Trust Board Meeting 28 January 2026
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 28 January 2026, via Microsoft Teams

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

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

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

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

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 26 November 2025	CF	Approve	√
4.	Action Log, Matters Arising and Work Plan	CF	Discuss	√
5.	Service Story Nikki's Story, 18 months on - From Service User to Lived Experience Leadership: A journey of recovery, co-production, and involvement	KF	Discuss	√
6.	Chair's Report	CF	Discuss	√
7.	Chief Executives Report Including: • Policies to ratify • Reaffirmation of Slavery and Human Trafficking Policy Statement • Associated Hospital Manager appointment to ratify	MM	Discuss/Ratify	√

	• Consultant appointments to ratify			
8.	Publications and Highlights Report	MM	Note	√
	Patient Safety and Quality			
9.	Mental Health Act 2025 Briefing	KF	Discuss	√
10.	Safer Staffing 6 Monthly Report	SS	Approve	√
	Building a Shared Purpose and Vision			
11.	Enabling the use of Artificial Intelligence in the Trust	PB	Note	√
	Investing in People and Culture			
12.	Sexual Safety – Worker Protection Act 2023 implementation and associated programme of work update (Duty to prevent sexual harassment in the workplace)	KP	Note	√
	Developing Leadership Behaviours			
13.	Freedom to Speak Up (Six Month Update)	MM	Note	√
	Embedding Improvement into Management Systems and Processes			
14.	Finance Report	PB	Note	√
15.	Performance Report	PB	Discuss	√
	Assurance Committee Reports			
16.	Finance Committee Assurance Report	KN	Assurance	√
17.	Quality Committee Assurance Report	PE	Assurance	√
18.	Collaborative Committee Assurance Report	SMcKE	Assurance	√
19.	Audit Committee Assurance Report	SMcKE	Assurance	√
20.	February Board Strategic Development Meeting Agenda	CF	Note	√
21.	Items to Escalate including to the High Level Risk Register & for Communication, any issues relevant to the Board Assurance Framework	CF	Note	verbal
22.	Any Other Urgent Business	CF	Note	verbal

Caring, Learning
& Growing Together

23.	Review of Meeting – Being Humber • Has the Board focused on the right areas? • Did the quality of the papers enable Board members to perform their role effectively – did they enable the right level of discussion to occur? • Was debate allowed to flow and were all Board members encouraged to contribute? • Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)	CF	Discuss		verbal
24.	**Exclusion of Members of the Public from the Part II Meeting**				
25.	**Date, Time and Venue of Next Meeting** Wednesday 25 March 2026, 9.30am via Microsoft Teams				

Caring, Learning & Growing Together

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026			
Title of Report:	Declarations of Interest			
Author/s:	Rt Hon Caroline Flint Trust Chair			

Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			

Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations: • Amendment and addition to Karen Philips • Removal from Phillip Earnshaw • Addition to Peter Beckwith

Key Issues within the report:

Positive Assurances to Provide: • Updated declarations	**Key Actions Commissioned/Work Underway:** • N/A
Key Risks/Areas of Focus: • No issues to note	**Decisions Made:** • N/A

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Monthly Board report	✓ 26.11.25

Caring, Learning & Growing Together

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	

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• IMAS partner • Humber and North Yorkshire ICB Board Member (voting) • Non-Executive Director DHU Healthcare (a Social Enterprise organisation) • Co-opted Parish Councillor – Bamford with Thornhill
Mr Peter Beckwith, Director of Finance (Voting Member)	• Trustee of Heathstars, and Executive Lead for Humber Teaching NHS Foundation Trust • Son is a Resident Doctor at University Hospitals Sussex NHS Foundation Trust • Daughter is a Nursing Student at York St John University • Daughter joined the Humber Teaching NHS Foundation Trust bank.
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	• Director of Bluewaters Healthcare Limited • Spouse is Director of Bluewaters Healthcare Limited • Spouse is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust • Executive Lead for The Trust Research Department – which receives grant and funding to the department • Spouse is Clinical Director Harthill Primary Care Network (PCN)
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	• Husband works for HMRC • Son works for Labour MP as Communications Lead • Son works for Department of Health and Social Care
Mrs Sarah Smyth, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	• No interests declared
Mrs Karen Phillips, Executive Director of People and Organisational Development	• Daughter is a Speech and Language Therapy student at Leeds Beckett University and will be undertaking Block placement in January and February 2026 at Humber Teaching NHS FT in Learning Disability Services
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Energy Security and Net Zero (DESNZ)
Mr Dean Royles, Non-Executive Director (Voting Member)	• Director of Dean Royles Ltd • Trustee of Health People Managers Association (HPMA) • Owner of Dean Royles Ltd • Associate for KPMG

	• Chair of NHS Professionals Strategic Advisory Board • Non-Executive Director at Sheffield Teaching Hospitals NHS Trust

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

Trust Board Meeting

Minutes of the Public Trust Board Meeting
held on Wednesday 26 November 2025, 9:30am – 12:15pm
via Microsoft Teams

Present:	Rt Hon Caroline Flint, Chair
	Mrs Michele Moran, Chief Executive
	Dr Phillip Earnshaw, Non-Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr Kwame Fofie, Medical Director
	Ms Stephanie Poole, Non-Executive Director
	Mrs Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer
	Mrs Sarah Smyth, Director of Nursing, Allied Health and Social Care Professionals
	Mr Stuart McKinnon-Evans, Non-Executive Director
	Mr Dean Royles, Non-Executive Director
	Mrs Karen Phillips, Executive Director of People and Organisational Development
	Mr Keith Nurcombe, Non-Executive Director
	Mrs Stella Jackson, Head of Corporate Affairs
In Attendance:	Mrs Laura Roberts, PA to Chair and Chief Executive (Minutes)
	Katie Barraball, Clinical Lead (for item 147/25)
	Angela Frankish, Team Leader (for item 147/25)
	Sarah Clinch, Senior Partnerships and Strategy Manager (for item 151/25)
	Dr Mohammed M Qadri, Guardian of Safer Working (for item 153/25)
	Alison Flack, Programme Director (for item 155/25)
	Oliver Sims, Corporate Risk & Incident Manager (for item 159/25 & 160/25)
Apologies:	There were no apologies received

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

143/25	**Declarations of Interest** The declarations were noted. Board members have been made aware that any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the person should declare the interest and remove themselves from the meeting for that item. The Chief Executive; Director of Finance; Stuart McKinnon-Evans, Non-Executive Director and Stephanie Poole, Non-Executive Director have a	

	standing declaration of interest regarding items relating to the Collaborative Committee.	
144/25	**Minutes of the Meeting held on 24 September 2025** The minutes of the meeting held on 24 September 2025 were approved as an accurate record. **<u>Resolved:</u>** **The minutes were approved by the Board.**	
145/25	**Annual Members Meeting and Annual General Meeting Minutes** The minutes of the Annual Members Meeting and Annual General Meeting held on 25 September 2025 were approved as an accurate record.	
146/25	**Action Log, Matters Arising and Workplan 2025/26** There were no matters arising. The action log and work plan were noted.	
147/25	**Staff Story – Specialist Heart Failure & Cardiac Rehabilitation Service** Katie Barraball and Angela Frankish outlined the background, scope, and key functions of the services provided by the Specialist Heart Failure and Cardiac Rehab Empowering North Yorkshire Communities. Phillip Earnshaw enquired whether any work had been undertaken on risk assessments and population profiling in response to the Primary Care guidance. Angela confirmed that a regular review of services was undertaken and highlighted that there were good working relationships with consultants, nurses, and all services. She advised that she would check with the Service Manager to confirm the position. Katie added that the service was linked with the Primary Care Network and stated that the ten-year plan would be aligned with them and all relevant services. Lynn Parkison asked what a message about the service and its future would entail. Angela responded that the message would focus on ensuring the service had skilled staff to deliver care and confirmed that support would be provided to two newly registered nurses who would be undertaking courses to enable them to deliver services. The Trust Chair asked whether sufficient information was being received from the acute services to support rehabilitation and the maintenance of the recovery and lifestyle pathway. Angela confirmed that good information was being provided by the teams and through consultation and that strong relationships and effective multidisciplinary team working were in place. She added that services remained open to patients, who could self-refer back if needed, and noted that the discharge process was robust and applied when appropriate for the patient. **<u>Resolved:</u>** **Trust Board noted the patient story.**	
148/25	**Chair's Report**	

	The Trust Chair introduced the Chair's Report and highlighted the following key points:	
	• The Council of Governors had approved the appointment of Kathryn Smart as Non-Executive Director Audit Chair. • Priyanka Perera had completed the Associate Non-Executive Director programme. The Trust Chair thanked Priyanka for her work and wished her well for the future. **Resolved:** **The report was noted.**	
149/25	**Chief Executives Report** The Chief Executive presented her report to the Board and reiterated several key points contained within it. She added that since the report had been written it had been advised that Dr Laura Foss had been offered a Fellowship of the Royal College of Psychiatrists. It was added that there were policies to ratify and the Associated Hospital Managers reappointment requiring ratification. Care Quality Commission (CQC) Sarah Smyth advised that, as part of a routine CQC inspection, Townend Court had been visited a few weeks prior. She reported that the inspectors had spent additional time with the ward leaders and had held conversations with carers and family members of inpatients a week later. Routine information had been requested and submitted, and a formal report was expected within three months. Sarah confirmed that written feedback had been received, which was mostly positive, and high-level feedback had been shared with staff in relevant areas. Overall, the inspection appeared positive, highlighting person-centred care and noting that no patient safety concerns had been escalated. It was envisaged that further service inspections would occur in the near future. Industrial Action Lynn Parkinson commented on the BMA Resident Doctor industrial action that had taken place between 14-19 November 2025. She reported that Emergency Preparedness, Resilience, and Response arrangements had been stood up and work had been undertaken with the Medical Director's team. Some strike action had occurred, although numbers were low overall as expected, resulting in limited disruption to services. Lynn thanked teams for their support and noted that further industrial action could take place in the future. Winter Plan The Board was informed by Lynn Parkinson that the adverse weather plan had been tested during the previous week. She reported that the service in Whitby had managed well despite road and school closures, and the teams were thanked for their efforts. Lynn added that the flu season had commenced earlier than usual this year and confirmed that the Trust was in a strong position regarding flu vaccination uptake. ADHD National Taskforce Lynn Parkinson reported that a summary of the ADHD National Taskforce, including its recommendations, was included in the Chief Executive's Report.	

	Stuart McKinnon-Evans commented on the ADHD National Taskforce and asked whether there had been a change in approach and what the resource implications were. Lynne replied that additional resource would be directed into schools, particularly through the mental health support teams, and confirmed that this would be integrated with Primary Care. She added that no further identified funding was expected and that conversations were ongoing with the ICB regarding resource requirements.

Phillip Earnshaw commented on the agenda item regarding the Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update. He referred to the approaches to ADHD and Autism in schools and expressed concern about the long timescales for funding, which were projected for 2029/30. Lynn responded that the Trust was working hard to ensure services were deployed into schools. She also highlighted the inclusion of digital innovation for services within the report and noted opportunities to provide support. Lynn added that discissions were taking place regarding the funding allocated under the Right to Choose initiative being used to support services. The Chief Executive added that discussions were taking place with the Integrated Care Board to expedite the matter and timescales.

Staff Survey

Karen Phillips reported that completion of the staff survey was progressing well and confirmed that it would close on 28 November 2025. She reported that the current engagement rate was 61.62%, which was higher than the closing figure achieved last year. The bank staff survey completion rate stood at 31.6%, which appeared low; however, this was above the national average of 19%.

Resolved:

The Board noted the report.

The Associated Hospital Manager reappointments listed below were ratified by the Board:
  - **Anne Crick**
  - **Angela Loughlin**
  - **John McGorrigan**
  - **Sheila Trever**

The following policies were ratified by the Board:
  - **Ventilation Policy**
  - **Blanket Restrictions Policy - approved subject to smoking/vaping definitions.**

The Artificial Intelligence and Software as a Medical Device Policy was not approved. The equality impact table definitions and clarity around protected characteristics would be discussed further at the expert group and represented to the Board at a future date. | |
| 150/25 | **Publications and Highlights Report**

The Publications and Highlights Report was accepted as read. | |

151/25	**Health Inequalities Update**	
	Sarah Clinch introduced the Health Inequalities Update report and reiterated key points from within the paper.	
	The Chair requested that the guidance referenced within the report be circulated to all Non-Executive Directors.	
	Stuart McKinnon-Evans queried who the recipients of community health grants were and the process for evaluating their effectiveness. Sarah explained that the projects aim to reduce social isolation among older people and include small community grants, some of which deliver sports activities to promote physical and mental wellbeing. Sarah added that evaluation forms were issued to project leads; however, most of the organisations involved were small and had limited capacity to respond to detailed requests.	
	Stephanie Poole noted that the recently released Index of Multiple Deprivation highlighted concerning results for Hull and remote coastal areas, particularly in relation to deprivation and its link to health inequalities. Sarah acknowledged these findings as significant and advised that the issues were being explored and would be incorporated into future analysis.	
	Dean Royles commented on the importance of focused work to demonstrate outcomes and the impact on people. Sarah agreed, noting that the next stage would place greater emphasis on this area for the Trust. She further advised that data outputs from completed Quality Improvement projects could be incorporated into future reports.	
	Resolved: **The report was noted.**	
152/25	**Emergency Preparedness Resilience and Response (EPRR) Core Standards Compliance**	
	Lynn Parkinson introduced the EPRR Core Standards Compliance Report and advised that a rigorous process had been undertaken. It was noted that 86% compliance with the standards had been achieved, representing a significant improvement on the previous year's compliance level of 60%. Lynn reported that challenges remained in relation to the Chemical, Biological, Radiological and Nuclear and Hazmat response standards. She explained that, as a non-acute Trust, the requirement was to have access to expertise in these areas rather than full capability. There had been some delays in securing this expertise from the other provider, and discussions were ongoing with the Integrated Care Board. Assurance was provided that plans were in place and were considered robust.	
	Resolved: **The EPRR Core Standards Statement of Compliance was approved by the Board.**	
153/25	**Guardian of Safe Working Annual Report**	
	Dr Mohammed M Qadri introduced the Guardian of Safe Working Annual Report for the period August 2024 to July 2025. He advised that no exceptions had been reported in relation to immediate patient safety care or trainee and resident doctors. He reported that an exception had been raised	

	regarding on-call working. Work had taken place with stakeholders, and monitoring processes and data analysis were ongoing. It was reported that significant issues had occurred across England due to software systems not communicating effectively with finance departments; however, it was noted that this had improved. An update was provided on exception reform, which had originally been scheduled for rollout in September 2025 but was now expected to be implemented on 4 February 2026 **Resolved:** **The Board approved the Guardian of Safe Working Annual Report**	
154/25	**NHS England 10 Point Plan to Improve Resident Doctors' Working Lives** Kwame Fofie introduced the NHS England report `10 Point Plan to Improve Resident Doctors' Working Lives' and provided an overview of the progress that had been achieved to date, along with the ongoing actions being implemented. Stuart McKinnon Evans sought clarification regarding the area highlighted in red. Kwame explained that this related to rotation and advised that NHS England intended to consolidate arrangements under a single employer in order to minimise changes to rotas and induction processes. Phillip Earnshaw requested clarification regarding investment in the medical staffing team and what additional resources were required. Kwame explained that, due to the increase in Resident Doctors, there were concerns that the medical staffing team would need to amend rotas manually. He confirmed that options were being explored for an AI-based system to address this issue. Phillip Earnshaw also raised a question regarding mandatory training, noting that there had been a dip in compliance each September. Kwame responded that this coincided with the arrival of a new cohort of Resident Doctors and associated data changes. He advised that work was underway to facilitate the transfer of training records from other trusts which would provide a more accurate picture of mandatory training compliance. **Resolved:** **The report was noted.**	
155/25	**Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update** Alison Flack introduced the Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update report and provided an overview of the work that had been undertaken. This included collaboration with the Integrated Care Board (ICB) and providers regarding future planning, the development of a draft set of commissioning intentions and priorities, and the proposed use of Limbec AI within Talking Therapies. Alison highlighted that there had been fourteen discharges within the case management function for out-of-area patients. She noted that a number of proposals were in development and that approval was awaited from the ICB, which was currently impacting performance metrics. Significant work had also been undertaken on the ADHD and Autism model.	

	The Trust Chair queried whether there would be one Mental Health Support Team in a school or one team for all types of schools. Alison confirmed that there was a fixed workforce model. Alison agreed to send further information to the Trust Chair. **Resolved:** **The report was noted.** **To provide information on Mental Health Support Teams in schools to the Trust Chair.**	**AF**
156/25	**Finance Report** Peter Beckwith presented the Finance Report for Month 7 and provided an update on the financial position. He highlighted the system position as at Month 6 and the associated pressures. Peter reported that the Trust position as at Month 7 was £3m over plan, although confidence in delivering a breakeven plan was noted. **Resolved:** **The report was noted.**	
157/25	**Performance Report** Peter Beckwith presented the Trust Performance Report as at the end of October 2025. He noted that overall, performance remained consistent with previous months. Phillip Earnshaw queried the position regarding mental health out-of-area placements and patients experiencing waits of over one year, excluding ADHD and Autism Spectrum Disorder. He asked whether the Trust was aware of who these patients were and whether solutions were being considered for them. Lynn Parkinson responded that, in relation to out-of-area placements, there had been a significant focus on acute inpatient flow, with a target of zero. She noted that Psychiatric Intensive Care Units (PICU) and Older People's services were the two areas currently above this target. A plan was in place for PICU, which was expected to show an impact by May 2026. Lynn also confirmed that there was a plan to increase the community bed base to address the Older People's matter, alongside work aimed at avoiding admissions. Lynn further explained that, excluding neuro cases, waiting lists were reducing, with an aim to achieve zero by the end of the financial year. She confirmed that this information would also be reported to the Quality Committee. **Resolved:** **The report was noted.**	
159/25	**Risk Register Update** Oliver Sims introduced the Risk Register for the Trust position since the last report in July 2025 and highlighted the following key points: • There were 4 risks scoring at 15+ • There had been one new risk added which related to sickness absence.	

	• The risk surrounding consultant vacancies had been reduced to 12 but would continue to be monitored. • There were 146 live risks across the Trust at the point of reporting, which had increased from 121. Stuart McKinnon-Evans requested clarification regarding the reduction noted for OPS31 waiting lists on the report coversheet. Phillip Earnshaw asked for the Audit Committee's view on the risk rating of 16 for OPS31. Stuart McKinnon-Evans confirmed that the rating had been discussed at the Audit Committee and could be revisited if required. Sarah Smyth added that this would be monitored by the Quality Committee and that plans were in place and support had been offered and that no harm had been reported as a result. The Trust Chair asked how often patients who are signposted are contacted and whether they took up the offer. Lynn Parkinson explained that check-ins with patients were carried out on more than one occasion, providing opportunities to consider risk. She noted that some patients did not wish to explore alternative services and were prepared to wait for Trust services. Lynn added that, for neuro services, patients were advised of the option to exercise the Right to Choose. The Trust Chair suggested that this could be monitored further via the Quality Committee. Oliver confirmed that the Quality Committee and Operational Delivery Group monitored and discussed themes and trends relating to risks, particularly those associated with waiting lists. Dean Royles suggested that consideration should be given to where cyber security risks were recorded. Peter Beckwith confirmed that the Trust had implemented the Data Security and Protection Toolkit and monitored Information Governance training compliance. He added that annual penetration testing was undertaken, along with monitoring of computers, Care Computer Emergency Response Team (CareCERT) alerts, and regular Board updates. Peter noted that the Trust had not experienced any cyber-attacks for several years and stated that he believed the Trust was doing all it could to protect the organisation. **Resolved:** **The report was noted.** **Clarity to be provided on the reduction regarding OPS31 - waiting lists on the report coversheet.** **Quality Committee to discuss effectiveness of signposting patients who are on Trust waiting lists.**	 **OS** **PE**
160/25	**Board Assurance Framework Update** Oliver Sims introduced the Board Assurance Framework (BAF) in the new template, which included a visual format, and presented the position for Quarter 2. He advised that there had been no significant changes in the ratings, although the content of the BAF had been reviewed. The Chief Executive confirmed that the BAF had been discussed at the Audit Committee.	

	Resolved: **The report was noted.**	
161/25	**NHS Providers Capability Submission** The Chief Executive introduced the NHS Providers Capability Submission report which included information regarding the assessment and contained the self-assessment return which was submitted to NHS England on 22 October 2025. The Chief Executive added that all elements of the self-assessment had been confirmed, with the exception of one which had been partially confirmed. The Board was asked to: • Ratify the self-assessment return. • Note that NHS England should be informed of any material in-year challenges which impact on the self-assessment ratings. **Resolved:** **The NHS Providers Capability Self-assessment return was ratified by the Board.**	
162/25	**Finance Committee Assurance Report** The Finance Committee Assurance Report was introduced by Keith Nurcombe and accepted as read. Keith advised that the meeting format had been changed and spilt into three key sections. **Resolved:** **The report was noted.**	
163/25	**People & Organisational Development Committee** The People & Organisational Development Committee Assurance Report was introduced by Dean Royles and accepted as read. **Resolved:** **The report was noted.**	
164/25	**Mental Health Legislation Committee Assurance Report** Stephanie Poole introduced the Mental Health Legislation Committee Assurance Report which was accepted as read. **Resolved:** **The report was noted.**	
165/25	**Collaborative Committee Assurance Report** Stuart McKinnon-Evans introduced the Collaborative Committee Assurance Report which was accepted as read. **Resolved:** **The report was noted.**	
166/25	**Strategic Board Meeting agenda** The Chair of the Trust introduced the agenda for the December Board Strategic Development Meeting for information.	

	Resolved: **The agenda was noted.**	
167/25	**Items to Escalate including to the High-Level Risk Register, Board Assurance Framework and for Communication** There were no items to escalate.	
168/25	**Any Other Urgent Business** There were no other items of business raised.	
169/25	**Review of Meeting – Being Humber** The Board agreed the meeting had been held in the Being Humber style.	
170/25	**Exclusion of Members of the Public from the Part II Meeting** It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. The meeting concluded at 12:30pm.	
171/25	**Date, Time and Venue of Next Meeting** Wednesday 28 January 2026, 9.30am via Microsoft Teams	

Signed ……………………………………………………… Date ………………

Chair

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from November 2025 Board meeting and update report on earlier actions due for delivery in January 2026						
Rows greyed out indicate action closed and update provided here						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
26.11.25	159/25	Risk Register Update	Clarity to be provided on the reduction regarding OPS31 - waiting lists on the report coversheet.	Corporate Risk & Incident Manager	January 2026	This was an error on the report cover sheet and cited overarching waiting list position not performance linked to Children's Neurodiversity wait times which had deteriorated and was reflected is current risk score for OPS31. This will be reviewed as part of the Quarter 3 arrangements ahead of next reporting to EMT and Trust Board and cover sheet will include reference to specified waiting list in line with risk score. Action Completed.
26.11.25	155/25	Humber and North Yorkshire Integrated Care System –	To provide information on Mental Health Support Teams in schools to the Trust Chair.	Programme Director	January 2026	Action Completed

		Mental Health and Learning Disabilities Collaborative Programme Update				

Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
26.11.25	159/25	Risk Register Update	Quality Committee to discuss effectiveness of signposting patients who are on Trust waiting lists.	Quality Chair	March 2026	
30.07.25	92/25	Review of Patient Safety across the Health and Care Landscape	The paper was to be presented at the relevant committees for further discussion and reported back to the Board in the assurance reports.	Director of Nursing, Allied Health and Social Care Professionals	November 2025	Due to be present at the Quality Committee in December 2025.
A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Head of Corporate Affairs						

Board Public Workplan April 2025/March 2026 *(v21)*

Chair of Board: Caroline Flint
Executive Lead: Michele Moran

Board Dates:- Reports:	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Workplan	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors Updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM	x	x	✶	x	✶	x
Quarterly Items								
Finance Committee Assurance Report	Assur Comm	KN	x	x		x	x	
People & Organisational Development Committee	Assur Comm	DR	x	x	x	x		x
Quality Committee Assurance Report	Assur Comm	PE	x		x	✶	x	x
Mental Health Legislation Committee Assurance Report	Assur Comm	SP	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE		x		x	x	x
High Level Risk Register (March, May, September, November)	Corporate	SS		x		x		x
Communications Plan Quarterly Update – Included in CEO Report) (January, May July and November)	Corporate	RK/MM	X (from 2026)	x		x	x	
Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Update	Corporate	MM		x		x		x
Six Monthly and Annual Agenda Items								
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report (July, January)	Corporate	SS		x			x	
Recovery Framework Update (from 2026)	Strategy	KF						
Patient and Carer Experience Forward Plan (2023 to 2028 – next due September 2028))	Strategy	KF						

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

Board Dates:- Reports:	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM					x	
Fit and Proper Person Compliance	Corporate	CF	x					
Winter Plan	Corporate	LP			x			
Compliance with the New Provider License	Corporate	SJ	x					
Staff Survey Presentation to Board (IQVIA attending)	Corporate	KP	x	✗				
Staff Survey Progress Report	Corporate	KP			x			
Review of the Constitution	Corporate	SJ		x				
EDS22 Report (for approval)	Corporate	KP			x			
Auditors Letter	Corporate	PB				x		
Annual Members Meeting Minutes	Corporate	CF				x		
Risk Management Enabling Strategy Annual Report	Corporate	SS						x
Strategic Board Development Agenda	Corporate	CF	x	x	x	x	x	x
NHS Provider Capability Assessment	Corporate	SJ/PB				x		
Adhoc/future Items								
Freedom to Speak Up Strategy 2024-2027 (next due May 2027)	Corporate	MM						
Review of Committee Membership and NED Champions (part of Chair report)	Corporate	CF			x			
Digital Optimisation (included in CEO Report)	Corporate	LP	x	X	x	x	x	x
Health inequalities (six monthly update from November 2025)	Corporate	KF	✗	X		x		
Insightful Board Update	Corporate	SS/SJ	x	X	✗ Discussed at Private Board		✗	
Mental Health Inpatient Redesign and Granville Court Development Progress Update (requested at the April Strategic Board Development meeting)	Corporate	PB				x		
Risk Management Enabling Strategy	Corporate	SS		✗	x			
Review of patient safety across the health and care landscape	Quality	SS		x				
Feedback from October Strategic Board regarding Digital	Strategy	PB				x		
Manager and Leadership Competency Framework	Corporate	KP						x
Enablement of Artificial Intelligence	Corporate	PB					x	
Mental Health Act 2025 Briefing	Corporate	KF					x	
Sexual Misconduct Update	Corporate	KP					x	
Deleted /Removed Items								
Annual Non-Clinical Report	Quality	PB			✗			

Board Dates:- Reports:	Strategic Headings	LEAD	28 May 2025	30 Jul 2025	24 Sep 2025	26 Nov 2025	28 Jan 2026	25 Mar 2026
Suicide and Self-harm Strategic Plan (next due September 2025 – moved to November) – subsequently agreed at EMT in November 2025 that this should be considered at the Quality Committee with assurance to the Board via the Committee Chair assurance report.	Strategy	KF			x̶	x̶	x	

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026
Title of Report:	Nikki's story – 18 months on: From Service User to Lived Experience Leadership: A journey of Recovery, Co-production, and Involvement
Author/s:	Nikki Gratton (Lived Experience and Co-production Lead) Fernanda Marbrow (Patient and Carer Experience Manager)

Recommendation:				
	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Nikki previously attended Trust Board, in September 2024, to share about accessing care from mental health services at Humber Teaching NHS Foundation Trust and is now returning to share about their journey from service user, to working as an Expert by Experience, to now being employed in a lived experience leadership role. Nikki's story emphasises the value of our Expert by Experience initiative in providing service users and carers with a voice in service development and improvement, as well as demonstrating the personal value in supporting a return to full-time employment after a career break to focus on mental health recovery. Nikki will reflect on factors that felt helpful, as well as highlighting challenges, during their journey from service user to staff member and is hopeful that sharing this story will further strengthen the Trust's approach to valuing lived experience at all levels.

Key Issues within the report: NA

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• Supports the Trust's strategic goals (see below). • Demonstrates the positive work taking place within both the Expert by Experience initiative across the organisation and within the lived experience team in the Mental Health division. • Showcases a journey from service user to lived experience leadership.	• Nikki is now working as the Lived Experience and Co-production Lead within the Mental Health division. • Nikki sits on the Care, Culture and Equity steering group, feeding a lived experience perspective into key workstreams across the organisation. • Nikki is committed to ensuring that service user involvement and co-production is fully embedded within the division and beyond.
Key Risks/Areas of Focus:	**Decisions Made:**
• None	• None

Caring, Learning & Growing Together

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

Monitoring and assurance framework summary:

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

Patient Story for Trust Board
January 2026

Introduction
Nikki will attend the Board meeting via MS Teams accompanied by Kayleigh Brown, Divisional Clinical Lead and Fernanda Marbrow, Patient and Carer Experience Manager. There will be an introductory overview of Nikki's role in the Mental Health division, the value of having staff with lived experience and briefly highlight projects across the division which have involved those with lived experience.

Overview of Service
Nikki's role sits within the Mental Health division and supports with embedding the lived experience voice and supporting teams within the division to effectively co-produce with patients, service users and carers.

Background
Nikki shared a story at Trust Board in September 2024. Nikki shared about accessing mental health services at Humber Teaching NHS Foundation Trust and highlighted things that felt helpful and things that made accessing support more challenging.

Nikki had recently signed up as an Expert by Experience when they last shared their story to Trust Board. Between July 2024 and November 2025, Nikki worked on several Expert by Experience projects within the Mental Health division and more broadly across the organisation. Projects included Culture of Care, the Trauma-Informed Care forward plan and supporting the Patient and Carer Experience Team with the development of updates to key frameworks. In September 2025, Nikki commenced a part-time role at Humber, supporting service user involvement in secure services and then was successful in their application for the Lived Experience and Co-production Lead role which they started in December 2025.

Nikki's lived experience of accessing services and their involvement as an Expert by Experience was instrumental in their readiness to take on this role and is supporting with shaping the role moving forwards.

Key Messages

Links to Trust Strategic Objectives

- **Innovating Quality and Patient Safety**
  Roles which support to embed a lived experience voice within service delivery and development support quality improvement and patient safety.

- **Enhancing prevention, wellbeing and recovery**
  Nikki's story demonstrates their personal recovery, and support is being offered to ensure their wellbeing within the role. Lived experience roles within the organisation also support prevention, wellbeing and recovery with the individuals we support.

- **Fostering integration, partnership and alliances**
  Nikki's story is evidence of successful partnership working between the organisation and those with lived experience and their journey demonstrates integration from service user into a senior leadership role.

- **Developing an effective and empowered workforce**
  Employing staff in dedicated lived experience roles ensures that we have a workforce who feel empowered to effectively share and utilise their own lived experience and to support others to do so.

- **Maximising an efficient and sustainable organisation**
  Valuing lived experience and involving those with experience of using our services helps us to deliver services which are co-designed with, and catered to, those who access them in an efficient and sustainable way.

- **Promoting people, communities and social values**
  Nikki's story raises awareness of the importance of service user involvement and the value of getting things right the first time.

Ask of The Board

For Nikki, attending this meeting to share their experience provides an opportunity to not only highlight their personal journey, but to encourage the Board to continue to truly value service user involvement and co-production throughout the organisation, to consider the strategic direction of lived experience leadership and dedicated lived experience roles at all levels, as well as considering the need for support for staff with lived experience, no matter their role.

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026		
Title of Report:	Trust Chair's Report		
Author/s:	Rt Hon Caroline Flint		
Recommendation:	To approve		To discuss	√
	To note		To ratify	
	For assurance	√		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide updates on the Chair, Non-Executive Directors (NED) and Governor activities since the last Public Board meeting.		

Key Issues within the report:

Positive Assurances to Provide:

- First draft Annual Operating Plan (AOP) submitted to NEY Region on 17 December 2025 following Board discussion and approval. Chair and Chief Executive presented the draft AOP to Regional panel on 12 January 2026. Outcomes from the discussion with the ICB and feedback from the regional panel will be reflected in the final submission in February.

- New Audit Chair Kathryn Smart started on 12 January to provide for a period of overlap with current Audit Chair Stuart McKinnon-Evans.

- Dean Royles is leaving the Trust on 13 February 2026 but the search for his replacement will be incorporated into the current recruitment campaign alongside an additional NED. I will also be deciding on a new Senior Independent Director soon.

- Chair/NED Visits

Key Actions Commissioned/Work Underway:

- Progress on next Non-Executive Director (NED) recruitment round underway for a replacement for Dean Royles and an additional Non-Executive Director.

- Developing plan to recruit an Associate Non- Executive Director (ANED)

- Governor Development Plan 2026 – topics identified and being scheduled.

- Board Preparations for a CQC Inspection and/or Well Led Review

- Being Humber Board Development Review

Caring, Learning & Growing Together

Key Risks/Areas of Focus:	Decisions Made:
• Strategic Commissioning Framework; Model Region Blueprint, Long Term Plan – both opportunities and challenges for Humber.	• 15 January 2026 the Council of Governors approved recruiting a NED to replace Dean Royles and an ANED.

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

Monitoring and assurance framework summary:

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

Trust Chair's Public Board Report 28 January 2026

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

Annual Operating Plan

Since the last meeting the Board has been involved in discussing and agreeing Humber's draft Annual Operating Plan submission for the 17 December 2025 deadline. Ongoing discussions are continuing with Humber North Yorkshire I(HNY) ICB and North East and Yorkshire (NEY) Regional Office of NHS England (NHSE) by senior operational staff. On 9 January Michele Moran and I presented our submission to regional officials as part of the regional plan assurance process. They are interested in how each NHS provider has overseen development of the plans to ensure deliverability alongside internal and external triangulation. The focus was on the level of compliance and robustness of plans submitted. Their feedback will be considered by the Board before our final submission in February.

Board Preparations for a CQC Inspection and/or Well Led Review

Stella Jackson and Sarah Smyth are preparing a learning and engagement session for Board. With new NEDs being recruited as well as refreshing existing knowledge it will support our Board strategic and assurance work now and input when the time comes for review. A session will also be provided for governors.

Being Humber Board Development Review

A Board review briefing around 'Being Humber' will be organised to discuss as a Board our engagement, practice and how it is working for all staff. A similar briefing will be provided for governors for whom 'Being Humber' equally applies.

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 in February 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.**

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.

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. This was approved by the Council of Governors on 15 January 2026. As Dean is currently the Senior Independent Director I will be looking to find a replacement from the current NED team.

The Council of Governors at their 15 January meeting also approved a campaign to recruit a new Associate Non-Executive Director (ANED) on the same basis as our previous ANEDs. However, we will be reaching out to other NHS providers in our Humber, North Yorkshire Integrated Care System who run similar programmes. This will support ANEDs getting to know each other and learn more about the services, challenges and governance across the NHS and other partners.

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.

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 governors 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.

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

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 - 27 Nov 2025
Complaints Catch Up with David Napier – 5 November 2025
Mental Health Legislation Committee – 6 November 2025
Appointments, Terms and Conditions Committee – 20 November 2025
Governor Development Session – 13 November 2025
Audit Committee – 25 November 2025
Charitable Funds Corporate Trustee Board – 28 Nov 2025
Quality Committee 4 Dec 2025
Interviewing for Consultant Psychiatrist Bridlington and Driffield GA CMHT – 4 Dec 2025
Interviewing for Consultant Psychiatrist positions for Low Secure and Forensic Community services and Millview Lodge and Crisis Intervention Team - 15 Jan 2026
Finance Committee – 20 Jan 2026

External meetings also included:
NHS Providers Chairs and CEOs Network – 2 Dec
ICS Chairs and ICB Chair Jason Stamp – 13 Jan 2026
NHS Providers Webinar on Governors - 21 Jan 26
East Riding Health and Wellbeing Board - 22 Jan 26
Mental Health Chairs Network – 21 Jan 26

NED Visits

Announced

ER 0-19 (ISPHNS)	Dean Royles	28/11/2025
Finance	Stephanie Poole	03/12/2025
East Riding Partnership	Stuart McKinnon-Evans	08/12/2025
Hull Primary Care Addictions Services	Stuart McKinnon-Evans	08/12/2025

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 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 27 November - Our Community Services

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

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

- Do It Profiler and other Digital/AI Innovations
- Staff Health MOTs and health and wellbeing support

I will be liaising with Board colleagues to find relevant Briefing, Development and CoG slots for these topics.

Title & Date of Meeting:	Trust Board Public Meeting – 28 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 Board with an update on local, regional and national issues.
	
	Areas of note include:
	• Associated Hospital Manager appointment requiring Board ratification.
	• Consultant appointments requiring Board ratification.
	
	• Ratification of policies for:
	    • Bank and Agency Workers
	    • Work Experience
	    • Apprenticeships
	    • Losses and Special Payments
	    • Discharge and Transfer
	    • Leave
	    • Disciplinary
	    • Recruitment and Selection			

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• Work contained within the report	• Contained within the paper
Key Risks/Areas of Focus:	**Decisions Made:**
• Nothing to escalate	• Ratification of Policies

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	

	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Monthly report to Board	2

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	

Chief Executive's Report

1 Policies for Approval

Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Bank and Agency Workers	25.11.2025	Director of People and Organisational Development	A small number of changes have been made regarding the cancellation of shifts, statutory mandatory training and appraisal requirements. Clarification has also been added regarding the process for addressing any concerns regarding any bank or agency workers.
Work Experience	25.11.2025	Director of People and Organisational Development	Minor changes have been made to the policy to incorporate a 1% target of placements relevant to staff headcount and clarification has been added regarding non-payment of travel to work expenses.
Apprenticeships	25.11.2025	Director of People and Organisational Development	The following changes have been made: • The duplication with the commitment agreement has been removed. • Clarification incorporated regarding expenses, off the job time and backfill arrangements • Operational capacity and backfill information has been refreshed • Wording regarding age and eligibility requirements has been refreshed.

Losses and Special Payments	25.11.2025	Director of Finance	The policy has been updated to reflect Internal Audit recommendations and current working practice.
Discharge and Transfer	9.12.2025	Executive Director of Nursing, Quality and Professions	The policy has undergone a full review, and a number of changes have been made. These include: • The definitions and roles and responsibilities sections have been updated • Principles reflected in national guidance have been incorporated. • Other sections have been strengthened. • References to Lorenzo have been replaced with EPR. • Some minor changes have been made to wording and sentence structure. • Reference to Multi-Agency Discharge escalation has been added.
Leave	13.01.2026	Executive Director of People and Organisational Development	The following changes have been made: • Section 5 Annual Leave: wording updated to reflect annual leave cards, calculations and bookings being centralised on ESR. • Section 5: Sick Leave During Annual Leave wording added. • Section 6: Special Leave; compassionate leave section updated. • Section 7 Leave for New Parents reviewed and updated • Career Breaks section reviewed and updated following legal advice received.

Disciplinary	13.01.2026	Executive Director of People and Organisational Development	The following amendments have been made: • Section 11: Responsibility Framework as an Alternative to the Disciplinary Procedure updated. • Section 13 Formal Procedure. (i) Wording around Management Statement of Case updated and clarified. • Section 13 Formal Procedure: Added wording where a hearing has a potential outcome of a dismissal • Section 9 Medical and Dental Staff (i) added wording to clarify that Medical Director must act as Case Manager for cases involving Consultants under MHPS, unless there are mitigating circumstances
Recruitment and Selection	13.01.2026	Executive Director of People and Organisational Development	The following changes have been made: • Wording added regarding the declaring of any personal relationships with candidates prior to the commencement of shortlisting or interviews • Bank hours counting towards service for annual leave entitlement purposes wording amended to clarify that this refers to annual leave entitlement only and to make clear the eligibility criteria. • Salary Variation for starting salaries: wording added to ensure clarity

			around salary variation form process. • Relocation policy has been incorporated into this policy. • Minor changes to wording for consistency purposes. • Inclusion of Veteran Awareness when shortlisting added. • Shortlist in 5 days specified to align with emails from TRAC and Recruitment Team.

2 Modern Slavery Statement Annual Review

NHS organisations with an annual turnover of more than £36 million are legally required to publish a modern slavery statement for each financial year. This statement must be published on their website and detail the steps they have taken to prevent modern slavery in their business and supply chains.

The statement should include information on the organisation's structure, policies, due diligence, risk assessment, and training. The statement must be approved by the Board and published on the company's website.

The Director of People and Organisational Development and members of the Procurement team have reviewed and strengthened the statement (in particular the policies, recruitment and procurement sections).   The Executive Management agreed the statement at a meeting on 9 December 2025.

The statement is below and the Board is asked to approve this for publication on the Trust website.

Slavery and Human Trafficking Annual Policy Statement 2024-2025

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015

1.   Organisational Structure
The Trust provides a wide range of health and social care services across a large geographical area that includes Hull, the East Riding of Yorkshire and North Yorkshire and provides specialist mental health services to people from across the UK.
We became a foundation trust in 2010. We employ approximately 3,700 substantive members of staff who work at numerous sites and locations across our catchment area throughout East Riding, Hull and Whitby.

2. Our Approach

We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity. Our commitment is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements.

Policies/Training

Our commitment is to ensure no modern slavery is reflected in a number of our policies and procedures including:

- o Adults and Children Safeguarding policies - through these we address modern slavery issues with level three training and also provide e-learning as a stand-alone training module for modern slavery.
- o Raising Concerns and Freedom to Speak Up Policy - this policy reminds anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services, that they are able to raise concerns - this includes agency workers, temporary workers, students, volunteers, sub-contractors and governors.
- o Procurement policy – this policy reinforces the Trust's position of compliance with modern slavery regulation and guidance when making procurement decisions. The Trust is firmly committed to promoting diversity, equality, and inclusion, while safeguarding the health, safety, and wellbeing of all individuals within our care. We uphold the highest standards of ethical conduct and operate with zero tolerance for any form of exploitation, including modern slavery and human trafficking.

We require all staff, contractors, and partners to act in accordance with our values and behaviours, as set out in the Being Humber behavioural framework. These principles underpin our approach to creating a safe, respectful, and supportive environment for everyone.

Recruitment

We maintain a rigorous recruitment process designed to prevent any form of modern slavery or human trafficking within our workforce. All directly employed staff undergo thorough eligibility checks to confirm their legal right to work in the UK. In addition, we only engage recruitment agencies that are part of approved frameworks and subject them to regular audits. These audits provide assurance that all necessary pre-employment clearances have been completed for agency staff, ensuring that no individual is coerced, trafficked, or forced to work against their will.

Procurement and Supply Chains

When procuring goods and services we apply NHS Terms and Conditions to our supplier contracts. The terms of these contracts require suppliers to comply with the Modern Slavery Act 2015 and the Trust's anti-slavery policy. All suppliers must comply with the terms as well as all relevant law and guidance. They are required to use good industry practice to ensure that there is no slavery or human trafficking in their supply chains. It is also a requirement that they should notify the Trust immediately if they become aware of any actual or suspected incidents of slavery or human trafficking in their supply chains.

Our contracting and procurement team continually review systems and processes to ensure the Trust complies with its modern slavery responsibilities under the relevant regulations. This includes a review and refresh of our supplier risk assessment and due diligence checks when procuring goods and services and awarding contracts.

3. Staff Appointments

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

The Board is requested to approve the new appointment of the following Associate Hospital Manager (AHM):

- Angela Raby

Recommendation to Board for appointment of 1 new AHM (Angela Raby) for a 3-year honorary contract, incorporating a 6-month probationary period.

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

3.2 Consultant Appointments Requiring Board Ratification
Following a formal and fully constituted Advisory Appointment Committee (AAC), the following substantive Consultant appointments have been made:

- **Dr Amir Jarvid –** Consultant Psychiatrist, Learning Disability Services
- **Dr Ayooluwa Ilesanmi** – Consultant Psychiatrist, Memory Assessment Service
- **Dr Janani Jaganathan –** Consultant Psychiatrist, Bridlington & Driffield GA CMHT
-

All three Consultants are expected to commence in post in February 2026.

- **Dr Juliet Osim** - Consultant Psychiatrist for Low Secure and Forensic Community Services
- **Dr Sabrina Leigh-Hunt** - Consultant Psychiatrist Millview Lodge and Crisis Intervention Team

The start dates for Dr Osim and Dr Leigh-Hunt are to be confirmed.

Ratification of these appointments is now required by the Trust Board.

An Advisory Appointment Committee (AAC) is a statutory panel that NHS employers must convene when appointing a substantive Consultant.

4 Head of Corporate Affairs

4.1 Fit and Proper Person Tests – Annual Checks
In accordance with NHS England Fit and Proper Person Test Framework requirements, annual Fit and Proper Person checks will commence in February/March for all members of the Board and the Head of Corporate Affairs (who regularly attends Board meetings). The Framework applies to both executive directors and non-executive directors (NEDs), irrespective of voting rights and is designed to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a Board member. The assessment can be extended to other key roles including people who regularly attend Board meetings or have significant influence on Board decisions.

The tests will be signed off by the Trust Chair and the FPPT records will be maintained by the Head of Corporate Affairs and within specific data fields in the Electronic Staff Record (ESR). The outcomes from the tests will be submitted to the Regional Director.

Tests will not be undertaken for any directors appointed within the last six months as fit and proper person tests are also undertaken for directors on appointment.

4.2 Voting on the Board
The Code of Governance for NHS Provider Trusts contains a provision that at least half of the Board of Directors, excluding the Chair, should be independent non-executive directors (NEDs). This is to ensure a balance of power and oversight at Board meetings.

Currently, there are six Executive Director positions on the Board and six Non-Executive Director positions (excluding the Chair). One of the Non-Executive Director positions is currently vacant. From 13 February, the number of Non-Executive Directors in post on the Board will reduce to four as Dean Royles will be nearing the end of his term of office and standing down. Recruitment is currently underway for two Non-Executive Directors to join the Board (which will bring the number of Non-Executive Directors up to six) but until that time, The Executive Director of People and OD will not have voting rights at Board meetings. To ensure the balance of power should a vote be required, each Executive and Non-Executive Director on the Board (excluding the Chair) will have one vote and the Chair will have a second, casting vote (as outlined in section 11 `Voting' of the constitution).

5 Leadership Visibility

5.1 Around the Trust
I visited a lot of bases during the Festive period to thank staff for their work, alongside speaking with Service Users and Carers. Presents courtesy of Health Stars were also distributed and we held several Christmas services and held several Christmas Carol sessions.

The resident doctor strike is referred to later in the report alongside how our Winter planning is progressing.

My visits in the early new year include Scarborough and the Prison services.

5.1.1 Award
Staff member Craig Russo has been awarded a British Citizen Award (BCA), to be presented at the Palace of Westminster later this month.

Craig currently works as the Operation Manager for our Children's Neurodevelopment Service. This service manages referrals for Autism and Attention Deficit Hyperactivity (ADHD) in children, reviewing the best possible support package for every child. Outside of his work within the Trust, Craig is a survivor of church-related abuse and has been instrumental in establishing Safe Spaces England and Wales (SSEW) as a survivor-led, independent charity. While the initial concept came from the Archbishops' Council of the Church of England and the Catholic Church in England and Wales, Craig's advocacy and leadership ensured that survivor voices shaped its development, governance, and ongoing operations. He consistently pushes for transparency, accountability and meaningful change within both institutions, striving to create a culture that prioritises the safety and well-being of all survivors nationally.

Craig has also previously received in 2024:
- British Empire Medal (BEM) for services to Mental Health Nursing
- Parliamentary People's Award – Champion of the Year
-

Receiving three national awards is both rare and exceptional, reflecting Craig's outstanding contribution and sustained impact. Warm congratulations are extended for this well-deserved recognition.

5.1.2 Title Change

Sarah Smyth's title has been changed to more reflect the nature of her role and is now; Executive Director of Nursing, Quality and Professions / Caldicott Guardian. This title change reflects the breadth of professional, quality and information governance leadership responsibilities within the role.

6 Around the System
6.1 Appointments
Regional Director of Workforce, Training and Education - Anne Lloyd has been appointed as Regional Director of Workforce, Training and Education within the NHS England North East and Yorkshire team. Anne previously served as Director of Workforce Transformation at Lincolnshire Integrated Care Board (ICB).

Hull Council: Following planned retirements within the existing Senior Leadership Team, Hull City Council has undertaken a directorate restructure to align with evolving statutory responsibilities, budgetary pressures, and national regulatory changes. Following a comprehensive recruitment process, the following appointments have been confirmed:

Executive Director of Housing and Communities
- Appointee: Mark Nearney
- Current Role: Assistant Director for Neighbourhoods and Housing

- Joined Hull City Council: July 2023
- Previous Experience: North East Lincolnshire Council; Rotherham Metropolitan Borough Council
- Start Date: 1 January 2026

Executive Director of Corporate Resources
- Appointee: Tracy Parker
- Current Role: Assistant Director for Finance
- Joined Hull City Council: July 2023
- Experience: Significant financial leadership experience across education, health and local government
- Start Date: 1 May 2026

Integrated Care Board: Teresa Fenech has been appointed as Chief Executive of NHS Humber and North Yorkshire Integrated Care Board. She formally took up the role on 1 January 2026, providing leadership to the system as it continues to develop integrated care across the region.

6.2 National Update
NHS Confederation/NHS Providers

NHS Confederation and NHS Providers – Organisational Merger
The NHS Confederation and NHS Providers have formally merged, marking a significant milestone for the sector.

Both organisations will retain their current names, branding and activities until 1 April 2026. A new organisation, with a new name and brand identity, will be launched in April 2026. The new brand will be announced in the coming weeks. A refreshed membership offer will be launched in February 2026, ahead of the new financial year. This merger follows extensive member engagement and due diligence, with both Boards of Trustees approving the decision in late October. The organisations now operate as a single entity, progressing work towards the formal launch in April 2026.

Sir Ciarán Devane has been appointed as the inaugural Chief Executive. Sir Devane is currently chair of the Republic Health Service Executive, a post he has held since 2019. He has also led Coventry University Centre for Peace and Security since 2021.

7 Director Updates

7.1 Chief Operating Officer Update

7.1.2 Leadership Visibility
The Chief Operating Officer continues to undertake a series of visits to in patient units and community teams, unannounced and out of hours. Current operational challenges are discussed, areas of transformational change work are considered and any barriers to making progress are picked up and addressed. Overall staff are motivated and committed to service improvement. The Chief Operating Officer continues to deputise for the Chief Executive when required and has attended the

Humber and North Yorkshire System Leaders Forum and Healthy Hull and East Yorkshire Private Roundtable with the ICB and Hull and East Yorkshire Combined Authority.

7.1.3 Operational Position, Winter Preparedness, Industrial Action and Service Planning

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

Our operational pressures continue to be monitored through our daily OPEL (operational pressures escalation levels) and sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent escalation are robust. Triggers continue to be in place that stand up daily executive director level response when necessary. We continue to report daily via the national UEC-RAIDR system. Reporting arrangements have been revised to meet national winter reporting requirements.

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

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

System pressures increased in the Humber and North Yorkshire areas during December through to early January. 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 in December contributed to increased pressures and in January high prevalence of other winter virus's (D&V and Norovirus) has led to infection control requirements resulting in high bed unavailability for some providers.

System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity which has been adversely impacted by pressures. Local UEC Boards continue to focus on prioritised plans to address and expedite Urgent and Emergency Care (UEC) performance in our integrated care system. Performance indicators demonstrate that the 4 hour and 12-hour emergency department wait time targets remain challenged, however ambulance CAT2 calls (category 2) response times have shown some improvement.

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

The Trust stood up its EPRR arrangements again in December to prepare for and manage the implications of the **industrial action** taken by the BMA resident doctors and mitigate any disruption to service delivery. A further period of action by the resident doctors commenced on 7am Wednesday 17th to 1am Monday 22nd December 2025 (following the period of action in November). Jim MacKey, Chief Executive, NHS England had written to Trusts on 7th November 2025 making clear that the key objective was to maintain the level of service to the public to keep patients safe and set out the following priorities for the period of action:

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

Our plans were effective and we experienced very little disruption to our services.

Our adverse weather plan has been stood up in January to manage the impact of cold and snow conditions predominantly in North Yorkshire. Staff in the services impacted by this, especially in Whitby made every effort they could to minimise disruption to our services.

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge for operational services. In all these areas demand exceeds commissioned capacity. The Trust has submitted a revised service proposal and dialogue is still taking place with the ICB to agree a way forward on these waiting times for 2026/27 and beyond. We expect a decision on our updated proposal as part of the current planning process being undertaken for 2026/27 plans. Unfortunately, some children on the neurodiversity wating lists are continuing to present with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds continues to be good. Focus continues on our children's early intervention services, particularly embedding the mental health support teams in schools.

Nationally requirements are in place to eradicate the use of 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 reduction in out of area bed days in November and December, this has reduced in December for both adults and PICU.

Work is still being 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) and a plan to introduce community older people's step/down beds still being progressed with the ICB. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement. Plans are continuing 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. Further intensive work on improving mental health patient flow is taking place to address the demand for adult mental health out of area placements.

Patients who are Clinically Ready for Discharge (CRFD) from our mental health beds remains a key priority. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms remain in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. The nationally recommended rapid improvement methodology for multiagency discharge event (MaDE) is being utilised across all of our inpatient beds to reduce the number of bed days lost due to delayed transfers or discharges for those patients who are clinically ready for discharge. Our data demonstrates that we have seen a rise in the number of adult and older people and the associated bed days in delayed transfers during November but this reduced slightly in December, escalation continues to take place to the ICB and system partners.

The overall staff absence position due to sickness is currently at 7.36% (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. The Trust has made its first submission in line with the requirements and will make it next submission if February. Targeted work is taking place to improve and sustain performance against the operational measures included in the NHS Oversight Framework and the expectations set out in the NHS Medium Term Planning Framework, this 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 continue to reduce the Trust's National Cost Collection Index, each service has a targeted plan for those areas above the Trusts target and service transformation plans are required to set out the expected productivity and efficiency gains.

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

7.1.4 Autism Mental Health Support Service (AMHSS)
AMHSS is a new, unique service provided by Humber FT. This service has been created to enhance the support available to autistic people who are experiencing problems with their mental health. Its purpose is to provide highly specialist autism advice and support to community and inpatient mental health services. This small in-reach service offers targeted support from Occupational Therapy, Speech and Language Therapy, and Psychology, and works with Humber mental health staff to identify and meet the diverse needs of autistic people whilst in our care, thereby improving autistic people's health outcomes and offering a neuroinclusive service.

AMHSS aims to upskill mental health staff about the complex relationship between autism and mental health and to teach staff skills that they can use with their autistic patients which will benefit their experience in the service and lead to better health outcomes. The service model is to work directly with autistic patients and their family/carers, alongside Humber mental health staff. AMHSS also offer short-term targeted interventions with autistic people, their family/carers when the person is experiencing a deterioration in their mental health that has led to an inpatient stay, is at risk of an inpatient stay, or there are plans to return to the community.

AMHSS only see autistic people who are under the care of a Humber Mental Health team; however, it offers consultations with any staff member should they need support with understanding the complex needs of an autistic person they are working with.

7.1.5 Quality Improvement project funding to support reduction in average length of stay for Adult Mental Health Patients – Maister Lodge
Maister Lodge applied for and were awarded £25,000 to support a six-month project for funding to reduce the average length of stay on the ward from the NHS England North East and Yorkshire Mental Learning and Improvement Network (LIN).

Over the past twelve months the mental health division has seen an increase in physical health complexity in their Maister Lodge patient group. This has resulted in requests for additional healthcare staff to support with this need, an increase of transfers to the Acute hospital and delays in achieving timely suitable discharge plans. The supported proposal will fund in-reach support from specialist geriatric/frailty clinicians to support the management of complex physical health conditions for patients admitted to Maister Lodge for dementia assessment. The funding supports geriatrician and frailty advanced nurse practitioner time each week to enhance the geriatric assessment of the inpatient group. The expert guidance and assessment will support side by side working with the specialist mental health team to achieve an enhanced multi-disciplinary and holistic approach to assessing, treating and planning care for the complex and multifaceted presentation and needs of the people admitted to the ward.

It is envisaged that the benefits will;
- Reduce requirement for transfer to HRI (Hull Royal Infirmary) for patients with complex/confused/agitated conditions that may be able to be managed on site with expert frailty input.
- Achieve improved collaborative care planning with improved outcomes for comorbid physical health condition management.

- Reduce inpatient admission length of stay as a result of more comprehensive specialist physical health assessment and input to manage conditions impacting mental health symptoms and presentation.
- Reduce requirement for Out of Area organic admissions as a result of reduced length of stay for current inpatients.
- Support discharge planning and onward care requirements

Key performance improvements that will be monitored and outcomes expected from the project are;
- A reduction in average length of stay of admissions over the period
- A reduction in the numbers of transfers to Hull Royal Infirmary for acute medical assessment
- A reduction in the associated costings of 1:1/2:1 staffing support associated with external transfers
- Improved access to an effective package of care for patients who are Clinically Ready for Discharge with improved support from external providers assessing for long term placements/support post discharge as a result of more robust physical healthcare management plans.
- Improvement in quality of care and feedback by patients, families and carers as a result of the specialist input

The project aims to demonstrate the significant benefits of having specialist frailty/geriatric input with groups of people admitted to dementia assessment wards who often experience multiple complex physical health conditions which are impacting their wellbeing and behaviour. The project will be monitored as part of the usual reporting through the Trusts transformation programme and outcomes to the Regional Mental Health LIN.

7.2 Executive Director of Nursing, Quality and Professions / Caldicott Guardian

7.2.1 Leadership Visibility

Pine View
On 13 January 2026, the Executive Director of Nursing, Quality and Professions visited Pine View. The visit highlighted the proactive workforce planning undertaken to ensure safe and effective staffing across Humber Centre units during the winter period. This approach has had a positive impact on maintaining safe staffing levels. Leadership teams are reviewing lessons learned to replicate this model during other peak periods. Feedback from these visits is shared with staff and via the Global communication platform.

7.2.2 Hull University Graduation Ceremony
On 14 January 2026, the Executive Director attended the Hull University Faculty of Health Sciences Graduation as a VIP guest for the Nursing and Nursing Associates conferment of degrees. This event reinforced the strong collaboration between the Trust and Hull University in developing the future nursing workforce and our shared commitment to excellence in patient care.

7.2.3 New Integrated Care Board (ICB) Chief Nurse

The Executive Director of Nursing, Quality and Professions recently met with the newly appointed Interim Chief Nurse for the ICB. The discussion focused on strengthening collaborative working across the system, aligning priorities for quality improvement, workforce development, and patient safety. Key areas included patient safety, enhancing professional leadership, and ensuring consistent standards of care across partner organisations. This engagement reinforces our commitment to integrated care and shared objectives for improving outcomes for our local population.

7.2.4 The Executive Director of Nursing, Quality and Professions Team Structure

Following recent retirements, the senior nursing and quality structure has been reviewed. The Executive Director is supported by the Deputy Director of Nursing, Quality and Professions and three Heads of Nursing:

- Head of Nursing – Mental Health
- Head of Nursing – Patient Safety Specialist
- Head of Nursing – Physical Health and Compliance

7.2.5 Professional Updates

Social Work

All Social workers have successfully applied to Social Work England to renew their registration. An independent review of SW England is underway. The key areas of focus for the review are:

- Clarity of regulatory mandate
- Professional standards Education and Training
- Registration and re-registration
- CPD
- Fitness to Practise and complaints handling

Interprofessional Working (IP) Project and Mental Health Social Work leadership

Significant progress continues on the interprofessional learning guide 'Learning Together for Better Outcomes', scheduled for publication by NHS England and DHSC in Spring 2026. Information sessions for managers are ongoing, with the next session on 23 January 2026. A facilitator workbook and guidance are being developed to support implementation.

The Trust's Organisational Delivery Group has endorsed a pilot audit of social work leadership, commencing January 2026, to strengthen leadership and integrated working. The audit will focus on:

1. Strategic Leadership
2. Professionalism and Supervision
3. Teamworking and Collaboration
4. Practice Excellence

Nursing
Nursing, Midwifery Council (NMC) Consultations
The NMC is currently seeking views on two significant proposals. On 3 November **2025**, the NMC launched a public consultation on plans to increase its registration fees for the first time in a decade, by the equivalent of £1.92 per month**.**

In parallel, the NMC is consulting on amendments to its rules aimed at enhancing Fitness to Practise processes. Proposed changes include faster and fairer decision-making, greater flexibility around hearings, and improved support for vulnerable witnesses.

These consultations are important as they will shape how the NMC allocates resources and improves regulatory performance. Stakeholders are encouraged to submit their views before the consultation closes on **26 January 2026**. Responses can be submitted individually or via the Trust's coordinated response through the Professional Education Team. Full details and surveys are available on the NMC website.

Enhancing Therapeutic Observations of Care (ETOC)

NHS England has published a new guide, embedding therapeutic practice, to support a person-centred approach to enhanced therapeutic observations and care (ETOC). It outlines 10 core components for safe, effective, least-restrictive practice and includes examples from trusts. The guide, co-produced with patients and families, promotes meaningful engagement, trauma-informed care, and step-down processes to improve outcomes and reduce inequalities. The Trust is completing a self-assessment against the standards and a paper is going to Quality and Patient Safety Group to outline next steps for the trust.

Allied Health Professionals (AHP)
Developing career pathways for the AHP support workforce remains a key priority to strengthen succession planning. A recent successful NHSE funding bid for Level 3 and Level 5 apprenticeships has enabled the onboarding of five Level 5 and two Level 3 apprentices, supporting workforce growth.

AHP engagement in Local and National Projects and Research
AHPs continue to demonstrate strong engagement in regional and national initiatives, highlighting their work across the Trust and contributing to wider professional developments.

AHPs are actively contributing to research across multiple specialties, demonstrating a strong commitment to evidence-based practice. Paediatric Occupational Therapy and Physiotherapy teams are participating in the national CHESS (Children's Early Self-care Support) trial, while the Professional Lead for Speech and Language Therapy is leading the Trusts involvement in a three-year stroke study exploring the functional role of the thalamus in memory. In addition, a Physiotherapist within the Pulmonary Rehabilitation Service has completed a pilot study comparing face-to-face and hybrid service models, with findings due for publication soon. Further research engagement includes a Community Division Physiotherapist contributing to the "Turning in Parkinson's Disease" study.

7.2.6 Patient Consent – A Core Principle of Safe Care

Patient consent is fundamental to patient safety and should never be reduced to a tick-box exercise. It is about ensuring patients are at the centre of decision-making, leading to safer care and better experiences.

To support this, the Health and Care Professions Council (HCPC), alongside other healthcare regulators and patient representatives, has developed a unified set of Consent Principles to guide informed consent across health and care settings. These principles set clear expectations for how professionals should engage with patients and service users. These will be embedded into the Trust policy and practice.

The Five Principles of Consent

1. **Start with Shared Decision-Making** – Begin with open, unbiased conversations about all reasonable options, including doing nothing.
2. **Individualise Risks and Benefits** – Tailor discussions to each patient's clinical and personal circumstances.
3. **Make It a Continuous Process** – Consent is ongoing, not a one-off event.
4. **Conclude with Consent** – Confirm decisions, address outstanding questions, and share any additional information.
5. **Patients Are Equal Partners** – Encourage questions, respect choices, and support patients to change their mind at any stage.

What This Means for Our Staff

- Engage patients in meaningful conversations, not just formalities.
- Personalise information to what matters most to the individual.
- Treat consent as a process that may involve multiple interactions and professionals.
- Ensure clarity and understanding before proceeding.
- Empower patients as active partners in their care.

7.2.7 Quality
Our approach 'Getting it right first time every time'.

Our continuous improvement work against key quality standards including CQC continues through the Quality Standards Group. We drive improvement through this group and ensure we are ready as an organisation to be inspected as we know we have a number of services which haven't been inspected for some time. However, we believe this is our opportunity to:
- Showcase our good work, and improvements we have made.
- Demonstrate that we know where our improvement areas are and what we are doing about them.
- Demonstrate how we gain feedback about the care we provide, how we learn and share lessons to make changes for the better for our service users.

Our preparation as a trust reiterates these key messages.
- Patients' needs come first at all times - this will be expected and understood by the inspecting team.
- Be honest, polite and helpful answer any questions you are asked to the best of your ability.

- Be proud and positive - you should be proud of the excellent work you do.
- Be ready and able – familiarise yourself with your environment and working practices so that you are able to provide the inspectors with evidence to demonstrate the good work you do.
- Be prompt and responsive - if an issue is raised, rectify it as soon as you can, or where this isn't possible, log it and report it with your line manager as soon as possible; provide additional information requested as promptly as you can.
- Feedback problem areas as soon as you notice them; leaving things until the inspection could mean Service user care is compromised - raise issues with your line manager now.
- Act in line with our values of Caring, Learning Growing and the Being Humber Behavioural Standards.

The Senior Leadership Forum received a presentation in December 25 on the self-assessment that the trust has undertaken against the CQC quality statements. This will support the organisation to prepare for a well led inspection and also compliments the work the Board and Committees have undertaken against the Insightful Board.

7.2.8 Caldicott Guardian Update
The Executive Director of Nursing, Quality and Professions, in their role as Caldicott Guardian, provides assurance to the Board on the confidentiality, ethical use, and lawful sharing of patient information. Acting as the organisation's conscience on information governance matters, the Caldicott Guardian advises on complex data-sharing decisions and ensures that the Caldicott Principles are embedded in practice. The role involves close collaboration with the Senior Information Risk Owner (SIRO), Data Protection Officer (DPO), and Information Governance (IG) team to support safe care, manage information risks, and maintain public trust. The Caldicott Guardian also oversees the organisation's Freedom of Information (FOI) function, which plays a vital role in promoting openness, accountability, and transparency. NHS organisations are legally required to respond to FOI requests within 20 working days. The Trust has experienced a significant increase in FOI requests—up 99% over the past five years, averaging approximately 400 requests annually. Since 2019, FOI management has been undertaken by the Legal Services and IG teams alongside their wider responsibilities.

To address the growing volume and complexity of FOI activity, the Trust is investing in a digital FOI management solution. The InPhase FOI application will streamline processes by embedding a user-friendly request form on the Trust website, enabling automatic capture of requests, centralised workflow management, action tracking, and automated prompts. This will reduce reliance on manual spreadsheets and email chains, strengthen governance, and improve auditability and compliance. The system will also provide real-time analytics and performance reporting to the IG Group and Executive Management Team, supporting enhanced oversight and assurance.

The InPhase FOI application is currently in development and is scheduled to be fully operational by summer 2026.

7.2.9 Information Governance

Information Governance (IG) training is a critical component of maintaining compliance, safeguarding patient confidentiality, and ensuring the ethical and lawful use of data across the organisation. All staff have a responsibility to understand and apply IG principles in their daily practice, particularly in relation to data protection, secure handling of patient information, and appropriate sharing of information to support care.

Mandatory IG training ensures that staff are equipped to identify and mitigate risks, comply with legal and regulatory requirements, and uphold public trust. The Trust continues to monitor compliance rates closely. Current compliance stands at **94.2% against a target of 95%**, and work is ongoing to achieve and sustain full compliance.

7.3 Executive Director of People & Organisational Development (OD) Updates

7.3.1 Leadership Visibility

PICU (Unannounced Visit, 2 December 2025)

On 2 December 2025, the Executive Director of People, Karen Phillips, accompanied by Non-Executive Director, Phillip Earnshaw, undertook an unannounced visit to the Psychiatric Intensive Care Unit (PICU). The purpose was to gain first-hand insight into the ward environment, staff experience, and patient care practices.

Key Observations

- **Highly Engaged and Committed Team:**
  Staff demonstrated strong dedication to patient care and a positive team culture. Peer support mechanisms, including hot/cold debriefs and structured handovers, were evident and embedded in daily practice.
- **Leadership and Development:**
  Leaders actively monitor Datix reports and follow up with staff, reinforcing a culture of safety and learning. Workforce development is a clear priority, with recent recruitment of four new HCAs and excellent support reported by newly qualified nurses during their transition. Staff expressed enthusiasm for further development, including participation in DMI train-the-trainer programmes.
- **Wellbeing and Engagement Initiatives:**
  The team promotes flu vaccination uptake and encourages participation in the staff survey. A strong sense of community was evident through fundraising activities such as charity walks and skydives, reflecting a positive and inclusive culture.

Overall Summary

The visit confirmed a highly motivated and resilient workforce, committed to delivering safe and compassionate care. Development opportunities are actively supported, and staff morale is strengthened by strong leadership and peer support. Addressing estates issues and ensuring consistent backfill for support roles will further enhance the environment and sustain service quality.

7.3.2 Staff Survey Prize Presentation

As part of the Trust's commitment to listening to staff and encouraging participation in the annual NHS Staff Survey, a prize draw was held for respondents. Karen Phillips, Executive Director of People, presented prizes to two winners:

- Fay Bissonauth received an iPhone as recognition for taking part in the survey.
- Flick Kettley was awarded an iPad as part of the same draw.

These presentations celebrate individual winners and reinforce the Trust's appreciation for staff engagement in shaping organisational priorities. The NHS Staff Survey is a key measure of progress against the People Promise themes.

By promoting survey participation and recognising staff contributions, the Trust demonstrates its commitment to creating a compassionate, inclusive, and supportive workplace aligned with the People Promise.

7.3.3 New regulation for NHS managers: outcome and next steps

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

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

- There has been a decision to introduce a form of regulation, this will be a statutory barring scheme.

- This is a complex *and* novel form of regulation, unique for the health sector.

- It is different to other regulation that exists; in that it is not a register for which individuals must meet a set of educational and fitness standards to be able to practise in a particular role.

- It will be a register which identifies those individuals who are unfit to be appointed to a board level role or a senior direct reporting role.

- The Health and Care Professions Council (HCPC) will hold responsibility for the scheme.

Next steps
- There will be a formal consultation on the method of regulation. This is likely to happen in late 2026

- Draft legislation will be prepared which will follow the usual parliamentary passage to become legislation.

- In parallel, the HCPC will formally consult on rules and processes including a Code of Conduct as well as engaging with stakeholders on the design of the scheme.

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

7.3.4 Rostering Levels of Attainment

As part of the NHS England national Workforce Deployment Survey (WDS), all NHS trusts are requested to annually submit Levels of Attainment (LOA) data for e-Rostering across the various professional clinical staff groups.

The goal of the LOA is encouraging organisations to locally leverage the full advantages of rostering whilst also informing the national support offer, with advanced rostering providing predictability, flexibility, improved health and wellbeing, staff development and job satisfaction – leading to reduced sickness absence, improved retention and ultimately improving patient experience and outcomes. It also supports with the reduction of temporary staffing expenditure and overall targets relating to efficiency and productivity.

Currently, Humber can successfully meet 33 of the 42 listed standards. While this represents a continuously improving position and satisfies approximately 80% of the available metrics, it is recognised there are two main areas of scope for growth: internal reporting of rostering KPI's and the introduction of a working group to oversee roster development and escalation. In addition, not meeting these standards prevents the Trust from scoring a high overall rating.

Proposals are now underway to support the organisation to meet these standards. In turn, this will allow the organisation to be scored an overall LOA position that reflects the work being undertaken.

7.3.5 Job Evaluation Readiness

In line with national guidance from NHS Employers, the Trust has initiated a comprehensive review of nursing job descriptions. This work is essential to ensure that roles accurately reflect current responsibilities, maintain compliance with job evaluation principles, and support workforce sustainability. Accurate job descriptions underpin fair pay structures, recruitment, retention, and career progression. They also ensure that staff are appropriately banded for the work they undertake, reducing risk and supporting high-quality patient care.

Current Position and Actions Underway:
- **Data Analysis and Evidence Gathering:**
  Using ESR position data, we are mapping all nursing roles and collecting job descriptions from divisions. This will be cross-referenced with the Job Evaluation (JE) system to identify gaps or inconsistencies.

- **Workforce Engagement:**
  Workforce Advisors are working closely with divisional teams to validate and

update job descriptions. The initial focus is on Bands 5 and 6, covering approximately 706 staff, representing a significant and complex piece of work.

- **Union Collaboration:**
  A dedicated working group has been established with union and divisional clinical representatives to ensure transparency and partnership. This group will commence activity in January 2026.

- **Governance and Assurance:**
  Workforce and Employee Relations Manager is actively engaged in the Job Evaluation Group (JEG), incorporating findings from recent audits and lessons learned to strengthen governance and mitigate risks.

Next Steps:
Over the coming months, we will complete data gathering and initial risk assessment by the end of Q4, followed by a systematic review and update of job descriptions, prioritising high-risk areas and roles with significant scope changes.

7.3.6 Future Workforce Solution
Following the completion of an in-depth procurement process, Infosys have been awarded a multi-year contract to deliver a new and enhanced workforce management solution across the NHS. Infosys will continue to support the existing ESR service as well as develop, implement and run the future solution, and eventually decommission ESR.

The programme is now moving into the implementation phase with early adopter organisations going live in 2027 and all other providers part of a phased rollout to be completed by 2030. We anticipate learning more about our own implementation timeline in the second half of 2026.

To ensure Humber is prepared to meet the challenges of this implementation and realise the benefits of the new workforce solution for all our colleagues, there will be further workforce systems projects and ESR development taking place during 2026 and beyond, including further expanding our use of Manager Self-Service to streamline people processes.

Updates on these projects and the future workforce solution itself will continue to be shared throughout the year, as more detailed information becomes known regarding timelines and core functionality, as well the benefits and opportunities these changes will provide.

7.3.7 Immigration rule changes
Workforce and Immigration Changes
We are continuing to work through individual cases, ensuring any previous NHS service is considered for potential salary uplifts in line with Agenda for Change terms and conditions.
Guidance has also been updated following the first round of immigration rule changes introduced after the Immigration White Paper. Key changes effective from 22 July include:
- Raising the skills threshold for Skilled Worker Visas to RQF 6 (graduate level), removing 112 previously eligible RQF 3–5 occupations.

- Increasing the salary threshold for general skilled workers to £41,700 (previously £38,700).
- Maintaining the salary threshold for most Health and Care Visa holders at £25,000.
- Closing the Social Care Worker Visa route for new overseas applicants.

Following an impact assessment, there were seven individuals who will no longer be eligible for sponsorship once their current right-to-work expires. These colleagues have been informed and offered Occupational Health support, and HR processes have followed in line with visa end dates.

Strategic Workforce Implications:
These immigration changes significantly reduce access to overseas recruitment for certain roles, particularly in support functions. To mitigate this, we must strengthen our domestic recruitment and attraction strategies for Health Care Support Workers (HCSWs) and similar roles. This will include targeted campaigns, partnerships with local education providers, and enhanced onboarding processes to ensure we can fill critical gaps and maintain safe staffing levels.

7.3.8 Off Framework Agency Use
Collaborative efforts between the Flexible Workforce Team (FWT) and operational services have significantly reduced agency usage, while maintaining compliance with the NHS mandate of zero off-framework agency engagement.

A cultural shift among managers, supported by FWT, has established a new norm: all internal options for cover are explored before temporary agency staff are considered. As a result, FWT has not booked any off-framework agency staff since June 2024. During this period, overall agency usage has reduced while safe staffing levels have been maintained.

The Trust continues to uphold a zero-agency position for Healthcare Assistants (HCAs). Although there remains some reliance on framework agencies for nursing roles, usage has decreased by 10% over the past 12 months, with further reductions planned throughout 2025/26. Since January 2025, FWT has exceeded projections for bank nurse recruitment, which will further reduce agency dependency once onboarding is complete.

Over the last 12 months, agency reduction has delivered savings of more than £115,000. In the same period, bank usage has also reduced by over 9%, reflecting a more sustainable workforce model.

7.3.9 Recruitment Statistics
Recruitment data from Trac is reviewed monthly to ensure our service remains robust and meets the needs of both recruiting managers and candidates. The Recruitment Team works in close partnership with managers to enable timely and efficient hiring, ensuring the Trust continues to deliver high-quality patient care and experience by having the right people in post at the right time.

December 2025 Performance Highlights

- **Conditional Offer to Checks Completed**
  Average: **15 days** (Target: 20 days) this remains well within target, supporting a smooth onboarding process.

- **Closing Date to Start Date**
   Average: **64.3 days** (Target: 65 days) performance remains consistently strong,

- **Time to Shortlist**
  Average: **5.2 days** significant improvement achieved through targeted interventions, including longlisting support, updated guidance, and the introduction of blocking questions. December marked the first month achieving amber status, with shortlisting completed in under six working days, demonstrating the impact of data-driven actions.

Benchmarking Success
Trac benchmarking data for the previous quarter places Humber in the top 10% of 204 NHS organisations for 'time to hire', reflecting our commitment to efficient recruitment and operational excellence.

TRAC Benchmarking Report – Q3 (1 July to 30 September 2025)
Shortlisting Performance
During Q3, a total of 147 vacancies progressed to the shortlisting stage. The average time taken by recruiting managers to complete shortlisting was 6.5 days, placing the Trust 33rd out of 196 participating organisations. While this is slightly above the Service Level Agreement (SLA) target of 5 days, it marks a notable improvement from our historical average of 8 days. This is the first time since joining the benchmarking programme that our ranking has fallen outside the top 60; however, the data reflects positive progress in streamlining the shortlisting process, indicating that recent interventions are yielding results.

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

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

Our comparable data for the same quarter below:

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

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

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

We are advancing two key initiatives to strengthen workforce wellbeing and organisational resilience.

1) Rapid Response Sickness Intervention Model (RRSIM) - A data driven, tiered approach to address high sickness absence rates has been enacted at pace with all People and OD teams having high involvement. There are currently 34 teams in scope. 24 at Level 1, 4 at Level 2 and 3 at Level 3)

Intervention Levels:
o   Level 1: ≥8% sickness absence – proactive check-ins (3 months).
o   Level 2: Absence + 1–2 risk metrics – targeted divisional action (6 months).
o   Level 3: Absence + multiple risk metrics – intensive multi-disciplinary support (9–12 months).

Common interventions that are coming up as part of heightened support are:
•   RTW training
•   Policy Training
•   Weekly/monthly meetings with relevant managers
•   OD intervention either bespoke or contracting
•   Mandatory attendance at sickness clinics
•   LTS case management
•   Additional Short Term Sickness Management support in line with Trigger Points/Policy
•   Increased presence
•   General Manager Oversight
•   Written Action plans for all L2 and L3 teams

2) Towards a Healthier Workforce – Working Group - This programme adopts a strategic, inquiry-led approach to develop and embed sustainable interventions that promote a healthier, more resilient workforce. Two working group meetings have occurred so far on 5th November and 20th November with good attendance and engagement. The group is made up of People and OD professionals, Operational managers from all divisions and staffside reps.

To date the group have focused on:

1) Setting the scene – why this work is important – a look across the national, regional and local picture of absence metrics

2) The baseline assessment carried out by people and OD to benchmark current sickness management interventions against national best practise.

3) Goal setting– bearing in mind government goals within the 10 year plan to see sickness absence rates within the NHS reach an all time low of 4.1% (Trust October 12m rolling position is 5.56%)

4) Repeating the baseline assessment mentioned above with operational and staffside input to ensure all best practise is integrated.

5) Priority setting from the assessment to define ongoing action plans

The third session on 21st January 2026 will clarify and confirm the overall goal and priorities and create an action plan for the group to move forward with. Early indications show that the group will focus on a number of areas and are likely to be:

1) Manager training

2) System optimisation

3) Therapeutic return to work pathways

4) a deeper look at alternative leave options

5) Trust wide awareness of support available and the work of the group

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

7.3.11 Multigenerational Work (Employee Value Proposition)
A multi-generational workforce is where our colleagues span different generations. These are terms used widely in the media and in the NHS: Gen Z (born 1997- 2012), Gen Y (millennials) (1981-1996), Gen X (1965-1980) and Baby Boomers (1946-1965).

An 'employee value proposition' (EVP) is the unique employment offer colleagues receive working for our Trust, helping ensure we provide a great place to work. What we and our colleagues value most (needs and desires), how we experience our workplace, can be influenced by what stage of life and career we are at.

This work intends to engage with our people and with their help, identify the key elements of our employment offer that can form together to create their 'employee value proposition', which can help ensure positive people experience and retention of talented people that our managers and services need.

Aims of this work:
- Understand our workforce mix: demographic / age diversity broken down by generations.
- Understand what available research says are the reoccurring needs and desires of the generations.
- Understand what our own workforce data tells us about the experiences of our workforce broken down by the 4 different generations (2024 National Staff Survey results, ESR leaver data, ESR sickness data and ESR flexible requests).
- Provide recommendations of any next steps to explore the desires / needs of our multigenerational workforce compared with what is currently on offer.
    - Invite our colleagues to generational focus groups by cohort.
    - 1-2-1 follow ups / at request
    - Qualify statements made in focus groups, with wider groups in the Trust.

Example tangible outputs:
- Celebrate and showcase each 'theme' (i.e. needs or desires such as 'career' or 'health & wellbeing') that arose from the focus groups and what different generations said about what we offer and why it's important to them at their unique stage of life and career. This might be in the form of an infographic with persona/avatar statements made in the focus groups.

- A gap analysis of what our people said are needs and desires important to them (EVP) against what is currently on offer at the Trust. An opportunity to feedback to ODG/EMT, any possible options or steps we might take to fill those gaps or inequality e.g.
    - We might already provide; but needs better promotion or awareness.
    - We might partially provide; needs enhancing or adjusting.
    - We might not currently provide; the Trust can consider if this is a gap to plug.

Update:
- The proposal has been approved at EMT and Operational Delivery Group (ODG).
- The proposal has been / is being presented at divisional ODG's and manager forums, has been received positively, with managers reaching out wanting to know more / sharing support.
- The proposal was discussed in an ODG deep dive, which created some helpful and interesting debate with diverse perspectives. This is due to go back to ODG 23.03.26.
- Messaging pack has been developed, following recent feedback from a colleague, now has more focus on Employee Value Proposition.
- Recruiting of volunteers for the focus groups is underway; at the time of writing, we have 201 volunteers who have expressed interest shortly after being invited

to do so. These cover a range of bands, roles and representative of our generational cohorts. This number is steeply rising still, showing there is clearly some appetite in the workforce;

- o Shortlisting will take place in Jan-26 ready to be invited to focus groups. This is to ensure the focus groups best reflect typical characteristics of their generational cohort at our Trust e.g. band / role type / occupation / years of service.
- The focus groups are being designed / prepared in Jan-26.
  - o The focus groups will be facilitated by John Duncan (Equality, Diversity and Inclusion Lead) and Chris Kerwin (Organisational Development Practitioner), supported by the People Experience Team.

7.3.12 Flexible Working Requests (2024-25)
The following data show the number of flexible working requests made by Trust colleagues, with highlighted months illustrating those from the point at which 'Your Flex Plus' offer was pro-actively discussed and shared around the Trust geography. A total of 318 applications have been accepted with the remainder either withdrawn (28), rejected (10) or pending a decision (65). Most requests involve changes to working days or shifts, and they are primarily submitted by female nurses in Band 5 or 6 roles

	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25
No of Requests in Month	54	36	68	56	47	59	44	58	41	36	46	46	29
Rolling 12 Months	483	495	520	538	560	561	554	579	592	597	605	600	576

7.3.13 Workforce Wellbeing - Flu Programme 2025/26
By the end of December 2025, the Trust exceeded its frontline staff flu vaccination target of 48%, achieving 55% uptake, and was ranked second highest nationally for flu uptake in November 2025, as well as consistently first and now second regionally, with a current regionally reported figure of 65.8%.

A targeted intervention model for the 2025/26 flu season has enabled week-by-week identification of low-uptake areas, with line managers and peer vaccinators receiving tailored support, which has been instrumental in meeting our frontline target; flu vaccinations will continue to be offered from January to March 2026 alongside ongoing communications encouraging uptake and recording of vaccines received elsewhere.

	Trust Code	Trust	Flu Doses	Eligible Population	Uptake %	EOS 5% Target
NHS Humber And North Yorkshire Integrated Care Board	RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	2,754	4,114	66.9%	63.8%
	RWA	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	3,814	7,420	51.4%	51.6%
	RV9	HUMBER TEACHING NHS FOUNDATION TRUST	1,682	2,557	65.8%	58.8%
	RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	3,123	6,046	51.7%	51.7%
	RCB	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST	4,500	8,717	51.6%	45.1%
NHS North East And North Cumbria Integrated Care Board	RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	3,738	7,150	52.3%	53.7%
	RX4	CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	2,338	5,170	45.2%	45.2%
	RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	2,430	4,172	58.2%	50.4%
	NB7	LEAD EMPLOYER TRUST/POST GRADUATE INSTITUTE	1,815	3,155	57.5%	*
	RNN	NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	3,050	5,770	52.9%	51.0%
	RX6	NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST	1,279	3,044	42.0%	24.8%
	RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	2,727	4,966	54.9%	53.1%
	RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	4,396	7,076	62.1%	62.4%
	RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	3,878	7,906	49.1%	49.3%
	R0B	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	3,612	6,767	53.4%	52.3%
	RX3	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	2,775	6,061	45.8%	45.3%
	RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	8,140	13,822	58.9%	55.0%
NHS South Yorkshire Integrated Care Board	RFF	BARNSLEY HOSPITAL NHS FOUNDATION TRUST	1,930	3,565	54.1%	52.2%
	RP5	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	2,489	5,384	46.2%	45.0%
	RXE	ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	1,833	2,899	63.2%	68.1%
	RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	1,710	2,771	61.7%	61.3%
	TAH	SHEFFIELD HEALTH PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	1,017	1,964	51.8%	53.7%
	RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	6,669	13,574	49.1%	46.5%
	RFR	THE ROTHERHAM NHS FOUNDATION TRUST	2,094	3,661	57.2%	58.0%
NHS West Yorkshire Integrated Care Board	RCF	AIREDALE NHS FOUNDATION TRUST	1,503	3,170	47.4%	43.3%
	TAD	BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	1,193	2,628	45.4%	45.8%
	RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	2,828	6,144	46.0%	43.7%
	RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	2,675	5,798	46.1%	33.5%
	RGD	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	962	2,503	38.4%	39.7%
	RY6	LEEDS COMMUNITY HEALTHCARE NHS TRUST	1,185	2,232	53.1%	52.9%
	RR8	LEEDS TEACHING HOSPITALS NHS TRUST	9,053	17,037	53.1%	50.5%
	RXF	MID YORKSHIRE TEACHING NHS TRUST	3,033	6,563	46.2%	44.2%
	RXG	SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	1,960	3,927	49.9%	22.0%
	RX8	YORKSHIRE AMBULANCE SERVICE NHS TRUST	2,122	4,583	46.3%	39.8%

* Data was not visible in previous campaigns, therefore 5% increase target cannot be set

7.3.14 Statutory and Mandatory Training Update

Overall compliance for facilitated statutory and mandatory training continues to perform well above the Trust target of 85 percent, with overall compliance remaining stable at 94.46 percent in November. This sustained position reflects strong system level performance, despite some expected variation across individual courses as we move through the autumn period.

Between October and November, several courses showed positive movement. Corporate Induction strengthened further and remains exceptionally high, DMI Refresh continued its recovery and remains securely above target, and Safeguarding Children Level 3 maintained strong performance. ILS Paediatric also remains above target, with very low numbers of staff outstanding. Encouragingly, CRT Disengagement Training improved following a dip in October, reflecting the early impact of targeted recovery actions, although it remains below the Trust threshold.

A small number of courses softened during this period. BLS, ILS Adult, and M and H People Level 2 remain below target and are being actively monitored, alongside Safeguarding Adults Level 3, which continues to improve gradually but remains just under the 85 percent standard. Importantly, while percentage compliance remains high overall, the underlying volume of staff outstanding is now a clearer focus for prioritisation and risk management, particularly in high volume areas such as BLS and safeguarding.

Alongside performance monitoring, we continue to strengthen how we support staff to complete required learning. The compassionate reminder approach for overdue training is now being extended beyond medical colleagues, supporting timely

completion while recognising operational pressures. In parallel, we are increasing focus on manager capability, making better use of ESR attendance and Did Not Attend data to improve accountability, reduce wasted capacity, and support meaningful conversations about learning engagement.

Looking ahead, we are finalising the facilitated training plan to ensure capacity and access are in place ahead of winter and into 2026. In January 2026, we will also launch the new Learning Hub for Communication and Business Administration, expanding access to role relevant development and strengthening our non clinical learning offer.

Delivery of the Oliver McGowan Training for Autism and Learning Disability has now commenced for non patient facing teams, with very strong early uptake across the courses delivered in partnership with Matthew's Hub. Early feedback has been extremely positive and reflects the value of co delivered, lived experience led learning.

Finally, we are working closely with professional leads to review locally provided training across specialist services. This includes strengthening central reporting of training volumes delivered outside the core Trust offer. Early engagement with services has been positive and this work will significantly improve our readiness for CQC inspection, providing clearer assurance around competence, coverage, and governance of locally delivered learning.
We remain committed to ensuring that training at Humber is relevant, accessible, and meaningful, supporting safe and competent care while positioning the Trust as a leader in workforce development, assurance, and compliance.

7.3.15 Leadership and Talent Development Update

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

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

Programme outcomes and impact include:
- 3 internal promotions achieved since January 2025
- 9 delegates enrolled on external qualifications
- 1 delegate attended an external, role-specific conference
- 2 delegates enrolled on apprenticeships via the Apprenticeship Levy
- 8 Quality Improvement (QI) charters submitted
- 21 hours of cross-team shadowing completed, supporting skills development, role insight, and professional networking
- 1 executive mentoring relationship delivered consistently throughout the programme, with excellent feedback
- 6 internal mentoring partnerships established
- 3 external coaching partnerships formed
- 10 Lumina Portraits completed

- 10 individual Personal Development Plans (PDPs) developed, setting clear career objectives and post-programme actions
- 10 places secured on the PROUD Programme, commencing in 2026
- 3 external workshops delivered to support informal Continuing Professional Development (CPD)

- **Mentor service**

As part of the PROUD programme of Organisational Development, we offer staff the opportunity to connect with an internal mentor if they wish. Throughout 2025, 17 colleagues have reached out and received 121 Mentoring support with a total of 51 hours of Mentoring being delivered.

- **Alumni Programme**

Over the last 12 months, nine structured development workshops were delivered to over 155 existing and aspiring leaders and managers, providing assurance of both reach and accessibility. Workshop themes focused on Leading Change, Compassionate Leadership, and Leading Through Dysfunction, addressing priority leadership behaviours required to lead teams effectively, safely, and compassionately.
The programme facilitated the formation of a Trust-wide Alumni leadership community, supporting cross-service collaboration and shared learning. Through this collective approach, participants co-produced two leadership frameworks, the Change Adoption Model and the Team Health Equation, providing consistent, evidence-informed tools to support team effectiveness, engagement, and performance. Ongoing engagement and sustainability of the Alumni community was supported through the publication of three newsletters, providing regular communication, visibility of leadership activity, and signposting to further development opportunities within the Trust.

The following summary provides assurance of delivery, engagement, and impact:
- **Programme Delivery:** 9 leadership workshops delivered.
- **Participation and Reach:** 155+ leaders and aspiring leaders engaged.
- **Engagement:** 4 Alumni newsletters issued
- **Capability Development:** 100% of workshops aligned to Trust leadership capability priorities.
- **Sustainability:** Establishment of a Trust-wide Alumni leadership community.
- **Practice Improvement:** Co-creation and implementation of two leadership frameworks supporting change adoption and team health.

Collectively, these measures provide assurance that the Alumni programme is delivering against its intended objectives, supporting leadership development at scale, and contributing to the Trust's strategic priorities for workforce development, quality improvement, and align to the core elements of the NHS People Promise.

7.3.16 Career Development Update
The Career Development Team continue to work hard to establish Humber as an anchor employer in our region, attending local school and college events, engaging

with young people, and offering meaningful support. Our work plays a leading role in developing local talent pipelines, strengthening the regional economy, and setting the standard for workforce development, while creating a skilled, loyal, and future-ready workforce.

Widening Participation

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

Apprenticeships

Apprenticeships enable us to nurture talent within our workforce, unlocking potential and supporting growth. This leads directly to improved care for our patients. We currently have 130 apprentices on programme across nearly all departments, demonstrating our commitment to building an empowered workforce, while recognising there is more we can do to extend opportunities into other teams.

Work Placements

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

Careers Events

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

Building Our Future Workforce

On Tuesday 9 December, the Career Development Team hosted the Trust's first Careers Leads Breakfast Meeting, and it was a huge success.

We welcomed 11 Careers Leads from local schools and colleges who joined us to share insight, ideas, and learn more about the wide variety of career pathways available across Humber. The session gave us a valuable opportunity to understand what young people in our communities are thinking about when planning their next steps, and how best to engage with them, their parents, and guardians.

A real highlight of the morning was hearing from three of our colleagues who have grown up in the local area and have each made remarkable progress into entry-level careers, continuing to develop and thrive within our Trust.
A strong theme from their stories was the importance of ensuring that young people understand the diverse range of roles available, how to explore them, and the opportunities that open up once they join our workforce.
They spoke about the support offered at Humber, the career development available to all staff, and the benefits of working for one of the largest employers in our region, a place where people can genuinely go from strength to strength.

This work matters. The children making decisions about their futures today will be well established in our workforce within the next decade. We take that seriously, and we are approaching this with curiosity and commitment: what will it take for young people to consider a future in the health sector, including the wide variety of non-clinical roles we offer?

We will be seeking feedback, continuing to partner with local schools, and positioning Humber as a great place to work for the next generation.

Our intention is clear: that the young people we meet today become part of our workforce tomorrow.

We will monitor, track, and celebrate these successes through our work experience and apprenticeship initiatives.

Thank you to everyone who helped make this such a positive and inspiring event.

7.3.17 Sexual Violence and Misconduct Update
The Worker Protection Act 2023 (effective 26 Oct 2024) introduced a legal duty for employers to prevent harassment and misconduct. In alignment, HTNFT signed NHS England's Sexual Safety in Healthcare Charter (Sept 2023), committing to zero tolerance of harmful sexual behaviours.

NHS England has since issued supporting resources, including a national policy framework, e-learning, and a Sexual Safety Assurance Framework—expanded on 20th Aug and 5th Dec 2025 to 83 required actions for all NHS Trusts.

Throughout 2025, the following key actions have been designed, implemented, and launched:
- Executive Leadership: Karen Phillips appointed as Executive Lead for Sexual Safety.
- Operational Leads: Alison Meads and Rosie O'Connell designated as Sexual Safety Leads.

- Governance Structure: A dedicated Sexual Safety Group established, meeting bi-monthly with representation from all areas of the Trust and reporting into QPAS.
- Risk Assessment: Comprehensive Sexual Safety Risk Assessments completed across all Trust locations.
- Policy Development: A new Sexual Misconduct Policy, aligned with the national framework, approved through workforce governance and launched in September 2025. The policy provides clear, robust reporting routes, all feeding into a central point via the 'Report It' email inbox.
- Specialist Support: HR Operations team trained to respond effectively to reports received through the 'Report It' inbox, including guidance on actions and escalation.
- Resources and Communication: a) Dedicated intranet pages created to host the policy, key messages, reporting guidance, internal and external support resources, and launch materials (leaflets, posters). b) A Trust-wide communication campaign delivered during Launch Week (September 2025), including open sessions for staff and official introduction of intranet resources.

On 5 December 2025, NHS England issued an update to all NHS trusts, introducing additional actions to strengthen prevention of sexual misconduct and ensure greater consistency across the NHS. These new requirements were added to the Trust's assurance framework and assessed using the same approach.

The framework now comprises 83 actions/outcomes (previously 78). Current position:

- 67 actions rated Green (up from 60 in September)

- 7 actions rated Amber (improved from 9)

- 9 actions rated Red (unchanged)

Regular updates will continue to be provided to the Executive Management Team and relevant committees to maintain transparency and oversight. Through this programme of work, the Trust aims not only to comply with statutory requirements but to foster a culture of respect, safety, and zero tolerance for harmful behaviours ultimately creating a workplace where all staff feel safe, supported, and empowered.

7.3.18 Equality, Diversity and Inclusion

2025 Defence ERS Silver Award
The Defence Employer Recognition Scheme recognises employers who support veterans and their families and inspire others to do the same. After being bronze award holders for a number of years, the Trust committed to taking the next steps to being recognised Silver Award holders.

The Trust has been awarded the 2025 Defence ERS Silver Award which is valid for five years. The Trust was awarded a certificate at the Yorkshire and Humber 2025 ERS Silver Awards Ceremony and Dinner on the evening of Thursday, 2nd October

2025 at York Racecourse. Certificates were presented by His Majesty's regional Lord-Lieutenants and Royal Navy Commodore Thomas Knowles.

The Trust has every ambition to progress to gold level recognition in its ongoing support of veterans and their families.

Reignite Respect: Renewing Our Commitment to No Excuse for Abuse
In October, we relaunched our Respect and No Excuse for Abuse anti-discrimination frameworks. The event: Reignite Respect- Renewing Our Commitment to No Excuse for Abuse, featured an exclusive opportunity to see our new video guidance, new posters, links to information on our intranet, and a presentation demonstrating how we address bullying and harassment at the Trust.
- o   Respect Introduction Video
- o   Respect
- o   No Excuse for Abuse Guidance

Staff Network Chair Recruitment
Over the past few months, the Trust has undertaken a comprehensive communications campaign to recruit the next generation of staff network chairs to lead our networks into 2026. We have been successful and appointed a new chair and deputy for both the Anti-Racism Network, and the Disability Network, with efforts continuing to secure a chair for the LGBTQ+ Network.

New chairs will be provided with a comprehensive induction and development programme, along with guidance for new Chairs.

EDI Insight report
The November issue of the EDI Insight report was provided to the People and OD Committee, a sub-group of the Board. This detailed, high-level review highlights the scope and impact of current EDI workstreams and activities. Included within the report are changes to Trust demographics, the impact of specific workstreams, and details of linked activities, such as Reigniting Respect and No Excuse for Abuse.

EDI Newsletter
The first edition of our EDI newsletter was published in October, you can access it here - Inclusion Matters- 1st Edition. The newsletter informs staff about the scope and impact of current EDI workstreams and activities, while including interviews with staff, links to EDI initiatives such as Respect and No Excuse for Abuse, celebrating staff involvement, and highlighting upcoming events like PRIDE in Hull.

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

Civil Unrest
In light of the attack on a Manchester Synagogue, and the rise in racial abuse and intimidation across the country, the Trust wrote to staff to reassure them of our

support and commitment to their safety and provided practical pathways to seek support and wellbeing. This led to the drafting immediate and longer-term measures.

NHS England
On October 16th, Sir James Mackey, Chief Executive of NHS England, wrote to all NHS Trusts to seek support in implementing important initiatives that support a shared commitment to fostering an inclusive, respectful, and professional environment – for colleagues, patients and visitors – across the NHS and assuring our communities of our commitment to tackling hatred in all its forms.

NHS England has announced they are working with stakeholder groups to update existing uniform and workwear guidance, drawing on the policies developed in Manchester, UCLH and other good practices. The guidance will continue to uphold the principles that underpinned its creation, including freedom of religious expression, ensuring patients feel safe and respected at all times, and that staff's political views do not impact on patients' care or comfort.

Further to this, NHSE is also updating the existing NHS Core Skills Framework module on Equality, Diversity and Human Rights. They are extending the section on discrimination and content on antisemitism and Islamophobia and including new questions on this in the assessment. The existing training is completed by staff every three years. However, NHSE is asking the Trust to ensure that all our staff refresh their EDI training as soon as this content is available, rather than waiting for the prompt in the current three-year cycle.

Separately, work is underway to draft a new Statutory and Mandatory Training competency framework, which will replace the Core Skills Training Framework (CSTF). This new framework will set out all nationally recommended subjects to be mandated and is due to go live by April 2026.

Staff Network Activity
Our Staff Networks have been active in supporting the organisation to be more inclusive. The following provides a summary of the monthly network discussions and escalations from the meetings held between November and January 2026.

1. Rainbow Alliance Network
- We have been unable to recruit a new chair for the network, and the deputy continues to lead the network until we are able to recruit a new chair.
- The networks' deputy chair attended the regional Hull and East Riding LGBT+ forum on behalf of the Trust
- Members are supporting the Communications team for content for LGBT History Month in February.
- Members discussed how they can informally support LGBTQ+ colleagues

2. Disability Network
- A new chair and deputy chair have been appointed, with introductions planned in January.
- Attendance continues to be low, and the new chair has discussed options for reaching more staff.

- The network continues to promote its hidden disabilities badges and offer peer support to affect staff.
- The new chair has agreed to work with members and the EDI lead on our ambition to become a Disability Confident Leader

3. Anti- Racism Network
- A new chair and deputy chair have been appointed.
- Attendance was fairly low but expected at this time of year, and the new chair is exploring ways to increase membership.
- It was agreed that that the EDI Lead would present our EDI reports that got to EMT and People Committee in future network meetings.
- The network raised the lack of admin, and the networks executive sponsor will utilise admin in her directorate to help get things moving, while other options are explored

7.3.18 Employment Rights Act 2025
The Employment Rights Act 2025 represents the most significant reform of UK employment law in a generation and introduces a wide-ranging package of enhanced worker protections. The Act received Royal Assent in December 2025 and delivers the Government's *Plan to Make Work Pay*, with implementation phased from 2025 to 2027.

Of particular relevance to the NHS, the Act reduces the qualifying period for ordinary unfair dismissal claims from two years to six months and removes the statutory cap on unfair dismissal compensation, materially increasing employer risk and potential financial exposure. While proposals for day-one unfair dismissal rights were not progressed, the revised framework places greater emphasis on early-stage employment decision-making and consistent management practice.

The Act introduces a number of enhanced day-one employment rights, including statutory sick pay, paternity leave, unpaid parental leave, bereavement leave, and pregnancy loss or miscarriage leave. Statutory sick pay reforms remove the Lower Earnings Limit and the waiting period, extending eligibility to lower-paid and more insecure workers an area of significance given the NHS workforce profile.

Measures to address insecure work include tighter controls on zero-hours contracts, strengthened restrictions on "fire and rehire" practices, and enhanced collective redundancy consultation requirements, including increased protective awards for non-compliance. The Act also strengthens protections from harassment and whistleblowing, limits the use of confidentiality clauses where they restrict disclosure of harassment or discrimination, and introduces requirements for equality action plans. A new Fair Work Agency will act as a single enforcement body, increasing compliance and regulatory scrutiny.

A detailed report assessing the implications of the Act, including key risks, mitigations, and required actions, will be brought to the Executive Management Team (EMT) in the coming weeks. This will inform a phased implementation approach and ongoing assurance to the Board.

7.3.19 Employment Rights Act 2025

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7.4 Executive Medical Director Updates

7.4.1 Leadership Viability
The Executive Medical Director continues to prioritise regular visits across the Trust to strengthen engagement with frontline teams. Most recently, time was spent with the Hull CMHT at the Grange and its leadership team to review effective working practices and explore solutions to ongoing challenges within community services.

The visit provided valuable insight into current operational pressures and highlighted opportunities to enhance support and supervision arrangements. These conversations play an important role in shaping leadership understanding and ensuring that staff perspectives are actively reflected in Trust-wide decision-making.

7.4.2 Medical Education and Medical Staffing

- NHSE stated during quality meeting on the 7th January 2026 that we are the only Trust in the region with no specialty concerns in relation to postgraduate medical education. They also provided positive endorsement - *"Excellent engagement with the Trust"*.
- The Ten Point Plan - Improving Resident Doctors Working Lives Programme, excellent progress (currently 96%).
- Feedback to NHS England directly from our Resident Doctor representatives in relation to our process of engagement on the 10 Point Plan:

"After a great collaborative effort with myself and other resident doctor representatives, we have reviewed the 10-point plan proposed. We'd like to commend our trust for valuable efforts made. We note there are many items the trust already performs well in, such as its propensity to act on feedback and suggestions, often gathered through regular meetings/ forums with resident doctor representatives and the wider resident doctor body. We hope such factors can be maintained and celebrated for such standards. We note the ongoing process required for other items and look forward to further progress and commitment……With regards to the 10-point plan, thank you for including us in this important work. We look forward to further collaboration and committed community building." Dr Jemima Cohen, CT3, Resident Doctor Representative.

- GMC Survey data:
  - Foundation 1 - Overall, extremely happy with their training, with a triple above outlier for Workload suggesting that the Trust have struck a good level of experiences for their doctors. No other concerns of note.
  - Foundation 2 – *"Indicators have been reviewed and significant improvements to data can been across the board and the trust commended for the work undertaken since the 2024 survey data"*, NHSE.
- Consultant recruitment 2024/25 was very positive, with the appointment of 9 consultants (4 of the 9 were Higher Trainees who had trained in the Trust):
- Our first Clinical and Educational Supervisor Development Forum was held face to face on the 26th November 2025, this was highly successful.
- Overall, the position relating to Medical Education and Medical Staffing/medical recruitment in the Trust is very positive and highly encouraging.

7.4.3 Research
Our 8th Annual Research Conference took place as a hybrid event on 19th November at the MKM Stadium. It was incredibly inspiring to hear about the great research taking place across Humber and the innovative studies we're involved in at a national level. It was also wonderful to hear from some of the people with lived experience who have taken part in research and the positive impact it has had on them. **A brief conference highlights video is now also available.** Around 400 people registered for the event from many different professional backgrounds and organisations.

Ninety-five per cent of those who completed the online evaluation form rated the conference overall as excellent or good. Our Research Team also launched their

fantastic new video at the conference - [A week in the life of our Research Team](#). They produced this themselves and filmed it across our Trust patch, to help give people a better understanding of the work they do, how our clinicians are involved and the impact of research on those taking part in studies; it really is a must-see for everyone!

7.4.4 Pharmacy
Medicine Optimisation and Administration Competency Progress
Since Medicine Administration competencies were added on ESR as essential to relevant Registered staff members across the Trust, the compliance level has risen from an estimated 17% to **over 90% at the end of October 2025**. These competencies were initially assessed annually but they have recently been changed to three yearly in line with many other Trust competencies.

Preceptorship nurse groups attend the training prior to their initial competency sign-off to ensure they are starting with a standardised basic knowledge of Medication Administration Safety and our Trust specific expectations.

Recent allocation of the competency to ESR for the relevant Trust Bank Nurses has resulted in these staff members starting to come through the requirement of completing the initial Medicine Optimisation Programme (initial training and competencies) that will prompt subsequent competency updates 3 yearly.

7.4.5 Pace and Carer Experience
- Internal and external surveys are now in place to support us to evaluate the impact of working with those with lived experience. A survey has been co-produced and is gathering rich feedback, from both team members and service users, around the impact of Expert by Experience involvement, Panel Volunteering and the sharing of stories and experiences of care. Any individual providing feedback around the impact of EbE involvement will be asked if they would be willing to provide further feedback (for example via testimony or case study) and will be offered the opportunity for further involvement with the Trust.

- The 'Sharing of Patient, Service User and Carer Stories' Framework has been rewritten to provide services, teams and staff members with a comprehensive toolkit to support with listening to, and learning from, experiences of care. The revised framework was approved for release in September 2025 and has been launched internally via all staff communication and marketing channels and a series of 'lunch and learns' sessions.

- Work continues on the retendering of Language Services, undertaken jointly with Hull University Teaching Hospital NHS Trust, Northern Lincolnshire and Goole NHS Foundation Trust, York and Scarborough Hospitals NHS Foundation Trust, and Humber Teaching NHS Trust. There have been some unavoidable delays in the process, so when agreed, timelines around implementation will be finalised and the changes to service will be widely communicated within the Trust.

- The Chaplaincy service has participated in the first mayoral Interfaith Celebration event at Hull Guildhall, which brought together faith leaders from across Hull and

East Riding. Being part of the Hull and East Riding Interfaith group is one of the ways we strengthen links with a range of faith leaders, enabling us to provide appropriate pastoral, spiritual and religious care to those who need it.

<u>7.4.6 Psychology</u>
<u>General updates</u>
- We are undertaking work around at the support around adaptation and appropriacy of placements for trainees who have previously accessed our services. Linking in with both the University and the Learning and Development team, we are developing a policy to ensure that access to training opportunities is equitable, whilst dignity and confidentiality are maintained.

<u>Child Speciality</u>
- Introduction of a psychology chat function in the child psychology specialism so that the specialism can share up to date scientific literature and news reports. Most recent posts were focused on understanding the changing construct of Autism, organisation of the psychometric testing and job opportunities.

- Child psychology specialism offered at the request of the comms department to talk about the use of "AI therapeutically in the classroom" with local media. It supported in the understanding of the appropriacy of the story, which was later declined.

- The child specialism developed three additional placements for trainee psychologist at short notice following the breakdown of a placement and planned placements.

- Plan this month on embarking on a review of teaching to trainee clinical psychologists in preparation for their child modules.

<u>Forensic Speciality</u>
- The in-patient psychology team have offered increased levels of staff support over the period of November/December due to a patient who was admitted to seclusion making ongoing threats, racist abuse and spitting at staff through the hatch. There were also two serious incidents involving physical assault and threats by another patient which a number of staff were affected by; group and individual support were provided.

- CPD day held on 8th December; Beth West led a presentation regarding eating disorders which was really thought provoking and highlighted the lack of research relating to this in forensic male settings. We also shared information across the different parts of the services in a festive manner to increase our understanding and appreciation of each other's services and roles (i.e. prisons, community, in-patient, SAARC).

Patient/Carer stories

- Patient who is a prison transfer on an IPP sentence and who has spent a significant period of time in high secure services and was eventually moved down to Humber's medium secure specialist PD service has been granted release by the parole board. The psychological work he completed whilst in medium secure was noted in the parole board decision as was the psychological risk assessment.

- Patient who has been historically difficult to meaningfully engage and prone to complaints has worked really well with his psychologist Sam Watson to show some real shifts in attitude and outlook. This work was pressured due to ongoing Tribunals and proposed discharge dates, but Sam completed some meaningful work which the patient commented on having never been shown or learnt about different ways to manage himself.

Challenges and Risks:
- Ongoing pressures in relation to interim changes/absences in the in-patient team.
- Gaining timely information from the police for SAARC assessments remains an issue; Lynn Parkinson is supporting with this.

Older Peoples Psychology:
- The annual psychology audit for older people's services has been produced, with key findings including:
- Our Older People's Psychology service has been involved with 50.4% of all cases referred into the older people's service.
- Psychology offered 275 community based neuropsychological assessments. This is 2.5× the national average per psychologist.
- Behavioural Management Plans produced by psychology were shown to reduce the need for service involvement by up to 60% (i.e. through quicker discharges, and less likelihood of return to services), saving over £51,000 in staff time annually, while delivering targeted, evidence-based care.

7.4.7 Mental Health Legislation
- A new Associate Hospital Manager has now been appointed, completed bespoke training, and begun sitting on panels. A further candidate has recently been interviewed and will progress to the January Board as part of the recruitment process.
- No mock CQC visits have taken place since the Townend Court review at the end of July due to competing priorities. Additional visits are planned once team capacity improves.
- The team continues to experience significant resource pressures, driven by increased workload and the complexity of cases requiring support. A proposal for a permanent Band 4 post has been completed and is currently with the Medical Director for review.
- A Project Management Group is being established to ensure the Trust is fully prepared for the forthcoming changes associated with the Mental Health Act 2025.

- The Mental Health Legislation Team has launched a new SharePoint resource for all staff working in mental health and learning disability services. This site provides key information and tools to support the implementation of the Mental Health Act across the Trust. It will be updated regularly, particularly in the lead-up to the introduction of the Mental Health Act 2025. Progress will be monitored through the Quality Improvement Charter to capture benefits, successes, and learning.

7.4.8 Health Inequalities Self-Assessment for Health Inequalities Community of Practice

Heath inequalities programme staff have recently completed the NHS Providers Health Inequalities Self-Assessment Tool in response to a request from the HNY Health Inequalities Community of Practice (see below). The aim of the self-assessment tool is to "support NHS trust board members to address health inequalities as part of their core business". The tool contains 25 questions across 4 domains and provides a score and maturity rating for the Trust's position in each of these domains:

- Building public health capacity and capability
- Data insight, evidence and evaluation
- Strategic leadership and accountability
- Systems partnerships

The self-assessment has been discussed by the Executive Management Team to inform the direction of the Trust's HI programme. Over this period, the Trust's maturity rating has steadily improved across the domains.

We have been asked to share a copy of the Trust's completed NHS Providers Health Inequalities Self-Assessment (attached) with other members of the Health Inequalities Community of Practice to inform discussion of areas of great practice and opportunities for improvement. The CoP comprises acute trusts within HNY plus Humber. This is an informal group which aims to provide mutual support for trusts in delivering health inequalities activity.

NHS Providers HI Self Assessment Tool SC [

7.5 Executive Director of Finance Updates

7.5.1 Leadership Visibility

Since the last board meeting the Director of Finance has visited Whitby Hospital (with Jon Duckles, Head of Partnerships and Strategy) to deliver presents and gifts for patients and staff donated by Health Stars.

A visit also took place with Iain Omand (Deputy Director of Finance and Contracting) to college house to meet members of staff from both the Older Peoples Mental Health and Haltemprice Community Mental Health Teams, the visit was very

informative, and staff were welcoming, we did take aware some areas to progress in the directorate to hopefully make a difference.

The Deputy Finance will also be raising funds for Health stars through the organisation of a Table Tennis Tournament to be held at the Goodwin Table Tennis Club (*which is located next to Inspire*) which is scheduled for ` Friday 27 Feb and we will be hoping for 30 participants from internal colleagues and external partners.

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.

7.5.2 Cyber Security Updates

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

Alerts fall into two types of notification:

Cyber Alerts - The trust must ensure that action is taken to deploy the remediation for each Cyber Alert as soon as possible but within 10 working days.
High priority Cyber Alerts - any remediation patches must be deployed as soon as possible, and we must provide a response to CSOC within 48 hours to confirm that any remediation has been deployed.

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

Activity updated since the last board report:

- Cyber Alerts issued during 2025: 134 (Including 12 in December)
- High Priority Cyber Alerts Issued during 2025: 20 (Including 0 in December)

- October Cyber Alerts with patch(s) NOT approved for deployment: 0
- October Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 9
- August Cyber Alerts not 100% deployed (due to devices still to check in): 3

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

7.5.3 Digital updates
Strategic EPR & Data Foundations
Completion of Lorenzo Data Repatriation: Successful receipt and testing of the final dataset from Dedalus, ensuring all historic patient data is secured and accessible for review by medical records and IG teams.

SARS Functionality Go-Live: Completion of initial development and commencement of testing for the EPR extension and Subject Access Request (SARS) functionality to meet statutory data request requirements.

SystmOne Optimisation Re-Baselining: Implementation of a new resource allocation model shifting digital capacity from new projects to Business-As-Usual (BAU) support to clear backlogs and improve system stability.

Clinical & Operational Efficiency
Electronic Requesting and Resulting Implementation: Commencement of the rollout for electronic resulting, with full implementation of both requesting and resulting workflows projected for completion by March 2026.

Standardisation of Clinical Documentation: Finalization of standardized templates for Safeguarding, MHA, MDT, and CPA, with a planned launch following staff "lunchtime drop-in" training sessions.

Pharmacy Template Deployment: Completion and publication of all pharmacy templates, including the final Rapid Tranquilisation template, following approval from the pharmacy clinical lead.

Digital Patient Engagement
Wayfinder Funding & Lead Trust Status: Confirmation of the Trust's successful bid for Wayfinder funding, establishing Humber as the lead trust for this digital patient-facing development.

Accurx Patient Portal Expansion: Transition of the Accurx patient portal into a BAU service, including the pilot testing of digital questionnaires to collect patient-protected characteristics. Digital Meal Ordering System Rollout: Completion of the data migration for menu items and allergens, with the Inspire site scheduled to be fully operational on the Synbiotix system by early February 2026.

Advanced Technology & BI
Ambient AI Voice Pilot: Initiation of the first cohort of early adopters for Lexacom Scribe ambient voice technology, following completion of Data Protection Impact Assessments (DPIA) and IG sign-off.

BI Visualisation Suite Delivery: Expected completion of the Mental Health Core and Community & Primary Care Core data visualisations by the end of January 2026.

7.5.4 Facilities Management Updates

Operational Estates
The Trust has appointed a new Authorising Engineer for Ventilation, due to retirement of previous incumbent

Princes Court now reopened following remediation works after flood damage from first floor unit.

Development and Sustainability
Ongoing programme of works across the Humber Centre, including sanitaryware replacements across Swale and Ullswater, reprovision of Darley and associated seclusion improvements. Search room was recently completed.

Tenders have been received and evaluated for the Pineview reception improvements.

Hotel Services
The vacant Waste Manager post has been successfully appointed to and they commenced with the organisation from 5th Jan 26

The service has retained 5-star Food Hygiene and Environmental Cleanliness ratings across the Trust

Patient Led Assessment of the Care Environment (PLACE) completed and submitted, official scores due to be released in Feb 26.

Property
Awaiting valuation and terms for accommodation at Malton Hospital., this will assist in formalising the lease with York and facilitate fast respond to works required at the site.

Ground floor area of Pocklington Beckside to be vacated in March 2026. Services will be accommodated within Pocklington HC.

7.5.5 Partnership and Strategy
A funding bid is being prepared to request continuation of the LD Cancer Screening Project. This develops the focus of the previous project funded by HNY Cancer Alliance that worked with Bridlington PCN (completed November 2025) to a new social care focussed model across ER working in partnership with ERYC. If successful, this would see additional funding beginning April 2025.

Funding for an Armed Forces Neuro Schools Support Package pilot has been agreed with ERYC for a year beginning April 2026 for the Trust's neurodiversity team to support CYP at Leconfield Army Base.

A bid for funding has been submitted to the Kristina Martin Charitable Trust for £100,000 over 2 years under the theme of improving mental health outcomes for children and young people. The grant will be used to pilot the recruitment of Advanced Lived Experience Practitioners (ALEPs) within our Child and Adolescent Mental Health Services (CAMHS). These roles will formalise peer support and embed co-production into clinical pathways in line with the CLEAR recommendations, ensuring young people and parents/carers with lived experience actively shape service delivery.

The Forensic Division continues to progress a project to improve digital skills and confidence for patients. Following a rejected application for external grant funding, the division is looking to fund the project partly from IT budgets and partly via DDG.

Since November, the Hull and East Riding have merged Prevention Concordats with the aim of having a collective dialogue and approach to prevention of ill mental health and suicide across Hull and East Riding.

8 Communications Update

See Appendix 1

9 Health Stars Update

See Appendix 2

Communications Board Report – October - December 2025

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

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

Strategy theme: Promoting people, communities, and social values

Project title	Strategic intent	Key activity during the reporting period	Progress and impact	Target outcomes by 2027
Shared Content Strategy	To improve the consistency, accessibility, and impact of content by coordinating how stories and messages are planned, created, and shared across channels.	Content planning meetings embedded as standard practice. Share Your Story form in active use. Central content log implemented. Routine review of channel analytics.	Average social media engagement rate of 5.02 percent, with a peak of 42 percent. Reduction in single use content, limited to one off announcements. 27 people focused stories suitable for press or social media published since April 2025. 909 social media posts published across the period, averaging three posts per day.	Sustained average social media engagement rate of 8%. No single use content outside exceptional announcements. Fully embedded content planning and logging process. A minimum of ten people focused press or social media stories published each year. Consistent weekday posting of three to twelve posts, excluding event days.
Health Inequalities	To reduce barriers to accessing information by improving the availability,	Following prototype of online patient information and signposting library a	Accessibility checklist implemented and in active use. Development and testing of the patient	Measurable increase in access to patient information,

Project title	Strategic intent	Key activity during the reporting period	Progress and impact	Target outcomes by 2027
	accessibility, and inclusivity of patient communications.	paper was taken to DDG and funding for development work approved Advice provided on document translation, with appointment scheduled for April 2026. Widgit account transferred to Communications to centralise resource and open access to all staff.	information library underway, with completion planned for Spring 2026. Widgit now managed by communications ensuring a central and accessible resource for all staff. All users contacted and updated. Currently supporting 122 users, with review underway to increase availability. Intranet pages updated and global email to advise and support staff access .	with usage KPIs set six months after launch. Accessibility checklist applied to all documents submitted through the Brand inbox. Month on month increase in the number of documents available in multiple accessible formats.

Strategy Theme: Developing and Effective and Empowered Workforce

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Cultural communications	To support a positive and inclusive culture through clear, compassionate internal communication, strengthen leadership visibility, improve message cascades, and increase two way communication.	Intranet upgrade launched with improved navigation and search functionality. New Global staff newsletter design developed, including staff survey to inform renaming and refreshed	Improved access to information through a more usable intranet. Increased alignment of internal news with organisational values.	New staff newsletter design, name, and editorial focus agreed by Executive Management Team. Sustained improvement in staff engagement with internal communications.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		focus aligned to the Being Humber framework. New fortnightly managers operational update developed to be sent from Deputy COO. Added to monthly ODG agenda. Start Feb after presented at January ODG New induction email workflow developed and tested to support early engagement and understanding of corporate support and values. Staff Survey communications campaign delivered. New leadership communications approved by ODG/EMT launched in February including EMT 'Day in a Life' and ODG profile (2x interviews completed)	More direct and timely operational direction for managers, supporting improved cascade of actions alongside existing staff and executive communications. Strong engagement with Staff Survey, achieving a 64% completion rate, an eight percent increase on the previous year and the highest recorded to date.	Continued year on year improvement in Staff Survey participation and feedback on communication and leadership visibility.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Communications training hub	To build confidence and capability across the organisation by sharing communications skills and expertise through accessible online and in person training.	Communications training booklet created for Spring launch. Media training content recorded and embedded on ESR. Training materials developed with input from the wider communications team, drawing on existing media training resources.	Increased access to consistent communications and media training materials. Improved visibility and sustainability of training through ESR, reducing reliance on ad hoc sessions.	Fully launched communications training hub combining digital and in person offer. Measurable increase in uptake of communications and media training. Improved staff confidence in local communication activity, reflected in feedback and reduced reactive demand on the communications team.
Humbelievable recruitment campaign	To support recruitment and retention through a strong, consistent employer brand and an award winning, data led recruitment marketing campaign.	Autumn recruitment campaign completed. New Year New Job campaign launched, alongside introduction of always on recruitment activity. Campaign delivery maintained with reduced overall spend.	Recruitment campaign performance maintained in line with previous year despite reduced spend. 10% increase in website traffic at the start of the New Year New Job campaign. Join Humber jobs bulletin subscriber base exceeded 2700, with an open rate consistently above 40%	Sustained or improved recruitment campaign performance year on year. Nursing vacancy rate reduced to around 6% or below. Continued growth in jobs bulletin subscribers and engagement, supporting a strong recruitment pipeline.

Strategy Theme: Enhancing prevention, wellbeing and recovery.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Trauma-informed communications	To support the Trust's aspiration to embed a trauma-informed culture by recognising the impact of trauma, fostering safe and trusting communication, and adapting practices to support recovery and prevent re-traumatisation.	Communications plan approved for Care Culture and Equity Group. Communications campaign developed and podcast developed to support launch – recording 26/01. Expert by experience workshop held with young people in October to develop trauma informed communications standards. Adult workshops to take place in February. Attended October PACE forum to update on accessible patient information including asking for idea on how to extend use of AccessAble. Produced cut and paste QR codes for all sites to allow easy updating of patient letters. [Creating Patient Information	Trust Brand Centre]	Increased organisational focus on trauma-informed communication principles. Improved shared understanding of the need for consistent, safe, and inclusive patient and family communications Early foundations in place to support consistent application of trauma-informed standards across services.	80% of materials submitted to the Brand inbox meet agreed trauma-informed communication standards by Q3 2027. Improved staff self-assessment of trauma-informed practice and community awareness by Q3 2027. Increased use of accessibility tools including ReachDeck and AccessAble to more than 60% by 2027.
Digital accessibility	To maintain a fully inclusive and accessible digital environment by implementing website accessibility audits and acting on recommendations, removing	Audit actions that required web development approved by Digital Delivery group. This will be	Improved consistency and quality of accessible digital content.	AbilityNet accreditation achieved and maintained. Trust website named in the Top 30 NHS websites for accessibility. All Recommendations from

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
	barriers to accessing digital communications.	completed by the end of March 2026. Internal audit actions complete. Work underway to replace AccessAble links on website with accessible versions. Accreditation process to begin immediately after development work complete. Microsoft Sway templates rolled out on Brand Centre.	Clear delivery plan in place to address audit findings and reduce non-compliance risk. Increased staff awareness of digital accessibility standards and responsibilities.	accessibility audits implemented to meet web accessibility standards. Measurable increase in the percentage of digital content and platforms meeting accessibility requirements. Expanded accessibility resources available through the Brand Centre.

Communications Partner Projects

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Community and primary care	To support integrated community and primary care pathways by providing clear, targeted communications that improve understanding, referral quality, and partnership working.	Completed – member of staff on maternity leave.	Positive feedback from the Virtual Wards Service Manager and Matron on support to communicate service priorities. Improved shared understanding of pathway focus areas across partner organisations.	Sustained improvement in referral quality and bed occupancy for virtual ward services. Positive partner feedback on the effectiveness of communication across integrated pathways. Consistent access to communications support for community services during periods of staff absence.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
			Early indications of improved appropriateness of referrals and sustained bed occupancy.	
Mental health, Recovery and Wellbeing College	To increase awareness and engagement with the Humber Recovery and Wellbeing College by reaching wider audiences through targeted, interest-based communications.	Ongoing promotional activity focused primarily on staff audiences, with secondary emphasis on social media. Minimum of two social media posts per week supported by fortnightly Global and local newsletter entries. Recovery-focused content published weekly on Trust social media channels.	25% increase in social media followers since the campaign began. Early reports of increased session attendance of around twenty five percent, supported by positive feedback from new attendees.	Doubling of social media following for the Recovery and Wellbeing College. Sustained increase in session attendance of at least twenty five percent. Clear evidence of improved reach and engagement following analysis after the winter campaigning period.
Children's and learning disabilities	To strengthen communications across children's and learning disabilities services through a Communications Champions Forum, supporting consistent messaging and shared responses to local health priorities.	Monthly Communications Champions Forum meetings maintained with strong engagement. Multiple internal and external communications opportunities identified and delivered. Social media engagement exceeded targets.	Strong and sustained engagement across services. Consistent delivery of communications activity. Improved coordination of messages across children's and learning disabilities services, with engagement levels exceeding expectations.	Ten to twelve forum meetings delivered annually. Representation from every service area at each meeting. At least one actionable communications output identified and delivered from each forum meeting.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		Measures introduced to strengthen continuity and effectiveness during maternity leave.		

Strategy Theme: Fostering Integration Partnerships and Alliances

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Cultivating collaboration and managing internal efficiencies	To strengthen collaboration, improve internal culture, and embed more sustainable ways of working within the communications function, supporting a resilient and future-ready service aligned to organisational priorities.	New communications induction email developed and workshops refreshed. Actions taken to address internal culture themes identified through staff survey feedback. Communications plans developed for key priority areas for 2026, including PACE and workforce. Team learning opportunities increased, including uptake of AI training to support digital projects.	Early improvement in team clarity and shared ways of working. Increased focus on priority areas through clearer planning. Positive feedback on communications involvement in Trust-wide projects. Q1 data shows growing confidence with new tools, with forty five percent confident using Planner and 63% confident using OneDrive.	At least 80% overall team satisfaction. More than seventy percent of team members report satisfaction working in the communications team. More than 60% of senior managers report feeling well supported by the communications team. 80% or more of team members report confidence in new

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
				processes and tools by year end.

Strategy theme: Optimising an efficient and sustainable organisation

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Digital empowerment, innovation and quality	To empower staff and communities to understand and confidently use digital tools, promote innovation and quality, and support the shift from analogue to digital in line with the national 10 Year Plan.	Delivery of the Interweave Communications Strategy, including communications support for the NRL launch and Summit 3.5 event. Communications support provided to Trust-wide BeDigital programmes, including refresh of the intranet digital hub to support longevity. Positive case studies from digital investment captured and shared. Relationships developed with digital journalists to support promotion of innovation and a digital-first position. Internal digital training opportunities reviewed	Improved visibility and understanding of Trust-wide digital programmes and their benefits. Stronger narrative around the value of digital investment and innovation. Increased confidence among senior leaders through clearer reporting of digital communications impact aligned to organisational goals and the 10 Year Plan. Early strengthening of media relationships to support future digital innovation coverage.	More than 80% of staff surveyed feel informed about Trust-wide digital projects and their benefits. At least 50% of staff surveyed are aware of the Digital and Data Group and how to apply for funding. Year-on-year improvement in relationships with digital journalists and success rate of digital-focused media coverage.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		with Workforce and BeDigital teams . Regular EMT and Board updates provided using meaningful digital communications data and outputs.		At least 70% of staff surveyed feel empowered to develop their digital skills for professional or personal interest.

Strategy Theme: innovating for Quality & Patient Safety

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
CQC communications support	To support quality improvement and regulatory readiness by providing clear, timely communications aligned to CQC requirements and internal quality priorities.	Q2/3 self-assessments completed. Attendance at Quality Standards Group to report on progress and support priority areas.	Improved clarity and shared understanding of CQC position and progress. Stronger alignment between quality activity and communications support. Increased confidence in the Trust's approach to CQC readiness, reflected in positive senior feedback and improved self-assessment outcomes.	Sustained improvement across CQC self-assessment domains. Clear and consistent communications support embedded within quality governance structures. Improved organisational readiness and assurance ahead of inspection activity.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Freedom to Speak Up	To increase awareness, confidence, and appropriate use of the Freedom to Speak Up process, supporting a culture of openness, learning, and patient safety.	New Freedom to Speak Up video released in October 2025. Lanyard badges created to improve visibility of ambassadors. Deputy Guardian appointed. Webinar delivered to support awareness and understanding of the process.	Increased visibility of Freedom to Speak Up and its ambassadors. Early engagement with awareness activity, including video views, newsletter clicks, and webinar attendance. Strengthened leadership capacity through appointment of a Deputy Guardian.	Increase in the percentage of staff who report awareness of Freedom to Speak Up and understanding of the process through Staff Survey results. Increase in low-level Freedom to Speak Up reporting, indicating greater confidence to raise concerns early.

Media & Communications Dashboard – Q3

NHS Humber Teaching NHS Foundation Trust

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

Legend: Portal Visits — Target > 800 visits

Brand Requests vs Approvals

Legend: Requests — 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


Legend: Engagement % — Target >4%
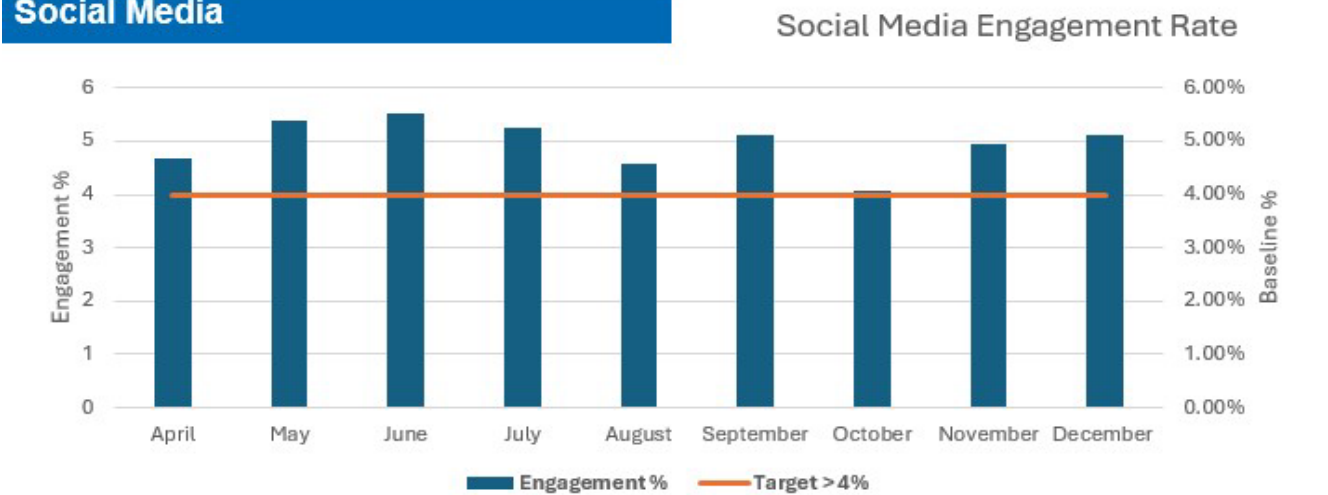
Social media engagement rate shows how actively people are interacting with our posts. It helps us understand whether our content is connecting with our audience.
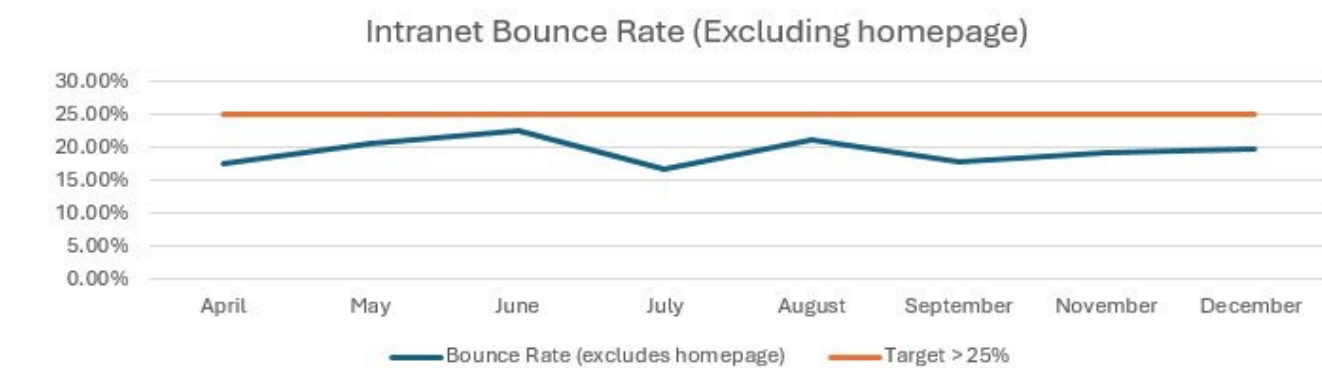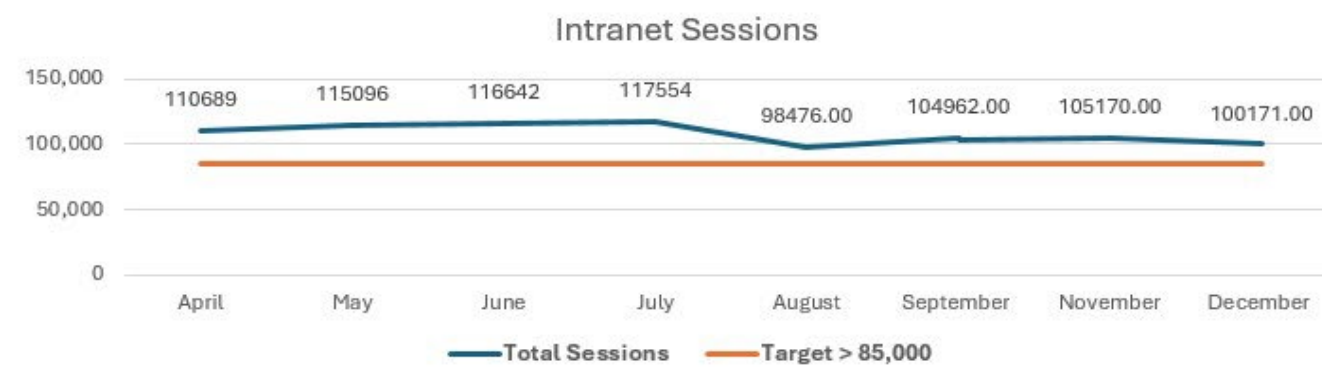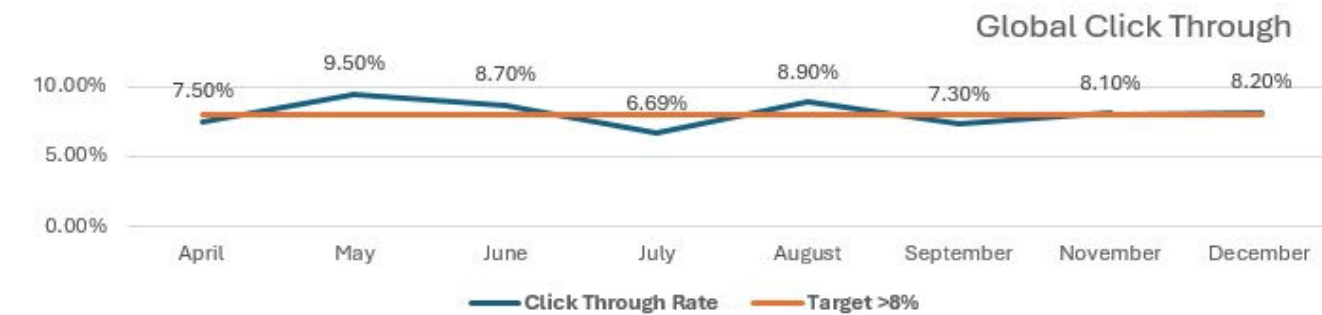
Media & Communications Dashboard

NHS Humber Teaching NHS Foundation Trust

Internal Communications

Global Open Rate

64.00% 65.00% 67.00% 76.83% 69.00% 68.00% 65.93% 60.00%

Legend: Open Rate — Target > 65%
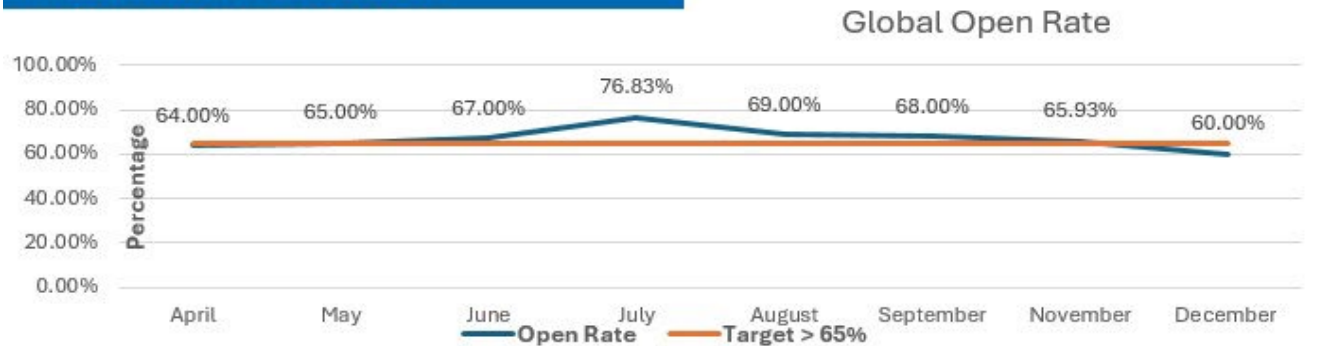
Global staff newsletter performance shows how many colleagues are opening and engaging with our regular updates. The click-through rate (CTR) shows how many go on to interact further by clicking on links, stories, or calls to action.

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

Global Click Through

7.50% 9.50% 8.70% 6.69% 8.90% 7.30% 8.10% 8.20%

Legend: Click Through Rate — Target >8%

Intranet Sessions

110689 115096 116642 117554 98476.00 104962.00 105170.00 100171.00

Legend: Total Sessions — Target > 85,000

Intranet Bounce Rate (Excluding homepage)

Legend: Bounce Rate (excludes homepage) — Target > 25%
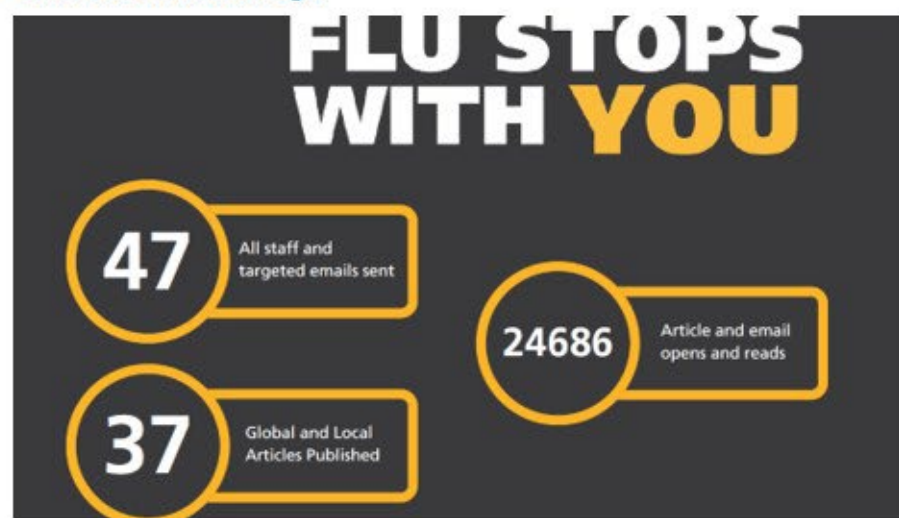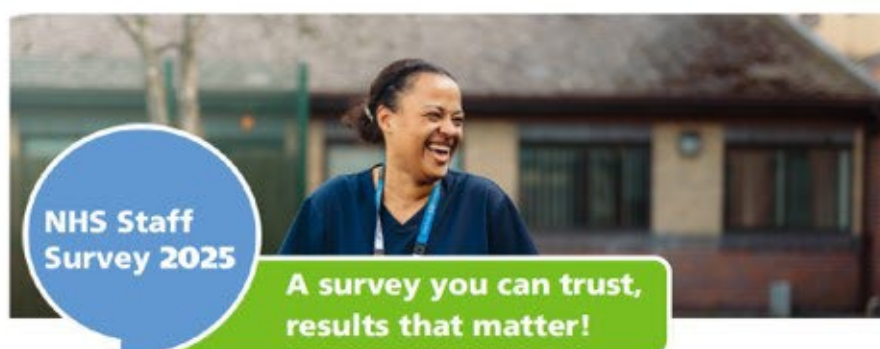
Campaign Spotlight – Staff Survey/Flu

This campaign spotlight highlights the scale and complexity of delivering two major internal campaigns at the same time, the NHS Staff Survey and the flu vaccination programme. Both required clear action from the same audience, within the same time period, creating a significant communications challenge.

FLU STOPS WITH YOU

47 All staff and targeted emails sent

24686 Article and email opens and reads

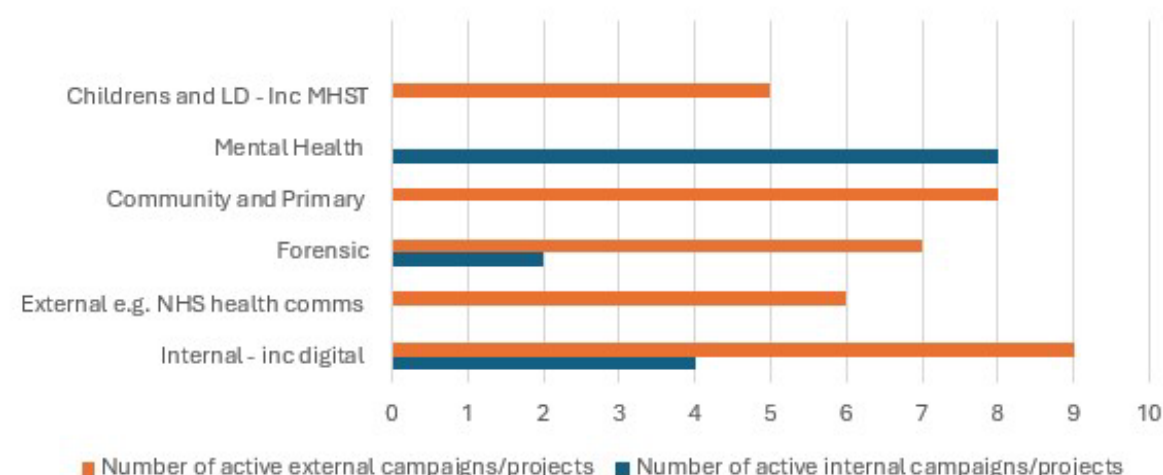**37** Global and Local Articles Published

Support covered creative concepts, design, messaging and events, alongside strong operational support and managerial communications led by HR. Despite being managed by a single member of the internal communications team, with strategic support from the Deputy Director, the approach delivered outstanding results, achieving third place nationally for flu uptake and the Trust's best ever NHS Staff Survey results.

NHS Staff Survey 2025
A survey you can trust, results that matter!

4 All staff and targeted emails sent

21574 Article and email opens and reads

41 Global and Local Articles Published

Communications Service

Communications Campaigns

Campaign	
Childrens and LD - Inc MHST	
Mental Health	
Community and Primary	
Forensic	
External e.g. NHS health comms	
Internal - inc digital	

■ Number of active external campaigns/projects ■ Number of active internal campaigns/projects
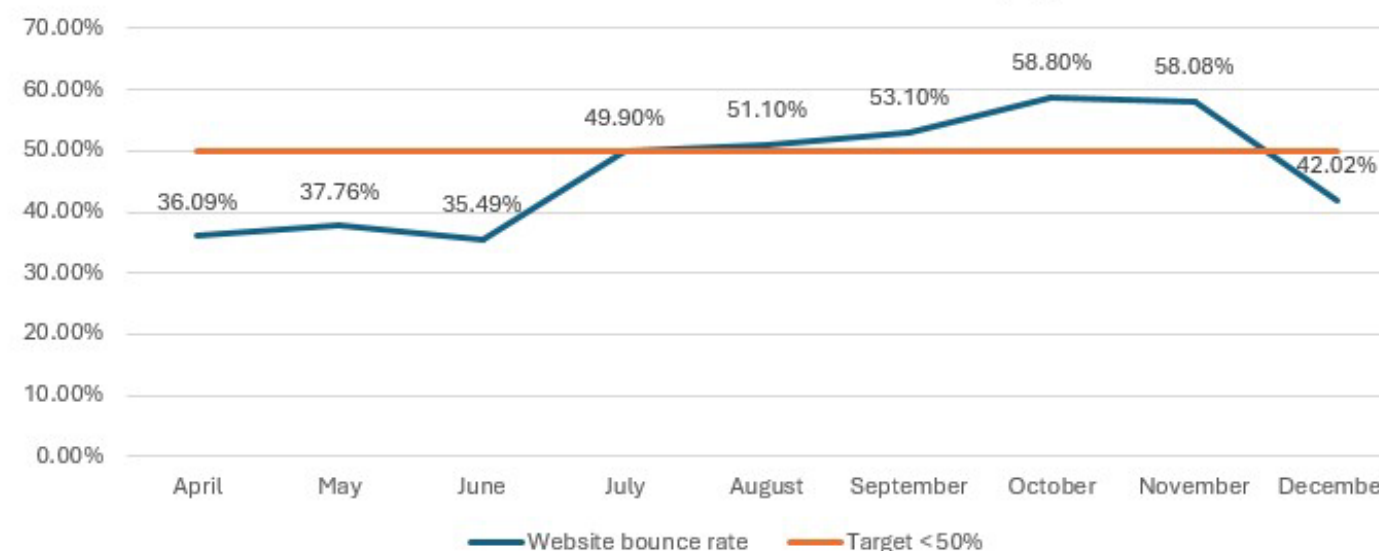
In Q3 the team had completed 54 projects/marketing and communications campaigns

Website

Homepage Bounce Rate

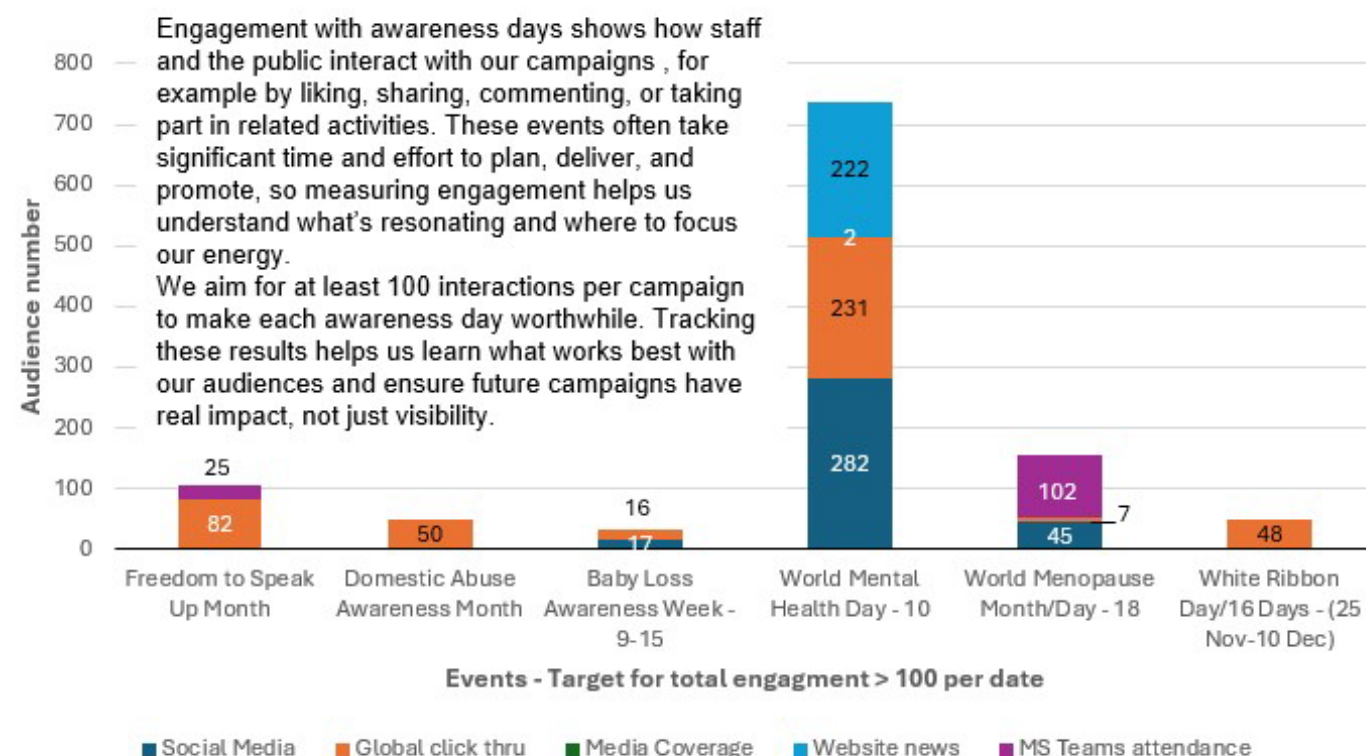| Month	Bounce rate
April	36.09%
May	37.76%
June	35.49%
July	49.90%
August	51.10%
September	53.10%
October	58.80%
November	58.08%
December	42.02%

——— Website bounce rate   ——— Target <50%

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.

Events - Target for total engagment > 100 per date

■ 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.
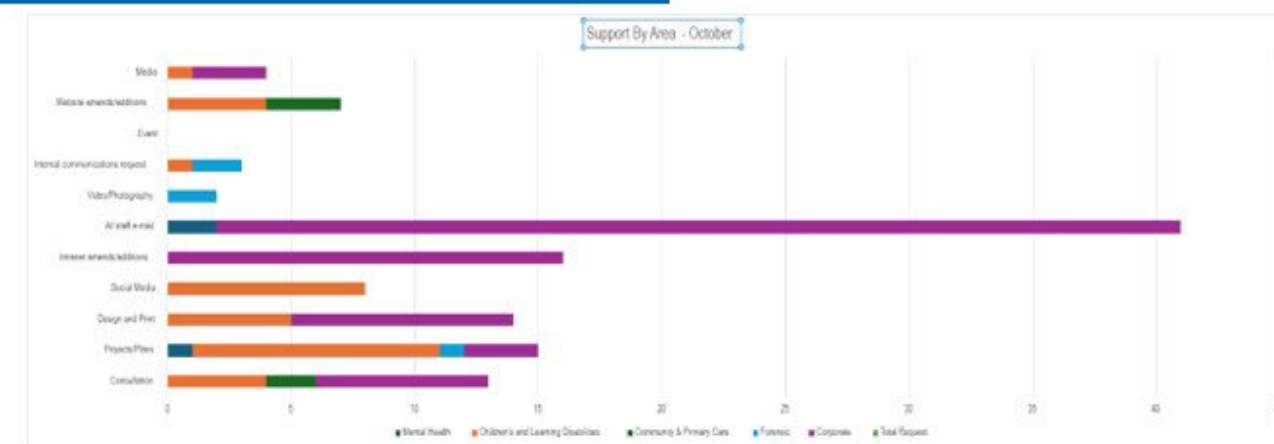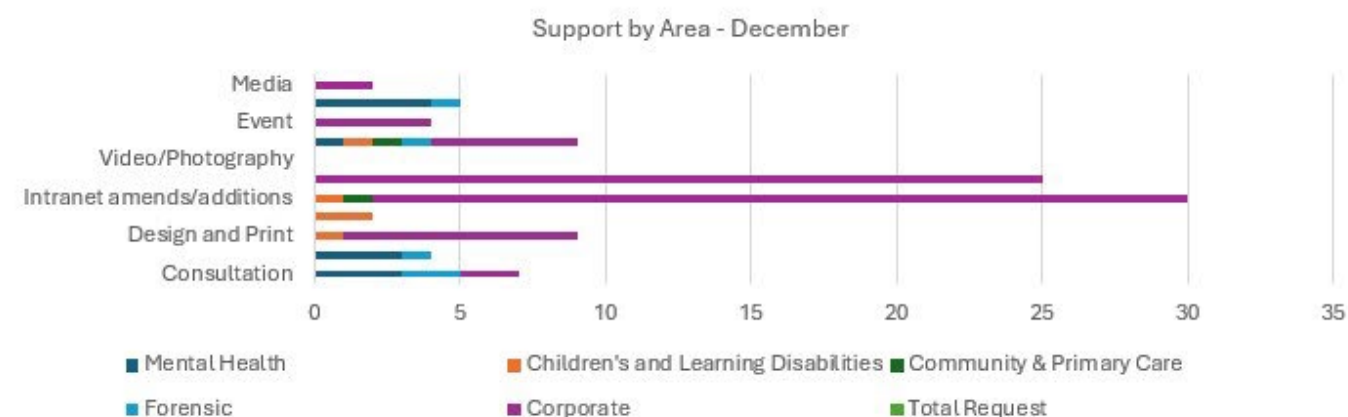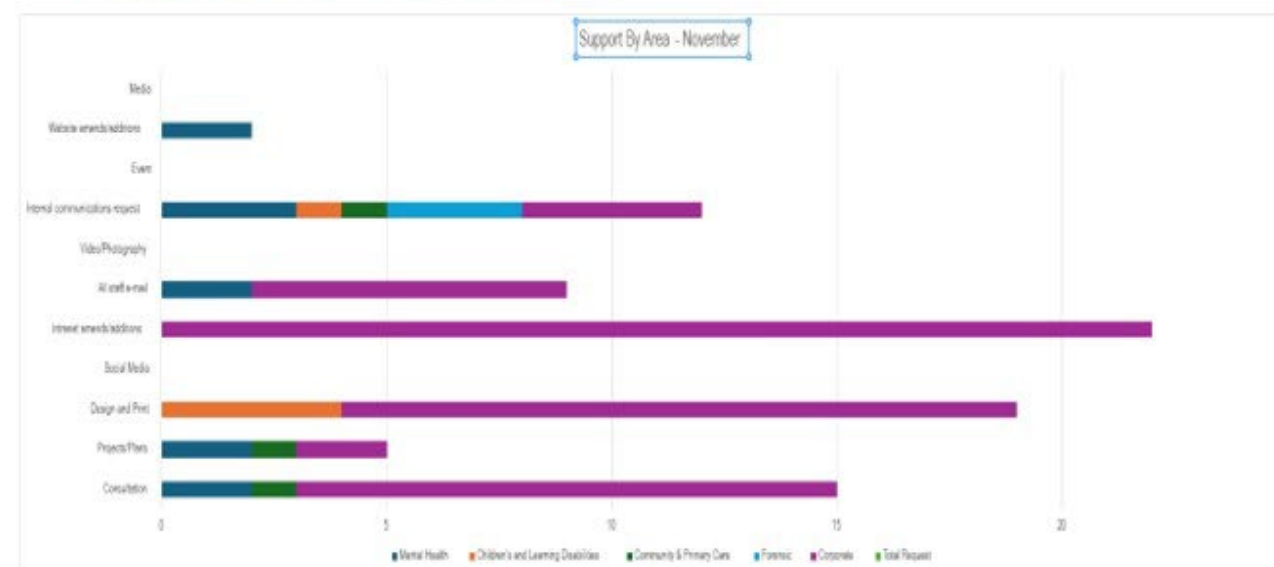

Awards nominations and wins

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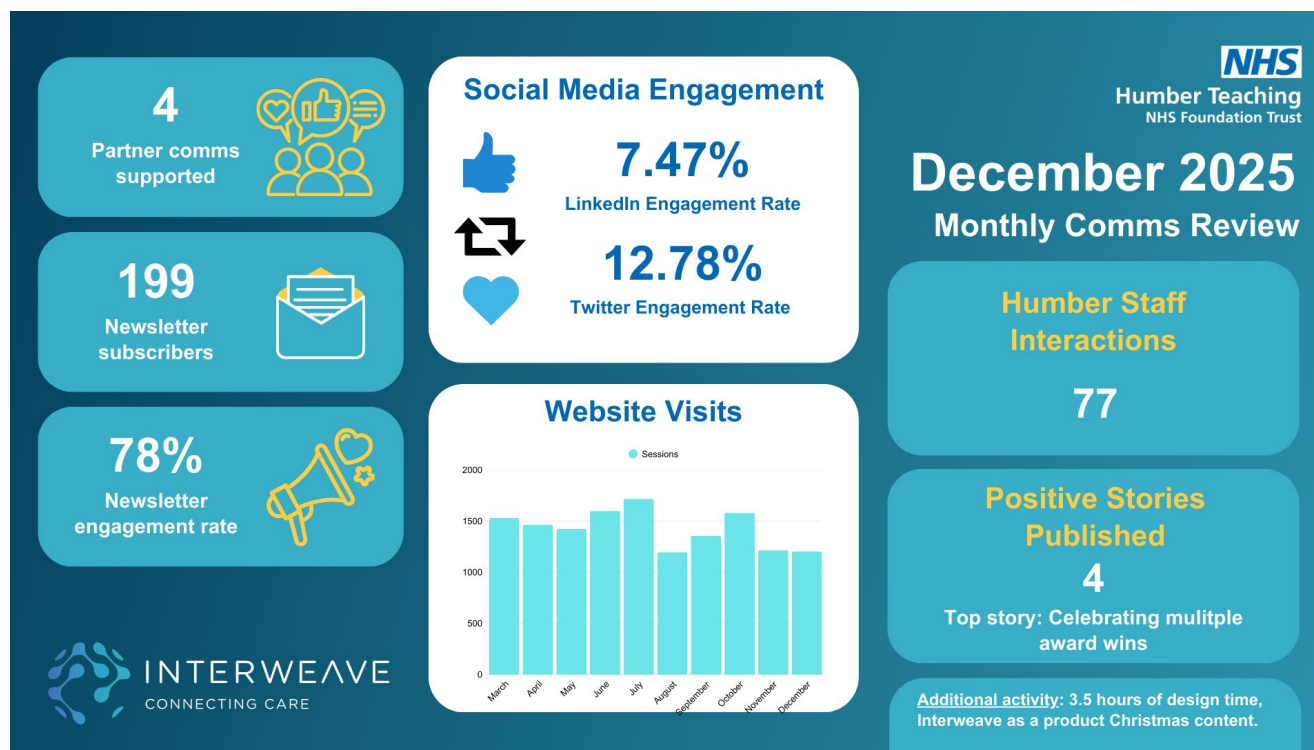
Communications Service

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

■ Mental Health ■ Children's and Learning Disabilities ■ Community & Primary Care
■ Forensic ■ Corporate ■ Total Request

Appendix 2 - Interweave

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

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

Appendix 3 - BeDigital

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

3
EPR Optimisation projects supported

1
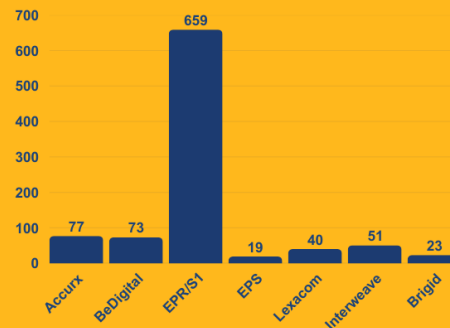Campaign emails sent to staff

1
Digital case study published

BeDigital
DISCOVER, DESIGN, DEVELOP, DEPLOY

Staff Engagement

67%

or 4,018 of campaign emails opened

Intranet Page Visits

Category	Visits
Accurx	77
BeDigital	73
EPR/S1	659
EPS	19
Lexacom	40
Interweave	51
Brigid	23

NHS
Humber Teaching
NHS Foundation Trust

December 2025

Monthly Comms Review

Global And Local Newsletter Interactions

249

in the Digital section

Digital Stories Published

8

<u>Topics include</u>: CIO Live and HFMA Award wins, increasing efficiencies with shared care records, and Do It Profiler reminders.

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

1769 visits to website

£28,354 raised through events

36 views of news stories

2. Enhance Healthcare experiences and outcomes

Wishes

104 wishes received
74% wishes approved
Target = 75%

Dreams

4 Dreams in process

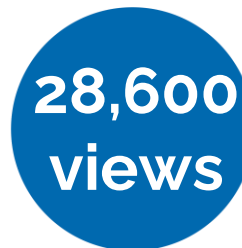## 3. Improve staff health, wellbeing and development

33

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

Charity Champion Health Stars

9/33 Charity Champions

4. Improve health and wellbeing of communities

28,600 views

Views on Facebook

Top social story: Becky's Bench

6,176 views

Health Stars
Published by Helen Humber
9 December 2025 at 13:43

The Haltemprice, Beverley and Goole Older People's Community Mental Health Team (OPCMHT) te... See more

48   6 ☐ 8 ↱
👍 Like   💬 Comment   ↱ Share

£200,000
£150,000
£100,000
£50,000
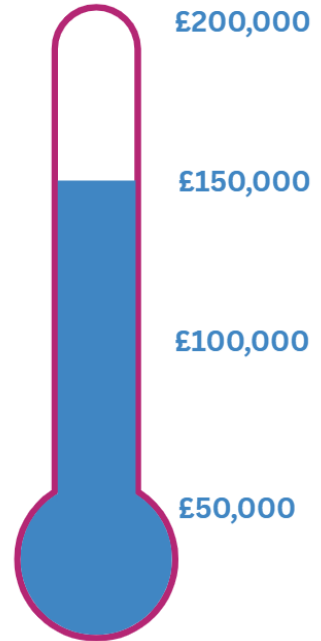
£166,099
Total raised YTD

KPI update

Trust Strategic Goals: Enhancing prevention, wellbeing and recovery

Charity Goal: Support the delivery of outstanding patient care

GOAL / KPI	Measure of success	Success to date
Be in the upper quartile of Community/Mental Health Trust charities by year 3. 2025/26 Target = £200,000	**TOTAL: £200,000** Grants: £50,000 Events/Community: £30,000 Individual: £15,000 Corporate: £5000 Other: £100,000	**TOTAL: £166,099** 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 indication 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: 31ˢᵗ December 2025

Total funds raised this period
£8,175

Operating costs YTD
-£63,432

Wish costs YTD
-£34,025

Opening balance 25/26
£548,447.86

Total funds raised YTD 25/26
£166,099

Overall costs YTD 25/26
-£149,439

Current Commitments
-£24,380

Current balance of funds
£540,727.46

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
Total resources held	**623,862.07**
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)
Net funds at DATE	**540,727.46**

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

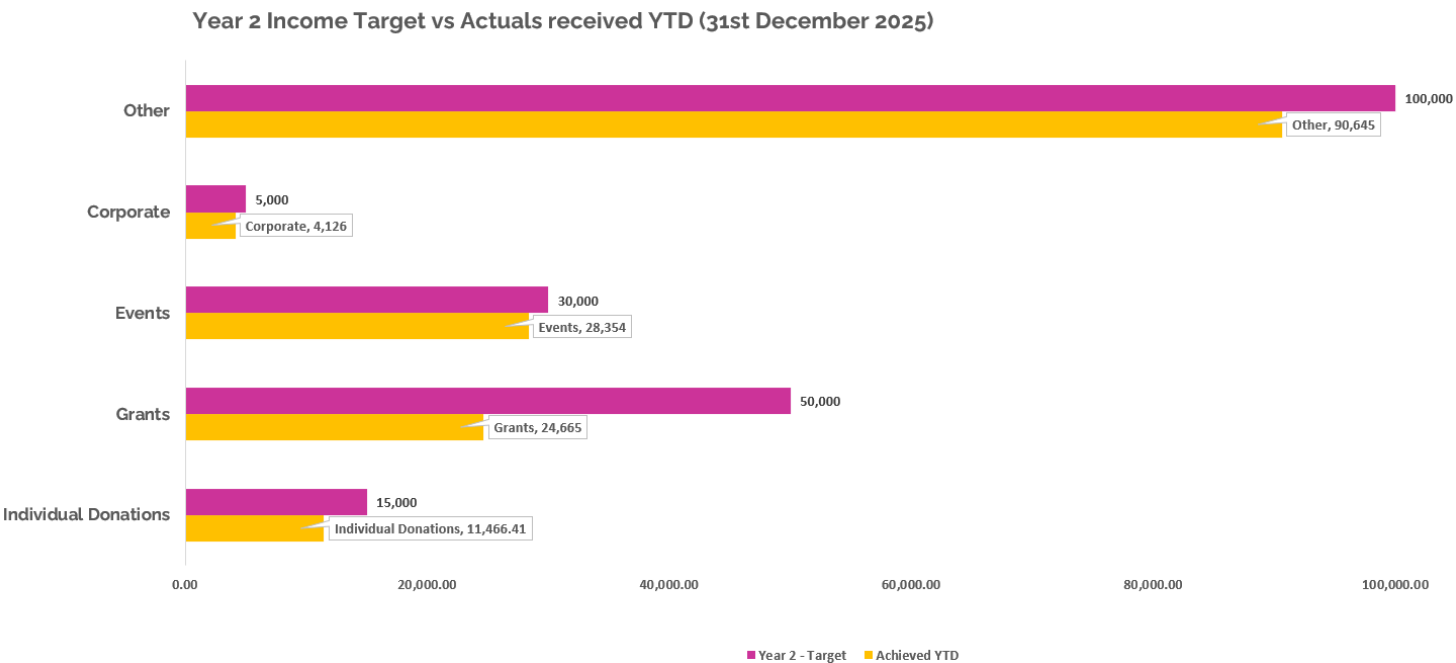| Fund Zone	Sub Funds	Current Commitments	Balance 05/06/2025	Balance Jun 2025	Balance Jul 2025	Balance Aug 2025	Balance Sept 2025	Balance Oct 2025	Balance Nov 2025	Balance Dec 2025	Remaining	Percentage Split	Operating Costs YTD	Less Operating Costs YTD
Community & Primary Care	Community & Primary Care - 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	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	6,665.77	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	1,551.60	1,251.61	1,105.07	415.07	0.08%	(29.47)	385.60
	Forensics	1,243.92	13.35	13.35	13.35	13.35	13.35	13.35	3,013.35	3,013.35	1,769.43	0.33%	(125.63)	1,643.80
Healthstars Central Fund	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	753.28	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,517.44	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
	Small Community Grants Fund	0.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	197,770.00	190,791.00	163,204.74	163,204.74	30.25%	(11,588.03)	151,616.71
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 Grants, Trusts and Foundations	Health Stars own events or hosted by third parties Seasonal campaigns and appeals	Individual fundraising Major gifts Planned giving (in memory, celebration) General donations	Charity of the Year Fundraising within businesses (not connected to an event)	Investment income Legacies / gifts in wills

As at the end of 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.

Year 2 Income Target vs Actuals received YTD (31st December 2025)

Other 100,000
Other, 90,645
Corporate 5,000
Corporate, 4,126
Events 30,000
Events, 28,354
Grants 50,000
Grants, 24,665
Individual Donations 15,000
Individual Donations, 11,466.41

0.00   20,000.00   40,000.00   60,000.00   80,000.00   100,000.00

Year 2 - Target   Achieved YTD

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**

Health Stars
Better Healthcare, Brighter Futures

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

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

Malton Bingo Night: **£350**

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

We're getting 25% of this

Finalising fundraising calendar

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
TOTAL	**£15,000**

Fundraising: Individuals
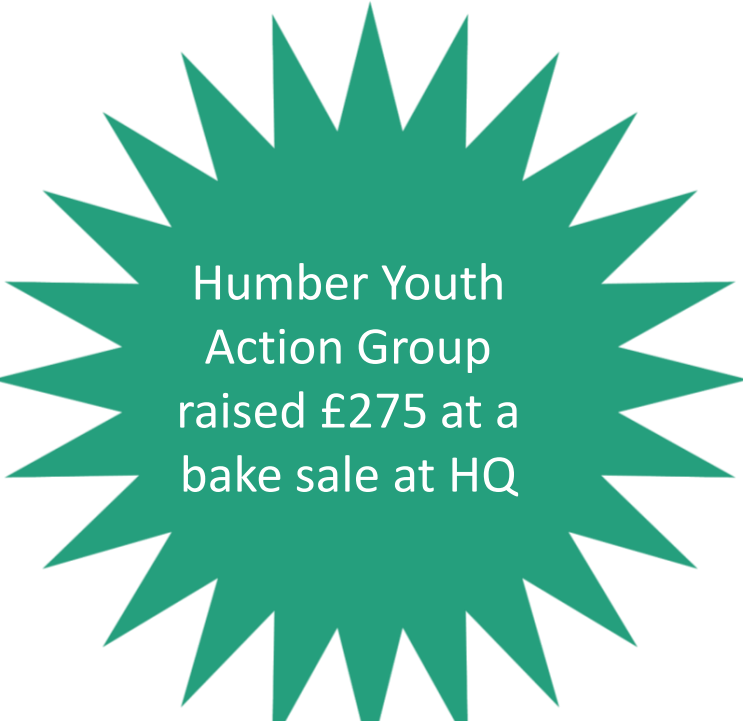
Individual donations: £15,000

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

104 wishes received

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

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

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.

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

DECEMBER 2025

*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.
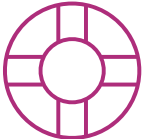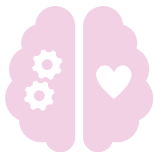
Wish of the month!

150 Selection boxes for the 0-19 team!

Active dreams

🌸	**Malton Day Room**	Creating a dementia friendly day room on the Fitzwilliam Ward	£17,500 plus	Appeal launched Donor wall installed Community event = 19th September Shopping confirmed	Community and Primary
🛟	**Flojac - Scarborough**	An inflatable bed which could be used to assist in palliative care.	£8000	Matthew Handleyhas agreed to fund through Health Stars C&PC fund	Community and Primary
🌱	**Inspire Courtyard Garden**	Transform the courtyard garden at Inspire	Unknown	Initial meetings and engagement with HYAG and patients Lots of fundraising already happening! Application to Capital for garden designer (£10,000) = November	Children and LD
🧠	**Sensory Nest**	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

🚌	**0-19 Mobile Clinic**	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
🌱	**Rivendell**	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
👁	**Granville Court Eyegaze machine**	Purchase of 2 Eyegaze machines to support patients who communicate through their eyes	Approx £8000	Application to Hornsea Freemasons was unsuccessful. Application to RTR Foundation was unsucessful Working with P&S to look for alternative funding Team at Granville are fundraising, £155 raised so far	Children and LD

Better Days Appeal

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

Festive Fiver

CHRISTMAS GIFT APPEAL

Help spread some joy this Christmas

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

£2 a ticket

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

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026			
Title of Report:	Publications and Policy Highlights			
Author/s:	Michele Moran Chief Executive			
Recommendation:	To approve		To discuss	
	To note	√	To ratify	√
	For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To inform and update the Trust Board on recent publications and policy since the November 2025 Board meeting (as detailed below): • Will Strategic Commissioning deliver change? • Exploring NHS Provider Autonomy and Accountability • Review of Mental Health, ADHD and Autism Services • NHS finance business rules from 2026/27: guidance for integrated care boards and NHS provider trusts • Neighbourhood Models • State of the provider sector • Preventing sexual misconduct in the NHS • Advanced Foundation Trust programme • Providing care closer to home

Key Issues within the report:

Positive Assurances to Provide: • n/a	**Key Actions Commissioned/Work Underway:** • n/a
Key Risks/Areas of Focus: • n/a	**Decisions Made:** • n/a

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

Caring, Learning
& Growing Together

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	

Publications and Policy Highlights

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

1. Will Strategic Commissioning Deliver Change?

NHS Providers published a briefing on the changing commissioning landscape and the importance of bringing health and care providers together to consider new ways of delivering care. The briefing features several case studies from NHS trusts.

Read the briefing

Lead: Director of Finance:

The changes to the NHS architecture to introduce strategic commissioning should be welcomed, it is too early to confidently state that this will deliver change to meet the long term plan commitments as this will require commissioning organisations to change approach and not merely rebrand existing commissioning practice, this will be continually monitored and evaluated through exec and board, with regular updates to EMT.

2. Exploring NHS Provider Autonomy and Accountability

NHS Providers held a briefing at its Annual Conference to explore what enhanced autonomy for the best-performing NHS provider organisations might mean. The briefing summarises key discussion points, including opportunities and implications for providers enjoying greater freedoms, and what this means for accountability.

The briefing is available via this link: exploring-provider-autonomy-and-accountability.pdf

Lead: Chief Executive:

This briefing summarises some of the considerations that still need to be finalised as part of the Foundation Trust re-accreditation process, as these documents are developed further briefings will be taken through the Trusts Governance Frameworks.

The Trust has responded to the consultation on the developing autonomy and Foundation Trusts Status, which also appear further down in this report.

3. Review of Mental Health, ADHD and Autism Services

The Government has launched an independent review to look at rising demand for mental health, ADHD and autism services and what is driving it. The review will examine how the health system currently delivers these services in order to help ensure children and adults get the right support.

The review has been launched on the back of Lord Darzi's independent investigation into the NHS which found that demand for mental health, ADHD and autism services has risen, and many people who are autistic or have ADHD are struggling to access the right services and support.

Further information is available via this link: Review launched into mental health, ADHD and autism services - GOV.UK

Lead: Chief Operating Officer:
The findings from this review are expected to be published in summer 2026 and will inform the government's 10 Year Plan commitment and forms part of a wider package of action the government is taking to transform mental health care and improve support for people who are autistic or have ADHD. The Trust continues to work with the HNY ICB to support a plan to manage the local rise in demand for these services.

4. NHS finance business rules from 2026/27: guidance for integrated care boards and NHS trusts

NHS England has produced guidance which sets out the finance business rules for integrated care boards (ICBs) and NHS trusts and foundation trusts ('NHS trusts') that will apply from 1 April 2026. The finance business rules include relevant statutory financial duties and other financial policy requirements set by NHS England and the Department of Health and Social Care (DHSC) that apply to ICBs and NHS trusts, as well as setting out how the impact of surpluses and deficits are managed in future years.

Link to the guidance: NHS England » NHS finance business rules from 2026/27: guidance for integrated care boards and NHS trusts

Lead: Director of Finance:
Business Rules have been considered as part of the 1st draft plan submission to NHSE and will continue to be included as part of any future revisions, which will follow normal Trust governance processes.

5. Neighbourhood Models

NHS Providers also published a report sharing learning from the first national neighbourhood health simulation, led by PPL. It brings together insights on what enables neighbourhood models to work in practice, barriers encountered and opportunities to strengthen collaboration and long-term sustainability across the NHS.

Link to the report: PPL-National-Health-Simulation-Report.pdf

Lead: Chief Operating Officer:
Our community-based services are engaged in the development of all of the neighbourhood models in the local areas in which they operate. This national simulation report is useful and has been shared with our service and clinical leaders engaged in this work.

6. State of the Provider Sector

The **NHS Providers *State of the Provider Sector* survey** is an annual report based on a survey of NHS trust chairs and chief executives across England. Its purpose is to provide a comprehensive snapshot of the key challenges, performance, and outlook for hospital, mental health, community, and ambulance services from the perspective of their leaders.

Survey highlights

- 52% of trust leaders rated the quality of care in their area as high or very high – up 11 percentage points on last year and the strongest result since before Covid-19.

- 53% said they now have the right number, quality and mix of staff, compared to 40% last year. Yet many remain worried about staff burnout (79%), discrimination from patients and the public (77%) and morale (74%).
- Nearly two-thirds (64%) were already concerned about the impact of industrial action before the latest strike announcement.
- Fewer than one in 10 (9%) agreed that investment in mental health services matches demand, while 60% said services lack capacity to reduce waits and intervene earlier.

Survey link: State of the Provider Sector Survey

Lead: Director of Finance/Chief Operating Officer:
This is a broad and helpful survey and sets out some useful conclusions about a system under sustained pressure yet adapting and demonstrating resilience in the context of complex challenges. The findings demonstrate particular concern about mental health services with limited confidence in investment, capacity and integration into the 10-year plan. We will continue to reflect our experience of these challenges into our local system (and nationally where we can) and the current planning activities in order to achieve the best outcomes for our populations.

7. Preventing Sexual Misconduct in the NHS

NHS England has written to provider trusts highlighting actions which need to be taken to prevent sexual misconduct in the NHS.

The letter contains the results from NHS England's recent audit regarding adoption of the sexual misconduct policy framework. This highlights that every trust and ICB now has a policy in place or is in the process of adopting one, and 76 per cent have implemented anonymous reporting for staff who wish to speak up about sexual misconduct in the workplace.

The letter can be accessed via this link: NHS England » An update on actions to prevent sexual misconduct in the NHS

Lead: Director of People and Organisational Development
The Trust continues to make strong progress in implementing the Worker Protection Act 2023 and meeting NHS England's requirements to prevent sexual misconduct in the workplace. Key achievements include:

- **Policy & Governance:** A Sexual Misconduct Policy aligned with the national framework has been launched, supported by clear reporting routes via the 'Report It' inbox and a dedicated Sexual Safety Group providing oversight.
- **Training & Resources:** Sexual Safety e-learning is available on ESR; intranet resources and a Trust-wide communications campaign have been delivered; HR teams trained to manage reports effectively.
- **Risk Management:** Comprehensive sexual safety risk assessments completed across all sites.
- **Assurance Framework:** Baseline assessment against the NHS Sexual Safety Assurance Framework shows **67 of 83 actions rated Green**, with remaining Amber and Red actions incorporated into a live action plan overseen by the Sexual Safety Group.
- **Next Steps:** Address outstanding actions, embed cultural change, ensure specialist training for investigators, and strengthen safeguarding processes.

A formal paper with full details is included on the public Board agenda. The Trust remains committed to fostering a culture of respect, safety, and zero tolerance for harmful behaviours.

8. Advanced Foundation Trust Programme

NHS England invited feedback on the Advanced Foundation Trust Programme: guide for applicants.

As set out in the 10 Year Health Plan, the Advanced Foundation Trust Programme will be a vehicle through which to reward and incentivise good performance. It is intended that by 2035 all providers will have become advanced foundation trusts, with freedoms including strategic and operational autonomy, a capability-based regulatory approach and greater financial flexibilities.

The consultation closed on 11 January 2026 and the updated policy and guide for applicants will be published and implemented in 2026.

Further information is available via this link: NHS England » Advanced Foundation Trust Programme – guide for applicants

Lead: Chief Executive
The Trust submitted a response to the consultation and is now awaiting the updated policy and guide for applicants.

9. Providing Care Closer to Home

Inappropriate out of area placements can have significant consequences for patients, carers and the wider system. Staff working in mental health services are also at risk of 'moral injury' from the need to send patients out of area, as it does not deliver a standard or care that staff believe is acceptable.

NHS Confederation has produced a report which highlights the impact of these placements, presents ways of responding to the challenge and provides examples of positive practice.

Link to the report: https://www.nhsconfed.org/publications/bringing-care-closer-home-0

Lead: Chief Operating Officer
This is a comprehensive and helpful report focussing on a range of factors that impact on the use of inappropriate out of area placements. The adverse impact on patients, carers and the wider system is well understood by the Trust. Significant work is taking place in our adult mental health services where planned changes to our psychiatric intensive care (PICU) provision and our older people's pathway (where we currently experience use of out of area beds) is expected to eliminate this use in 2026/27. We continue to work to improve patient flow across all of our mental health pathways developing and optimising capacity in our out of hospital services to support appropriate admission avoidance. Work continues with our ICB to consider a changed operating model for addressing and eliminating the use of inappropriate out of area bed use.

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026			
Title of Report:	Board Briefing Paper: Mental Health Act 2025			
Author/s:	Kwame Opoku-Fofie, Medical Director			
Recommendation:	To approve		To discuss	√
	To note		To ratify	
	For assurance	√		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To update the Board on the Mental Health Act 2025, its key reforms, implementation timeline, and the anticipated implications for the Trust.			

Key Issues within the report:

Positive Assurances to Provide:
- Early preparatory work has already commenced, including engagement with regional partners and internal project initiation through the PMO.
- A centralised Mental Health Legislation SharePoint resource has been established to support staff and ensure consistent access to updated guidance.
- The Trust is proactively monitoring national updates, including the forthcoming Code of Practice revisions.
- Mental Health Legislation Committee will regularly monitor progress, providing board assurance.

Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):
- Preparatory scoping and regional collaboration are already in progress.
- The first change, effective February 2026, requires communication and targeted support for conditional discharges involving potential deprivation of liberty is underway.

Key Risks/Areas of Focus:

- The Mental Health Act 2025 introduces the most significant legislative changes in over 40 years, with wide-ranging implications for clinical practice, governance, and workforce capacity.
- Implementation will be phased over a decade, creating a prolonged period of operational adjustment and potential uncertainty.

Decisions Made:

- Agreement to escalate the Mental Health Act 2025 implementation as a formal Trust project via the PMO.
- Commitment to ongoing regional collaboration to support consistent interpretation and rollout.
- Approval for the development and maintenance of a central Mental Health Legislation SharePoint resource.

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• The Trust will need to respond to increased tribunal activity, new statutory care planning duties, and enhanced patient rights.			

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

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)*				
√ *Tick those that apply*				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			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	

1. Background

The Mental Health Act 2025 received Royal Assent on 18 December 2025, marking the most significant reform of the Mental Health Act 1983 in decades. Although the Act is now law, most provisions will be implemented gradually over the next 10 years.

The reforms aim to:
- Strengthen the voice and rights of patients subject to the Act.
- Increase patient involvement in care planning and treatment decisions.
- Ensure detention is used only when necessary and proportionate.
- Reduce inappropriate use of the Act for people with learning disabilities and autistic people.

2. Key Legislative Changes

2.1 Detention Criteria and Duration
- Revised detention criteria under Sections 2 and 3, requiring evidence of a **risk of serious harm to self or others**.
- People with a **learning disability or autism** can no longer be detained under Section 3 or placed on a CTO unless they have a co-occurring psychiatric disorder meeting detention criteria.
- **Shortened detention periods** under Section 3:
  - Initial period: 3 months (previously 6).
  - First renewal: 3 months (previously 6).
  - Second renewal: 6 months (previously 12).
  - Subsequent renewals: 12 months.

2.2 Patient Rights and Representation
- Introduction of a statutory Nominated Person role, replacing the "nearest relative" and allowing patients to choose their representative.
- Increased access to the First-tier Tribunal (Mental Health), with earlier and more frequent automatic referrals.

2.3 Places of Safety
- Prisons and police cells removed as designated "places of safety".

2.4 Treatment Provisions
- Introduction of a best interests checklist for treatment under Part 4.
- Revised definition of "appropriate medical treatment", requiring a reasonable prospect of alleviating or preventing deterioration of the mental disorder or its symptoms.
- Changes to treatment certification under Section 58.

2.5 Care Planning and Discharge
- Statutory care and treatment plans required for all detained patients.
- Introduction of advance choice documents for patients to record treatment preferences.

Responsible Clinicians must:
- Consult another professional involved in the patient's care before discharge.
- Consult a community Responsible Clinician before discharging a patient onto a CTO.

3. First Implemented Change (Effective 18 February 2026)

From 18 February 2026, patients may be conditionally discharged with arrangements that include conditions amounting to a deprivation of liberty (DoL). This reverses the position established by MM v Secretary of State for Justice [2018] UKSC 60, which previously prohibited such conditions under the Mental Health Act 1983.

3.1 The Mental Health Act 2025 now allows:
- Conditional discharge with DoL conditions, without Court of Protection authorisation
- Application to both restricted and non-restricted patients, where statutory criteria are met

3.2 Operational implications:
- Primarily affects a small cohort in forensic services, particularly patients on Part III conditional discharge.
- Unlikely to have significant impact on the wider detained population, including most civil patients on Part II, CTOs, or Guardianship.
- Requires targeted communication, staff support, and training for Responsible Clinicians and care coordinators to ensure safe implementation.

This change closes a long-standing legal gap, enabling safe community discharge where restrictive conditions are necessary, while maintaining compliance with statutory safeguards.

4. Future Developments
A revised Code of Practice will be issued to support the implementation of the Mental Health Act 2025. The timing and sequencing of updates are not yet fully confirmed, as the Act's provisions will be introduced in phases.

4.1 Provisions Awaiting Future Commencement Regulations:
All remaining substantive reforms will come into force on dates set by the Secretary of State through future regulations. These include:
- Detention criteria
- Statutory care and treatment plans
- The nominated person role
- Changes to Tribunal access and processes

This phased rollout means the Trust will need to maintain long-term readiness, ensuring systems, policies, and staff are prepared to adapt as new provisions are implemented over the coming years.

5.0 Implications for the Trust
5.1 Operational and Workforce Impact
- Increased tribunal applications and hospital managers' hearings due to shorter detention periods.
- Significant workloads increase for clinical teams due to statutory care and treatment plans.
- Mandatory training required for all inpatient and community mental health staff to ensure safe and lawful practice under the new Act.
- Additional staffing capacity needed across clinical services to meet new statutory duties.
- Increased demand for Mental Health Act expertise, including legal, administrative, and compliance support.
- Potential need for updates to digital systems, including electronic patient records and tribunal tracking tools

5.2 Governance and Risk
- Greater scrutiny of detention decisions, care planning, and discharge processes, requiring strengthened governance arrangements.
- Heightened risk of non-compliance during the transition period if training, policies, and digital systems are not updated in time.
- Need for robust oversight of discharge processes and documentation.

6. Actions Taken to Date
- A project request has been submitted to the PMO to secure dedicated resources for Trust-wide implementation of the Mental Health Act 2025 reforms.
- Regional meetings have commenced to coordinate planning and share best practice across organisations.
- A dedicated Mental Health Legislation SharePoint site has been created as a central resource, which will be regularly updated as reforms progress.

7. Recommendations for the Board

- Note the scale, complexity, and long-term implications of the Mental Health Act 2025 reforms for the Trust.
- Support the establishment of a Trust-wide implementation programme to ensure coordinated preparation and delivery.
- Receive ongoing assurance through scheduled progress and insight reports and risk management to the Mental Health Legislation Committee.
- When necessary, request progress reports as the national implementation timetable is confirmed, to support effective oversight of readiness.

8 Provisions Already in Force (18 December 2025)
The following sections commenced immediately upon Royal Assent:

- **Section 53** gives the Secretary of State the power to make any further technical or administrative changes needed to ensure the Act works properly in practice.
- **Section 55** sets out where the Act applies, confirming its legal extent across England and Wales.
- **Section 56** explains when different parts of the Act will come into force, allowing for a phased implementation over time.
- Finally, **Section 57** simply provides the official name of the legislation, stating that it may be cited as the **Mental Health Act 2025**.

These sections primarily relate to the legal framework and do not directly impact clinical operations.

9.0 Appendix: New Share Point
Introducing the Mental Health Legislation SharePoint

This new resource for all staff working within mental health services, is a place to find the information and resources you need for implementing the Mental Health Act within our Trust.

It is a work in progress so will be updated on a regular basis, especially in the coming months with the introduction of The Mental Health Act 2025.

Should you have any questions about this new resource, please email:

her-tr.MentalHealthLegislation@nhs.net
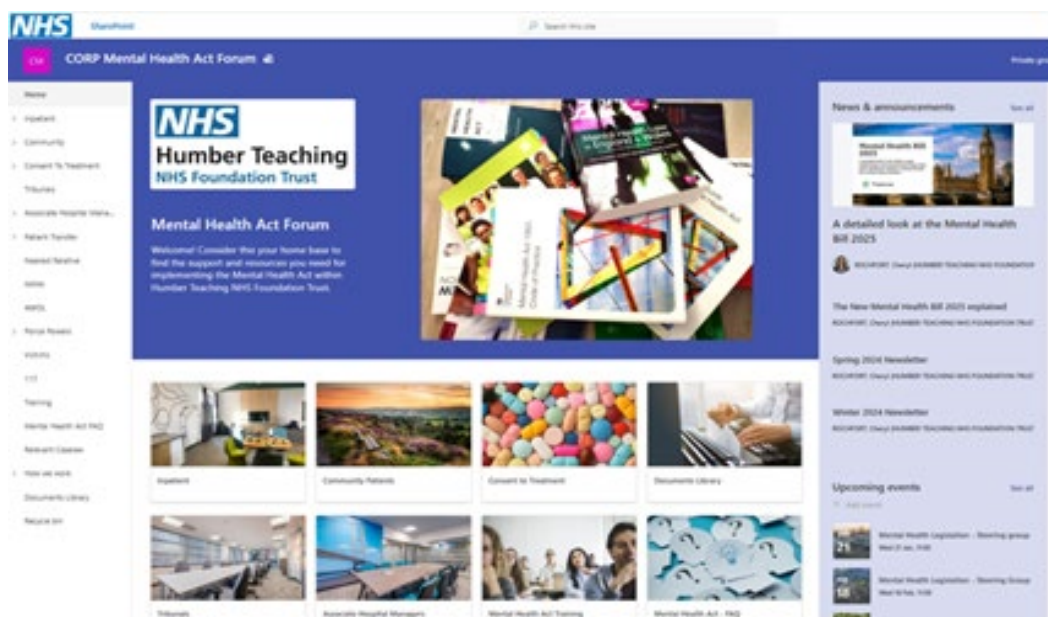
10.0 References

1. Mental Health Act 2025 (UK). Legislation.gov.uk. Mental Health Act 2025
2. NHS England (forthcoming). Implementation Guidance for Mental Health Act Reform. London: NHS England.
3. Supreme Court (2018). MM v Secretary of State for Justice [2018] UKSC 60. Secretary of State for Justice (Respondent) v MM (Appellant) - UK Supreme Court
4. Thalomos Resources: Mental Health Bill 2025 - Mental Health Bill 2025 — A detailed guide

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026
Title of Report:	Six Month Safer Staffing Report – 1st April 2025 – 30th September 2025
Author/s:	Sarah Smyth – Executive Director of Nursing, Quality and Professions Kate Baxendale – Deputy Director of Nursing, Quality and Professions. Sadie Milner, Head of Nursing and Patient Safety Specialist
Recommendation:	<table><tr><td>To approve</td><td>✓</td><td>To discuss</td><td></td></tr><tr><td>To note</td><td></td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td></td><td></td><td></td></tr></table>
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This report aims to provide assurance that the Trust is meeting the reporting requirements as outlined in the Developing Workforce Safeguards (NHS Improvement Oct 2018), National Quality Board and Care Quality Commission (CQC) fundamental standards. This paper outlines in detail the safer staffing reviews which were undertaken in October and November, reflecting the data period April 2025 – Sept 2025. Trust Board are asked to approve the report.

Key Issues within the report:

Positive Assurances to Provide:
- HTFT continues to benchmark positively for Care Hours Per Patient Day (CHPPD) when compared to national and regional peers.
- Following a triangulated review using evidence-based tools (where available), quality and safety metrics, and professional judgement are used to provide a detailed view of safer staffing.
- There were no wards with more than two red flags when reviewing the quality metrics six-month averages.
- Incident reporting continues to demonstrate a positive reporting culture with a high proportion of no harm and low harm incidents however reporting of staffing level incidents is low.

Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):
- Safer staffing implementation plan has been developed and approved by QPaS and The Safer staffing escalation policy has been reviewed and updated – August 2025.
- As a result of the safer staffing reviews a number of service level recommendations have been made for actioning by the divisional senior leads, and these are outlined in the main body of the report. These will be monitored through the Patient Care and Accountability Reviews
- HTFT is participating in the revision of the national Mental Health Optimal Staffing Tool (MHOST).
- Further work will be undertaken to explore why we are different to peers and the national average in terms of HCA's delivering more CHPPD.

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• Supervision and training compliance remains high. • The strengthening of effective staffing continues to be a key focus and is evidenced throughout the report	
Key Risks/Areas of Focus: • High sickness rates have continued to be a challenge however there has been improvement in a number of areas with Swale, Derwent, PICU and Avondale averaging below the 5% threshold for the 6-month period April-September. • Improve E-roster efficiency, e.g. reporting of red flag shifts, rules breaks. • Strengthening the understanding of the principles of safer staffing within the ward teams, including acuity, dependency and ensuring the data collection remains consistent and robust.	**Decisions Made:** • No recommendations made in relation to CHPPD and therefore no budgeted impact. • A number of units do require a review of their staffing model and how they deploy staff more effectively for example, Maister Lodge/Court, Whitby, Westlands, and PICU. • Maister Lodge to review Budgeted Establishment (BE) alongside the recommendations from the MHOST and professional judgement review. • Granville Court to review BE as previously set when the nursing home had 20 beds. • A review of BE would be required if there was an increase in bed occupancy at Orion. • EMT supported the recommendations and requested that the safer staffing training was a priority as part of the professional leadership development.

		Date		Date
Governance: *Please indicate which committee or group this paper has previously been presented to:*	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	13.01.26
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	QPaS 22.01.26

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
√	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation
	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			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	

Six Month Review of Safer Staffing 1st April – 30th September 2025

1.0 Introduction and Purpose

The Trust Board holds ultimate responsibility for ensuring safe staffing across all services. This includes providing strategic oversight and assurance that the right number of staff, with the right skills, are available at the right time to deliver safe, effective, and compassionate care. Boards must implement robust systems to monitor staffing levels shift-by-shift, use evidence-based tools to inform workforce planning, and foster a culture where staff can raise concerns without fear. They are accountable for reviewing staffing data 6 monthly, acting on risks promptly, and ensuring transparency by reporting staffing information publicly. Through these measures, the Board safeguards patient safety, staff wellbeing, and compliance with national standards.

This report aims to provide assurance that the Trust is meeting the requirements as outlined in the 'Developing Workforce Safeguards' (NHS Improvement Oct 2018). The report also presents the findings of the safer staffing establishment reviews across our 18 inpatient units for the period **1st April 2025 to 30th September 2025**.

2.0 Productivity Overview

Following Lord Carter review in 2016 and the NHS Five Year Forward View planning guidance, Care Hours Per Patient Day (CHPPD) has since become a key principle measure of nursing and healthcare support staff deployment on inpatient wards and increasingly forms an integral part of a ward/unit/trust review and oversight of quality and performance indicators to inform quality of care, patient outcomes, people productivity and financial sustainability.

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing care information with other staff and departments. It covers both temporary and permanent care staff.

By itself, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective, or responsive. It should therefore be considered alongside measures of quality and safety (NHS England).

The benchmarking data is outlined in the table below:

	Data period	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	Feb 24	14.6	4.3	10.2	0
	Aug 24	14.5	4.3	10.2	0
	Mar 25	13.5	4.3	9.1	0.1
	Jul 25	**13.8**	**4.4**	**9.3**	**0.1**
Peer average	Feb 24	10.5	3.6	6.7	0.1
	Aug 24	11.1	3.7	7.3	0
	Mar 25	10.8	3.9	6.9	0.1
	Jul 25	**9.1**	**4.9**	**3.7**	**0**
National value	Feb 24	10.5	3.6	7.0	0.1
	Aug 24	11.1	3.7	7.3	0
	Mar 25	11.0	3.9	6.9	0.1
	Jul 25	**9.1**	**4.9**	**3.6**	**0**

The national value for CHPPD dropped from 11.0 in March 2025 to 9.1 in July 2025. The Trust overall has maintained higher than average levels of CHPPD, reported at 13.8 in July 2025. However, the data demonstrates that more care delivered by HCA staff as opposed to registered nurses and this is higher that our neighbours and the national average. Further work and analysis will be undertaken to explore why we are not in line with peer or national average regarding CHPPD delivered by HCA's. However, these figures provide overall assurance that at an organisational level we are performing well regionally and nationally in terms.

3.0 Safe and Effective Staffing - Assurance Overview

The safe staffing internal audit completed in 2023 provided significant assurance that the Safer Staffing Framework effectively manages, and controls risks maintaining patient safety standards.

In April 2025, the Trust completed a safer staffing and workforce planning self-assessment as part of a new schedule of annual compliance audits conducted by NHSE and the workforce lead from the ICB. The audit covers the standards outlined in the

National Quality Board safe sustainable and productive staffing guidance (2016) and the Developing Workforce Safeguards (DWS) document (NHSI, 2018).

The Trust safer staffing leads then met with the ICB lead and the NHS England regional safer staffing leads. HTFT were the first Trust to complete this new audit regionally and we received favourable feedback in relation to the 'maturity' of our approach to establishment reviews and ward to board reporting.

4.0 Safer Staffing Establishment Review

In line with National Quality Board requirements the Trust conducts a review 6 monthly, using the Mental Health Optimal Staffing Tool (MHOST) and for Whitby and Malton inpatient areas the Safer Nursing Care Tool (SNCT), this is to assess our ability to provide the right staff with the right skills at the right time and place. The most recent review was undertaken in October/ November 2025 and consists of ward leaders collecting dependency data using the evidence based tool for 28 days during September/ October 2025 and presenting the findings of this alongside triangulated data as recommended in the National Institute for Health and Care Excellence (NICE) guideline Safe staffing for nursing in adult inpatient wards in acute hospitals (2014) and appendix 1 in the NQB guidance.

Safer staffing reviews are led by the Deputy Director of Nursing, Quality and Professions and the Head of Nursing and Patient Safety Specialist, they take place with all inpatient areas attended by service managers, matrons, ward managers, e-roster team and their finance lead to review their safer staffing data and their establishments.

5.0 Limitations

It is important to note that there are some limitations with the tools used to collect data and these are:

- There is no validation tool for use at Townend Court Learning Disability Unit or Granville Court Nursing Home.
- For Ullswater the Medium secure MHOST was used but this presents limitations due to patient profile.
- There is also limited validity where the bed base on a unit is low e.g. Maister Court.

- The SNCT tool has been used for the first time in Whitby and Malton and changes to budgeted establishment should not be made based solely on 1 round of data collection (it is being repeated in January/February 2026).
- The validity of all tools can be compromised by low patient numbers. On units with less than 8-12 patients this can result in inaccurate calculations. The MHOST guidance recommends using professional judgement when the tool does not recommend enough staff to safely staff the wards.

6.0 Summary of Safer Staffing Establishment Review by Ward

The following section outlines the safer staffing establishment reviews by ward and is presented by division. The quality indicators are based on six-month averages between April 2025 and September 2025. Data in this report has been collated from the Level 3 performance reports, Safer Staffing Productivity Report, the Trust's Incident Management Reporting System (Datix), Closed cultures dashboard, budgeted establishments submitted by the finance team and data from the Model Health System alongside the information gathered during the safer staffing reviews with the ward managers, clinical leads, matrons and service managers.

*R-CHPPD = Recommended Care Hours Per Patient Day (CHPPD) based on the acuity/dependence data using the MHOST tool following 28 days data collection.

6.1 Mental Health Division

Avondale Safer staffing review 20-10-25

Avondale	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	95%	99%	99%	101%	7.4	11.6	74%	21%	5%	2.8%
Oct 24 – Mar 25	92%	94%	106%	105%	7.3	12.1	73%	20%	8%	5.5%
April 24 - Sept 24	90%	95%	99%	100%	9.2	11.1	75%	24%	27%	10.1%
Oct 23 - Mar 24	95%	95%	104%	98%	9.1	11.6	73%	27%	25%	6.5%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	89%	91%	41	37	214
Oct 24 - Mar 25	88%	93%	39	44	96
Apr 24 - Sept 24	89%	92%	29	37	138
Oct 23 - Mar 24	89%	91%	35	29	136

The recommended CHPPD based on this round of dependency data is 7.4 compared to 7.3 at the previous round.

The current CHPPD target is set at 9.0 and this is consistently met.

The Recommended Whole Time Equivalent (R-WTE) as per MHOST = 19.1 WTE.

During this period of data collection (28 days in Sept-Oct), the average patient numbers was 10.9 and the validity of the tool can be compromised by lower patient numbers.

Findings and recommendations:

The current budgeted nursing establishment supports minimum staffing levels of 5 on long days (2 RNs) and 5 on nights (2 RNs) and supports the delivery of the target CHPPD of 9.0.

The outcome of this review is to consider the current minimum staffing levels on nights and review against the patient safety data.

No changes to CHPPD or budgeted establishment recommended.

Maister Court Safer staffing review 24-10-25

Maister Court	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	104%	111%	83%	103%	6.0	17.0	90%	22%	-7%	7.1%
Oct 24 - Mar 25	88%	100%	83%	99%	5.8	15.3	95%	34%	23%	8.5%
April 24 - Sept 24	87%	98%	96%	107%	5.0	16.9	94%	32%	11%	9.1%
Oct 23 - Mar 24	88%	100%	94%	110%	5.5	16.6	96%	35%	11%	5.6%

	% Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Falls	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	Nil returns	94%	16	6	47	1
Oct 24 - Mar 25	94%	83%	12	1	6	5
Apr 24 - Sept 24	93%	93%	18	12	9	0
Oct 23 - Mar 24	85%	95%	16	20	14	1

Maister Court is a 5 bedded unit. The tool is not recommended for wards with lower bed bases however we have used the tool over time to track changes in levels of acuity/R-CHPPD. In cases where the tool does not recommend enough staff to safely cover the ward, the MHOST guidance recommends professional judgement should be used.

Recommended CHPPD based on this round of dependency data is 6.0 compared to 5.8 at the previous round and remains fairly consistent over time.

The current CHPPD target set at 10.3 and this is consistently met.

The Recommended Whole Time Equivalent (R-WTE) as per MHOST = 7.0

During this period of data collection (28 days in Sept-Oct), the average patient numbers was 5 and the validity of the tool can be compromised by lower patient numbers.

Findings and recommendations:

The sickness level and levels of clinical supervision have been noted as red flags, although both are improving from the latest data (October).

Occupied bed days remains high however Maister Court have a low bed base so high bed occupancy is expected.

Sickness averaged 7.1% over the 6 months. This had improved by the end of this reporting period.

CHPPD remains strong and above target, however given the low bed base and validity of the tool caution should be applied.

Training compliance was above target for 5 of the 6 months.

Performance indicators give good assurance that the unit is safely staffed with shortfalls covered by Band 7s.

No changes to CHPPD or budgeted establishment recommended.

The current establishment supports minimum staffing levels of 3 on days (1 RN) and 3 on nights (1 RN) and supports the delivery of the target CHPPD. However, consideration should be given to having a staffing model that combines Maister Lodge and Court (see additional detail under Maister Lodge review). Progress will be monitored through the Patient Care and Accountability Reviews.

Maister Lodge Safer staffing review 24-10-25

Maister Lodge	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	103%	102%	90%	116%	13.8	18.8	61%	23%	15%	7.3%
Oct 24 - Mar 25	109%	103%	98%	119%	12.2	17.5	66%	24%	8%	8.5%
April 24 - Sept 24	92%	100%	110%	121%	14.6	16.2	75%	21%	5%	5.4%
Oct 23 - Mar 24	104%	100%	100%	113%	7.5	21.3	56%	17%	-9%	7.1%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Falls	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	97%	93%	17	30	52	0
Oct 24 - Mar 25	99%	91%	9	57	97	0
Apr 24 - Sept 24	97%	93%	10	46	79	2
Oct 23 - Mar 24	98%	92%	17	36	44	1

The recommended CHPPD based on this round of dependency data is 13.8 compared to 12.2 and 14.6 at the previous rounds.

The current CHPPD target is set at 9.0 and this is consistently met.

The Recommended Whole Time Equivalent (R-WTE) as per MHOST = 35.8 WTE.

During this period of data collection (28 days in Sept-Oct), the average patient numbers was 11.5 and the validity of the tool can be compromised by lower patient numbers. It should also be noted the ward was not at full capacity during this time due to 2 temporary bed closures.

<u>Findings and recommendations:</u>

Sickness has remained a concern in terms of a red flag, as it is above the Trust target.

The fill rates and CHPPD give good assurance that the unit is safely staffed however this is being achieved by the user of temporary staff and there continues to be significant challenges due the intensive support required and the additional environmental factors.

The ward is currently maintaining safe staffing levels by temporary increases in staffing demand to 7 on days and 6 on nights. This is currently impacting the financial position with a significant overspend on staffing due to agency spend.

The outcome of this review is that an evidence-based business case should be considered by the senior managers to explore the staffing model at Maister Lodge and consideration should be given to having a staffing model that combines Maister Lodge and Court. This would support more flexible staffing across the units, provide opportunity to upskill our staff with the skills and expertise to support the care of functional and organic patient groups. Having a greater degree of staffing confidence and flexibility may result in less need to deploy agency nurses when there are staffing shortfalls. There should be consideration for increasing the budgeted establishment in line with the recommendation of the MHOST tool and the professional judgment discussion which indicates that an increase in staffing levels may result in a safer, more sustainable staffing model.

Mill View Court Safer staffing review 20-10-25

Mill View Court	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	96%	99%	97%	100%	7.7	7.8	90%	16%	10%	7.4%
Oct 24 - Mar 25	96%	93%	106%	111%	6.7	8.4	91%	30%	12%	6.8%
April 24 - Sept 24	86%	86%	99%	109%	10.2	8.6	86%	28%	21%	14.6%
Oct 23 - Mar 24	102%	96%	104%	115%	8.3	9.2	83%	28%	11%	6.4%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	94%	93%	26	12	30
Oct 24 - Mar 25	94%	91%	23	15	57
Apr 24 - Sept 24	94%	92%	16	29	73
Oct 23 - Mar 24	92%	94%	30	20	98

The recommended CHPPD based on this round of dependency data is 7.7 compared to 6.7 at the previous round.

The current CHPPD target is set at 8.0 and was being consistently met over time. During this reporting period (Apr-Sept) the CHPPD has averaged slightly under target however it exceeds the R-CHPPD (7.7) for this data collection period

The Recommended Whole Time Equivalent (R-WTE) as per MHOST = 25.8 WTE.

During this period of data collection (28 days in Sept-Oct), the average patient numbers was 14.1.

Findings and recommendations:

During this reporting period there was 1 red flag for sickness which averaged at 7.4%

 CHPPD is just under target of 8.0 however fill rates remain strong and the ward is safely staffed and is able to meet the levels of patient acuity and care needs.

Whilst sickness and secondments have had some impact, staffing has remained stable and safe throughout this reporting period.

No changes to CHPPD or budgeted establishment recommended.

The current establishment supports minimum staffing levels of 5 on days (2 RNs) and 4 on nights (2 RNs).

Mill View Lodge Safer staffing review 24-10-25

Mill View Lodge	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	66%	103%	75%	100%	4.0	13.7	85%	22%	4%	8.8%
Oct 24 - Mar 25	74%	102%	76%	103%	6.4	14.0	88%	21%	27%	10.7%
April 24 - Sept 24	79%	100%	76%	103%	7.2	15.8	81%	19%	39%	4.6%
Oct 23 - Mar 24	82%	114%	81%	131%	4.7	17.1	79%	21%	36%	5.0%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Falls	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	81%	91%	12	23	3	1
Oct 24 - Mar 25	82%	95%	15	26	19	1
Apr 24 - Sept 24	81%	97%	4	14	23	1
Oct 23 - Mar 24	87%	96%	14	22	31	16

The recommended CHPPD based on this round of dependency data is 4.0 compared to 6.4 at the previous round.

The current CHPPD target is set at 8

The Recommended Whole Time Equivalent (R-WTE) as per MHOST =. 8.8

During this period of data collection (28 days in Sept-Oct), the average patient numbers was 9.4 and the low occupancy impacts the reliability of the tool.

Findings and recommendations:

There are 2 red flags, one is in relation to sickness which has improved however, continues to flag above the Trust target threshold. The other is in respect of the fill rate and a review of demand template on E Roster is required to correct any anomalies associated with shift patterns and the Nurse Associate in order to more accurately reflect the fill rates.

There is sufficient budget to cover the minimum staffing levels of 5 (2xRN), 4 (2xRN), 4 (1x RN) plus a twilight or long days of 5 (2x RMN and 3 HCAs).

No changes to target CHPPD or budgeted establishment recommended.

Newbridges Safer staffing review 20-10-25

Newbridges	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	97%	100%	99%	102%	7.7	7.7	95%	21%	26%	7.7%
Oct 24 - Mar 25	95%	92%	102%	109%	8.5	8.3	96%	28%	-3%	8.5%
April 24 - Sept 24	83%	82%	97%	104%	6.4	7.8	94%	20%	1%	7.5%
Oct 23 - Mar 24	82%	88%	85%	102%	5.4	8.0	91%	15%	-11%	11.1%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	91%	95%	18	81	6
Oct 24 - Mar 25	90%	95%	9	44	36
Apr 24 - Sept 24	89%	95%	14	47	12
Oct 23 - Mar 24	87%	99%	8	26	15

The recommended CHPPD based on this round of dependency data is 7.7 compared to 8.5 at the previous round.

The current CHPPD target is set at 8

The Recommended Whole Time Equivalent (R-WTE) as per MHOST =. 30.4

During this period of data collection (28 days in Sept-Oct), the average patient numbers was 17.1

Findings and recommendations:

There are 2 red flags for sickness and occupied bed days (OBD's). The high OBDs continues to impact on the CHPPD bringing it just under the target threshold of 8.0.

Sickness continued to be a challenge throughout the 6-month period and is being managed thorough HR support meetings and in line with the Trust policy.

 Despite these challenges the fill rates remain high, and the use of bank and agency has reduced in this period.

The current budgeted establishment supports the minimum staffing levels of 6 on days (2xRN), 5 on nights (2xRN).

No changes to target CHPPD or budgeted establishment recommended.

PICU Safer staffing review 20-10-25

PICU	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	107%	98%	104%	117%	14.6	25.1	77%	45%	21%	4.4%
Oct 24 - Mar 25	84%	92%	99%	114%	17.0	23.9	74%	38%	15%	7.6%
April 24 - Sept 24	85%	93%	105%	114%	13.4	20.4	87%	45%	43%	5.0%
Oct 23 - Mar 24	98%	97%	98%	118%	12.0	20.8	76%	42%	29%	3.7%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	90%	96%	13	344	105
Oct 24 - Mar 25	86%	93%	18	80	146
Apr 24 - Sept 24	90%	94%	23	98	112
Oct 23 - Mar 24	90%	95%	18	136	43

The recommended CHPPD based on this round of dependency data is 14.6 compared to 17.0 at the previous round.

The current CHPPD target is set at 16.6 and is consistently met

The Recommended Whole Time Equivalent (R-WTE) as per MHOST =. 28.6

During this period of data collection (28 days in Sept-Oct), the average patient numbers was 8,4. Where wards have smaller bed base, and the tool does not recommend enough staff to safely staff the ward the MHOST guidance recommends professional judgement should be used.

Outcome and recommendations:

Whilst the metrics for fill rates, CHPPD and sickness provides a positive perspective on that the ward is safely staffed and, there are sufficient staff within the budgeted establishment to meet the current shift pattern of 7 on days (2 RMNs) and 6 on nights (2 RMNs), there continues to be significant Health Care Assistant vacancies which is leading to a high proportion of temporary staffing.

Whilst this review is not recommending a change to target CHPPD, consideration needs to be given to the staffing model. With the on-going challenges with HCA recruitment, high use of temporary staffing and the increase in violence and aggression incidents the recommendation from this review is for the senior leadership team to consider the staffing model and review against NAPICU standards and guidance.

The team should conduct a deep dive into the incident data in relation to violence and aggression to inform these decisions based on quality and safety. Consideration should be given to developing the HCAs which may improve recruitment and retention of staff.

This structure should be considered alongside the proposal for separating the ward into a female and male only PICU/High dependency. **Progress will be monitored through the Patient Care and Accountability Reviews.**

Westlands Safer staffing review 20-10-25

Westlands	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	91%	100%	86%	103%	5.9 *	8.5	88%	40%	0	13.4%
Oct 24 - Mar 25	86%	97%	83%	107%	6.3	8.1	91%	30%	-2%	7.5%
April 24 - Sept 24	90%	94%	83%	108%	7.9	9.7	78%	35%	2	7.8%
Oct 23 - Mar 24	79%	93%	78%	107%	8.9	9.8	79%	38%	13%	9.2%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	89%	92%	17	142	282
Oct 24 - Mar 25	87%	90%	16	39	1023
Apr 24 - Sept 24	89%	95%	27	57	520

Oct 23 - Mar 24	85%	88%	22	53	734

The recommended CHPPD based on this round of dependency data is 5.9 compared to 6.3 at the previous round.

The current CHPPD target is set at 8.0 and is consistently met

The Recommended Whole Time Equivalent (R-WTE) as per MHOST =. 23.6

During this period of data collection (28 days in Sept-Oct), the average patient numbers was 16.8 however the inclusion of a patient being supported at HRI during this time had not been factored into the data collection and a patient in seclusion had not been recorded as a level 5, which invalidates the integrity of the data collection using MHOST.

Findings and recommendations:

There is 1 red flag for sickness. Assurance was provided that the ward is safely staffed and the CHPPD target, previously set at 8.0, is consistently being met over time. However, the review questioned the validity of the data as not all nursing demands were captured in the reporting period. The budgeted establishment supports the delivery of the target CHPPD of 8.0 and the shift pattern of 5 (2x RNs) on long days and 5 (2x RNs) on nights and Twilight.

No changes to budgeted establishment or CHPPD recommended following this latest review.

A review of the impact of the twilight pilot alongside incident data and the completion of a QIA is to be completed if this is to be a permanent change. Progress will be monitored through the Patient Care and Accountability Reviews.

6.2 Children and Learning Disability Division

Townend Court Safer staffing review 05-11-2025

Willow and Lilac Townend Court	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	64%	96%	80%	90%	NA	34.1	39%	11%	14%	6.6%
Oct 24 - Mar 25	57%	94%	84%	100%	NA	37.7	37%	23%	13%	11.5%
April 24 - Sept 24	75%	139%	92%	120%	NA	44.8	33%	47%	17%	22.5%
Oct 23 - Mar 24	78%	102%	85%	100%	NA	34.2	38%	36%	23%	14.1%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	86%	94%	22	176	112
Oct 24 - Mar 25	92%	95%	45	458	356
Apr 24 - Sept 24	86%	83%	19	422	459
Oct 23 - Mar 24	76%	93%	18	400	373

There is no approved evidence based safer staffing tool for use in this clinical setting. Unit level Model Health System peer median is 29.62 CHPPD March 2025 and 38.2 in July 2025. Current target set at 10.3 and is consistently met over time, averaging 34.1 April – September aligning with model health system peer median values.

Total Budgeted establishment (WTE) as per the finance report August 2025 = 42.77

Findings and recommendations:

There are 2 red flags for this reporting period - RN fill rates on days and sickness which has continued to be a challenge. Sickness is an improved overall position when compared to the previous reporting period. Bank and agency use has significantly improved. CHPPD is currently above the peer median. Significant reduction in patient safety incidents. CHPPD remains high, supported by low bed occupancy. CHPPD is currently above the peer median.

No changes to CHPPD or budgeted establishment recommended at this review however a deep dive into the RN fill rates is required to identify and rectify the reporting and the review of the minimum staffing levels to ensure a Quality Impact Assessment is completed before any permanent changes are made to shift patterns ensuring budgeted establishment and shift patterns

remain sufficient should bed occupancy or patient acuity increase. Progress will be monitored through the Patient Care and Accountability Reviews.

There is assurance following this review that the ward is adequately and safely staffed.

Granville Court Safer Staffing review 05-11-2025

Granville Court	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	135%	114%	98%	108%	NA	21.3	66%	24%	-15%	8.5%
Oct 24 - Mar 25	119%	104%	101%	106%	NA	19.5	71%	25%	-13%	12.7%
April 24 - Sept 24	108%	108%	106%	109%	NA	18.5	80%	29%	-1%	6.9%
Oct 23 - Mar 24	103%	108%	100%	107%	NA	17.5	84%	38%	2%	9.3%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Falls	Pressure Ulcers in our care
April 25 – Sept 25	92%	98%	15	9	0
Oct 24 - Mar 25	91%	97%	13	5	0
Apr 24 - Sept 24	92%	94%	9	8	0
Oct 23 - Mar 24	93%	95%	13	11	0

There is no evidenced based safer staffing tool for nursing homes on which to recommend the number of WTEs or CHPPD. The current target set by the Trust is 10.3 which is consistently exceeded over time.

Budgeted establishment (WTE) = 1x Band 7 registered manager, 10.44 WTE Band 5/6 registered nurses, 8.8 WTE Health Care Assistants and 38.46 WTE Band 2 Social Care Assistants

Findings and recommendations:

There is 1 red flag for sickness which continues to be challenging. Sickness and vacancies are impacting on bank use which stands at 24% for the 6-month period. CHPPD is strong and has increased during due to a reduced bed occupancy (11 residents).

The current staffing establishment requires a systematic review involving the senior leadership team as there is evidence to support the current establishment is based on historic occupancy levels of 20 residents. Progress will be monitored through the Patient Care and Accountability Reviews.

There is no evidence based safer staffing tool for use in this care setting on which to make a recommendation on the number of WTE staff required and consideration needs to be given to the configuration of the staffing across the 3 bungalows and whether there is scope to more effectively manage care within two bungalows.

It is acknowledged that this is a nursing home and requires careful consideration and consultation and should be considered alongside the imminent temporary move to Hawthorne Court.

In addition, the team are required to work with the E-roster team to ensure rule breaks are accurately recorded and the issue relating to the TUPE staff is not consistently flagging as a rule break breach.

Orion Safer staffing review 06-11-2025

Orion – Inspire	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	88%	95%	107%	114%	27.8	26.8	61%	12%	-2%	5.2%
Oct 24 - Mar 25	99%	100%	112%	116%	27.7	34.0	50%	19%	-4%	5.8%
April 24 - Sept 24	93%	92%	102%	105%	30.4	20.6	74%	31%	-8%	14.1%
Oct 23 - Mar 24	93%	96%	104%	113%	21.6	26.6	61%	30%	-5%	12.0%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	85%	93%	23	5	275
Oct 24 - Mar 25	91%	82%	27	15	167
Apr 24 - Sept 24	85%	89%	27	9	69
Oct 23 - Mar 24	89%	86%	38	26	94

The recommended CHPPD based on this round of dependency data is compared to 27.7 and 30.4 at the previous rounds.

The current CHPPD target is set at 25.26 and is consistently met

The Recommended Whole Time Equivalent (R-WTE) as per MHOST =. 46.0

During this data collection period there were an average of 7 patients (inpatients) and as many as 4-day cases.

Outcome and recommendations:

There are no red flags during this reporting period. Staffing is being managed in response to patient need but has been achieved by periods of lower acuity and reduced bed occupancy.

CHPPD remains strong however there is a considerable impact on staffing resource due to additional day cases and the required level of specialist intervention required to provide intensive meal support.

The team is fully staffed, and significant improvements have been made in relation to the budget management however there is an impact on resource in terms of having to now support up to 4 patients on 1:1 before additional funding can be applied for through the provider collaborative.

The team would like to consider the addition of extra support from a Nursing Associate on a weekend and bank holidays when there are less available MDT for support.

If there was an increase in bed occupancy a discussion would be required with the provider collaborative to ensure there are sufficient resources to support quality and patient safety of patients on enhanced levels of care as well as day care patients.

6.3 Primary Care and Community Services Division

Fitzwilliam Ward Safer staffing review 10-11-25

Malton Fitzwilliam ward	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	87%	117%	83%	99%	7.05	7.6	82%	16%	8%	7.6%
Oct 24 - Mar 25	84%	111%	86%	101%	NA	7.2	87%	19%	2%	4.8%
April 24 - Sept 24	95%	109%	87%	100%	NA	7.4	88%	17%	5%	6.1%
Oct 23 - Mar 24	95%	118%	86%	98%	NA	6.8	93%	18%	-6%	5.2%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Falls	Pressure ulcers in our care
April 25 – Sept 25	100%	89%	7	12	4
Oct 24 - Mar 25	100%	88%	17	17	4
Apr 24 - Sept 24	100%	86%	15	21	5
Oct 23 - Mar 24	100%	89%	10	23	5

To date there has not been a validated tool on which to make recommendations for the CHPPD therefore we have been unable to recommend a reliable CHPPD target or recommend the number of WTE using a triangulated approach. However, the Trust obtained the

license for the updated Safer Nursing Care Tool (SNCT) in 2024. Training has been provided by NHS England Safer Staffing Leads in May 2025. The SNCT has been used for the first time. The data has been collected for 30 days and quality checked and verified by the matron.

The CHPPD was previously set at 8.0 however this has not been consistently met over time.

During the data collection period there was an average of 4.3 empty beds and 15.7 occupied beds.

The R-CHPPD = 7.05 with a recommended WTE of 27.53

Outcome and recommendations:

The ward is safely staffed, and the current budgeted establishment meets the patient acuity and dependency however there have been some recent challenges related to vacancies and sickness which is impact the staffing overspend.

There is limited availability of HCAs on the bank and RNs are being used to backfill HCA shortfalls. This requires further exploration with the division's senior leadership team and the flexible workforce/HR teams to explore additional solutions. Progress will be monitored through the Patient Care and Accountability Reviews.

The quality and patient safety indicators remain strong and consistent over time.

The SNCT provides assurance that the CHPPD being delivered is in line with the current dependency of the patients and the ward is able to achieve the R-CHPPD of 7.05.

Memorial Ward Safer staffing review 10-11-25

Whitby Memorial Ward	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	82%	103%	71%	100%	6.94	8.2	86%	10%	12%	6.9%
Oct 24 - Mar 25	82%	100%	82%	99%	NA	8.4	87%	5%	7%	6.0%
April 24 - Sept 24	85%	103%	82%	100%	NA	9.8	88%	2%	-8%	6.9%
Oct 23 - Mar 24	91%	101%	83%	100%	NA	8.4	90%	2%	-6%	8.5%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Falls	Pressure ulcers in our care
April 25 – Sept 25	91%	93%	13	15	1
Oct 24 - Mar 25	86%	91%	14	24	1
Apr 24 - Sept 24	82%	94%	9	11	2
Oct 23 - Mar 24	100%	89%	16	12	7

As with Fitzwilliam ward, there has not been a validated tool on which to make recommendations for the CHPPD therefore we have been unable to recommend a reliable CHPPD target or recommend the number of WTE using a triangulated approach. The SNCT has been used for the first time. The data was collected for 30 days and has been quality checked and verified by the matron.

Given the patient acuity and dependency for Whitby is comparable to Malton, the current target CHPPD is similarly set at 8.0 also noting the benchmarking data from the model hospital as described above. Unlike Fitzwilliam ward, Memorial Ward is able to consistently meet the target CHPPD due to having fewer beds.

During the data collection period there was an average of 2.0 empty beds and 14.0 occupied beds.

The R-CHPPD = 6.94 with a recommended WTE of 24.17

Findings and recommendations:

The conclusion from this safer staffing review is that there is currently sufficient staff (both RNs and HCAs) within the budgeted establishment to meet the acuity and dependency of the patients and provide a CHPPD in line with the previously set target of 8.0, the proposed R-CHPPD as calculated by the SNCT (6.94) and the Health System peer median of 7.28. However, the times of day when staff are deployed is an area for action as staffing can be organised around the busy periods within the ward day to function more efficiently.

There have been challenges with recent RN vacancies however these are now filled and should reflect in a reduction in the requirement for bank and agency.

Other quality and patient safety metrics are stable and consistent, and sickness had improved significantly by the end of the reporting period. It is acknowledged that a number of concerns have been raised by staff thorough FTSU in relation to staffing.

Business Continuity Plans are in place and are enacted if staffing levels fall below required levels, the deployment of staff across the shifts requires urgent review. Whilst flexible working is supported by the senior leadership team this needs to be balanced with the needs of the service to ensure patient safety and quality are optimised and staff are not feeling additional

workload pressure which may result in staff feeling fatigued. Progress will be monitored through the Patient Care and Accountability Reviews.

6.4 Forensic Services Division

Derwent Safer staffing review – 31-10-25

Derwent	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	94%	105%	83%	130%	11.9	17.6	76%	31%	-3%	2.1%
Oct 24 - Mar 25	100%	101%	95%	140%	9.0	19.6	73%	34%	-6%	9.5%
April 24 - Sept 24	82%	103%	83%	110%	7.2	16.7	73%	32%	0%	4.9%
Oct 23 - Mar 24	95%	97%	86%	119%	10.1	17.1	80%	42%	8%	4.2%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	96%	96%	13	59	4
Oct 24 - Mar 25	90%	96%	13	77	5
Apr 24 - Sept 24	96%	95%	4	26	1
Oct 23 - Mar 24	94%	95%	1	38	5

Recommended CHPPD is 11.9 compared to 9.0 in the previous reporting period

The target CHPPD is set at 10.3 which is consistently met over time

There was an average of only 6.7 patients during the data collection. In cases where the ward has less than 8-12 beds and the tool does not recommend enough staff to safely cover the ward the MHOST guidance recommends professional judgement should be used.

Recommended WTE = 18.1

Average fill rates are high due to temporary increase in staffing due supporting patients in seclusion and LTS. Care hours per patient day has therefore remained above target with the average for the 6 months being 17.6.

No cancelled section 17 reported. The team report no rules breaks, or concerns from staff regarding staffing levels. Ward managers provide cover if needed to ensure staff are able to take breaks although staff may miss breaks on occasion on a night shift. There is a Band 6 on each shift and the team also provide cover for the duty manager shift across the Humber Centre.

Rosters are issued in advance, and they are approved by the ward manager. The ward manager confirms that roster is managed efficiently.

Outcome and recommendations:

The quality and patient safety metrics provide assurance that the ward remains safely staffed.

No red flags during this reporting period.

Sickness has significantly improved and is under the 5% target.

Vacancies are now minimal.

The team continue to respond and manage staffing flexibly to meet the needs of the patients. This has been covered in part by EPOC.

No changes to budgeted establishment or CHPPD recommended following this review.

Ouse Safer staffing review 31-10-25

Ouse	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	83%	114%	94%	100%	5.0	8.1	81%	23%	-1%	14.3%
Oct 24 - Mar 25	83%	109%	99%	116%	5.6	8.6	85%	27%	-5%	11.8%
April 24 - Sept 24	84%	106%	102%	134%	4.5	11.7	68%	31%	9%	9.5%
Oct 23 - Mar 24	86%	92%	89%	108%	5.3	9.4	69%	15%	8%	12.4%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	99%	96%	10	18	0
Oct 24 - Mar 25	93%	94%	8	9	0
Apr 24 - Sept 24	93%	94%	6	6	2
Oct 23 - Mar 24	88%	94%	3	4	0

Recommended CHPPD is 5.0 compared to 5.6 in in the previous reporting period.

There was an average of 12.0 patients during the data collection.

The target CHPPD is set at 6.3 which is consistently met over time.

MHOST Recommended WTE = 14. 6.

Findings and recommendations:

There is 1 red flag for sickness which peaked in Sept at 19.6. Sickness both short term and long-term absence were consistently high.

When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time.

The current budgeted establishment supports the shift patterns of 5 on long days (2x RNs) and on 3 nights (1x RN).

No changes to budgeted establishment or CHPPD are recommended following this review.

Further exploration required to determine what % of the AHP central budget is being used to support the wards at the Humber Centre. Whilst it is acknowledged that staffing levels have remained safe throughout this period and staffing has been managed flexibly to meet patient needs, there have been occasions when there have not been 2 RNs on shift and this needs to be kept under review. Progress will be monitored through the Patient Care and Accountability Reviews.

Pine View Safer staffing review 31-10-25

Pine View	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	86%	82%	85%	95%	5.4	10.5	70%	18%	22%	8.2%
Oct 24 - Mar 25	93%	88%	78%	94%	5.3	10.1	68%	34%	6%	12.7%
April 24 - Sept 24	95%	85%	94%	95%	5.2	10.4	73%	28%	-2%	11.4%
Oct 23 - Mar 24	95%	59%	91%	93%	6.1	9.1	82%	27%	12%	8.4%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	96%	98%	8	7	0
Oct 24 - Mar 25	99%	93%	5	6	0
Apr 24 - Sept 24	96%	95%	8	6	0
Oct 23 - Mar 24	99%	97%	14	2	1

Recommended CHPPD using the MHOST tool is 5.4 compared to 5.3 the previous reporting period.

There was an average of 15.7 patients during the data collection.

Current target CHPPD 6.3 which is consistently met over time).

 MHOST Recommended WTE = 20.2

Findings and recommendations:

There is 1 red flags for sickness which has improved when compared to the previous two reporting periods however remains above the trust target.

When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time.

The current budgeted establishment supports the shift patterns of 6 on long days (2x RNs) and on 5 nights (2x RNs).

No changes to budgeted establishment or CHPPD are recommended following this review.

The ward managers need to monitor staff being able to take breaks and review the frequency with which this is occurring. Progress will be monitored through the Patient Care and Accountability Reviews.

Swale Safer staffing review 31-10-25

Swale	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	89%	102%	101%	108%	5.5	10.4	87%	27%	24%	2.5%
Oct 24 - Mar 25	92%	105%	92%	96%	5.3	9.2	88%	26%	6%	5.7%
April 24 - Sept 24	84%	110%	95%	93%	5.5	10.1	80%	24%	2%	5.4%
Oct 23 - Mar 24	71%	83%	90%	92%	5.1	10.8	72%	34%	31%	8.0%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	95%	99%	16	36	15
Oct 24 - Mar 25	99%	99%	11	32	5
Apr 24 - Sept 24	95%	94%	9	4	2
Oct 23 - Mar 24	90%	92%	12	8	1

The Recommended CHPPD using the MHOST medium secure tool is 5.5 compared to 5.3 previously.

Current local target for CHPPD is set at 10.3. Whilst the MHOST tool provides some degree of assurance that acuity/dependence over time remains consistent it does have its limitations in this setting as Swale is a dedicated Personality Disorder Unit for which there is not a specific MHOST tool. There is significant investment in managing relational risk through staff presence, however this is not reflected as formal 1:1 engagement and therefore not accounted for in the dependency data potentially resulting in a lower R-CHPPD.

MHOST Recommended WTE = 15.6

Findings and recommendations: There are no red flags.

When minimum safer staffing number are met the ward is safely staffed.

The current budgeted establishment supports the shift patterns of 6 on long days (2x RNs) and on 5 nights (1x RN).

No changes to budgeted establishment or CHPPD are recommended following this review.

Ullswater Safer staffing review 31-10-25

Ullswater	Fill rates Registered Nurse - days	Fill rates Registered Nurses - nights	Fill rates overall - days	Fill rates overall - nights	Recommended Care Hours Per Patient Day *	Average Care Hours Per Patient Day	Occupied bed days	Bank and Agency %	Vacancies (Registered Nurses) %	Sickness %
April 25 – Sept 25	103%	107%	139%	162%	17.4	20.2	78%	36%	-5%	7.6%
Oct 24 - Mar 25	94%	114%	127%	131%	14.7	15.1	90%	36%	-9%	13.6%
April 24 - Sept 24	91%	111%	132%	138%	13.5	17.2	69%	41%	-1%	13.5%
Oct 23 - Mar 24	99%	97%	119%	143%	12.9	17.1	67%	33%	-1%	7.1%

	Clinical Supervision	Statutory/Mandatory Training compliance	Medication incidents	Violence and Aggression incidents	Self-harm incidents
April 25 – Sept 25	91%	97%	8	112	4
Oct 24 - Mar 25	93%	94%	13	95	8
Apr 24 - Sept 24	95%	89%	7	84	22
Oct 23 - Mar 24	88%	96%	2	82	6

Ullswater is a specialist forensic LD unit for which there is not a specific MHOST tool. The MHOST medium secure tool has been used consistently to support identifying trends in R-CHPPD over time but has its limitations in this setting.

Following this round of data collection the R-CHPPD is 17.4 with a recommended whole time equivalent of 24.7.

There was an average of only 6.2 patients during the data collection which also reduces the validity of the tool further.

Total Budgeted Establishment (WTE) = 28.13.

Findings and recommendations

There is 1 red flags for sickness.

The CHPPD target, previously set at 10.3, is consistently being met over time.

The current budgeted establishment supports the shift patterns of 5 on long days and on 4 nights (1 RN).

No changes to CHPPD or BE recommended however this needs to be kept under review.

7.0 Staff survey results and workforce retention:

The results from our 2024 staff survey were presented in the previous six-month report highlighting:

- Improved response rate compared to 2023, and better response rate compared to benchmark and national figures.
- Humber Teaching NHS Foundation Trust reports better than average scores across all people promise theme areas and sub themes compared to benchmark and national results and an improved position across our own scores of 2023 across each core people promise area.
- Our results are the best across our Integrated Care System

The results from the 2025 survey will be published in March 2026 and included in the next six-month safer staffing report along with an updated annual overview of 2025/26 work relating to workforce retention.

8.0 Summary of Assurance:

Reporting period	Low assurance	Adequate assurance	Good assurance
Apr 2025 – Sept 2025	0	1 (Whitby inpatients)	17
Oct 2024- March 2025	0	0	19
Apr 2024 -Sept 2024	0	0	19
Oct 2023 - March 2024	0	0	19
April 2023 – Sept 2023	0	1 (Mill View Lodge)	18

Using the triangulated approach outlined in Developing Workforce Safeguards and the National Quality Board's guidance on safer staffing and having conducted safer staffing reviews on all 18 inpatient units we can conclude that there is sufficient assurance that our wards are safely staffed. 17 wards provided good assurance, with only 1 ward providing adequate assurance (Memorial Ward). Please note STaRS ward has not been included in this review due to recent closure and redeployment of staff.

A number of service level recommendations have been made for actioning by the divisional senior leads, and these are outlined in the main body of the report and will be monitored via the Patient Care and Accountability Reviews.

Overall, we continue to benchmark positively against our peers for CHPPD when comparing data from the model health system.

There were no wards with more than two red flags when reviewing the quality metrics six-month averages.

Wards are using staffing flexibly to respond to changes in short term acuity.

High sickness rates have continued to be a challenge however there has been improvement in a number of areas with Swale, Derwent, PICU and Avondale averaging below the 5% threshold for the 6-month period April-September.

Incident reporting continues to demonstrate a positive reporting culture with a high proportion of no harm and low harm incidents however reporting of staffing level incidents is low.

Supervision and training compliance remains high.

9.0 Updates and next steps:

Training by NHS England's on the use of the Safer Nursing Care Tool was completed in May 2025 and the tool has been introduced at Fitzwilliam and Memorial Ward during this reporting period.

Whilst staff have received training in the use of the safer staffing tools (MHOST and SNCT) there is an opportunity to further embed the principles of safer staffing. A programme of training will be considered for ward managers and teams to ensure continued consistency and quality across the divisions.

Work is nearing completion regarding the review of skill mix at Malton and Whitby with the Health Care Assistants Band 2 being uplifted to Band 3 as aligned to the clinical skills competency framework and role requirements.

The Safer staffing implementation plan and the Safer Staffing Escalation Policy was presented and approved at the Quality and Patient Safety Group in August 2025.

We are currently participating in the national review of the MHOST tool being conducted by NHS England and following completion of the initial quality audits on two of our MH inpatient wards we will complete the data collection in February/March 2026.

We continue to work towards finding a method by which to robustly capture substantive and temporary staffing hours that are used to support Enhanced Therapeutic Observations of Care

Additional work has been identified to strengthen the reporting and reviewing of staffing level shortages currently reported on Datix. This will support the identification of 'red flag' shifts as per the revised Safer Staffing Escalation Policy and timely review of incidents by ward/service managers.

Following a demonstration on the Safe Care module, which has the potential to offer additional metrics for identifying staffing shortfalls or additional staffing requirements based on patient acuity/dependency and CHPPD, we firstly plan to undertake a Hierarchical Task Analysis to fully explore with the divisional clinical teams the current reporting and escalation processes and identify any barriers or challenges prior to introducing a new system. This is due to take place in January 2026.

This round of reviews provides some assurance that rosters are being managed efficiently, that i.e. headroom distribution, accumulative hours paid back before using bank staff and roster approval process are largely being adhered to however there is additional work to be done to ensure rule breaks are monitored and that data is captured accurately.

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026			
Title of Report:	Enabling the use of Artificial Intelligence in the Trust			
Author/s:	Lee Rickles, Chief Information Officer Matt DeHoest, Clinical Chief Information Officer			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	This report is brought to the Trust Board to give an update on the adoption and use of Artificial Intelligence Across the Trust.			

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
• The Trust has an Artificial Intelligence Policy, which has been updated following feedback from the November Board Meeting (*Appendix B*).	• A number of deployments have been adopted in a measured way, details of which are included in the body of the attached report.
Matters of Concern or Key Risks:	**Decisions Made:**
• Nothing to Escalate	• Board are asked to note the current position on the adoption of Artificial Intelligence and raise any points of clarification.

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

Monitoring and assurance framework summary:

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

1   Introduction and Progress

This report is brought to the Trust Board to give an update on the adoption and use of Artificial Intelligence (AI) across the Trust.

2   Digital Governance

The AI Oversight Group adopts a multidisciplinary approach to guiding the implementation and utilization of Artificial Intelligence across our Trust.

The AI Oversight Group has attendance from clinicians, administrators, operational, quality improvement, Clinical Safety, Medical Device, Information Technology and digital, contracting and procurement, learning and development, information governance, and Workforce Equality, Diversity and Inclusion. (t*o ensure that patients are better represented the group will be seeking the support of Experts by Experience*).

Governance and practice are informed by the Data and AI Ethics Framework (link), and by publications such as "Understanding artificial intelligence ethics and safety" (link).

This AI group is chaired by the Chief Clinical Information Officer (CCIO) and has convened regularly over the past year, the Group reports into the Digital Data Group who adopt responsibility for managing the progress and delivery of AI initiatives.

The Digital Data Group report into the BeDigital Group, who provide assurance reports into EMT (*A copy of the current governance structure is included for information at Appendix A – this is currently under review*)

3   AI Policy

Following presentation at the November Board the Trust 'AI and Software as a Medical Device Policy' has been updated with all comments received (*a tracked changes version is available for board members*), this is attached for Board ratification.

The Equality and Health Inequalities Impact Assessment (EQHI) has been completed and is also included, following review by officers.

4   Progress implementing AI solutions

Current developments in AI within the Trust include:

- o **Microsoft Teams Premium** has been deployed to 150 users, providing AI-driven transcription summaries and meeting action points. The number of Premium users will decrease as the nationally provided Co-pilot Chat, which offers similar AI transcription and summary features, is further adopted.

- NHS England has enabled all NHSmail users to access **Co-pilot Chat**, extending AI capabilities such as meeting transcriptions, email rewriting, and report and document creation. NHS England has organized a series of training sessions on these new features, with our IT team scheduling additional webinars to support staff. A government study in 2025 demonstrated eye catching productivity gains related to deployment of CoPilot (link).
- Development work has commenced with four staff members utilizing **full Co-pilot** licenses for agentic AI applications. The initial pilots focus on creating knowledge bases for Interweave and Trust policies and Standard Operating Procedures (SOPs). It is anticipated that only 10 to 20 full Co-pilot licenses will be required, given that Co-pilot Chat addresses most routine AI needs.
- In 2024, we procured 500 **Lexacom** licenses to support speech recognition, digital dictation, and ambient voice technology. Nineteen ambient voice technology providers, including Lexacom as an accredited supplier, have been listed on the new national registry launched on 16 January 2026. Speech recognition and digital dictation solutions are already in use throughout the Trust.
- The implementation of **ambient voice AI** has begun with the first twelve users, and structured feedback from the initial month is under evaluation to assess benefits and identify areas for improvement. Full deployment of all 500 licenses is expected by July 2026. Ambient Voice Technology (Digital Scribe) is emerging as a promising addition to support performance and productivity and to support recruitment and retention. Recent studies have suggested there is potential for significant cost savings and improvements in patient care and interaction (link).
- The Trust has had an initial engagement with **Limbic** to provide their AI tool for talking therapies and an enhancement for mental health front door.
- Medical Staffing are trialling **Lantum InGenius** which uses metaheuristic optimisation to improve coordination of the resident doctor's rota, thereby supporting the "10 point plan" and helping to improve recruitment and retention.

The above initiatives represent a measured and cost sensitive approach to AI deployment within the Trust. There are no propositions reliant upon high level or costly development or self-hosting; and those chosen build upon national pilots and comparatively well tested infrastructure.

This approach supports the ambitions of the Trust to deploy AI as a "fast follower" leveraging the experience and expertise of others taking a more

"bleeding edge" approach whilst also seeking to gain potential benefits of new technologies and support wider Trust plans.

In addition to the above the Trust Chief Information Officer chairs the Humber and North Yorkshire Integrated Care System AI Good Practice Group.

Discussions with partner organisations indicate that our capabilities in leveraging AI are comparable, with many organisations undertaking similar tasks independently.

5   Recommendation

The Trust Board are asked to note the current position on the adoption of Artificial Intelligence and raise any points of clarification.

2025 BeDigital Governance
(Post-Lorenzo to SystmOne migration)

Trust Board [e]

Executive Management Team [e]

Finance Committee [e]
(*For Assurance*)

BeDigital Group [e]

EPR Programme Closure Group [c] – expect to close down in 12 months

Interweave Management Board [e]

Information Governance Group [e]

Digital Data Group [e]

Divisional Digital Data Group (D3G) [e]

EPR Workstream Leads Meeting [e]

Report & Data Oversight Group [c]

Artificial Intelligence Oversight Group [e]

Clinical Oversight Group [c]

Office365 User Forum [n]

SystmOne & Accurx User Forum [c]

Lexicom User Forum [n]

EPR Extension User Forum [n]

YHCR User Forum [n]

Existing = e
Change = c
New = n

Strategy Groups ensure the Trust is achieving its digital plan and strategy and improving its digital maturity assessment score.

Decision-Making Groups make decisions to create, direct, and approve digital programs, projects, and developments. This includes funding allocation using the Trust digital capital budget.

Oversight Groups Provide expertise and assurance for the application and use of digital systems, based on user, organizational, and national requirements. Provide recommendations for decision-making.

User Forums focus on user requirements and development requests, prioritizing them based on the operation and supplier development of the system.

NHS
Humber Teaching
NHS Foundation Trust

Artificial Intelligence and Software as a Medical Device

Document Type:	Policy
Document Reference:	*To be applied by the policy management team*
Version Number:	*To be applied by the policy management team*
Author (name & job title)	Dr M de Hoest, CCIO
Executive Director (name & job title):	Pete Beckwith, Director of Finance
Name of approving body:	Executive Management Team
Date of approval:	14th of October 2025
Date Ratified at Trust Board	
Next Full Review date:	Yearly

Policies should be accessed via the Trust intranet to ensure the current version is used.

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Policy Statement

Artificial Intelligence (AI) is an emerging yet rapidly developing landscape which offers unprecedented benefit to the organisation, clinicians, and individual patients. Digital technologies, and AI in particular, are a cornerstone of the NHS 10-year plan and supports the productivity gains outlined in NHS priorities and operational planning guidance. AI products, especially those intended for clinical use, are complex models utilising technology which is not yet fully explored. Data storage and handling is an inherent risk requiring careful consideration and governance. Since this data is used for clinical care or organisational governance, any limitation potentially translates into clinical, organisational, or individual risks and liabilities. Balancing these risks and benefits is complex and multifaceted, and a robust approach to the evaluation, procurement, deployment, and utilisation is necessary to ensure that the benefits and opportunities of these new technologies are fully realised whilst also ensuring patient safety and organisational and individual liabilities are protected.

Many of the same complexities are manifest with the procurement and deployment of non-AI based software that meets the criteria for governance as a medical device. All foreseeable AI solutions, at this stage, are likely to be considered as medical devices. These similarities suggest a similar process of governance will be required for AI products and Software as a Medical Device (SaMD) and both will be considered in the below document.

This policy seeks to provide high level guidance as to how the organisation considers AI products and Software as a Medical Device (SaMD) for deployment, and how already deployed products are monitored and reviewed.

Scope
This policy applies to all Humber Teaching NHS Foundation Trust service areas, both clinical and non-clinical, and to all staff members, including staff seconded to the Trust, contractors, voluntary, temporary and agency staff who wish to or who are currently using AI products to support their work.

Definitions
Artificial Intelligence: AI refers to a broad set of technologies that enable computers or machines to mimic human intelligence. This includes the ability to perform tasks such as pattern recognition, learning from data, making decisions, and problem solving.

Generative AI: Generative AI describes systems that can create new content such as text, images, audio, or code, based on patterns learned from existing data. These tools do not "understand" content in a human sense (this is one of the major limitations of the technology, in that it cannot understand wider context, ethical, moral, or societal considerations) but generates outputs that can appear novel, creative, or authoritative.

Large Language Model: An LLM is a type of AI system trained on vast amounts of text data to predict and generate human-like language. They can summarise information, answering questions, or writing test based on prompts, and are the foundation of many AI tools.

Input: In AI systems, input refers to the data, prompt, or information provided to the system for processing. This could include patient records, the audio of a consultation with a patient or of a

meeting, clinical notes, images, or a question typed into a chatbot. The quality and structure of the input heavily influence the AI's response or action.

Output: Output is the result generated by the AI system in response to a given input. In healthcare this might include a summary of an assessment or consultation, a summary of clinical notes or literature review, suggested diagnosis, investigation or treatment options.

Hallucination: Another major limitation of AI. A hallucination is when an AI system produces an output that is factually incorrect, fabricated, or misleading, despite appearing plausible. This is particularly common in Generative AI (GIA) or Large Language Models (LLMs)

Ambient Voice Technology (Ambient Scribe): This refers to systems that can listen to and process spoken language in the background during routine interactions, such as clinical consultations. These tools can generate clinical documentation or reports based upon conversations between clinicians and patients. Final responsibility for reviewing and validating outputs rests with the clinician who remains liable for documentation of their activity.

Medical Device: A medical device is any software, hardware, or system intended for a medical purpose, such as diagnosis, prevention, monitoring, or treatment of a disease. NHS leadership have indicated that this includes AVT(AS) *above*. In practice almost all AI products should be classified and registered as medical devices with appropriate robust regulatory compliance. This includes demonstrating safety, effectiveness, and UKCA or CE marking.

Bias (in AI): Bias in AI refers to systematic errors in outcomes caused by flaws in training data, design, or implementation. This can result in unfair or inaccurate decisions, particularly affecting underrepresented groups.

Clinical Decision Support System: A CDSS is a digital tool that provides clinicians with knowledge or patient specific information to enhance decision-making. Clinicians remain responsible and accountable for clinical decisions.

Human Oversight: Human oversight ensures that AI systems are monitored and their outputs reviewed by qualified professionals. In healthcare this is crucial to maintaining clinical responsibility, accountability, and patient safety.

Duties and Responsibilities
Clinical Safety Officer (CSO):

- Ensure appropriate regulatory compliance as outlined in this policy document both from a provider and a Trust perspective.
- Develop and implement a plan to monitor and evaluate AI systems for safety, bias, and performance.
- Investigate, escalate, and address any incidents or concern relating to the clinical safety of AI systems or SaMD.

Medical Device Safety Officer (MDSO):

- Ensure that proposed AI products and SaMD have appropriate regulatory compliance and registration.

- Ensure that proposed AI products and SaMD are discussed at and signed off by Physical Health and Medical Device Committee.
- Work with CSO to design and implement a plan to monitor and evaluate safety of AI systems and SaMD and report incidents or concerns relating to clinical safety to MRHA or otherwise escalate as necessary.
- Review training plan for AI products and SaMD to confirm that mandatory training requirements are represented.

Senior Information Risk Owner (SIRO):

- Has overall responsibility for governance and management of information risks and accountability for risk management processes, controls, and policies.

Information Governance Officer (IGO):

- Assist the Information Asset Owner for the AI product or SaMD with the completion of the Data Protection Impact Assessment (DPIA) and the supporting System Level Security Policy (SLSP)
- Responsible for assessing the relevant regulatory compliance of AI products or SaMD through the DPIA process, assessing products for data safety and integrity, ensuring the risks documented in the ICO's [AI and data protection risk toolkit](#) are considered.
- Ensure that the DPIA for the proposed product are discussed and signed off at the Information Governance Group.
- Ensure any Standard Operating Procedures for the AI procedure includes the necessary information governance requirements.

Chief Information Officer (CIO)

- Ultimate responsibility (though delegation if necessary) for approval of systems for use within the Trust confirming all required governance is complete.
- Ensure procurement specifications include necessary stipulations for configuration, performance, scalability, integration, and technical monitoring, support, and training.
- Liaise with IGO to assess the data security of AI solutions or SaMD including but not limited to cybersecurity; ensuring that any movement of data outside of UK jurisdiction complies with UK GDPR; and risk to digital infrastructure.
- Should infrastructure investment be required to implement, scale, or utilise AI solutions verify these are represented in cost analyses.

Finance and Procurement

- Advise any individual requesting to procure and implement AI technologies or software that may be considered a medical device of this policy and ensure that contacting is not finalised until full ratification of a product is complete as per this policy document.
- Work with CIO to ensure that all regulatory, technical, functional, and monitoring requirements are contained within procurement documents and contracts.

Research and Innovation Teams

- Be aware of this policy document.

- If data of patients held by the Trust is exposed to an AI system or patients are assessed, monitored, treated, or diagnosed on behalf of Humber Teaching NHS Foundation Trust then appropriate governance must be applied as outlined in this document.

Digital Data Group

- Final sign off and agreement to progress with procurement or implementation.

Artificial Intelligence and SaMD Oversight Group

- Provide advice and leadership in AI education, procurement, and implementation.
- Coordinate the complex process of governance required when considering AI solutions and SaMD.
- Complete the appended checklist and make recommendations on individual products or solutions to DDG.
- Advise on and conduct regular overview and review of established solutions and products.

Divisional General Managers and Service Managers

- Responsible for ensuring that staff members are using products in line with this policy.
- Developing Standard Operating Procedures where appropriate.
- Monitoring training concordance.
- Consider and identify unmet organisational and patient safety risks and report these to relevant officers or governance meetings.
- Encourage staff to utilise DATIX system to monitor for risk and bias.

Information Asset Owner

- Act as the nominated owner of one or more information assets of the Trust.
- Complete the DPIA and System Level Security Policy for the information asset, including those using AI technology.
- Ensure that any User Acceptance Policy and/or Supplier Terms and Conditions are compatible with the intended use and deployment of the product.

All Staff

- Provide human oversight for all AI outputs
- Utilise products in line with appropriate Policy and Standard Operating Procedures.
- Ensure mandatory and self-identified training needs are attended to promptly.
- Use DATIX system to report actual or "near miss" incidents pertaining to patient safety, clinical risk, or bias.
- Provide Human Oversight (see above), understanding the risks and limitations of AI systems and accepting responsibility and accountability for high quality, accurate, and contemporaneous record keeping.
- Understand, in full, clinical outputs before these are utilised.
- Take overall responsibility, accountability, and liability in utilising outputs.

Information Governance

Large quantities of data transfer both away from and towards the Trust are required for the function of AI products. As the data controller the Trust must be assured of stringent

Information Governance, Data Protection, and Cyber Security. There must be assessment of any AI product or SaMD prior to use and clear assurance that the use case complies with data protection regulations. The following data compliance documentation must be completed for all products processing personal data:

- A Data Impact and Protection Assessment
- A GDPR compliant contract/data processing agreement with the supplier
- Supplier compliance with Data Security and Protection Toolkit (for products processing patient data)
- Supplier IG confirmation including: ICO registration, ISO 27001 certification, Cyber Essentials Plus Certification, annual penetration test and test of business continuity and disaster recovery plan.
- Compliance with UK GDPR
- Clear understanding of data flow (including verification that any movement of data outside the UK complies with UK GDPR), data storage, use of data to train AI models, and encryption models.
- Data sharing agreements (if applicable)
- System Level Security Policy for the product

Before any product can be implemented within Humber Teaching NHS Foundation Trust assurance must be confirmed with the Trust Information Governance Lead and approved by the Information Governance Group.

The operation of the AI product or SaMD must be covered by a Standard Operating Procedure.

Risk Identification, Assessment and Monitoring for Clinical Products
AI products are a comparatively recent addition to NHS practice with as yet uncertain potential to cause organisational, professional, and clinical risks. Like any healthcare IT solution, AI products intended for clinical use require the provider to have completed the DCB0129 information standard. Evidence of this completion and review of documentation would be required before a product could be considered for use within Humber Teaching NHS Foundation Trust.

DCB0160 documentation (including related safety case, hazard log, and monitoring frameworks) must be completed and must include and assessment of the risk of bias, inequality, and disadvantage to individuals who do not offer consent including a strategy to ensure that patients are appropriately informed and consented for the use of AI; that informed dissent does not lead to disadvantage; and for monitoring the local use of AI systems for evidence of inequality or bias. This is challenging and would require collaboration with the manufacturer and assurance from manufacturers post marketing surveillance data (this may need to be reflected within contractual arrangements).

Review of appropriate regulatory compliance for both AI and SaMD is to be reviewed and completed by CSO and presented at appropriate meetings to support approval.

AI as a Medical Device

Whether software is a medical device has historically been challenging to assess owing to paucity of clear guidance and a substantial degree of overlap and grayscale in lieu of a clear threshold. More recently national guidance has been clarified making decision making more straightforward.

Any AI product proposed for use within the Trust must be assessed for the requirement and corresponding compliance with medical device regulations. The flowchart outlined by the Medicines and Healthcare Products Regulatory Agency guidance ([MHRA Software flowchart](#)) can be used to support this decision.

In practice any AI product designed for clinical use, aside from very basic direct transcription services, is highly likely to be considered by NHS England and MHRA as a medical device. In principle any product whose "Intended Purpose" includes a "Medical Purpose" and is not purely administrative should be considered a medical device. Products whose outputs are substantively altered compared to its inputs should be considered medical devices, especially where outputs cannot be easily verified. Any product producing a summary of a clinical meeting or consultation should therefore be considered a medical device, as should any product summarising historical clinical data or notes, or supporting clinical decision making by making diagnostic or treatment suggestions. Ultimately whether a product requires medical device registration is predicated upon the intended use of said product as determined by labelling of the product, instructions for use, and promotional material.

Any product which requires medical device registration must be approved for use in the Trust by the Physical Health and Medical Devices Committee (PHMD) before implementation. A low threshold for seeking the advice of or approval from the PHMD is encouraged.

A UK Conformity Assessed (UKCA) mark is needed for use of an AI product (with medical device registration) in Humber Teaching NHS Foundation Trust (and the NHS as a whole). A CE mark would be considered acceptable until the 30th of June 2028.

Software as a Medical Device

Whether software requires medical device registration and at what classification may be determined by the manufacturer, however before a product is deployed within the organisation this must be assessed and considered. It is ultimately the responsibility of the Trust to determine whether software constitutes a medical device and ensure appropriate registration is in place prior to deployment.

MRHA guidance is available at the following:

[Medical devices: software applications - GOV.UK](#) – for SaMD in general, and:

[Digital mental health technology: qualification and classification - GOV.UK](#) – for mental health specific contexts.

Ultimately the decision is complex and challenging even for individuals closely involved in digital solutions and medical devices. A low threshold for discussion at Physical Health and Medical Device Committee, or AI and SaMD Oversight Group should be adopted. The final

arbiters should the decision be unclear, or if the views of the Trust not align with those of the manufacturer, is the Medical Device Safety Officer and Chief Information Officer.

AI In Research

Research is a compelling use case for AI products however there are additional regulatory and ethical requirements in addition to those outlined elsewhere in this document. Careful consideration must be paid to the limitations of AI products and the potential for these limitations to create false, inaccurate, or biased data thereby invalidating the research at best, or resulting in subsequent patient harm at worst. Further careful consideration of the Helsinki Principles is imperative when AI products are developed or procured for use in research with specific consideration of informed consent, and how vulnerable groups may be disadvantaged by either the use of AI products, or informed dissent. Approval must be sought from an NHS Research Ethics Committee who will consider the above before approval, however all aspects of regulatory compliance as outlined in this document must be attended to before AI products are used within research in Humber Teaching NHS Foundation Trust.

Should the AI system be the subject of research then appropriate regulatory compliance such as medical device registration or UKCA marking may not be possible. Should this be the case then consultation must be held with the responsible parties outlined under "Duties and Responsibilities". A standard operating procedure must be developed outlining and justifying any deviation from the requirements outlined in this (or other) policy documents, including who has been consulted. Final sign-off rests with DDG and CIO.

Open Source/Non-Clinical Specific AI Products (such as ChatGPT, Microsoft CoPilot, Microsoft Teams Premium)

There are a number of products either openly available or used within the Trust which are not intended for clinical use but nonetheless are technically capable of being used, inappropriately, for clinical purposes. Generative AI and Large Language Models can be prompted, or trained, by the user to perform tasks disparate from the product's intended purpose. It is possible for the user to prompt such models to act in a manner which would require Medical Device approval and corresponding regulatory compliance. Using products in a manner that is unintended and in the absence of appropriate regulatory compliance puts the patient, the organisation, and the individual staff member at potentially significant risk (see also "Liability").

With this in mind, staff must not ~~to~~ use any AI product for clinical purposes (including, but not limited to: summarisation of consultations or clinical meetings; summarisation of clinical notes or data; diagnostic suggestion or advice; summarisation of evidence; or development of guidelines) unless the product is specifically ratified for this purpose by Humber Teaching NHS Foundation Trust through the processes outlined in this document and other appropriate policies and procedures.

Non-clinical uses for the aforementioned products remain open to risks including "hallucination" of information, bias, unequal treatment of individuals with protected characteristics, and disadvantage of individuals who chose not to engage with AI. Users who apply general AI products (ie those not specifically ratified for use by the Trust) must be aware

of the limitations of the product and pay close attention to checking and verifying the product's output, especially where the output could be considered commercially sensitive or imperative. Individuals must be aware of the potential for risks created by the limitations of AI models, and the personal and organisational liability that may arise from use of unverified outputs from AI products. Individuals or groups verifying outputs are likely to be accepting liability for these outputs (for example a group verifying AI generated meeting minutes that detail decisions taken by the meeting).

Only Trust approved software can be used to record, transcribe or caption information at meetings, following Section 3.7 of the Photographing, video and recording procedure.

Staff must bear in mind that AI generated content may contain errors or outdated information. Any output generated for non-clinical use must be verified before using in official communications, reports or decisions.

Personal data or business sensitive information must not be added to AI products available on the internet. Such products process data outside of the Trust's control.

Permitted use of such tools include: -

- Generating ideas for training events or presentations.
- Researching general knowledge or publicly available information.

Examples of prohibited uses include:

- Summarising or drafting a patient's clinical notes.
- Using AI tools to address staff HR matters.
- Uploading Trust internal reports, spreadsheets, or other confidential organisational data.
- Translation of clinical data or information using non-Trust-approved software.

This applies only to AI tools publicly available on the internet, including Teams Copilot. Any Trust approved AI products must be used in accordance with the supporting SOP.

Limitations

AI products, particularly Generative AI and LLMs are at a stage of development where they can appear extremely authoritative and convincing whilst displaying information which is wrong, biased, or constructed by the model itself (known as hallucination). Such models can also miss or omit significant information, misinterpret information and data, or present information in a biased manner or in a manner that disadvantages individuals with protected characteristics. There can be significant issues with accuracy and fairness of presented information that can be difficult to verify by the user.

Products can be prompted or trained by users drastically altering the output. Often the effectiveness of the product is determined by the quality of the prompting, and prompts written by different individuals or teams can produce outputs of highly variable standard.

Limitations can be mitigated to some extent by ensuring that outputs are verified by an individual or team (human oversight), however complete mitigation of limitations can be impractical or impossible. Staff are advised to be mindful of the limitations of AI products before implementing them in practice. Where products have been assessed at ratified for clinical use limitations and training needs will have been considered by the mechanisms outlined within this document and other relevant policies and procedures (see also liability, and training)

Liability

Use of AI products, even when individuals are appropriately trained, using the product as intended, and when the product has been appropriately ratified, presents complex liability concerns. The overarching principal at this stage of AI development is that outputs from AI products must be verified by an individual, group, or team who accepts responsibility for ensuring outputs are accurate and reliable.

This is of particular importance if a product is ratified for clinical use. In this context users can be assured that the product has been assessed as compliant with regulatory requirements outlined above, however the user retains liability for clinical data entered into the patient record including accountability outlined within clinical ethical frameworks; and the responsibility to ensure they are trained, competent, and working within relevant Standard Operating Procedures.

Organisational liabilities and potential financial exposures must be considered carefully during procurement and contracting with clear delineation of roles, responsibilities and liabilities between the Trust and the contractor. This may help to limit exposure but does not absolve the Trust of non-delegable duty of care, liability, or vicarious liability for actions of its employees.

Training

Before implementing AI technologies or SAMD in clinical or organisational practice appropriate training must be developed and agreed. Training must include effective use of the technology, limitations of the product, organisational and individual liability concerns, the need to manually check and verify outputs, and the potential for bias and disadvantage. Those implementing software registered as a medical device must be aware that certain training requirements are likely to be stipulated by the manufacturer and these training requirements MUST be appropriately attended to Training requirements are to be laid out within the Standard Operating Procedure for a product with clearly labelled responsibilities and accountabilities for delivering training and ensuring appropriate training is completed. This will vary according to individual products and may be the responsibility of the Digital Team in some instances or clinical teams or divisions in others.

Digital and Technical Considerations

The BeDigital Team should be consulted at an early stage of any proposal to implement an AI product within Humber Teaching NHS Foundation Trust. Digital expertise and support are integral to the development of a use case, supplier engagement, and procurement. This will include technical requirements of the product, integration with current systems potentially including the Electronic Patient Record, infrastructure requirements, advise on additional cost

(for example infrastructure development or procurement), understanding and monitoring of performance metrics, support and maintenance requirements, and licensing.

Regular Review of Policy, Procedures, and Individual Products

AI technology is rapidly evolving, and the infrastructure and architecture of AI products is progressing at pace. Models that are currently prohibitively expensive are likely to become features built into existing products as technologies mature. Product development and use case "creep" needs to be regularly assessed to ensure that existing solutions do not inadvertently become de facto medical devices without appropriate due process and regulatory compliance. Consideration must be paid to inadvertent use of a product outside of its intended purpose and registration.

Policies and Procedures similarly need to be reviewed at more frequent than usual intervals so that rapidly evolving changes in guidance, case law, and legislation can be rapidly integrated into organisational documentation and practice.

Approved AI products require monitoring and more frequent-than-usual review. Recommended time scale and review strategy will be recommended by AIOG and mandated by DDG.

Procurement and Approval

The process of governance and approval can be challenging and multifaceted. It is anticipated that the new products will be suggested either through Innovation Hub in the first instance. It is imperative that AI products or SaMD be passed to the AI and SaMD oversight group for discussion once the use case and intended benefits have been agreed. AI and SaMD oversight group will perform an advisory and coordination role, ensuring that the appropriate governance and approvals are completed before passing the product to Digital Delivery Group for final approval and sign off.

Appendix 1 – Document Control Sheet

This.document.control.sheet?when.presented.for.approval–ratification.must.be. completed.in.full.to.provide.assurance¡.The.master.copy.of.the.document.is.to.be.held.by. the.Policy.Management.Team¡

Document Type	Policy		
Document Purpose	AI products and Software whose function constitutes that of a medical device require careful consideration and a robust governance process to ensure that all mandatory requirements are met. AI is progressing at pace and will become a core component of NHS practice in the coming years. AI products are readily available to staff members and patients hence a trust-wide understanding of the issues surrounding AI is imperative.		
Consultation:	Date:	Group / Individual	
list.in.right.hand.columns. consultation.groups.and. dates.	20/08/25	Physical Health and Medical Devices Committee	
	1/9/25	EPR Programme Group	
	11/09/25	Digital Data Group	
	18/09/25	Quality and Patient Safety Group	
	17/09/25	Information Governance Group	
	14/10/2025	Executive Management Team	
Approving Body:		Date of Approval:	
Date of Board Ratification:			
Training Impact Analysis:	None [ ]	Minor [ ]	Significant [ ]
Financial Impact Analysis:	None [ ]	Minor [ ]	Significant [ ]
Capacity Impact Analysis:	None [ ]	Minor [ ]	Significant [ ]
Equality and Health Inequalities Impact Assessment (EHIIA)undertaken?	Yes [x]	No [ ]	N/A [ ] Rationale:

Document.Change.History¿			
Version. Number	Type.of.Change (full—interim.review? minor.or.significant. change(s))	Date	Details.of.Change.and.approving.group.or. Executive.Director.(if.very.minor.changes.as.per. the.document.control.policy)

Appendix 2 – Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit

Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document of Process or Service Name: AI Policy**

2. **EHIIA Reviewer (name, job title, base and contact details): John Duncan, Sarah Clinch, Matthew de Hoest, Suze Elmore**

3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy**

Main Aims of the Document, Process or Service
This policy seeks to provide high-level guidance as to how the organisation considers AI products and Software as a Medical Device (SaMD) for deployment, and how already deployed products are monitored and reviewed.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

Equality Target Groups This toolkit asks services to consider the impact on people with protected characteristics under the Equality Act 2010 as well as the impact on additional groups who may be at risk of experiencing inequalities in access, outcomes and experiences of health and care.	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Positive = evidence of positive impact Neutral = little or no evidence of concern (Green) Moderate negative = some evidence of concern (Amber) High negative = significant evidence of concern (Red)	How have you arrived at the equality impact score? • who have you consulted with? • what have they said? • what information or data have you used? • where are the gaps in your analysis? • how will your document/process or service promote equality and diversity good practice?

Equality Target Group	Definitions (Source: Equality and Human Rights Commission, 2024)	Equality Impact Score	Evidence to support Equality Impact Score
Age	A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	Neutral	Training needs to be considered for those not familiar with AI technology or those with low levels of digital literacy.

Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Neutral	Staff who use speak to write software may need support in the use of AI tools
Sex	In *For Women Scotland Ltd v The Scottish Ministers* [2025] UKSC 16, the Supreme Court unanimously concluded: "The meaning of the terms "sex", "man" and "woman" in the EA 2010 is biological and not certificated sex. As such, for the purposes of the act, the legal definitions of "man" and "woman" are based on biological sex as assigned at birth.	Neutral	The policy should not have any negative impact on this group. However, it is important to note that generative AI tools have been known to reinforce negative stereotypes, and staff should ensure the accuracy of information prior to circulation
Marriage/Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.	Neutral	The policy should not have any negative impact on this group.
Pregnancy/Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a person unfavourably because they are breastfeeding.	Neutral	The policy should not have any negative impact on this group

Race	A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.	Neutral	The policy should not have any negative impact on this group. However, it is important to note that generative AI tools have been known to reinforce negative stereotypes, and staff should ensure the accuracy of information prior to circulation There is a risk of unseen racial bias which the policy seeks to address through oversight, monitoring, training, and defined governance.
Religion or Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	Neutral	The policy should not have any negative impact on this group
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	Neutral	The policy should not have any negative impact on this group
Gender Reassignment	Gender identity describes how a person feels about their gender, which may not match the sex they were registered at birth. There are many expressions of gender identity, including trans, non-binary and genderfluid. Gender identity should not be confused with sex or sexual orientation. In *For Women Scotland Ltd v The Scottish Ministers* [2025] UKSC 16, the Supreme Court has ruled that a person with a full gender recognition certificate which recognises their gender as female, is not a "woman" for the purposes of the Equality Act 2010 (EA 2010), and that the meaning of the word woman in the 2010 Act is "biological".	Neutral	The policy should not have any negative impact on this group. However, it is important to note that generative AI tools have been known to reinforce negative stereotypes, and staff should ensure the accuracy of information prior to circulation

Poverty	People on welfare benefits, unemployed/low-income, fuel poverty, migrants with no recourse to public funds	Neutral	The policy should not have any negative impact when referencing this group. However, it should be noted that it cannot be assumed that staff have access to AI tools at home, unless provided by the organisation, such as MS Copilot
Literacy	Low literacy levels, including includes poor understanding of health and health services (health literacy) as well as poor written language skills	Neutral	Effective use of AI tools requires skills in literacy to ensure the output is suitable for its requirements. This should be considered when asking staff to work with AI tools
People with English as an additional language	People who may have limited understanding and/or ability to communicate in written or spoken English	Neutral	Effective use of AI tools requires proficiency in English to ensure the output meets the requirements. This should be taken into account when asking staff to work with AI tools
Digital exclusion	People who can't or don't want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems	Neutral	Digital exclusion may exempt some form of accessing AI tools, unless provided by the organisation. The Policy mandates assessment of bias and post-hoc monitoring including assurance that patients who cannot or do not wish to utilise AI.
Inclusion health groups	People who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes:	Neutral	The policy is aimed at staff, and assuming they are provided with the AI tools, it should not have a negative impact. However, in the case of patient data, it is essential to consider that generative AI tools have been known to reinforce negative stereotypes that may affect these patient groups.
	• People who experience homelessness	Neutral	See above
	• Drug and alcohol dependence	Neutral	See above

	• Vulnerable migrants	Neutral	See above
	• Gypsy, Roma and Traveller communities	Neutral	See above
	• Sex workers	Neutral	See above
	• People in contact with the justice system	Neutral	See above
	• Victims of modern slavery	Neutral	See above
Rurality	People who live in remote or rural locations who may have poor access to services.	Neutral	The policy is aimed at staff, and assuming they are provided with the AI tools, it should not have a negative impact.
Coastal communities	People who live in coastal communities which may experience unemployment, low educational attainment, poor social mobility, poor health outcomes and poorer access to services.	Neutral	The policy is aimed at staff, and assuming they are provided with the AI tools, it should not have a negative impact.
Carers	Carers and families of patients and service users, including unpaid carers and paid carers	Neutral	The policy is aimed at staff, and assuming they are provided with the AI tools, it should not have a negative impact.
Looked after children	A child or young person who is being cared for by their local authority. They might be living in a children's home, or with foster parents, or in some other family arrangement.	Neutral	The policy is aimed at staff, and assuming they are provided with the AI tools, it should not have a negative impact.
Veterans	Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.	Neutral	The policy is aimed at staff, and assuming they are provided with the AI tools, it should not have a negative impact.
Neurodivergence	People with alternative thinking styles such as autism, attention deficit hyperactivity disorder, dyslexia, developmental co-ordination disorder (dyspraxia), dyscalculia.	Neutral	There is a potential risk that neurodiverse staff may not be comfortable working with AI tools; however, some may find them beneficial. It is important to work with neurodiverse staff to ensure their own preferences about AI use in their work are understood. Similarly, conditions which affect spelling and grammar, such as dyslexia, are considered.

Other	Any other groups not specified in this toolkit who may be positively or negatively impacted	Neutral	N/A

Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
The risks associated with AI usage in relation to the protected characteristics of the Equality Act 2010 include the potential for bias, discrimination, and unequal treatment. AI systems can inadvertently perpetuate or amplify biases present in their training data, leading to unfair outcomes for individuals based on characteristics such as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. This can result in decisions or actions that disproportionately disadvantage certain groups, undermining the principles of fairness and equality. The Policy attempts to mitigate these risks by ensuring that these systems are designed and implemented in ways that comply with the Equality Act 2010, actively mitigating risks of discrimination and promoting inclusivity. This includes regular audits, diverse data sets, and robust safeguards to prevent bias and protect the rights of individuals across all protected characteristics.	
EIA Review: **JD/SC/MD/SE**	
Date Completed: **17/12/2025**	**Signature:** **JD/SC/MD/SE**

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026			
Title of Report:	Sexual Safety – Worker Protection Act 2023 implementation and associated programme of work update (Duty to prevent sexual harassment in the workplace)			
Author/s:	Alison Meads – Head of People Experience Rosie O Connell – Head of Safeguarding			
Recommendation:	To approve		To discuss	
	To note	√	To ratify	
	For assurance	√		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide a concise update on progress and assurance regarding the programme of work designed to ensure compliance with the Worker Protection Act 2023, which came into effect on 26 October 2024. The report also outlines the implications of the legislation, and the associated actions required to prevent sexual misconduct and harassment in the workplace. This paper follows the previous update issued in November 2025 and incorporates additional actions set out by NHS England on 5 December 2025.			

Key Issues within the report:

Positive Assurances to Provide:
- Sexual Misconduct Policy approved and launched
- Clear, robust reporting mechanism in place via the 'Report it' in box
- Sexual Safety E – learning module available on ESR
- Sexual Safety Risk Assessments carried out in all areas.
- Sexual Safety Intranet pages launched as a source of information around support available, launch materials.
- Baseline assessment against National Assurance Framework carried out – shows 75 out of 83 elements are in place. Remaining elements have been added to an action plan which the Sexual Safety Group has oversight of.

Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):
- Examples from the Action Plan:
- Use data from the NHS Staff Survey, cut by EDI metrics to understand staff experience and inform iterative development of key products
- Tailor responses to ensure they are appropriate for groups that experience sexual misconduct at a disproportionate rate
- Attend investigation training as commissioned by NHS England in March 2026
- Ensure investigators of sexual misconduct allegations have specialist training
- There is a clear safeguarding process for identifying unusual patterns of patient record access
- Disproportionate and inappropriate use of patient records is picked up earlier

Caring, Learning & Growing Together

		Date		Date
Key Risks/Areas of Focus: • The Sexual Safety Group is responsible for the actions as set out in the action plan highlighted within the report.		**Decisions Made:** • The report was presented to EMT on 13.01.26 for discussion and assurance. EMT noted the progress made and the significant amount of work undertaken, and supported the plans in place to resolve the outstanding actions. Work will now continue to scale and embed the actions via the Sexual Safety group.		

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	13.01.25
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Public Board	28.01.26

Monitoring and assurance framework summary:

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

Sexual Safety – Worker Protection Act 2023 implementation and associated programme of work update (Duty to prevent sexual harassment in the workplace)

1.0 Background

The Worker Protection Act 2023 came into force on 26 October 2024, introducing a new preventative duty that requires employers to implement a range of measures to protect staff from harassment and misconduct.

In September 2023, NHS England launched the first-ever Sexual Safety in Healthcare Charter, which was signed by Humber Teaching NHS Foundation Trust (HTNFT). As a signatory, the Trust commits to a zero-tolerance approach to any unwanted, inappropriate, or harmful sexual behaviours towards our people.

On 16 October 2024, NHS England published supporting resources to help organisations embed the principles of the charter. These included:
- A national policy framework
- An e-learning module
- A Sexual Safety Assurance Framework, designed to enable boards to assure compliance with the legal duty to prevent harassment. This framework sets out expected outcomes for each charter principle and lists actions that demonstrate delivery.

Further actions were added to the Sexual Safety Assurance Framework by NHS England on 20 August 2025 and 5 December 2025, applying to all organisations delivering NHS care.

2.0 Programme of work

Throughout 2025, the following key actions have been designed, implemented, and launched:
- **Executive Leadership**: Karen Phillips appointed as Executive Lead for Sexual Safety.
- **Operational Leads**: Alison Meads and Rosie O'Connell designated as Sexual Safety Leads.
- **Governance Structure**: A dedicated Sexual Safety Group established, meeting bi-monthly with representation from all areas of the Trust and reporting into QPAS.
- **Risk Assessment**: Comprehensive Sexual Safety Risk Assessments completed across all Trust locations.
- **Policy Development**: A new Sexual Misconduct Policy, aligned with the national framework, approved through workforce governance and launched in September 2025. The policy provides clear, robust reporting routes, all feeding into a central point via the 'Report It' email inbox.
- **Specialist Support**: HR Operations team trained to respond effectively to reports received through the 'Report It' inbox, including guidance on actions and escalation.
- **Resources and Communication**:
    - Dedicated intranet pages created to host the policy, key messages, reporting guidance, internal and external support resources, and launch materials (leaflets, posters).
    - A Trust-wide communication campaign delivered during Launch Week (September 2025), including open sessions for staff and official introduction of intranet resources.

3.0 Position against National Assurance Framework

As a Trust, we have signed the charter, launched the policy, completed risk assessments, and communicated our commitment across the workforce.

In September 2025, a baseline assessment was undertaken against the National Sexual Safety Assurance Framework, supported by an associated action plan. Each element of the programme was evaluated using a RAG rating system:

- Green – in place and complete
- Amber – in place but requiring further review, clarification, or action
- Red – not currently in place

At that time, there were 78 actions/outcomes aligned to the 10 principles of the Sexual Safety Charter. The assessment identified:

- 60 actions rated Green (complete)
- 9 actions rated Amber (requiring further work)
- 9 actions rated Red (not in place)

Actions rated Amber or Red were incorporated into the action plan and formed the basis of ongoing work. The Sexual Safety Group, meeting bi-monthly, continues to review progress against the framework and associated actions.

On 5 December 2025, NHS England issued an update to all NHS trusts, introducing additional actions to strengthen prevention of sexual misconduct and ensure greater consistency across the NHS. These new requirements were added to the Trust's assurance framework and assessed using the same approach.

The framework now comprises **83** actions/outcomes (previously 78). Current position:

- **75** actions rated Green
- **8** actions rated Amber
- **0** actions rated Red however two require further instruction and resources from NHSE

The full framework can be accessed here:
NHS England » Sexual safety charter assurance framework

The detailed assessment is provided in Appendix 1, and the action plan remains a live working document, tracking ongoing progress

4.0 Conclusion

The Trust has demonstrated a strong and sustained commitment to meeting its legal and moral duty to prevent sexual harassment and misconduct in the workplace. Significant progress has been achieved since the introduction of the Worker Protection Act 2023, including the launch of a robust Sexual Misconduct Policy, implementation of clear reporting mechanisms, completion of risk assessments across all areas, and delivery of a Trust-wide communication and training programme.

The baseline assessment against the National Sexual Safety Assurance Framework has provided valuable insight into areas of strength and those requiring further development. While the majority of actions are now rated Green (66 out of 83), indicating substantial compliance, there remain elements rated Amber and Red that require focused attention. These areas have been incorporated into a live action plan, overseen by the Sexual Safety Group, ensuring accountability and continuous improvement.

The addition of new requirements by NHS England in December 2025 reflects the evolving national approach to sexual safety and reinforces the need for ongoing vigilance and adaptability.

The Trust has responded promptly by integrating these actions into its assurance framework and reassessing its position.

Looking ahead, the priority is to achieve full assurance by addressing outstanding actions, embedding cultural change, and strengthening governance and oversight. This includes ensuring specialist training for investigators, enhancing safeguarding processes, and tailoring interventions to meet the needs of staff groups disproportionately affected by sexual misconduct.

Regular updates will continue to be provided to the Executive Management Team and relevant committees to maintain transparency and oversight. Through this programme of work, the Trust aims not only to comply with statutory requirements but to foster a culture of respect, safety, and zero tolerance for harmful behaviours ultimately creating a workplace where all staff feel safe, supported, and empowered.

Appendix 1

Principle 1: we will actively work to eradicate sexual harassment and abuse in the workplace Principle 2: we will promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours		
ACTIONS	**COMMENTS**	**RAG**
Have clear plans to focus the organisation on prevention and culture change		https://intranet.humber.nhs.uk/media/cvabhtxk/sexual-misconduct-policy-hr-054.pdf
Set clear standards of behaviour in policies and enforce them		being-humber-full-guide-november-2024.pdf
Core training for all staff and specialist training for those who need it		
Communications campaign shared with all staff		
Establish a structured risk management and escalation process for sexual misconduct, including defined risk thresholds for escalation to executive and board levels	Sexual safety will be reported as follows • People insight report • Reportable Log • Casework report to TCNC • Quarterly update on framework to EMT and P&OD Committee (Nov 2025)	
Board-level ownership and accountability for cultural issues, prevention strategies, and oversight		
Embed tackling sexual misconduct and protecting the sexual safety of our workforce into all relevant business as usual areas – for example, training, contracts, induction and equality, diversity and inclusion (EDI) improvement plans		
Clear signposting to policies and support services, which are easily accessible to all staff		
Visible, senior leadership		
Appoint domestic abuse and sexual violence lead		
OUTCOME	**COMMENTS**	**RAG**

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ACTIONS	COMMENTS	RAG
Sexual misconduct, its prevalence, impact and how to eradicate it is discussed openly and appropriately within the organisation	A biannual report is being compiled by the SS Co-Chairs team to highlight the prevalence and impact of the identified issue. Once completed, the report will be scheduled for discussion at the following forums: • Operational Delivery Group (ODG) • Senior Leadership Forum (SLF) • Health and Wellbeing Group (HWB) • Sexual Safety Group Additionally, the Director of People & OD will raise the findings for discussion at Trust forums (Jan 2026)	
The executive board has agreed a suitable governance process to understand prevalence rates, staff experience and the outcomes of cases in their organisation		
Data about prevalence, actions taken and learning from cases is shared across the organisation		
Reduction in cases (recognising likely to be an initial increase due to increased confidence in reporting)		
Reduction in staff saying in annual staff survey they have experienced sexual misconduct in the workplace	Update was provided in 2024 NSS reports to Board and will be revisited for 2025 (Dec-March 2025)	
The Board proactively governs and escalates emerging sexual misconduct risks, ensuring accountability, oversight, and early intervention across the organisation		
Increased confidence in the organisation at tackling sexual misconduct and improving safety for all staff		

Principle 3: we will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate. For example, women, black, ethnic minority, disabled and LGBTQ+ groups

ACTIONS	COMMENTS	RAG
Complete equality impact assessment of sexual safety and misconduct work (including policies)		
Engage through staff networks, EDI officials and experts by experience to ensure all cohorts of our staff are represented appropriately and robustly as part of this work		
Use data from NHS staff surveys, cut by EDI metrics, to understand staff experience and inform iterative development of key products	Will be revisited for 2025 (Dec 25 - March 26)	This action is in progress but cannot be concluded until the full suite of NSS results is available

Tailor responses to ensure they are appropriate for groups that experience sexual misconduct at a disproportionate rate	Will be revisited for 2025 following review of NSS data (Dec 25 - March 26)	This action is in progress but cannot be concluded until the full suite of NSS results is available
OUTCOME	**COMMENTS**	**RAG**
A clear understanding of the prevalence of sexual misconduct within different workforce groups		
Support is tailored, appropriate and effective in tackling intersectional experience of sexual misconduct	Will be revisited for 2025 following review of NSS data (Dec 25 - March 26)	This action is in progress but cannot be concluded until the full suite of NSS results is available
Principle 4: we will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours		
ACTIONS	**COMMENTS**	**RAG**
Confidential information and resources are available on the intranet and staff are signposted to them regularly	Information will be available on the intranet pages. Will periodically look at website hits	
Staff support structures, like the Employee Assistance Programme, have guidance on sexual misconduct processes and pathways to specialist support		
The support offer is monitored to inform continuous improvement and ensure appropriateness. Offsite support can be offered	Staff support detail has been collated and publicised Review planned for March 2026	
Relevant policies are evidence based and informed by data and subject matter expertise		
OUTCOME	**COMMENTS**	**RAG**
Staff have knowledge of and access to a range of support tools and mechanisms that are iteratively reviewed and based on a growing evidence base		
Specific and specialist support for those who experience sexual misconduct is embedded into organisational staff support structures		
Principle 5: we will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour		
ACTIONS	**COMMENTS**	**RAG**
Sexual misconduct policy is clear on standards of behaviour, the role of those who witness inappropriate behaviour, and any interactions with other relevant policies		
Roll out communications campaign to all staff		
Sexual safety and misconduct are comprehensively addressed in induction and all staff training		
OUTCOME	**COMMENTS**	**RAG**

ACTIONS	COMMENTS	RAG
Staff are clear about the standards of behaviour required in the organisation		
The organisation adheres to policies and applies them consistently		
Staff feel empowered to take action should they witness or experience unwanted and/or harmful sexual behaviour		
Principle 6: we will ensure appropriate, specific, clear policies are in place. They will include appropriate and timely action against alleged perpetrators		
ACTIONS	**COMMENTS**	**RAG**
Publish a policy on sexual misconduct in line with the NHS national policy framework		
Sexual misconduct policy is supported by flowchart and easy-read version and is easily accessible to all staff		
Review Groups	*New Action Added 05/12/25 - When concerns arise about an individual's practise, it is important to consider whether the actions could have a sexual dimension, even if this is not immediately obvious from the allegation. All NHS Organisations should *strongly consider* adopting review groups, supported by appropriate safeguarding advice, to ensure sexual misconduct reports are correctly and robustly considered and investigated where appropriate. Any necessary police involvement will also be considered by these review groups.	
Conduct/competence policies should take account of complexities in cases where it may initially be unclear whether behaviours and actions should be considered as conduct or capability		
Policies set out roles and responsibilities of people in the organisation, for example, HR and people professionals, safeguarding teams, freedom to speak up guardians, mental health first aiders, leadership, line managers		
Provide tools and support for line managers to understand their responsibilities and how to follow escalation processes consistently		
Policies are clear about action that needs to be taken against perpetrators, by whom, when and how		
Policies are clear about investigation processes and standards -		
Sharing information where there is an active police investigation	*New Action Added 05/12/25 - Where there is police involvement in a case, employers are required to engage with their police liaison to understand which elements of the misconduct investigation can continue while the police investigation is underway.	

Policies are clear about the circumstances in which complaints and investigations about staff should be shared with future employers and police	Policies need to be updated with this explicitly stated (Dec 2025)	Action in progress
Review chaperoning policies to ensure they empower chaperones and lead to the creation of auditable records	*New action added 05/12/25 - Providers are required to review their chaperoning policies to ensure that the principles in annex A are adequately reflected. Where policies do not reflect these principles they must be updated.	Action in progress

OUTCOME	COMMENTS	RAG
Action is always taken against perpetrators, and in line with policies		
Clear, evidence-based and trauma-informed processes are documented in policies		
All staff are clear on roles and responsibilities		
Line managers are clear on their responsibility to escalate potential sexual misconduct issues and the processes for doing so		
HR and people professionals are clear on the necessary steps required to take timely action against alleged perpetrators and this is part of their induction and ongoing training		
HR and people professionals are clear about when information needs to be shared with future employers relating to sexual misconduct complaints and investigations	Policy to be updated with this made explicitly clear as above (Nov 2025)	Action in progress
Referrals to the Disclosure and Barring Service (DBS	*New action added 05/12/25 - NHS organisations that employ or engage individuals in regulated activity with children or adults have a legal duty to make barring referrals to DBS. If someone is removed from work or specific clinical duties due to concerns about conduct that has harmed a child or adult, or put them at risk of harm, then a barring referral should be made. Failure of organisations to fulfil this duty could result in police action. The Making barring referrals to DBS guidance explains the legal requirement to refer. Organisations can contact their DBS regional outreach advisor for more information and additional advice on referrals is also available in the Safeguarding Accountability and Assurance Framework.	

Principle 7: we will ensure appropriate, specific, clear training is in place		
ACTIONS	**COMMENTS**	**RAG**
Training is available for all staff to recognise and report sexual misconduct and to understand how to support colleagues (victims and witnesses)		

Investigation Training	*New action added 05/12/25 - Every CPO will be invited to put forward 2 people professionals to take part in national training on sexual misconduct investigations. This will follow a train the trainer model, with the expectation that participants will share their learning with other investigators in their trusts. training has been commissioned by NHS England for all Trusts, and NHSE is developing a national training specification that organisations will be able to use to commission their own training. Training will cover core safeguarding awareness and the relevant referral processes. **training will begin in March 26** and NHSE will share sign up details nearer the time	Action cannot progress without further instruction and guidance from NHSE
Specialist training is available for those who need it to ensure effective support, reporting and investigations (for case managers, investigators and responsible officers)		
Specialist Investigators	*New action added 05/12/25 - Organisations should ensure that investigators of sexual misconduct allegations have specialist training, as set out in the national sexual misconduct policy framework. Where Trust policies require investigations to be carried out by doctors or dentists, the trust should ensure that this investigator has received specialist training in sexual misconduct. We are therefore asking Trusts to build a pool of Medical/Dental investigators who are specially trained in sexual misconduct investigations. Responsible Officers should also be trained in how to handle sexual misconduct cases. The national investigation training will support this	Action cannot progress without further instruction and guidance from NHSE
Clarification on investigations involving resident doctors	*New action added 05/12/25 - When allegations of inappropriate sexual behaviour are made against a resident doctor, there should be an initial discussion between the employer and the postgraduate dean, as the doctors responsible officer, to agree next steps. A review group may also be helpful in identifying the most appropriate course of action. If Maintaining High Professional Standards (MHPS) in the NHS is followed, it recommends initial consideration of whether there is a training aspect to the allegations. Where there is a clear sexual element to an allegation, this is very likely to require conduct processes, following consideration of safeguarding and any needing policy involvement	
Training is developed for managers to support culture change		
All staff have undertaken national e-learning on sexual misconduct		
OUTCOME	**COMMENTS**	**RAG**
Training on sexual misconduct and sexual safety is accessible to all staff		
Specialist training is accessible to those who need it		
Staff knowledge and awareness of issues relating to sexual misconduct increases		

Principle 8: we will ensure appropriate reporting mechanisms are in place		
ACTIONS	**COMMENTS**	**RAG**
Policy outlines sexual misconduct reporting mechanisms, including anonymous reporting	Policy is clear on reporting mechanisms specifically outlined in the Respect framework. Anon reporting can be achieved via FTSU, but further options will be explored. (Dec 2025)	
Reporting mechanisms are widely communicated to ensure awareness		
Freedom to Speak Up infrastructure and training for guardians updated to include sexual misconduct	Update required from FTSU (Jan 2026)	
There is a clear safeguarding process for identifying unusual patterns of patient record access (where an electronic patient record is in place)	Update required from Safeguarding Team (Dec 2025) Safeguarding have made contact with IG team to progress	Action in progress
OUTCOME	**COMMENTS**	**RAG**
Staff can report an instance of alleged sexual misconduct through multiple routes, including anonymously		
Staff have confidence their disclosure will be treated confidentially (and understand where it might need to be shared for safeguarding reasons) and escalated appropriately		
Disproportionate and inappropriate use of patient records is picked up earlier	Update required from Safeguarding Team (Dec 2025) Safeguarding have made contact with IG team to progress	Action in progress
Principle 9: we will take all reports of sexual misconduct seriously, and appropriate and timely action will be taken in all cases		
ACTIONS	**COMMENTS**	**RAG**
Clear actions and action-owners set out in the sexual misconduct policy		
Timeframes for action set out in sexual misconduct policy		
Ensure access to external investigators		
Ensure access to external subject matter experts	Update required from Safeguarding Team (Dec 2025) With regards to sexual safety the Trust's safeguarding team provide guidance and support to staff on sexual safety incidents, sexual violence and harassment and domestic abuse. The practitioners have training levels appropriate to their roles and also deliver internal and external training on domestic abuse and violence, to staff and wider agencies	
Executive/board reporting, including on relevant data and learning from surveys, reports and investigations of sexual misconduct, FTSU, complaints		
Establish a governance and risk oversight process for serious and complex sexual misconduct cases, with defined escalation thresholds for executive and Board review		

	COMMENTS	RAG
There are timely routes to share with HR concerns raised through professional and clinical avenues that could have a sexual component plus data from FTSU and sexual misconduct reporting is triangulated to support		

OUTCOME	COMMENTS	RAG
Sexual misconduct is identified in a timely way, all reports are actioned following organisational policies, and incidents are escalated appropriately		
Staff have increased confidence to report concerns		
Complex cases have Board and executive scrutiny, aiding the identification of systemic and organisation-wide issues		

Principle 10: we will transparently capture and share data on the prevalence of sexual misconduct and staff experience of sexual misconduct

ACTIONS	COMMENTS	RAG
Staff survey results are published and shared, with actions taken/to be taken to address issues and risks raised in the results		
Executive/board reporting on cases, including relevant data and learning		

OUTCOME	COMMENTS	RAG
Executive board understands prevalence rates, staff experience and the outcomes of cases in their organisation, including impacts and any differences between different groups of staff and required actions		
Staff have access to data on sexual misconduct prevalence in their organisation		

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026				
Title of Report:	Freedom to Speak Up Guardian's Update Report				
Author/s:	Michele Moran, Executive Lead for Freedom to Speak Up, Chief Executive Officer Alison Flack, Freedom to Speak Up Guardian				

Recommendation:					
	To approve		To discuss		
	To note	√	To ratify		
	For assurance				

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide an update on the activities undertaken as part of the Freedom to Speak Up process and the planned priorities for completion by June 2026.

Key Issues within the report:

Positive Assurances to Provide: • Completion of Level 1 National Guardian's Office Speak Up Training – 96.02%. • Internal audit outcome of the Trust's speak up policy and process was that of significant assurance. The recommendations for improvements have all been completed. • A new Deputy Freedom to Speak Up Guardian has been appointed. • Recording of data to include any specific references to sexual safety.	**Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):** • FTSU Ambassador Campaign to run throughout 2026 to increase the number of ambassadors working across the Trust. • Establish new forum to triangulate concerns received. • Review of Board self assessment.
Key Risks/Areas of Focus: • Ambassador recruitment campaign.	**Decisions Made:** • N/A

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

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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. Please outline in the paper how this links)*					
√ *Tick those that apply*					
√	Innovating Quality and Patient Safety				
√	Enhancing prevention, wellbeing and recovery				
	Fostering integration, partnership and alliances				
√	Developing an effective and empowered workforce				
√	Maximising an efficient and sustainable organisation				
	Promoting people, communities and social values				
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment	
Patient Safety	√				
Quality Impact	√				
Risk	√				
Legal	√			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		

Freedom to Speak up Guardian's Update Briefing Report – January 2026

The following report provides an update on the activities undertaken through the Freedom to Speak Up Team.   The Annual Freedom to Speak Up Report was approved by the Trust Board in September 2025.

National Guardian's Office Update

Due to the recent changes in NHSE, the National Guardian's Office will close at the end of June 2026.   This function will transfer to NHSE and DHSC in recognition of more engagement needed. Further discussion is ongoing regarding these changes. The National Guardian's Office is due to publish the following shortly – temporary worker review and speak up partnership group charter.

Board Leadership and Oversight

The Executive Lead, Senior Independent Non-Executive Director Lead, and Guardian have completed the required speaking up training provided by the National Guardian's Office.

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

A quarterly review meeting is held with the Trust Chair, Chief Executive, Non-Executive Lead and the Guardian to review all concerns raised and the relevant actions and learning. Regular meetings are held with the Chief Executive and Guardian.

Speak Up Team

The Trust currently has a Freedom to Speak Up Guardian, a newly appointed Deputy Speak Up Guardian and 5 ambassadors embedded across the divisions of the Trust.

Freedom to Speak Up Vision and Strategy (2024 - 2027)

Our Freedom to Speak Up Vision and Strategy was approved by the Trust Board in 2024. Our FTSU strategy and vision supports our Trust strategy and is underpinned by our Trust values, caring, sharing and learning.

Four key areas were identified as priorities: -

- Continuing to improve awareness of speaking up.
- Improving confidence for our staff in raising concerns.
- Providing training and support to all our leaders and managers.
- Improving our data collection and governance processes.

Internal Audit Report

The policies and procedures for speak up were reviewed as part of an internal audit report which provided significant assurance. All actions from the report have been completed.

Training for Staff

All Trust staff are now required to complete Level 1 National Guardian's Office Speak Up training as a mandatory requirement. The Trust had set a target of 85% and has achieved 96.02% for 2025/2026. The Guardian also provides an introduction to speaking up to all new starters at the Trust monthly induction training. We continue to visit teams to raise awareness and promote the importance of speaking up.

Level 2 and Level 3 NGO Speak Up training are available as part of the Trust's training programmes. We continue to encourage our managers to complete these through communication routes.

Number of Speak Up Concerns Received from 1 April 2025 – 31 December 2025

During the period 1 April 2025 until 31 December 2025 - 38 speak up concerns were received through the speak up processes. This is an increase in the number of staff raising concerns through speak up compared to the same period in 2024/25.

During the period 1 April 2025 – 31 December 2025, there have been 3 independent investigations and 6 investigations overseen by the Deputy Chief Operating Officer.

Number of Speak Up Concerns Received

2023/24	39
2024/25	31
2025	38 (1 April 2025 – 31 December 2025)

Types of Concerns

During the current reporting period, the speak up concerns raised were in relation to the following concerns:-

- Staff seeking support for issues relating to their own terms and conditions, these staff are signposted to the HR team for support and advice. The introduction of the Trust's Respect campaign has also helped to reduce the number of staff contacting the Guardian.
- Medication management.

- Patient safety
- Allegations of bullying and harassment.

- Staffing levels – due to sickness and vacancies.
- Increase in falls.
- Patient acuity and complexity.
- Visibility of senior staff.
- Team working
- Relationships with line managers.
- Waiting list management.

The highest areas reporting concerns during this period has been from the following:-

- Forensic Services, Community Mental Health and Whitby Hospital.

All areas have developed action plans following the concerns raised and these have regular oversight by the Executive Management Team.

Information provided continues to be triangulated with the patient safety team, HR and operational services. Advice has also been sought from the Counter-Fraud team, as needed.

Feedback from Staff

Gathering feedback from staff is an important measure to understand staff's experience of speaking up. An anonymous questionnaire is sent to staff to complete to gain feedback and gather equality and diversity information. The following quote was part of recent feedback received.

'Thanks so much for listening and for your guidance, I already feel a bit better just knowing there are avenues that want to help and support me. I did have a little cry when we left the call - it's a scary step! But one that will hopefully be worthwhile. I wish I'd have spoken out sooner, now I've seen the support there is within the Trust and that FTSU provide. I now wonder why I didn't!'

Speak Up Ambassadors

We are continuing to actively recruit for new ambassadors across the Trust. A recent campaign has been launched and has shown interest from a number of areas. It is also planned to join the staff networks to raise awareness and recruit a range of ambassadors.   A bi-monthly meeting is held by the Guardian with the ambassadors which is also attended by the Chief Executive on a regular basis.

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Sexual Safety Charter

The recent launch of the Trust's sexual misconduct policy will also now be included in our training programmes. The recording of our data for speaking up will include this element.

Future Priorities for completion by end June 2026

The following key priorities have been identified for the next 6 months.

(1) Undertaken a review of the Trust Board self assessment.

(2) Continue ambassador recruitment campaign and development of ambassador role.

(3) Continue to raise awareness and promote speak up through the Trust communication channels.

(4) Establish a new forum between HR, Operational Lead and Patient safety teams to ensure robust triangulation of data and information sharing.

(5) Further analysis of staff who are reporting concerns and identifying any gaps or barriers which may prevent staff from raising concerns.

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026
Title of Report:	Finance Report Month 9 (December 2025)
Author/s:	Peter Beckwith, Executive Director of Finance
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td></td><td></td><td></td></tr></table> Board are asked to note the report for December 2025 and comment accordingly.
Purpose of Paper:	This report is being presented to The Board and provides the financial position for the Trust as at the 31 December 2025 (Month 9). The report provides assurance regarding financial performance, key financial targets, and objectives

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
- The Trust recorded a surplus of £2.466m which is a £3.000m improvement above the agreed ICS planning target deficit of £0.534m - The Trust reported a forecast outturn Surplus of £3.000m, this will allow the Trust to increase its 2026/27 capital budget by the same amount. - The Year-to-Date Agency expenditure totalled £2.394m, this is £2.267m less than the same period for the previous year. - The cash balance at the end of Month 9 was £19.176m - The Better Payment Practice Code figures show achievement of 96.4%.	The Mental Health Division is currently working to an agreed finance recovery plan and is demonstrating an improving financial position.

Matters of Concern or Key Risks:	Decisions Made:
• Local System Finance Position remains a concern	• Board are asked to note the Finance report for December 2025.

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

Monitoring and assurance framework summary:

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

FINANCE REPORT – December 2025

1. Introduction

This report presents to the Board the financial position for the Trust as at the 31st December 2025 (Month 9). The report provides assurance regarding financial performance, key financial targets, and objectives.

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

2. System Position

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

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

Across previous months the system has reported the following position:

- Month 2 Year to Date Deficit of £7.4m (£0.2m adverse variance)
- Month 3 Year to Date Deficit of £15.0m (£3.9m adverse variance)
- Month 4 Year to Date Deficit of £19.7m (£5.5m adverse variance)
- Month 5 Year to Date Deficit of £20.3m (£3.1m adverse variance)
- Month 6 Year to Date Deficit of £24.3m (£4.4m adverse variance)
- Month 7 Year to Date Deficit of £29.9m (£11.9m adverse variance)

At Month 8 the system reported a £38.0m year to date deficit, all with providers. This represents a £21.9m adverse variance against plan, at Month 8 the system is continuing to forecast achievement of a breakeven plan.

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.

The position for providers and the ICB at Month 8 is summarised in the following table:

Place	Year To Date			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
York and Scarborough	(900)	(7,013)	(6,113)	0	0	0
Harrogate	(3,668)	(14,567)	(10,899)	0	0	0
NLAG	(6,412)	(7,356)	(944)	0	0	0
Humber Teaching	(619)	2,382	3,001	0	0	0
HUTH	(4,454)	(11,432)	(6,978)	0	0	0
Total	(16,053)	(37,986)	(21,933)	0	0	0
ICB	0	(44)	(44)	0	0	0
Full System Position	(16,053)	(38,030)	(21,977)	0	0	0

3. Trust Position as at December 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 December 2025 the Trust recorded a surplus of £2.466m which is £3.000m higher than the planned deficit of £0.534m.

The donated assets depreciation and Capital Grant Donation do not count against the Trust's financial control target, the year-to-date net variance to budget for these items is £0.016m resulting in a ledger position of £3.016m surplus.

The Year to Date favourable variance is attributable to non-recurrent income into the trust and the £3.000m surplus is forecast to be sustained through to the year end.

The achievement of the £3.000m surplus will allow the Trust to increase its 2026/27 capital budget by the equivalent amount which is in line with NHSE guidance.

Table 1: 2025/26
Income and Expenditure and Forecast

	25/26 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	**188,117**	**141,164**	**141,257**	**93**	**188,117**	**188,111**	**(6)**
YHCR	4,635	3,476	3,838	362	4,635	5,110	475
Total Income	**192,752**	**144,640**	**145,095**	**455**	**192,752**	**193,220**	**469**
Clinical Services							
Children's & Learning Disability	44,812	33,616	33,830	(214)	44,812	44,418	394
Community & Primary Care	22,382	16,790	16,179	611	22,382	22,451	(69)
Mental Health	61,561	46,085	45,524	561	61,561	61,675	(114)
Forensic Services	14,370	10,885	10,846	39	14,370	14,371	(1)
	143,124	107,376	106,379	997	143,124	142,915	209
Corporate Services							
	42,205	31,924	32,676	(752)	42,205	41,366	840
Total Expenditure	**185,329**	**139,300**	**139,055**	**245**	**185,329**	**184,280**	**1,049**
EBITDA	**7,422**	**5,340**	**6,040**	**700**	**7,422**	**8,940**	**1,518**
Depreciation	5,591	4,193	4,115	78	5,591	5,487	104
YHCR Amortisation	1,382	1,037	1,036	0	1,382	1,382	-
Interest	(1,478)	(1,108)	(905)	(203)	(1,478)	(1,191)	(287)
IFRS 16	1,691	1,268	1,445	(177)	1,691	1,946	(255)
PDC Dividends Payable	1,736	1,302	1,302	1	1,736	1,736	-
Gain on disposal of assets	-	-	(419)	419	-	(419)	419
Operating Total	**(1,500)**	**(1,351)**	**(534)**	**818**	**(1,500)**	**(0)**	**1,500**
BRS	(1,500)	(817)	-	(817)	(1,500)	-	(1,500)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Non Recurrent Income			(3,000)	3,000	-	(3,000)	3,000
Operating Total	**(0)**	**(534)**	**2,466**	**3,000**	**(0)**	**(3,000)**	**3,000**
Excluded from Control Total							
Capital Grant\Donation	-	-	(16)	16	-	(16)	16
Donated Depreciation	39	29	29	0	39	39	0
	(39)	(563)	2,453	3,017	(39)	(3,023)	(2,984)
Ledger Position	**(39)**	**(563.262)**	**2,453**	**3,017**	**(39)**	**(3,023)**	**(2,984)**
EBITDA %	**3.9%**	**3.7%**	**4.2%**		**3.9%**	**4.6%**	
Surplus %	**-0.8%**	**-0.9%**	**-0.4%**		**-0.8%**	**0.0%**	

2.1 Income

Income is forecast to over achieve by £0.469m which relates to increased funding to Yorkshire and Humber Care Record which is offset by expenditure commitments.

2.2 Divisional Net Expenditure

The overall operational divisional net expenditure position is showing a forecast underspend of £0.209m.

2.2.1 Children's and Learning Disability (£0.394m underspend)

The month 9 position is an overspend of £0.214m, both pay and non-pay are underspent, but income has an adverse variance of £1.094m. This relates to Townend where we recover the cost of an out of area placement from the ICB. A contract variation has been agreed, and it is expected to be paid in January, once this has been transacted income will be in line with budget.

The year-to-date savings on pay of £0.459m are due to vacancies, H1 pay pressures on the inpatient areas were offset by underspends in community teams. Pay costs are forecast to increase in Q4 as vacant posts are recruited into, notably in Hull 0 to 19 and MHST.

Non pay is also showing a year-to-date underspend of £0.421m, but this is not forecast to continue as invoices are received in Q4 from subcontracted providers for neuro assessments and to support waiting lists.

2.2.2 Community and Primary Care (£0.069m overspend)

The Division's forecast outturn position is showing a £0.069m deficit to the plan.

Primary Care is forecasting an underspend of £0.292m, largely due to vacancies in the management team that remain unfilled in advance of the upcoming practice transfers from the Trust.

One of the main factors contributing to the £0.361m overspend in Community Services is the sustained high demand for continence products (£0.243m). The ICB has initiated a system-wide review of continence expenditure to address this issue.

An additional cost pressure of £0.165m relates to services provided to Malton Ward by York FT. Contracting and finance teams are working closely with the provider to manage this increase, which is higher than in previous years.

Pay pressures within certain services (Scarborough Core, Diabetes, and Malton Ward) are currently being offset by underspends in others, including Urgent Community Response, Whitby Core, and Whitby Ward.

2.2.3 Mental Health (£0.114m overspend)

The Division has continued to recover the financial position with the forecast now expected to be better than the recovery plan which had a deficit of £591k.

Staffing within inpatient units, particularly on Adult units, has continued to reduce following the introduction of improved roster management and control processes. Initial analysis of December staff use suggests this trend has continued so should result in a further forecast reduction in January.

The Mental Health Liaison service has managed to cover the workload without the need to use bank staff and the General Liaison service has secured additional non recurrent funding for a service being delivered with existing staff.

The number of adult aged acute patients being placed out of area has also reduced significantly with only 1 patient placed out of area at the end of December. There remains a risk to the forecast should this position change.

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

2.2.4 Forensic (£0.001m overspend)

The Forensic division is underspent by £0.039m, year to date. There are some cost pressures and offsetting savings. Vacancy savings in the community are offset by pressures on the inpatient areas. EPOCs for 6 patients have been secured which have supported the cost of additional staff due to patient complexity.

The biggest area of overspend is the inpatient medical workforce (£0.240m year to date) as agency was being used to cover long-term sickness for the first half of the year and is now being used to cover a vacancy. The forecast outturn overspend for this area is £0.315m.

Income is currently showing as a pressure as invoices for HMP Millsike are outstanding, contract variations from TEWV have now been sent and we are awaiting the purchase orders. When the related invoices are forwarded income will show a favourable position reflecting the additional funding agreed for the contract. The positive movement in income for Q4 is offset by a forecast increase in costs to cover winter pressures and the cost of Ullswater patients on high levels of observations who are not supported by an EPOC.

2.2.5 Corporate Services (£0.840m underspend)

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

3. Cash

As at the end of Month 9 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	18,999
Nat West Commercial Account	149
Petty cash	28
Total	**19,176**

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

4. Agency

Actual agency expenditure year to date at Month 9 is £2.394m, which is £2.267m below the same period in the previous year.

Table 3: Agency Spend by Staff Group

Row Labels	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Grand Total
Administration & Clerical	-	-	12,990	7,312	3,078	171	85	243	-	23,879
AHPs	260	13,735	24,901	-	(5,932)	16,583	27,063	11,728	14,843	103,180
Clinical Support Staff	-							505	-	505
Consultant	197,661	281,604	153,371	219,109	198,766	131,016	247,952	217,632	180,905	1,828,016
Nursing	8,109	65,161	40,375	57,677	(180)	148,679	39,615	41,390	37,807	438,633
(blank)										
Grand Total	**206,031**	**360,500**	**231,637**	**284,098**	**195,732**	**296,449**	**314,715**	**271,497**	**233,554**	**2,394,213**

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

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

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 4. The current position is 96.7% for non-NHS and 89.0% for NHS with an overall total of 96.4%. Work is constantly ongoing to improve this position with targeted support to managers.

Table 4: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	20,962	87,823
Total bills paid within target	20,274	85,433
Percentage of bills paid within ta	**96.7%**	**97.3%**
NHS		
Total bills paid	907	22,579
Total bills paid within target	807	22,036
Percentage of bills paid within ta	**89.0%**	**97.6%**
TOTAL		
Total bills paid	21,869	110,402
Total bills paid within target	21,081	107,469
Percentage of bills paid within ta	**96.4%**	**97.3%**

6. Recommendations

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

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026		
Title of Report:	Trust Performance Report – December 2025		
Author/s:	Peter Beckwith – Executive Director of Finance Richard Voakes - Business Intelligence Lead		
Recommendation:			

To approve		To discuss	√
To note		To ratify	
For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of December 2025. The report (Appendix A) is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format. All indicators have been aligned to the Trusts Strategic Goals. Long Term Plan performance dashboard is attached at appendix B.

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):**
• Mandatory Training – the Trust continues to maintain a strong position reporting current compliance at 94.9% • The overall trust vacancy position is 7.2%. • Clinical Supervision continues to perform above target, in month performance was recorded at 90.1%. • % of harm free incidents is at 99.6% and has been in the upper quartile for the last quarter • The Two Hour Urgent Care Response (UCR) time, key measure within the National Oversight Framework (NOF) has demonstrated good performance achieving above 96.7% compliance in December 2025. • Care Programme Reviews (*3 days and 12 months*) have performed above target throughout the last quarter. • EIP Performance in month was 100%	• 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. • Operational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work across all services that are challenged by meeting over 52 week and 18 week waiting time standards. • 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 discussions.

Caring, Learning & Growing Together

Key Risks/Areas of Focus:	Decisions Made:
• Sickness absence has continued to be above target, with specific work undertaken to focus on inpatient sickness absence which is showing the highest prevalence of sickness. Performance in month currently stands at 6.3%. • Safer Staffing Dashboard – there are no units with 5 or more Red flags however 12 units are flagging red for sickness • Waiting times for children's neurodiversity services continues to be the most significant area of pressure and challenge. • Inappropriate MH Out of Area continues to be monitored, and solutions are being actively progressed to reduce usage as part of the 26/27 planning discussions. • Virtual Ward Bed Occupancy has fallen slightly below target at 89% in December.	• None (report is to note)

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	27.01.26
	Mental Health Legislation Committee		Operational Delivery Group	26.01.26
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)*				
√ *Tick those that apply*				
√	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	

NHS

Humber Teaching
NHS Foundation Trust

TRUST PERFORMANCE REPORT

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

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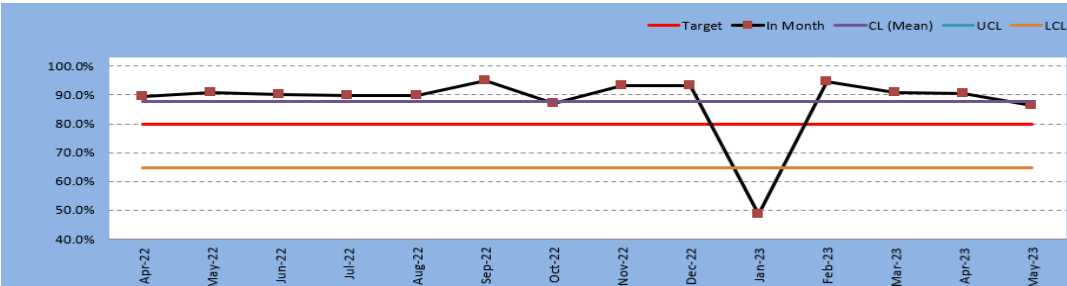
Reporting Month:

Dec-25

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team

Caring, Learning & Growing Together

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	**December 2025**

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set.

The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference.

They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below: |
| **Example SPC Chart** | S – statistical, because we use some statistical concepts to help us understand processes.

P – process, because we deliver our work through processes ie how we do things.

C – control, by this we mean predictable. |

Strategic Goal 1	Innovating Quality and Patient Safety	**Strategic Goal 4**	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery	**Strategic Goal 5**	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances	**Strategic Goal 6**	Promoting people, communities and social values
Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts		

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	December 2025	

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

Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. *Includes Neuro Services, no team types are excluded.*
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 2	Liaison 1 hour response	New referrals to liaison psychiatry teams from A&E in the reporting period with first face to face contact within 1 hour
Goal 2	UCR 2 hr response	The percentage of 2-hour Urgent Crisis Response (UCR) referrals that achieved the 2-hour standard in the reporting month
Goal 2	Virtual Ward	Virtual Ward Bed Occupancy Rate
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)

PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: December 2025

	Target:	Amber:	Current month stands at:
	85%	80%	94.9%

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

Mandatory Training - Overall Compliance

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: December 2025

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

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

All Vacancies as a percentage of Trustwide Establishment %

Legend: In Month — CL (Mean) — UCL — LCL — Target

Nursing Vacancy as a percentage of Nursing Establishment

Legend: In Month — Target

Consultant Vacancies as a percentage of Consultant Establishment
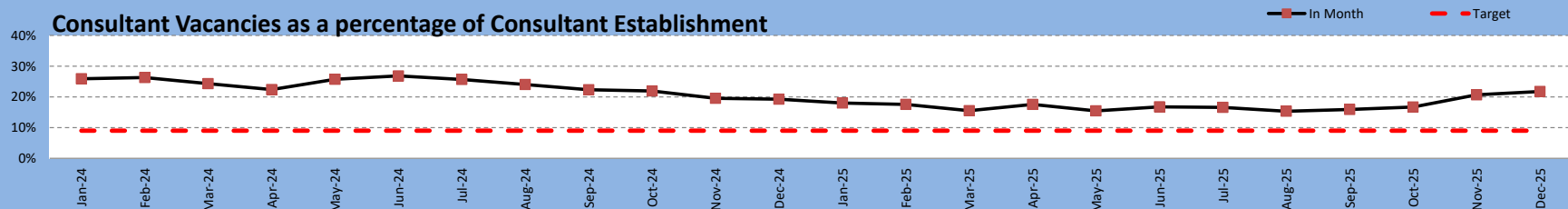
Legend: In Month — Target

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 1 : Innovating Quality and Patient Safety

For the period ending: December 2025

	Trustwide current month stands at:
Target: Amber:	142
0 0	

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

Number of Incidents per 10,000 Contacts - Trustwide
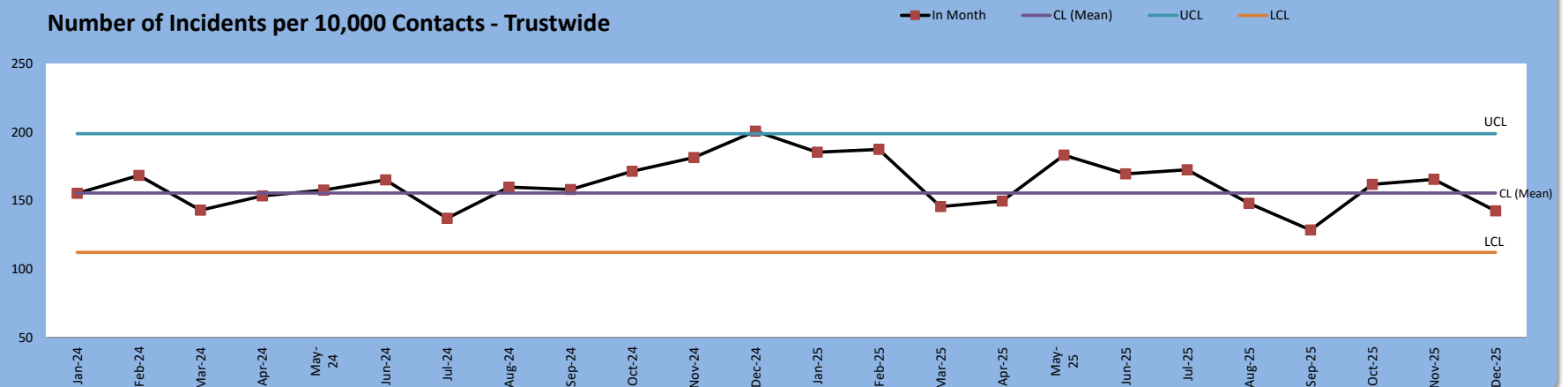
Percentage of Incidents of Harm Free Care

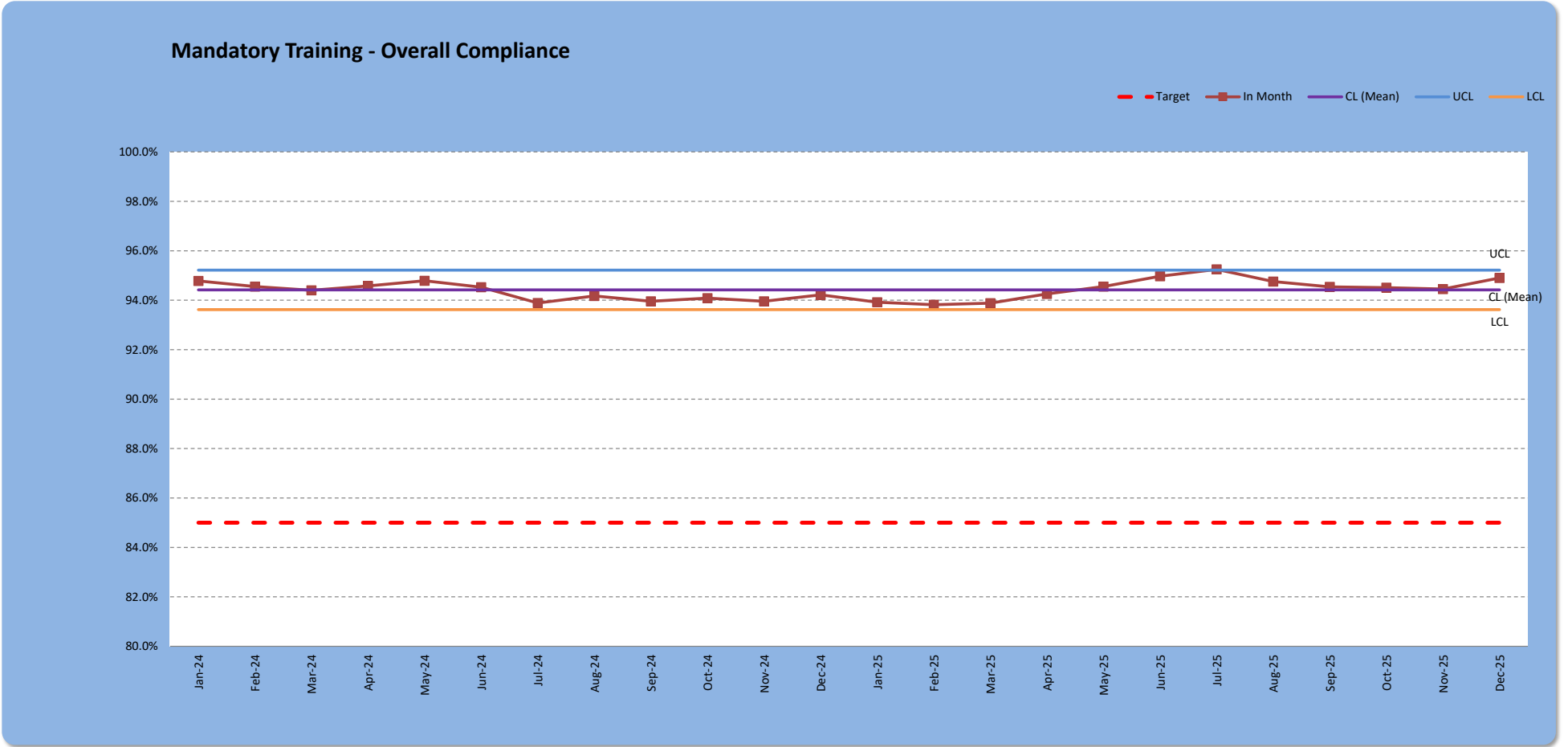**Please refer to the accompanying front sheet/report for any relevant commentary**
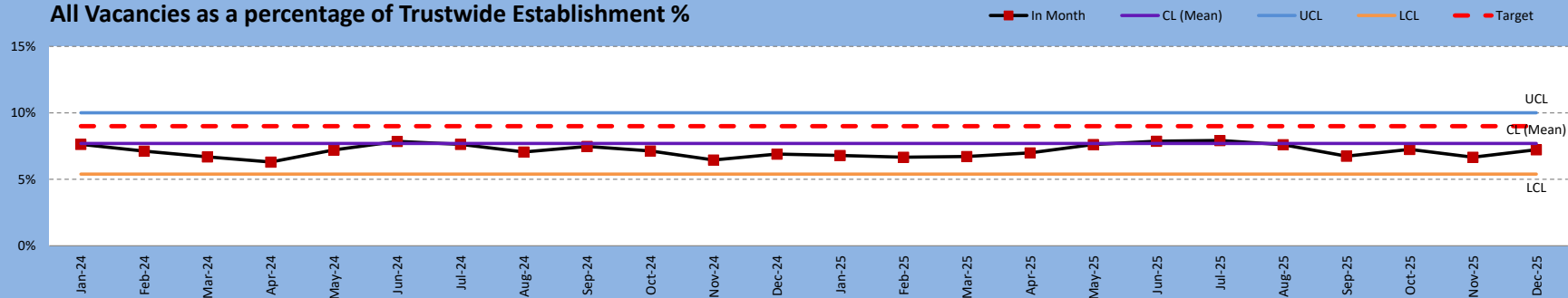
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: December 2025

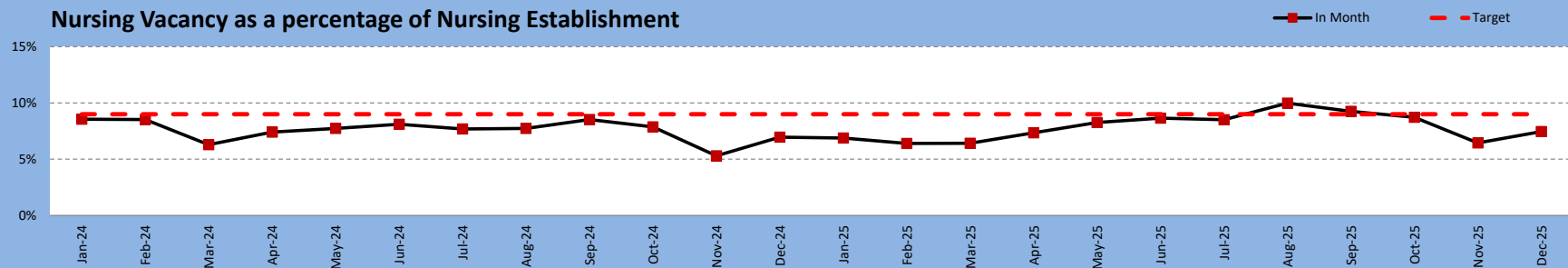|	Target:	Amber:	Trustwide current month stands at:
	0	0	142

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

Number of Incidents per 10,000 contacts — CHLD

Number of Incidents per 10,000 contacts — Primary Care and Community

Number of Incidents per 10,000 contacts — Mental Health Planned

Number of Incidents per 10,000 contacts — Mental Health Unplanned

Number of Incidents per 10,000 contacts — Forensic Services
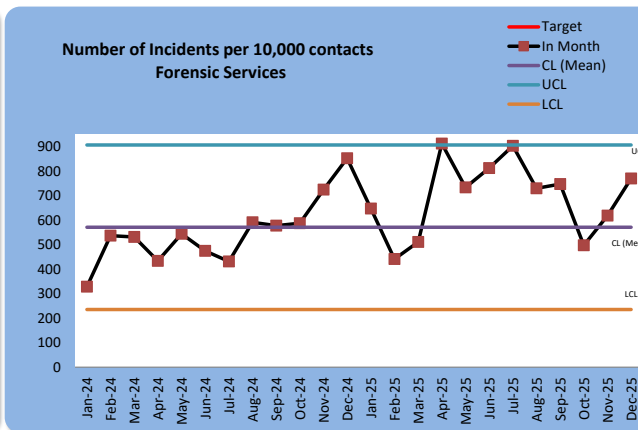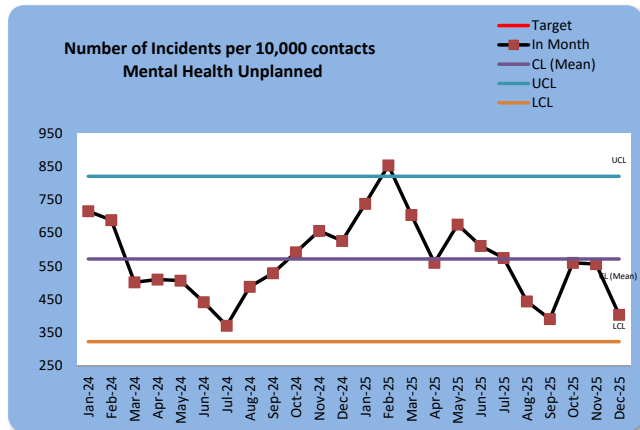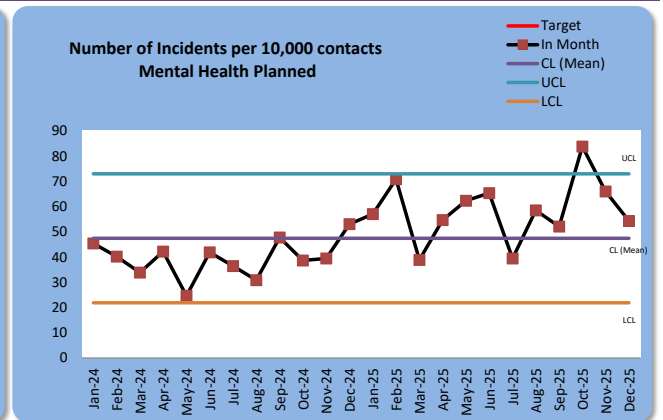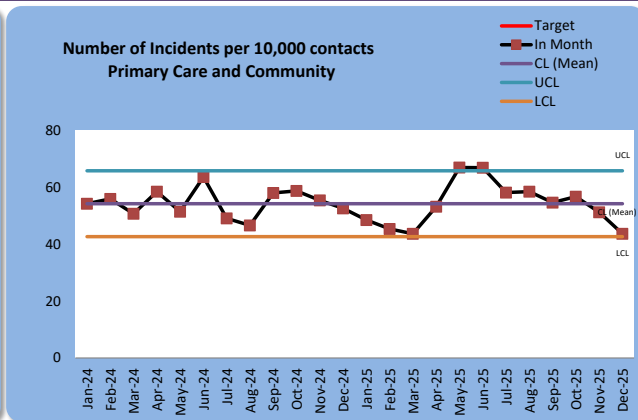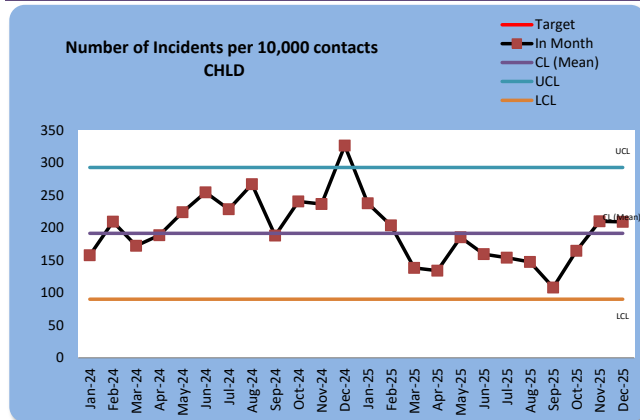
Current Month per Division

Children and Learning Disability	209
Primary Care and Community	44
Mental Health Planned	54
Mental Health Unplanned	403
Forensic Services	770

Incident Analysis

	Nov-25	Dec-25
Never Events	0	0
% of Harm Free Care	99.5%	99.6%
% of Incidents reported in Severe Harm or Death	0.3%	0.2%

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: December 2025

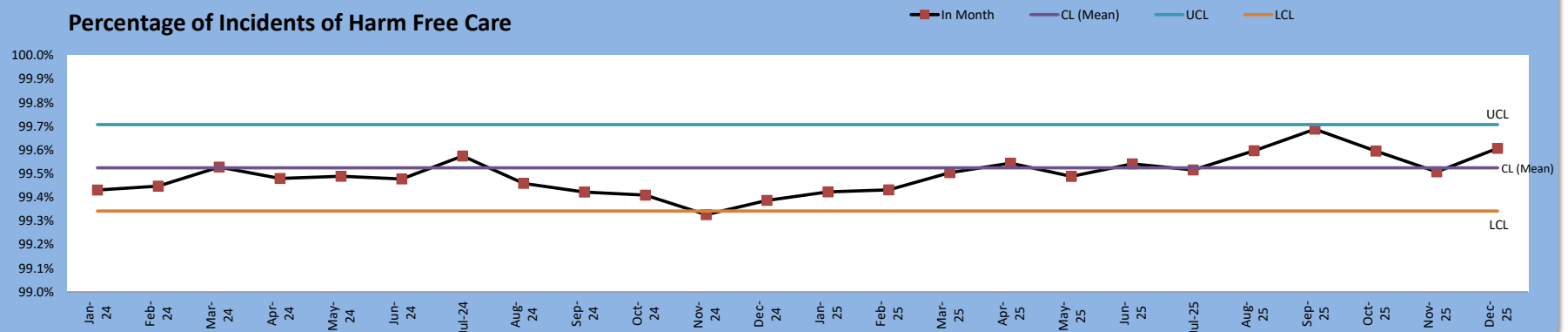|	Target:	Amber:	Current month stands at:
	85%	80%	90.1%

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

Clinical Supervisions carried out in Timescale

Legend: - - - Target — ■ In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

NHS Humber Teaching NHS Foundation Trust

Shown one month in arrears

Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Improvement	Bank % Filled	Improvement	Agency % Filled	Improvement	Day Registered	Day Un Registered	Night Registered	Night Un Registered	Staffing Incidents (Poor Staffing Levels) Month	Incidents of Physical Violence / Aggression Month	Complaints (Upheld/ partly upheld) Month	Failed S17 Leave Month	Staffing Incidents (Poor Staffing Levels) YTD	Incidents of Physical Violence / Aggression YTD	Complaints (Upheld/ partly upheld) YTD	Failed S17 Leave YTD	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Oct-25	Nov-25
Adult MH	Avondale	Adult MH Assessment	31.8	84%	9.9	⬇	➡		➡		96%	100%	98%	100%	0	16	1	0	0	40	5	0	93.1%	92.6%	75.0%	100.0%	3.3%	1.0	0	0
Adult MH	New Bridges	Adult MH Treatment (M)	38.6	100%	7.7	⬇	➡		➡		104%	107%	96%	110%	0	5	0	0	3	31	1	5	85.7%	96.9%	100.0%	95.2%	7.1%	1.6	2	2
Adult MH	Westlands	Adult MH Treatment (F)	35.4	98%	7.4	⬇	➡		➡		88%	80%	99%	100%	1	15	0	0	2	107	3	2	N/R	96.3%	86.7%	90.5%	6.6%	1.0	2	3
Adult MH	Mill View Court	Adult MH Treatment	31.1	96%	7.7	⬇	➡		➡		107%	90%	98%	114%	0	1	0	0	0	8	1	0	126.7%	90.1%	82.4%	87.5%	8.4%	1.8	2	2
Adult MH	PICU	Adult MH Acute Intensive	30.3	67%	33.5	⬆	➡		➡		95%	107%	98%	141%	0	23	0	0	1	192	1	0	82.8%	92.6%	93.8%	86.7%	5.1%	1.6	0	0
OP MH	Maister Lodge	Older People Dementia Treatment	34.5	65%	17.5	⬇	➡		➡		107%	78%	100%	117%	0	6	0	0	3	46	1	0	72.0%	93.3%	66.7%	100.0%	8.9%	1.4	1	3
OP MH	Mill View Lodge	Older People Treatment	35.9	88%	12.6	⬇	➡		➡		88%	77%	101%	100%	1	5	0	0	2	7	0	0	75.0%	93.3%	86.7%	76.5%	6.8%	-2.6	3	2
OP MH	Maister Court	Older People Treatment	22.0	98%	16.2	⬆	➡		➡		85%	85%	101%	113%	0	1	0	0	2	36	0	0	66.7%	89.6%	90.0%	90.9%	12.3%	-1.6	2	3
OP MH	Pine View	Forensic Low Secure	32.1	100%	8.3	⬇	➡		➡		80%	103%	80%	108%	0	0	0	0	1	2	0	3	100.0%	96.4%	90.0%	100.0%	3.4%	3.1	2	1
OP MH	Derwent	Forensic Medium Secure	30.2	76%	15.7	⬇	➡		➡		114%	76%	100%	99%	0	0	0	0	0	9	0	0	96.7%	96.9%	83.3%	100.0%	1.0%	-0.8	1	0
OP MH	Ouse	Forensic Medium Secure	23.8	86%	9.3	⬆	➡		➡		115%	98%	111%	150%	0	0	0	3	0	1	0	13	90.9%	93.5%	72.7%	85.7%	10.0%	-0.8	1	2
OP MH	Swale	Personality Disorder Medium Secure	30.3	80%	11.2	⬆	➡		➡		97%	99%	107%	91%	0	0	0	0	0	3	0	0	96.7%	97.5%	83.3%	94.7%	4.4%	1.2	0	0
Child & LD	Ullswater (10 Beds)	Learning Disability Medium Secure	30.4	41%	28.3	⬆	➡		➡		104%	106%	107%	118%	0	2	0	0	3	34	0	0	90.3%	96.6%	66.7%	100.0%	7.0%	-2.0	2	2
Child & LD	Townend Court	Learning Disability	39.2	36%	33.2	⬆	➡		➡		81%	65%	90%	72%	2	13	0	0	2	109	1	0	97.3%	92.4%	81.8%	80.8%	8.7%	3.0	4	3
Child & LD	Inspire	CAMHS	46.8	56%	28.7	⬆	➡		➡		107%	80%	97%	113%	0	0	0	0	0	0	0	1	N/R	93.1%	94.7%	80.0%	6.2%	0.2	1	2
Child & LD	Granville Court	Learning Disability Nursing Care	50.9	63%	21.5	➡	➡		➡		130%	88%	110%	105%	0	0	0	0	0	0	0	0	93.9%	94.6%	73.3%	77.8%	11.9%	-1.9	2	2
CH	Whitby Hospital	Physical Health Community Hospital	32.0	73%	8.7	⬆	➡		➡		74%	64%	105%	78%	0	0	0	0	3	1	0	0	100.0%	90.3%	80.0%	81.0%	14.9%	0.9	2	3
CH	Malton Hospital	Physical Health Community Hospital	31.4	86%	7.1	⬇	➡		➡		89%	90%	126%	68%	1	0	0	0	2	1	1	0	100.0%	88.6%	77.8%	88.2%	4.5%	1.9	3	1

Key

✅	Target met	⚠	Within 5% of target	❌	Target not met

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators

| Contract Period: | 2025-26 |
| Reporting Month: | Nov-25 |

NHS Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Nov

There are 12 units flagging red for sickness in November down from 15 in October, with 3 over 10% (down from 6 in October).

BLS and ILS compliance has been consistently strong over time however there were a number of units that appeared under the target threshold. The recent safer staffing reviews conducted in October/November demonstrated high overall compliance with ILS and BLS training over the six month period (April-Sept).

In November Maister Lodge, Ouse and Ullswater fell under 75% for ILS. Mill view court and Malton were below 75% in October and have an improved position in November, however, remain under the target threshold of 85%.

5 units were under the target of 85% for BLS. No units are under 75% which is an improved position compared to October. Westlands was under 75% in October, and this has recovered to 90.5% in November and similarly PICU have recovered to 86.7%. Granville has shown improvement but remain under the target threshold of 85%.

The Executive Director of Nursing has requested a deep dive into areas of lower compliance and a projected recovery plan. Following review, the resuscitation officer will identify targeted support for areas of lower compliance.

Statutory/Mandatory training overall is again above the Trust target of 85% for all wards.

There are 6 units with 3 red flags (Westlands, Maister Lodge, Maister Court, Mill View Lodge, TEC and Whitby) linked to OBD, supervision, fill rates and sickness.

The safer staffing reviews have taken place during October and November, with actions to address areas of lower compliance relating to fill rates which need to be addressed in order to accurately reflect deployment of staff.

CHPPD is strong across the majority of inpatient wards. Newbridges, Westlands, Mill View Court, Mill View Lodge and Malton are slightly under their target.

The Safer Nursing Care Tool has been introduced within Whitby and Malton as part of the recent safer staffing reviews and CHPPD reflect the recommended CHPPD using the SNCT and (6.94 and 7.05 respectively) and benchmarks positively with model health system peer median data (7.28).

Supervision compliance has previously remained above the target however there were 2 nil returns noted in November (Westlands and Inspire) both have submitted data for December. There were 4 units (Maister Lodge, Maister Court, PICU and Mill View Lodge) under 85%.

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:
Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton)
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby, Malton
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Townend Court

Registered Nurse Vacancy Rates (Rolling 12 months)

Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
7.39%	7.77%	7.57%	7.15%	7.71%	8.90%	10.20%	10.65%	11.04%	11.27%	9.85%	6.90%

Slips/Trips and Falls (Rolling 3 months)

	Sep-25	Oct-25	Nov-25
Maister Lodge	7	7	2
Millview Lodge	3	4	1
Malton IPU	3	1	3
Whitby IPU	2	2	1

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

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING COMMUNITY DASHBOARD

Staffing and Quality Indicators

Contract Period: **2025-26**
Reporting Month: **Nov**

NHS Humber Teaching NHS Foundation Trust

Area	Team	Speciality	WTE in post	Vacancies Budget - WTE	Sickness		Bank Spend £	Agency Spend £	Mandatory Training Overall		Clinical Supervision		Friends and Family YTD Responses	Friends and Family YTD %		Serious Incidents (reported to STEIS) YTD	Complaints Upheld (wholly or in part) YTD	Oct-25		Nov-25	
Adult MH Services	Mental Health Response Service	Adult Crisis	55.6	17.2%	❌	5.7%	£38,581	£338	✅	93.2%	✅	86.6%	2	❌	50.0%	0	0	✅	1	⚠️	2
	Hull East Mental Health Team	Hull Adult MHT	25.6	32.7%	❌	24.2%	£5,148	£3,715	⚠️	79.0%	❌	52.9%	2	❌	50.0%	0	1	⚠️	2	⚠️	3
	Hull West Mental Health Team	Hull Adult MHT	11.1	16.1%	❌	21.2%	£3,124	£4,906	✅	91.7%		N/R	5	✅	100.0%	0	0	✅	1	✅	1
	Beverley Mental Health Team	ER Adult MHT	6.7	1.1%	❌	7.0%	£1,023	£0	✅	96.6%	✅	100.0%	2	✅	100.0%	0	0	✅	1	✅	1
	Goole Mental Health Team	ER Adult MHT	8.4	16.9%	✅	2.2%	£654	£0	✅	95.9%	✅	100.0%	4	✅	100.0%	0	0	✅	0	✅	0
	Haltemprice Mental Health Team	ER Adult MHT	9.9	-6.5%	✅	2.3%	£1,830	£0	✅	91.6%	✅	100.0%	3	✅	100.0%	0	0	✅	1	✅	0
	Holderness Mental Health Team	ER Adult MHT	11.6	0.0%	✅	4.4%	£0	£0	✅	94.2%	✅	100.0%	1	✅	100.0%	0	0	✅	1	✅	0
	Bridlington & Driffield MHT	ER Adult MHT	15.5	4.1%	❌	12.2%	£1,053	£0	✅	97.9%	✅	100.0%	13	✅	100.0%	0	0	✅	1	✅	1
	STaRS Community	Rehab &LTC	22.9	4.3%	❌	18.1%	£712	£0	✅	88.4%	❌	61.1%	0		NS	0	0	✅	1	⚠️	2
Older People MH Services	Crisis Intervention Team for Older People (CITOP)	OP Crisis	28.0	9.9%	❌	20.6%	£5,008	£0	✅	93.0%	✅	100.0%	4	✅	100.0%	0	0	✅	1	✅	1
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	22.7	4.0%	✅	1.0%	£0	£0	✅	98.7%	✅	100.0%	10	✅	90.0%	0	0	✅	0	✅	0
	Beverley and Haltemprice OP CMHT	ER OP CMHT	8.4	3.8%	✅	0.0%	£0	£0	✅	99.5%	✅	100.0%	9	✅	100.0%	0	0	✅	0	✅	0
	Bridlington & Driffield OP CMHT	ER OP CMHT	7.4	10.6%	❌	9.1%	£2,056	£0	✅	91.4%	✅	100.0%	4	✅	100.0%	0	0	✅	0	✅	1
	Goole & Pocklington OP CMHT	ER OP CMHT	7.1	12.3%	✅	0.9%	£0	£0	✅	95.4%	✅	100.0%	10	✅	100.0%	0	0	✅	0	✅	0
	Holderness OP Community Team	ER OP CMHT	4.5	14.9%	✅	0.0%	£0	£0	✅	100.0%	✅	100.0%	2	✅	100.0%	0	0	✅	0	✅	0
Universal	Early Intervention in Psychosis	14-65 MHT	28.1	-2.0%	✅	3.9%	£0	£0	✅	91.1%	✅	92.9%	0		NS	0	0	✅	1	✅	0
	Hospital Mental Health Team	Liaison Services	33.9	16.0%	❌	8.2%	£2,147	-£3,656	✅	93.1%	❌	78.8%	3	✅	100.0%	0	0	✅	1	⚠️	2
Community Services	Ryedale Team	Comm Services	22.0	-7.0%	⚠️	4.7%	£609	£0	✅	90.0%	✅	92.6%	4	✅	100.0%	0	0	✅	0	✅	0
	Scarborough Hub	Comm Services	68.0	2.7%	❌	6.3%	£25,624	-£5,129	✅	85.5%	❌	78.0%	1	✅	100.0%	0	0	✅	1	⚠️	2
	Whitby Community Nurses	Comm Services	28.4	18.7%	⚠️	4.9%	£3,186	£0	✅	92.4%	✅	100.0%	0		NS	0	0	✅	1	✅	0
	Pocklington Nurses	Comm Services	16.8	13.8%	❌	10.7%	£7,624	£0	⚠️	84.1%	✅	100.0%	0		NS	0	0	✅	1	✅	1

Points of Note:

Complaints - Zero figures indicate at least one complaint was made but not upheld. Figures above zero indicate these complaints were either Upheld or Partly Upheld. These incur a Red flag.

Active Caseload - patients seen at least once for treatment within the team. ER Adult Teams do not have the local authority staffing numbers included.

No returns for clinical supervision will incur a Red Flag

FFT % results based on the number of responses received with a satisfactory outcome

Waiting Assessment - Total number of patients not seen for assessment

Quality Dashboard

Description : Learning from Mortality Reviews

Summary of total number of deaths and total number of cases reviewed under the 'Patient Safety Incident' Framework or Mortality Review

Total Number of Deaths and Deaths Reviewed
(does not include patients with identified Learning Disabilities)

	Q3 24-25	Q4 24-25	Q1 25-26	Q2 25-26	Q3 25-26	Last 12 months
Total Number of Deaths	193	179	181	195	233	788
Total Number of Natural Deaths	172	163	159	169	167	658
Proportion of Natural Deaths	89.1%	91.1%	87.8%	86.7%	71.7%	83.5%
Total Number of Deaths - Community Hospitals	5	2	5	3	2	12
Total Number of Deaths - MH Inpatients	0	0	2	1	1	4
Total Number of Deaths - LD Inpatients	0	0	1	0	0	1
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	74	54	65	82	62	263
Total Number of Deaths - Addictions	9	4	10	10	12	36
Total Number of Deaths - MH Community	85	96	80	89	142	407
Review Process						
Reported as Mortality Review	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	163	152	162	173	153	640
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Patient Safety Incident Investigation (previously SI)	0	2	1	1	0	4
Reported as Patient Safety Incident Analysis (previously SEA)	8	3	7	1	0	11
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	0	3	1	2	3	9
Swarm Huddle	0	0	0	0	0	0
Total Deaths Reviewed	171	160	171	177	156	664
Awaiting Cause of Death	4	0	2	1	0	3
Not Yet Reported	18	18	8	15	77	118

Summary of total number of Learning Disability deaths and total number of cases reviewed under the LeDeR Review methodology
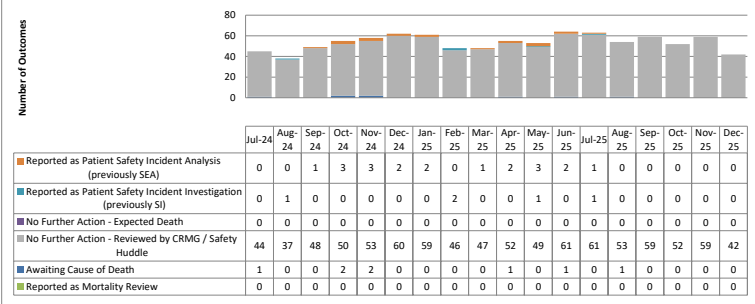
Total Number of Deaths, Deaths reviewed and Deaths Deemed Avoidable for patients with identified Learning Disabilities)

Number of Deaths in Inpatients (LD)	0	0	1	0	0	1

Total Number of Deaths per quarter (18 months)

	Q2 24-25	Q3 24-25	Q4 24-25	Q1 25-26	Q2 25-26	Q3 25-26
Total Number of Deaths	147	193	179	181	195	233
Total Number of Natural Deaths	136	172	163	159	169	167
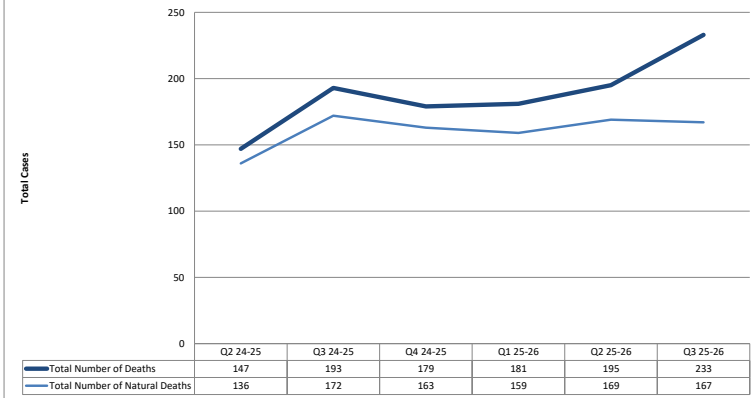
Outcome of Death Reviews (over the last 18 months)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Reported as Patient Safety Incident Analysis (previously SEA)	0	0	1	3	3	2	2	0	1	2	3	2	1	0	0	0	0	0
Reported as Patient Safety Incident Investigation (previously SI)	0	1	0	0	0	0	0	2	0	0	1	0	1	0	0	0	0	0
No Further Action - Expected Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	44	37	48	50	53	60	59	46	47	52	49	61	61	53	59	52	59	42
Awaiting Cause of Death	1	0	0	2	2	0	0	0	1	0	1	0	1	0	0	0	0	0
Reported as Mortality Review	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

	Target:	Amber:	Current month for 72 hour stands at:
	80%	60%	96.6%

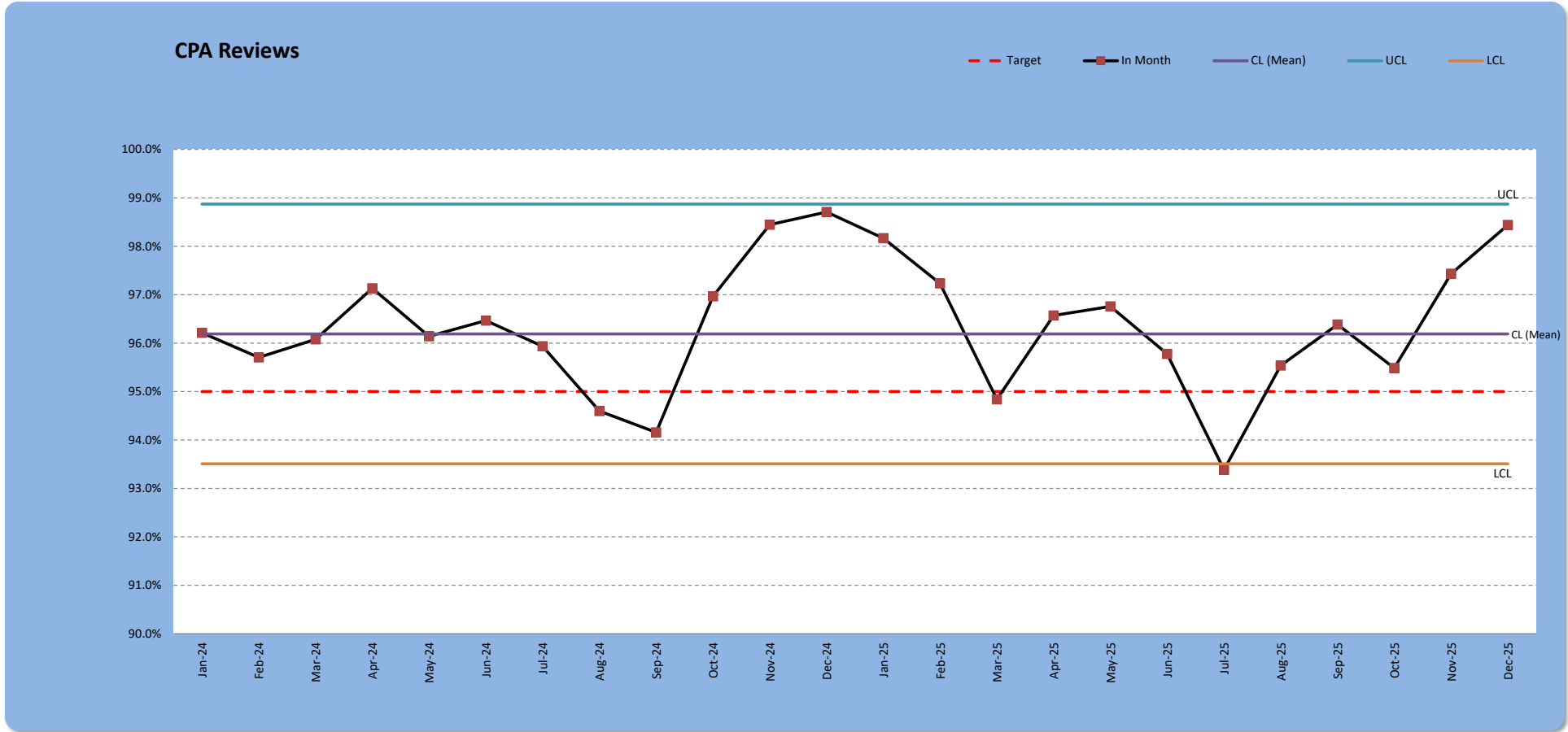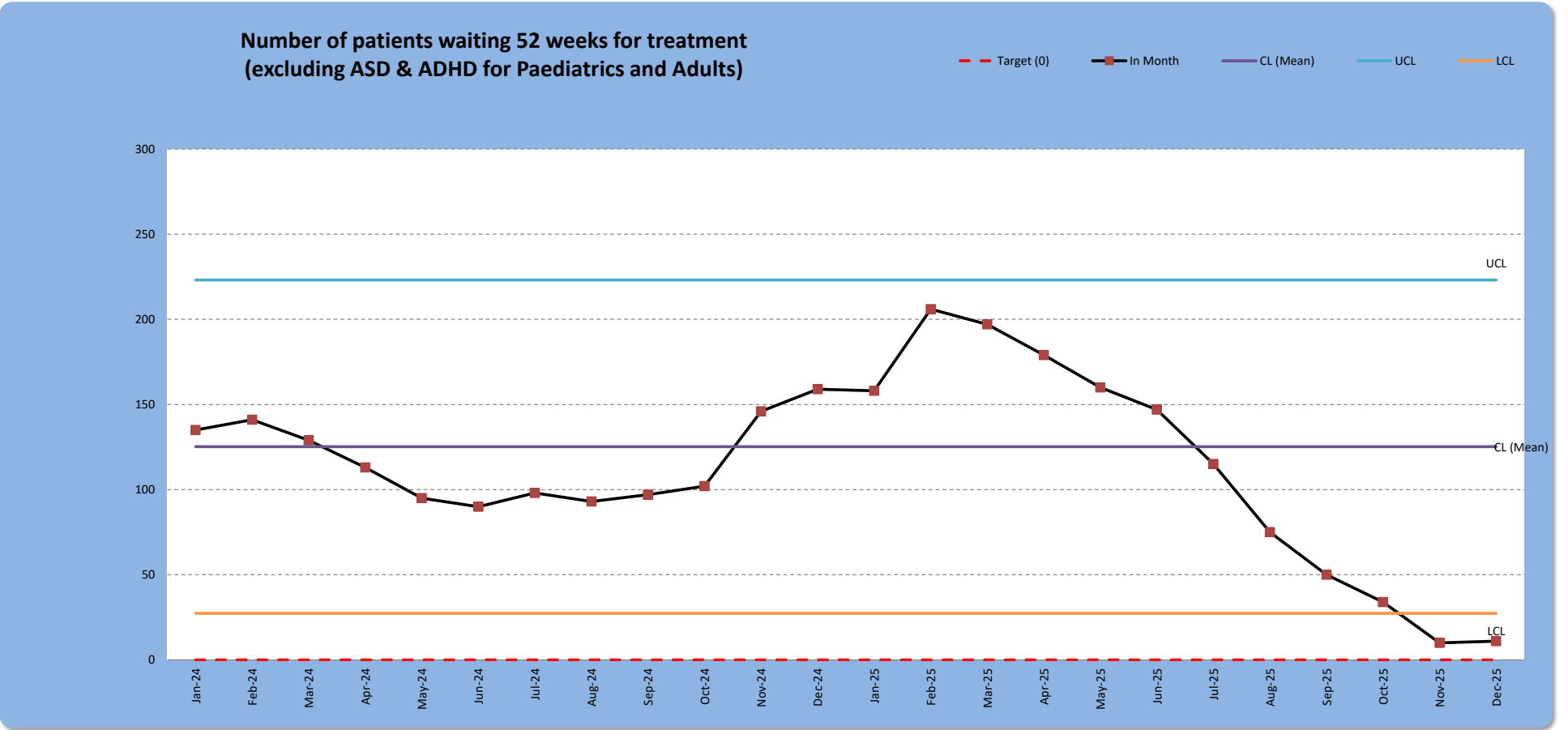| Indicator Title	Description/Rationale		KPI Type
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	**Executive Lead** Lynn Parkinson	OP 12
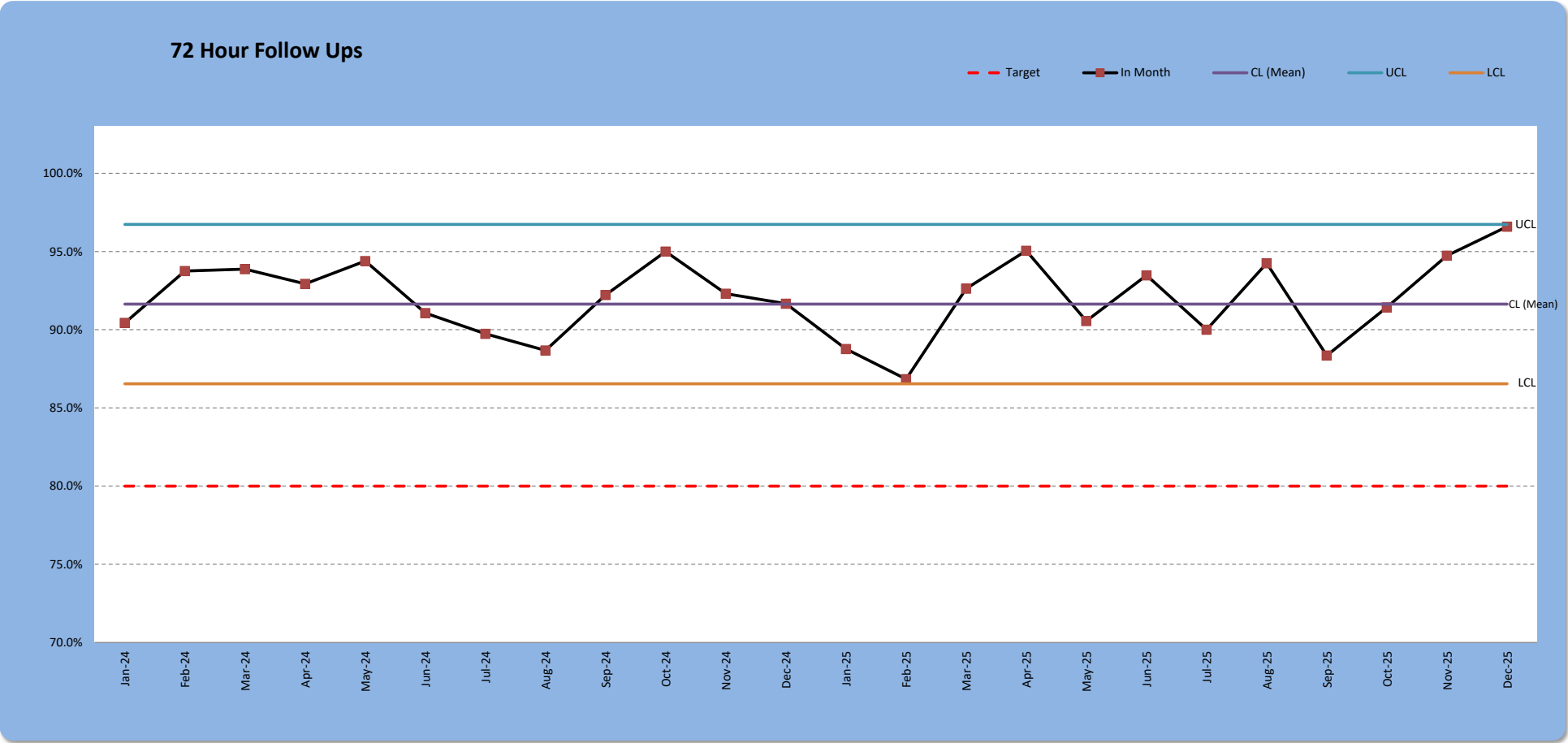
72 Hour Follow Ups

Legend: Target, In Month, CL (Mean), UCL, LCL

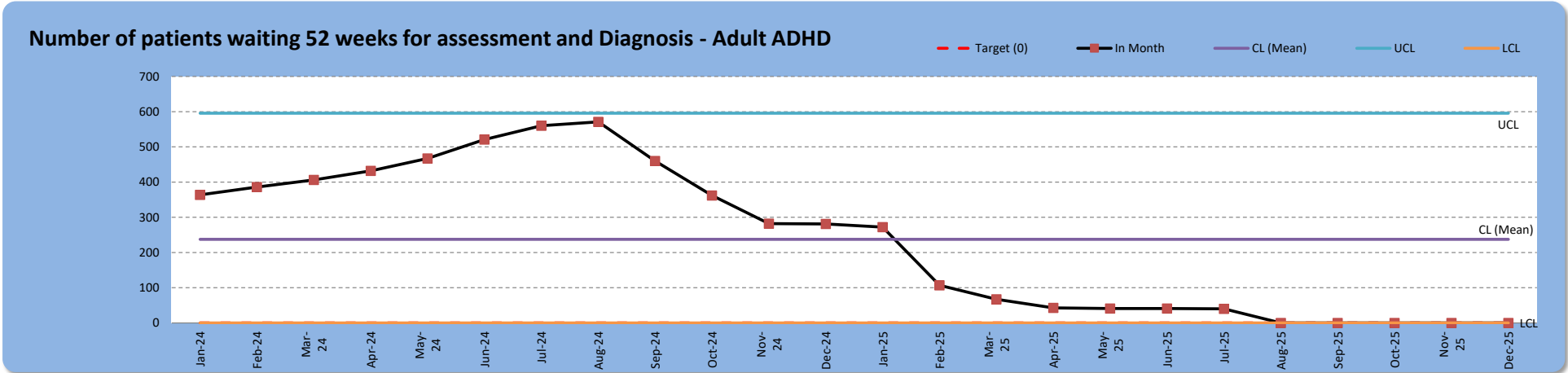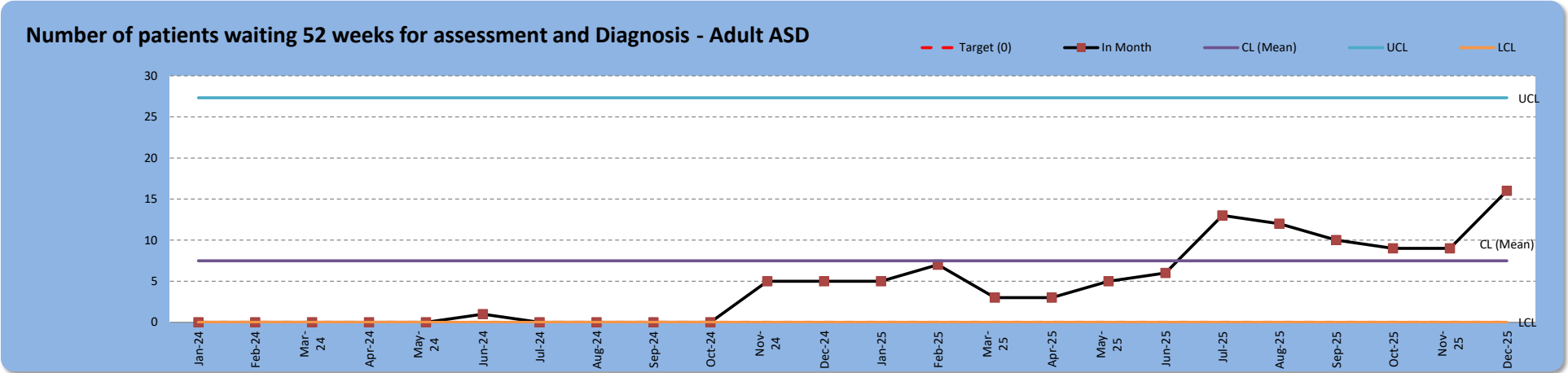**Please refer to the accompanying front sheet/report for any relevant commentary**

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

Target:	Amber:	Current month stands at:
95%	85%	98.4%

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

CPA Reviews

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	11

For the period ending: December 2025

Indicator Title	Description/Rationale		KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. *(Excludes ASD & ADHD Services for both Adult and Paediatrics)*	**Executive Lead** Lynn Parkinson	OP 22x

Number of patients waiting 52 weeks for treatment (excluding ASD & ADHD for Paediatrics and Adults)

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary
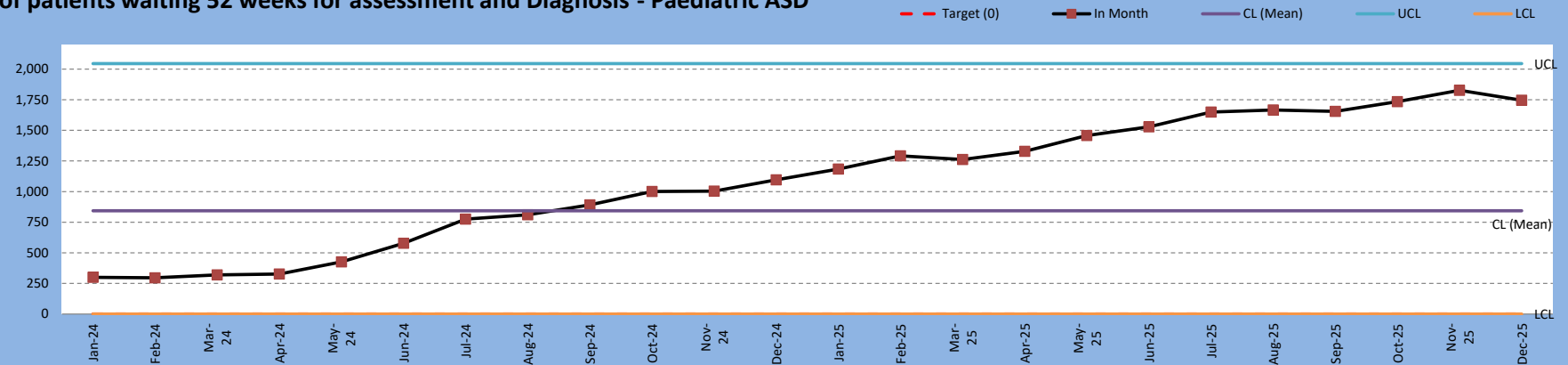
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

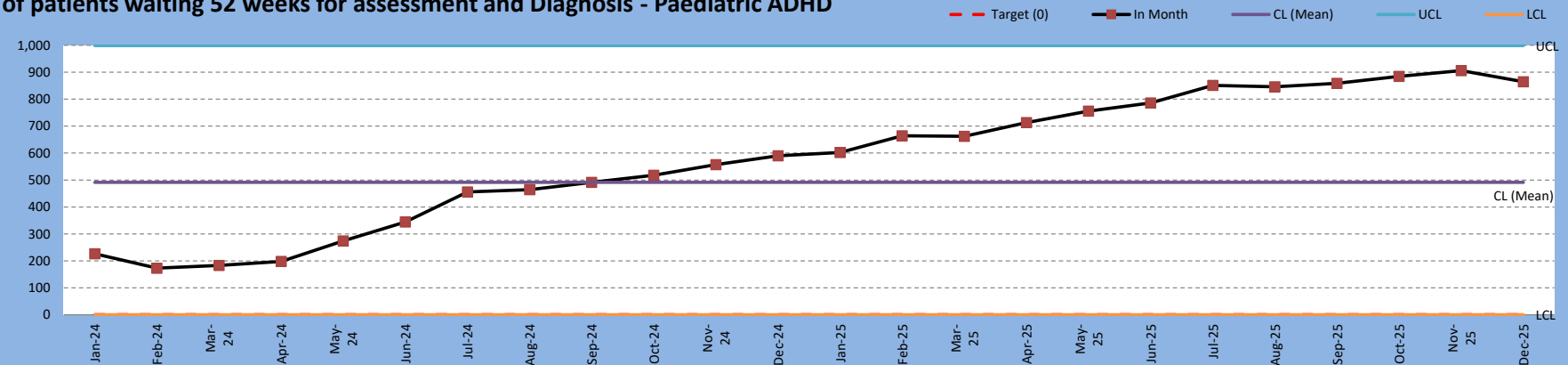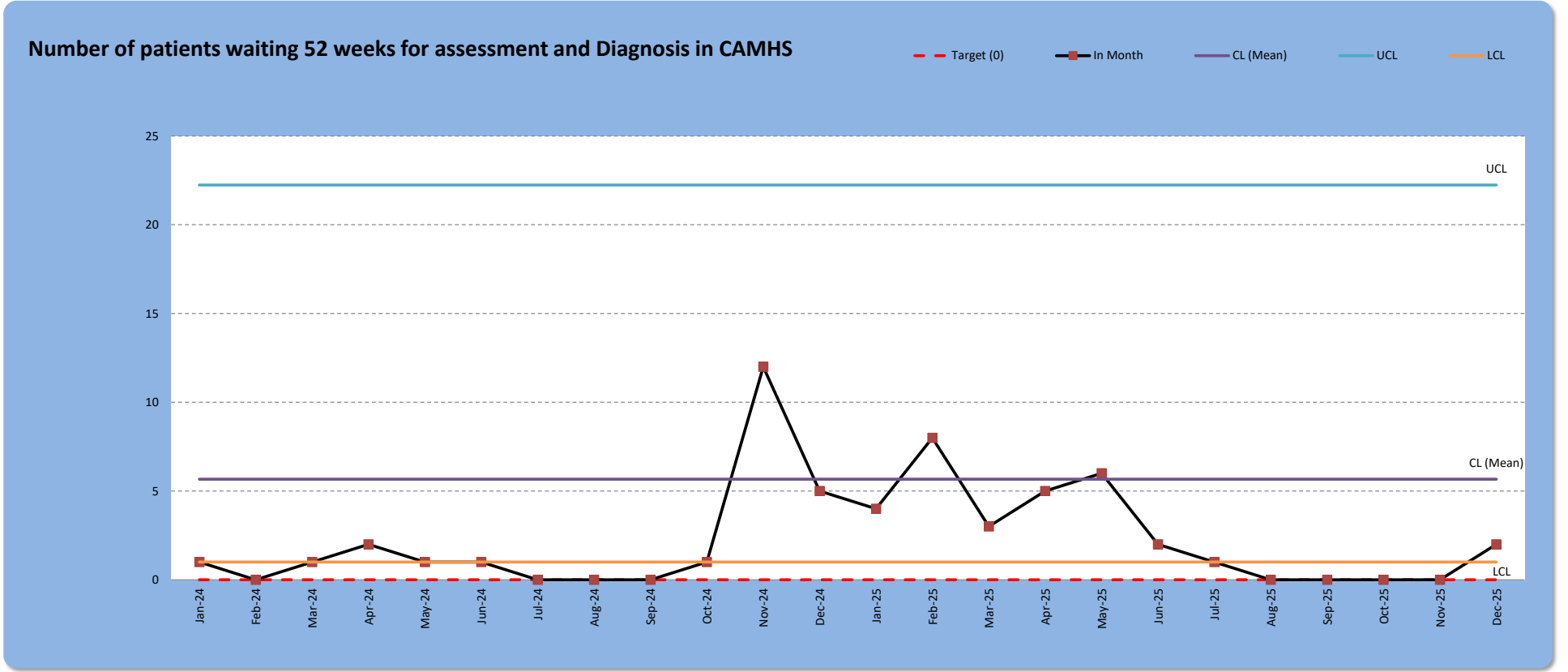| Target:	Amber:	Current month stands at:
0	0	16

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

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

Legend: Target (0) · In Month · CL (Mean) · UCL · LCL

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

Legend: Target (0) · In Month · CL (Mean) · UCL · LCL

Please refer to the accompanying front sheet/report for any relevant commentary
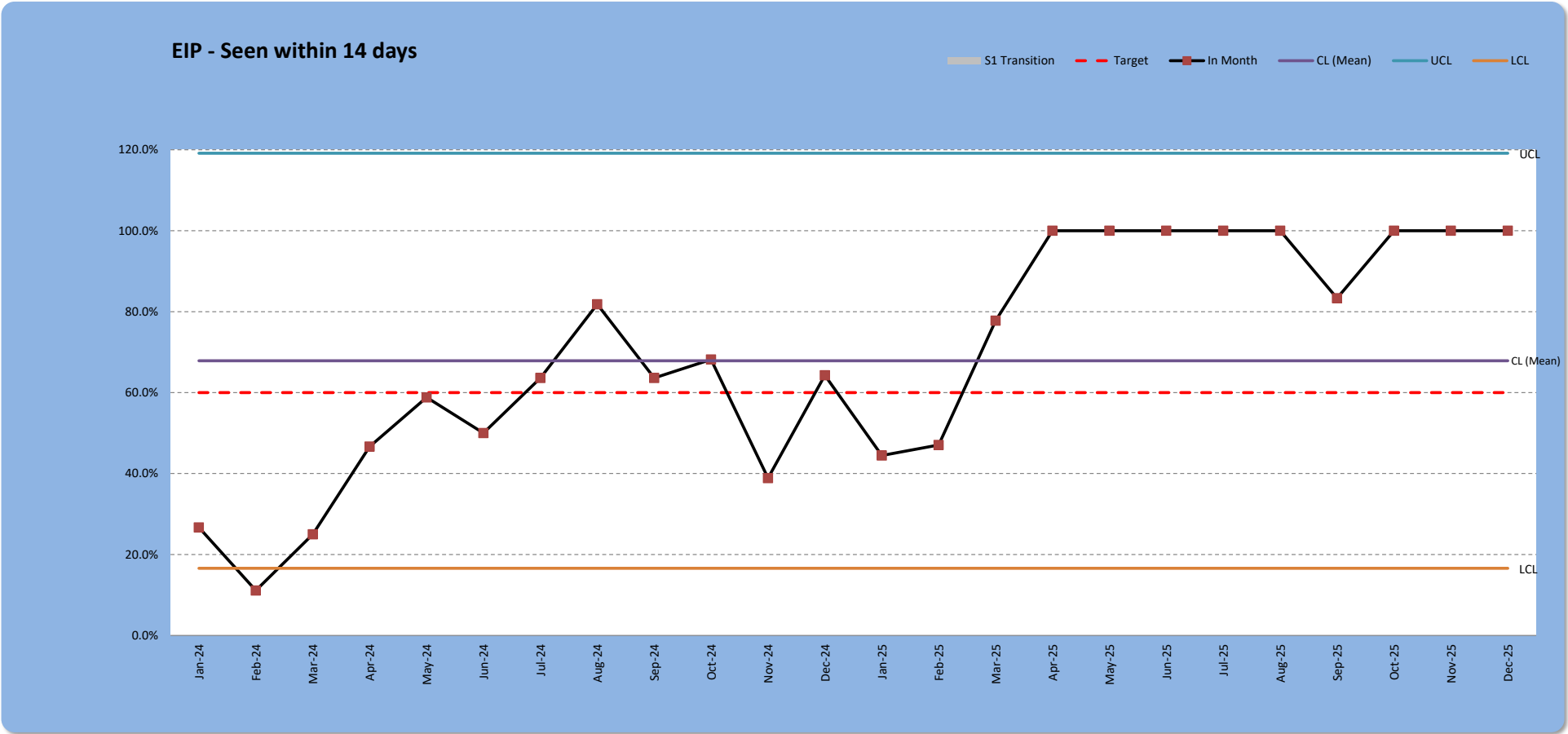
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

Target:	Amber:	Current month stands at:
0	0	2611

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

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

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

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

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

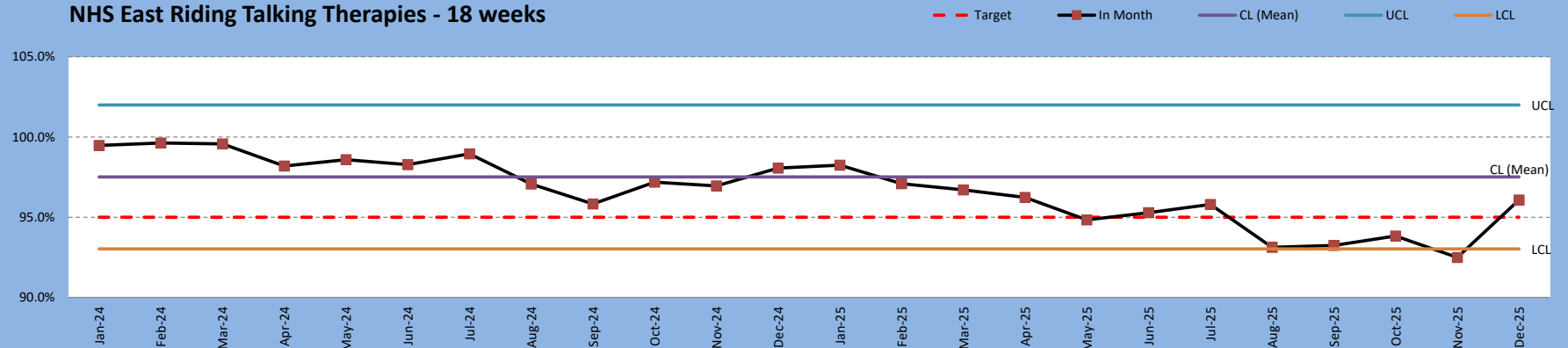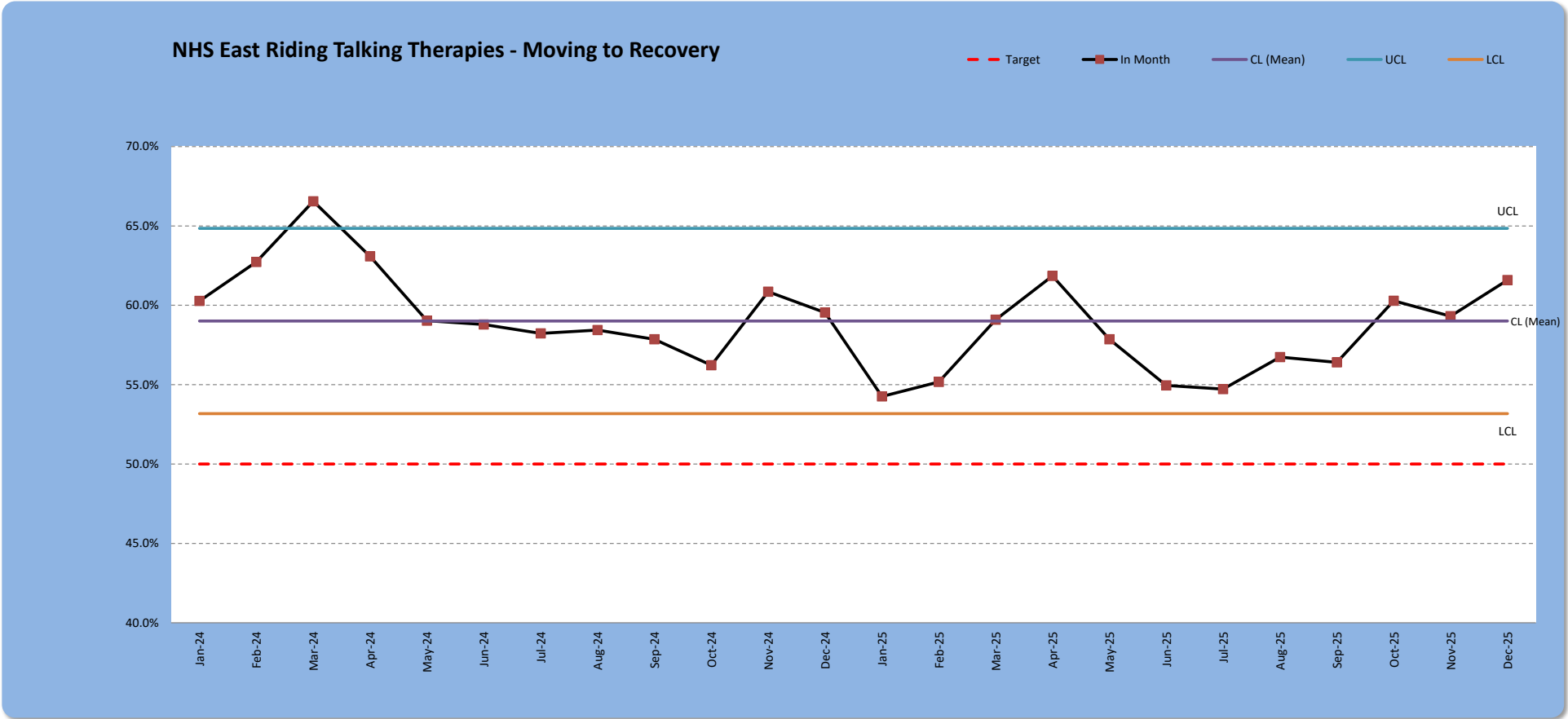| Target:	Amber:	Current month stands at:
0	0	2

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

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2025**

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

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

EIP - Seen within 14 days

Legend: S1 Transition — Target — In Month — CL (Mean) — UCL — LCL

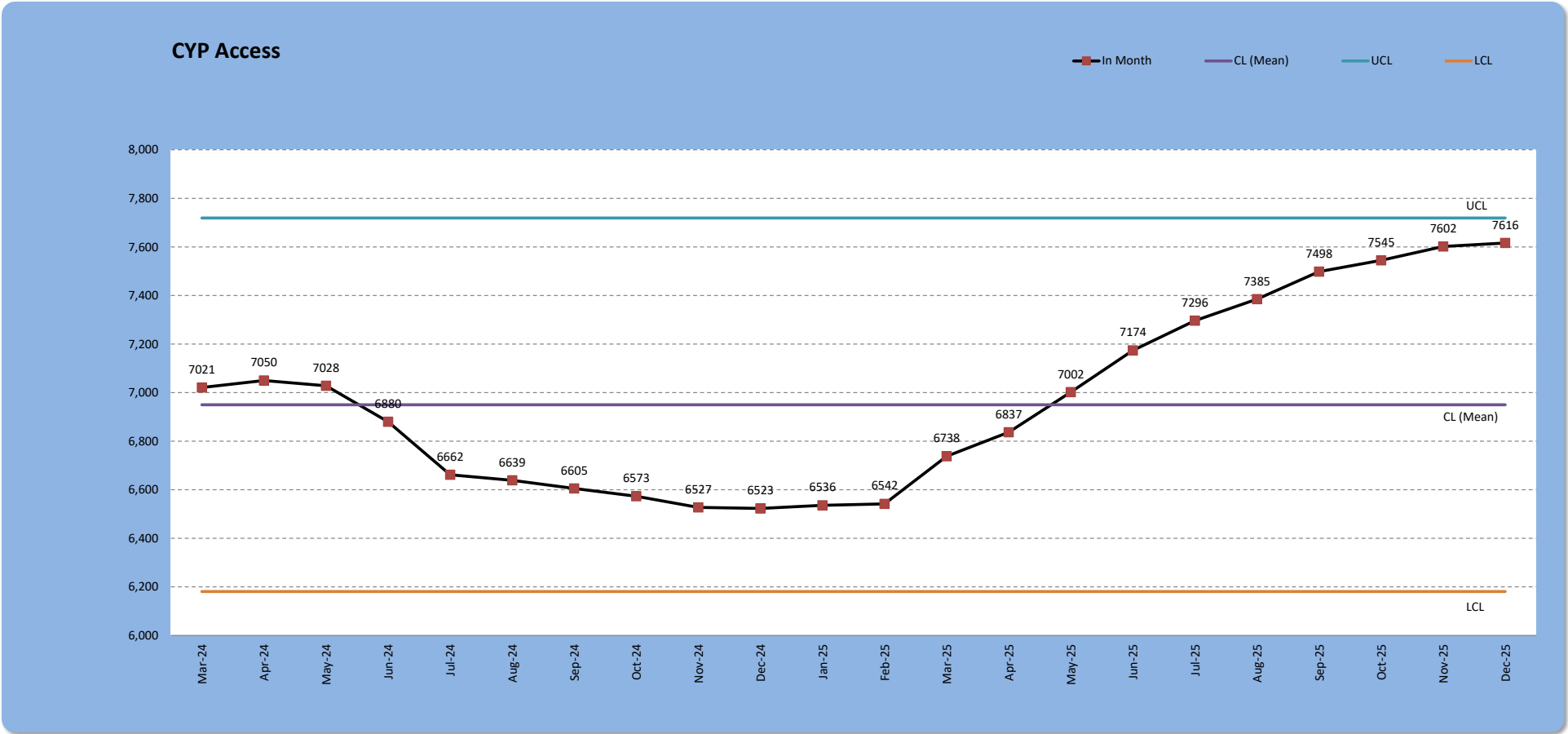**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

		Current month 6 weeks stands at:			Current month 18 weeks stands at:
Target:	Amber:		Target:	Amber:	
75%	70%	84.8%	95%	85%	96.1%

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

NHS East Riding Talking Therapies - 6 weeks
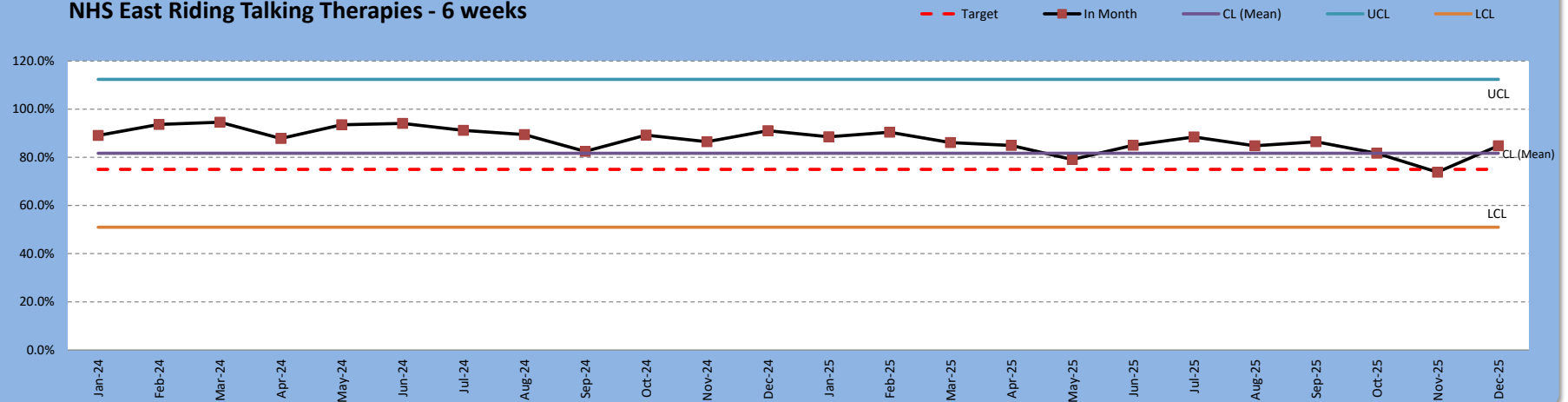
NHS East Riding Talking Therapies - 18 weeks

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

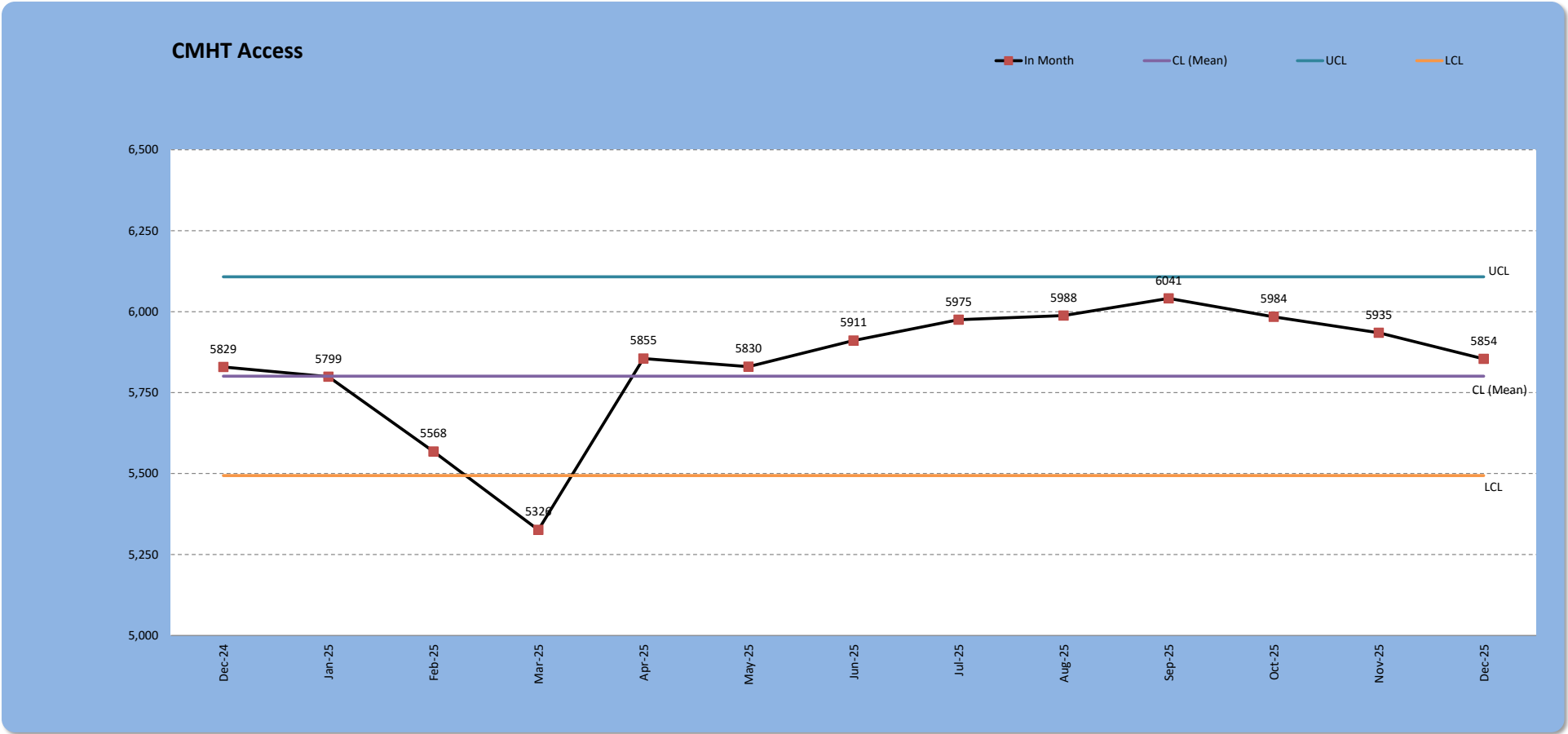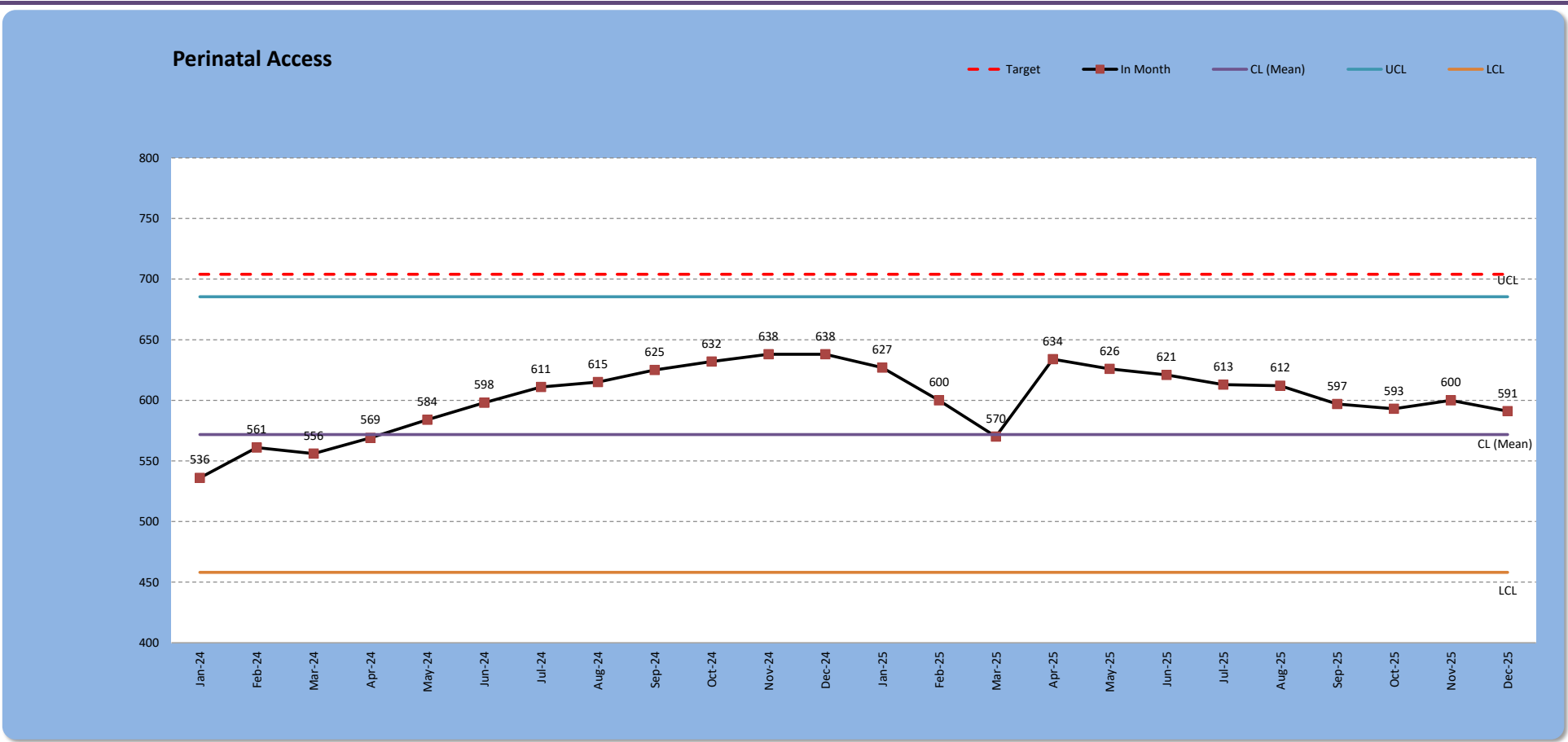## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

	Target:	Amber:	Current month stands at:
	50%	45%	61.6%

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

NHS East Riding Talking Therapies - Moving to Recovery

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary
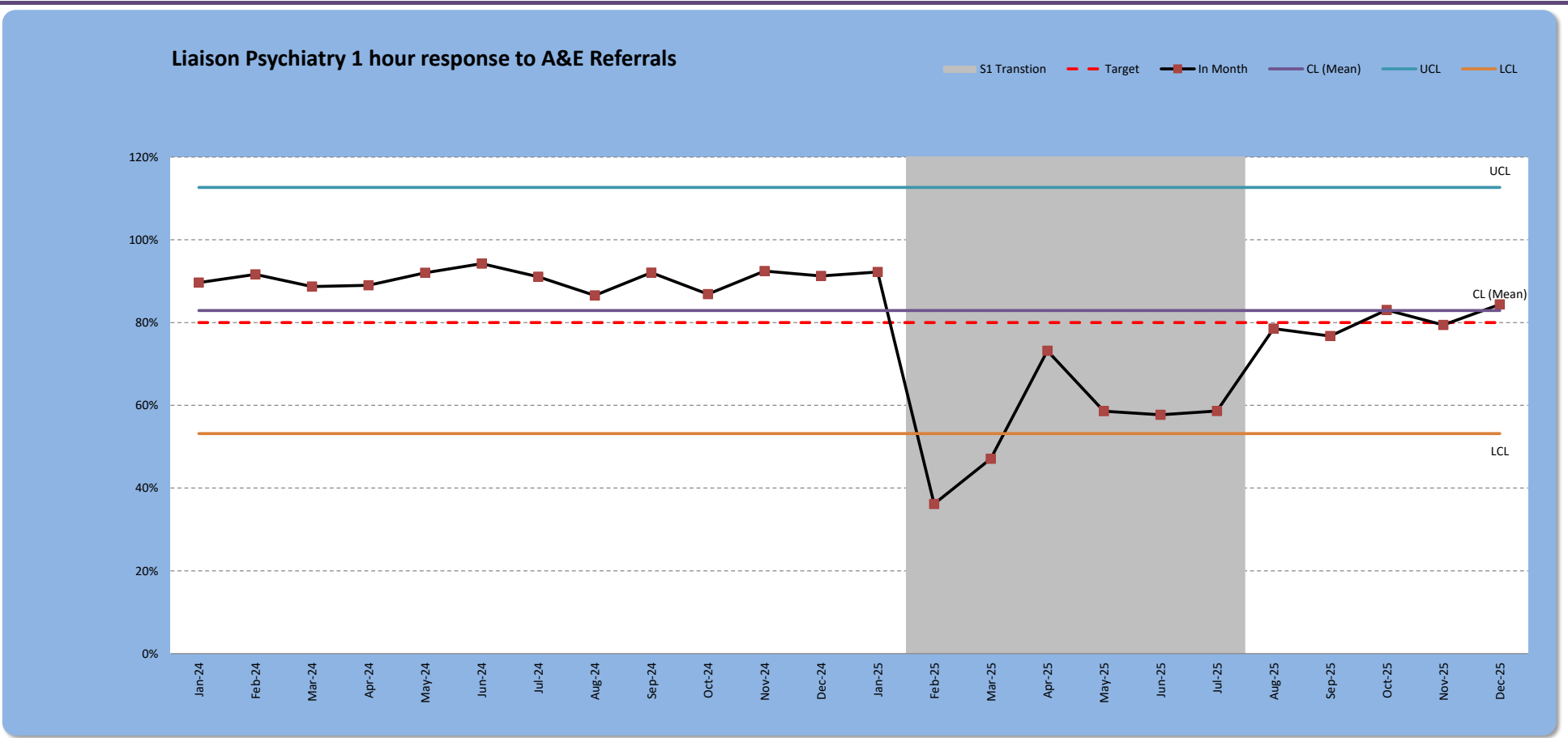
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

Target:	Amber:	Current month stands at:
TBC	TBC	7616

Indicator Title	Description/Rationale		KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. *Includes Neuro Services, no team types are excluded.*	**Executive Lead** **Lynn Parkinson**	MHS95.2

CYP Access

Legend: In Month, CL (Mean), UCL, LCL

Data points (In Month):
- Mar-24: 7021
- Apr-24: 7050
- May-24: 7028
- Jun-24: 6880
- Jul-24: 6662
- Aug-24: 6639
- Sep-24: 6605
- Oct-24: 6573
- Nov-24: 6527
- Dec-24: 6523
- Jan-25: 6536
- Feb-25: 6542
- Mar-25: 6738
- Apr-25: 6837
- May-25: 7002
- Jun-25: 7174
- Jul-25: 7296
- Aug-25: 7385
- Sep-25: 7498
- Oct-25: 7545
- Nov-25: 7602
- Dec-25: 7616

Please refer to the accompanying front sheet/report for any relevant commentary
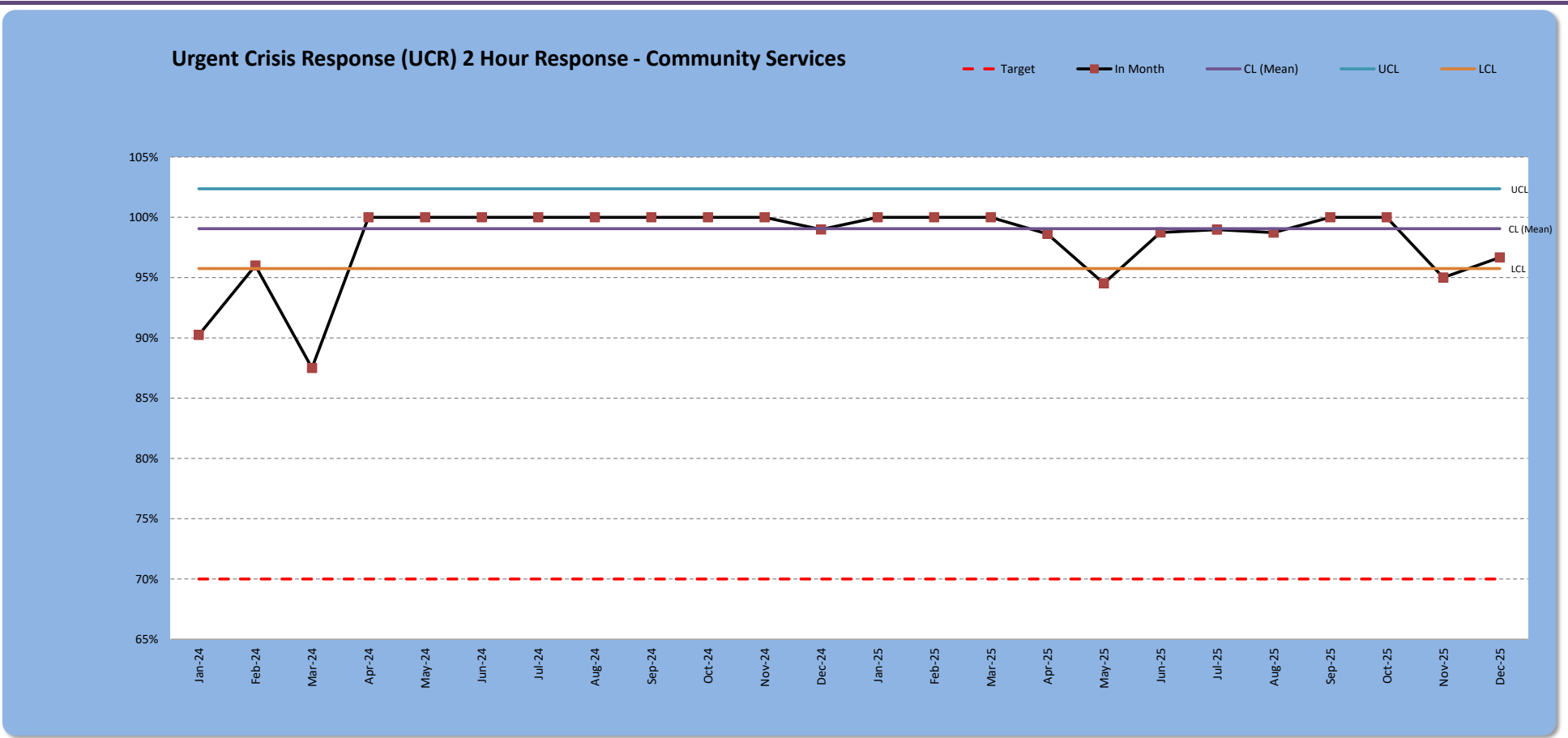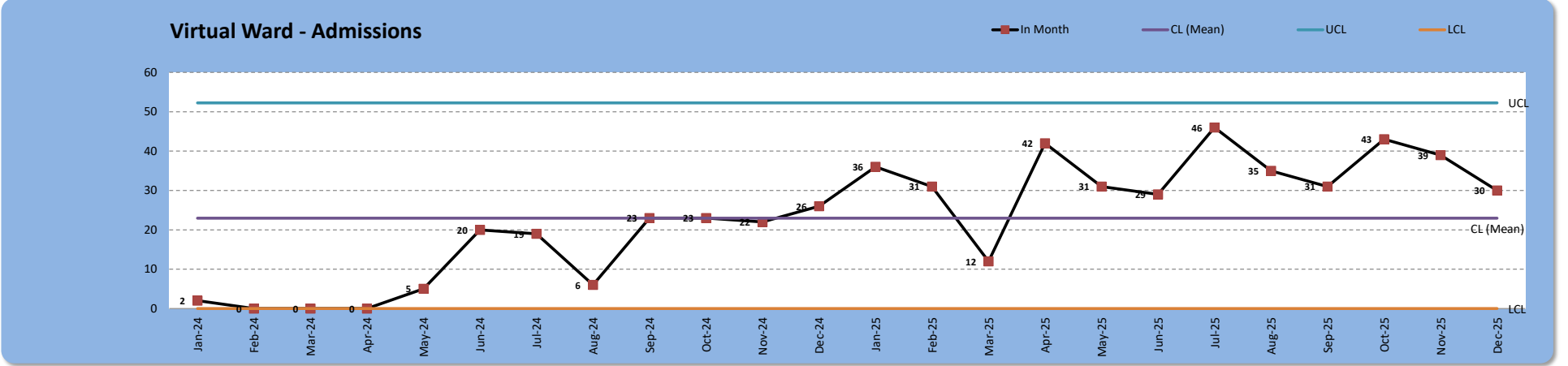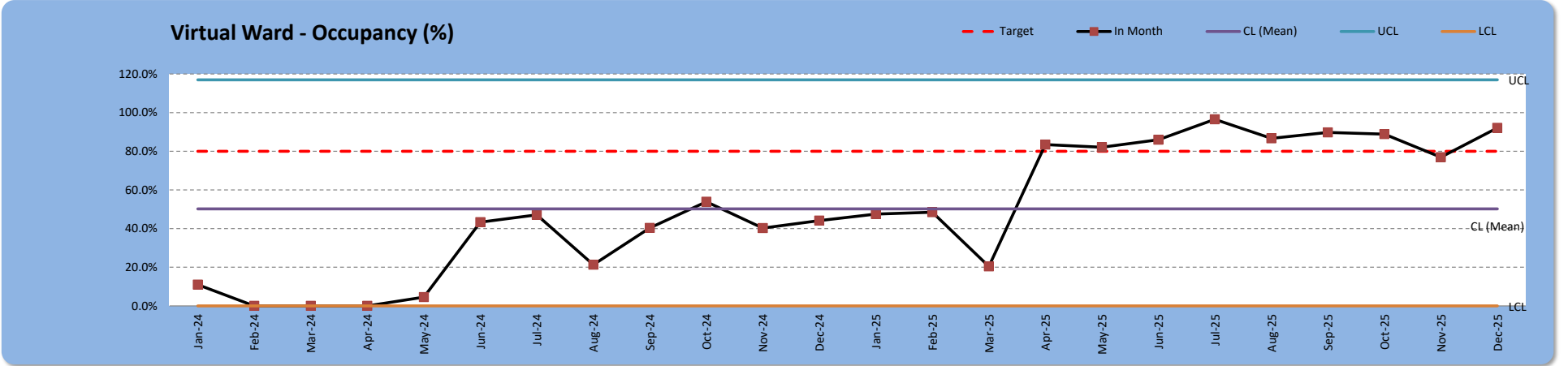
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

	Target:	Amber:	Current month stands at:
	TBC	TBC	5854

Indicator Title	Description/Rationale		KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	**Executive Lead** **Lynn Parkinson**	MHS108.1

CMHT Access

Legend: In Month, CL (Mean), UCL, LCL

Data points:
- Dec-24: 5829
- Jan-25: 5799
- Feb-25: 5568
- Mar-25: 5326
- Apr-25: 5855
- May-25: 5830
- Jun-25: 5911
- Jul-25: 5975
- Aug-25: 5988
- Sep-25: 6041
- Oct-25: 5984
- Nov-25: 5935
- Dec-25: 5854

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

Target:	Amber:	Current month stands at:
TBC	TBC	591

Indicator Title	Description/Rationale		KPI Type
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months *(Hull, East Riding & North Lincs only)*	**Executive Lead** Lynn Parkinson	MHS91.1

Perinatal Access chart. Legend: Target (red dashed), In Month (black), CL (Mean) (purple), UCL (teal), LCL (orange).

Data points (In Month):
- Jan-24: 536
- Feb-24: 561
- Mar-24: 556
- Apr-24: 569
- May-24: 584
- Jun-24: 598
- Jul-24: 611
- Aug-24: 615
- Sep-24: 625
- Oct-24: 632
- Nov-24: 638
- Dec-24: 638
- Jan-25: 627
- Feb-25: 600
- Mar-25: 570
- Apr-25: 634
- May-25: 626
- Jun-25: 621
- Jul-25: 613
- Aug-25: 612
- Sep-25: 597
- Oct-25: 593
- Nov-25: 600
- Dec-25: 591

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

Target:	Amber:	Current month stands at:
80%	75%	84.4%

Indicator Title	Description/Rationale		KPI Type
Liaison 1 hour response	New referrals to liaison psychiatry teams from A&E in the reporting period with first face to face contact within 1 hour	Executive Lead Lynn Parkinson	LPS1hr

Liaison Psychiatry 1 hour response to A&E Referrals

Legend: S1 Transtion, Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

	Target:	Amber:	Current month stands at:
	100%	95%	96.7%

Indicator Title	Description/Rationale		KPI Type
UCR 2 hr response	The percentage of 2-hour Urgent Crisis Response (UCR) referrals that achieved the 2-hour standard in the reporting month	**Executive Lead** Lynn Parkinson	UCR2hr

Urgent Crisis Response (UCR) 2 Hour Response - Community Services

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: December 2025

	Target:	Amber:	Current month stands at:
	80%	75%	92.1%

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

Virtual Ward - Occupancy (%)

Legend: Target — In Month — CL (Mean) — UCL — LCL

Virtual Ward - Admissions

Legend: In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: December 2025

Target:	Amber:	Patients OoA within month:
0	0	14

Split:	# days	# patients
Adult	54	5
OP	86	4
PICU	90	5

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

Out of Area Placements - Days
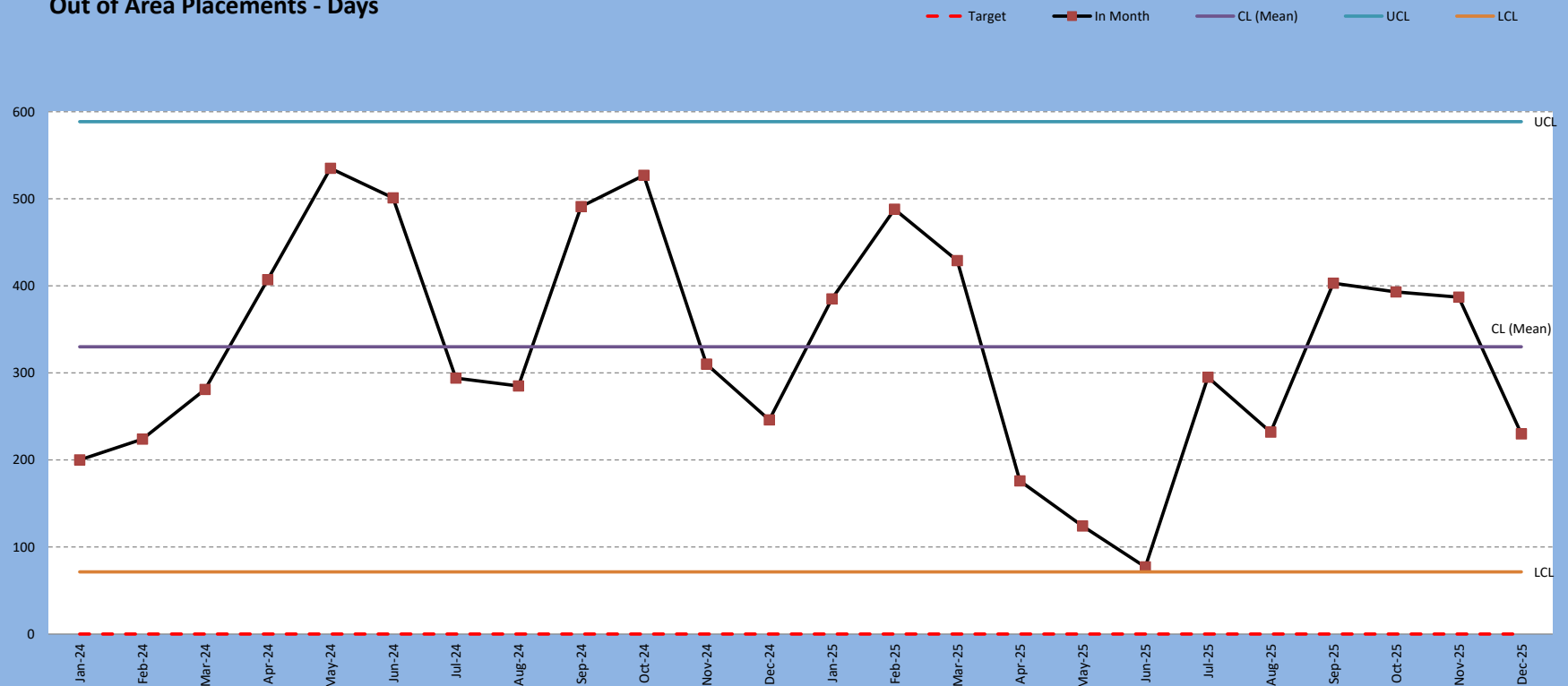
Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **December 2025**

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

Out of Area Placements - Adult
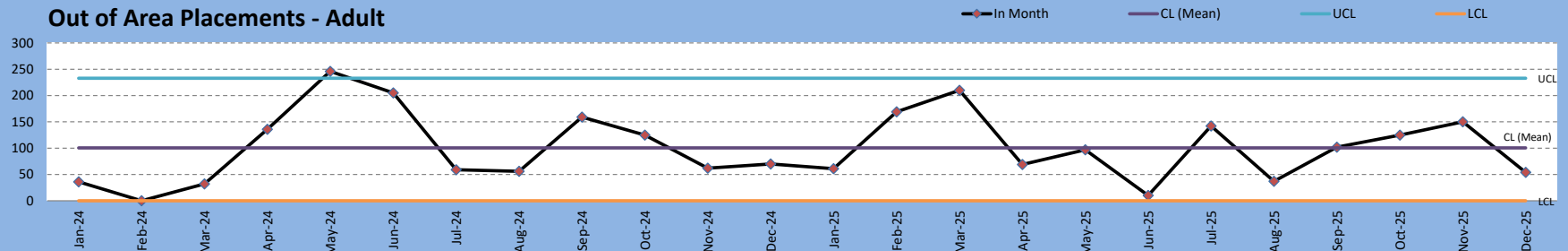
Out of Area Placements - Older People
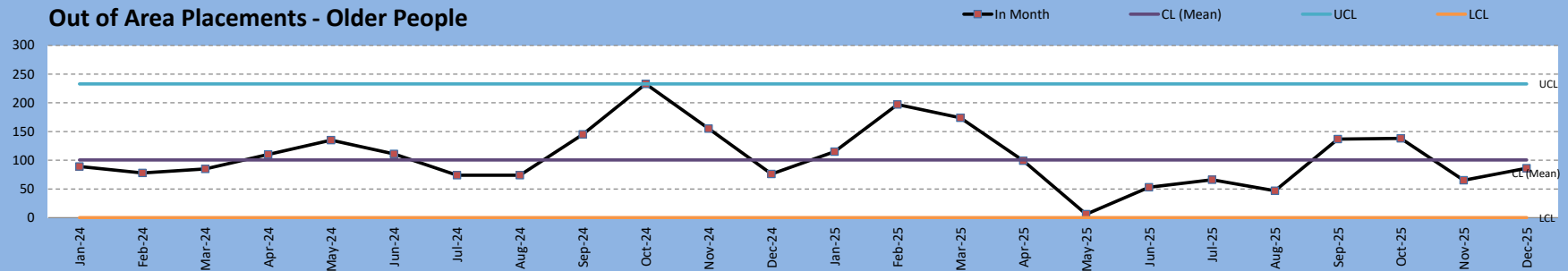
Out of Area Placements - PICU
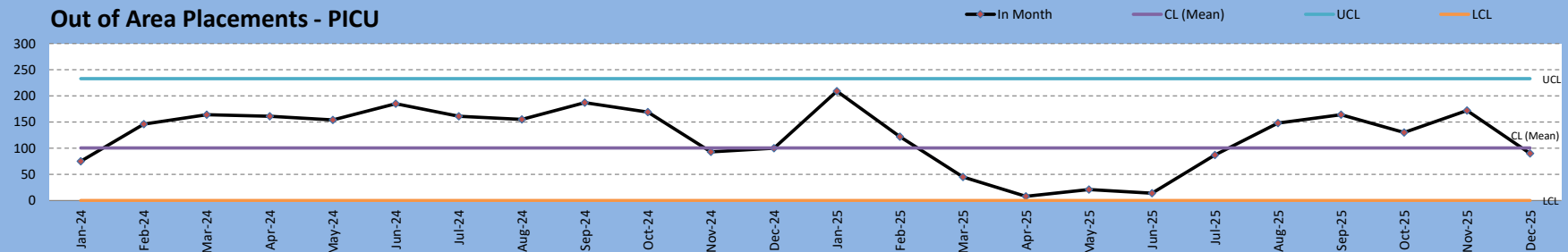
Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **December 2025**

	Target:	Amber:	Current month stands at:
	7.5%	7.0%	9.2%

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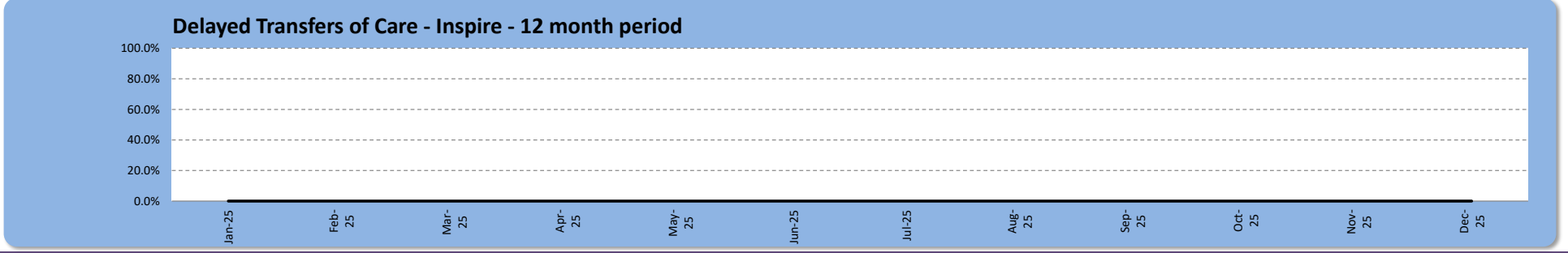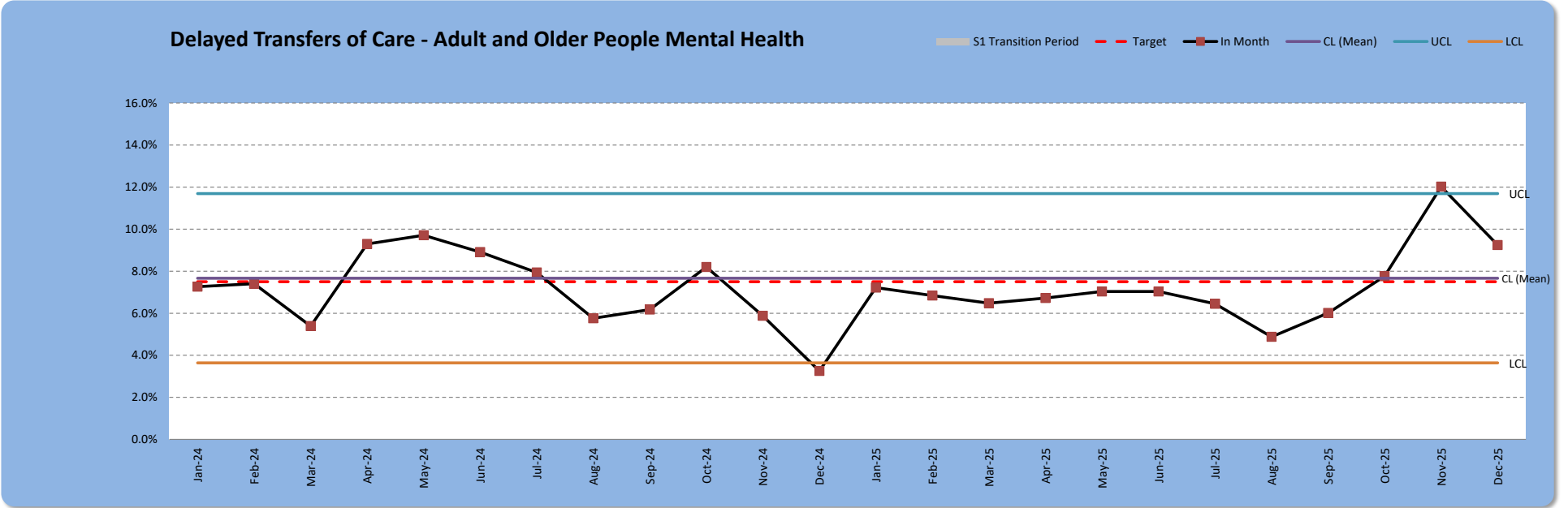
Delayed Transfers of Care - Adult and Older People Mental Health

Legend: S1 Transition Period — Target — In Month — CL (Mean) — UCL — LCL

Delayed Transfers of Care - Inspire - 12 month period

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **December 2025**

	Target:	Amber:	Current month stands at:
	5.0%	5.2%	6.3%

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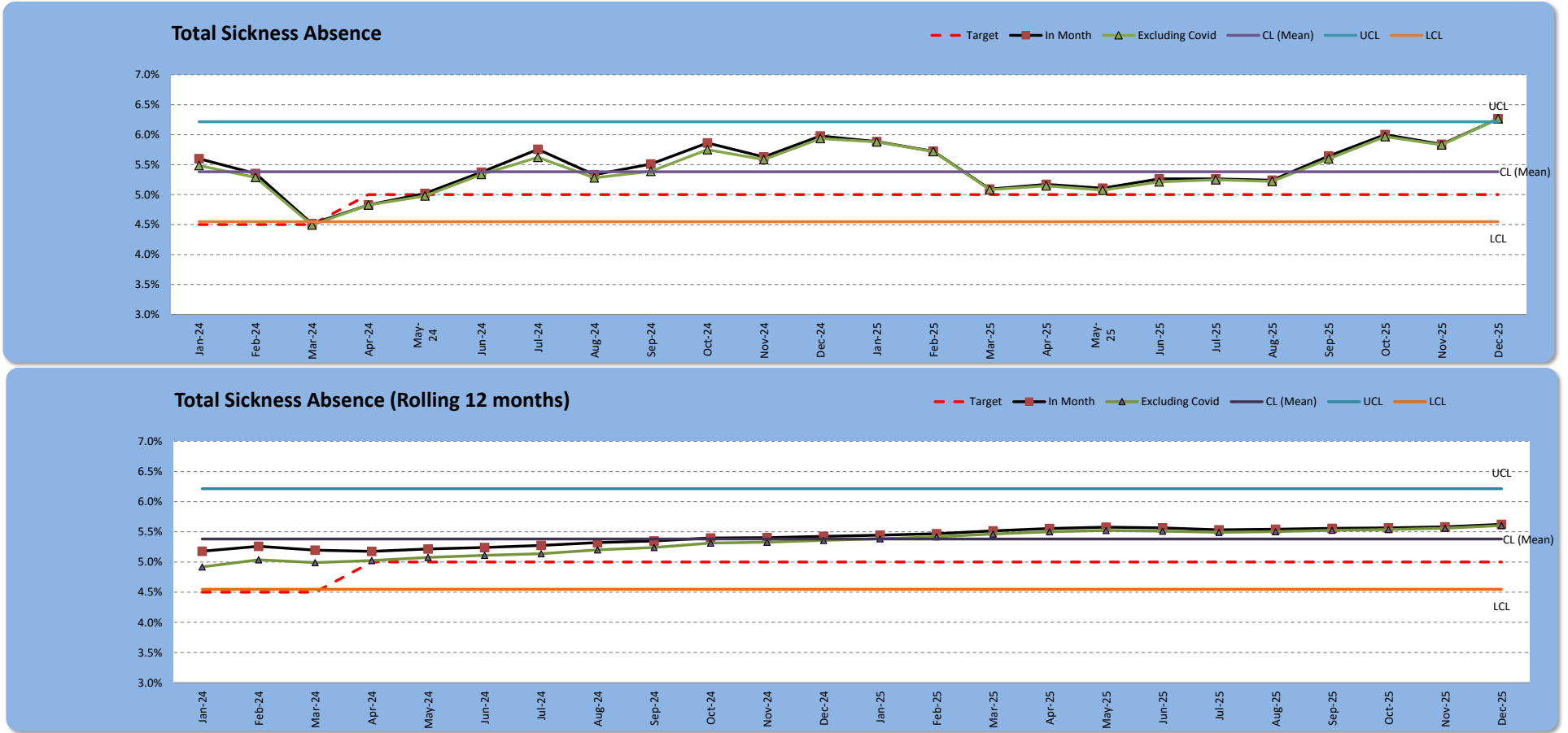
Total Sickness Absence

Legend: Target, In Month, Excluding Covid, CL (Mean), UCL, LCL

Total Sickness Absence (Rolling 12 months)

Legend: Target, In Month, Excluding Covid, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2025-26

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: December 2025

	Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
	0.8%	0.7%	0.6%	10%	9%	11%

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

Staff Turnover - Monthly

Staff Turnover - Rolling 12 months

Please refer to the accompanying front sheet/report for any relevant commentary
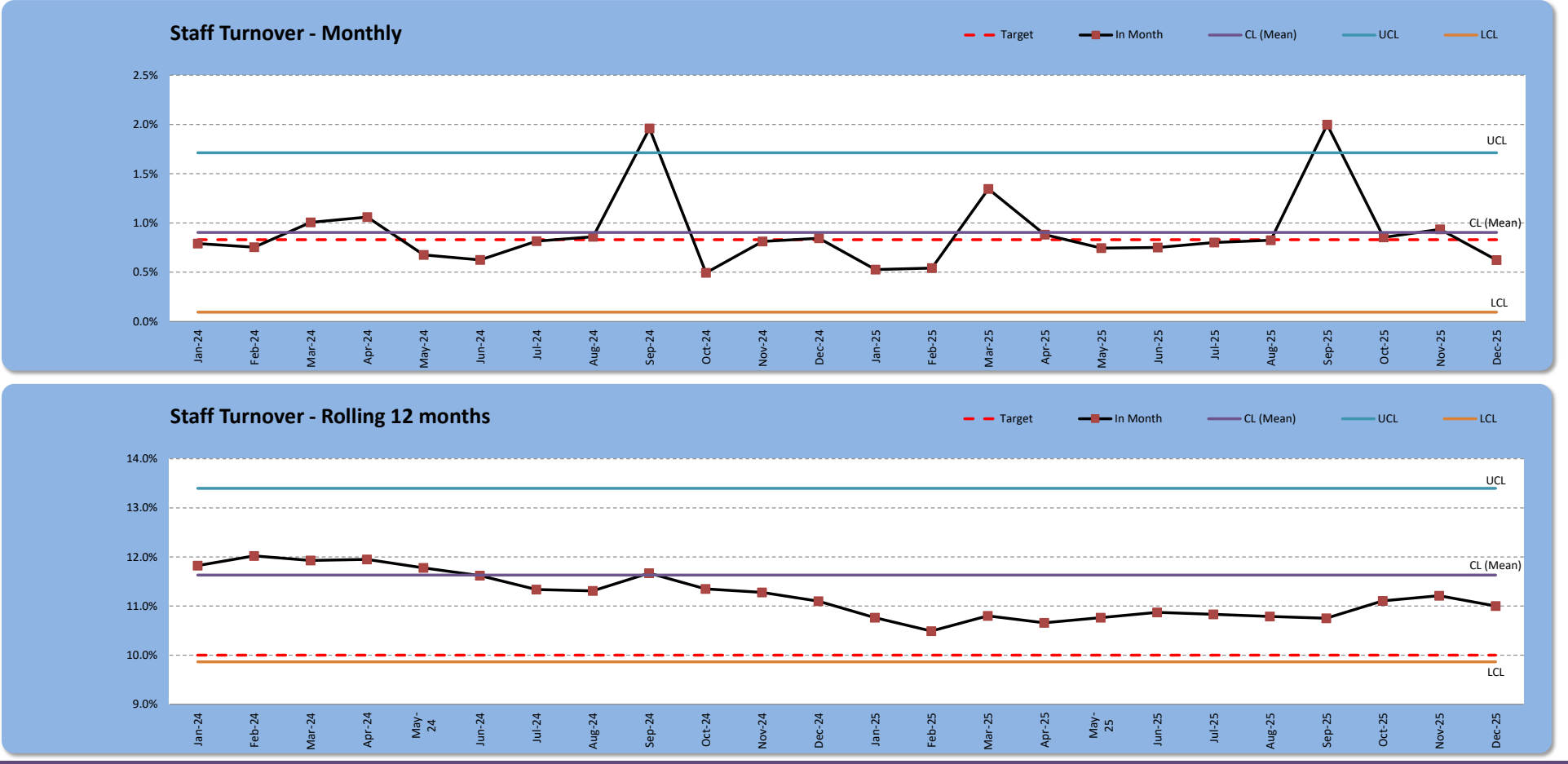
Humber Teaching NHS Foundation Trust
Trust Performance Report

GLOSSARY

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

NHS Prioritises Operational Planning Metrics

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

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

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Reporting Month:

Dec-25

Caring, Learning and Growing

Mental Health Operational Planning Metrics

	NHS England
	Humber Teaching NHS Foundation Trust
	2025/26
	19 January 2026

Entry	Indicator Definition	Target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
E.A.5	Inappropriate adult acute mental health **Out of Area Placement (OAP)** - SNAPSHOT at Reporting Month End	7	🔴 14	🔴 18	🔴 13	🟢 3	🟢 5	🟢 3	🟡 7	🔴 10	🔴 11	🔴 14	🔴 10	🟢 6
E.A.4a	Access to **NHS talking therapies** for anxiety and depression - reliable recovery	59%	🔴 54%	🟡 55%	🟡 58%	🟢 62%	🟡 58%	🟡 55%	🟡 55%	🟡 57%	🟡 56%	🟢 60%	🟢 59%	🟢 62%
E.A.4b	Access to **NHS talking therapies** for anxiety and depression - reliable improvement	75%	🟡 71%	🟡 73%	🟡 75%	🟢 78%	🟢 76%	🟡 75%	🟢 77%	🟡 73%	🟡 74%	🟢 77%	🟡 73%	🟢 76%
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months** (ALL 4 PLACE AREAS)	996	🔴 859	🔴 855	🔴 860	🔴 845	🔴 840	🔴 822	🔴 809	🔴 797	🔴 776	🔴 771	🔴 773	🔴 779
E.H.9	Access to **Children and Young People's** Mental Health Services **Rolling 12months**	6760	🔴 6542	🔴 6552	🔴 6750	🟢 6837	🟢 7002	🟢 7174	🟢 7296	🟢 7385	🟢 7498	🟢 7545	🟢 7602	🟢 7738
E.H.34	**Individual Placement Support access** **Rolling 12months**	300	266	267	284	292	301	316	326	🟢 329	🟢 319	🟢 313	🟢 312	🟢 323

Community Services Operational Planning Metrics

	NHS England
	Humber Teaching NHS Foundation Trust
	2025/26
	19 January 2026

NHS Humber Teaching NHS Foundation Trust

Entry	Indicator Definition	Target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
E.T.5	**Virtual Wards** - Number of Bed Occupancy	80%	🔴 42%	🟡 75%	🔴 56%	🟢 83%	🟢 82%	🟢 86%	🟢 97%	🟢 87%	🟢 90%	🟢 89%	🟡 77%	🟢 92%
E.T.8	UCR referrals (all). These are referrals to UCR services whether they require a 2-hour response or not.	150	🔴 116	🔴 95	🔴 97	🔴 77	🔴 81	🔴 87	🔴 100	🔴 82	🔴 105	🔴 131	🔴 146	🟢 159
E.T.10	Count of all attended care contacts in the period	43655	🟡 42489	🔴 38328	🔴 40981	🔴 40517	🟡 42188	🟡 42504	🟢 47955	🟡 41874	🟢 45155	🟢 48981	🟢 47071	🟢 44211
E.T.9	Number of Adults (18+ years) >52 weeks on community waiting lists per system	0	🔴 3	🔴 8	🔴 6	🔴 15	🔴 19	🔴 23	🔴 20	🔴 1	🔴 1	🟢 0	🟢 0	🟢 0
E.T.9	Number of CYP (0-17 years) >52 weeks on community waiting lists	24	🔴 25	🔴 24	🔴 30	🔴 40	🔴 41	🟢 17	🟢 7	🟢 4	🟢 1	🟢 17	🟢 0	🟢 0

Mental Health
Long Term Plan Targets
Dashboard - PLACE data

Entry	Indicator Definition	Target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
E.A.5	Inappropriate adult acute mental health **Out of Area Placement (OAP)** bed days **Rolling 3 months (HULL PLACE ONLY)**	4	🔴 7	🔴 8	🔴 7	🟢 2	🟢 2	🟢 1	🟢 3	🟢 3	🔴 5	🟢 4	🟢 3	🟢 1
E.A.5	Inappropriate adult acute mental health **Out of Area Placement (OAP)** bed days **Rolling 3 months(EAST RIDING PLACE ONLY)**	3	🔴 7	🔴 10	🔴 6	🟢 1	🟢 3	🟢 2	🟢 3	🔴 5	🟢 3	🔴 8	🔴 6	🔴 5
E.H.9	Access to **Children and Young People's** Mental Health Services **Rolling 12months (HULL PLACE ONLY)**	3735	🟢 3945	🟢 3957	🟢 4027	🟢 4073	🟢 4180	🟢 4284	🟢 4367	🟢 4400	🟢 4467	🟢 4542	🟢 4596	🟢 4685
E.H.9	Access to **Children and Young People's** Mental Health Services **Rolling 12months (East Riding PLACE ONLY)**	3025	🟢 3146	🟢 3173	🟢 3341	🟢 3411	🟢 3520	🟢 3596	🟢 3657	🟢 3711	🟢 3754	🟢 3782	🟢 3814	🟢 3912
E.H.34	**Individual Placement Support access** **Rolling 12months (HULL PLACE ONLY)**	120	129	129	142	152	161	174	179	186	178	🟢 169	🟢 163	🟢 159
E.H.34	**Individual Placement Support access** **Rolling 12months (East Riding PLACE ONLY)**	180	131	129	130	126	124	125	127	123	120	🔴 121	🔴 126	🔴 140

Perinatal Dashboard - PLACE data

NHS Humber Teaching NHS Foundation Trust

Entry	Indicator Definition	Target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (HULL PLACE ONLY)**	319	🔴 300	🔴 303	🔴 300	🔴 293	🔴 296	🔴 294	🔴 284	🔴 287	🔴 276	🔴 264	🔴 271	🔴 270
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (EAST RIDING PLACE ONLY)**	343	🔴 220	🔴 221	🔴 232	🔴 227	🔴 219	🔴 213	🔴 211	🔴 205	🔴 200	🔴 207	🔴 207	🔴 216
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (NORTH LINCS PLACE ONLY)**	157	🔴 111	🔴 115	🔴 116	🔴 115	🔴 113	🔴 113	🔴 116	🔴 115	🔴 116	🔴 116	🔴 115	🔴 119
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (NORTH EAST LINCS PLACE ONLY)**	177	🟢 228	🟢 216	🟢 212	🟢 210	🟢 212	🟢 202	🟢 198	🟢 190	🟢 184	🟢 184	🟢 180	🟡 174

Executive Team:

Chief Executive: Michele Moran
Chair: Caroline Flint
Chief Operating Officer: Lynn Parkinson
Director of Finance: Peter Beckwith
Associate Director of People & Organisational Development: Karen Phillips
Medical Director: Kwame Fofie
Director of Nursing: Sarah Smyth

Issue Date: 19/01/2026

Caring, Learning
& Growing Together

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026
Title of Report:	Finance Committee Assurance Report - Chair's Log
Author/s:	Keith Nurcombe, Finance Committee Chair

Recommendation:				
	To approve	☐	To receive & discuss	☐
	For information/To note		To ratify	

Purpose of Paper:	The aim of this paper is to provide assurance to the Trust Board on the items discussed at the Finance Committee held on 21st January 2026.

Key Issues within the report:

Positive Assurance to Provide:
- That the Trust remain ahead of plan and are confident in delivery 2025/26.
- Agency spend is forecasting a £2.1m reduction (30%) from 24/25 outturn.
- That BRS is on plan and the Trust has no high or unidentified efficiencies.
- Current headline productivity in Model Health (Implied and Workforce) is reported at 13%
- The Green plan has delivered against objectives to date.
- Benefits from the Electronic Patient Record (EPR) implementation were reported to the committee.

Key Actions Commissioned/Work Underway:
- Work on performance and productivity metrics is positive with further refinement to be considered for the next meeting.
- Work on the planning round continues with regular updates to Executive Management Team (EMT) and Trust Board.

Matters of Concern or Key Risks to Escalate:
- None

Decisions Made:
- Recommended that Workforce Committee undertake a deep dive on Agency spend.
- Recommended a review of the wording of the risk around the ICB finances.
- Recommended the new Terms of Reference for the committee to Board.

Governance: *Please indicate which committee or group*		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) Report produced for the Trust Board	

Caring, Learning & Growing Together

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	

Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 21st of January 2026 were:

- In terms of the Insight report the key issue raised was: -

  - NHSE reported an adverse variance of 0.1% (£55m) at Month 6, within this position systems reported a overspend of £289m, of which 6 systems accounted for over half
  - The Finance Team are awaiting detailed guidance in relation to the recent VAT ruling on temporary staff and will be working with its VAT consultants.
  - The Partnerships and Strategy Team are reviewing the Trusts Intellectual Property Policy following updated guidance from NHSE
  - The Annual Accounts timetable for 2025/26 accounts has been published, draft Trust accounts are due to be presented to NHSE on the 27th April 2026, the deadline for audited accounts is the 26 June 2026.

- At Month 8 the Trust reported a surplus of £2.381, this maintained the favourable variance that has been reporting since month 2 which is linked to the receipt of non-recurrent income. A verbal update was provided to advise that at Month 9, the Trust had declared it would deliver a £3m surplus at the end of the financial year, there remains a high level of confidence in the delivery of this position.

- At month 8 the Mental Health Division are reporting a £0.4m overspend, the division have produced a financial recovery plan and are receiving target support from the Trust executive to enable the delivery of this plan.

- The Trust cash position remained stable and a 3 year cash flow forecast was provided to the committee, the Trust have also maintained a strong position against the Better Payment Practice Code with 97% of the value of invoices paid on time.

- The committee received an update on agency spend including the wider system position, which was challenging, the Trust are forecasting agency spend of £3.4m for the year, this represents a £2.1m reduction from 2024/25 outturn spend level.

- An updated on the 2-026/27 plan was provided to the committee, headlines from this were
  - All activity targets (with the exception of perinatal mental health) are expected to meet the operation planning targets
  - Workforce plan has provided for funded growth only (PICU, Inspire and Mental Health Support Teams)
  - The first draft of the narrative plan submission is due to be presented to the board on the 28th January.

- An update on Budget Reduction Strategy (BRS) and Trust Wide Efficiencies was presented, at Month 8 the Trust had recorded £2.6m of efficiencies, a minor shortfall has been reported in terms of the forecast and this has been carried forward into the 2026/27 targets. The Trust has no unidentified and no high risk efficiencies in its plan.

- Good progress is being made on the 2026/27 BRS, a total of £4.1m of savings has been identified (All internally RAG rated as Green or Amber), all savings will be considered within the Trust Quality Impact Assessment process.

- An update was provided on the Productivity and Efficiency Metrics with model health, positive assurance was received across a number of indicators, notably both implied and workforce productivity, both of which are reported at 13%. Temporary Staff Costs fall within the green range for performance whilst sickness remains an area of focus.

- The Trust National Cost Collection (NCC) for 2024/25 has been calculated at 114.58, the committee received updates on the work across all areas to improve the NCC metric, notably:
  - A Material increase in the number of recorded contacts across Mental Health Community (*including 62% increase in crisis, 31% in Community Team for Learning Disabilities*)
  - A 7.5% increase in the level of activity for Adult Community Health Contacts.

  The committee discuss how the increase of contacts correlated with the productivity calculations reported in model hospital.

- A deep dive on the corporate benchmarking results for the people and OD committee was provided to the committee, the cost of the department compares well with peers and ranks 35th nationally when comparing actual cost. The committee were assured on the work in terms of income generation and also the national targeted services model for people services. Further updates are scheduled for the committee on the remaining areas of corporate benchmarking results.

- The committee received a detailed analysis of the recently published NHSE productivity packs, the work to understand was appreciated and it was acknowledged that further development work is needed at a national level on the packs.

- The Committee received and reviewed the updated BAF and risk register in relation to maintaining and sustainable organisation, the committee were assured on the updated document, the current risk score overall remained in appetite.

- The Committee received an updated insight report from the partnerships and strategy team, summarises the work the Trust are currently involved in across each division and place.

- The committee received an update on the work of the digital team, the interweave team were congratulated on their recent HFMA award and the benefits from the EPR migration were also highlighted. Work on an updated Digital Plan is in process and will follow the normal governance arrangements.

- An update the Trusts Green Plan was provided, lots of work is currently taking place and the Trust remain on plan to achieve its carbon reduction targets.

- An update on the work taking place against the insightful board action plan was provided for those actions assigned to the Finance Committee.

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026		
Title of Report:	Quality Committee Board Assurance Report – September 2025		
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee		
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	✓		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the Quality Committee on 4th December 2025 with a summary of key issues for the Board to note.		

Key Issues within the report:

Positive Assurances to Provide:
The Committee received positive assurances through the following reports.
- Review of the Board Assurance (BAF)
- Quality Insight Report
- Quality Committee Risk Register Summary, noting the committee was looking forward to receiving the expanded list of risks following the comprehensive review undertaken
- Waiting List Trajectory and Performance Update Quarter 2
- Patient Safety Priorities update report
- Review of Patient Safety across the Care landscape report
- Insightful Board and Care Quality Commission (CQC) Action plan and update report

Key Actions Commissioned/Work Underway:
- To update the BAF following the review and discussion at today's meeting for the areas discussed today with further discussion time scheduled at the next Quality Committee for the next area
- To explore the potential risk around the Psychiatric Intensive Care Unit (PICU) model with the division and consider inclusion on the risk register
- Sarah Symth to feedback to Executive Management Team (EMT) on the BAF review process and support the adoption with other committees, ensuring consistency and systematic focus on outputs.

Key Risks/Areas of Focus:
- It was agreed to explore that PICU is reviewing the model in place to support patients.

Decisions Made:
- There were no documents requiring approval at the meeting.

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

Caring, Learning & Growing Together

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	

Committee Assurance Report – Key Issues

The key areas of note arising from this meeting held on 4th December 2025 are as follows:

The minutes of the meeting held on the 11th September 2025 were agreed as a true record and the action log approved noting the two closed items and the two open items would be updated within item 10. The Quality Committee Assurance for August and September were noted as being presented to Board in September. The Committee work plan was reviewed and noted.

The committee gave additional time to allow for discussions on item 7, BAF review, item 8 Quality Insight Report and item 10, Waiting list trajectory and performance update.

Board Assurance Framework Review and Deep Dive

The Committee reviewed the BAF in depth as part of the action from the internal audit to strengthen the minutes and review process around the BAF, particularly at Board sub-committees. The first aligned strategic goal was discussed in detail, working through each strategic objective, reviewing the inputs and outputs and identifying additional information to add. Risk appetite and innovation was discussed specifically around the 'seek' approach and innovative actions, noting these are more explicitly addressed in the other strategic objectives. Following the review the committee agreed to add several new assurance items and will be continuing the deep dive at the next committee meeting. It was agreed the need to cross reference the information in the annual declaration of the provider licence which also contains a number of inputs and outputs.

Quality and Safety Insight Briefing

The restructured Quality and Safety Insight Briefing report was presented to the Committee, the committee discussed information including: - the Health Services Safey Investigation Body (HSSIB) report around the implementation of the Patient Safety Incident Review Framework (PSIRF) and the Trust's positive self-assessment and an in-depth discussion on the work of the current review of the PSIRF plan. Assurance was received around continuing to be a high reporting low harm culture along with deep dives to understand further key themes around self-harm and violence and aggression with an acknowledgement around the higher levels of violence and aggression on PICU, impacted by delayed transfers of care. A reassessment of service model, clinical leadership and discharge pathway is underway. There was further discussion around the ongoing analysis to understand the causes of the increase in falls at Mill View Lodge and the progress on Level 3 safeguarding adults training which is on track to meet target by the end of the financial year, noting a paper would be submitted to QPaS, EMT and reported up to Quality Committee on the implications of the national guidance changes on training requirements and new trajectories. The report included details of the latest mock inspection at Whitby noting the comprehensive improvement and resilience plan in place and progress updates, the proposal for the new record keeping audit with an update report to be presented in six months' time, the limited assurance result of the NICE Guidance audit and assurance on the actions underway with confirmation that EMT has oversight of this work. The updated QPaS terms of reference were noted having been revised to further support and strengthen the quality and safety across the organisation and a discussion was held on the Performance and Accountability review segmentation with the Mental Health Division with assurance given on the actions being taken to support this.

Quality Committee Risk Register Summary

The Committee was updated on the comprehensive review of the risk register that had been undertaken with the committee looking forward to receiving the expanded register at the next meeting. A discussion was held around reflecting the organisation's risk appetite in mitigation actions, and the refresh of the risk management training and ensure robust risk registers at all organisational levels with the new report demonstrating the impact of these improvements.

Waiting List Trajectory and Performance Update Quarter 2

The Committee noted the paper and updates confirming oversight of performance metrics including the NHS Oversight framework to meet constitutional duties and focused national priorities are monitored during divisional performance meetings and the Performance and Productivity Group reporting to Operational Delivery group (ODG) and EMT. It was noted discussion by execs has been undertaken to develop the report from Q3 to include metrics identified by gap analysis from the Insightful Board assessment. The following areas were discussed – trajectory and performance update and the work being undertaken. Assurance and quality considerations discussing the need to balance resource constraints with maintaining

service quality and importance of demonstrating all possible actions are being taken. Management of staffing and leave, with assurance on patient needs being prioritised and balancing staff well-being and service requirements through HR involvement and divisional oversight. Future reporting plans to move towards exception based reporting for over 52 week waits and provide more detailed profiling of waiting list, ensuring individual circumstances were understood and addressed. It was noted the reports that go through the governance process are reporting on this already.

Patient Safety Priorities update
The Committee received the update on the Patient Safety Priorities noting the development of the three priorities which were approved by EMT in Quarter 4 and will roll over the next two years, with each division focusing on a couple of key areas and linking them to quality improvement plans with Quality Improvement charters and updating into a monthly feedback meeting. The committee discussed the research into staff assessing psychological support under the 'optimising workforce well-being' priority and the ongoing efforts to tailor support to individuals with work across all divisions and HR team and the progress on embedding family and carer involvement into policies and reviews as part of the 'involving patients, families and carers in care journeys' priority confirming this is gaining traction across all divisions.

Review of patient safety across the care landscape
The Committee received the summary of the organisations response to the Penny Dash report, detailing current assurances with actions supported and monitored by EMT with oversight at Quality Committee, ensuring alignment with national recommendations and local assurance processes.

Insightful Board and CQC Action plan and update
The report was received by the Committee noting progress on the Insightful Board self-assessment action plan and Care Quality Committee (CQC) well-let standards, highlighting the introduction of the RAG ratings and plans to close outstanding actions by the end of the financial year. It was agreed the RAG ratings were extremely helpful and discussed embedding real-time updates and evidence from committee discussions into the Insightful Board and provider self-assessment ensuring topical issues and improvement are captured and escalated as required. The joint session around the CQC Well-Led standard through Strategic Board to review progress in relationship to the Insightful Board and CQC well-Led domains and capability framework was noted.

The meeting was reviewed with agreement on good discussion and felt allowing more time spent on the three areas was helpful. The committee liked the method of BAF review and it was agreed this would be a good approach and to share through EMT for all committees.

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026		
Title of Report:	Collaborative Committee Assurance Report		
Author/s:	Stuart McKinnon-Evans Non-Executive Director – Chair of Collaborative Committee		
Recommendation:	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 15 December 2025 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.		

Key Issues within the report:

Positive Assurance to Provide:
- Reduction in Clinically Ready for Discharge: Notable decrease across both Child and Adolescent Mental Health Services (CAMHS) and Adult Secure services.
- Local Care Delivery: The number of people cared for within the Humber and North Yorkshire (HNY) geography remains strong, supporting local access and continuity.
- Financial Position: Month 7 reporting shows a favourable financial position, giving the opportunity for potential re-investment/ spend to save initiatives.
- Service Innovation: Sustained positive impact from alternatives to hospital admission within CAMHS continues to reduce pressure on inpatient capacity.
- More generally, the providers in the collaborative innovate, act creatively, respond positively to changes and reforms, which is evidence of a mature collaborative spirit
- All providers are under "routine" monitoring

Key Actions Commissioned/Work Underway:
- The three work streams continue to demonstrate strong engagement from all partner providers across inpatient, community, Integrated Care Board (ICB), and place levels.
- Proposals developed for adult eating disorder alternatives to admission within North Yorkshire and York, currently under review.
- CAMHS developmental specification, project group established including representation from HNY ICB.

Caring, Learning & Growing Together

• Risks continue to be well understood and mitigated • Continued fruitful engagement with peer collaboratives, which leads to co-learning and common purpose	
Key Risks/Areas of Focus: • Enhanced Packages of Care – the number of packages has reduced but the cost of the individual care packages is high – close Case Management oversight working alongside Finance team. • Some frustration felt by the Collaboration Planning and Quality Team (CP&QT) team having to respond to and influence at times poorly conceived proposals/ initiatives from national level.	**Decisions Made:** The following items were **ratified**: • Provider Collaborative Patient Safety and Learning Group • Terms of Reference (ToR) - Draft Version 002 (August 2025) • Independent Psychiatry Assessment quality standards and agreed process. • ToR refresh for Quality Assurance and Improvement Group

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	15.12.2025	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	√			
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	

Collaborative Committee – Chairs Assurance Report

Date: Monday 15 December 2025
Time: 1:30 – 3:00 p.m.
Location: Microsoft Teams
Chair: Stuart Mckinnon-Evans, Non-Executive Director – Chair

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 15 December 205 *was quorate*. The meeting discussed the following matters:

Items for Ratifications

Ratified Items:

- Provider Collaborative Patient Safety and Learning Group ToR (Draft v002, Aug 2025)
- Independent Psychiatry Assessment quality standards and process
- Quality Assurance & Improvement Group ToR refresh

Patient Story – Children and Young People
- Case study shared from Adult Eating Disorder workstream.
- Committee agreed to continue including patient stories in 2026.
- Additional context to be provided regarding specialised commissioning relevance and community relationship impact.

Insight Report
- NHS England meeting with all Regional Specialised Provider Collaboratives on the future of Specialised Provider Collaborative after March 2027.
- West Yorkshire and South Yorkshire Specialised Provider Collaboratives working to align service provision, HNY invited to be part of the work due to neighbouring geographical areas and some shared clinical pathways.

- Attendance and presentations at Regional and National Conferences by members of the CPaQT
- Humber and Yorkshire Regional Specialised Provider Collaborative meeting held, no areas of concerns for the regional services and positive partnership working across the region.

Risk Management
- Overall HNY Specialised Provider Collaborative Risk Register reviewed:
  - No risks ≥12; no new risks opened; no closures since last reporting period.
  - CAMHS financial risk to be reviewed in the New Year – likely to close the risk due to continued positive financial position.
  - Adult Secure risk PC34: new mitigating actions agreed and narrative of risk to be updated.
  - Potential future risk related to Specialised Provider Collaborative beyond 2027 to be considered.

Workstream Updates
Children & Young People:
- 19 young people under HNY care, 6 placed out-of-area.
- Ongoing development of Intensive Mental Health Service specification; no dedicated funding from NHS England.
- Inspire day care service project plan initiated.
- Naso Gastric Tube feeding audit complete with actions being considered by Clinical Leads.
- Trauma-informed care training complete with learning shared across services as part of the Quality Improvement and Assurance work stream.

Adult Eating Disorder:
- 9 patients in HNY, 2 out-of-area.
- Alternatives to admission models being piloted in North East Lincolnshire
- Options for a new alternative to admission service being explored for the North Yorkshire and York area.

Adult Secure:
- 112 patients in HNY, 29 out-of-area, 9 in High Secure care.
- Clinically Ready for Discharge reduced to 8 people.
- HOPE(s) learning disability and autism mobilisation underway and out to recruit new staff.
- National pilots for capacity and demand modelling in progress with HNY one of four Specialised Provider Collaboratives chosen by NHS England to be involved.
- Ward reconfiguration at Stockton Hall complete
- Women's Secure Pathway Transformation plans to work with a voluntary sector organisation – proposal to be shared in the New Year.

Clinical & Quality Oversight
- All providers subject to routine monitoring
- Care Quality Commission unannounced visits at Mill Lodge (HNY geography) and Red Kite View (West Yorkshire geography) both are CAMHS in-patient services provided by Leeds and York Partnerships NHS FT.
- Red Kite View (West Yorkshire CAMHS in-patient) has restriction on service provision and admissions due to flood and Mold found at the service.
- Continued monitoring of Long-Term Segregation (LTS) – currently 4 people from HNY in LTS.
- CPaQT 6-8 weekly reviews, monthly meetings and Quality Visits.
- Development of contract with HOPEs (LD and Autism).
- Flood at Cheswold Park Hospital (South Yorkshire) which is impacting on car of people from across the region including HNY at the hospital – close Case Management oversight from HNY.

- Work to strengthen lived experience and involvement is underway, with progress reviewed and future priorities being identified.
- A review has strengthened and updated the Enhanced Packages of Care approval process without changing service activity.

Schoen Clinic York – briefing following service closure.
- The in-patient eating disorder service closed on 27 August 2025 due to financial pressures and challenges in recruiting key clinical staff.
- All patients were safely discharged or transferred according to clinical plans.
- Rated Good by the Care Quality Commission (CQC) at the time of closure, no ongoing investigations.
- In September 2025, the BBC raised historic patient care concerns (from December 2022). These were reviewed by CPaQT, but limited details restricted the review scope.
- All relevant HNY service users have been contacted to identify new concerns; early feedback is feeding into a learning review aimed at improving oversight and cultural monitoring.
- Based on the information received to date, there is no immediate requirement to escalate to the CQC or safeguarding teams.

Finance
- Current Financial Position as at the end of month 7 is £39m, against which the expenditure is £38m giving a favourable variance of £1.5m. The treatment of this projected surplus will be dealt with in early 2026, with a preference for re-investment and "spend to save" initiatives, within the collaborative's gainshare mechanism.

- Adult Secure - the number of spot purchase beds included in the financial plan is 64, the actual amount used averaged 66 beds, giving an adverse volume variance of £294k.

- CAMHS - there is a saving against inpatient beds as an average of 3 fewer beds were required than planned (£1m saving), and the beds that were used had a cost saving (£250k) due to the type of bed required.

- Adult Eating Disorder - The Adult Eating Disorder service is £73k above budget with year-to-date expenditure of £2m.

- Enhanced Packages of care is the biggest area of financial pressure to date with an overspend of £463k. The pressure is both due to demand and a price pressure due to acuity with some packages requiring high levels of observation and additional beds. The number of people on EPOC is lower than for some time but there are high costs.

Annual Effectiveness Review:
- Template shared with the meeting, link to be circulated for committee member completion in 2026 in line with agreed timescales shared which have been agreed by HTFT Board.

Title & Date of Meeting:	Trust Board Public Meeting – 28 January 2026
Title of Report:	Assurance Report to Board from Audit Committee 25 November 2025
Author/s:	Stuart McKinnon-Evans Non-Executive Director

Recommendation:				
	To approve		To discuss	
	To note		To ratify	
	For assurance	✓		

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Report to the Board of the outcomes of the Audit Committee.

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
- Salient corporate level risks are well understood, though proving difficult to mitigate (staff sickness; neurodiversity waiting lists; tightening financial constraints) - Our deep dive into the Forensics Division Risk Register provided assurance that the highest rated risks are well understood (utilisations of beds/occupancy levels; fire alarm systems; water ingress) - Forvis Mazars have a issued a clean Audit Completion Report for 2024/25. Although they await the completion of the East Riding Pension Fund audit, no issues are expected, so the Board can approve the accounts pending confirmation of that final stage. - The internal audit programme is on track. Reports on data security and salary payment management, which compares the Trust to peers, show Humber in a good light - The Trust team remains diligent at implementing actions arising from audits - The counterfraud programme remains effective - Procurement activity, including justifications for direct awards, is well controlled	- Assessment by the Counter Fraud team of how the Trust meets the requirements of the Failure to Prevent Fraud legislation. - The Board Assurance Framework (BAF) should include evidence about the inputs, outputs and current corrective action for each of strategic objectives defined for each Strategic Goal.

Key Risks/Areas of Focus:	Decisions Made:
• A limited assurance rating for the internal audit on the implementation of NICE Guidance • The substance/form of the BAF – we are all a little frustrated that we are spending too much time on the form/presentation, rather than what the BAF is telling us about corporate level performance and risk • Despite management action (c 10 at time of reporting) have yet to complete their conflict of interest declarations on Electronic Staff Record (ESR)	• Recommend that the November Trust Board approve the 2024/25 annual report and accounts, with the expectation that no issues will arise from the completion of the East Rising Pension Fund audit. This will allow swifter submission of the approved statements • Endorse the ratings of the BAF • Commission Internal Audit to assist with the development of the BAF in next year's programme • Endorse the internal audit and counterfraud work in progress • A further follow-up report on Declarations of Interest on ESR

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

Monitoring and assurance framework summary:

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

Assurance Report to Board from Audit Committee 25 November 2025

The Committee was quorate, and considered the following:

Minutes/Actions: approved and reviewed.

Work Plan: approved.

Board Assurance Framework: A vigorous discussion about the substance and form of the BAF. Non-Executive members voiced continued concerns about a) not all of the defined strategic objectives being addressed by the evidence in the report b) a conflation between inputs and outputs c) the style of reporting which did not allow the report to be easily grasped. Executive members voiced their frustration that the changes made in each report iteration are still not hitting the mark for the Non-Executive Directors (NEDs). We agreed to a) have a further rethink about how the BAF is produced b) the definition and structure of the contents c) to ask Internal Audit to provide a view d) to consider additional training needed for report contributors e) aim for more time spent on what the BAF tells us about aggregate performance and risk, than the form and coverage of the content. That said, we endorsed the current ratings on the BAF.

Corporate Risk Register: The residual risks on the corporate risk register have evolved. Three "likely severe", relating to: waiting times for children's neurodiversity services; longer term financial sustainability risk that block contract values are insufficient to cover the Trust's cost base; and the risk arising from staff absence due sickness, has been elevated to 16. A "possible catastrophic" risk also features, that financial pressure within the Integrated Care System (ICS) which may trickle down to the Trust

Forensic Divisional Risk Register: a deep dive into this register covered:

- Underutilisation of low-secure beds, and underutilisation of medium-secure beds. We discussed the consequences for staffing levels, for safety and patients (including some upsides of higher staff: patient ratios), and the potential long-term financial consequences of changes to block contracts;
- False fire alarm because of vaping (being replaced in 2026);
- Smoke/heat detectors which could be used as ligature anchor (being replaced in 2026).
- Water ingress.

We also discussed staff sickness absences in the light of the corporate register.

The Committee were assured about the process and substance of risk management in the Division.

External Audit: Forvis Mazars presented their near-final Audit Completion Report (ACR). It covers the audit of the accounts, and the Value for Money assessment which examines the Trust's arrangements for securing financial sustainability, good governance and economy, efficiency and effectiveness. The only outstanding issue is that the audit of the East Riding Pension Fund is not formally complete (on which report our auditors rely for the veracity of the numbers in the accounts relating to the Pension Fund). However, the likelihood of any problem arising is "remote", so Forvis Mazars recommend the Committee and Board approve the accounts, with that final step being regarded as a completion formality. The Committee welcomed the very positive tone and findings of the ACR, and congratulated all personnel involved in the report and accounts production.

Internal Audit Progress report: Once again, an encouraging report was presented. The final reports for the 2024/25 programme, on Digital Transformation, received significant assurance.

6 reports from the 2025/26 programme have been completed/drafted. One, relating to the implementation of NICE Guidance, received Limited Assurance. The Committee welcomed the fact the Executive Director had specially commissioned that audit, using the IA service as an aid to management, which is good practice.

We discussed the root cause analysis, specifically the definition of oversight and accountability. Future reports will provide more insight.

We welcomed benchmarking reports on:

- the use of a Data Security and Protection toolkit across Audit Yorkshire's client. The Trust measures up well to peers.
- Salary overpayments – again, Humber benchmarks satisfactorily.

Change to the Audit Plan: None

Implementation of internal audit recommendations: We noted continued good progress in implementing outstanding recommendations. There has been a strong focus on handling service users property and money.

Review of Non-Audit Work: None

Counter Fraud: We received an update on current counter fraud activity,

Changes to contracts/agreement: None

Procurement Activity: Since the last Committee, no new contracts have been awarded directly (without competition). Currently 26 directly awarded contracts are in progress, with a value of £9.1m.

Conflicts of Interest: The Committee expressed disappointment that despite significant management effort, c 10 people with decision-making responsibility had not made a declaration about conflict of interests. We regarded this as unacceptable, asked about the potential sanctions, and were promised a further update.

Review of Meeting: I expressed my huge gratitude to everyone on and at the Committee's sessions over the last four years, who have made the Committee effective, interesting and thorough, and demonstrated the Humber way.

Board Strategic Development Meeting

Agenda

25 February 2026, 10.00am – 4:00pm
Multi-use Room, Trust Headquarters

		Lead	Action	Report format	Timings
	Arrive from 9:00am for Board photographs **10:00am start**				
1.	Apologies	CF	Note	-	10.00
2.	Notes of Meeting held on 17 December 2025	CF	Notes		10.05
3.	Business Items	CF	Discuss		10.05
4.	Budget Reduction Strategy	PB	Discuss		10.10
5.	Responding to the Long-Term Plan 2026-2028 (to cover strategic commissioning, neighbourhoods, plans for the next 12 months and beyond)	AF/JD	Discuss		11.00
6.	**Lunch with Healthcare Assistants**				12.30
7.	Insightful Board and CQC Well-Led Quality Statements Update (including preparations underway for a Well-Led inspection)	SS/SJ	Assurance	✓	13.30
8.	Foundation Trust Reaccreditation	MM/PB	Discuss		15.00
9.	Any Other Topical Issues	CF	Discuss	verbal	15.15
10.	**Date, Time and Venue of Next Meeting** • 29 April 2026, Multi-Use Room, Trust Headquarters				