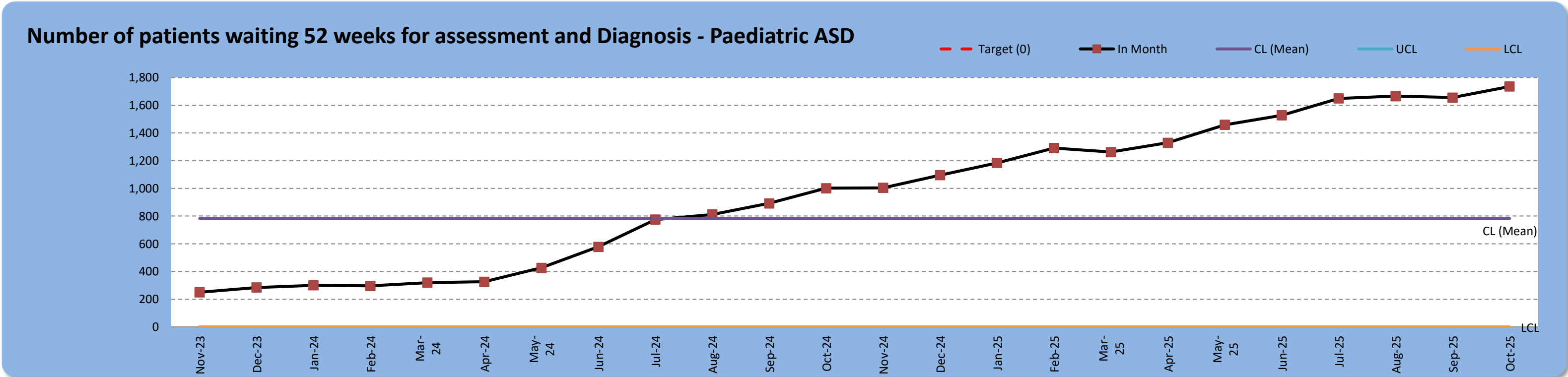
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
0	0	2620

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



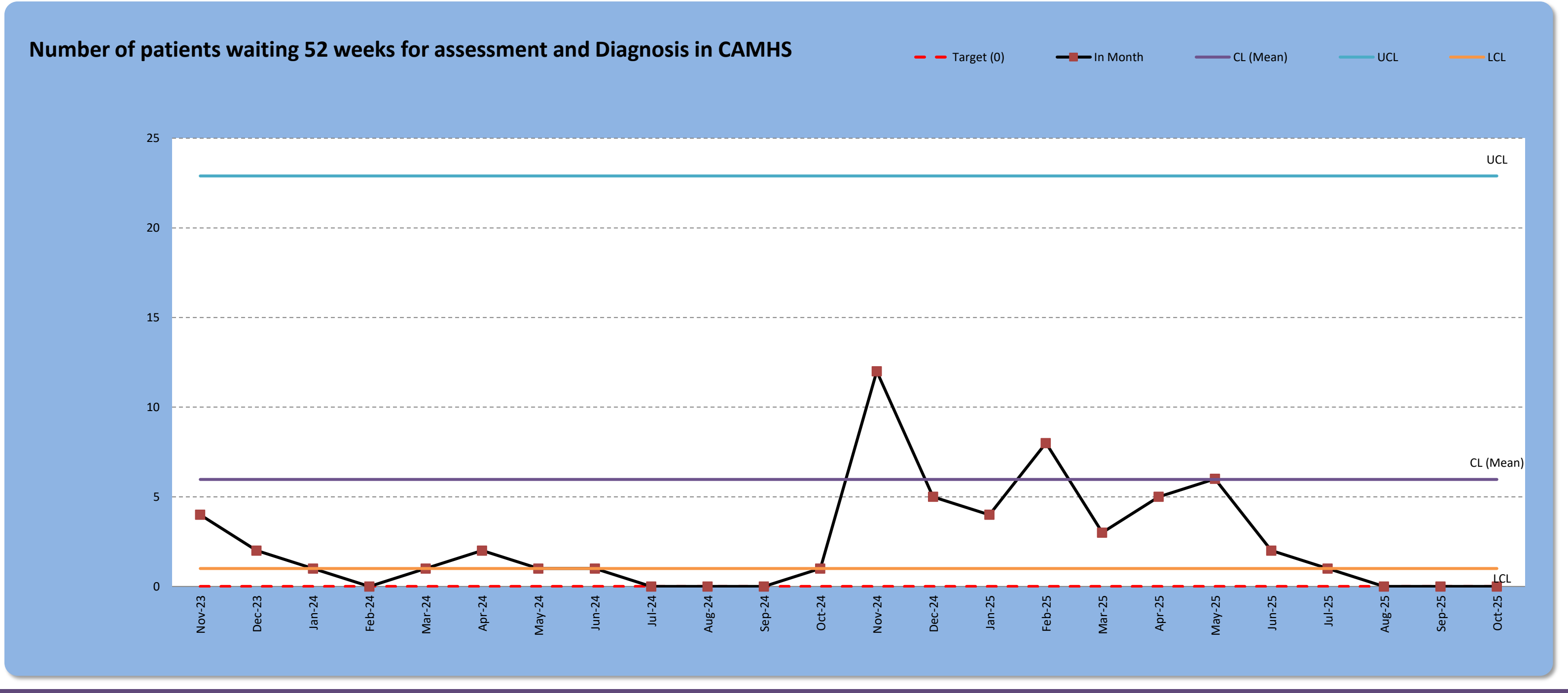
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

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

Indicator Title	Description/Rationale	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)	OP 22j
Executive Lead Lynn Parkinson		



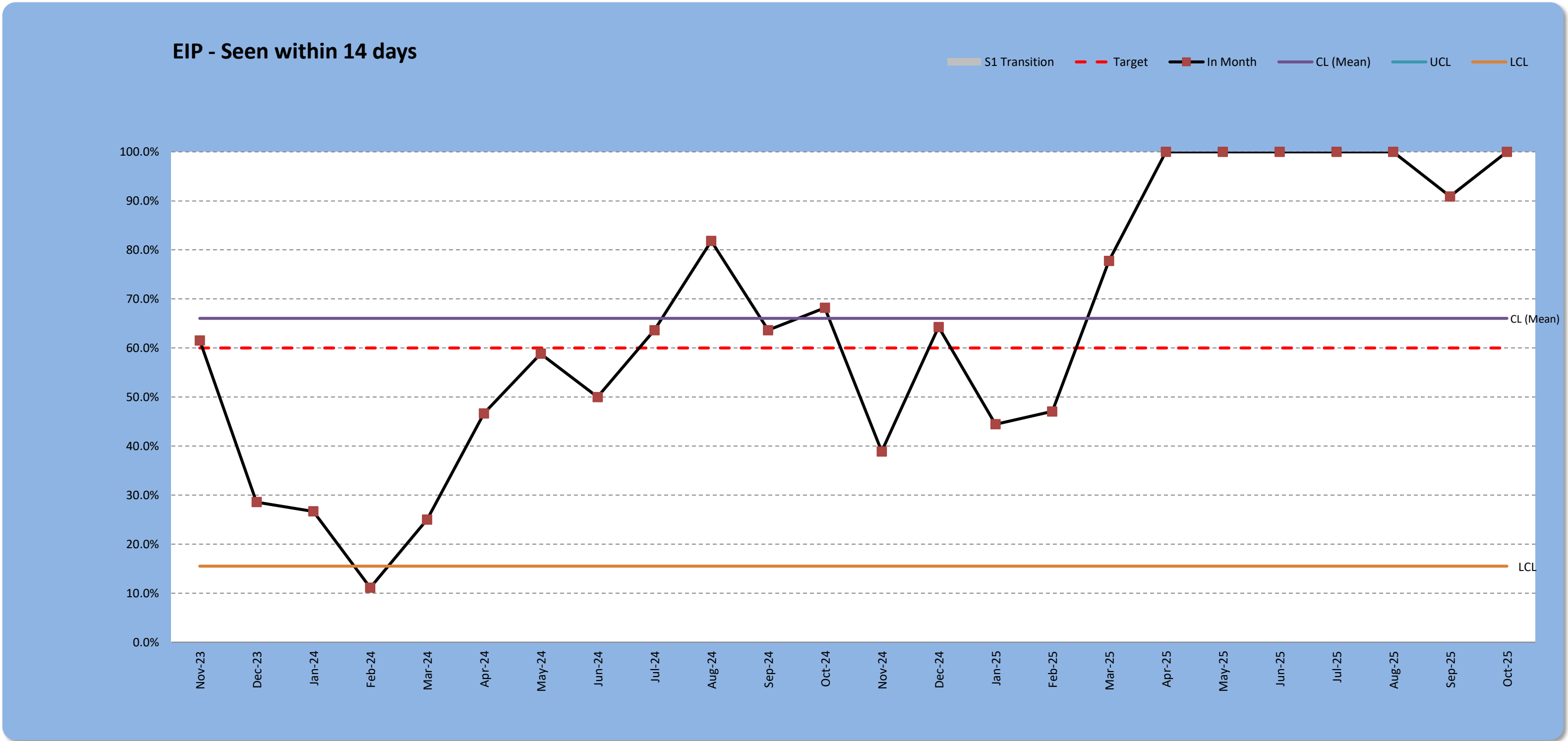
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
60%	55%	100.0%

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



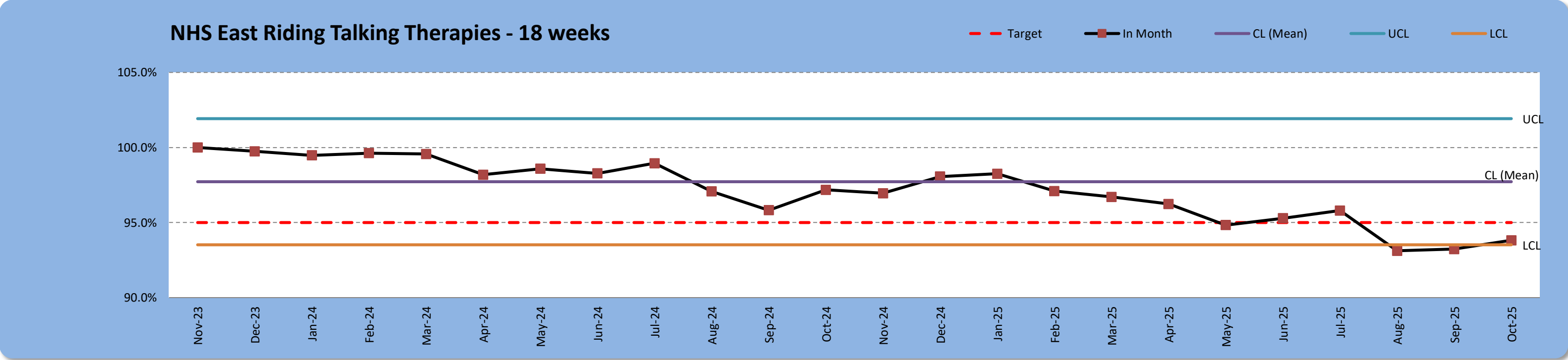
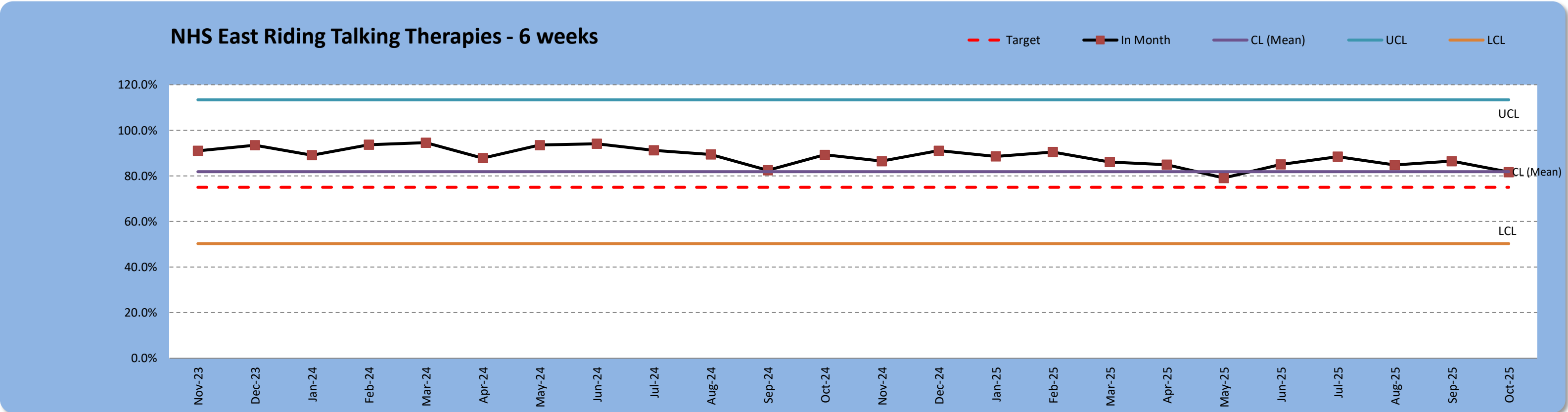
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

		Current month 6 weeks stands at:		Current month 18 weeks stands at:	
Target:	Amber:			Target:	Amber:
75%	70%	81.7%		95%	85%
				93.8%	

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



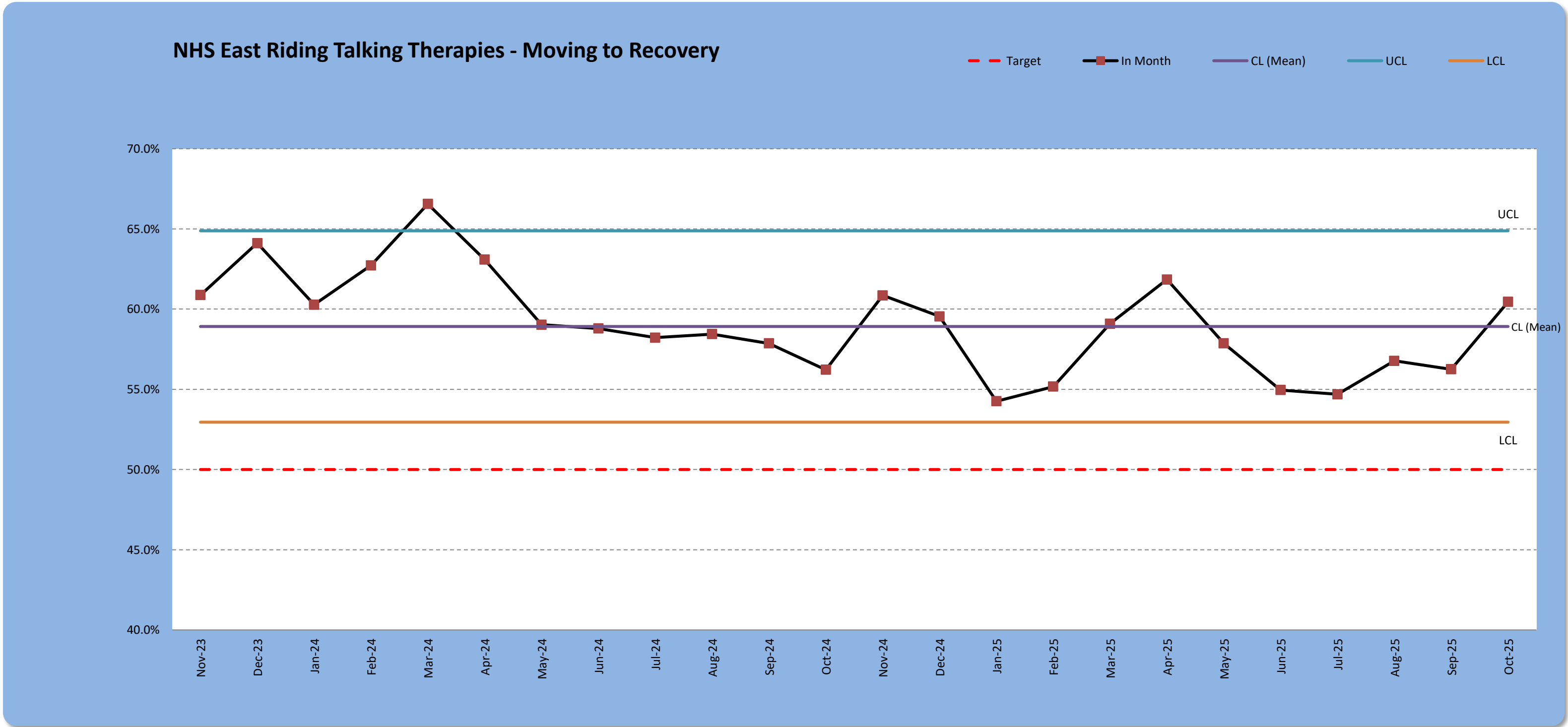
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
50%	45%	60.5%

Indicator Title	Description/Rationale	Executive Lead Lynn Parkinson	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)		OP 11



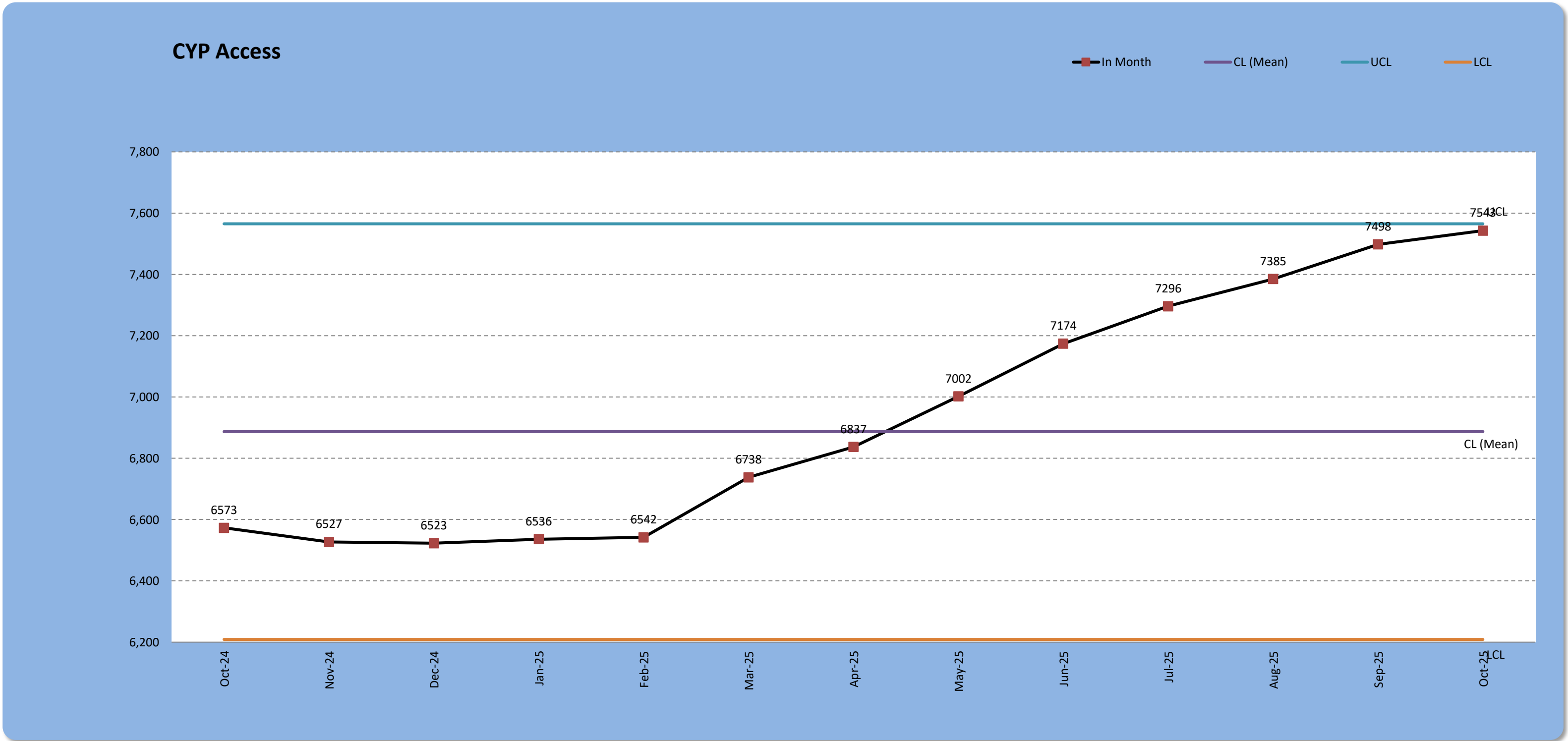
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
TBC	TBC	7543

Indicator Title	Description/Rationale	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>	MHS95.2
Executive Lead Lynn Parkinson		



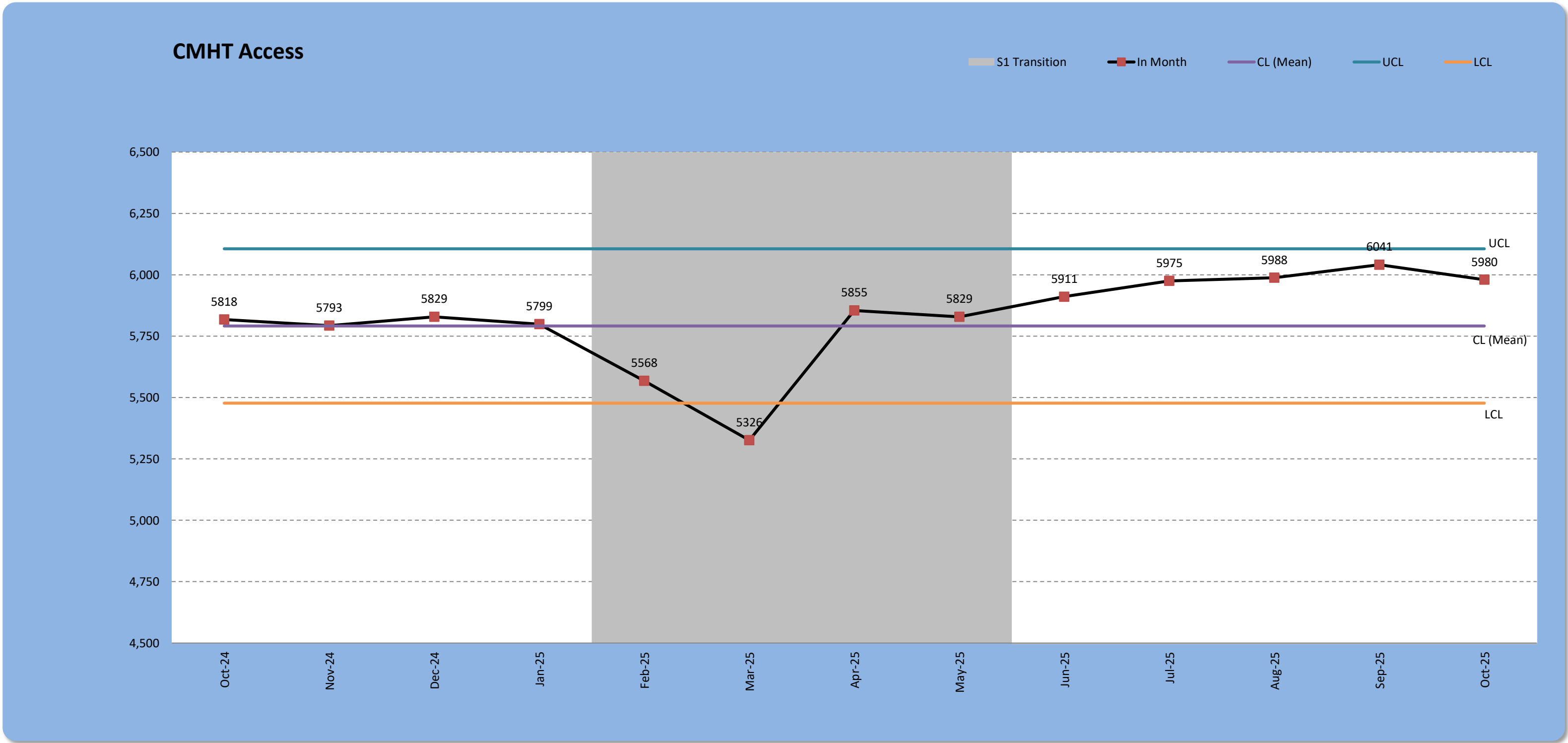
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
TBC	TBC	5980

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



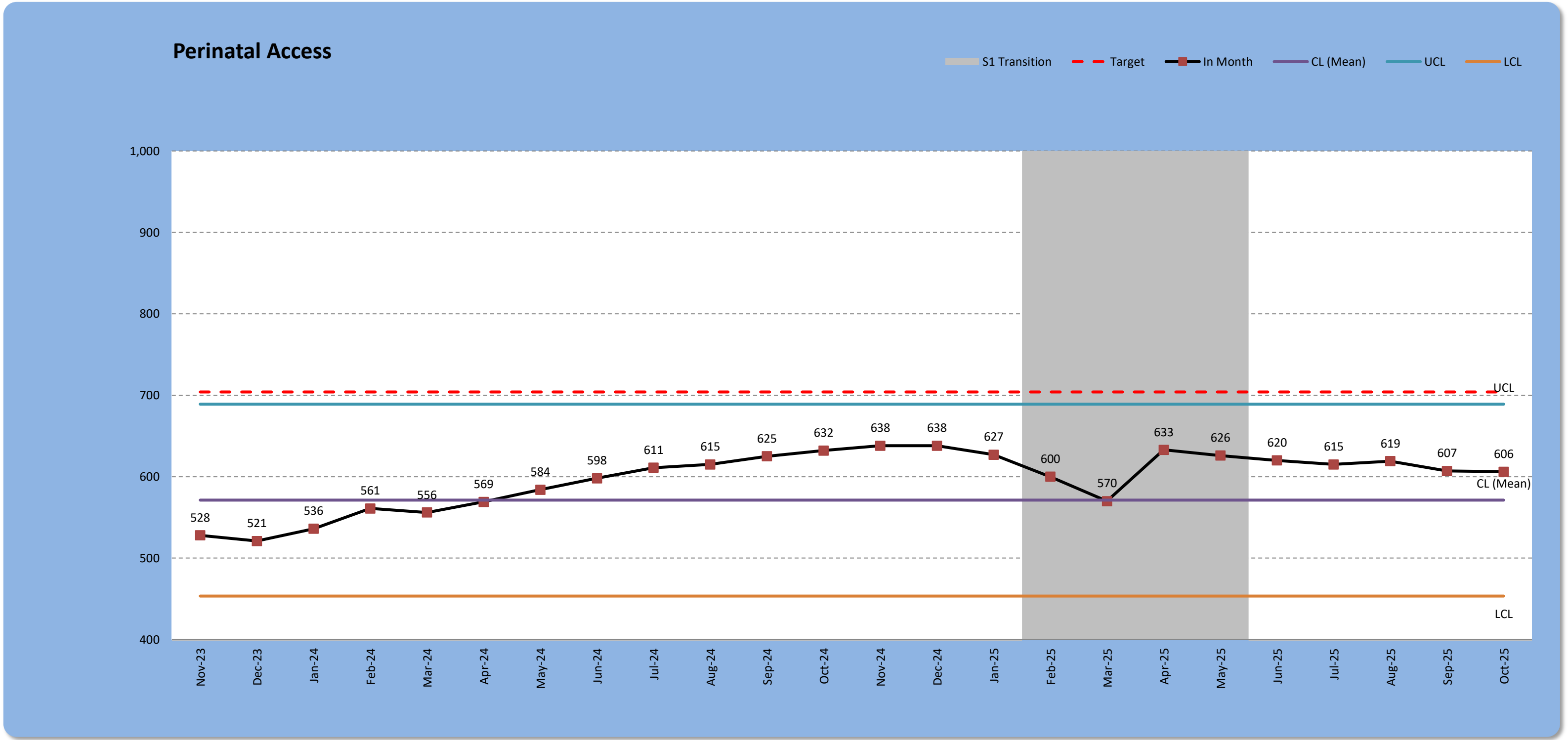
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
TBC	TBC	606

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 & North Lincs only)</i>	Lynn Parkinson	MHS91.1



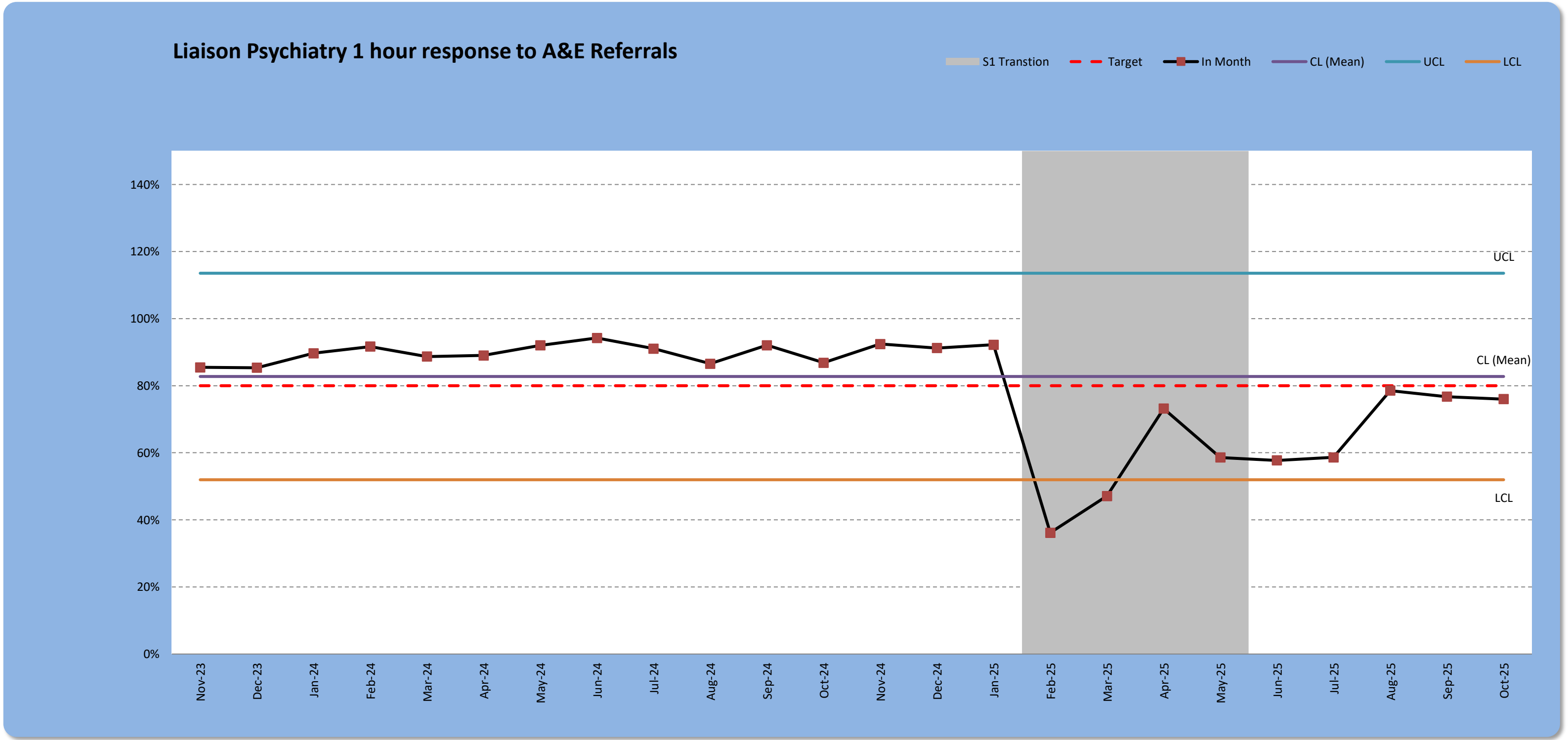
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
80%	75%	76.0%

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



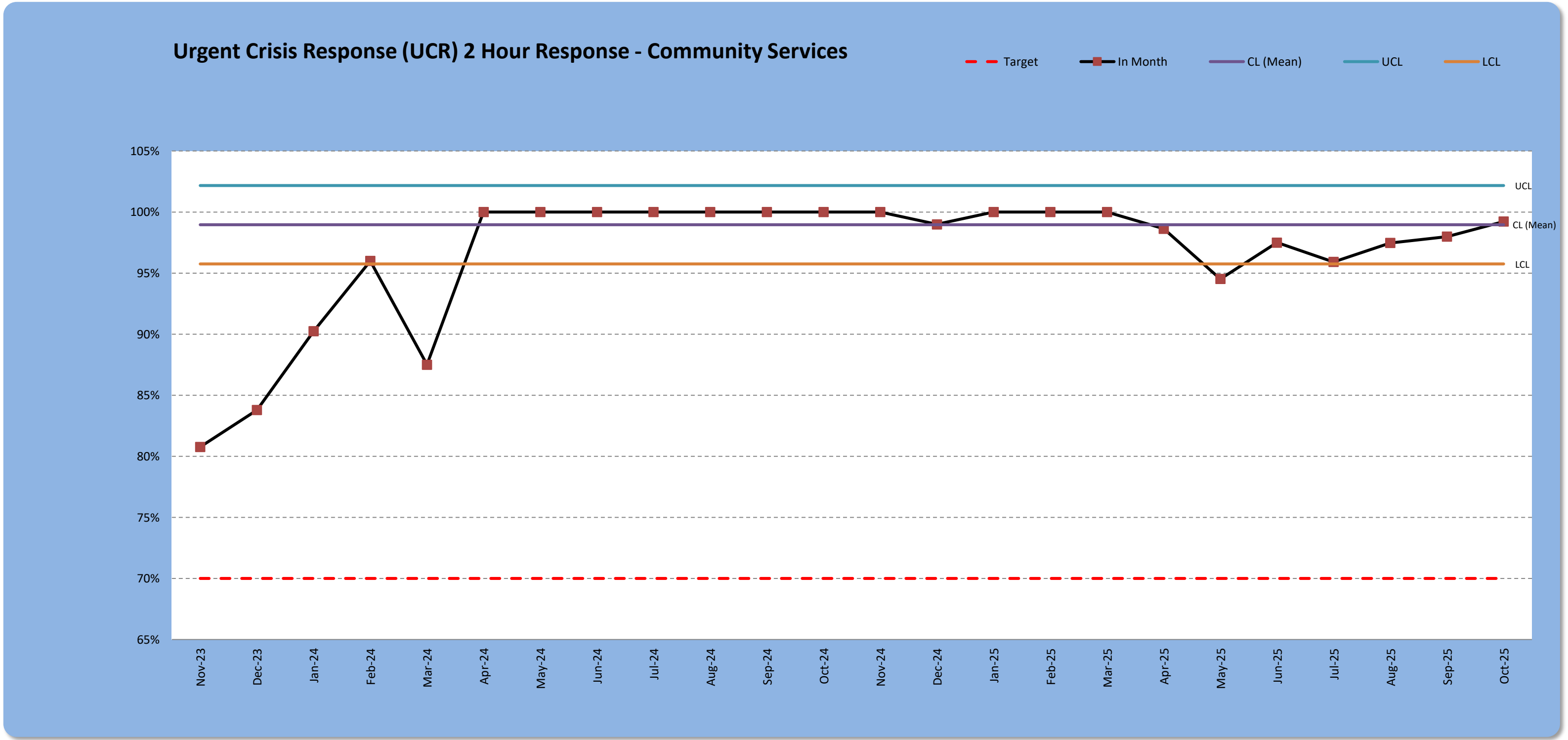
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
100%	95%	99.2%

Indicator Title	Description/Rationale	Executive Lead Lynn Parkinson	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		UCR2hr



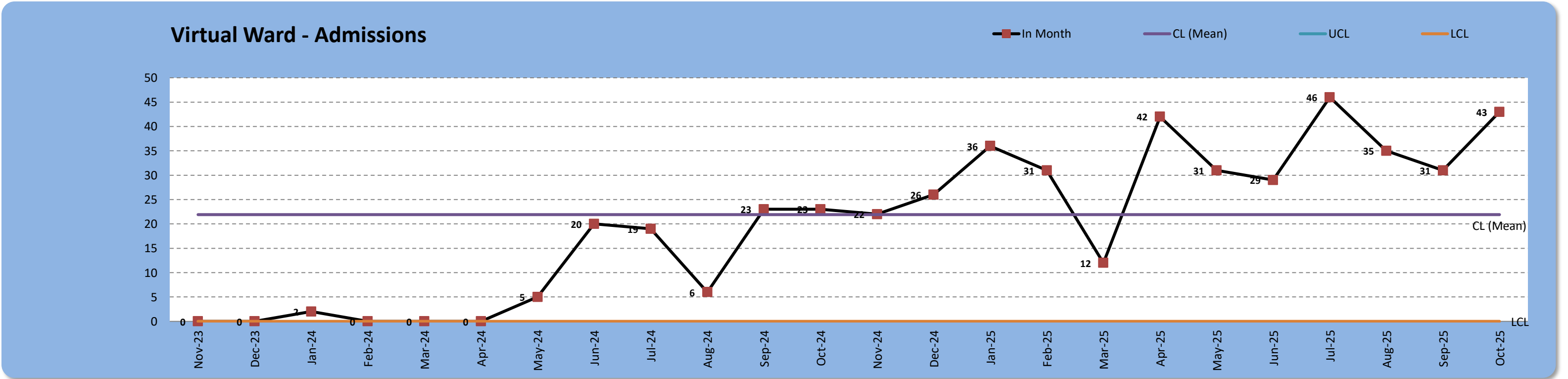
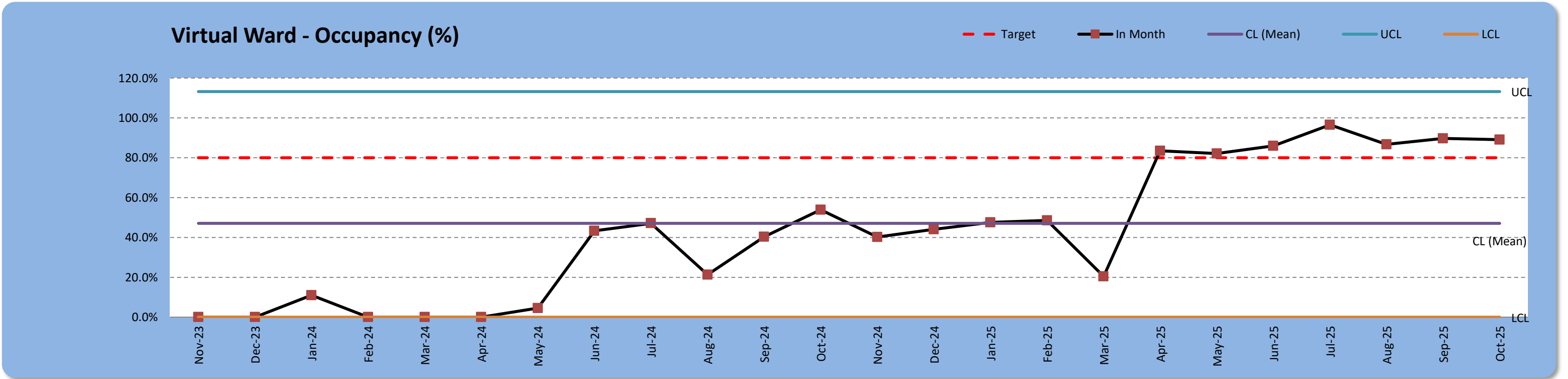
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: October 2025

Target: Amber:		Current month stands at:
80%	75%	89.0%

Indicator Title	Description/Rationale	KPI Type
Virtual Ward	Virtual Ward Bed Occupancy Rate (Available Virtual Bed days vs Virtual Actual Bed Days) Executive Lead Lynn Parkinson	VW 1



PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

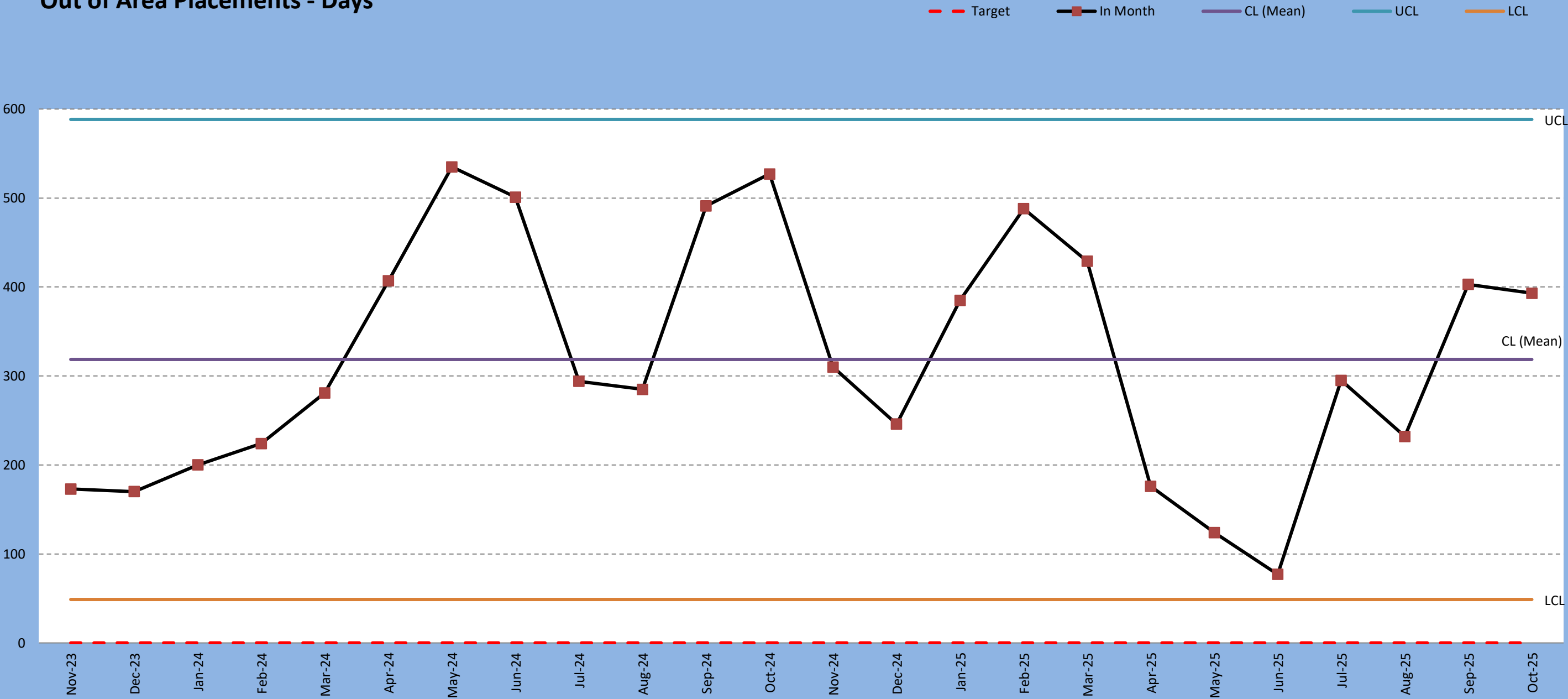
For the period ending: October 2025

Target:		Amber:	Patients OoA within month:
0		0	28

Split:	# days	# patients
Adult	125	14
OP	138	5
PICU	130	9

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

Out of Area Placements - Days



PI RETURN FORM 2025-26

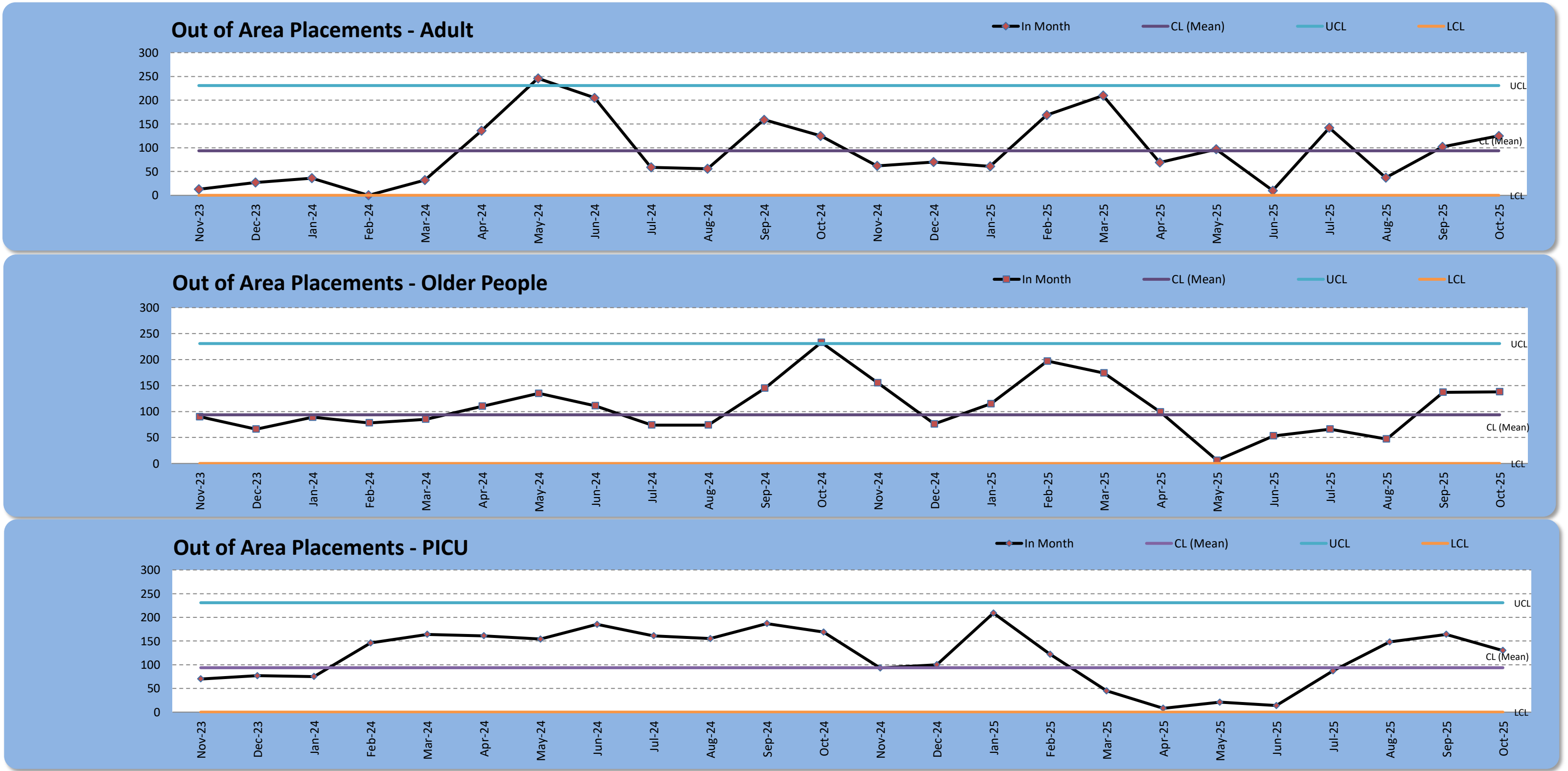
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: October 2025

Split for Current month:

Oct-25	
125	Adult
138	OP
130	PICU
393	Total

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



PI RETURN FORM 2025-26

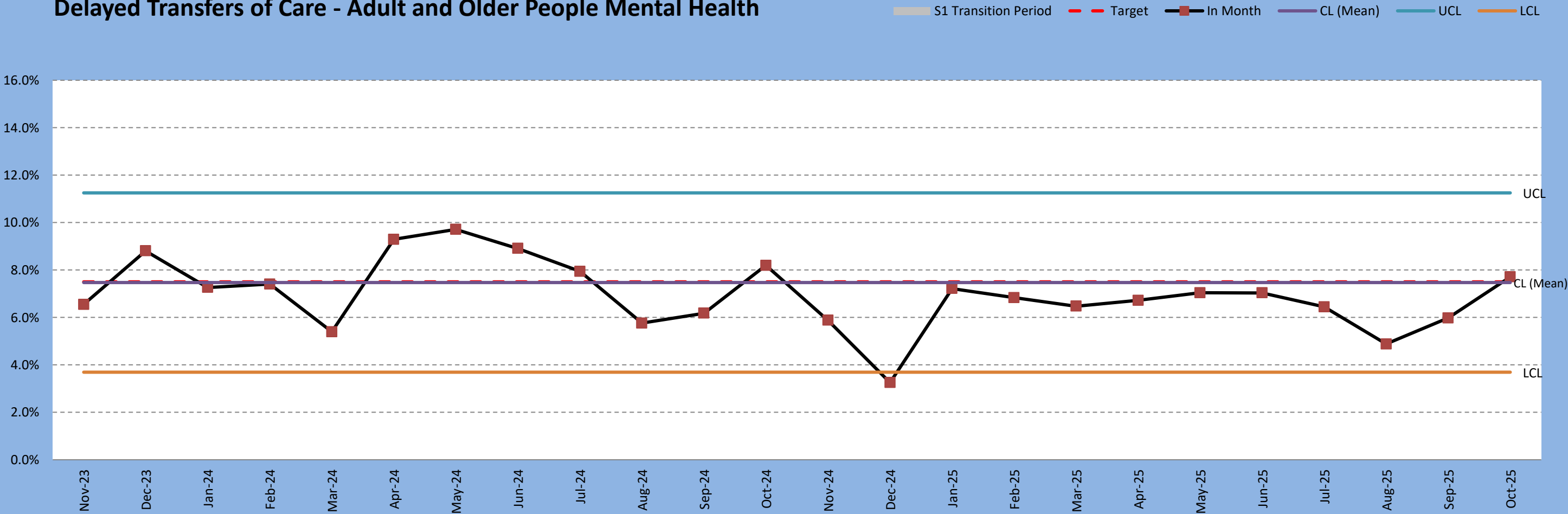
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: October 2025

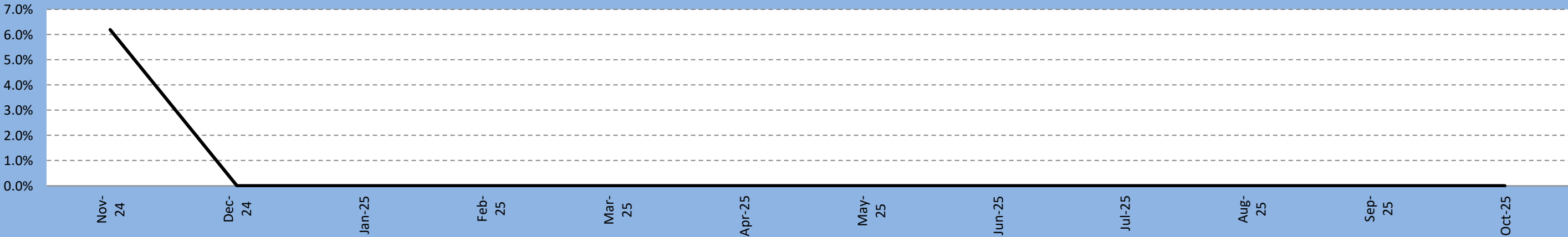
Target: Amber:		Current month stands at:
7.5%	7.0%	7.7%

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

Delayed Transfers of Care - Adult and Older People Mental Health



Delayed Transfers of Care - Inspire - 12 month period



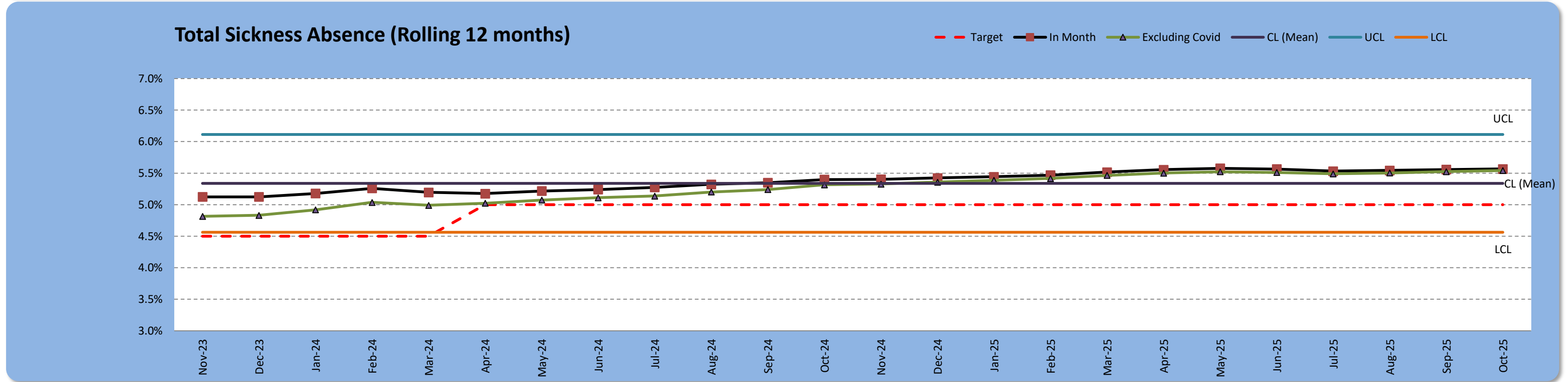
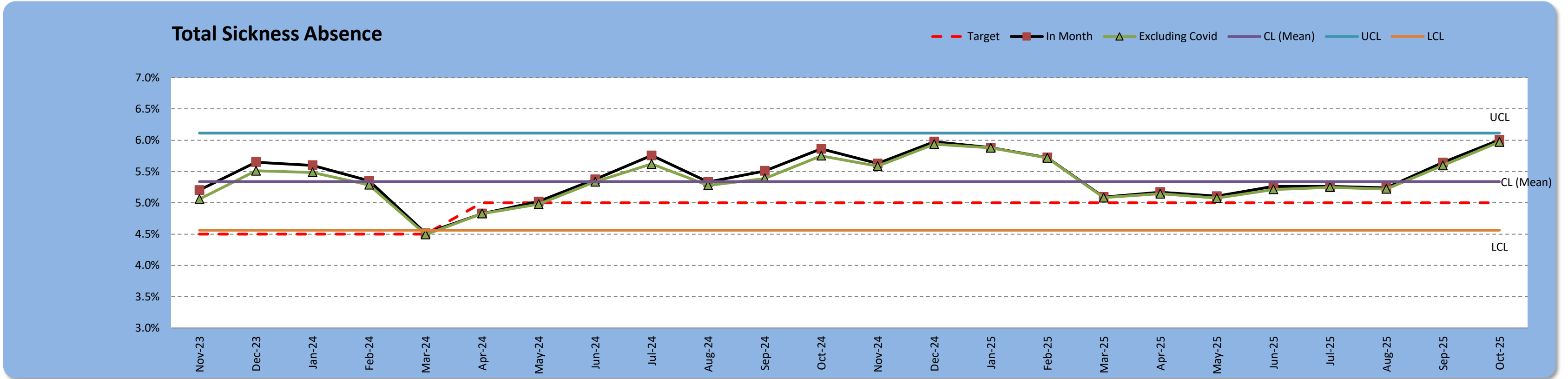
PI RETURN FORM 2025-26

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: October 2025

Target: Amber:		Current month stands at:
5.0%	5.2%	6.0%

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



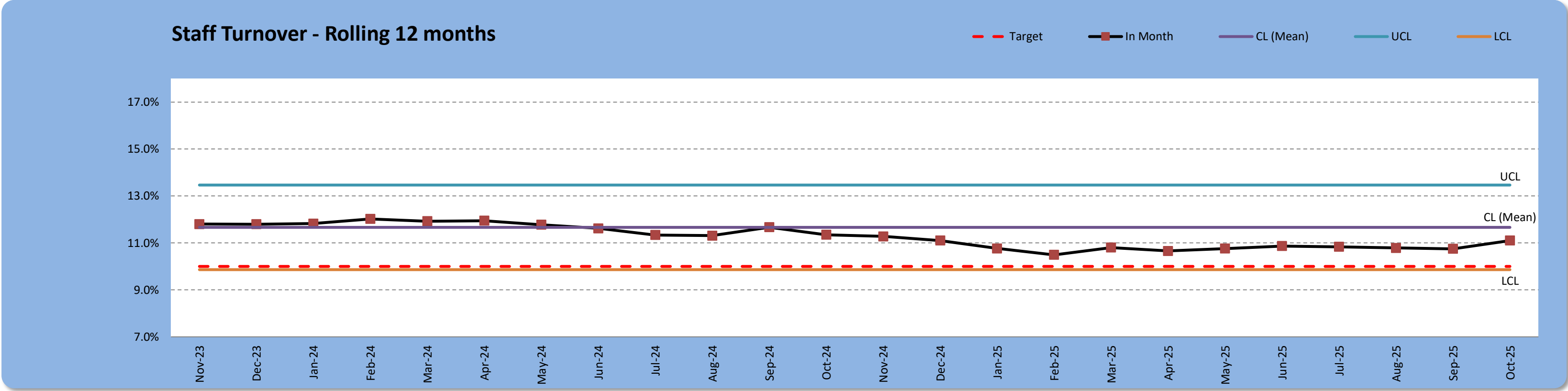
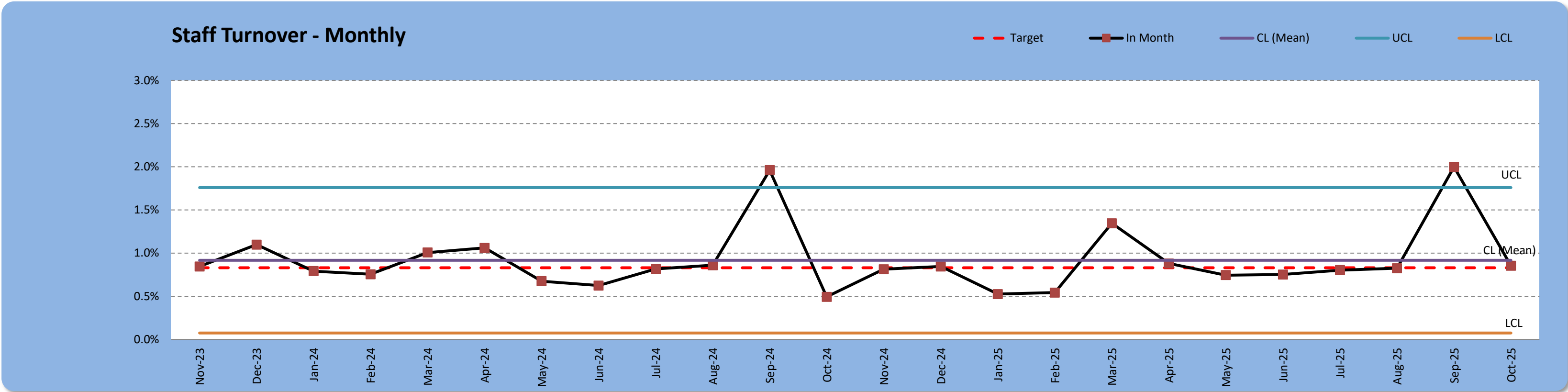
PI RETURN FORM 2025-26

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: October 2025

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8% 0.7%		0.9%	10% 9%		11%

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



Humber Teaching NHS Foundation Trust

Trust Performance Report

GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BLS	Basic Life Support
CAMHS	Child and Adolescent Mental Health Services
CHPPD	Care Hours per Patient Day
CL	Central Line
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CYP MH	Children and Young People's Mental Health
DToC	Delayed Transfer of Care
EIP	Early Intervention in Psychosis
FFT	Friends and Family Test
F2F	Face to Face
ILS	Immediate Life Support
LCL	Lower Control Limit
LD	Learning Disability
NHSER	National Health Service East Riding
OBD	Occupied Bed Days
PICU	Psychiatric Intensive Care Unit
RN	Registered Nurse
RTT	Referral to Treatment
SPC	Statistical Process Control
STaRS	Specialist Treatment and Recovery Service
TPR	Trust Performance Report
UCL	Upper Control Limit
WTE	Working Time Equivalent



Humber Teaching
NHS Foundation Trust



Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People and Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Sarah Smyth

Financial Year
2025-26

NHS Prioritises Operational Planning Metrics

This document provides a high level summary of the performance against the NHS Priorities (Operational Planning) Mental Health and Community Services Operational Planning targets/objectives.

The purpose of this report is to present to EMT Members a review of the performance for a select number of indicators included in the Mental Health Long Term Plan, it includes data for the last 12 months.

Reporting Month:

Oct-25

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



Mental Health
Operational Planning
Metrics

NHS England
Humber Teaching NHS Foundation Trust
2025/26
18 November 2025



Entry	Indicator Definition	Target	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
E.A.5	Inappropriate adult acute mental health Out of Area Placement (OAP) - SNAPSHOT at Reporting Month End	7	8	5	14	18	13	3	5	3	7	10	11	14
E.A.4a	Access to NHS talking therapies for anxiety and depression - reliable recovery	59%	61%	59%	54%	55%	58%	62%	58%	55%	55%	57%	56%	60%
E.A.4b	Access to NHS talking therapies for anxiety and depression - reliable improvement	75%	78%	79%	71%	73%	75%	78%	76%	75%	77%	73%	74%	77%
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services Rolling 12months (ALL 4 PLACE AREAS)	972	862	866	859	855	860	844	840	821	811	803	784	780
E.H.9	Access to Children and Young People's Mental Health Services Rolling 12months	6730	6534	6531	6542	6552	6750	6837	7002	7174	7296	7385	7498	7545
E.H.34	Individual Placement Support access Rolling 12months	280	233	238	257	263	282	290	299	313	324	328	318	310

Community Services
Operational Planning
Metrics

NHS England
Humber Teaching NHS Foundation Trust
2025/26
18 November 2025



Entry	Indicator Definition	Target	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
E.T.5	Virtual Wards - Number of Bed Occupancy	80%	30%	35%	42%	75%	56%	83%	82%	86%	97%	87%	90%	89%
E.T.8	UCR referrals (all). These are referrals to UCR services whether they require a 2-hour response or not.	150	113	121	116	95	97	77	81	87	100	82	105	131
E.T.10	Count of all attended care contacts in the period	43655	38575	37086	42489	38328	40981	40517	42188	42504	47955	41874	45155	48981
E.T.9	Number of Adults (18+ years) >52 weeks on community waiting lists per system	0	4	4	3	8	6	15	19	23	20	1	1	0
E.T.9	Number of CYP (0-17 years) >52 weeks on community waiting lists	24	20	21	25	24	30	40	41	17	7	4	1	17

Mental Health
Long Term Plan Targets
Dashboard - PLACE data

NHS Improvement
Humber Teaching NHS Foundation Trust
2025/26
18 November 2025



Entry	Indicator Definition	Target	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
E.A.5	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days Rolling 3 months (HULL PLACE ONLY)	4	4	3	7	8	7	2	2	1	3	3	5	4
	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days Rolling 3 months(EAST RIDING PLACE ONLY)	3	4	2	7	10	6	1	3	2	3	5	3	8
E.H.9	Access to Children and Young People’s Mental Health Services Rolling 12months (HULL PLACE ONLY)	3735	3544	3577	3561	3557	3620	3639	3717	3820	3907	3938	3998	4041
	Access to Children and Young People’s Mental Health Services Rolling 12months (East Riding PLACE ONLY)	2995	2850	2806	2838	2846	2984	3044	3134	3204	3244	3294	3332	3332
E.H.34	Individual Placement Support access Rolling 12months (HULL PLACE ONLY)	112	110	118	126	126	141	151	160	173	178	185	177	167
	Individual Placement Support access Rolling 12months (East Riding PLACE ONLY)	168	121	117	125	128	129	125	123	123	126	123	120	120

Perinatal Dashboard -
PLACE data

NHS Improvement
Humber Teaching NHS Foundation Trust
2025/26
18 November 2025



Entry	Indicator Definition	Target	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services	319	304	309	300	303	300	293	296	293	285	289	279	267
	Rolling 12months (HULL PLACE ONLY)													
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services	333	237	226	220	221	232	226	219	213	212	206	201	209
	Rolling 12months (EAST RIDING PLACE ONLY)													
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services	143	102	107	111	115	116	115	113	113	116	118	120	120
	Rolling 12months (NORTH LINCS PLACE ONLY)													
E.H.15	Women Accessing Specialist Community Perinatal Mental Health Services	177	219	224	228	216	212	210	212	202	198	190	184	184
	Rolling 12months (NORTH EAST LINCS PLACE ONLY)													

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

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025														
Title of Report:	Risk Register Update														
Author/s:	Executive Lead - Sarah Smyth, Executive Director of Nursing, Allied Health and Social Care Professionals Oliver Sims Corporate Risk and Incident Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>√</td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss	√	To note		To ratify		For assurance			
To approve		To discuss	√												
To note		To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The report provides the 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 July 2025.														
Key Issues within the report:															
Positive Assurances to Provide: 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. Recovery plans remain in place to reduce waiting times and achieve 52-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week waiting times, particularly in the children's autism service which previously had the highest number of patients waiting over 52 weeks. FII223 – Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base. The ICB have initiated a Medium-Term Financial Plan with the Trust input. There has been agreement through the ICS to increase capital expenditure of £0.900m that was originally a revenue cost. The Trust maintains robust arrangements for the monitoring of its financial		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): No additional key actions commissioned or further work underway to highlight.													

position via the Executive Management Team and Finance Committee.

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.

The Trust is involved in contractual discussions with commissioners and is taking all necessary actions to ensure appropriate funding is in place. The Trust maintains a budget reduction strategy up to 2026/27 financial year and there is a small amount of contingency / risk cover provided for in-plan. The Trust will continue to work with commissioners to highlight the requirement for funding through MHIS and Service Development Funds and will bid for national resources as and when available.

WF47 – 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.

The Trust has implemented a structured, data-driven approach which has been implemented through a Healthier Workforce and the Rapid Response Sickness Intervention Model, targeting teams with ≥8% absence rates to ensure early intervention and organisational resilience.

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:

- There are currently **4 risks** held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below:

Risk Description	Current Rating	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.	16	
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.	15	

		FII223 – Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.	15	
		WF47 – 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	Newly scoped risk
Governance: Please indicate which committee or group this paper has previously been presented to:			Date	Date
	Audit Committee		08/2025	Remuneration & Nominations Committee
	Quality Committee		08/2025	People & Organisational Development Committee
	Finance Committee		10/2025	Executive Management Team
	Mental Health Legislation Committee			Operational Delivery Group
	Collaborative Committee			Other (please detail)

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
√	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

1. Trust-wide Risk Register

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	↔
FI1223	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	↔
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.	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	Newly Scoped Risk

2. Closed/ De-escalated Trust-wide Risks

There is **one** risk that was previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to the Trust Board in July 2025.

Table 2 – Closed / De-escalated Trust-wide Risks (current risk rating 15+)

Risk ID	Description of Risk	Update
WF38	As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.	Risk reduced to current score of 12 (Possible x Severe) and continues to be managed via People and Organisational Development risk register arrangements and is monitored via the People and Organisational Development Committee. Consultant vacancy rate reduced to 17.14% for September 2025.

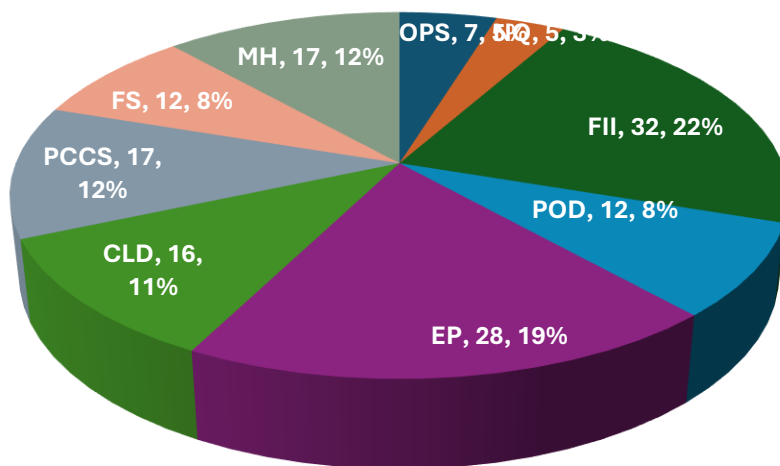
3. Wider Risk Register

There are currently **146** risks held across the Trust's risk registers. The current position represents an overall increase of **25** risks from the **121** reported to Trust Board in July 2025. The table below shows the current number of risks at each risk rating:

Table 3 - Total Risks by Current Risk level

Current Risk Level	Number of Risk – July 2025	Number of Risk – November 2025
20	0	0
16	3	3
15	1	1
12	30	31
10	5	6
9	25	38
8	26	21
6	25	31
5	0	0
4	5	13
3	1	1
2	0	1
Total Risks	121	146

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

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (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	Severe	20	Significant	1. Targeted meetings with Division and service areas to address areas of challenge 2. Local Targets and KPIs. 3. Close contact being maintained with individual service users affected by ongoing issues. 4. Waiting Times Procedure in place 5. Waiting times review is key element of Divisional performance and accountability reviews. 6. Review completed of all services with high levels of waiting times and service-level recovery plans developed. 7. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements 8. Planning round and discussions taking into acute waiting times position 9. Devised process for skill mixing / pathway review to use existing funding to address patient that require treatment that stay in system 10. ICB continuing to review how we can address neurodiversity services challenges and national taskforce implemented to consider these demands.	1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. 2. Quality impact on key identified areas monitored via Quality Committee. 3. Weekly divisional meetings with Performance & Access Mgr around waiting list performance. 4. Introduction of Monthly Performance & Productivity Group chaired by COO. 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.	1. Opportunities to revise pathways to increase productivity or reduce demand into services. 2. insufficient funding available to support demand / service provision 3. Outcome of option review for ASD/ADHD	1. Children's ASD number of patient waiting >52 weeks - (1904 August) 1735 October 2025 2. Children's ADHD number of patient waiting assessment >52 weeks - (817 August) 885 October 2025 3. Operational planning guidance does not provide instructions in relation to neuro services. 4. Limited over 52-week progress	Likely	Severe	16	Significant	1. Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures (31/03/2026) 2. CYP ASD /ADHD Options paper approved by EMT to support potential Pause of the Waiting Lists encouraging Right to Choose (31/03/2026) 3. Confirmation on levels of funding available to support demand (31/03/2026)	11/11/2025	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	Catastrophic	20	Significant	1. Contractual discussions with commissioners and Trust taking all necessary action to ensure receipt of appropriate funding. 2. Budget Reduction Strategy in place up to 2027-28 and small amount of contingency/risk cover provided for in plan.. 3. Monthly reporting to EMT 4. Quarterly Reporting to Finance Committee monitoring of performance against plans. 5. Monthly reports and Quarterly Accounts Returns to NHS I with quarterly feedback. 6. ODG and Divisional ODG reports monitoring financial position and performance against plans. 7. Accountability Review monitoring of financial position and discussed with budget holders (regular confirm and challenge).	1. Monthly reporting to EMT 2. Bi monthly reporting to Board 3. Quarterly Reporting to Finance Committee 4. Monthly reporting to NHSE/I and feedback 5. ODG monitoring progress of Financial Position and BRS plans. 6. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 7. External / Internal Audit on financial controls/systems. 8. Regular input through Humber and North Yorkshire ICS 9. Cash Position for the Trust is strong	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 2. Short term nature of Financial Planning from an ICS perspective	1. Longer-term planning guidance is awaited. 2. Initial advice given by NHSE indicates that there will be a 1 year settlement for 2025/26 with no growth	Possible	Catastrophic	15	Significant	1. Ongoing maintenance of relationships with Commissioners (31/03/2026) 2. Continue to work with Commissioners to highlight the requirement for funding through MHIS and Service Development Funds (31/03/2026) 3. Continue to bid for national resource as and when it becomes available (31/03/2026)	11/11/2025	Iain Omand	Peter Beckwith	Directorate Business Meeting/ Executive Management Team	Board	Rare	Catastrophic	5	Moderate
4	FI1223	Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.	Objectives	Almost Certain	Severe	20	Significant	1. Draft Financial Plan in progress. 2. BRS 2025/26 developed 3. Monthly reporting, monitoring and discussion with budget holders. 4. Small contingency / risk cover provided in plan. 5. MTFP in development to inform plans. 6. Service and Operational plans. 7. Regular reviews with NHSE/I and relevant Commissioners 8. Non-recurrent savings identified	1. Monthly reporting to EMT. 2. Bi monthly reporting to Board 3. Quarterly Reporting to Finance Committee 4. Monthly reporting to NHSE/I and feedback 5. ODG monitoring progress of Financial Position and BRS plans. 6. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 7. External / Internal Audit on financial controls/systems. 8. Regular input through Humber and North Yorkshire ICS 9. Cash Position for the Trust is strong	1. Current underlying position of the ICS is a risk of £78.5m 2. There has been no deployment of MHIS which was previously annual investment of £2m 3. There is Risk in the assumption of the receipt of 2024/25 Income from the ICS 4. The 2025/26 Pay Award has created an approx. risk of £0.262m	1. Longer-term planning guidance is awaited 2. Initial advice given by NHSE indicates that there will be a 1 year settlement for 2025/26 with no growth	Likely	Severe	16	Significant	Medium Term Financial Plan to be developed when guidance is issued August 2025. The ICB have initiated a MTFP with the Trust inputting to. (31/03/2026)	11/11/2025	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	Severe	20	Significant	1.Over 700 staff have access HWB MOTs 2. Launch of HWB Plus to support ongoing workplace wellness 3. Internal OH team delivering against management referrals and pre-employment screening 4.People Strategy with focus on Wellbeing and associated metrics 5. Implementation of rapid response model to target and assess teams presenting with 8%+ sickness absence rates	1. People and OD Committee (insight reports). 2. Divisional Business Meetings. 3. EMT 4. Trust Board 5. ODG 6. Accountability Reviews 7. The Trust is currently in segment 2 of the NOF	1. Inpatient areas continue to report high levels of absence	1. 5.54% rolling sickness absence rate (Sep 25) 2. 5.48% monthly sickness absence rate (Sep 25) 3. All divisions with the exception of C&LD report absence above the Trust target	Likely	Severe	16	Significant	1. Delivery of the 'Working Towards a Healthier Workforce plan (30 April 2026) 2. Achieve 5% increase in uptake with the flu vaccine (31 March 2026) 3. Embed Plus schemes in the organisation (31 December 2025) 4. Continue to deliver HWB MOTs to the workforce (31 March 2026) 5. Recruit to the Psychologist in Occupational Health (31 March 2026)	11/11/2025	Vickie Murray	Karen Phillips	Directorate Business Meeting/ Executive Management Team	Trust Board	Unlikely	Severe	8	High

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025														
Title of Report:	Board Assurance Framework														
Author/s:	Executive Lead: Michele Moran, Chief Executive Oliver Sims, Corporate Risk and Incident Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>√</td></tr> <tr> <td>To note</td><td>√</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss	√	To note	√	To ratify		For assurance			
To approve		To discuss	√												
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The report provides the 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.														
Key Issues within the report:															
Positive Assurances to Provide: - 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. - 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. - 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.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): - Following review of the newly developed Board Assurance Framework template by the Strategic Board meeting in April, the Trust has transitioned to the new template for Q1 2025/26 reporting which will continue to be refined throughout 2025/26. - Review of the Trust Board and assuring committee workplans is underway to ensure, where able, that the committees can review the first iteration of the new BAF template ahead of Trust Board reporting. Where this is not possible due to existing meeting dates, the version of the BAF sections pertinent to the committees will be circulated to its membership and chair for comment.													
Key Risks/Areas of Focus: 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		Decisions Made: Current assurance ratings for each section of the Board Assurance Framework are detailed below following review by EMT:													

development of the Board Assurance Framework. 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.		Strategic Goal – Innovating for Quality and Patient Safety - Current rating 8 – High. Strategic Goal – Enhancing prevention, wellbeing, and recovery. - Current rating 12 – High. Strategic Goal – Fostering integration, partnerships, and alliances. - Current rating 8 – High. Strategic Goal – Promoting people, communities, and social values. - Current rating 6 – Moderate. Strategic Goal – Developing an effective and empowered workforce. - Current rating 8 – High. Strategic Goal – Optimising an efficient and sustainable organisation. - Current rating 8 – High.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee	08/2025	Remuneration & Nominations Committee	
	Quality Committee	08/2025	People & Organisational Development Committee	11/2025
	Finance Committee	10/2025	Executive Management Team	09/2025
	Mental Health Legislation Committee	11/2025	Operational Delivery Group	08/2025
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Report Exempt from Public Disclosure?			No	
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Board Assurance Framework

Quarter 2 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
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. 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. 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. Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families. 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.	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. 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. 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. 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.	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. 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. Collaborate with system partners to maximise the efficient and effective use of resources across health and care services. 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. 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. 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.	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. 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. 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. Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities. 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.	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. 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. 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. 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. Enable new ways of working and delivering health care, anticipating future demands and planning accordingly. 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. 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.	Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system. 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. 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. Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery. Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target. Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.

RISK APPETITE

Strategic Goal	Executive Lead	Risk Appetite (Agreed by Trust Board June 2025)	Threshold Risk Score
Innovating for quality and patient safety	Director of Nursing	SEEK	15
Enhancing prevention, wellbeing, and recovery	Chief Operating Officer	MATURE	15+
Fostering integration, partnerships, and alliances	Chief Executive	MATURE	15+
Promoting people, communities, and social values	Chief Executive	MATURE	15+
Developing an effective and empowered workforce	Director of Workforce and OD	MATURE	15+
Optimising an efficient and sustainable organisation	Director of Finance	SEEK	15

RISK APPETITE DEFINITIONS

Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	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.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Mature (Significant risk)	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.	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.	Chief Executive	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	Workforce 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:
Dir. 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

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 – one undertaken to date (Hull CMHT) and further scheduled inspections during July 2025
(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.

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.

Risk Analysis	Q3 (2024/25)	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15	15	15

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.
(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.

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
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 (1) Trust CQC rating for ‘Safe’ domain remains requires improvement (2019 assessment) (2) Internal assessment against key inspection domains and evidence against quality standards. 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. (1) Trust Waiting Time position for neurodiversity services remains high (Risk OPS31 – See Trust wide Risk Register)

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO1. 1 - Patient Safety Priorities 2025/2026 monitoring.	March 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.	March 2026	Kate Baxendale	Ongoing programme underway across Trust services.
SO4. 1 - Waiting list Capacity and Demand work ongoing to identify areas for further support. (Neuro diversity and Adult ADHD)	March 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	March 2026	Lynn Parkinson	ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.

Enhancing prevention, wellbeing, and recovery	 Lead Director: Chief Operating Officer	Lead Committee: Quality Committee
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

Positive Assurance – (Current Inputs)
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. 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.

Risk Analysis	Q3 (2024/25)	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)
Current Risk Rating	12 HIGH	12 HIGH	12 HIGH	12 HIGH
Risk Appetite Threshold	15	15	15+	15+

Positive Assurance – (Current Outputs)
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 and is demonstrating an increase against 23/24 figures. (A, B, C) The Trust also demonstrates a 67% reliable improvement rate over the last year and is demonstrating an increase against 23/24 figures. (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.

- (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.

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.

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.

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.

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.

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.

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 are placements due to reduced flow **(Open Risks – OPS30, OPS33)**

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.

- (1) The Trust are working with partners to deliver a solution to better support patients with an LD closer to their own home however funding is a significant barrier.
- (2) Significant local system gap in funding for Eating Disorder Services. This is a priority for Hull and East Riding Place however the funding to deliver this is unavailable **(Open Risk – OPS32)**
- (3) Long waiting lists in Paediatric Speech and Language Therapy services due to increase in demand post Covid **(Open Risk – OPS32)**

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.

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.	March 2026		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.
SO2. 1 Review of patient flow system meetings where there is representation from Humber and therefore early opportunity to resolve	March 2026		
SO2. 2, 3 Confirmation on levels of funding available to support demand - (LD, Eating Disorders, SLT)	March 2026		
SO3. 1 Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures	March 2026	Lynn Parkinson	ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.
SO3. 2 Reviewing the model of referral in to Contact Point CAMHS.	March 2026		

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.	SO4. 1 - Development of Trauma in Care Strategy and implementation in Mental Health	March 2026		
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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

Positive Assurance – (Current Inputs)
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) Integration of services continues including working with community providers s to reduce variation of provision between services and the delivery of virtual ward in collaboration with North Yorkshire. 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) The Trust's work with Place includes: - Continuing to provide Exec Lead and SRO for the East Riding Health and Care Committee Inclusion Groups programme. The programme launched an Inclusion Champions Scheme in Jan 2025. - Representation on the East Riding Place health inequalities funding panel - Trust staff are represented on the Hull Poverty Truth Commission as statutory commissioners. - Working with patient groups, North Yorkshire Council, HNY ICB and PCN to gather ideas for optimising utilisation of Whitby Community Hospital Collaborate with system partners to maximise the efficient and effective use of resources across health and care services. (A) The Trust continue to work jointly with our partners. 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) Contributions to Trust joint strategies include: - Engagement with system partners on the development of the Trust Health Inequalities Plan 2025-28 - Supporting development of the HNY ICB Inclusion Health Plan through attendance at workshops and joint working with the ICB Inclusion Health lead 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) We continue to work cross organisationally with exemplar organisations such as Northumbria to understand their approaches to bank staff experience and enhanced engagement as well as to gather intelligence from other Trusts on agency reduction. (B) Full representation across all ICB Breakthrough Groups from a People & OD perspective to frame and deliver cross organisational workforce solutions

Risk Analysis	Q3 (2024/25)	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15+	15+	15+

Positive Assurance – (Current Outputs)
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) The end of Q2 25/26 sees another improvement to the average figures for CRD which resulted in 2.9% delays for Adults/OP (3.7% including PICU). 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) The Trust's work with Place includes: - Supporting the delivery of Integrated Neighbourhood Teams through operational and clinical representation. - Successfully gaining the UNICEF Gold Infant Feeding Award in partnership with Hull City Council and local businesses. - The Trust is represented at all strategic PLACE meetings, is a member of the relevant collaborative and influential within both these areas. - The Trust is leading the Mental Health and Learning Disability Collaborative work and is a member influences in the Community Collaborative 3. Collaborate with system partners to maximise the efficient and effective use of resources across health and care services. (A) In Children's services we had attendance at several events including: - Humber and North Yorkshire Cancer Alliance Annual Conference and achieved highly commended for the LD Cancer Screening Project in the Championing the Patient Voice awards category. - Let's Work Together - Lived Experience and Co-Production Event organised by Forum CIC in Hull. - CAMHS Inpatient workstream. 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.B.C) Joined up working across partners to respond to workforce planning requirements at a regional level. (A) A system level dashboard has been developed that provides cross reporting on workforce and health inequalities metrics.

(C) Associate Director of P&OD acts as chair of the MHLDA workforce steering group, which frames and delivers against workforce objectives across the collaborative partnership

Negative Assurance / Gaps in Assurance – Required Outputs
Strategic Objective 3 - Collaborate with system partners to maximise the efficient and effective use of resources across health and care services. (1) The figures for Out of Area placements have increased significantly in Q2 with an average of 12 placements in Adult/OP (18 if you include PICU). Strategic Objective 5 - 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. (1) Innovative future models of care.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO3. 1 Level of delayed Clinical Ready for Discharge / OOA placements and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve	March 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
SO5. 1 Work continues with Carnall Farrar regarding the future model and an external convener has been commissioned to work closely with the Trust	March 2026		

Promoting people, communities, and social values 			Lead Director: Chief Executive	Lead Committee: Quality Committee
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	Q3 (2024/25)	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)
Current Risk Rating	6 MODERATE	6 MODERATE	6 MODERATE	6 MODERATE
Risk Appetite Threshold	15	15	15+	15+

Positive Assurance – (Current Inputs)
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) We have been working to improve our staff understanding of the underlying causes of health inequalities and explore preventative approaches. (B) Training has been facilitated by partner organisations (Citizens Advice Hull & East Riding and Yorkshire Energy Doctor) about Financial First Aid and Fuel Poverty and Health. (C) We have also been engaging with our staff, patients, carers and community members to develop an approach to Financial Inclusion, by means of a survey, a workshop and a series of planned visits across North Yorkshire. 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) Trust Respect Campaign. 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

Positive Assurance – (Current Outputs)
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) 149 Equality and Health Inequality Impact Assessments (EHIIA) have been completed as part of policy review process within the first year of adoption. (B) An accessibility checklist for patient facing communications has been created to support services to produce more accessible letters, leaflets etc. (C) Progressing a project to manage DNAs alongside addressing health inequalities - Cancellations reasons codes are under development and include a category to identify cancellations relating to personal or financial circumstances. 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) "No Excuse for Abuse" toolkit has been well received and recognised nationally and endorsed by UNISON. It's helping to set clear expectations and provide practical support. (A) Our latest staff survey shows a 7% rise in staff reporting bullying, harassment or discrimination, which is a positive sign that people feel more confident speaking up. Offer simplified routes into good employment for local people.

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.

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) Work continues to strengthen with proposed actions to further develop the current guidelines awaiting approval via governance structure. This including IG / Digital supported processes. A survey has been developed of to evaluate the impact of engaging Experts by Experience in work. The survey gathers quantitative data and qualitative feedback from both individual Experts by Experience and staff members who support them. Next steps being the launch of the survey via internal and external communications and marketing.

(B) Q2 has seen a significant increase in the number of volunteers going through the recruitment process.

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'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.

Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.

(A) Employment support continues to be offered through our East Riding Talking Therapies service for patients accessing their care.

(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.

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) As at the end of the quarter there were 52 EbE working with the Trust. There were 19 being paid for a total of 215.5 hours. None left the Trust. These figures demonstrate a Q2 quarterly growth of 27% in EbE's registered, a 42% increase in EbE's actively paid for work, and a 13.5% increase in EbE hours paid.

(B) Q2 has seen a significant increase in the number of volunteers going through the recruitment process. In Q1 this was nine, for Q2 this has risen to 23. As at the end of the reporting period there was 83 volunteers working with the Trust. As at the start of 25/26, there were a total of 17 voluntary organisations working in collaboration with the Trust which is a slight increase on Q1 (15).

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.

Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.

(A) The Individual Placement and Support/Positive Assets that promotes employment has received additional funding for workforce growth in Hull and East Riding and the service to be offered and supported in patients' recovery.

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) Review of representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups.

(2) Stakeholder input into Trust involvement with Place and ICS level strategy

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO1. 1 - Mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	March 2026	Michele Moran	The Trust is to review representation at HNY ICB meetings. Divisions are being asked to contribute to this piece of work.
SO1. 2 - Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level.	March 2026	Michele Moran	

Developing an effective and empowered workforce



Lead Director:

Associate Dir. of People
and OD

Lead Committee:
WFOD 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

Positive Assurance – (Current Inputs)

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) Trust workforce plan for 2025 in development as part of annual planning cycle.
(B) Internal leadership programme continues to be delivered
(C) New Trust Induction under development which focusses on culture and people at its core.
(D) Being Humber Behavioural and cultural framework well embedded in the organisation

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) In the absence of guidance around the Band 5 – 6 national review of job matching profiles preparatory work is underway to understand the organisational position and engagement with system approach to create generic job descriptions and person specifications.
(B) Subsequent to the national band 2 – 3 job matching reviewing a scoping exercise has been completed and relevant actions taken.

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.
(B) To further strengthen our position as an anchor employer within the locality, we are actively reviewing our Employee Value Proposition (EVP) and benefits offer, alongside enhanced communications campaigns to recruit. These campaigns are being evaluated for their effectiveness in reaching and engaging target audiences.
(C) The Recruitment Task and Finish Group has been refocused to include retention, in response to turnover levels being outside target thresholds. The scope has also broadened to include hard-to-recruit roles beyond nursing and consultant posts, now incorporating pharmacists and other critical roles. This is supported by ongoing monitoring and targeted interventions.

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) Extensive programme of health and wellbeing support and initiatives delivered, advanced in 2024/25 by the launch of Your Health and Wellbeing Plus. Progress is monitored through the Health and Wellbeing Steering Group, with deep dives provided to EMT and the People & OD Committee.
(B) Tackling Sickness Absence – A structured, data-driven approach has been implemented through Towards a Healthier Workforce and the Rapid Response Sickness Intervention Model, targeting teams with ≥8% absence rates to ensure early intervention and organisational resilience.
(C) Flu Vaccination Campaign – The Trust has launched an extensive ‘Flu Stops With You’ campaign, informed by strategic insights from last year’s uptake. This year’s approach includes targeted vaccination delivery by Occupational Health, enhanced peer vaccinator presence, strong executive buy-in, and a strengthened communications plan to maximise reach and engagement. National target sets out that Trusts must improve frontline uptake by 5% on 2024, this means a 48% target for frontline uptake.
(D) The Trust has made significant progress in implementing the Worker Protection Act 2023 and embedding the NHS Sexual Safety Charter. A

Risk Analysis	Q3 (2024/25)	Q4 (2024/25)	Q1 (2025/26)	Q2 (2025/26)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15+	15+	15+

Positive Assurance – (Current Outputs)

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, B, D) Appraisal completion rate in September 2025 is 98.32%. Audits being routinely carried out to assess quality. In the 2024 NHS National Staff Survey. The Trust positions better than the national average across all People Promise themes and subthemes areas. The Trust positions better than the average for our benchmark group (50 MH and community Trusts) in all People Promise themes and subthemes areas. The Trust improved across all people Promise themes compared to 2023.
(B, C) Overall statutory / mandatory training compliance 94.08% (September 2025).

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, B) The Trust has successfully completed the national Job Evaluation Readiness Assessment, achieving significant assurance of progress against actions. This confirms that our governance, infrastructure, and partnership arrangements are well-positioned to support fair and consistent job evaluation practices in line with NHS England expectations. A formal action plan is in place to address areas for improvement, and quarterly updates will be provided to the Board.

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) 6.74% vacancy rate (September 2025)
(A, B, C) Registered Nurse vacancy rate September 2025 – 9.26%
(A, B, C) Consultant vacancy rate demonstrating month on month improvement in September 2025 – 17.14% (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

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) 731 (19.2%) Physical MOTs delivered since April 2024.
(B) NSS theme score for ‘We are Safe and Healthy’ improved on last year and better than national and benchmark averages.
(C) Week 2 of the flu campaign reports the Trust in the top 10 nationally for vaccine uptake and third in the region with 20.6% uptake.
(D) New Sexual Misconduct Policy is in place, supported by clear reporting routes, risk assessments across all areas, and a Trust-wide communications campaign. A baseline assessment against the national assurance framework shows the majority of elements are met, with a live action plan overseen by the Sexual Safety Group ensuring continued improvement and governance oversight progress with the national framework is reported into EMT and P&OD committee

Enable new ways of working and delivering health care, anticipating future demands and planning accordingly. (A) Trust People Strategy ratified which sets strategic direction for next four years, underpinned by an accompanying delivery plan. Refresh underway to align to 10-year plan. (B) Ongoing review and development of a sustainable Medical Workforce Plan to show improvement trajectories and feasible pipelines for recruitment/grow your own initiatives. (C) The Trust presents a consolidated Workforce, Finance and Productivity Report to the Executive Management Team (EMT) and the People & OD Committee. This enables triangulation of workforce transformation activity with productivity outcomes, ensuring alignment with financial performance objectives and delivery against workforce targets. The report supports strategic decision-making by providing visibility of how workforce initiatives contribute to operational efficiency, cost-effectiveness, and sustainable service delivery. 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, with strong September growth, funded through a 0.5% wage bill levy that enables strategic workforce development, internal talent growth, and support for system partners. Optimisation will be tracked through metrics such as levy utilisation rate, number of apprenticeships started per quarter, division-level uptake, and percentage of internal progression into substantive roles. Engagement continues with over 30 educational establishments across the region. 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 form 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. 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) 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 a

Enable new ways of working and delivering health care, anticipating future demands and planning accordingly. (A, B, C) Your Flex Plus initiative launched in November 2024 providing a recognisable brand to the Trusts Flexible Working offer. The launch saw flexible working requests increase from 483 (rolling 12 months) in November 24 -pre-launch to 589 (12 month rolling) in September 2025. A, B, C) Introduction of ‘Loop’ in January 2025 across all clinical teams. This is the new application to allow rostered staff to access their roster anytime via an app and manage their work life balance. 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) 77 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 do deliver careers sessions. Maximise a diverse and inclusive workforce representative of the communities we serve. (A, B) Workforce representation - ethnic diversity 10.43% (Sep 2025) which is better than the regional demographic in East riding, Humber and NY. (A, B) Workforce representation - LGBTQ+ 4.76% (Sep 2025) 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. 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) Increased interaction with mentoring and coaching at the Trust (B) PROUD Leadership Programme continues with 48 employees currently enrolled on programme and 78 have completed the cohort in the previous rolling 12 months. (C) Third cohort of the Humber Talent Programme currently underway with 10 participants

Negative Assurance / Gaps in Assurance – Required Outputs
Strategic Objective 6 - Maximise a diverse and inclusive workforce representative of the communities we serve. - 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) - 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. 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 - 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. - 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.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO6. 1 - EDI	Ongoing	Karen Phillips	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 being launched organisationally. 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 action. EDI insight report presented to each P&OD Committee.
SO3. 1 - Medical Vacancies	Sept 2025	Kwame Fofie	Significant progress being made with consultant vacancies, based on information for Sept 2025: We have recently appointed to 4 posts, 1 will start in November, 2 in December and 1 in February 2026. We currently have 6 consultant vacancies being advertised,

Strategic Objective 3 - 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) Strategic Objective 4 - 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 (September 2025) reported a rolling sickness rate figure of 5.54% (reduction since June 2025) (Trust target 5%), and above national and regional benchmarks. - 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.			We also have an Acting -Up consultant in a vacant post and will be interviewing for this post in December. There is an interview for the Liaison vacancy booked for November. We currently have 8 agency doctors, however once the new consultants are in post and if we appoint to the upcoming interviews, this will reduce the agency numbers to 5.
	SO4. 1 - Sickness absence	Ongoing Karen Phillips	Deep dives into sickness reported into EMT and P&OD Committee twice yearly, which identified trends and actions. Divisional accountability reviews monitoring and exploring absence on a monthly basis. Reports continue to feed into EMT and People & OD Committee. Report produced for ODG to explore TRIM training and other psychological support. Psychological support post being recruited in Occupational Health. Towards a Healthier workforce/ Rapid response model implemented in October 2025 with ongoing intervention required. - Monthly ESR reporting to identify teams with sustained high sickness absence (≥8% over 3 months). - A tiered intervention model (Levels 1–3) aligned to sickness trends and wider people metrics, enabling proportionate and targeted support. - Divisional Insight Meetings with cross-functional representation to review data, agree actions, and monitor progress. - Deployment of Wellbeing MOTs, sickness clinics, and Occupational Health reviews to support staff and managers. - Development of action plans with clear accountability, tracked monthly via workforce performance reporting to ODG. 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.



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

Related Strategic Goal (Inputs Overview)

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.

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

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.

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

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.

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.

Risk Analysis	Q2 (2024/25)	Q3 (2024/25)	Q1 (2025/26)	Q2 (2025/26)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15	15	15

Positive Assurance – (Current Outputs)

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.

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

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.

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 reprovision of Westlands Inpatient Unit as part of its wider Inpatient Redesign project

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/CO₂e from the baseline year

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
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 FII239 – See Trust wide Risk Register)
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 FII223– See Trust wide Risk Register)

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update on Actions
SO3. 1 Medium Term Financial Planning has been initiated across the ICB	March 2026	Pete Beckwith	Awaiting National Guidance, but a high level 3-year plan taken to the Finance Committee
SO3. 1 Deliver a balanced net system financial position for 2025/26.	March 2026	Pete Beckwith	Trust has submitted a balanced plan to the ICS.
SO6. 1 Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2025/26.	March 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

Initial Risk Rating	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.
Current Risk Rating	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.
Target Risk Rating	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.
Control	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.
Assurance	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.

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025														
Title of Report:	NHS Provider Capability Assessment Framework and Self-Assessment														
Author/s:	Michele Moran Chief Executive	Stella Jackson Head of Corporate Affairs													
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td>✓</td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify	✓	For assurance			
To approve		To discuss													
To note		To ratify	✓												
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This paper follows on from the paper considered at the September 2025 Part II Board meeting regarding the Provider Capability framework and assessment. It provides information regarding the assessment and contains the self-assessment return which was submitted to NHS England on 22 October 2025. Trust Board is asked to: • Ratify the self-assessment return (attached at Appendix 1), the scores of which were based on a comprehensive evidence base. • Note that NHS England should be informed of any material in-year challenges which impact on the self-assessment ratings.														
Key Issues within the report:															
Positive Assurances to Provide: • The Board considered each of the Capability Assessment domains in turn at the Board Awayday on 15 September 2025 and agreed the assessment scores for each domain. These were reflected in a self-assessment return and agreed at the September 2025 Board meeting. • The externally commissioned well-led review provided significant assurance regarding the Trust's capabilities, strengths, weaknesses and the challenges faced. • Internal Audit reports provide assurance regarding the robustness of systems and processes in place at the Trust • The Board can demonstrate good governance arrangements against many of the areas in the Insightful Board guidance. • An Insightful Board briefing has taken place with senior managers at the Trust, particularly regarding the quality of information provision.		Key Actions Commissioned/Work Underway: • The Board initially agreed the self-assessment scores at the Board Awayday on 15 September 2025. • The submission has been updated following a FAQ document received from NHS England highlighting expectations regarding the content of the submission and a re-assessment of the Productivity and Value for Money domain score following consideration of the suite of evidence in place to justify this being scored as 'confirmed' on the submission document. • The revised submission was shared with Board members via email on 20 October 2025 for any further comments. • The Insightful Board domain areas have been assigned to the relevant committees for consideration. • Additional questions regarding the Committee oversight of the Insightful Board domains have been added to the Committee effectiveness review questionnaires.													

- The Board considered the Insightful Board guidance at the Strategic Board Development meeting held on 25 February 2025 and agreed the Committees should seek assurance regarding the relevant sub-sections/domains within the guide. - All committees have reviewed the evidence and gaps and will continue to receive updates at Committee meetings regarding the assurances and gaps. - The Board reviewed the Strategy domain at the July Board meeting and agreed the gaps in compliance action plan should be reviewed and monitored by the relevant committee. This process is underway.				
Key Risks/Areas of Focus: - Should any material changes occur which impact on the self-assessment scores, then NHS England will need to be informed at the time. - Reliance on the Integrated Care Board to provide quality data for example on population health to support access and better outcomes		Decisions Made: - The Board agreed the relevant committees should seek assurance regarding the relevant domains/sub-sections within the Insightful Board guide. - The Board has considered compliance against the Strategy domain and gaps in compliance have been assigned to the relevant committee for oversight and monitoring purposes.		
Governance: Please indicate which committee or group this paper has previously been presented to:			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)
				EMT/ODG Time Out 28.11.24 Trust Board 25.2.25, 25.6.25 and 30.7.25 EMT 9/9/25 Board Awayday 15.9.25 Trust Board 24.9.25 and 26.11.25

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
✓ Tick those that apply				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
✓	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	

Assessing Providers Capability – Guidance for Boards

1. Introduction

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

The framework outlines the circumstances in which providers can obtain increased freedoms. It also describes how NHS England will determine whether a provider's performance falls below an acceptable standard and/or has governance concerns that may lead NHS England to use its regulatory powers to step in and secure improvement.

3. The Capability Self-Assessment

The capability self-assessment guidance confirmed that boards will need to **self-assess annually against the six oversight domains** set out in The insightful provider board. These are:

- strategy, leadership and planning
- quality of care
- people and culture
- access and delivery of services
- productivity and value for money
- financial performance and oversight

These will inform a self-assessment which is intended to strengthen board assurance and help oversight teams take a view of NHS trust capability based on boards' awareness of the challenges their organisations face and subsequent actions to address them. The purpose of this is to focus trust boards' attention on a set of key expectations related to their core functions as well as encourage an open culture of 'no surprises' between trusts and oversight teams. NHS England regional teams will then use the assessment and evidence behind it, along with other information, to derive a view of the organisation's capability.

The process should not be seen as a 'tick box' exercise. As outlined above, the purpose is to promote self-awareness and transparency at NHS trust boards regarding their organisation's capabilities, strengths, weaknesses and the challenges they face. It also provides a consistent framework for regional oversight teams to engage with NHS trusts, identify key risks and, over time, assess management's track record in delivering performance and/or identifying and addressing issues to ensure strong, sustainable organisations able to deal with challenges as they emerge.

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

The self-assessment was submitted to the regional NHSE oversight team on 22 October 2025 (the deadline date for submission), along with supporting evidence.

In addition to the annual self-assessment, if the Board becomes aware in-year of a significant change to its ability to meet any of the self-assessment criteria – for example, an external report reveals material quality risks or an unforeseen cost will affect its financial performance – it should inform the oversight team along with the actions it is taking to address the issue. Such in-year changes will likely inform the ongoing regulatory relationship with the NHS England region.

4. Implications for the Trust

The self-assessment timeline is summarised below:

Activity	Date
Trust Board informed of Requirements	15 September 2025
Signed off by Trust Board	By 22 October 2025
Submission to Regional Team	22 October 2025
Regional team to review and triangulate information from a variety of other sources, before coming to a view about a capability rating.	4 weeks from receipt of submission
Trusts informed of their capability rating	December 2025
NHS England Oversight team to be informed of any material in-year changes which would affect the self-assessment rating	Ongoing

5. Sources to support the Self-Assessment

Much work has already been undertaken to measure compliance against the Insightful Board domains as evidenced through Board and Committee papers. Additionally, the externally commissioned well-led review provided significant assurance regarding the Trust's capabilities, strengths, weaknesses and the challenges faced. Internal Audit reports provide assurance regarding the robustness of systems and processes in place at the Trust and a comprehensive suite of evidence exists which was used to determine the final scores.

The Executive Management Team (EMT) previously agreed that as part of the Board/Committee annual effectiveness review process, additional questions regarding the Committee oversight of the Insightful Board domains should be added to the Committee questionnaires. The questionnaires have been updated accordingly.

Each of the above provided the Board with the assurance/evidence required to sign off the self-assessment.

The Board initially considered the capability self-assessment criteria at a Board Awayday on 15 September 2025 and agreed the capability ratings for each domain. Board members were subsequently sent an email on 20 October 2025 regarding the submission requirements (following receipt of a Frequently Asked Questions/Answers document from NHS England and a re-assessment of the Productivity and Value for Money domain). The initial score for the Productivity and Value for Money domain was 'partially confirmed' but a subsequent review of the comprehensive suite of evidence in place at the Trust provided justification for this score to move to 'confirmed'. The domain ratings submitted to NHS England are detailed in the bullet point list below and reflected in the self-assessment ratings submission appended to this report at Appendix 1:

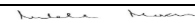
- Strategy, Leadership and Planning – Confirmed.
- Quality of Care – Green - Confirmed
- People and Culture – Confirmed
- Access and Delivery of Services – Partially Confirmed
- Productivity and Value for Money – Confirmed
- Financial Performance and Oversight – Confirmed

A document outlining the evidence in place to support the self-assessment submission was forwarded to NHS England on 22 October 2025.

(Mitigating/contextual factors where boards cannot confirm or where further information is helpful)

Confirmed	For all domains the certification has been considered and reviewed by the board taking into account: - Previous Well Led Review outcomes - Well Led Quality Statements and associated action plans - Insight Board Domains Each sub committee of the board has responsibility for review, oversight and assurance of relevant domains to that committee, these are standing agenda items. The Trust reviews performance against its strategy at each board meeting and quarterly via the Board Assurance Framework The Trust undertakes a review of performance against its provider licence on an annual basis Overall assurance levels have been agreed following review, confirm and challenge with the Trust Board and evidence to support these statements is available and detailed in the accompanying evidence sheet.
Confirmed	The Board is assured its compliance with this domain can be evidenced (see attached list) The Trust Quality committee meets on a quarterly basis and all aspects of quality are considered with assurance provided to the board via a chairs log The Trust has reviewed the Insightful Board Quality Domains The Safer Staffing Dashboard is reported monthly to EMT and is in every public board meeting The Trust has an established network of Patient and Carer Experience Groups
Confirmed	The Board is assured its compliance with this domain can be evidenced (See accompanying evidence sheet) The Trust People and OD Committee meet on a quarterly basis and consider all aspects of staff performance (including training) Statutory and Mandatory Training is reported monthly to Executive and performance remains strong The 2022/23 audit of Freedom to Speak Up Policy provided significant assurance
Partially confirmed	Trust confirmed compliance but partially confirmed due to lack of ICB investment. Whilst the Trust is working hard to reduce its ADSD/ADHD waiting time targets, it is not meeting national targets and representations have been made to the ICB regarding future investment opportunities in this area. The Trust has developed an understanding regarding health inequalities amongst the populations served but there is a lack of quality data regarding health inequalities at system level. Consequently, the Trust is reliant upon its own systems to develop an understanding. Population health measures have not yet been agreed with the ICB and this issue will be picked up by the Chief Executive who is a member of the ICB.
Confirmed	The Trust has an established Productivity and Performance Group which reports into ODG and meets monthly. The Finance Committee workplan has been updated to include a specific section of the committee with a dedicated focus on productivity within the Trust. The Committee Chair will provide assurance or escalate any concerns to the Trust Board through the Committee Chair Assurance report. We have combined our quality improvement programme/transformation programme and productivity into one single programme of work to ensure that productivity is linked to quality and all the transformation that the Trust undertakes.
Confirmed	The Board is satisfied it meets this domain and has a proven track record of meeting its financial control targets, and remains on plan to do so. The Trust has received good assurance through both its Head of Internal Audit Opinion and also its External Audit assessments. The Trust has an established Quality Impact Assessment process for its efficiency programme with schemes signed off by both the Medical and Nursing Directors Internal Audit of National Cost Collection provided a High level of assurance See accompanying evidence list
Confirmed	

Signed on behalf of the board of directors



Name

Michele Moran

Date

22 October 2025

Agenda Item 20

Title & Date of Meeting:	Public Trust Board Meeting 26 th November 2025														
Title of Report:	Chair of Finance Committee Assurance Report														
Author/s:	Keith Nurcombe – Chair (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>	Escalations from Finance Committee and updates for the board.														
Key Issues within the report:															
Positive Assurances to Provide: • Changed committee format moving forwards with dedicated section for grip and control and finance matters (with flexibility to increase as required), productivity and efficiency section and then final other elements. • Productivity and efficiency discussion now starting to gain momentum and getting clear clarity on which data to view as well as in addition a summary and “so what do we do with this” section at each meeting for board assurance. • Update regarding agency and bank progress – agency spend down 55% over the last two years – and bank is down 9%		Key Actions Commissioned/Work Underway: • Overall savings in time and money relating to the departure of primary care services out of the organisations – report to next committee meeting. • Ask for digital update to include business cases for digital and evaluation so we can monitor effectiveness of delivery and outcomes. • 3-year cash flow and capex spending report to be reviewed at next meeting to better understand cashflow risks and capex strain.													
Key Risks/Areas of Focus: • N/A		Decisions Made: • Ratification of the Annual Non-Clinical Safety Report													

Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee	21.10.25	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	√			
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 Section Updates

The Trust remains in a strong and assured position re 2025/2026 financial year and is projecting to achieve its agreed budget.

The NYH ICB is targeted to achieve the current balanced budget on month 6 results but two large acutes are in deficit of agreed plan and this is placing strain on the wider system.

Update on agency and bank supporting lower costs year on year performance achieving 55% reduction in agency spend and a 9% reduction in bank spend.

IR35 update – only one worker now working outside IR35 and the committee have agreed to review annually now rather than quarterly.

Productivity and Efficiency Section Updates

BRS is on track to deliver annual budget requirement – small area of under delivery from mental health (£200K) which will need to be picked up in other areas to deliver overall number for the trust. Ongoing quarterly committee review.

Several data elements being reviewed currently to provide assurance

NHS Productivity update – some flawed areas agreed by NHS E and second version will be coming at some point. However further work to be done in relation to understanding the relevance of this information in relation to the trust. Discussion at next meeting if further data has been agreed by NHS E.

Model Hospital – very useful report - absence and estates are our main areas of focus, need to triangulate into other work being completed in these two areas – absence coming up through the People Committee and estates coming to Finance committee.

National Cost Collection – updated version supplied, significant debate around accuracy of the report with significant questions around mental health and community data. Variation in the model would suggest some areas of focus but needs to be added to the wider triangulation.

Digital productivity update, first paper to review digital productivity and efficiency gains for digital delivery and deployment. Further work being done to review business cases and then the deployment to match savings and efficiencies.

Future meetings will include a summary of the triangulated views from these reports to try and support ongoing discussion. The committee is assured by the level of detailed work going on regarding efficiency and productivity but further work to be done on key triangulation and the “so what”.

Other elements for committee section

Updated BAF risks – noted updated lowered risk around financial fraud and committee assured by the current BAF and risk register.

Partnership and strategy update – other potential development options for the trust.

Be Digital Update – working towards early work with single patient record and general digital update.

Annual Non-Clinical Safety Report was ratified by the Finance Committee.

Insightful Board Finance Update - provided to the committee with a set of actions and progress made against the updated sections relevant for finance. Good progress being made and the committee was assured.

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025															
Title of report:	People & Organisational Development Committee Assurance Report from meeting held on 05 November 2025.															
Author/s:	Dean Royles – Non-Executive Director															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	This paper provides an executive summary of the key discussions and outcomes from the People and Organisational Development Committee meeting held on 05 November 2025. The Committee operates as a formal sub-committee of the Trust Board and is responsible for providing assurance on matters relating to workforce, organisational development, and equality, diversity and inclusion (EDI). The report highlights key points for the Board’s attention and consideration.															
Key Issues within the report:																
Positive Assurances to Provide: Health & Wellbeing: - Continued integration of the Health and Wellbeing Team within Occupational Health has enabled more targeted support. 235 Health MOT referrals completed, with early intervention identifying health risks and enabling timely action. - Engagement broadly reflects workforce demographics. Equality, Diversity & Inclusion (EDI): - Trust awarded Silver Accreditation for its support of veterans. - Sustained progress in increasing diversity in senior roles since 2022.		Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): Health & Wellbeing: - Increase engagement in areas with low uptake of health MOTs. - Align support with departments experiencing higher sickness absence. - Future reporting will assess impact on reducing sickness absence rates. Equality, Diversity & Inclusion: - Recruitment underway for new Staff Network Chairs. - Ongoing support for staff in response to national events.														

• Proactive support provided to staff in response to national events. • Ongoing work to strengthen trans inclusion. Professional Education: • First Professional Education Insight Report for nursing and AHPs received and welcomed. • Trust awarded the Preceptorship Charter Quality Mark, recognising support for newly registered professionals. • Plans in place to strengthen governance via formal links with the Education and Training Group. People Insight: • Statutory and mandatory training compliance remains high—among the best regionally and nationally. • 136 active apprenticeships in Bands 2–4, including new areas. • Appraisal compliance at 98%, supported by a quality audit. • Proud Leadership programme continues to receive positive feedback. Finance and Workforce Controls: • Significant reduction in agency usage, ahead of plan. • Productivity work progressing, with alignment to Quality Improvement initiatives. Risk and BAF: • Medical vacancies reduced by 9 percentage points year-on-year. • Risk rating for medical vacancies reduced from 20 to 16, with further reduction anticipated. • Updated BAF and refreshed EDI agenda supported by the re-launch of the ‘No Excuses for Abuse’ campaign. Job Evaluation Readiness: • Self-assessment completed for Bands 2 and 3; Bands 5 and 6 underway. • Governance led by Executive Director of People & OD, with quarterly EMT updates.	Professional Education: • Future reports to include additional metrics (e.g. pre-registration surveys). • Formal link to be established with Education and Training Group. People Insight: • Refresh and relaunch of induction programme planned for January 2026. • Quality audit of appraisals completed to ensure meaningful conversations. Finance and Workforce Controls: • Productivity work being refined based on feedback from national/regional meetings. • Alignment of Quality Improvement initiatives with productivity efforts. Risk Register and BAF: • Targeted flu vaccination interventions underway. Job Evaluation Programme • Self-assessment completed for Bands 2 and 3. • Focus now on Bands 5 and 6. • Quarterly updates to EMT and regular reporting via CEO report. Workforce Planning: • Workshop-based, multi-professional approach adopted. • Planning aligned with national strategic shifts (sickness to prevention, acute to community, analogue to digital). • Medium-term plan to be reviewed as assumptions evolve. Employee Relations: • Avoidable harm working group. • Embedding NHS England’s “Being Fair” tool. • Witness support pack. • Legal training for case investigators and panel chairs. Sexual Safety: • Progress on action plan following signing of the charter.
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Workforce Planning: • Multi-professional, workshop-based approach adopted. • Planning aligned with national strategic shifts: sickness to prevention, acute to community, analogue to digital. • Annual and medium term workforce plans to be developed. Resident Doctor 10-Point Plan: • Co-produced with resident doctors; actions underway with named leads assigned. Employee Relations: • Thematic review acknowledged; actions underway to reduce avoidable harm and embed fair practices. • Training planned for case investigators and panel chairs. Sexual Safety: • Charter signed; progress made on action plan implementation. Insightful Board Domains: • Initial actions identified, progress underway with consideration of RAG rating system for monitoring.	
Key Risks/Areas of Focus: Elevated Sickness Absence: • Identified as a new risk on the Risk Register. • Impacting segmentation score. • Mitigation actions include: ◦ Flu vaccination programme. ◦ Health and wellbeing interventions. ◦ Rapid review of sickness cases. ◦ Targeted support for affected teams. Flu Vaccination Uptake: • Uptake so far is good with work continuing to improve. • As of 31 October 2025: ◦ 39.6% uptake among frontline staff. ◦ 44.2% Trust-wide.	Decisions Made: • Resident Doctor 10-Point Plan: The committee agreed the list of actions presented. Named leads have been assigned to take the work forward. • Risk Rating Adjustment: The committee noted the reduction in medical workforce risk rating from 20 to 16, with potential for further reduction as new doctors are appointed. • Insightful Board Domains: The committee agreed to revisit the report at a future meeting and consider introducing a RAG rating system to monitor progress. • Sexual Safety Framework: Progress noted by the committee and all ongoing actions supported.

- Targeted interventions and communications underway. Employee Relations Casework: - Concerns over time taken to resolve complex cases and cases resulting in 'no case to answer' > more focus on speeding up processes and investigations. Trans Inclusion: - Work paused pending national guidance. - EDI Lead attending national meeting to inform future direction. Medical Workforce Risk: - Medical vacancies reduced, but still a focus. - Risk rating decreased from 20 to 16. - Continued exploration of skill mix and alternative professional roles. - National drive to reduce reliance on International Medical Graduates (IMGs). Job Evaluation Programme: - Focus now on Bands 5 and 6. - Governance and oversight led by Executive Director of People & OD. Workforce Planning: - New planning guidance requires five-year outlook and annual plans. - Must align with national shifts: - Sickness to prevention. - Acute to community. - Analogue to digital. - Medium-term plans may need revision as assumptions evolve. Sexual Safety: - Charter signed, action plan in progress. - Ongoing monitoring and implementation required. Insightful Board Domains: - Initial actions identified. - Some are long-term programmes. - Consideration of RAG rating system to monitor progress.	Job Evaluation readiness Assessment: The committee noted the progress with actions pertaining to the Job Evaluation Readiness Assessment with assurance provided as to ongoing work and timescales. Noted that updates will be included in the CEO report to Board on a frequent basis
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	26/11/2025

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Assurance Report 05 November 2025

Health & Wellbeing Insight Report:

Mental health continues to be the most common reason for staff referrals. The Health and Wellbeing Team now operates within the broader Occupational Health service, enabling more targeted and coordinated support. Progress has been made with Health MOTs, with 235 referrals to date. Looking at the demographic profile of those accessing the service broadly reflects the overall workforce, although further targeted engagement is needed to improve uptake among male staff and demonstrate impact on reducing sickness absence rates.

Positive outcomes in relation to the Health MOT's have been seen through early intervention efforts which have helped identify outlying health indicators and enabled timely referrals or health advice.

Looking ahead, the focus will be on increasing engagement in areas with low uptake and aligning support with departments experiencing higher levels of sickness absence.

Future reporting will assess the impact of these interventions on sickness absence rates, providing assurance that the support being offered is both appropriate and effective.

Equality, Diversity and Inclusion Insight Report:

The committee noted the support the Trust has been providing to staff in response to recent national events, including riots and the synagogue shootings. In addition, managers are being supported to help staff navigate these challenging times effectively.

Recruitment is currently underway for new Staff Network Chairs. The Trust has also been awarded Silver Accreditation for its support of veterans, and recognition was given to all those involved in achieving this.

Work on trans inclusion, is currently paused pending further national guidance. The Trust's EDI Lead will be attending a national trans inclusion meeting in mid-November 2025 on behalf of the Deputy Director of Nursing.

Since 2022, significant progress has been made in improving the diversity of staff in senior roles across the organisation, reflecting the impact of sustained efforts in this area.

Professional Education Insight Report – Nurse/AHP/Registered professionals:

The committee welcomed the first report in this area and acknowledged that it will be iterative, with further development over time. Looking ahead, future reports will incorporate additional metrics, such as pre-registration surveys etcetera to provide greater assurance around the quality of training being delivered/provided.

It was also noted that the organisation has been awarded the Preceptorship Charter Quality Mark, recognising its commitment to supporting newly registered professionals.

To strengthen governance in this area, a formal link will be established with the Education and Training Group. For assurance purposes, it was acknowledged that this remains a critical area of focus, with ongoing challenges in maintaining and enhancing the quality of education. The aim is to build on the progress already made and ensure continuous improvement.

People Insight Report:

This report provided a particular focus on talent and leadership training. Statutory and mandatory training compliance remains high, with performance benchmarking among the best both regionally and nationally. The Trust's apprenticeship programme is well embedded, particularly across Bands 2 to 4, with 136 active apprenticeships currently in place—including in newly introduced areas.

The Proud Leadership programme continues to be well attended and has received unsolicited positive feedback regarding its impact. The Trust's induction programme is scheduled for a refresh and relaunch in January 2026, with plans to introduce a more digitally enhanced experience.

Appraisal compliance currently stands at 98%. In addition, a quality audit has been undertaken to provide greater assurance that meaningful conversations are taking place during the appraisal process.

Finance and Workforce Controls Assurance Report:

The committee noted slight variations in terms of the financial position, which are already known to the Board. A positive update was shared regarding agency reduction, with a significant reduction reported which is ahead of plan.

The committee welcomed the productivity work, which will be further refined as feedback is received from organisations participating in national and regional meetings. This will also help inform the development of productivity measures specific to mental health and community services. As part of the strategic approach, the Trust is exploring ways to better align its Quality Improvement (QI) initiatives with productivity efforts. This includes examining patient flow and cost-per-case metrics to support more effective service delivery.

Risk Register and BAF:

Both the Risk Register and the Board Assurance Framework (BAF) were reviewed in line with the segmentation approach to ensure appropriate alignment. The Risk Register now includes two newly identified risks i.e.

- **elevated sickness absence** - noting the impact upon our segmentation score, actions in place to mitigate there include the flu vaccination programme, the health and well-being work, the rapid review sickness interventions and targeted support going on.

- **flu vaccination uptake** - looking at the data to make sure we do targeted interventions where there's low uptake of vaccinations. Using comms colleagues to support this work, as at the 31 October 2025 the uptake for frontline staff was 39.6% and Trust wide was 44.2%.

The Board Assurance Framework (BAF) has been updated, and the Equality, Diversity & Inclusion (EDI) agenda has been refreshed, supported by the re-launch of the 'No Excuses for Abuse' campaign. The committee also noted a positive reduction in medical vacancies, which have decreased by 9 percentage points compared to the previous year.

A discussion took place around the current risk rating, which has decreased from 20 to 16, with the potential for a further reduction as new doctors are appointed. It was agreed to continue exploring skill mix opportunities and the use of other professional roles within the workforce. It was also noted that there is a national drive to reduce reliance on International Medical Graduates (IMGs).

Job Evaluation Readiness Assessment:

The committee received a paper outlining the Trust's progress against the NHS England actions required as part of the readiness assessment. A self-assessment has been completed for staff in Bands 2 and 3, with focus now shifting to Bands 5 and 6.

While most areas are progressing well, a few require additional attention, and the remaining work will be completed in due course. Governance for this programme is being led by the Executive Director of People & Organisational Development, who is the Senior Responsible Officer (SRO). Quarterly updates will be provided to the Executive Management Team (EMT), with regular reporting also included in the Chief Executive Officer's (CEO) report to the Board.

Workforce Planning Programme:

The committee noted that the new planning guidance giving a five-year outlook with three-year plans that will still be required to provide annual workforce plans. Which all need to be done in the context as well of the 10-year national plan picking up those 3 shifts i.e.

- sickness to prevention,
- acute to community
- analogue to digital.

The Trust is adopting a workshop-based, multi-professional approach, engaging staff from across the workforce to ensure collaboration. It was also suggested that consideration be given to service transformation and productivity within this context to provide a medium term workforce outlook.

It was noted that a medium-term plan will need to be based on some assumptions that may well change, and the plan will therefore need to be periodically reviewed.

Resident Doctor 10-point plan:

The committee received a paper outlining the Resident Doctor 10-Point Action Plan, which all organisations are required to implement. The Trust has established

a strong and collaborative relationship with its resident doctors and has co-produced and developed the plan in partnership with them. The committee was assured that the actions are well underway and agreed the list of actions presented. Named leads will be tasked with taking this work forward. Regular updates will be provided, including progress on ongoing actions and confirmation of those that have been completed and closed.

Thematic review into employee relations casework:

The committee noted the findings of the thematic review of casework, which highlighted a disproportionate number of cases involving male and ethnically diverse staff. It was acknowledged that work in this area is ongoing and is also reflected in the data reported through the Workforce Race Equality Standard (WRES).

The committee recognised the challenges associated with the time taken to resolve these cases, particularly in more complex situations. It was noted that increased attention is being given to this area of work, with a particular emphasis on resolving matters informally wherever possible.

Other key actions underway are:

- developing the avoidable harm working group
- work to embed the NHS England's 'being fair' tool
- witness support pack
- upcoming training from legal firms for case investigators and panel chairs.

Sexual Safety Update:

The committee welcomed the update following the signing of the charter, along with the progress report in respect of the work being undertaken on the action plan.

Insightful Board Domains:

The committee acknowledged the report and noted that it will be revisited at a future meeting following its assessment by the Board. Building on the initial work undertaken by this committee, a series of actions has now been identified. Progress has been made on several of these actions, while others represent longer-term programmes of work.

As we continue to advance this work, it may be helpful to introduce a RAG (Red, Amber, Green) rating system to help us monitor progress, identify areas requiring additional focus, and ensure we remain aligned with our objectives.

Agenda Item 22

Title & Date of Meeting:	Trust Public Board Meeting – 26 November 2025														
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting on 6 November 2025														
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss													
To note		To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board. This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 6 November 2025.														
Key Issues within the report:															
Positive Assurances to Provide: - The Committee received Q2 performance report to end September 2025. The number of patients admitted/detained was as expected and within control limits (total 104 in September 2025). There is a continued increase in the number and complexity of tribunals requested. No significant issues identified with clinically ready for discharge patients. There was a detailed look at AWOL incidents and measures to manage these. - RRI/Use of Force Act – De-escalation Management Intervention (DMI) and Conflict Resolution Training compliance has consistently remained well above target in Q2. CTR/Disengagement training is below the 85% target (75%), but more staff and training places have been added and this will be monitored by the RRI Group.		Key Actions Commissioned/Work Underway: - The Care Programme Approach (CPA) Personalised Care Framework (PCF) has now been published, which sets out what service users should expect from mental health services. Work is underway to ensure this is appropriately adopted and aligned. A multi-agency implementation group is in place. - Mental Capacity Act – work is underway to build on the implementation of new Best Interest templates on SystmOne. This will enable Business Intelligence to develop a performance dashboard for MCA/DoLs.													

• Use of restraint, including rapid tranquilisation, continues to reduce and is at its lowest level for 2 years. Seclusion incidents are within control limits. There is continued focus on compliance with seclusion reviews, where some data recording issues have been identified. Co-production and service user by experience involvement within the culture of care programme has continued to strengthen. All RI uses are subject to clinical review via the daily safety huddle and weekly by the Clinical Risk Management Group. The Committee received a good practice story written by a patient about their positive experience of s17 leave. • All mental health legislation related policies/procedures/guidance are up to date. • CQC MHA visits Q2 at Newbridges and Mill View Lodge. The main findings were noted. • Mental Health Act – no significant updates on the bill's progress and implementation were noted. It was noted that a significant supreme court case is ongoing regarding 'consent' in relation to the Mental Capacity Act. The Government intends to run a consultation on the implementation of Liberty Protection Safeguards in the first half of 2026. • The Associate Hospital Managers forum met in September 2025 and the key topics were noted. • Committee received two Multi Agency Public Protection Arrangements (MAPPA) case studies which demonstrate in detail how clinical services are working as part of the wider MAPPA system to treat patients who are serious offenders. • Committee received a regular Mental Capacity Act update report. Training compliance for MCA level 1 and 2 is well above target for all departments. • Review of Insightful Board and Well-Led Quality Statements as they relate to the MHLC. • The Committee reviewed the Board Assurance Framework as it relates the MHLC.	
Key Risks/Areas of Focus: • In Q1, the Committee heard that occasionally, there are patients where urgent Deprivation of Liberty Safeguards (DoLS) authorisation would expire prior to the standard DoLS being authorised by the Local Authority. The Medical	Decisions Made: None

Director has since written to the Local Authority Executive Director to ask that they respond promptly to requests. These incidences are being closely scrutinised, and consideration is being given to inclusion on the Trust risk register along with mitigating actions.					
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>			Date		Date
	Audit Committee			Remuneration & Nominations Committee	
	Quality Committee			People & Organisational Development Committee	
	Finance Committee			Executive Management Team	
	Mental Health Legislation Committee			Operational Delivery Group	
	Collaborative Committee			Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key issues are covered in the assurance report above.

Agenda Item 23

Title & Date of Meeting:	Trust Board Public Meeting – 26 November 2025															
Title of Report:	Collaborative Committee Assurance Report															
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	This paper provides an executive summary of discussions held at the Collaborative Committee meeting on Monday 13 October 2025 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.															
Key Issues within the report:																
Positive Assurance to Provide: - Reduction in Clinically Ready for Discharge: Notable decrease across both Child and Adolescent Mental Health Services (CAMHS) and Adult Secure services. - Local Care Delivery: The number of people cared for within the Humber and North Yorkshire geography remains strong, supporting local access and continuity. - Financial Position: Month 5 reporting shows a favourable financial position. - Service Innovation: Sustained positive impact from alternatives to hospital admission within CAMHS continues to reduce pressure on inpatient capacity.		Key Actions Commissioned/Work Underway: - The three work streams continue to demonstrate strong engagement from all partner providers across inpatient, community, Integrated Care Board (ICB), and place levels. - Proposals developed for adult eating disorder alternatives to admission within North Yorkshire and York, currently under review.														
Key Risks/Areas of Focus: Adult Eating Disorder Work Stream: Priority areas require refresh following the closure of Schoen Clinic York, with focus on continuity of care and improvement in patient pathway and experience.		Decisions Made: The following items were ratified : - Terms of Reference (ToR) for the <i>Clinical Strategy & Reference Group</i> - Quality Governance Framework Review - NHS England Bed Price Benchmarking Proposal - Children and Young People Alternatives to Admission – Inspire Day Care - York Forensic Inpatient Service Funded Staffing Establishment Business Case														



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	13.10.2025	Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
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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

Collaborative Committee Report

Meeting Date: 13 October 2025

Purpose: To provide assurance to the Humber Teaching NHS Foundation Trust (HTFT) Board regarding the governance, oversight, and performance of the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

Background

This report has been developed and is shared with the Humber Teaching NHS Foundation Trust Board (HTFT) to provide assurance on the activities of the Collaborative Committee, which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and to avoid conflicts of interest with its own provision arm, HTFT has delegated specific responsibilities to the Collaboration Planning and Quality Team (CP&QT). This team is directly accountable to the Collaborative Committee.

The CP&QT's purpose is to undertake functions previously delivered by NHS England Specialised Commissioning, including service planning, contractual management, and quality assurance for the following specialist care areas within the HNY region, as well as for patient placements outside of natural clinical flow:

- Child and Adolescent Mental Health In-Patient Services
- Adult Low and Medium Secure Services
- Adult Eating Disorder In-Patient Services

The meeting on 13 October 2025 *was quorate*. The meeting discussed the following matters:

Case Study

A Case Study was shared from the Children and Young People work stream.

Insight Report

- NHS England quarter 1 Contract meeting – overall positive
- NHS England quarter 1 quality assurance meeting – overall positive
- Dispute regarding patient placement in Scotland – Clinically Ready for Discharge, dispute regarding who should commission and fund the patients secure hospital care. Agreement in the last month by Scotland social care to transition the person to community provision.
- HNY SPC invited to present at the HFMA Wales in Cardiff in September – invited to show case our work in Clinicians working with Finance.
- Regional collaboration – Perinatal, FCAMHS, Pathway Development Service and Involvement Network.
- Decision made by the Schoen Clinic York to close the hospital in York on 27 August 2025. Contract with the provider terminated. All patients transferred to alternative care provision – following agreed clinical pathways.

Risk Register

- Each work stream has ownership for their work area specific risk register, which is reviewed at each work stream meeting.
- Collaborative Planning and Quality Team members 'peer' review the collective risk registers every 2 months.
- The 2 CAMHS risk ratings have been reduced
- Two risks have been closed since the last report:
 - PC30 Adult Secure LDA assessments
 - PC27 Quality – PSIRF implementation

Work Stream Updates

- **2025/26 Priorities:** The key priorities for each workstream were presented and discussed during the meeting.
- **Business Intelligence Reports:** Detailed BI reports were shared to support decision-making and monitor continued progress.

Highlights from each workstream report detailed below:

1 CAMHS – Child and Adolescent Mental Health Services

- As at 30/9/25 there is only 1 young person in an out of area eating disorder unit, and 5 young people overall out of area.
- The CYP mental health inpatient workstream finance summary month 3 reports show demand for inpatient beds is below plan – the forecast indicates the workstream will be under budget
- Active Case Management has resulted in the number of enhanced packages of care decreasing
- NHS England have published the CYP Intensive Mental Health service specification in development format. There is currently no funding identified by NHS England to support the implementation of the new CYP Intensive Mental Health service specification.
- Work has been ongoing to develop an intensive day care service proposal at Inspire.
- North Yorkshire ICB partners have attended the CAMHS workstream to update on their transformation work.
- As at 30/09/25 there are 2 CYP Clinically Ready for Discharge at out of area hospitals.

2 Adult Eating Disorder

- There are currently no risks on the risk register
- Alternatives to admission service development work progressing in North East Lincolnshire
- Due to the closure of Schoen Clinic York overall HNY in-patient bed numbers reduced by 2.
- Block contract with Rharian Fields has increased to 8 beds
- Alternatives to admission for eating disorder service in North East Lincolnshire
- Work with North Yorkshire and York is ongoing in relation to options for new alternatives to admission services
- Providers are currently monitoring the use of weight loss injections
- Pro-active Case Management in relation to closure of Schoen Clinic

3 Adult Secure

- HNY secure care providers average Length of stay continues to be lower than in January 2022.
- Clinical Ready for Discharge (CRFD) – decreased to 7.
- National focus on service specification and guidance update.
- Working with NHSE/health economist regarding bed modelling.
- Work continues led by Case Managers and liaising with place and Providers to reduce CRFD.
- Women's Secure Pathway Transformation (WSPT) Programme – funding attached to this (circa £28k).
- HOPE(s) funding (supporting people with Learning Disabilities in hospital and in segregation) agreed by both HNY Provider Collaborative in the Spring of 2025 and HNY ICB in September 2025.

Quality Improvement and Assurance

- All providers subject to routine monitoring
- Assurance through the Patient safety and learning group.
- Continued monitoring of Long-Term Segregation (LTS)
- CPaQT 6-8 weekly reviews, monthly meetings and Quality Visits.
- Development of contract with HOPEs (LD and Autism).
- Number of people in long term segregation has reduced to 3.
- Flooding at Cheswold Park Hospital on Wentbridge ward has resulted in 2 HNY patients being temporarily moved to other wards at the hospital.

Finance

The year-to-date budget at the end of month 5 is £27.8m, against which the expenditure is £27.4m giving a year-to-date favourable variance of £381k.

	Adult Secure	CAMHS	Adult Eating Disorder	Enhanced Packages	Infrastructure	Contingency	Total
Ytd Budget	16,879	6,756	1,397	1,886	614	265	27,798
Actual	16,869	5,931	1,397	2,576	644	-	27,417
Variance	10	825	0	(690)	(29)	265	381

Unit Costs

There are ongoing challenges in achieving consistent comparison of bed day unit costs across providers. This is primarily due to variations in what is included within the reported costs — for example, some providers incorporate assessment costs, 1:1 support, and other associated expenses, while others exclude these elements and also the different types of services which have different staffing models for example general adolescent compared to low secure.

Additionally, the National Commissioning Data Repository (NCDR), which was previously relied upon to benchmark and support financial due diligence prior to Go Live, is now outdated and therefore no longer considered a reliable source for current comparisons. However, NHS England are launching a national project regarding Benchmarking of costs for Adult Secure, which HNY SPC are a member of the project group, therefore it is hoped in future data will be available.

Learning Disability and Autism Update

A new report which summarises the detail of across all three workstreams of people with a diagnosed learning disability and/or autism was shared with the group. The report also includes

an update on the national Learning Disability and Autism pathway panel funding programme launched by NHS England in 2021.

Meeting Items:

- SPC aims and objectives whole document
 - This document has been developed through feedback and collaboration with service users from each workstream, and clinical and operational staff.
 - HTFT communication team has provided recommendations regarding font, colours and images.
- Lived Experience Involvement Progress
 - Strategy developed for HNY SPC with an action plan. The update shares a summary of lived experience involvement provided by each service, including strengths and challenges across HNY Specialised Provider services and the 3 work streams.

Items for Ratification previously approved at PCOG

- ToR for the Clinical Strategy & Reference Group
- Quality Governance Framework Review
- NHS England Bed Price Benchmarking Proposal
- Children and Young Alternatives to admission - Inspire Day Care
- York Forensic Inpatient Service Funded Staffing Establishment Business Case

Agenda Item 24

Board Strategic Development Meeting

Agenda

17 December 2025, 10.00am – 4:00pm
The Beverley Arms, Beverely

		Lead	Action	Report format	Timings
1.	Business Items	CF	Note	✓	10.00
2.	Primary Care Deep Dive/Stock Take	LP/PB	Discuss	✓	10.05
3.	Review of the Strategic Board Development Meetings for 2025 and workplan for 2026	CF	Discuss	✓	11.30
4.	Any Other Topical Issues	CF	Discuss	verbal	11.40
5.	Lunch with Board Support Unit colleagues				12.00
6.	Date, Time and Venue of Next Meeting 25 February 2026, Multi-Use Room, Trust Headquarters				