

**Council of Governors**  
**Public Meeting – Thursday 15 January 2026**

For a meeting to be held at 1.50pm – 3.50pm via MS Teams

Quorum for business to be transacted – one third of those Governors occupying governor seats

Key duties of the Council of Governors are outlined in the terms of reference and include:

- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board
- Represent the views of the Trust members and the interests of the public
- Approve the appointments and remuneration of the Chair and Non-Executive Directors
- Approve the appointment of the Chief Executive and Trust Auditor
- Approve changes to the Trust Constitution, significant transactions and any proposed application for a merger, dissolution or separation
- Receive the Annual Report

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	✓
3.	Minutes of the Meeting held on 16 October 2025	CF	Approve	✓
4.	Minutes of the Annual Members Meeting/Annual General Meeting	CF	Note	✓
5.	Actions Log, Workplan and Matters Arising	CF	Discuss	✓
6.	Spotlight on a Service – Child and Adolescent Mental Health Pathway and the Thrive approach	Justine Rouke	Discuss	✓
	<b>Board Report Backs</b>			
7.	Chair's Report	CF	Discuss	✓
8.	Chief Executive's Report and Governors Questions to the Chief Executive	MM	Discuss	✓
9.	Associate Non-Executive Director (ANED) Appointment and Process	CF	Approve	✓

10.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	✓
	<b>Governor Items</b>			
11.	<p>Council of Governor Sub-Groups Feedback inc Membership Engagement Activities</p> <ul style="list-style-type: none"> <li>• Appointment Terms &amp; Conditions 20 November 2025 report</li> <li>• Engaging with Members 27 November 2025 report</li> </ul>	MF TDo	Note	✓
	<b>Performance &amp; Delivery</b>			
12.	<p>Performance Report available in the latest set of Board papers via this link:</p> <p><a href="#">Public Trust Board Meeting - 26 November 2025</a></p>	PB	Discuss	✓
13.	Finance Report	PB	Discuss	✓
	<b>Corporate</b>			
14.	Any Other Business	CF	Note	verbal
15.	<p>Review of Meeting:</p> <ul style="list-style-type: none"> <li>• Has the Council of Governors focused on the right areas?</li> <li>• Did the quality of the papers enable Council of Governors members to perform their role effectively – did they enable the right level of discussion to occur?</li> <li>• Was debate allowed to flow and were all Council of Governors members encouraged to contribute?</li> <li>• Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)</li> </ul>	CF	Note	verbal
16.	<b>Date, Time and Venue of Next Meeting</b>	<p>Thursday 16 April 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill</p> <p>Thursday 16 July 2026, 1.15pm – 3.15pm via Microsoft Teams</p> <p>Thursday 15 October 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill</p>		

## Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 16 October 2025															
Title of Report:	Declarations of Interest															
Author/s:	Caroline Flint Trust Chair															
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">To approve</td> <td style="width: 10px;"></td> <td style="padding: 2px;">To discuss</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">To note</td> <td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">To ratify</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">For assurance</td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> <td style="width: 10px;"></td> </tr> </table>				To approve		To discuss		To note	<input checked="" type="checkbox"/>	To ratify		For assurance			
To approve		To discuss														
To note	<input checked="" type="checkbox"/>	To ratify														
For assurance																
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"><li>• Governor declarations updated</li></ul>	<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>• N/A</li></ul>															
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>• No matters to escalate</li></ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"><li>• N/A</li></ul>															
Governance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Appointments, Terms &amp; Conditions Committee</td> <td style="width: 50%; padding: 2px;">Date</td> </tr> <tr> <td style="padding: 2px;">Trust Board</td> <td style="padding: 2px;">Date</td> </tr> </table>	Appointments, Terms & Conditions Committee	Date	Trust Board	Date	Engaging with Members Group	Date									
	Appointments, Terms & Conditions Committee	Date														
Trust Board	Date															
Other (please detail) Quarterly report to Council	✓															

## Monitoring and assurance framework summary:

<b>Links to Strategic Goals</b> (please indicate which strategic goal/s this paper relates to)				
✓ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			
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	

## Governors' Declaration of Interests

Constituency	Governor	Interests Declared
<b>Elected – Hull Public</b>	Julian Barnard	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Isabel Carrick	<ul style="list-style-type: none"> <li>• Son is leading a project on use of AI in adult social care employed by Hull University and Connexin</li> </ul>
	Brian Swallow	<ul style="list-style-type: none"> <li>• Member of Hull and East Yorkshire Mind</li> <li>• Member of Campus Health Centre Patient Participation Group.</li> </ul>
	Vacant	
<b>Elected – East Riding Public</b>	Ted Burnside	<ul style="list-style-type: none"> <li>• Volunteer at the Market Weighton GP Practice and a committee member of the surgery's patient group</li> </ul>
	John Arthur	<ul style="list-style-type: none"> <li>• </li> </ul>
	Anthony Douglas	<ul style="list-style-type: none"> <li>• None.</li> </ul>
	Kimberley Harmer	<ul style="list-style-type: none"> <li>• Co/Founder &amp; Chairman of Fuse Youth Services (Children and Young Peoples Charity that supports young people's mental health and wellbeing)</li> <li>• Trustee of Bridlington Health Forum</li> <li>• VCSE Youth Voice attendee at The Bridlington Strategy Steering Group of the HNY ICB.</li> <li>• VCSE Collaborative Member of HeySmile Humber &amp; ERY</li> <li>• Governor Headlands Secondary School</li> <li>• Trustee/Director The Hinge Centre Ltd</li> <li>• Force IAG, ERIAG, VAWAG IAG Member Humberside Police</li> <li>• Clear Hold Build Strategy Member for Bridlington (VCSE Youth Voice)</li> <li>• Bridlington Youth Partnership Senior Member</li> <li>• Conservative Policy Forum Humber &amp; Yorkshire Regional Ambassador</li> <li>• Bridlington and The Wolds Association Deputy Chair Fundraising and Event and CWO Representee</li> <li>• Furthermore, I own a property business M K Thomas Properties &amp; a</li> </ul>

		<p>decorating firm Thomas Decorators, although we have no current NHS decorating work at present that may conflict.</p> <ul style="list-style-type: none"> <li>• My brother in law also works as a manager in the maintenance team at Bridlington hospital.</li> <li>• I currently work as a Senior Caseworker, for the Member of Parliament for the Bridlington and The Wolds Charlie Dewhirst</li> </ul>
	John Morton	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Dr Francis Odukwe	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Elected – Wider Yorkshire &amp; Humber Public</b>	Tim Durkin	<ul style="list-style-type: none"> <li>• Member of Hull and East Yorkshire Mind</li> <li>• Member of (National) Mind</li> <li>• Associate Hospital Manager (AHM) for the Trust</li> </ul>
<b>Elected Whitby, Scarborough &amp; Ryedale</b>	Simon Blackburn	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Service User and Carer</b>	Anthony Houfe	<ul style="list-style-type: none"> <li>• Wife is the founder &amp; Chair of Hidden Disabilities Charity</li> </ul>
	Marilyn Foster	<ul style="list-style-type: none"> <li>• Member of Patient and Carer Forum (Trust)</li> <li>• Member of the Quality Improvement Group (Trust)</li> <li>• Member of Innovation Hub</li> </ul>
<b>Elected - Staff</b>	Sara Bennett (clinical)	<ul style="list-style-type: none"> <li>• Son works in the crisis team for Humber</li> </ul>
	Sian Johnson (clinical)	<ul style="list-style-type: none"> <li>• Married to the Clinical Director (Paul Johnson)</li> </ul>
	Jon Duncan (non clinical)	<ul style="list-style-type: none"> <li>• My partner Marie Dawson is employed by the Trust as Programme Manager</li> </ul>
	Simon Mills (non clinical)	
	Dan Houghton (non clinical or Clinical)	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Appointed</b>	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Councillor Jonathan	<ul style="list-style-type: none"> <li>• Cabinet Member of East Riding of Yorkshire Council</li> </ul>

	Owen, East Riding of Yorkshire Council	<ul style="list-style-type: none"> <li>• Partner Member of Humber &amp; North Yorkshire ICB</li> <li>• Vice Chair of Humber &amp; North Yorkshire ICB</li> <li>• Chair of East Riding Health &amp; Wellbeing Board</li> </ul>
	Professor Jacquie White Hull University	<ul style="list-style-type: none"> <li>• Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity within my role as Head of the school of nursing and midwifery</li> <li>• lead research and knowledge exchange activity and write grants. Current activity includes working with the Chief Pharmacist to development a research bid related to the role of Pharmacy Technicians across the Trust.</li> <li>• Trustee of the Warren Youth Project Hull</li> <li>• Member of the Labour Party</li> <li>• Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).</li> </ul>
	Emma Dallimore, Voluntary Sector	<ul style="list-style-type: none"> <li>• Employee of Hull and East Yorkshire Mind which supplies various services to the Trust including Support Line, Crisis pad, Children's Safe Space, peer support workers, children's psychological wellbeing and counsellors. I also sit on the CMHT transformation partnership board and attend various other Trust meetings</li> </ul>
	Vacant, Humberside Fire & Rescue	<ul style="list-style-type: none"> <li>•</li> </ul>
	Vacant, Humberside Police	<ul style="list-style-type: none"> <li>•</li> </ul>

**Minutes of the Council of Governors Public Meeting**  
held on

**Thursday 16 October 2025 at 1:15pm – 3:45pm**  
**The Lecture Theatre, Willerby, HU10 6ED**

**Present:**

Rt Hon Caroline Flint, Trust Chair  
Michele Moran, Chief Executive  
Simon Mills, Staff Governor, Non-Clinical  
Dan Laughton, Staff Governor, Non-Clinical or Clinical  
John Duncan, Staff Governor - Non-Clinical  
Sian Johnson, Staff Governor - Clinical  
Ted Burnside, East Riding Public Governor  
Tony Douglas, East Riding Public Governor  
Brian Swallow, Hull Public Governor  
Julian Barnard, Hull Public Governor  
Isabel Carrick, Hull Public Governor  
Tim Durkin, Rest of England Public Governor  
Simon Blackburn, Whitby, Scarborough and Ryedale Public Governor  
Emma Dallimore, Appointed Governor, Voluntary Sector  
Cllr Linda Chambers, Appointed Governor, Hull City Council  
John Arthur, East Riding Public Governor  
Jacquie White, Appointed Governor, University of Hull

**In Attendance:**

Peter Beckwith, Director of Finance  
Lynn Parkinson, Chief Operating Officer  
Stella Jackson, Head of Corporate Affairs  
Phillip Earnshaw, Non-Executive Director  
Dean Royles, Non-Executive Director  
Stuart McKinnon-Evans, Non-Executive Director  
Laura Roberts, PA to Chair and Chief Executive (Minutes)  
Katie Colrein, Membership Officer  
Kate Baraball, Clinical Lead, Community Services (for item 57/25)  
Rachael Watson, Matron - Townend and Granville Court (for item 57/25)

**Apologies:**

John Morton, East Riding Public Governor  
Marilyn Foster, Service User and Carer Governor  
Cllr Jonathan Owen, Appointed Governor, East Riding of Yorkshire Council  
Anthony Houfe, Service User and Carer Governor  
Kimberley Harmer, East Riding Public Governor  
John Morton, East Riding Public Governor  
Dr Francis Odukwe, East Riding Public Governor  
Stephanie Poole, Non-Executive Director  
Keith Nurcombe, Non-Executive Director

The Chair welcomed everyone to the meeting and advised that Tony Douglas would be Interim Lead Governor in the absence of Marilyn Foster.

54/25	<p><b>Declarations of Interest</b></p> <p>Governors are required to notify the Head of Corporate Affairs regarding any changes to their declarations of interest. If any items on the agenda present a potential conflict of interest, the Governor(s) should declare the interest and remove themselves from the meeting for that item.</p> <p>There were no declarations made at the meeting.</p>	
55/25	<p><b>Minutes of the Meeting held on 17 July 2025</b></p> <p>The minutes of the meeting held on 17 July 2025 were approved as an accurate record of the meeting.</p>	
56/25	<p><b>Actions Log, Workplan and Matters Arising</b></p> <p>The action log and workplan were noted.</p> <p>Isabel Carrick requested an update regarding neurodiversity waiting lists. In response, Lynn Parkison confirmed that further conversations and communications had continued with the Integrated Care Board (ICB). She reported that the business case for Hull and East Riding had been prepared and submitted. The issue had been acknowledged as one affecting the entire ICB footprint, with North Yorkshire identified as experiencing the most significant challenges. It had been agreed that progress should be pursued on an ICB-wide basis. Relevant data had been shared, and discussions with the ICB remained ongoing. There was increased confidence that the matter would be resolved soon. Funding was already in use, although no formal timescale had yet been confirmed. The Council of Governors noted that the position going forward appeared strong.</p> <p>The Chief Executive had continued to apply pressure on the ICB and confirmed that the matter had been discussed at the ICB meeting earlier in the week. A decision was expected within the next few months. The case was being actively considered, covering both adult and children's services. An update was anticipated at the next meeting.</p> <p>The Trust Chair advised that a Directory of Services was currently available on the website. However, discussions were ongoing regarding how this information could be improved and made more accessible to a wider audience.</p> <p>The Trust Chair also reported on recent Non-Executive Director (NED) visits and confirmed that collaborative work was underway to develop ideas arising from those engagements.</p> <p>There were no further matters arising.</p> <p><b>Resolved:</b> <b>The information was noted.</b></p>	

57/25	<p><b>Spotlight on a Service –Community Ward, Learning Disabilities and Granville inpatient areas</b></p> <p>Katie Barraball and Racheal Watson gave a presentation regarding the Community Services and Learning Disability inpatient units. The presentation provided:</p> <ul style="list-style-type: none"> <li>• An overview of services for Community Services and Learning Disability inpatient units.</li> <li>• Information on the Adult Community Bed Base and Community Services, which included the purpose of Community Wards.</li> <li>• Information regarding multi-disciplinary working.</li> <li>• Areas of development and plans for the Community Wards and feedback from patients and carers.</li> <li>• An overview of the Adult Learning Disability Services covering Hull and East Riding.</li> <li>• Information on the Community Services and Inpatient Units.</li> </ul> <p><b>Resolved:</b> <b>The information was noted.</b></p>	
58/25	<p><b>Chair's Report</b></p> <p>The Chair introduced her report and reported that no appointment had been made following the recent Non-Executive Director interviews. This outcome was due to be considered further by the Appointment Terms and Conditions Committee, and the post would be readvertised in due course. She advised that interviews for the Audit Chair position had been scheduled to take place on 28 October 2025.</p> <p>In addition, she reported that nominations for the Hull and Rest of England Governor Elections were set to open on 24 November 2025. Voting packs were expected to be distributed on 31 December 2025, with the election period closing on 20 January 2026.</p> <p>Tony Douglas commented on the section concerning segmentation and the oversight framework. He enquired about the measures being taken to contact young people currently on the neurodiversity waiting list and questioned the rationale for prioritising speech and language services. In response, the Trust Chair explained that the recent Board Away Day had included a review of the high segmentation level 2 score. While the Trust was addressing a range of areas, it had chosen to focus on those where improvements in outcomes could be achieved more rapidly, such as speech and language provision. The Chair also noted that sickness levels within the service were contributing to the complexity of the work.</p> <p>The Chief Executive commented on the oversight review, noting that measures had been set by the centre. The team had been reviewing Speech and Language services and identified this area as the next focus for segmentation purposes. Neuro services were also under consideration, with emphasis placed on their continued prioritisation. Key metrics under review included the staff survey results and financial performance. It was anticipated that the next quarter would show improvement, supported by the assurance</p>	

	<p>provided around speech and language, while reaffirming that Neuro remained the top priority. Finance was acknowledged as a critical component in the evaluation process. Peter Beckwith reported on access and effectiveness, highlighting that the service had achieved a rating of 1 and ranked 3 out of 37 in comparison to peer organisations. The Regional Office indicated that no significant interventions were expected in relation to assessment at this time.</p> <p>Isabel Carrick reported during the Annual Members Meeting that public attendance in the room had been limited. A subsequent discussion took place regarding potential actions to enhance and promote future engagement. The Trust Chair suggested that the team review the number of Members in attendance and proposed that post-event information be circulated to all Members in order to encourage and support future participation.</p> <p>The Trust Chair noted that there were current vacancies for PLACE visits and emphasised the importance of securing additional Governor volunteers to ensure coverage. Governors were advised to contact Katie should they require further information or wish to express their interest in participating.</p> <p><b><u>Resolved:</u></b>  <b>The Chair's Report was noted.</b></p>	
59/25	<p><b>Chief Executive's Report and Governors Questions to the Chief Executive</b></p> <p>The Chief Executive introduced her report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• It had been a particularly busy period across both the Trust and the wider system.</li> <li>• There had been changes within the Integrated Care Board (ICB) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).</li> <li>• The Trust had been highly commended in the Health Service Journal (HSJ) awards, which was noted as a significant achievement.</li> <li>• The Operations Team had undertaken substantial work in preparation for winter pressures.</li> <li>• The recent fire at Langdale was acknowledged, and appropriate responses had been initiated.</li> <li>• A new managers' regulation framework was currently under consultation, with implementation expected by 2026.</li> <li>• Concerns were highlighted regarding sickness rates, which continued to impact operational work.</li> <li>• The ICB was in the process of developing new systems and processes, although there had been no formal update regarding redundancy issues.</li> <li>• A regional model had been released, though it contained limited detail. It was anticipated that the ICB would likely take on the role of strategic commissioners.</li> <li>• In terms of neighbourhood initiatives, six bids had been submitted under the ICB framework.</li> <li>• Flu vaccination uptake had been reported as good.</li> <li>• Progress continued on the Resident Doctors' ten-point plan.</li> </ul>	

	<p><i>Jacquie White arrived at this point.</i></p> <p>Brian Swallow commented on the sickness figures and noted that the Trust had benchmarked well in comparison with Mental Health and Community Trusts. The Chief Executive confirmed this positive position. However, it was acknowledged that certain units had continued to experience high sickness rates, both short term and long term. It was reported that targeted support work had been undertaken to assist staff in the areas experiencing higher sickness levels. The Trust Chair added that additional support options had been made available to staff, including Health MOTs and other wellbeing initiatives. The team had been actively reviewing levels of uptake and identifying those most affected in order to inform further action.</p> <p>Tim Durkin raised concerns under item 8 regarding sickness rates and safety on units, noting that these issues were linked to flu vaccination uptake among frontline staff. He asked whether vaccination could be made a contractual requirement. It was confirmed that this could not be mandated, and discussion followed on whether changes could be considered. Dean Royles referred to discussions around potential penalties for staff who had not received vaccinations, including in relation to COVID. It was confirmed that such measures could not be implemented unless there was an occupational requirement, such as Hepatitis, and that this did not apply to flu.</p> <p>The Chief Executive reported that the Trust had been one of the highest performing organisations for immunisation across all Trusts in the previous year. It was noted that a further 5% increase was required. While vaccination could not be mandated, incentives could be offered, and work was being undertaken to address phobias and create the right environment to encourage uptake. It was further noted that over 1,000 staff had already received the vaccination to date.</p> <p><b><u>Resolved:</u></b>  <b>The Chief Executive's Report was noted.</b></p>	
	<p><i>The agenda was taken out of order after this point.</i></p>	
60/25	<p><b>Governors Questions – topical issues not already covered or discussion regarding any questions received in advance</b></p> <p>Ted Burnside had raised concerns regarding the changes to Primary Care Services and patient access to services. The Chief Executive responded that work was being undertaken on the online system. Lynn Parkinson added that there had been changes to the online system, with online consultations being made available outside typical hours, and that the architecture was in place for a digital system. It was noted that a review of the uptake was being carried out and that patients were still able to use the telephone to cancel appointments. This was being performance managed for usage and was in line with contractual requirements.</p>	

Ted reported that online appointments were limited. Lynn Parkinson had commented that there were limited appointments with GPs that could be booked via the telephone, or alternatively NHS 111 could provide assistance.

There was a discussion regarding access to and the availability of appointments, which had included non-Trust practices. The Chief Executive had advised that Integrated Care Board discussions had taken place regarding access, and it had been confirmed that same day urgent appointments were available and that non-urgent appointments were scheduled within two weeks.

John Arthur sought confirmation of the status of the process in relation to Primary Care Services at Bridlington. He had observed that matters appeared to have gone quiet and had requested information regarding potential companies that might assume responsibility. The Chief Executive explained that governors had been afforded a greater level of involvement than was formally required and that the Board had received assurance and updates on the progress of the matter. It was noted that the Integrated Care Board (ICB) strategy had been followed and that the ICB had remained the lead organisation responsible for the contract. The Chief Executive further advised that the information continued to be confidential and was not in the public domain. The Trust had worked in collaboration with the ICB, who had been engaging directly with the receiving practice.

Peter Beckwith added the business transfer was at the stage of agreeing heads of terms. He advised that once these had been signed, the receiving practice and the due diligence process could be announced, and this was considered to be imminent. He reiterated that the matter was not a sale and confirmed that the ICB had oversight of the process, with information legally restricted until the heads of terms had been signed. It was further recorded that once completed, communications with patients would be undertaken by the ICB. Peter Beckwith added that the Trust was assisting with the due diligence requirements.

Tony Douglas had suggested the governors request a meeting with the ICB in order to share their views on the choice of practices and providers for patients. The Trust Chair expressed the view that such an approach was not appropriate. The Chief Executive advised that the Trust had originally held six practices which were failing prior to the Trust's involvement, and that the management arrangements had been intended only as a short-term solution, with the plan being to transfer services back to Primary Care. She had added that this approach was now aligned with the ICB strategy and that the Trust agreed this represented the best outcome for the community. It was confirmed that patient safety would be maintained and staff supported throughout the process. Peter Beckwith further explained that the process did not constitute a major significant transaction and therefore did not require referral to the Council of Governors, although governors would continue to be kept informed. It was noted that the matter would be discussed further at the Finance Committee and at the Board meeting.

**Resolved:**

**The information was noted.**

	<p><b>61/25 Non-Executive Director Chairs of Sub Committees Assurance Reports &amp; Feedback</b></p> <p>The respective Committee Chairs introduced the following reports and reiterated key points from within them.</p> <ul style="list-style-type: none"> <li>• People and Organisational Development Committee</li> <li>• Quality Committee</li> <li>• Mental Health Legislation Committee</li> <li>• Audit Committee</li> </ul>	
	<p><b><u>Quality Committee</u></b></p> <p>Concerns had been raised by Brian Swallow and Tim Durkin in relation to the Mental Health Service Users Survey results. Reassurance was provided that action plans had been developed to address the four areas which had received low scores. Phillip Earnshaw added that care plans were in place, although it was recognised that some patients might not be aware of them, and he highlighted that communication of this had been identified as an issue. It was confirmed that this matter was being explored further. Lynn Parkinson advised that documentation audits had been undertaken and that the findings would be discussed with Sarah Smyth.</p> <p>Isabel Carrick asked for assurance regarding the ways of obtaining feedback from patients, noting that the survey had received a low response rate. It was advised that the Trust had been working on promoting uptake and that co-production work with patients had been undertaken in relation to the Patient and Carer Experience (PACE) survey. The Trust Chair added that discussions had taken place on the use of information from other sources and on how triangulation could be applied to provide more robust data. Lynn Parkinson confirmed that other data sources had been explored in conjunction with the survey findings</p> <p><b><u>Audit Committee</u></b></p> <p>John Morton asked about the topics contained within the Risk Management Strategy. Stuart McKinnon-Evans replied that the Strategy had included the types of risks faced by the Trust and the way in which such matters were assessed, together with the associated actions and the levels of risk identified.</p> <p><b><u>Resolved:</u></b>  <b>The Non-Executive Director Chairs of Sub Committees Assurance Reports were noted.</b></p>	
62/25	<p><b>Council of Governor Sub-Groups Feedback inc Membership Engagement Activities</b></p> <p>Tony Douglas and Isabel Carrick introduced the Council of Governor Sub-Groups Feedback report for the Subgroups listed below and reiterated key points from within the report:</p> <ul style="list-style-type: none"> <li>• Engaging with Members</li> </ul>	

	<ul style="list-style-type: none"> <li>• Appointments Terms and Conditions Committee (ATC)- The report was provided by Isabel in the absence of Marilyn Foster</li> </ul> <p>Isabel Carrick encouraged more Governors to attend the ATC meetings and to participate in Trust interviews.</p> <p><b><u>Resolved:</u></b> <b>The report was noted.</b></p>	
63/25	<p><b>Governors Questions – topical issues not already covered or discussion re any questions received in advance</b></p> <p>There were no further questions raised.</p>	
64/25	<p><b>DHSC/NHSE Long-Term Plan impact on Humber Update</b></p> <p>The Chief Executive presented the NHS Long Term Plan report, which outlined the impact upon the Trust arising from the three key shifts from treatment to prevention, from hospital to community, and from analogue to digital. She advised that no additional funding had been provided to support this work and that movement in existing resources would be required in order to deliver the necessary changes within the Trust.</p> <p>The Chief Executive highlighted the potential for reaccreditation of Foundation Trusts for those in segmentation 1 or 2, although no further details were available at the time.</p> <p>She further reported that she was working with the Integrated Care Board and was participating in a national working group.</p> <p>Simon Blackburn commented on research funding in relation to research and investment in health and inequalities connected to the York Universities. He advised that he would send the relevant information to the Trust Chair and the Chief Executive.</p> <p>Simon Blackburn noted that Governors would not be part of the Foundation Trust model . The Chief Executive stated that she was not certain what was happening at present and confirmed that no guidance had yet been issued. She noted that there was a strong indication that both current and new Foundation Trusts would not have Governors as their governing body, She did not anticipate any changes being enacted until 2027. She concluded that this was not currently an area of priority for the centre and undertook to provide an update when further information became available.</p> <p><b><u>Resolved:</u></b> <b>The report was noted.</b></p>	
65/25	<p><b>Performance Report</b></p> <p>The Performance Report was accepted as read.</p> <p>Isabel Carrick commented on the perinatal mental health service, noting that patient numbers had previously increased but had since declined. She</p>	

	<p>enquired about the strategy to increase patient engagement. Lynn Parkinson responded that work was being undertaken to publicise the service in collaboration with the acute trusts and community midwives, together with the forthcoming launch of the maternal mental health service. She added that social media would also be utilised to support awareness and engagement.</p> <p><b><u>Resolved:</u></b> <b>The Performance report was noted.</b></p>	
66/25	<p><b>Finance Report</b></p> <p>Peter Beckwith introduced the Finance Report for the Trust and the Integrated Care Board position as at the end of August 2025. He advised that there had been challenges with the system not being on plan and that there could be a £60m deficit by year-end. He reported that the Trust had a year-to-date favourable variance, which was attributed to the timing of non-recurrent income into the Trust and confirmed that this was forecast to be utilised by the end of the financial year. He stated that there was a detailed forecast of breakeven, with risks being managed, and expressed confidence that the Trust would deliver to plan. He added that the cash position remained strong and was aligned with best payment practice.</p> <p><b><u>Resolved:</u></b> <b>The Finance Report was noted.</b></p>	
67/25	<p><b>Any Other Business</b></p> <p>The Trust Chair asked Governors to consider topics for discussion at briefings and development sessions and to send suggestions to Katie Colrein.</p> <p>There was no other business matters discussed.</p> <p><b><u>Resolved:</u></b> <b>Governors to forward suggestions for briefing and development sessions topics to Katie Colrein.</b></p>	Govs
68/25	<p><b>Review of Meeting</b></p> <p>The Chair invited comments regarding the meeting. Governors agreed the meeting had been effective.</p> <p>The meeting closed at 3:45pm.</p>	
69/25	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Thursday 15 January 2026, 1.15pm – 3.15pm via Microsoft Teams      Thursday 16 April 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill      Thursday 16 July 2026, 1.15pm – 3.15pm via Microsoft Teams      Thursday 15 October 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill</p>	

Signed..... Date

Chair

**Agenda Item 04**

**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	<b>Welcome and Guest Speaker</b>  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	<p><b>Review of the Year: 2024-2025</b></p> <p>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.</p> <p>A video '25 Reasons to Celebrate' was played during the presentation which emphasised a number of the key points made regarding key achievements.</p>
03/25	<p><b>Financial Review: 2024-2025</b></p> <p>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.</p> <p>The presentation also contained information regarding the Trust's income and expenditure and highlighted the financial outlook for 2025-2026.</p>
04/25	<p><b>Lead Governor Presentation</b></p> <p>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.</p>
05/25	<p><b>Looking Ahead: 2025-26</b></p> <p>The Chief Executive gave a presentation regarding the key areas of work being undertaken and planned during 2025-26.</p>
06/25	<p><b>Social Values Report 2024-25</b></p> <p>The Chair introduced the launch of the Trust's Social Values report, a copy of which was available at the meeting.</p>
07/25	<p><b>Questions and Answers</b></p> <p>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?'</p> <p>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.</p> <p>Another pre-submitted question was asked:</p>

	<p>'With all the changes and scrutiny on the NHS, how will Humber support staff's health and wellbeing?</p> <p>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.</p> <p>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.</p> <p>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 interested 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.</p> <p>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 trial 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.</p> <p>The Chief Executive thanked the speakers, governors, staff, volunteers and members of the public for attending and supporting the event.</p>
08/25	<p><b>Any Other Business</b></p> <p>There were no other items of business, and the meeting concluded at 16.05.</p>

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

Chair

**Agenda Item 5**

**Action Log:**

**Actions Arising from Public Council of Governor Meetings**

Summary of actions from October 2025 meeting and update report on earlier actions due for delivery in January 2026						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
16.10.25	67/25	Any Other Business	Governors to forward suggestions for briefing and development session topics to Katie Colrein.	All Governors	January 2026	
17.04.25	26/25	Appointed Governor Focus Cllr Linda Chambers (Hull City Council)	Information relating to services available to Neuro Diverse people and further updates to be shared with the Governors.	LC	July 2025	
17.04.25	21/25	Chair's Report	Service list to be sent to the Governors.	CF	July 2025	Governors advised of Service List of Trust internet page.
			Feedback to be provided to Governors following NED visits.	CF	July 2025	Update provided and confirmed that collaborative work was underway to develop ideas



							arising from those engagements.
<b>Outstanding Actions arising from previous Council meetings for feedback to a later meeting</b>							
19.10.23	66/23(a)	Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback	Refresh on Countess of Chester report to be arranged for a Governor briefing session	CF	Cancelled for 25 April 2024 New date to be agreed once NHS inquiry completed		New date to be arranged as part of the Governor Briefing Session. No further update at this time.
<b>A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Membership Officer</b>							

## Council of Governors Work Plan 2026/27

Council of Governors Meeting Dates:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	16 Oct 26	14 Jan 27
<b>Reports:</b>							
<b>Standing Items</b>							
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓
Actions Log	Every Mtg	CF	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓
Spotlight on a Service	Every Mtg	KF/KP	✓	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓	✓
Patient Led Assessment of Care Environment Report (PLACE)	Annually	PB		✓			✓
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓	✓
Appointed Governor Focus	Every Mtg	??	✓	✓	✓	✓	✓
<b>Performance &amp; Delivery</b>							
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓
<b>Annual Items</b>							
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF	✓				✓
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	MF		✓			

Council of Governors Meeting Dates:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	16 Oct 26	14 Jan 27
<b>Reports:</b>							
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	TDo		✓			
Formal Presentation of Accounts	Annually	PB	✓			✓	✓
Annual Report (AMM)	Annually	SJ			✓	✓	
Annual Accounts– Audit findings and conclusions	Annually	PB	✓				✓
Review of Constitution	Annually	SJ		✓			
Outcome of the FPPT for Non-Executive Director Board members (including the Chair) will be presented to the Council of Governors for information	Annually	CF		✓			
Receive Feedback on the Trust Chair and Non-Executive Directors Appraisals	Annually	CF		✓			
Declarations for the Provider License (inc under Declarations item)	Annually	SJ		✓			
AMM Minutes for approval	Annually	SJ					✓
Meeting the Fit and Proper Person Framework Requirements	Annually	SJ		✓			
Compliance against the Provider License	Annually	PB & SJ		✓			
<b>Council of Governors: Other Statutory Duties</b>							
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	KP					
Approve the appointment of the Chief Executive (to approve – support)	As req						
Appointment of the external auditor (to ratify)	As req						

Council of Governors Meeting Dates:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	16 Oct 26	14 Jan 27
<b>Reports:</b>							
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req						
Approval of an application for the dissolution of the FT	As req						
<b>Council of Governors Non-Statutory Duties</b>							
Non-Executive Director and Governor Visits	As req						
Receive the Membership Plan	As req	SJ					
Agree with the Audit Committee the process for appointment /removal of the external auditor	As req						
Be consulted on the appointment of the Senior Independent Director	As req	CF					
Agree the process for the appointment of the Chair of the Trust and the other NEDs (link to AT&C)	As req						
<b>Added items</b>							
Patient and Carer Experience Annual Report	Annual	KF/MD			✓		
Operating Plan	As req	PB		✓			
ICB – explanation regarding the ICB and Humber's Relationship with it – April 2025	Sue Symington						
Trust response to the Nottingham Report		HG			✓		
<b>Spotlight Items:</b>							
ED Streaming							
Adult Mental Health Crisis Team					✓		
Primary Care Update							
<b>Removed Items</b>							

**Agenda Item 06**

Title & Date of Meeting:	Council of Governor Public Meeting – 15 January 2026												
Title of Report:	Board update on refreshed CAMHS pathways and Thrive framework												
Author/s:	Justine Rooke General Manager: Children's and Learning Disability Division												
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">To approve</td> <td style="padding: 2px;">To discuss</td> <td style="padding: 2px;">x</td> </tr> <tr> <td style="padding: 2px;">To note</td> <td style="padding: 2px;">To ratify</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">For assurance</td> <td style="padding: 2px;">x</td> <td style="padding: 2px;"></td> </tr> </table>				To approve	To discuss	x	To note	To ratify		For assurance	x	
To approve	To discuss	x											
To note	To ratify												
For assurance	x												
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>To update Humber Board on the progress on the redesign of the CAMHS pathways and how this complements the Thrive framework. This presentation will be an update on progress since the service outlined the implementation plan to Governor's in April 2025. It will outline the changes made to create a 'One Team Approach' with seamless service provision to enhance patient safety, productivity and service user experience. The improved clinical outcomes and the benefits to children, young people and families will be illustrated.</p>												
Key Issues within the report:	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• Complements medium term planning and operational guidance.</li> <li>• Supports productivity work to reduce duplication and waiting times.</li> <li>• Initial request made by EMT and regular updates provided by Division.</li> <li>• Change underpinned with clinical rationales, therapeutic models and service user experience.</li> <li>• Learning has been implemented from incidents and complaints.</li> <li>• Experts by experience and HYAG have been fully engaged in change process</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• Staff have been extensively communicated with and included in planning.</li> <li>• PMO support has underpinned the whole project.</li> <li>• AMBIT and ARC therapeutic models are central to development of services and in bringing staff together to support positive working relationships and a shared understanding of the rationale for change and vision of new way of working.</li> <li>• Monitoring of clinical outcomes has been collected to demonstrate impact.</li> </ul> </td> </tr> </table>				<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• Complements medium term planning and operational guidance.</li> <li>• Supports productivity work to reduce duplication and waiting times.</li> <li>• Initial request made by EMT and regular updates provided by Division.</li> <li>• Change underpinned with clinical rationales, therapeutic models and service user experience.</li> <li>• Learning has been implemented from incidents and complaints.</li> <li>• Experts by experience and HYAG have been fully engaged in change process</li> </ul>	<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• Staff have been extensively communicated with and included in planning.</li> <li>• PMO support has underpinned the whole project.</li> <li>• AMBIT and ARC therapeutic models are central to development of services and in bringing staff together to support positive working relationships and a shared understanding of the rationale for change and vision of new way of working.</li> <li>• Monitoring of clinical outcomes has been collected to demonstrate impact.</li> </ul>							
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<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• Change can be resisted in CAMHS</li> <li>• Entrenched cultural ways of working may affect implementation.</li> </ul>	<b>Decisions Made:</b>												



Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	Date		Date	
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Trust Board		Other (please detail) Quarterly report to Council	

### Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
<input checked="" type="checkbox"/> Tick those that apply				
√	<b>Innovating Quality and Patient Safety:</b> Quality and safety are implicit within the redesign and pathway development. QI charters will be generated and a continuous cycle of improvement methodology adopted.			
√	<b>Enhancing prevention, wellbeing and recovery</b> Improves the patient journey and staff job satisfaction by ensuring CYP and families can access services quickly and before their mental health worsens. Enabled and built in discharge and exit strategies.			
√	<b>Fostering integration, partnership and alliances</b> Increases joined up working across CAMHS service delivery and underpinned by therapeutic models which support relationships and restorative practice in staff. Encourages integration with partner agencies in family partnership and shared understanding from Thrive framework.			
√	<b>Developing an effective and empowered workforce</b> Shared learning and understanding of joined up ways of working and productivity. Particularly around embedding learning from incidents to promote a safety culture.			
√	<b>Maximising an efficient and sustainable organisation</b> Improved pathways which reduce duplication and waste. Enhances productivity and service users goal alignment. Compliments the Thrive framework.			
√	<b>Promoting people, communities and social values</b> Staff welfare and development and supports community developments. Prevention and understanding of antecedents of mental ill health in children and young people.			
Have all implications below been considered prior to presenting this paper.		Yes	If any action required is this detailed in the report?	N/A
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?				

To be advised of any future implications as and when required by the author

**Agenda Item 7**

Title & Date of Meeting:	Council of Governors Public Meeting - 15 January 2026															
Title of Report:	Trust Chair's report															
Author/s:	Rt Hon Caroline Flint															
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">To approve</td> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%;">To discuss</td> <td style="width: 33%; text-align: center;">√</td> </tr> <tr> <td>To note</td> <td style="text-align: center;">√</td> <td>To ratify</td> <td style="text-align: center;"> </td> </tr> <tr> <td>For assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </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.															
<p><b>Key Issues within the report:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• New Audit Chair Kathryn Smart started at on 12 January to provide for a period of overlap with current Audit Chair Stuart McKinnon-Evans.</li> <li>• Governor Development Programme</li> <li>• Chair/NED Visits</li> <li>• Elections Update</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Digital Board Programme facilitated by NHS Providers and Be Digital continues with half day in October Strategic Development Board and an online AI masterclass</li> <li>• Governor Development Plan 2026</li> <li>• Progress on next Non-Executive Director recruitment round.</li> </ul> </td> </tr> </table>					<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• New Audit Chair Kathryn Smart started at on 12 January to provide for a period of overlap with current Audit Chair Stuart McKinnon-Evans.</li> <li>• Governor Development Programme</li> <li>• Chair/NED Visits</li> <li>• Elections Update</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Digital Board Programme facilitated by NHS Providers and Be Digital continues with half day in October Strategic Development Board and an online AI masterclass</li> <li>• Governor Development Plan 2026</li> <li>• Progress on next Non-Executive Director recruitment round.</li> </ul>										
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<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• Strategic Commissioning Framework; Model Region Blueprint, Long Term Plan – both opportunities and challenges for Humber.</li> </ul> <p><b>Decisions Made:</b></p> <p>N/A</p>																
<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>	Date			Date												
	Appointments, Terms & Conditions Committee	Engaging with Members Group														
Trust Board	Nov 2025	Other (please detail) Quarterly report to Council	√													

## Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
<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	✓			
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	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

## **Trust Chair's Council of Governor's Report 15 January 2026**

Happy New Year and I hope all Governors enjoyed Christmas and other festivities.

### **Governor News**

Congratulations to Tim Durkin who has been returned unopposed as the Governor for the Rest of England, but the Hull position remains vacant due to no nominations. We also have vacancies for Partner Governors for Humberside Fire and Rescue and Police which we are pursuing replacements for. Our thanks and best wishes to Simon Blackburn who recently resigned as Governor for Whitby, Ryedale, and Scarborough. In 2026 we will as agreed have elections annually for all elected governor positions instead of twice in some years.

My thanks to Governor Marilyn Foster who stood down as Lead Governor last year and to Governor Tony Douglas who you chose as the new Lead Governor. Marilyn continues to Chair the Appointments, Terms and Conditions Committee and Tony the Engaging Members Group and it is appreciated the extra work they do and those governors who participate on one or both forums. If you'd like to get involved, please speak with Tony or Marilyn.

### **Non-Executive Director (NED) News**

Audit Chair Stuart McKinnon-Evans has served at Humber since January 2021 and completes his term of office at the end of January. Dean Royles will also be leaving soon as he has been appointed as a Non-Executive Director at Sheffield Health Partnership University having been with Humber since 2019. My thanks on behalf of everyone who has worked with Stuart and Dean we have appreciated their knowledge, diligence and engagement so much. We wish them the very best.

Dean's term of office was due to expire in August 2026 so with a recruitment round underway for an additional Non-Executive Director we will look to bring forward the recruitment of a replacement for Dean at the same time. More detail in the NED Recruitment Campaign Update item on the agenda

Welcome to Kathryn Smart who joined Humber on 12 January as our new Audit Chair giving her and Stuart sometime to plan the handover as part of her induction.

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

Since the last Council of Governors 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 set out what this means and how it will be delivered.

Alongside the SCF a Model Region Blueprint has been produced. Government is clear that good quality care and sound financial management by Foundation Trusts will be rewarded to deliver more great care. 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 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.

### **Trust Board Strategic Development Meeting 29 October 2025**

We devoted half a day to our Digital Board Development programme mentioned earlier. 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 Committee and Trust Board.

### **Trust Board Strategic Development Meeting 17 December 2025**

This was a shorter meeting as we also had Christmas lunch with our Board Support Unit colleagues who we thank for their work in 2025.

We discussed and signed off the first draft submission of the Annual Operating Plan with the final submission due to be submitted in February 2026. An update was provided regarding Primary Care developments. The Trust would continue to be liable for the provision of health care up until the point of transfer. Board reviewed Strategic Board Development meetings in 2025 and the draft plan for 2026 which was agreed with some additions covering digital governance and review of the Trust Strategy.

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

**Humber's Annual Medical Education Conference 22 October 2025** - I chaired the conference with the theme this year "CAMHS 2025 Collaboration, Innovation and Hope". I thoroughly enjoyed flexing my brain and hearing from a range of external and Humber speakers.

**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.

**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.

**NHS Providers Annual Conference 11-12 November 2025** - 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". I heard Wes Streeting's speech and attended sessions on Perspectives on Leadership; Board Autonomy and Accountability and Unlocking value – Leading a more human centred approach to productivity. I also met up with Rebecca Gray Mental Director NHS Confederation, the NHS Providers Digital Team, NHS England Chair Dr Penny Dash and President of the Royal College of Psychiatrists Dr Lade Smith. The NHS Confederation and NHS Providers are in the process of merging into one organisation.

**Humber Staff Awards 28 November 2025** - Great evening to celebrate the very best of our services, partnerships and volunteers for 2025. The Hull Visual Choir were a fantastic way to open the event. Thanks to governors who attended and presented awards. This year Michele and I were pleased to present our Community Services with the Chair and Chief Executive Award.

**Hull NHS Choir 9 December** – raising money for Humber's HealthStars charity along with other worthy local causes I was pleased to represent our Trust and have an enjoyable evening at St Mary's Church Beverley and meet some of our staff in the choir and supporting on the night.

**Internal meetings also included:**

Governor Briefings 25 Sep, 20 Oct, 27 Nov

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 Nov

Governor Development Session 13 Nov

Appointments, Terms and Conditions Committee 20 Nov

Audit Committee – 25 Nov

Charitable Funds Corporate Trustee Board – 28 Nov

Quality Committee 4 Dec

Interviewing for Consultant Psychiatrist Bridlington and Driffield GA CMHT – 4 Dec

**External meetings also included:**

ICS Chairs and ICB Chair Jason Stamp - 21 Oct

Annual catch up with Helen Higgs from Audit Yorkshire - 23 Oct

NHS Providers Chairs and CEOs Network – 2 Dec

Mental Health Chairs Network

**NED/ANED Visits**

**Unannounced (with Executive Director)**

Emergency Department 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 Moran	22/10

## Governor Activities Round Up

**Appointments, Terms and Conditions Committee (ATC)** met on 20 November to discuss for approval Audit Chair candidate, NED recruitment campaign, Chair and NED remuneration and ANED programme. The ATC was followed by a Council of Governors Part II meeting to discuss for approval recommendations from the ATC.

**Visits** - This year we re-established governors taking part in the PLACE visits. We are already making sure that the dates next year don't clash with the Annual Members' Meeting (the ball was dropped on that one) and would encourage more governors taking part. A full report on the outcomes of the PLACE visits will come to the Council of Governors and Board in 2026. In 2026 Non-Executive Directors' can invite a governor to join them on a planned visit and the Board Support Unit will liaise with governors to arrange.

**Governor Development and Information:** **Governor Briefings** 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, 2 in person and one online, and are longer sessions. Online recordings and slides are shared with all governors and NEDs.

**Governor Briefing 30 October** – Developing Place and the ICB

**Governor Development Session 13 November** - The Work of the Collaborative Committee and Overview of Co-Production Work and Experts by Experience

**Governor Briefing 27 November** - Our Community Services

## 2026 Governor Development and Information Programme

The 2026 schedule of topics is being prepared based on governors' requests. The list includes:

- Patient Safety Initiatives and Outcomes
- Quality Improvement Projects
- PACE Forums - Encouraging Patients and Carers to take part
- Scarborough and Area Health and Care Research Collaborative (SHARC)
- Voluntary Sector Partner Stories
- Neighbourhood Health and Integration

A suggestion was made for the Patient Stories heard at Board to happen at Governor events too. The challenge is how to accommodate everything requested and your time. I would encourage governors to watch these on the Board recordings and maybe attend some of our Patient and Carer Experience events if possible. I will be liaising with Board colleagues to find relevant Briefing, Development and CoG slots for these topics but to start 2026 our first **Governor Briefing on 29 January** will be on "**What the NHS Long Term Plan means for Humber**".

**Agenda Item 08**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 January 2026			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	✓
	To note		To ratify	✓
	For assurance			
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Work contained within the report</li> </ul>	<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Contained within the paper</li> </ul>			
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Nothing to escalate</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>None required</li> </ul>			
Governance:	Appointments, Terms & Conditions Committee	Date	Engaging with Members Group	Date
	Trust Board	26.11.25	Other (please detail) Quarterly report to Council	

## Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

## Chief Executive's Report

### **1.1 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 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**

ICB – Teresa Fenech has been appointed as the substantive Chief Executive.

#### York and Scarborough Hospitals

Clare Smith has been appointed as the York and Scarborough Hospitals new Chief Executive. Clare was 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. 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.

Hull's 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 December. 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 three 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 through to early December. 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. Increase in the prevalence of Flu in the population has contributed to increased pressures.

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 7<sup>th</sup> 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. A further period of action by the BMA resident doctors commenced on 7am Wednesday 17<sup>th</sup> to 1am Monday 22<sup>nd</sup> December 2025 again this was managed and planned for through our EPRR command arrangements.

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, this has reduced in November 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 to November, this has been escalated to the ICB and system partners and some improvement has been seen in December.

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.

A bid has been submitted to the Kristina Martin Charitable Trust for Advanced Lived Experience Practitioners (ALEP's) to work within Core CAMHS as per the CLEAR programme recommendations. £100k is available for projects that improve mental health outcomes for children and young people. The ALEP's would comprise both young people and parents/carers who have previously been known to the services. These individuals will:

- provide direct peer support to service users and their families.
- share their recovery journeys to inspire hope and model resilience.
- raise awareness of local resources and community opportunities that support recovery.
- encourage service users to engage with community assets while awaiting formal intervention.
- collaborate with the multi-disciplinary team to co-develop peer support and group therapy programmes.
- support drop-in sessions and informal engagement opportunities.

### 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 individual's 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 14<sup>th</sup> 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.

# Multi-Professional Strategy

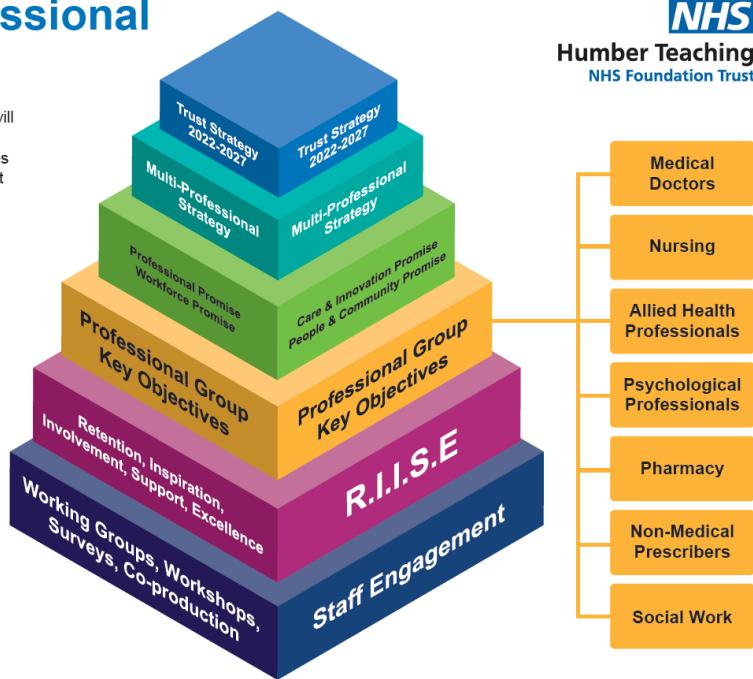
The multi-professional strategy will be an enabler to support the delivery of the Trust vision, values and the six key objectives set out in the Trust Strategy 2022-2027.

The multi-professional strategy aims to provide our professional groups with clear direction and a shared vision for delivering high-quality, safe, and effective care and support. It emphasises the promotion of people's wellbeing and aligns with both local and national strategies.



Caring, Learning & Growing Together

**NHS**  
Humber Teaching  
NHS Foundation Trust



## 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 22<sup>nd</sup> 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 12<sup>th</sup> 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 service's 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 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.

### **3.3.9 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%.

### **3.3.10 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.

### **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
<b>Total</b>	<b>452</b>

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

Location	Site
<b>Whitby</b>	Whitby Hospital
<b>Hull</b>	Inspire Inpatient Unit; Mill View Court; Westlands Inpatient Unit
<b>Malton</b>	Malton Hospital
<b>Driffield</b>	Alfred Bean Hospital
<b>Bridlington</b>	Providence Place and Station Avenue Medical Centres
<b>Scarborough</b>	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.

### **3.3.11 Flu Programme 2025/26**

Flu vaccination delivery 2025/26 is now into its third month within the Trust with an overall goal of achieving a 5% increase in vaccination rates across the Trust.

On 12<sup>th</sup> December 2025 we had vaccinated 51.4% of frontline staff against a 48% target.

We have also vaccinated 55.8% of the overall workforce (frontline and non-frontline staff) against a target of 66.5%

On 16<sup>th</sup> November 2025 we sat second highest for frontline flu delivery across the Nation and highest for our region.

Our strategic approach to the delivery of flu, working alongside peer vaccinators and managers is allowing us to meet our targets this year at a time when flu outbreaks are three times higher than normal for this time of year.

We continue to offer this service until 31<sup>st</sup> March 2026, and we continue to monitor and offer support to areas across the Trust with lower uptake rates on a week by week basis.

### **3.3.12 National Staff Survey (NSS) Update**

The 2025 NSS Window closed on 28<sup>th</sup> November 2025.

#### **Overview**

People Experience Team, Communications Team and Strategic HR Business Partners worked 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 came together weekly, where comms plan actions were progressed, updated, Trust response rates and the league table were discussed to review any areas of the Trust that can be proactively offered support.

- League table

The new department level league table seemingly played a good part in the successful response rate, 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. Throughout the survey window, People Experience Team regularly sought reassurances from managers, colleagues were motivated to have their say when taking part and stressed the importance of this not being about only a response rate.

The league table also allowed 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 final league table.

### [League Table](#)

- As of the end of Week 8 and end of the Staff Survey Window

### Humber vs National Response Rates

The national response rates provided by the Coordination Centre are not currently available due to the embargo on this data, although we are aware each week we were above national average for both substantive and bank, and we see no reason to believe that is still not the case. We are also able to see how we performed against other Trusts using the same survey provider as below:

- Humber 64% (average nationally 49%). This is +8% compared with Humber 2024 response rate (average nationally is down -3%, a trend we have bucked)

- Humber Bank 35% (average nationally 17%). This is +4% compared with Humber 2024 response rate (average nationally is also down -4%, again a trend we have bucked)

### **3.3.13 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.

### **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 Grange 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**

#### **Planning - 2026/27 and Future Years**

A significant focus for Finance Directorate has been to work with Workforce and Operational colleague to deliver the initial submission of the Medium Term Planning Framework submission which was submitted on 17<sup>th</sup> December.

The following documents were submitted:

- 2-year revenue and 4-year capital plan return
- 2-year workforce return
- 2-year operational performance and activity return
- integrated planning template showing triangulation and alignment of plans
- board assurance statements confirming oversight of process

The final plan is due to be submitted on 12<sup>th</sup> February 2026

At the time of writing detailed contracting and commissioning intentions have still to be concluded, the Trust has built an internal financial plan based on assumptions to date.

The workforce element of the Medium-Term Planning Framework establishes clear expectations for providers to implement sustainable staffing models, enhance staff experience, and reduce dependency on temporary staffing solutions. The workforce plan has been fully aligned with financial, and activity plans and reflects the ambitions outlined in the 10-Year Health Plan.

The Trust will continue to work with ICB partners to refine and develop the submission prior to 12<sup>th</sup> February deadline.

### **3.5.1 Leadership Visibility**

Since the last Council of Governors 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, visited Haltemprice CMHT at College House with Iain Omand, Deputy Director of Finance.

A visit to Whitby Hospital with Jon Duckles to deliver Xmas presents has also taken place, and the annual Xmas quiz was also compared.

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 as at the end of December:

- Cyber Alerts issued during 2025: 134
- High Priority Cyber Alerts Issued during 2025: 20
- Cyber Alerts from last 9 months with devices still awaiting patching 18 (due to devices still to check in):

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

### **3.5.3 Digital updates**

- HFMA National Healthcare Finance Awards – Winner: Interweave recognised for delivering value with digital technologies.
- Two CIO live awards for digital innovation, one for Lee Rickles and the other is for Ian Clucas and Interweave.

- Trust Staff Awards winner: Digital Team awarded Innovation (non-clinical) for EPR optimisation and delivery.
- Tender for new data and voice network completed; preferred bidder selected; extended standstill period in place.

### **3.5.4 Facilities Management Updates**

- NHS HHP have confirmed of their plans to operationalise the CDC facility at ERCH from 19 January 2026. Practical completion is anticipated during the week commencing 5 January 2026.
- Re-active maintenance attend and resolve remains above the target of 88% with completion rates at 98.1%, which is reported and monitored via the Health and Safety Group, along with the wider compliance dashboards..
- A number of site visits to in-patient units have ensured some long standing environmental issues now have a focus group with closer ties to staff leads, contractors and Estates supervision.
- Currently there is a coordinated piece of work to improve the environment at Townend Court (Willow and Lilac wards), following a period of sustained damage to the facility.
- The Maples (County Hall) - Works complete, handed over, and service relocation commenced as of 15 December 2025.
- Trust have been successful in securing national Capital Funding to support green initiatives with the following (All to be completed by March 2026):
  - ERCH – LED Lighting Replacement scheme (to the value of £159,997.00)
  - ERCH – Upgrades to out Building Management System (BMS) (to the value of £47,708.00)
  - ABH – Solar Installation (to the value of £91,083.00)
  - Hornsea Cottage Hospital – Solar Installation (to the value of £98,212.00)
  - St Andrews Place – Solar Installation (to the value of £69,120.00)
- Pocklington HC Refurb works complete in readiness for service relocations from the Beckside Centre.
- Princess Court accommodation re-commissioned following flood.
- All safety inspections completed for 2025, all Trust buildings deemed compliant with regulations covering H&S and Fire.
- Humberside Crime Prevention Partnership – Launch meeting 26th Feb 2026.
- PLACE 2025 – All submissions completed. Currently in the process of scheduling dates to distribute actions.
- Domestic scores remain at 5-star, as do all the kitchens.
- Ground Lease in place for ERCH CDC.

### **3.5.5 PARTNERSHIPS AND STRATEGY**

#### **Health Inequalities**

The Trust is committed to addressing financial inclusion which aligns with our Trust Strategy goals on Enhancing Prevention, Wellbeing and Recovery, and Promoting People, Communities and Social Values. As set out in the Trust's new Health Inequalities Plan 2025-28, we are taking action to address health inequalities and the underlying causes of inequalities. By embedding financial inclusion into our approach, we can reduce health inequalities, improve patient outcomes, and deliver on our strategic commitment to prevention and recovery.

As part of the plan, we have already delivered a significant amount of work to support both our staff support patients:

- Developed positive working relationships with local partners including Citizens Advice, Food Banks and Yorkshire Energy Doctor.
- Ongoing involvement in local authority led Financial Inclusion Working Groups.
- Series of training events for staff.
- Intranet resources developed for staff.
- Period of engagement work to understand the impacts and involve staff, patients, carers and community members in developing the action plan.
- Making Every Contact Count (MECC) – staff in some teams across the Trust have been encouraged to complete this training, which enables the delivery of consistent and concise health and wellbeing information and encourages individuals to engage in conversations about their health.
- Social Prescribers and Health Trainers routinely offer advice and have good connections to signpost patients to.
- Patients in our Forensics services have had support around budgeting, financial literacy and digital skills.
- The Mental Health Homeless Team support patients with varied complex needs, drawing on support from multiple partners including housing and financial advice.
- We have supported place-based action to address inequity as part of the Hull Poverty Truth Commission and the East Riding Financial Inclusion Working Group.
- In Talking Therapies, staff have been trained as [Money Guiders](#) through the initiative led by the Money & Pension Service, and use this resource when providing guidance to patients.

### **Mental Health Division**

There has been a central allocation of £473 million capital to fund a number of proposed schemes over the next 4-5 years:

- One neighbourhood mental health centre in every place by March 2029
- 50 per cent coverage of mental health emergency departments for type 1 Eds by March 2029.
- At least 24 new units of Learning Disability and Autism crisis accommodation.
- Capacity management software and digitised mental health assessment pathways by 20:30

Between 2026 and 2030 the HNY ICB has secured £13.25m capital to deliver this work.

Time scales for initial ideas are extremely challenging; however, the mental health division and the children's LD division are working with the ICB and partner organisations to input into an initial long list in line with the developing criteria.

#### **4 Communications Update**

See Appendix 1

#### **5 Health Stars Update**

See Appendix 2

# Media & Communications Dashboard – Q3

## Media Coverage – Q3



34 positive stories published in local/national media



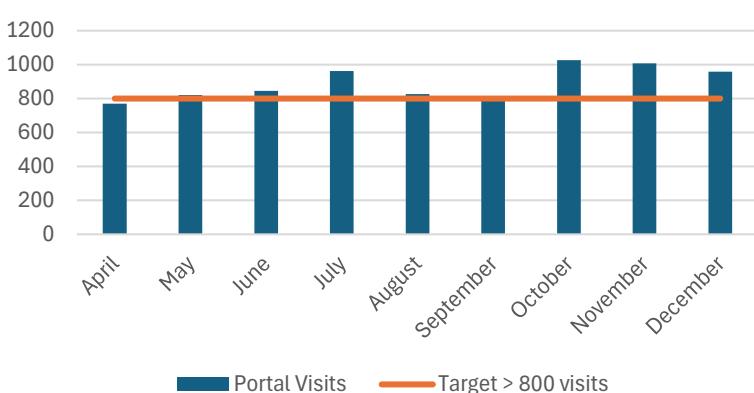
1 negative stories published

Monthly target of 5 positive stories:  
1 negative story

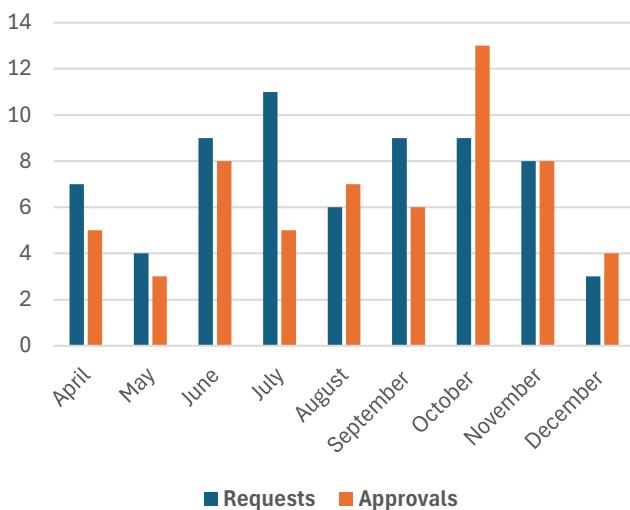
Funnel Stages	Number of Items
Published with key messages	28
Published with high reach	14
Published	34
Picked up by journalists	33
Press releases issued	18

## Brand Management

### Brand Portal Visits



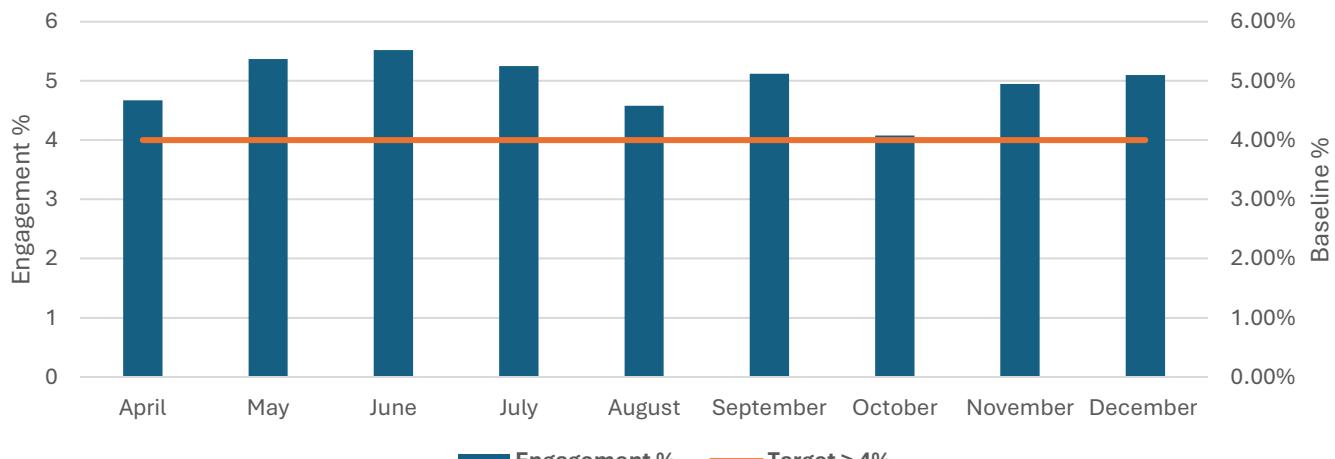
### Brand Requests vs Approvals



Measuring the enquiries to the Brand inbox and visits to the brand website helps us understand if staff are engaging with the information and support we offer. 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

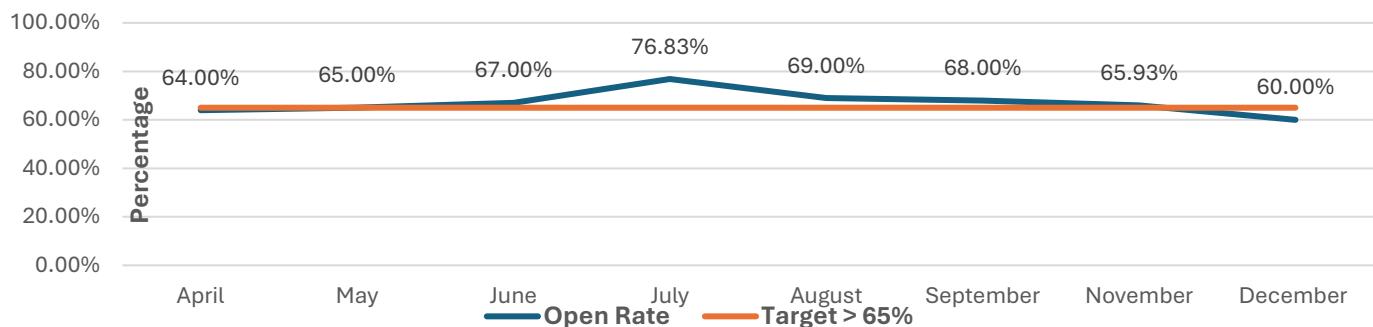
### Social Media Engagement Rate



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

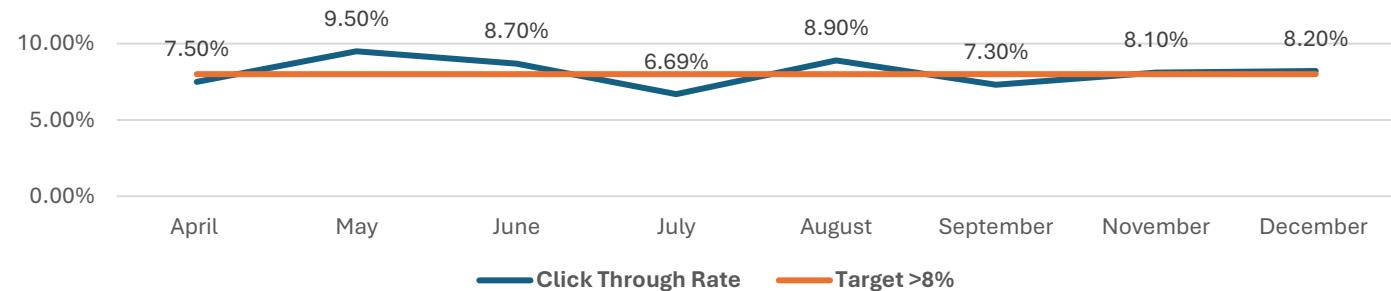
### Global Open Rate



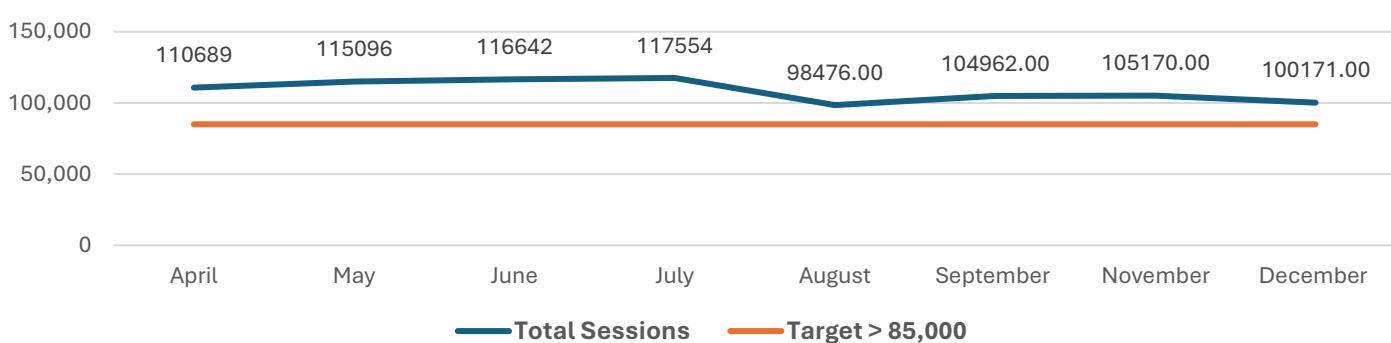
Global staff newsletter performance shows how many colleagues are opening and engaging with our regular updates. The click-through rate (CTR) shows how many go on to interact further by clicking on links, stories, or calls to action.

Expected decline in open rates and intranet activity during December due to higher levels of annual leave.

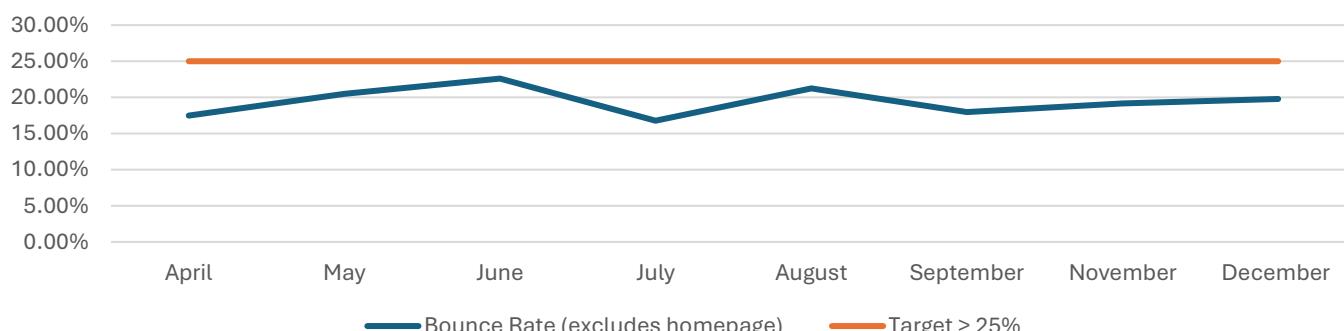
### Global Click Through



### Intranet Sessions

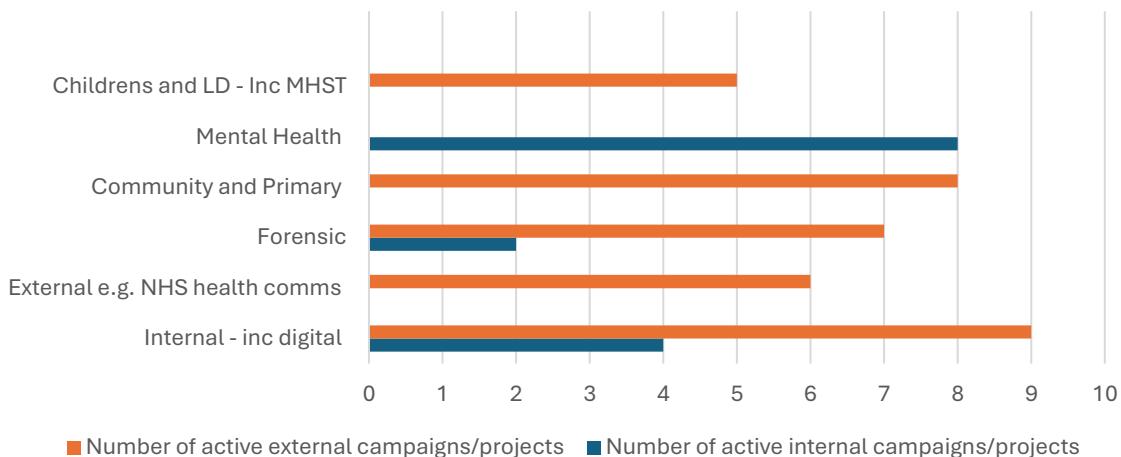


### Intranet Bounce Rate (Excluding homepage)



## Communications Service

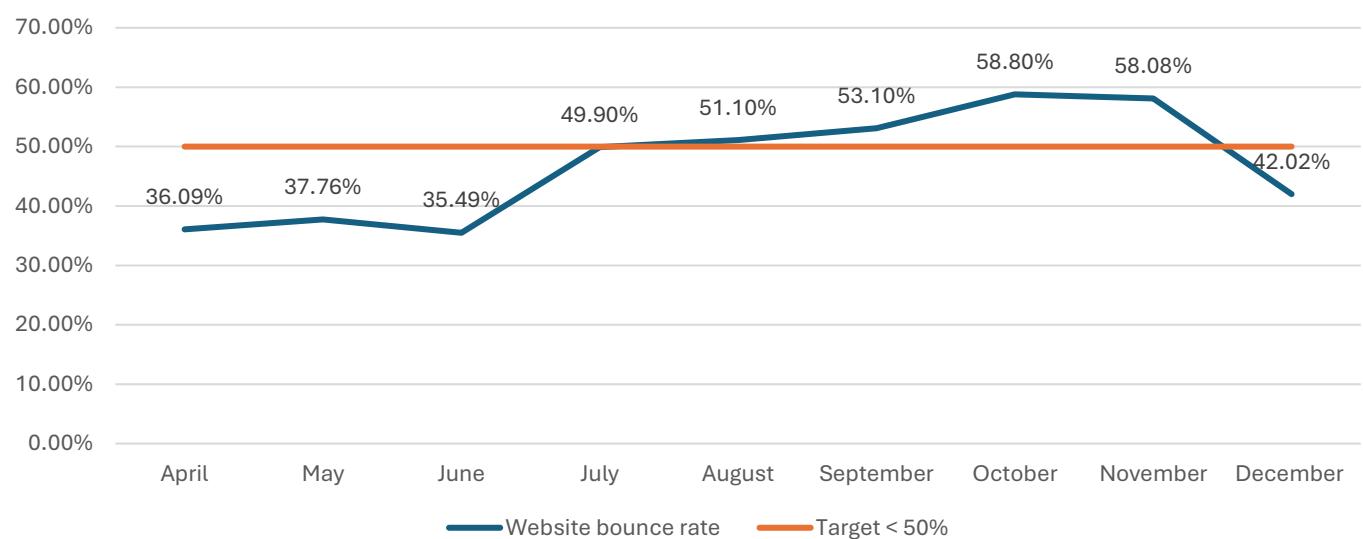
### Communications Campaigns



In Q3 the team had completed 54 projects/marketing and communications campaigns

## Website

### Homepage Bounce Rate

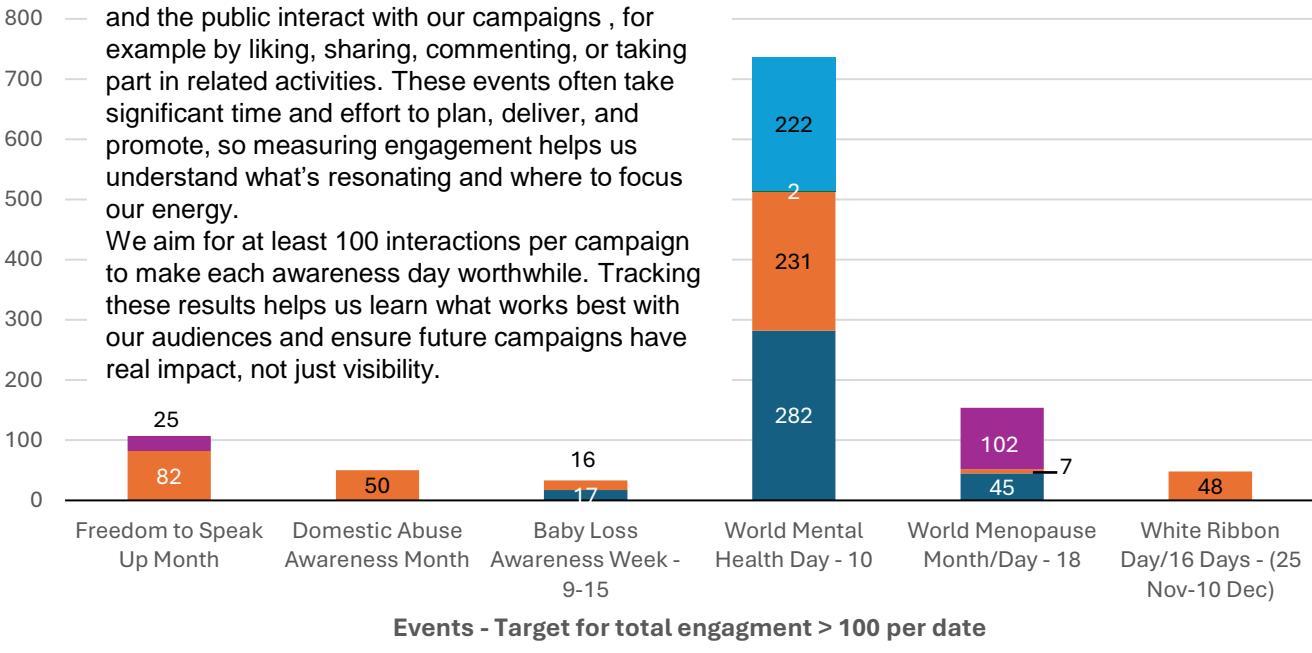


Bounce rate initially reduced following the introduction of the new search function, enabling users to find precise information more quickly. As users increasingly reach the content they need via the shortest possible route, some fluctuation in overall page views is expected. The bounce rate has begun to rise again, reflecting changes in user behaviour rather than a decline in content relevance. This follows an earlier reduction driven by the removal of outdated content and has now been stabilised through improvements to the website user journey.

## Events

### Awareness Days Engagement

Engagement with awareness days shows how staff and the public interact with our campaigns, for example by liking, sharing, commenting, or taking part in related activities. These events often take significant time and effort to plan, deliver, and promote, so measuring engagement helps us understand what's resonating and where to focus our energy. We aim for at least 100 interactions per campaign to make each awareness day worthwhile. Tracking these results helps us learn what works best with our audiences and ensure future campaigns have real impact, not just visibility.



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

### World Mental Health Day 2024

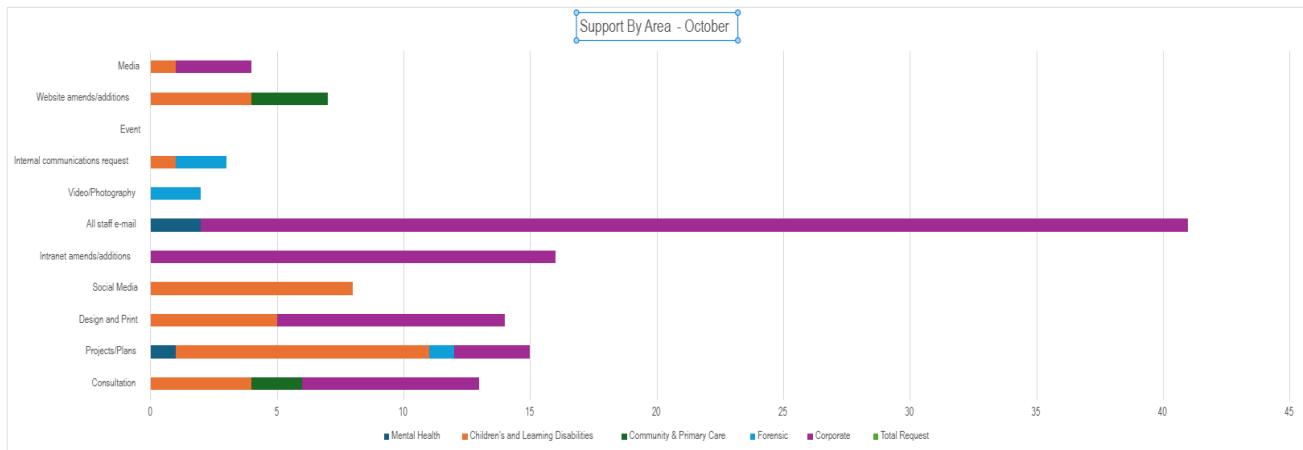
To mark World Mental Health Day on Friday 10 October we hosted a pop-up art event featuring an exhibition, art/creative activities and a Trust marketplace. The idea is to bring people together through creativity and to highlight how art can support mental wellbeing. The event was attended by over 150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



### Awards nominations and wins

The awards season has now closed. Submissions for the 2026 season has begun with the first shortlist announced in January.

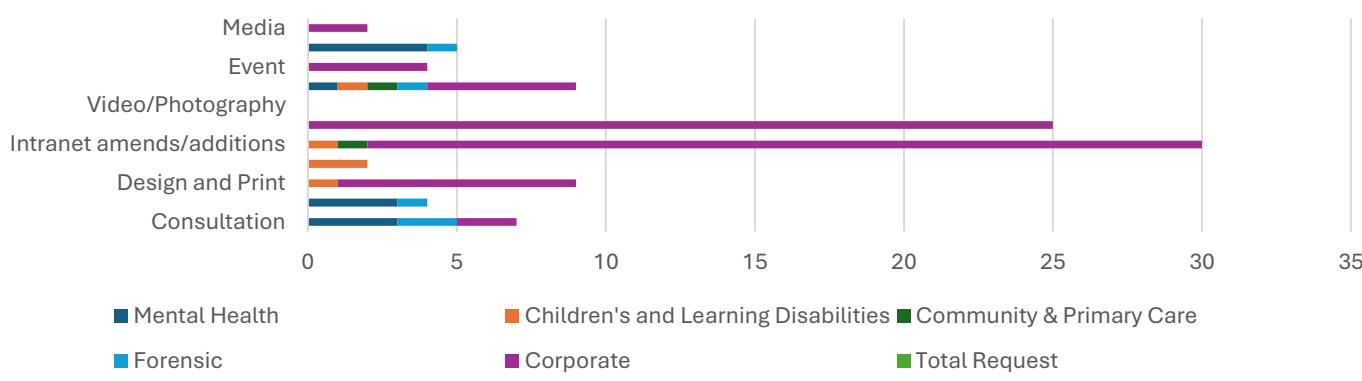
## Communications Service



These charts show the support offered by each Communications Partner to their division by request. This role is held by four 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. The focus in Q4 is increasing engagement with the mental health division.



### Support by Area - December



# Finance & Fundraising Report

Including update on Wishes and Dreams

## January 2026

Reporting on November & December 2025

Anita Green – Charity Manager  
John Busby – Senior Finance Officer

# Health Stars

*Better Healthcare, Brighter Futures*



# Highlights Dashboard: October 2025

## 1. Delivering Outstanding Care



£28,354 raised through events



36 views of news stories

## 3. Improve staff health, wellbeing and development



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



9/33  
Charity Champions

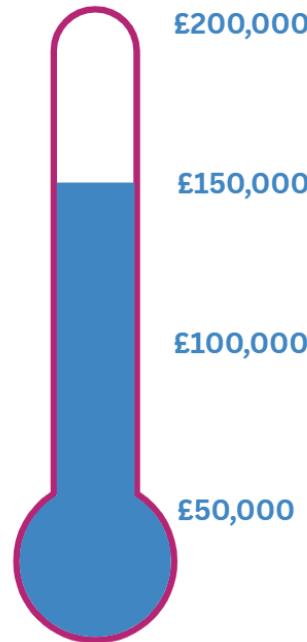
## 2. Enhance Healthcare experiences and outcomes



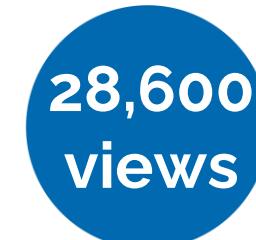
104 wishes received  
74% wishes approved  
Target = 75%



4 Dreams in process



## 4. Improve health and wellbeing of communities

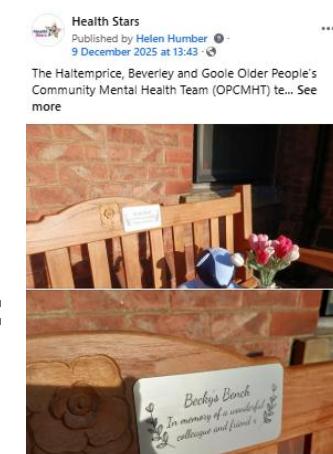


Views on Facebook



Top social story:  
Becky's Bench

6,176 views



48 Like 8 Comment 8 Share

# KPI update

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

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

GOAL / KPI	Measure of success	Success to date
Be in the upper quartile of Community/Mental Health Trust charities by year 3.  2025/26 Target = £200,000	<b>TOTAL: £200,000</b> Grants: £50,000 Events/Community: £30,000 Individual: £15,000 Corporate: £5000 Other: £100,000	<b>TOTAL: £166,099</b> Grants: £24,665 Events/Community: £28,354 Individual: £11,466 Corporate: £4,126 Other: £90,645
Be the charity of choice for people taking part in events or organising their own fundraising	20 people signed up to Health Stars events  10 people/groups organising their own fundraising	24  6
Promote fundraising to all staff, visitors and, where appropriate, patients	Fundraising posters/resources visible on every unit/service	Working with admin teams to include info in discharge notes. Messages on digital screens
Share good news across all platforms	25 stories on Health Stars website  4 stories shared to external media	19 stories uploaded  4 – launch of Better Days, Golf Day, Seeds of Support Wall, Skydive, Eyeweb event
Increase visits to website	Maintain visits above benchmark figure - Total – 500 per calendar month - 'Access Funding' page – 60 visits per calendar month	Figures not available for this report

# KPI update

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

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

GOAL / KPI	Measure of success	Success to date
Increase the percentage of wishes that are approved	75% of wishes approved	74% approval rate
Launch and complete 4 Dreams	4 Dreams completed	Better Days Appeal: £14,821 so far Dreams process now confirmed with P&S team Waiting for Dreams pro-forma from some teams
Focus on staff submitting wishes that address Health Inequalities	10 wishes addressing Health Inequalities	P&S to assess every 3 months and identify which wishes address Health Inequalities

# KPI update

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

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

GOAL / KPI	Measure of success	Success to date
Recruit Charity Champions within each service to increase knowledge and understanding of the charity	50% of services have a charity champion (33)	9
Increase understanding amongst staff of need for fundraising	Health Stars team to speak at 20 meetings / events	7
Increase wishes specifically for wellbeing of staff	Approve 10 wishes specifically to improve staff wellbeing	33

# KPI update

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

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

GOAL / KPI	Measure of success	Success to date
Increase social media presence across all platforms	Increase Facebook followers by 15% to 1000  Launch a LinkedIn page – 200 followers	977 followers  LinkedIn – 57 followers
Develop corporate relationships	Work with 5 corporate partners	3 + 5 sponsors for CEO Challenge 7 for Staff Awards Union Pub – Malton
Launch and maintain Small Community Grants Scheme	Allocate 35 small grants	First grants approved – see additional paper Applications now closed
Launch external supporter newsletters  Establish CRM to manage donor relationships	Launch an external supporter newsletter with 100 people on mailing list.	CRM currently being populated MailChimp subscription approved
Microhive: Concentrate on promoting to new starters through induction, day one pack, introduction email.	Target = 10% increase from 382 members to 420 members.	Info included in new induction emails
Lottery: Link campaign to specific fund for 3 months to concentrate promotional activities.	Target to be set after trial with Better Days Appeal in Autumn 2025.	

# Financial position as at: 31<sup>st</sup> December 2025



# Balance Sheet Reconciliation

The following table provides a reconciliation of fund balances to resources

As per trial balance at 31/12/2025	£
Bank account balance NHS Foundation Trust	10,000
Bank account balance NHS FT Fund Deposit	249,306.07
Charities Investment Fund (CIOF)	355,000
Investment – H Butler Shares	9,556
<b>Total resources held</b>	<b>623,862.07</b>
Accrual	(300.00)
Debtors	2,400.00
Gifts In Kind (Inventory)	12,844
Prepayments	17,778.75
Other liabilities - Humber Teaching NHS FT (Wish recharges)	(91,477.18)
Current commitments	(24,380.18)
<b>Net funds at DATE</b>	<b>540,727.46</b>

# Update re: outstanding invoices

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

- £204,605

Already  
accounted for  
in figures

# Fund Zone Balances

Figures based on balances as at 31-12-25

Fund Zone	Sub Funds	Current Commitments	Balance 05/06/2025	Balance Jun 2025	Balance Jul 2025	Balance Aug 2025	Balance Sept 2025	Balance Oct 2025	Balance Nov 2025	Balance Dec 2025	Remaining	Percentage Split	Operating Costs YTD	Less Operating Costs YTD
Community & Primary Care	Community & Primary Care - General	3,606.59	86,128.16	86,128.16	85,732.16	85,497.16	85,497.16	85,497.16	85,497.16	90,447.92	86,841.33	16.10%	(6,166.00)	80,675.33
	Malton	237.86	2,250.93	2,250.93	2,902.09	3,573.78	3,831.38	3,855.45	3,855.45	3,855.45	3,617.59	0.67%	(256.86)	3,360.73
	Whitby	0.00	29,921.96	29,921.96	29,921.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	5.57%	(2,133.78)	27,918.18
	Bridlington	5,124.43	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,476.97	19,352.54	3.59%	(1,374.09)	17,978.45
	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	39,513.00	39,513.00	39,513.00	0.00%		39,513.00
	Better Days	0.00	2,344.91	2,344.91	9,438.82	9,438.82	11,016.06	13,761.64	14,537.54	14,566.04	14,566.04	2.70%	(1,034.23)	13,531.81
	Scarborough District Nursing Team			350.00	350.00	350.00	350.00	350.00	350.00	155.05	155.05	0.03%	(11.01)	144.04
Children, Young People & Families	Children, Young People & Families - General	1,053.65	336.69	336.69	2,565.01	3,431.39	3,902.51	601.69	3,696.69	3,696.69	2,643.04	0.49%	(187.66)	2,455.38
	Inspire	0.00	30,099.60	30,099.60	30,099.60	30,099.60	31,190.53	34,567.94	18,567.94	18,567.94	18,567.94	3.44%	(1,318.38)	17,249.56
	Learning Disabilities	306.61	368.42	523.18	523.18	523.18	549.02	549.02	549.02	389.02	82.41	0.02%	(5.85)	76.56
	LD Community Hub			20,000.00	20,000.00	20,000.00	20,002.37	20,002.37	20,002.37	20,002.37	20,002.37	3.71%	(1,420.23)	18,582.14
Mental Health & Wellbeing	Mental Health & Wellbeing - General	1,782.01	6,619.79	6,665.77	6,665.77	6,665.77	6,665.77	6,485.77	5,072.31	3,290.30	0.61%	(233.62)	3,056.68	
	Westlands	288.49	246.63	493.57	493.57	493.57	493.57	493.57	493.57	493.57	205.08	0.04%	(14.56)	190.52
	Maister Lodge	75.02	758.57	1,609.56	1,677.88	1,734.02	1,734.02	1,783.32	1,783.32	1,783.32	1,708.30	0.32%	(121.29)	1,587.01
	Newbridges	0.00	58.97	58.97	58.97	58.97	58.97	58.97	58.97	0.00	0.00	0.00%	0.00	0.00
	Millview Court	0.00	278.30	278.30	278.30	278.30	278.30	278.30	278.30	278.30	278.30	0.05%	(19.76)	258.54
	Millview Lodge	0.00	104.76	491.81	506.07	617.71	698.53	714.31	714.31	714.31	714.31	0.13%	(50.72)	663.59
	Avondale	690.00	1,551.60	1,551.60	1,551.60	1,551.60	1,551.60	1,251.61	1,105.07	1,105.07	415.07	0.08%	(29.47)	385.60
Healthstars Central Fund	Forensics	1,243.92	13.35	13.35	13.35	13.35	13.35	3,013.35	3,013.35	3,013.35	1,769.43	0.33%	(125.63)	1,643.80
	Healthstars Central Fund - General	9,218.32	98,175.57	100,079.03	173,620.89	174,799.02	177,176.46	175,944.47	174,967.78	176,487.37	167,269.05	31.00%	(11,876.61)	155,392.44
	Volunteers	758.28	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,517.44	3,764.16	0.70%	(267.27)	3,496.89
	Recovery College	0.00	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	0.06%	(24.69)	323.00
	DBT	0.00	79.34	79.34	79.34	79.34	79.34	79.34	79.34	24.40	24.40	0.00%	(1.73)	22.67
	Grimsby Fishermen's Grant	0.00	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
	Humber Youth Action Group Walk				9.51	492.26	532.10	532.10	651.08	651.08	651.08	0.12%	(46.23)	604.85
Central Charges	Central Charges		4,818.70	(11,195.63)	(16,894.56)	(20,662.86)	(25,129.21)	(27,809.19)	(31,952.44)	(38,307.72)	(38,307.72)			
Total:		24,380.18	548,282.82	535,857.67	618,720.08	618,213.51	619,670.36	616,439.71	594,850.66	565,107.64	540,727.46	100.00%	(38,307.72)	540,727.46

# Humber Centre donations

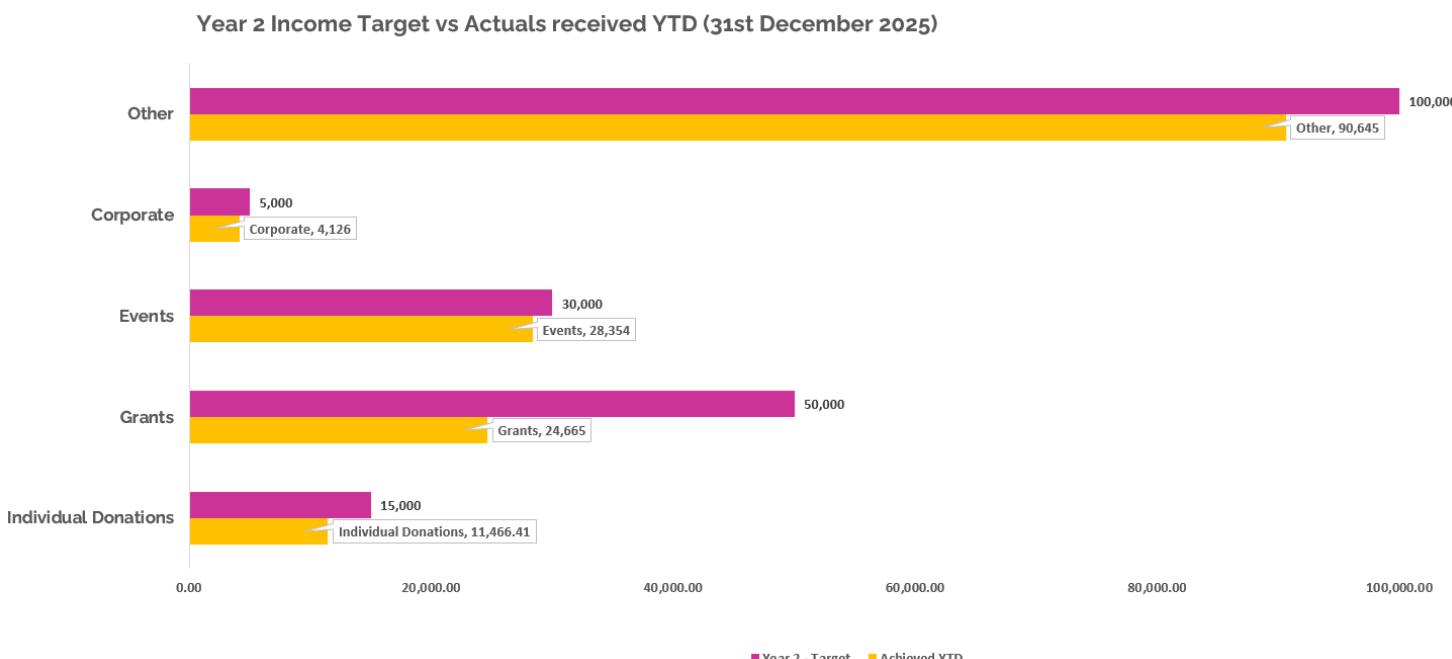
- ★ Difficult to know each month how much will be donated from the shop as depends on takings and expenditure
- ★ Raffles – some are for Health Stars whilst some are simply for patient engagement and that money then buys prizes for the next raffle
- ★ Various other events being planned through the year to raise money (i.e. Sponsored Walk in March)
- ★ Roughly every 6 months the income will be assessed to see how much can be transferred to Health Stars (Forensic Fund) whilst leaving enough money in the account for shop purchases etc.

# In Year Financial Performance:

## Year 2 income target £200,000

Grants: £50,000 Actual: £24,665	Events/Comm: £30,000 Actual: £28,354	Ind. donations: £15,000 Actual: £11,466	Corporate: £5,000 Actual: £4,126	Other: £100,000 £90,645
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 Planned giving (in memory, celebration) General donations	Fundraising within businesses (not connected to an event)	Legacies / gifts in wills

As at the end of December 2025 actual year to date income of £166,099 had been received. The following graph shows the year to date performance against the annual target for the five fundraising pillars.



# Fundraising: Grants

Grants: £50,000

NHS Charities Together

Grants, Trusts and Foundations

Total raised to date: £24,665



Income  
supporting  
Health Stars  
projects:  
£4,250

Income  
supporting  
other Trust  
projects:  
£20,415

# Fundraising: Grants

Successful	Not successful	Awaiting Outcome	Not proceeding	New
6	10	4	9	6



## Grants applications - awaiting outcome

Tender/Business Case/Acquisition/Funding Opportunity	Health Stars or Trust project?	Name of Grant Opportunity Applied for	Grant / Trust / Foundation name	Requested Grant Value	Updates
Malton Better Days	Health Stars Dream	Ryedale Lions	Ryedale Lions	TBC	Lions will discuss at their January meeting
Therapies Sensory Nest	Health Stars Dream	Screwfix Foundation	Screwfix Foundation	£4,100	Bid submitted 10/12/25 for £4,100. Outcome to be announced 30th March 2026.
Advanced Lived Experience Practitioners Bid	Trust	Peer Support Workers (CYP)	Kristina Martin Foundation Charitable Trust	£100,000	Bid submitted 11/12/25 for 2 x 1.0wte PSW for Core CAMHS
Farmers MH Wellbeing	Trust	Mens Mental Health Fund	York & North Yorkshire Combined Authority	£30,000	Clarification sought from York and NY Combined Authority (YNYCA) on eligibility to apply. Confirmed in email 15/12/25. Application for £30,000 submitted 31/12/25

# Fundraising: Grants Activity and projections

## Fundraising plan

Amount to target: £25,335

Projections from applications: £30,000



Currently exploring funding from 6 different grant schemes for:	Fund	Potential grant income total: Around £30k (estimate)
Eyegaze Machine at Granville Court	Hospital Saturday Fund	Apply for £11,500 to cover the cost of the machine. P&S waiting for proforma.
Malton Better Days (projector)	Sport England Fund	Up to £15,000 available, planning to bid for £10,640 to cover the costs of the specialist projector. P&S working on bid for submission.
Rivendell Transformation	Sacha Foundation Hospital Saturday Fund	Up to £10,000 (large) available, bid amount to be confirmed. Awaiting proforma.
Fishers Wellbeing	National Lottery x 2 funds	Two grants available, one is up to £20,000 and one is £20,000+, bid amount to be confirmed.

# Fundraising: Events and Community

**Events: £30,000**

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

**Total raised to date: £28,354**

**Malton  
Bingo Night:  
£350**

**Hull NHS Choir  
Concert = £400+  
Busking = £339**

**We're getting 25%  
of this**

**Finalising  
fundraising  
calendar**

**Money received  
through  
Just Giving  
YTD:  
£18,933**

# Fundraising: Events and Community

**Events: £30,000**

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

**Total raised to date: £28,354**

## Fundraising plan

**Amount to target: £1,646**

Event	Predicted income
Abseil	£10,000
Golf Day	£5000
<b>TOTAL</b>	<b>£15,000</b>

# Fundraising: Individuals

Individual donations: £15,000

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

**Total to date: £11,466**



Humber Youth Action Group raised £275 at a bake sale at HQ



Finance Team raised £200 from their Great Finance Bake Off

# Fundraising: Individuals

**Individual donations: £15,000**

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

**Total to date: £11,466**

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

## Fundraising plan

**Amount to target: £3,534**

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

# Fundraising: Corporate

**Corporate: £5,000**

Charity of the Year

Fundraising within businesses (not connected to an event)

**Total to date: £4,126**



Money raised  
by Eyeweb  
 (£1800) to be  
 added



**Total:**

**£5,973**

# Fundraising: Corporate

**Corporate: £5,000**

Charity of the Year

Fundraising within businesses (not connected to an event)

**Total to date: £4,126**

## Fundraising plan

**Amount to target: £0**

- Launch corporate partnership package
- Breakfast wellbeing meeting with Hull Biz Week

# Fundraising: Other

**Other: £100,000**

Investment income

Legacies / gifts in wills

**Total to date: £90,645**

## Fundraising plan

**Amount to target: £9,355**

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



# Wishes 2025/2026

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

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

**104 wishes  
received**

77  
complete

6  
declined

15  
in process

3  
closed

74%  
KPI = 75%



NOVEMBER 2025

Children's and LD	CYP Engagement	Colour button badges	£113.84	Complete
Children's and LD	Hull 0-19 team	Cadbury selection boxes	£225.00	Complete
Community and Primary Care	Core Physiotherapy	Room hire 26/02/2026	£80.00	Complete
Community and Primary Care	Community Occupational Therapists	Room hire 19/11/2025	£80.00	Complete
Corporate	Voluntary Services	Volunteer Awards - Flowers	£50.00	Complete
Corporate	Humber Safeguarding Team	Vouchers (1x £50, 2x £25)	£100.00	Complete
Corporate	Finance	Prizes or Finance Bake off	£30.00	Complete
Corporate	Voluntary Services	Xmas buffet	£149.25	Complete
Forensic	Ullswater House	Team day buffet for 35	£312.50	Complete
Mental Health Services	Avondale	Xmas trees & decorations	£205.00	Complete
Mental Health Services	Westlands	2x Christmas trees	£59.98	Complete
Mental Health Services	Westlands	Games	£149.93	Complete
Mental Health Services	Bed Management Team	1000x MHCIT info booklets	£396.46	Complete
Mental Health Services	Hull & East Riding Memory Assessment	16 x Blood Pressure Monitor	£425.75	Declined*
Mental Health Services	Maister	Cooking pans & utensils	£75.02	Complete

\*This wish was declined by the Medical Devices Team who are working with the Hull and East Riding Memory Assessment Team to procure monitors that are approved by the Trust and fit the needs of the patients in that service.



DECEMBER 2025

Children's and LD	Children Looked After/Making a Change	Toothbrushes, toothpaste & deodorants	£150.00	On Hold
Community and Primary Care	Community core	Palliative kits (boxes, towels, wipes)	£1,390.40	Complete
Community and Primary Care	Central DN Team	Staff party*	£194.96	Complete
Mental Health	Maister Lodge Inpatient Unit	Furniture	TBC	On Hold
Mental Health	Mill View Lodge	Nail lamp kit, Hair Styling Kit, Hot Choc Velvetiser, puzzle	TBC	Declined **
Mental Health	Westlands	Computer speaker	£18.59	In process
Mental Health	Unplanned Care Inpatient Mental Health	Team day catering	£171.00	Complete
Mental Health	Millview Lodge	Axe throwing & Escape room	£560.00	Complete

\*We don't usually fund Christmas parties but this team was given a donation in memory of a patient which was specifically for 'staff activities'. Alongside Matthew Handley and Jess Murfin we agreed that we would fund part of their Christmas party.

\*\*This was declined by the Fund Guardian as not seen as a good use of charitable funds, we have asked the team to look at alternatives. Money was raised by a staff member skydiving but still needs to be an appropriate spend.



## Wish of the month!

**150 Selection boxes  
for the 0-19 team!**





# Active dreams

	<b>Malton Day Room</b>	Creating a dementia friendly day room on the Fitzwilliam Ward	£17,500 plus	Appeal launched Donor wall installed Community event = 19 <sup>th</sup> September Shopping confirmed	Community and Primary
	<b>Flojac - Scarborough</b>	An inflatable bed which could be used to assist in palliative care.	£8000	Matthew Handley has agreed to fund through Health Stars C&PC fund	Community and Primary
	<b>Inspire Courtyard Garden</b>	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
	<b>Sensory Nest</b>	Additional padding for the walls	£4500	Initially submitted as a wish but thought we could find external funding. Application submitted to Screwfix Foundation – outcome announced in March	Children and LD



# Awaiting pro-forma / Dream Team meeting

	<b>0-19 Mobile Clinic</b>	To provide services within communities	Unknown cost  Pro-forma received. Next steps to be confirmed.	Children's Team putting together plans. Meeting with P&S to discuss funding	Children and LD
	<b>Rivendell</b>	Transformation of the entire building	Awaiting shopping list	Health Stars are funding the new furniture etc.  Team at Rivendell keen to fundraise.	Children and LD
	<b>Granville Court Eyegaze machine</b>	Purchase of 2 Eyegaze machines to support patients who communicate through their eyes	Approx £8000	<b>Application to Hornsea Freemasons was unsuccessful.</b> <b>Application to RTR Foundation was unsuccessful</b> Working with P&S to look for alternative funding Team at Granville are fundraising, £155 raised so far	Children and LD



**Total raised so far: £14,821**

Malton Lions - £600

Bingo Night - £350



**Malton Lions**  
**£600**



**Ryedale Lions**  
**£TBC**  
but guaranteed  
something!



**Bright Steels  
Social Club**  
**£350**

Another one planned by  
Fiona (Ward Clerk)

# Health Stars Christmas Card



**NHS**  
Humber Teaching  
NHS Foundation Trust

# CHRISTMAS GIFT APPEAL

Help spread some joy this Christmas

Health Stars  
Better Healthcare, Brighter Futures



**Festive Fiver**

**NHS**  
Humber Teaching  
NHS Foundation Trust

**Health Stars**  
Better Healthcare, Brighter Futures

## CHRISTMAS RAFFLE

Buy a ticket and help build better healthcare and brighter futures in our communities

# Christmas

## Christmas card

150 cards sent to Teams  
15 packs sold (150 cards)  
£52.50 raised

## Festive Fiver

£45 donation online  
(2024 = £260)

## Christmas Gift Appeal

64 items for roughly £420 were purchased through Wish list  
(2024 = 83 gifts for £500)  
60 items donated  
120 purchased through HS funds  
(2024 = 25 purchased through HS funds)

## Raffle

**£1,068**

2024 = £762  
2023 = £385  
2022 = £496



# Good News

Check out our latest news stories:

[healthstars.org/news](https://healthstars.org/news)



We were proud to have funded Humber Teaching NHS Foundation Trust's first Volunteer Awards.

This was the first event of its kind and stepped on the shoulders of the Trust's annual Staff Awards, which have always included a volunteer category. In 2025 the decision was made to create a wider event celebrating the hard work and dedication of the volunteers who give up their time for the benefit of patients. Organisers shared that there were too many inspiring individuals supporting the Trust to choose only one for an award, so the Volunteer Awards were created.

With a total of 6 award categories on the day, individuals were recognised for the unique contributions they made to the Trust.

Charity Manager Anita Green was one of the judges of the awards. Anita shared how inspirational she found reading through the nominations to be, "What a privilege it was to choose between such a wealth of exceptional volunteers when shortlisting for these awards. Every single volunteer has given something to the Trust and their valuable time is appreciated. I am delighted that Health Stars could support this event and recognise these inspirational people."

Find out who the winners were on the [Trust's website](#).



**Agenda Item 09**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 January 2026				
Title of Report:	Associate Non-Executive Director (ANED) Programme 2026				
Author/s:	Rt Hon Caroline Flint – Trust Chair				
Recommendation:	To approve	√	To discuss	√	
	To note		To ratify		
	For assurance				
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To approve the Associate NED (ANED) programme proposals in this paper as recommended by the Appointments, Terms and Conditions (ATC) Committee.				
Key Issues within the report:					
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"><li>• We have provided three Associate NED opportunities since 2021</li><li>• The revised development programme has proved more appropriate for such a role.</li><li>• Each Associate NED has enjoyed and benefitted from the opportunity.</li></ul>	<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>• The ANED programme has been reviewed by the ATC.</li><li>• Consideration of broadening Associate NED development and relationship building across our Humber North Yorkshire HNY ICS.</li></ul>				
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>• Associate Non-Executive Directors unsuccessful in becoming Humber NEDs/ Broadening opportunity to apply across HNY ICS</li></ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"><li>• The ATC (20.11.25) reviewed the ANED programme and agreed to recommend this paper's proposals to the Council of Governors.</li></ul>				
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	Appointments, Terms & Conditions Committee	Date 20 Nov 2025	Engaging with Members Group	Date	
	Trust Board		Other (please detail) Quarterly report to Council		

## Monitoring and assurance framework summary:

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

## **Associate Non-Executive Director Programme 2026**

### **Background**

The role of Associate Non-Executive Director (ANED) was established in July 2021 for a two-year term 4 days a month. Since then, we have recruited 3 ANEDs and revised the programme after the first ANED term of Office ended. Learning from the original Associate NED Role the ATC and Council of Governors agreed that it should be more of a development programme, for two days per month rather than 4 to encourage a more diverse group of applicants to gain insights and knowledge of the non-executive role in the NHS. It was agreed to recruit two Associate NEDs on half the pay of NEDs for a one-year programme with the option for the Trust Chair to provide for six-month extensions reporting to the ATC.

### **Associate NEDs 2023 to 2025**

Two Associate NEDs were recruited one completed the yearlong programme who left to pursue other opportunities. The other was extended for two six-month extensions and finished the programme at the beginning of October 2025. They contributed and gained as Associate NEDs, and the Humber experience was valued by both. However, it has shown that Associate NEDs being recruited into a Humber NED position is affected by several factors. What skills and experiences Humber needs for the roles as they come up for recruitment, timing and competition.

### **Next Steps**

The Board and ATC agree that we should continue to support the Associate NED programme. It should continue in the same way 2 days per month, for one year with opportunity to provide for 6-month extensions reporting to the ATC. As it has been agreed to recruit an additional non-executive director, it was agreed that we recruit one Associate NED for 2026-27. The financial implications have been considered and can be provided for.

It was also thought helpful to reach out to other NHS providers in our Humber, North Yorkshire (HNY) Integrated Care System who run similar programmes. In doing so we can collectively encourage HNY Associate NEDs getting to know each other and learn more about the services, challenges and governance across the health system. This could also enable Associate Non-Executive Directors to have more confidence in applying for different vacancies.

### **Recommendations for approval by the Council of Governors**

1. Recruit an Associate NED for 2026-27 for one year subject to approval of six-month extensions if required by the Trust Chair.
2. The time commitment will be on average for 2 days per month paid at half the rate of a non-executive director. The Trust Chair will agree a development programme and provide oversight of their progress.
3. Humber will reach out to other NHS providers in our Humber, North Yorkshire (HNY) Integrated Care System who run similar programmes to encourage HNY Associate NEDs getting to know each other and learn more about the services, challenges and governance across the health system.

**Agenda Item 10**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 January 2026															
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback															
Author/s:	Dean Royles, Chair of People OD Committee Phillip Earnshaw, Quality Committee Steph Poole, Chair of Mental Health Legislation Committee Stuart McKinnon-Evans, Chair of Audit Committee															
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">To approve</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;">To discuss</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">To note</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">To ratify</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">For assurance</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting															
Key Issues within the report:	<p><b>Positive Assurances to Provide:</b> Details included in the reports from</p> <ul style="list-style-type: none"> <li>• Quality Committee</li> <li>• Mental Health Legislation Committee</li> <li>• Audit Committee</li> <li>• People OD Committee</li> </ul>															
<b>Key Risks/Areas of Focus:</b>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>															
Governance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Date</th> <th style="width: 30%; text-align: center;">Date</th> <th style="width: 20%; text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td style="text-align: center;"> </td> <td style="text-align: center;">Engaging with Members Group</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Trust Board</td> <td style="text-align: center;">Nov 2025</td> <td style="text-align: center;">Other (please detail) Quarterly report to Council</td> <td style="text-align: center;">✓</td> </tr> </tbody> </table>					Date	Date	Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Trust Board	Nov 2025	Other (please detail) Quarterly report to Council	✓
	Date	Date	Date													
Appointments, Terms & Conditions Committee		Engaging with Members Group														
Trust Board	Nov 2025	Other (please detail) Quarterly report to Council	✓													



## 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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

**Agenda Item 10a**

Title & Date of Meeting:	Public Trust Board Meeting 26 <sup>th</sup> November 2025															
Title of Report:	Chair of Finance Committee Assurance Report															
Author/s:	Keith Nurcombe – Chair (Non-Executive Director)															
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">To approve</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;">To discuss</td> <td style="padding: 2px; text-align: center;">√</td> </tr> <tr> <td style="padding: 2px;">To note</td> <td style="padding: 2px; text-align: center;">√</td> <td style="padding: 2px;">To ratify</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">For assurance</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </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:	<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Update regarding agency and bank progress – agency spend down 55% over the last two years – and bank is down 9%</li> </ul> <p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Overall savings in time and money relating to the departure of primary care services out of the organisations – report to next committee meeting.</li> <li>• Ask for digital update to include business cases for digital and evaluation so we can monitor effectiveness of delivery and outcomes.</li> <li>• 3-year cash flow and capex spending report to be reviewed at next meeting to better understand cashflow risks and capex strain.</li> </ul>															
<b>Key Risks/Areas of Focus:</b>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• Ratification of the Annual Non-Clinical Safety Report</li> </ul>															



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

## **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.

**Agenda Item 10b**

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 border="1"><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	<p>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).</p> <p>The report highlights key points for the Board's attention and consideration.</p>															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <b>Health &amp; Wellbeing:</b> <ul style="list-style-type: none"><li>Continued integration of the Health and Wellbeing Team within Occupational Health has enabled more targeted support.</li><li>235 Health MOT referrals completed, with early intervention identifying health risks and enabling timely action.</li><li>Engagement broadly reflects workforce demographics.</li></ul> <b>Equality, Diversity &amp; Inclusion (EDI):</b> <ul style="list-style-type: none"><li>Trust awarded Silver Accreditation for its support of veterans.</li><li>Sustained progress in increasing diversity in senior roles since 2022.</li></ul>	<b>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</b> <b>Health &amp; Wellbeing:</b> <ul style="list-style-type: none"><li>Increase engagement in areas with low uptake of health MOTs.</li><li>Align support with departments experiencing higher sickness absence.</li><li>Future reporting will assess impact on reducing sickness absence rates.</li></ul> <b>Equality, Diversity &amp; Inclusion:</b> <ul style="list-style-type: none"><li>Recruitment underway for new Staff Network Chairs.</li><li>Ongoing support for staff in response to national events.</li></ul>															

<ul style="list-style-type: none"> <li>Proactive support provided to staff in response to national events.</li> <li>Ongoing work to strengthen trans inclusion.</li> </ul> <p><b>Professional Education:</b></p> <ul style="list-style-type: none"> <li>First Professional Education Insight Report for nursing and AHPs received and welcomed.</li> <li>Trust awarded the Preceptorship Charter Quality Mark, recognising support for newly registered professionals.</li> <li>Plans in place to strengthen governance via formal links with the Education and Training Group.</li> </ul> <p><b>People Insight:</b></p> <ul style="list-style-type: none"> <li>Statutory and mandatory training compliance remains high—among the best regionally and nationally.</li> <li>136 active apprenticeships in Bands 2–4, including new areas.</li> <li>Appraisal compliance at 98%, supported by a quality audit.</li> <li>Proud Leadership programme continues to receive positive feedback.</li> </ul> <p><b>Finance and Workforce Controls:</b></p> <ul style="list-style-type: none"> <li>Significant reduction in agency usage, ahead of plan.</li> <li>Productivity work progressing, with alignment to Quality Improvement initiatives.</li> </ul> <p><b>Risk and BAF:</b></p> <ul style="list-style-type: none"> <li>Medical vacancies reduced by 9 percentage points year-on-year.</li> <li>Risk rating for medical vacancies reduced from 20 to 16, with further reduction anticipated.</li> <li>Updated BAF and refreshed EDI agenda supported by the re-launch of the 'No Excuses for Abuse' campaign.</li> </ul> <p><b>Job Evaluation Readiness:</b></p> <ul style="list-style-type: none"> <li>Self-assessment completed for Bands 2 and 3; Bands 5 and 6 underway.</li> <li>Governance led by Executive Director of People &amp; OD, with quarterly EMT updates.</li> </ul>	<p><b>Professional Education:</b></p> <ul style="list-style-type: none"> <li>Future reports to include additional metrics (e.g. pre-registration surveys).</li> <li>Formal link to be established with Education and Training Group.</li> </ul> <p><b>People Insight:</b></p> <ul style="list-style-type: none"> <li>Refresh and relaunch of induction programme planned for January 2026.</li> <li>Quality audit of appraisals completed to ensure meaningful conversations.</li> </ul> <p><b>Finance and Workforce Controls:</b></p> <ul style="list-style-type: none"> <li>Productivity work being refined based on feedback from national/regional meetings.</li> <li>Alignment of Quality Improvement initiatives with productivity efforts.</li> </ul> <p><b>Risk Register and BAF:</b></p> <ul style="list-style-type: none"> <li>Targeted flu vaccination interventions underway.</li> </ul> <p><b>Job Evaluation Programme</b></p> <ul style="list-style-type: none"> <li>Self-assessment completed for Bands 2 and 3.</li> <li>Focus now on Bands 5 and 6.</li> <li>Quarterly updates to EMT and regular reporting via CEO report.</li> </ul> <p><b>Workforce Planning:</b></p> <ul style="list-style-type: none"> <li>Workshop-based, multi-professional approach adopted.</li> <li>Planning aligned with national strategic shifts (sickness to prevention, acute to community, analogue to digital).</li> <li>Medium-term plan to be reviewed as assumptions evolve.</li> </ul> <p><b>Employee Relations:</b></p> <ul style="list-style-type: none"> <li>Avoidable harm working group.</li> <li>Embedding NHS England's "Being Fair" tool.</li> <li>Witness support pack.</li> <li>Legal training for case investigators and panel chairs.</li> </ul> <p><b>Sexual Safety:</b></p> <ul style="list-style-type: none"> <li>Progress on action plan following signing of the charter.</li> </ul>
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<p><b>Workforce Planning:</b></p> <ul style="list-style-type: none"> <li>• Multi-professional, workshop-based approach adopted.</li> <li>• Planning aligned with national strategic shifts: sickness to prevention, acute to community, analogue to digital.</li> <li>• Annual and medium term workforce plans to be developed.</li> </ul> <p><b>Resident Doctor 10-Point Plan:</b></p> <ul style="list-style-type: none"> <li>• Co-produced with resident doctors; actions underway with named leads assigned.</li> </ul> <p><b>Employee Relations:</b></p> <ul style="list-style-type: none"> <li>• Thematic review acknowledged; actions underway to reduce avoidable harm and embed fair practices.</li> <li>• Training planned for case investigators and panel chairs.</li> </ul> <p><b>Sexual Safety:</b></p> <ul style="list-style-type: none"> <li>• Charter signed; progress made on action plan implementation.</li> </ul> <p><b>Insightful Board Domains:</b></p> <ul style="list-style-type: none"> <li>• Initial actions identified, progress underway with consideration of RAG rating system for monitoring.</li> </ul>	
<p><b>Key Risks/Areas of Focus:</b></p> <p><b>Elevated Sickness Absence:</b></p> <ul style="list-style-type: none"> <li>• Identified as a new risk on the Risk Register.</li> <li>• Impacting segmentation score.</li> <li>• Mitigation actions include: <ul style="list-style-type: none"> <li>◦ Flu vaccination programme.</li> <li>◦ Health and wellbeing interventions.</li> <li>◦ Rapid review of sickness cases.</li> <li>◦ Targeted support for affected teams.</li> </ul> </li> </ul> <p><b>Flu Vaccination Uptake:</b></p> <ul style="list-style-type: none"> <li>• Uptake so far is good with work continuing to improve.</li> <li>• As of 31 October 2025: <ul style="list-style-type: none"> <li>◦ 39.6% uptake among frontline staff.</li> <li>◦ 44.2% Trust-wide.</li> </ul> </li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• <b>Resident Doctor 10-Point Plan:</b> The committee agreed the list of actions presented. Named leads have been assigned to take the work forward.</li> <li>• <b>Risk Rating Adjustment:</b> The committee noted the reduction in medical workforce risk rating from 20 to 16, with potential for further reduction as new doctors are appointed.</li> <li>• <b>Insightful Board Domains:</b> The committee agreed to revisit the report at a future meeting and consider introducing a RAG rating system to monitor progress.</li> <li>• <b>Sexual Safety Framework:</b> Progress noted by the committee and all ongoing actions supported.</li> </ul>

<ul style="list-style-type: none"> <li>Targeted interventions and communications underway.</li> </ul> <p><b>Employee Relations Casework:</b></p> <ul style="list-style-type: none"> <li>Concerns over time taken to resolve complex cases and cases resulting in 'no case to answer' - more focus on speeding up processes and investigations.</li> </ul> <p><b>Trans Inclusion:</b></p> <ul style="list-style-type: none"> <li>Work paused pending national guidance.</li> <li>EDI Lead attending national meeting to inform future direction.</li> </ul> <p><b>Medical Workforce Risk:</b></p> <ul style="list-style-type: none"> <li>Medical vacancies reduced, but still a focus.</li> <li>Risk rating decreased from 20 to 16.</li> <li>Continued exploration of skill mix and alternative professional roles.</li> <li>National drive to reduce reliance on International Medical Graduates (IMGs).</li> </ul> <p><b>Job Evaluation Programme:</b></p> <ul style="list-style-type: none"> <li>Focus now on Bands 5 and 6.</li> <li>Governance and oversight led by Executive Director of People &amp; OD.</li> </ul> <p><b>Workforce Planning:</b></p> <ul style="list-style-type: none"> <li>New planning guidance requires five-year outlook and annual plans.</li> <li>Must align with national shifts: <ul style="list-style-type: none"> <li>Sickness to prevention.</li> <li>Acute to community.</li> <li>Analogue to digital.</li> </ul> </li> <li>Medium-term plans may need revision as assumptions evolve.</li> </ul> <p><b>Sexual Safety:</b></p> <ul style="list-style-type: none"> <li>Charter signed, action plan in progress.</li> <li>Ongoing monitoring and implementation required.</li> </ul> <p><b>Insightful Board Domains:</b></p> <ul style="list-style-type: none"> <li>Initial actions identified.</li> <li>Some are long-term programmes.</li> <li>Consideration of RAG rating system to monitor progress.</li> </ul>	<ul style="list-style-type: none"> <li><b>Job Evaluation readiness</b></li> </ul> <p><b>Assessment:</b> 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</p>
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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)

### Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
✓ Tick those that apply				
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	✓			
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 10c**

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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">To approve</td> <td style="padding: 2px;">To discuss</td> <td style="padding: 2px;">To ratify</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">To note</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">For assurance</td> <td style="padding: 2px;">√</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>				To approve	To discuss	To ratify		To note				For assurance	√		
To approve	To discuss	To ratify														
To note																
For assurance	√															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board.</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 6 November 2025.</p>															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>															



- Use of restraint, including rapid tranquillisation, 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 BAF 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

<p>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.</p>																									
<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>	<table border="1"> <thead> <tr> <th data-bbox="509 368 917 406"></th> <th data-bbox="917 368 1033 406">Date</th> <th data-bbox="1033 368 1378 406"></th> <th data-bbox="1378 368 1507 406">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="509 406 917 467">Audit Committee</td><td data-bbox="917 406 1033 467"></td><td data-bbox="1033 406 1378 467">Remuneration &amp; Nominations Committee</td><td data-bbox="1378 406 1507 467"></td></tr> <tr> <td data-bbox="509 467 917 527">Quality Committee</td><td data-bbox="917 467 1033 527"></td><td data-bbox="1033 467 1378 527">People &amp; Organisational Development Committee</td><td data-bbox="1378 467 1507 527"></td></tr> <tr> <td data-bbox="509 527 917 588">Finance Committee</td><td data-bbox="917 527 1033 588"></td><td data-bbox="1033 527 1378 588">Executive Management Team</td><td data-bbox="1378 527 1507 588"></td></tr> <tr> <td data-bbox="509 588 917 649">Mental Health Legislation Committee</td><td data-bbox="917 588 1033 649"></td><td data-bbox="1033 588 1378 649">Operational Delivery Group</td><td data-bbox="1378 588 1507 649"></td></tr> <tr> <td data-bbox="509 649 917 687">Collaborative Committee</td><td data-bbox="917 649 1033 687"></td><td data-bbox="1033 649 1378 687">Other (please detail)</td><td data-bbox="1378 649 1507 687"></td></tr> </tbody> </table>		Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		People & Organisational Development Committee		Finance Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Collaborative Committee		Other (please detail)	
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Collaborative Committee		Other (please detail)																							

### Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
<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	✓			
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	✓			
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 10d**

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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">To approve</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;">To discuss</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">To note</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">To ratify</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">For assurance</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </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.															
<b>Key Issues within the report:</b>																
<b>Positive Assurance to Provide:</b>	<p>• Reduction in Clinically Ready for Discharge: Notable decrease across both Child and Adolescent Mental Health Services (CAMHS) and Adult Secure services.</p> <p>• Local Care Delivery: The number of people cared for within the Humber and North Yorkshire geography remains strong, supporting local access and continuity.</p> <p>• Financial Position: Month 5 reporting shows a favourable financial position.</p> <p>• Service Innovation: Sustained positive impact from alternatives to hospital admission within CAMHS continues to reduce pressure on inpatient capacity.</p>															
<b>Key Actions Commissioned/Work Underway:</b>	<ul style="list-style-type: none"> <li>• The three work streams continue to demonstrate strong engagement from all partner providers across inpatient, community, Integrated Care Board (ICB), and place levels.</li> <li>• Proposals developed for adult eating disorder alternatives to admission within North Yorkshire and York, currently under review.</li> </ul>															
<b>Key Risks/Areas of Focus:</b>	<p>• 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.</p>															
<b>Decisions Made:</b>	<p>The following items were <b>ratified</b>:</p> <ul style="list-style-type: none"> <li>• Terms of Reference (ToR) for the <i>Clinical Strategy &amp; Reference Group</i></li> <li>• Quality Governance Framework Review</li> <li>• NHS England Bed Price Benchmarking Proposal</li> <li>• Children and Young People Alternatives to Admission – Inspire Day Care</li> <li>• York Forensic Inpatient Service Funded Staffing Establishment Business Case</li> </ul>															



<b>Governance:</b>		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			
	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	✓			
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	255	27,798
Actual	16,869	5,931	1,397	2,576	644	-	27,417
Variance	10	825	0	(690)	(29)	255	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 11**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 January 2026															
Title of Report:	Council of Governor Sub-Groups Feedback Appointments Terms and Conditions Committee															
Author/s:	Marilyn Foster, Chair of Appointments Terms and Conditions Committee and Tony Douglas, Chair of Engaging with Members Group															
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">To approve</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;">To discuss</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">To note</td> <td style="padding: 2px; text-align: center;">✓</td> <td style="padding: 2px;">To ratify</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">For assurance</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	To provide the Council of Governors with an update from the meeting held.															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Provided in the report and verbal updates</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>														
<b>Key Risks/Areas of Focus</b> No matters to escalate		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>														
Governance:	Appointments, Terms & Conditions Committee	Date 20.01.25	Engaging with Members Group	Date 27.11.25												
			Other (please detail) Quarterly report to Council	✓												
	Trust Board															

## Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
<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	✓			
Quality Impact	✓			
Risk	✓			
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	To be advised of any future implications as and when required by the author

**Appointments, Terms and Conditions Committee – 20 November 2025**

A review and approval took place to recruit another Associate Non-Executive Director. It was agreed that the programme would be for one year subject to extending for a further six months.

Interviews took place for the replacement of Stuart McKinnon-Evans. Two Governor ATC members, Tony and Isabel were on the interview panel, and other Governors took part in the stakeholder panels. This group was asked to approve the appointment of Kathryn Smart, subject to Fit and Proper Persons

A review of the Non-Executive and Chair cost of living pay increase took place which was agreed by the group.

Marilyn Foster, Chair of the ATC Committee

**Engaging with Members Meeting – 27 November 2025**

At the recent Engaging with Members meeting the following were discussed

- Annual Members meeting follow-up and debrief was discussed and Governors would like to see more involvement in next year preparations.
- There was an update from the PACE team that Volunteers, Recovery wellbeing Colleague departments and Yorkshire Involvement Team departments have now moved under Mandy Dawley so the PACE/Volunteers update would just be one agenda item.
- The elections were discussed, and these had recently opened, and Governors were asked to help promote the two vacancies we had to Trust members, friends and any groups they thought would be interested.

Tony Douglas Chair

**Agenda Item 12**

<b>Title &amp; Date of Meeting:</b>	Council of Governors Public Meeting – 15 January 2026				
<b>Title of Report:</b>	Performance Update				
<b>Author/s:</b>	Name: Peter Beckwith Title: Director of Finance				
<b>Recommendation:</b>	To approve		To receive & discuss		
	For information/To note	<input checked="" type="checkbox"/>	To ratify		
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.				
<b>Key Issues within the report:</b>					
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• All aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate</li> <li>• Mandatory Training</li> <li>• Vacancies</li> </ul>	<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• Included within the body of the report</li> </ul>				
<b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>• Waiting Times</li> <li>• Out of Area Placements</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• The Council of Governors are asked to note the updates on performance.</li> </ul>				
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>	Appointments, Terms & Conditions Committee	Date	Engaging with Members Group	Date	
			Other (please detail) Quarterly report to Council	✓	
	Trust Board	26.11.25			



## Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
<input checked="" type="checkbox"/> 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	

# **Council of Governors**

## **Performance Update**

### **1 Introduction and Purpose**

The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.

### **2 Background**

Performance is reported monthly to both Executive Management Team and Organisational Delivery Group, as well as bi-monthly to the public board in the form of the Trust Performance Report, this information is also circulated to Governors and available on the Trust Website (link to all previous board papers below).

[Public Board Papers | Humber Teaching NHS Foundation Trust](#)

Information in the performance report is presented using Statistical Process Control Charts mapped against each of the Trusts Strategic Goals.

The use of Statistical Process Charts allows key performance data to be analysed over a period to establish trends in performance, Upper and Lower statistical thresholds are used to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

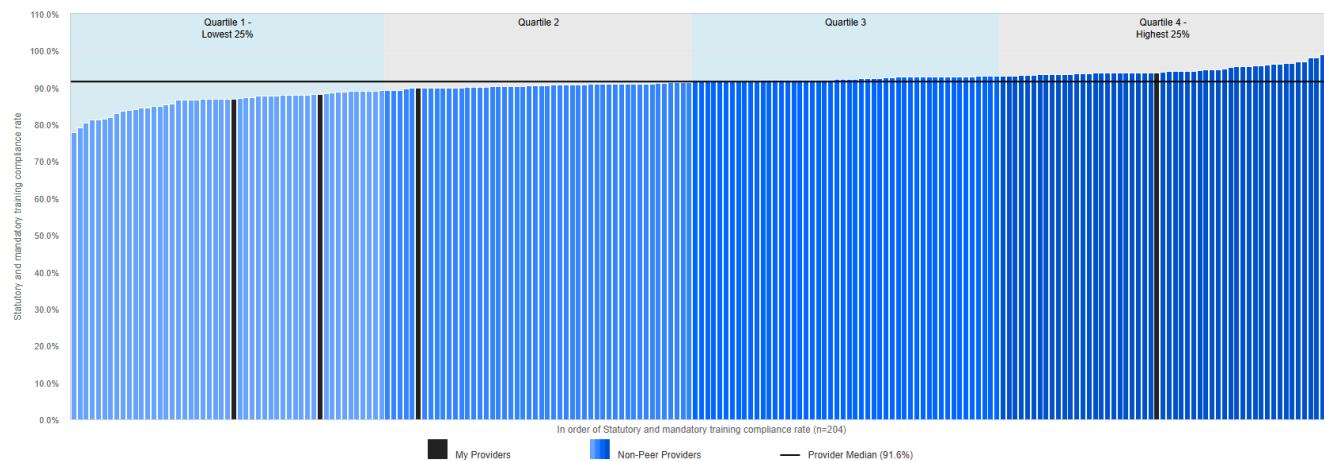
### **3 Performance Updates**

In the following paragraphs updates will be provided on some of the key performance metrics for governors to note.

#### **3.1 Mandatory Training**

The Trust continues to demonstrate excellent compliance against the mandatory training target of 85%, achieving 94.5% as at the end of October. This represents sustained high performance and places the Trust well above national benchmarks.

According to the latest Model Hospital data (2024/25), the national average stands at 90.3% and the provider median at 91.6%. Our current performance of 94.8% positions the Trust firmly within the upper quartile, reflecting a strong commitment to workforce development and regulatory standards.



### 3.2 Vacancies

The Trust continues to maintain a strong overall vacancy position, reporting 7.2% in October 2025, with nursing vacancies consistently remaining below target.

Consultant vacancies, while still above target, show a more positive position than the previous year and are on an improving trajectory, reflecting progress in recruitment efforts

## 4 Sickness Absence

Sickness absence across the Trust continues to exceed target levels, with particular concern in inpatient settings. In response, a rapid intervention model has been introduced to address areas of high prevalence and undertake root cause analysis, with targeted solutions implemented. Progress on this work is reported regularly to EMT and ODG.

The intervention focuses on key drivers such as team dynamics, leadership behaviours, workplace culture, and wellbeing factors. Its aim is to build team resilience, improve attendance, and foster a more supportive working environment.

Proactive management of sickness absence remains a priority across the Trust, including early intervention, consistent application of policy, and enhanced support for managers in addressing trends and individual cases effectively.

Progress and impact are monitored through EMT and the People & OD Committee, with sickness absence trends aligned to the Trust-Wide Risk Register to ensure strategic oversight and risk mitigation.

### **3.5 Waiting Times**

Waiting times for children's and neurodiversity services continues to be the most significant area of pressure and challenge, where demand exceeds commissioned capacity across all areas and previous non recurrent investment has ceased.

Organisational 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. Improvement has been achieved in reducing over 52 week waits (except for neurodiversity). This work is underpinned by capacity and demand analysis which is refreshed on a regular basis. Waiting times for services, excluding

Work on capacity and demand continues to inform the operational planning discussions taking place with commissioners as part of the 2026/27 and future years planning.

Community waiting times form part of the National Oversight Framework (waits over 52 weeks), for quarter 2 the Trust had 2 patients above the 52-week target which represented a significant improvement from the Q1 position (54 waits), this has subsequently reduced to zero.

### **3.4 Out of Area Placements**

Inappropriate Mental Health Out of Area placements continue to be monitored.

A solution for Psychiatric Intensive Care beds has secured national capital funding and the Trust have a letter of support from the ICB in relation to these proposals whilst formal contract negotiations are finalised in relation to the revenue elements of the scheme.

## **4. Recommendation**

The Council of Governors are asked to note the updates on performance and be informed that all aspects of performance have oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate.

**Agenda Item 13**

Title & Date of Meeting:	Council of Governors Public Meeting – 15 January 2026			
Title of Report:	Finance Update			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
	The Council of Governors are asked to note the Finance report and comment accordingly.			
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.			
<b>Key Issues within the report:</b>				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trust has a breakeven target plan for 2025/26.</li> <li>The Trust are reporting a favourable year to date position</li> <li>Better Payment Practice Code remains strong.</li> </ul>	<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Work on in year monitoring and forecasting continues.</li> </ul>			
<b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>None.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>The Council of Governors are asked to note the Finance report and comment accordingly.</li> </ul>			

Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	Appointments, Terms & Conditions Committee	Date	Engaging with Members Group	Date	
			Other (please detail) Quarterly report to Council	✓	
	Trust Board	26.11.25			

### Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
✓ Tick those that apply				
	Innovating Quality and Patient Safety	Enhancing prevention, wellbeing and recovery	Fostering integration, partnership and alliances	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			
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	

# Council of Governors

## Finance Update Report

### 1. Introduction

The purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust.

### 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:

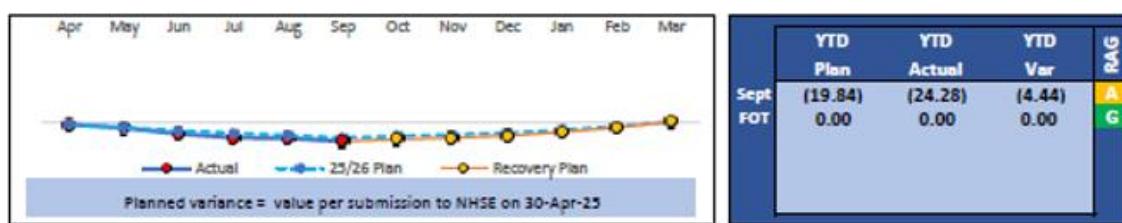
Month 2 Year to Date Deficit of £7.4m (£0.2m adverse variance)

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.

## 2. Trust Position as at 31<sup>st</sup> 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 Year to Date favourable variance is attributable to the timing of non-recurrent income into the trust and is forecast to be used by the end of the financial year

A more detailed summary of the income and expenditure position as at the end of March 2025 is shown at appendix A.

The donated assets depreciation does not count against the Trust's financial control target, the year-to-date value for this is £0.016m resulting in a ledger position of £2.232m surplus..

**Table 1: Reported I&E Position 2025/26**

	July 2025 £000	August 2025 £000	September 2025 £000	October 2025 £000
Income	63,392	80,708	96,638	112,391
<i>Less: Expenditure</i>	61,098	77,618	92,735	108,051
<b>EBITDA</b>	<b>2,294</b>	<b>3,090</b>	<b>3,903</b>	<b>4,340</b>
Finance/Technical Items	3,089	3,842	4,630	4,954
Non Recurrent Income	(3,000)	(3,000)	(3,000)	(3,000)
<b>Ledger Position:</b>	<b>2,205</b>	<b>2,248</b>	<b>2,273</b>	<b>2,386</b>
Excluded items:	13	16	19	6
<b>Net Position Surplus/(Deficit)</b>	<b>2,192</b>	<b>2,232</b>	<b>2,254</b>	<b>2,380</b>
EBITDA	3.6%	3.8%	4.0%	3.9%
<b>Deficit (-%)/Surplus %</b>	<b>3.5%</b>	<b>2.8%</b>	<b>2.3%</b>	<b>2.1%</b>

A more detailed summary of the income and expenditure position as at the end of October 2025 is shown at appendix A.

Key variances are explained in the following paragraphs:

## **2.1 Children's and Learning Disability**

The month 7 position is an underspend 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 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 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.

## **2.2 Community and Primary Care**

The forecast outturn position has deteriorated 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 in an attempt 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 Mental Health**

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 underspends 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.

### **3.4 Forensic Services**

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..

### **3.5 Corporate Services Expenditure**

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

## **4. Cash**

The Trust has held the following cash balances during the reporting period:

**Table 2: Cash Balance**

	July 2025 £000	August 2025 £000	September 2025 £000	October 2025 £000
Government Banking Service	21,186	22,195	20,342	18,724
Nat West	49	95	122	65
Petty Cash	27	28	29	28
<b>Net Position</b>	<b>21,262</b>	<b>22,318</b>	<b>20,493</b>	<b>18,817</b>

## 5. Better Payment Practice Code (BPPC)

The BPPC figures are shown in the Table below.

Work is ongoing with staff to maintain this position and to encourage and support staff to approve invoices frequently and ensure that when there is a need to query the invoice it is formally put on hold.

**Table 3: Better Payment Practice Code**

Better Payment Practice Code	YTD Number	YTD £
<b>NON NHS</b>		
Total bills paid	16,707	69,838
Total bills paid within target	16,132	68,060
Percentage of bills paid within ta	<b>96.6%</b>	<b>97.5%</b>
<b>NHS</b>		
Total bills paid	654	18,343
Total bills paid within target	589	17,858
Percentage of bills paid within ta	<b>90.1%</b>	<b>97.4%</b>
<b>TOTAL</b>		
Total bills paid	17,361	88,181
Total bills paid within target	16,721	85,918
Percentage of bills paid within ta	<b>96.3%</b>	<b>97.4%</b>

## 6. Recommendations

The Council of Governors is asked to note the Finance report and comment accordingly

## Appendix 1

### Income and Expenditure Position October 2025

	25/26 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
<b>Income</b>							
<b>Block Income</b>	<b>187,993</b>	<b>109,731</b>	<b>109,803</b>	<b>72</b>	<b>187,993</b>	<b>187,949</b>	<b>(44)</b>
YHCR	4,635	2,704	2,588	(116)	4,635	5,166	531
<b>Total Income</b>	<b>192,628</b>	<b>112,435</b>	<b>112,391</b>	<b>(44)</b>	<b>192,628</b>	<b>193,116</b>	<b>488</b>
<b>Clinical Services</b>							
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
	<b>143,146</b>	<b>83,450</b>	<b>82,372</b>	<b>1,077</b>	<b>143,146</b>	<b>143,731</b>	<b>(585)</b>
<b>Corporate Services</b>	<b>42,041</b>	<b>24,634</b>	<b>25,679</b>	<b>(1,044)</b>	<b>42,041</b>	<b>40,592</b>	<b>1,449</b>
	<b>185,187</b>	<b>108,084</b>	<b>108,051</b>	<b>33</b>	<b>185,187</b>	<b>184,323</b>	<b>864</b>
<b>EBITDA</b>	<b>7,441</b>	<b>4,350</b>	<b>4,340</b>	<b>(11)</b>	<b>7,441</b>	<b>8,793</b>	<b>1,352</b>
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
<b>Operating Total</b>	<b>(1,500)</b>	<b>(865)</b>	<b>(609)</b>	<b>257</b>	<b>(1,500)</b>	<b>(0)</b>	<b>1,500</b>
BRS	(1,500)	(251)	-	(251)	(1,500)	-	(1,500)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Non Recurrent Income			(3,000)	3,000			
<b>Operating Total</b>	<b>(0)</b>	<b>(614)</b>	<b>2,391</b>	<b>3,005</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>
<b>Excluded from Control Total</b>							
Capital Grant\Donation	-	-	(16)	16	-	-	-
Donated Depreciation	39	23	22	0	39	39	(1)
	<b>(39)</b>	<b>(636)</b>	<b>2,385</b>	<b>3,021</b>	<b>(39)</b>	<b>(40)</b>	<b>(1)</b>
<b>Excluded</b>							
<b>Ledger Position</b>	<b>(39)</b>	<b>(636,409)</b>	<b>2,385</b>	<b>3,021</b>	<b>(39)</b>	<b>(40)</b>	<b>(1)</b>
<b>EBITDA %</b>	<b>3.9%</b>	<b>3.9%</b>	<b>3.9%</b>		<b>3.9%</b>	<b>4.6%</b>	
<b>Surplus %</b>	<b>-0.8%</b>	<b>-0.8%</b>	<b>-0.5%</b>		<b>-0.8%</b>	<b>0.0%</b>	