

**Council of Governors
Public Meeting – Thursday 17 July 2025**

For a virtual meeting to be held at 1.50pm – 3.50pm by Microsoft Teams

Quorum for business to be transacted – one third of those Governors occupying governor seats
Key duties of the Council of Governors are outlined in the terms of reference and include: • Hold the Non-Executive Directors individually and collectively to account for the performance of the Board • Represent the views of the Trust members and the interests of the public • Approve the appointments and remuneration of the Chair and Non-Executive Directors • Approve the appointment of the Chief Executive and Trust Auditor • Approve changes to the Trust Constitution, significant transactions and any proposed application for a merger, dissolution or separation • Receive the Annual Report

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 17 April 2025	CF	Approve	√
4.	Actions Log, Workplan and Matters Arising	CF	Discuss	√
5.	Spotlight on a Service – Mental Health, Forensic and CAMHS inpatient services. Inpatient's services focused on our inpatient wards - what they are and who they for and improvement changes being made	Paul Johnson, Victoria Wilson, and Dr Hannah Sayeed	Discuss	√
	Board Report Backs			
6.	Chair's Report	CF	Discuss	√
7.	Chief Executive's Report and Governors Questions to the Chief Executive	MM	Discuss	√
8.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√
	Governor Items			
9.	Appointed Governor Focus Jacquie White (Hull University)		Note	verbal

10.	Council of Governor Sub-Groups Feedback from Appointments, Terms and Conditions Committee and Engaging Members' Group including Membership Engagement Activities	MF & TDoug	Note	√
11.	Governors Questions – topical issues not already covered or discussion re any questions received in advance	CF	Discuss	verbal
12.	Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	TDoug	Discuss	√
13.	Review of Constitution	SJ	Discussion	√
14.	Trust Compliance with the Fit and Proper Person Test Framework 2024/25	CF & SJ	Note	√
15.	Compliance against the Provider License	PB & SJ	Note	√
Performance & Delivery				
16.	Performance Report (additional information available in the latest set of Board papers via this link: https://www.humber.nhs.uk/media/k35iy00g/public-board-papers-28-may-2025.pdf)	PB	Discuss	√
17.	Finance Report	PB	Discuss	√
Corporate				
18.	Any Other Business	CF	Note	verbal
19.	Review of Meeting: - Has the Council of Governors focused on the right areas? - Did the quality of the papers enable Council of Governors members to perform their role effectively – did they enable the right level of discussion to occur? - Was debate allowed to flow and were all Council of Governors members encouraged to contribute? - Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)	CF	Note	verbal

20.	Date, Time and Venue of Next Meeting Thursday 16 October 2025, 1.15pm – 3.45pm Lecture Theatre Willerby Hill	
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Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 17 July 2025															
Title of Report:	Declarations of Interest															
Author/s:	Caroline Flint Trust Chair															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.															
Key Issues within the report:																
Positive Assurances to Provide: Governor declarations updated		Key Actions Commissioned/Work Underway: N/A														
Key Risks/Areas of Focus: No matters to escalate		Decisions Made: N/A														
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Trust Board</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Trust Board		Other (please detail) Quarterly report to Council	✓
	Date		Date													
Appointments, Terms & Conditions Committee		Engaging with Members Group														
Trust Board		Other (please detail) Quarterly report to Council	✓													

Monitoring and assurance framework summary:

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

✓ Tick those that apply

	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery

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

Governors' Declaration of Interests

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

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

		Yorkshire ICB • Chair of East Riding Health & Wellbeing Board
	Professor Jacquie White Hull University	• Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity within my role as Head of the school of nursing and midwifery • lead research and knowledge exchange activity and write grants. Current activity includes working with the Chief Pharmacist to develop a research bid related to the role of Pharmacy Technicians across the Trust. • Trustee of the Warren Youth Project Hull • Member of the Labour Party • Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).
	Emma Dallimore, Voluntary Sector	• Employee of Hull and East Yorkshire Mind which supplies various services to the Trust including Support Line, Crisis pad, Children's Safe Space, peer support workers, children's psychological wellbeing and counsellors. I also sit on the CMHT transformation partnership board and attend various other Trust meetings
	Alex Weeks, Humberside Fire & Rescue	•
	Dan Meeke, Humberside Police	•

Agenda Item 3

**Minutes of the Council of Governors Public Meeting
held on
Thursday 17 April 2025 at 1:15pm in The Lecture Theatre**

Present:

Rt Hon Caroline Flint, Trust Chair
Emma Dallimore, Appointed Governor, Voluntary Sector
Dominic Purchon, Appointed Governor, Humberside Fire and Rescue Service
Dan Haughton, Staff Governor
Ted Burnside, East Riding Public Governor
John Morton, East Riding Public Governor
Francis Odukwe, East Riding Public Governor
John Arthur, East Riding Public Governor
Kimberley Harmer, East Riding Public Governor
Julian Barnard, Hull Public Governor
Isabel Carrick, Hull Public Governor
Tim Durkin, Rest of England Public Governor
Marilyn Foster, Service User and Carer Governor
Anthony Houfe, Service User and Carer Governor
Cllr Linda Chambers, Appointed Governor, Hull City Council
Will Taylor, Staff Governor
Simon Blackburn, Whitby, Scarborough & Ryedale Public Governor

In Attendance:

Stella Jackson, Head of Corporate Affairs
Pete Beckwith, Director of Finance
Lynn Parkinson, Chief Operating Officer
Laura Roberts, PA to Chair and Chief Executive (Minutes)
Katie Colrein, Membership Officer
Phillip Earnshaw, Non-Executive Director
Keith Nurcombe, Non-Executive Director
Stephanie Poole, Non-Executive Director
Gavin Barker, Audit Director – Public Services for Forvis Mazars
Dean Royles, Non-Executive Director (for agenda item 23/25)
Andy Sainty, General Manager (for agenda item 20/25)
Sarah Bradshaw, Service Manager (for agenda item 20/25)

Apologies:

Michele Moran, Chief Executive
Stuart McKinnon-Evans, Non-Executive Director
Jacquie White, Appointed Governor, University of Hull
John Duncan, Staff Governor
Sarah Bennett, Staff Governor
Cllr Jonathan Owen, Appointed Governor, East Riding of Yorkshire Council
Tony Douglas, East Riding Public Governor
Brian Swallow, Hull Public Governor

The Chair welcomed everyone to the meeting.

17/25	Declarations of Interest Governors are required to notify the Head of Corporate Affairs regarding any changes to their declarations of interest. If any items on the agenda present a potential conflict of interest, the Governor(s) should declare the interest and remove themselves from the meeting for that item. There were no declarations made at the meeting.	
18/25	Minutes of the Meeting held on 16 January 2025 The minutes of the meeting held on 16 January 2025 were approved as a true and accurate record of the meeting.	
19/25	Actions Log, Workplan and Matters Arising The action log was noted. The Chair advised that the annual review of the Constitution was due in July 2025. Information would be circulated to the Governors. The ED streaming item would be presented at the Governor briefing on 29 May 2025.	
20/25	Spotlight on a Service – Community Mental Health Team – Andy Sainty & Sarah Bradshaw Andy Sainty and Sarah Bradshaw gave a presentation regarding the Community Mental Health Team (CMHT). The presentation: • Provided information on Hull population-based data. • Gave an overview of the CMHT service provision. • Presented information on the CMHT Clinical Model. • Presented an overview of the newly established Advice and Guidance Clinic for GPs. • Gave an overview of the work underway to improve the service for patients. • Provided information on partnership working. Tim Durkin commented on the renewal of Community Treatment Orders (CTO), as some patients do not get extra support. Tim asked what role the CHMT play in this. Sarah responded that there was a social care package, as well as support from voluntary services. Lynn Parkinson added that a service user on a CTO should have strong oversight from Multidisciplinary Team meetings and service engagement work. Will Taylor asked how the service managed the demand. Sarah responded that there were 90 staff members in the team. Andy added that not all patients with a severe mental health illness required secondary care support. Talking Therapies was highlighted. Sarah added that patients can access services as and when needed.	

	<u>Resolved:</u> The Council of Governors noted the presentation and thanked Andy and Sarah for attending the meeting.	
21/25	Chair's Report The Chair introduced her report and highlighted the following key points: • Governor Elections update, the outcomes below were noted: ○ Brian Swallow was re-elected as Public Hull Governor, with one vacancy unfilled. ○ Marilyn Foster and Anthony Houfe were re-elected as Service User and Carer Governors. ○ For the non-clinical and clinical vacancies, elections would commence from 29 April 2025 and close on 23 May 2025. ○ ○ The Governors were asked to aid in the promotion of the election process. • Patient Led Assessment of the Care Environment (Place) Visits – The Chair advised that governors would be invited to join these visits rather than undertaking service visits. The Chair added that prior to the Covid period, the Governors had participated in the PLACE visits. The Chair would send the service list to the Governors. Tim Durkin commented that he had benefitted from visiting community services as a Governor. He added that although presentations from services were useful, the knowledge gained from visiting services was more valuable and preferred. The PLACE visits had been discussed at the Governor pre-meeting. Anthony Houfe added that there were some concerns regarding Governors being involved in any grading for the assessments. Peter Beckwith responded that the Governors would visit the services as part of the assessment (along with a member of Hotel Services). Structured questions would be used to obtain feedback. Anthony asked if these visits would be a conflict of interest for the Governors. The Chair replied that there would be no conflict of interest as the assessments commented upon aspects such as the environment and food and would also include patient feedback. Will Taylor commented that the staff at community services value visitors to the services. The Chair responded that the NED and Governor roles were different and that NEDs were required to visit services as part of their assurance seeking practice/triangulation. Marilyn Foster agreed that the visits had been valuable to Governors. She suggested that Governors could attend a planned visit with a NED. Marilyn added she had attended the 'Caring Together' event, which had provided a good opportunity to obtain feedback from service users and carers. Isabel Carrick had also attended some online caring events. Isabel proposed	

	that feedback from the visits be shared with Governors. The request to attend community settings would be considered by the Chair, however she added that the PLACE visits would need to take place in the autumn. <u>Resolved:</u> The Chairs report was noted. The promotion of Governors Elections to be discussed at the Engaging Members Group. Service list to be sent to the Governors. Feedback to be provided to Governors following NED visits.	All Govs CF CF
22/25	Chief Executive's Report and Governors Questions to the Chief Executive The Chief Executive Report was introduced by Lynn Parkinson in the absence of the Chief Executive. Lynn highlighted the following key points: • Executives and members of the Senior Leadership Team had undertaken a number of service visits. • PLACE visits would include Governors once again. • Sue Symington, Chair of Number and North Yorkshire Integrated Care Board (ICB) had announced she would be leaving the ICB. Mark Chamberlain, current Deputy Chair would cover in the interim. • Brent Kilmurray (Chief Executive) was leaving Tees Esk and Wear Valleys NHS FT (TEWV), the interim CEO for TEWV would be Patrick Scott. • NHS England would be abolished and there would be reductions in the Integrated Care Board. The Executive Management Team and the Board had been having conversations regarding implications for the Trust. • Some system improvements had been seen. • Culture of Care work was taking place in conjunction with staff and service users. • As a result of the Stockport incident some work had been undertaken in the Trust with Prevent training frequency being increased. • The Care Quality Commission had visited Inspire; the initial feedback had reported as positive. The draft report would be shared once received. • An offer was being developed relating to staff health and wellbeing. Tim Durkin asked if a provision was being made for a female PICU. Lynn Parkinson responded that a separate female provision was currently being explored. Lynn added that the demand for PICU was currently low with 4 beds per year required. It was added that work on the wider estate was also taking place with the ICB. Tim Durkin asked whether people requiring an urgent CAMHs assessment would receive these in a timely manner. Lynn Parkinson responded that there were some patients requiring weekly contact and that patients could access services on an urgent basis.	

	<u>Resolved:</u> The Chief Executives Report was noted.	
23/25	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback The respective Committee Chairs introduced the following reports and reiterated key points from within them. • People and Organisational Development Committee • Quality Committee • Mental Health Legislation Committee • Audit Committee • Collaborative Committee • Finance Committee – verbal update provided <u>Mental Health Legislation Committee</u> Emma Dallimore asked if the section 136 data included repeat cases. Lynn Parkinson responded that was the case, with all episodes counted. Stephanie Poole added that episodes involving young people had decreased. Emma enquired if there was any intelligence as to way acuity was increasing. Lynn responded that the quarter 4 data showed a reduction from high acuity and that the high acuity was also a national challenge. Some investment had been made in out of hospital provisions Lynn added that acuity was higher now than prior to the Covid pandemic. Will Taylor questioned how acuity was measured and what parameters were classed as normal. Lynn responded that one of the ways included the use of incident reporting, which was monitored, however, this was subjective. Qualitative conversations also took place with patients to observe the situation. Kimberley Harmer commented on crisis care and involvement with Humberside Police. Kimberly asked what the position was for patients presenting with neurodiverse conditions to the police. Steph responded that work on this matter had been undertaken by the police service. Lynn Parkinson advised that the police should contact the Crisis Service when it is indicated a person is under section 136. Lynn added that there was sill work that could be undertaken to improve further, in particular relating to children. John Duncan asked if SystmOne and SystmOne Online were the same system. Lynn Parkinson responded that the systems were different, however were produced by the same provider. <u>Collaborative Committee</u> In relation to item PC24, on the Risk Register, Tim Durkin asked if the 12 people ready for discharge included other trusts as Humber Trust only had 1 patient clinically ready for discharge in adult secure. Lynn Parkinson responded that the numbered included all services within the collaborative, the 11 other patients were from other providers. Lynn added that this would impact on the overall position and finances.	

	<u>Finance Committee</u> Keith Nurcombe advised that the Finance Committee meeting had taken place on 15 April 2025 and he highlighted the following key points: • The meeting had discussed finances and the position for 2024/25. • The year-end target had been achieved with a small surplus. • The budget plan for the financial year 2025/26 had been discussed and agreed. • The cost saving target and agency usage reduction was confirmed. • Planning submission had been completed in line with NHS England requirements. • Plan for monitoring productivity and efficiency to be created. <u>Resolved:</u> The Non-Executive Director Chairs of Sub Committees Assurance Reports were noted.	
24/25	Patient Led Assessment of Care Environment Report (PLACE) Peter Beckwith introduced the Patient Led Assessment of Care Environment 2024 Report and highlighted the following key points: • PLACE assessments had been completed for all inpatient facilities. • £250k had been allocated in the capital plan for PLACE related work. • Good, positive results for 2024 were noted. • Food scores had improved, it was added that the electronic ordering may have contributed towards this. • Disability scores had seen an improvement, partially as a result of accessibility audits and plans to address issues. <u>Resolved:</u> The report was noted.	
25/25	Annual Effectiveness Review of the Council of Governors including Terms of Reference The Chair introduced the Effectiveness Review for the Council of Governors, and the paper was accepted as read. <u>Resolved:</u> The Effectiveness Review for the Council of Governors was approved.	
26/25	Appointed Governor Focus Cllr Linda Chambers (Hull City Council) Cllr Linda Chambers informed Governors about the work undertaken by Hull City Council in collaboration with the Trust and highlighted the following key points: • The service provided care support for people under the Mental Health Act. • A Social Worker from the Trust had won a national award.	

	• Suicide prevention work was being undertaken. • Leading on the challenge to tackle loneliness and isolation. • Work was being undertaken with 0–25-year-olds, child health, young mums' support and breastfeeding. Anthony Houfe asked what was being offered in terms of support to those people affected by isolation issues. Cllr Linda Chambers responded that the autism strategy was being refreshed and winter spaces were offered during the winter period. She added that an online survey was also being promoted in relation to this. In addition, support was being received from Matthew's Hub, a local charity. Cllr Linda Chambers advised that information relating to services available to Neuro Diverse people and further updates would be shared with the Governors. <u>Resolved:</u> The Appointed Governor Focus information was noted. Information relating to services available to Neuro Diverse people and further updates to be shared with the Governors.	LC
27/25	Council of Governor Sub-Groups Feedback Marilyn Foster introduced the Council of Governor Sub-Groups Feedback report for the Subgroups listed below and reiterated key points from within the report: • Appointments Terms and Conditions Committee • Engaging with Members Group Marilyn Foster encouraged Governors to join the Engaging with Members Group and Appointments Terms and Conditions Committee to ensure the meetings were quorate. <u>Resolved:</u> The report was noted.	
28/25	Governors Questions – topical issues not already covered or discussion re any questions received in advance John Arthur asked what the biggest challenges were for the Trust. The Chair responded that challenges faced by the Trust were included and highlighted in the meeting papers and included sickness rates, finances and national challenges. The Chair added that all the papers for Public Board meetings were accessible to Governors and that the Committee Assurance Reports were also presented at this meeting. Peter Beckwith responded that it had been a challenging year with the Trust achieving a balanced financial plan, however it was envisaged that the coming financial year would be even more challenging. Will Taylor enquired about Datix reporting relating to adult mental health. Lynn Parkinson responded that there was detailed reporting, with an increase in acuity and violence and aggression being submitted. Lynn added that there was a robust Risk Register.	

	Kimberley Harmer asked if there was any scope to sell some of the buildings no longer in use and reinvest the money in the Trust. Peter Beckwith responded that this could be possible, however the buildings currently empty were not the property of the Trust. <u>Resolved:</u> The information was noted.	
	<i>The agenda was taken out of order after this point.</i>	
29/25	Annual Accounts 2023/24 Peter Beckwith introduced the Annual Accounts for 2023/24 and reported there had been one change since the accounts had been presented to the Board. This related to the Local Government Pension Scheme, with an asset ceiling applied to the asset value. He added that the financial target had been completed. Gavin Barker, External Auditor then presented the external audit opinion on the financial statements. He provided a summary, which included value for money, financial sustainability, governance and improving economy, efficiency and effectiveness along with the associated Trust arrangements. Gavin advised that there were no significant matters reported. Prior to the meeting Tim Durkin had asked for clarity surrounding internal controls in relation to page 26 of appendix A – The Annual Accounts. Tim was satisfied with the response and arrangements in place. Isabel Carrick asked about the pension fund issue that seemed to occur on an annual basis. Peter Beckwith responded this was due to a difference in year end accounting between the Trust and local authority and that the draft accounts had not changed as a result. Tim Durkin noted the value for money and service improvements in relation to neurodiversity waiting list, as noted on page 19 of the Auditors Annual Report (Appendix B). He asked what the Non-Executive Directors were doing to challenge the discussions with the Integrated Care Board (ICB). The Chair responded that this had been discussed with the Executive Management Team and that the matter had been discussed with the ICB, however there was no funding available to support the increase in demand. The Chair added that the Board was discussing and looking at trajectories, along with the Board Assurance Framework to have a clearer vision on the outcome and link in with the strategic objective goals. <u>Resolved:</u> The Annual Accounts 2023/24 were noted.	
30/25	Performance Report Peter Beckwith introduced the Performance Report and advised that there had been a strong focus on waiting times and out of area placements in Psychiatric Intensive Care Unit.	

	<u>Resolved:</u> The Performance report was noted.	
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31/25	Finance Report Peter Beckwith introduced the Finance Report for the February 2025 period and highlighted the following key points: • It had been a financially challenging year for the Integrated Care System. • The Trust had forecast a breakeven position and had achieved this at the end of month 12. • A strong cash position was noted. • The Trust was in a strong position. <u>Resolved:</u> The Finance report was noted.	
32/25	Any Other Business There was no other business matters discussed.	
33/25	Review of Meeting The Chair invited comments regarding the meeting. Governors agreed the meeting had been effective. The meeting closed at 3:50pm.	
34/25	Date, Time and Venue of Next Meeting Thursday 17 July 2025, 1.15pm – 3.15pm via Microsoft Teams Thursday 16 October 2025, 1.15pm – 3.45pm Lecture Theatre Willerby Hill	

Signed..... Date

Chair

Council of Governors Work Plan 2025/26 v2

Council of Governors Meeting Dates:	Frequency	LEAD	17 Apr 25	17 Jul 25	16 Oct 25	Jan 26
Reports:						
Standing Items						
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓
Actions Log	Every Mtg	CF	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓
Spotlight on a Service	Every Mtg	KF/KP	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓
Patient Led Assessment of Care Environment Report (PLACE)	Annually	PB	✓			
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓
Appointed Governor Focus	Every Mtg	??	✓	✓	✓	✓
Performance & Delivery						
Finance Report	Every Mtg	PB	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓
Annual Items						
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF	✓			
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	MF		✓		
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	TDo		✓		
Formal Presentation of Accounts	Annually	PB	✓			✓

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	17 Apr 25	17 Jul 25	16 Oct 25	Jan 26
Annual Report (AMM)	Annually	SJ			✓	
Annual Accounts– Audit findings and conclusions	Annually	PB	✓			
Review of Constitution	Annually	SJ		✓		
Outcome of the FPPT for Non-Executive Director Board members (including the Chair) will be presented to the Council of Governors for information	Annually	CF		✓		
Receive Feedback on the Trust Chair and Non-Executive Directors Appraisals	Annually	CF		✓		
Declarations for the Provider License (inc under Declarations item)	Annually	SJ		✓		
AMM Minutes for approval	Annually	SJ				✓
Meeting the Fit and Proper Person Framework Requirements	Annually	SJ		✓		
Compliance against the Provider License	Annually	PB & SJ		✓		
Council of Governors: Other Statutory Duties						
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	KP				
Approve the appointment of the Chief Executive (to approve – support)	As req					
Appointment of the external auditor (to ratify)	As req					
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req					
Approval of an application for the dissolution of the FT	As req					
Council of Governors Non-Statutory Duties						
Non-Executive Director and Governor Visits	As req					

Council of Governors Meeting Dates:	Frequency	LEAD	17 Apr 25	17 Jul 25	16 Oct 25	Jan 26
Reports:						
Receive the Membership Plan	As req	SJ				
Agree with the Audit Committee the process for appointment /removal of the external auditor	As req					
Be consulted on the appointment of the Senior Independent Director	As req	CF				
Agree the process for the appointment of the Chair of the Trust and the other NEDs (link to AT&C)	As req					
Added items						
Patient and Carer Experience Annual Report	Annual	KF/MD			✓	
Operating Plan	As req	PB		✓		
ICB – explanation regarding the ICB and Humber's Relationship with it – April 2025	Sue Symington		✓			
Trust response to the Nottingham Report		HG			✓	
Spotlight Items:						
ED Streaming						
Adult Mental Health Crisis Team					✓	
Primary Care Update						
Removed Items						

Agenda Item 5

Title & Date of Meeting:	Council of Governors meeting 17 July 2025														
Title of Report:	Mental Health Inpatient Units - Adult, Older Peoples Children's and Young Peoples mental health and Forensic mental health inpatient units														
Author/s:	Paul Johnson, Clinical Director Vickie Wilson, Matron Dr Hannah Sayeed, Forensic Consultant Psychiatrist														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>x</td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss	x	To note		To ratify		For assurance			
To approve		To discuss	x												
To note		To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this presentation is to provide oversight to the Council of Governors about the inpatient provision across Adult Mental Health, Older Peoples Mental Health, Children's and Young Peoples and Forensic Secure Services. A further presentation will be held in the October Council of Governors meeting covering inpatient facilities within Learning Disabilities and Community Services. Our Mental Health Inpatient Services provide care for the most vulnerable and acutely unwell people within our community with a clear aim to support a safe therapeutic environment where people receive the least restrictive recovery focused interventions with an aim of promoting safe and timely discharge back to their communities. The presentation will cover the inpatient facilities we have, including number of beds, the purpose of our inpatient facilities, the staffing establishments within the units, and where the areas of focus are currently to support the best outcomes for our patients. The presentation will demonstrate the how the current focus of work supports the trusts strategic objectivises outlined below.														
Key Issues within the report:															
Positive Assurances to Provide: - Humber are fully engaged with the national Culture of Care program and units from across adult, forensics and children and young people's mental health are active participants within the programme. - Co production and involvement is strong within inpatients including in quality improvement initiatives.		Key Actions Commissioned/Work Underway: - Reprovision and new build of Westlands acute female inpatient unit. - All divisions taking part in the national Culture of Care programme regarding inpatient care which is has developed a co-produced quality improvement plan of improvements identified at unit level with service users and staff.													

- Reducing Restrictive Interventions agenda is strong across inpatients and is supported through the Reducing Restrictive Interventions Steering Group and quality improvement plan. - Out of area placements have reduced and initiatives are in place to support care being closer to home. - Multi-disciplinary team make up is reflective of the needs of our patients and supports holistic recovery focused care.	- Several unit managers participating in the national unit manager development programme. - Bed modelling and pathway development within the forensic pathway and the Humber centre. - In line with local requirements and Integrated Care Board demands, single sex Psychiatric Intensive Care Unit provision is planned. - Nova ward at Inspire is being re-purposed to support admission avoidance and high dependency care. - Continuous development and improvement in reducing restrictive interventions through the reducing restrictive interventions quality improvement plan. - Continuous monitoring of patient flow and focussed work to reduced delayed discharges.												
Key Risks/Areas of Focus - Continued focus on Culture of Care and quality improvement initiatives that have been coproduced with people with lived experience. - Continued focus on reducing restrictive interventions and supporting recovery	Decisions Made: The Council of Governors are asked to consider the presentation.												
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	<table><tr><td></td><td>Date</td><td></td><td>Date</td></tr><tr><td>Appointments, Terms & Conditions Committee</td><td></td><td>Engaging with Members Group</td><td></td></tr><tr><td>Trust Board</td><td></td><td>Other (please detail) Quarterly report to Council</td><td>✓</td></tr></table>		Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Trust Board		Other (please detail) Quarterly report to Council	✓
	Date		Date										
Appointments, Terms & Conditions Committee		Engaging with Members Group											
Trust Board		Other (please detail) Quarterly report to Council	✓										

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>	
✓ Tick those that apply	
✓	Innovating Quality and Patient Safety - Reducing Restrictive Intervention agenda, Coproduced quality improvement initiatives as part of the Culture of Care programme. Review of pathways in and out of inpatient care and alternatives to admission and early discharge

√	Enhancing prevention, wellbeing and recovery - Admission avoidance and early discharge, multi-disciplinary approach to recovery and wellbeing, embedding trauma informed, culturally sensitive autism aware approaches. Promoting least restrictive recovery focused inpatient admissions.				
√	Fostering integration, partnership and alliances – Lived experience supporting co production and quality improvement. Peer support and lived experience within work force. Partnerships with third sector within prevention pathways.				
√	Developing an effective and empowered workforce - Learning and development thought the Culture of Care programme, co production and service improvement through quality improvement agenda, unit manager development through unit manager development programme. Supporting and championing lived experience within the workforce and within the development of quality improvement and service changes.				
√	Maximising an efficient and sustainable organisation - Continuing to develop our in-patient unit estate to provide safe and effective environments that support recovery. Continued work to ensure patient flow and capacity within in-patient beds which supports care closer to home and increased productivity. Provide inpatient provision on behalf of the wider ICB				
√	Promoting people, communities and social values - Collaborative working with voluntary sector (VSCE) partners in supporting admission avoidance and early supported discharge. Strong co production and involvement within in patient units, recognising value of lived experience within the work force,				
Have all implications below been considered prior to presenting this paper to Trust Board?		Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety		√			To be advised of any future implications as and when required. by the author
Quality Impact		√			
Risk		√			
Legal		√			
Compliance		√			
Communication		√			
Financial		√			
Human Resources		√			
IM&T		√			
Users and Carers		√			
Inequalities		√			
Collaboration (system working)		√			
Equality and Diversity		√			
Report Exempt from Public Disclosure?				No	

Agenda Item 6

Title & Date of Meeting:	Council of Governors Public Meeting – 17 July 2025																			
Title of Report:	Chair's Report																			
Author/s:	Rt Hon Caroline Flint Trust Chair																			
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last Council meeting.																			
Key Issues within the report:																				
Positive Assurances to Provide: - Governor Development/Information Programme 2025 - Elections Completion Update - Chair/NED Visits - Chair/NED Appraisals		Key Actions Commissioned/Work Underway: - CQC Inspection Preparations - HNYICS/NHSEngland/DHSC impacts - Humber Mental Health, Learning Disabilities and Autism Host Provider Contractual Joint Venture - NED Recruitment Campaign																		
Key Risks/Areas of Focus: Changes to NHS England, ICBs and impact		Decisions Made: N/A																		
Governance:	<table border="1"> <thead> <tr> <th></th><th>Date</th><th></th><th>Date</th></tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td><td>03/07</td><td>Engaging with Members Group</td><td></td></tr> <tr> <td></td><td></td><td>Other (please detail)</td><td></td></tr> <tr> <td>Trust Board</td><td></td><td>Quarterly report to Council</td><td></td></tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee	03/07	Engaging with Members Group				Other (please detail)		Trust Board		Quarterly report to Council	
	Date		Date																	
Appointments, Terms & Conditions Committee	03/07	Engaging with Members Group																		
		Other (please detail)																		
Trust Board		Quarterly report to Council																		

Monitoring and assurance framework summary:

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

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

Trust Chair's Council of Governor's Report – 17 July 2025

Congratulations to our staff at Inspire whose hard work has resulted in the service receiving a good rating following a Care Quality Commission (CQC) inspection.

On behalf of the Council of Governors and Board our thanks to **Will Taylor** Staff Clinical Governor and **Dominic Purchon** Partner Governor Humberside Fire and Rescue for their service. Welcome to new governors **Sian Johnson**, **Simon Mills** and **Dan Meeke**.

Humber's Culture of Care Showcase took place on 15 May, and I was delighted to open the event alongside Clinical Director Paul Johnson. The day showcased the work of four wards Townend Court, Swale, Avondale and Westlands. They are part of this national project developing a set of standards based on a co-produced, reimagined vision of care for all NHS funded mental health inpatient settings. I visited Townend Court on the 14th May and am looking forward to visiting the other wards over the next few months.

Humber's Equality, Diversity and Inclusion Annual Event was held on 22 May. Following a welcome from Michele Moran, Hull and Yorkshire Centre for the Deaf Choir performed and Sarah Regan shared insights into their achievements and the challenges the deaf community in Hull and Yorkshire still face. Patients, service users and others discussed priorities for the next year, and I closed the event.

I took part in interview panels for consultants in our **General Adult Community Mental Health team and Memory Services team** on 12 June. For both positions the panel was able to approve candidates.

Department of Health and Social Care/NHS England (NHSE) Update

The 10-year plan "Fit for the Future" was published on 3 July 2025 which sets out a vision for how the NHS will need to transform over the next decade based on three shifts from:

- Hospital to Community
- Treatment to Prevention
- Analogue to Digital

The future is that the status quo of "hospital by default" will end, with a new preventative principle that care should happen as locally as it can: digital by default, in a patient's home where possible, in a neighbourhood health centre when needed, in a hospital if necessary.

Some of the services highlighted to become mainstream such as Virtual wards and Mental Health Emergency Department teaming are already being delivered by Humber. I attended on the same day a webinar convened by NHS England (NHSE) where NHSE Chair Dr Penny Dash spoke along with Minister Karin Smyth. A delivery plan will follow over the Summer.

Humber produced a managers' information pack to support team discussions and answer queries alongside general communications for all staff about the plans. The Board will be discussing in detail the impacts on our services, the opportunities and challenges ahead.

The Strategic Board held on 30 April 2025 discussed the Mental Health Inpatient Redesign and Granville Court Redevelopment; Care Quality Commission (CQC) Well Led: Evidence Underpinning Quality Statements 1 and 2; The Board Assurance Framework (BAF) against the Trust Strategic Goals; Annual Review of the Performance Report; Mental Health Host Provider Update and Improving the Child and Adolescent Mental Health Service (CAMHS) Pathway. Over a sandwich lunch we met with staff from teams across the Trust who had supported their colleagues in the Electronic Patient Record team move from Lorenzo to SystmOne. We thanked them for their efforts which have been crucial to delivery and learning.

The Strategic Board held on 25 June 2025 discussed Quality Accounts, Annual Report/Accounts and Social Values reports; NHS Long Term Plan, Integrated care Board Blueprint, Mental Health Collaborative Update and Organisational Models; Annual Review of Risk Appetite and CQC Well led: Evidence Underpinning Quality Statements 4 and 5. Over a sandwich lunch we met with staff from Finance and People/Organisational teams.

Chair's Activities Round Up

At the **NHS Confederation Mental Health Network Annual Conference on 23 April** in Leeds I heard directly from Jim Mackey and other national leaders as well as attending some useful workshops. It was a good opportunity to hear how others are tackling similar challenges and share our own experience and examples of great practice.

On the **29 April, 3 June and 15 July I met with John Lawlor** who as an independent Chair has been working with all the Chief Executives involved in the development of collaborative arrangements. I will be meeting him every 6 weeks or so going forward. **On 12 May** Mental Health, Learning Disabilities and Autism Provider Chairs and Chief Executives met. Everyone could see the benefits of greater partnership to deliver better for patients and secure funds. It was agreed to maintain momentum whilst resolving outstanding issues. Humber Mental Health, Learning Disabilities and Autism Host Provider Contractual Joint Venture working group continues to meet monthly with Executive Directors and Non-Executive Directors attending.

Jason Stamp, the newly appointed Interim Chair for Humber North Yorkshire Integrated Care Board (HNY ICB), and I met on 20 May to discuss his priorities and working with him over the next six months, and we met again on 2 July. On 26 June Jason hosted a Humber, North Yorkshire Integrated Care Service (HNY ICS) hybrid event for all Chairs and NEDs to update about changes at the ICB, new plans for ICBs' remit going forward and how some responsibilities may shift to providers. Humber was well represented, and all agreed regular short updates would be useful

for the non-executive community across HNY ICS. The next one will take place in August.

I have had **quarterly 1:1s** with Phil Earnshaw; Stuart McKinnon Evans; Priyanka Perera; Dean Royles; Keith Nurcombe and Steph Poole. **Appraisals** for the Non-Executive Directors (NED) with the Appointment Terms and Conditions (ATC) Committee Chair Governor Marilyn Foster and I were held on 10 June. **My appraisal** took place on the 4 June with Dean Royles and Marilyn. Reports on both sets of appraisals went to the Appointment, Terms and Conditions (ATC) Committee on 3 July.

Chair Visits

In addition to Townend Court already mentioned I visited with Associate Non-Executive Member Priyanka Perera, **Safe Space** at the HEY Mind building in Hull on 1 July. We met up with Partner Governor Emma Dallimore and colleagues to see and learn about the separate services run for adults and children and young people (CYP) developed with Humber and a future move for the CYP Safe Space to relocate to our Inspire Building at Walker Street. We also heard about another joint HEY Mind/Humber project backed by HNY ICB to construct and develop supported living for patients with complex care needs. This could contribute to reducing further out of area placements.

Afterwards Priyanka and I paid a visit to our **Mental Health Emergency Department Streaming Team** at Hull Royal Infirmary where we were hosted by Darren Simpson. Governors recently received a briefing on this service. We saw where patients entered the facility, the consultation rooms and lounge space as well as staff areas. In conversation, staff took us through how the service works, relationships with A/E staff, referrals and finding suitable follow-on care for patients. On our visit a patient was waiting to be found a bed in a suitable unit with family members involved throughout. The 10-year plan includes 88 more such units being developed across the acute sector. It was clear that our staff were very proud of their work and Humber pioneering this service.

On 15 May I met with our **Estates Management Team** at the Willoughby Site to hear about projects underway and the PLACE visits for this Autumn. How we maintain our estate along with cleaning, catering, furnishings and facilities are important to the care and safety of patients and well-being of staff.

At time of writing, I am due to meet **Adam Newton** who leads delivery of our **Virtual Ward in Scarborough** on 8 July. Adam has worked for Humber from being newly qualified and was recently awarded the prestigious title of Queen's Nurse for Community Nursing which is a brilliant achievement. In Adam's own words:

"I love my job and feel lucky every day to help the patients living in our catchment area. I have only been in this role since December, and I feel in this role I am making the biggest difference to patients' lives and well-being. Not only preventing admissions but also reducing their risks of picking up hospital acquired infections which can often lead to premature death."

We are also helping patients with their future care decisions and allowing them to die peacefully at home, not in A&E or on a busy ward.

I am hoping to become an ambassador for the Trust, to help go into schools and hopefully influence teenagers to go to university and become community nurses. I would hope to increase the number of males as currently the nursing workforce is approximately 10% male, even less are qualified District Nurses with approximately 450 males compared with 11,000 females.”

Humber meetings included:

Humber's Nurses Forum 29 April
People and Organisational Board Sub-Committee 7 May
Quality Board Sub-Committee 8 May
Virtual Long service Awards 21 May
Collaborative Board Sub Committee 23 June
Trust Board 28 May – (Governors receive papers)
Senior Leadership Team 9 July
Freedom to Speak Up Quarterly Review 16 July

External meetings included:

Humber and North Yorkshire (HNY) Provider Chairs
HNY System Chairs/NEDs
East Riding Health and Well Being Board
Yorkshire and Humber Chairs
NHS North East and Yorkshire Region NHS Leaders
NHS Confederation Mental Health Chairs' Network
NHS England Chairs/CEOs 10 Year Plan webinar

NED/ANED Visits since last Council of Governors

Unannounced (with Executive Director)

Granville Court	Stuart McKinnon Evans	22/05
Pine View	Stuart McKinnon Evans	01/07
East Riding CMHT	Dean Royles	16/07

Announced

Inspire	Steph Poole	04/06
Humber Centre	Steph Poole	10/06
Safe Space	Priyanka Perera	01/07
Humber Suite (EDS)	Priyanka Perera	01/07

Governor Activities Round Up

1. Governors Elections Spring/Summer 2025 results and new Partner Governor

Public Hull (2) Brian Swallow was re-elected as there were no further nominations leaving a Public Governor Hull vacancy until the next election round this Autumn.

Service user & Carer (2) Marilyn Foster and Anthony Houfe were re-elected as there were no further nominations.

Contested elections took place for **Staff Clinical and Staff Non-Clinical** and congratulations to **Sian Johnson and Simon Mills who were elected.**

Stella Jackson and I have had introductory meetings with both, and online induction training has been organised. We also met Dan Meeke new Partner Governor for Humberside Fire and Rescue service.

Our thanks to Will Taylor Staff Clinical Governor and Dominic Purchon Partner Governor Humberside Fire and Rescue for their service

2. Appointments, Terms and Conditions Committee (ATC)

The Committee met on 3 July and received reports on Chair and NED Appraisals for 2024-25; Annual Effectiveness Review of Committee performance and attendance; Trust Compliance with the Fit and proper Person Framework 2024-25 and discussed the time requirements for Non-Executive Directors and Chair. The Committee also agreed proposals for the recruitment campaign for Audit Chair and an additional Non-Executive Director to be recommended to the Council of Governors for approval. This item is being taken in Part II on 17 July.

3. Governor Development and Information

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

Governor Briefing 24 April – How we recruit

Governor Briefing 29 May – Mental Health Team and Emergency Department Streaming at Hull Royal Infirmary

Governor Briefing 26 June – What Learning Disabilities Services we provide.

A written Governor Briefing was emailed on how we manage safe staffing levels.

The next Governor Briefing on 10 July will be a bitesize brief on What services we provide for children.

At the time of writing, the next Governor Development Session on 10 July will cover the role of Board Sub Committees; Audit, Collaborative and Finance led by NED Chairs Stuart McKinnon Evans and Keith Nurcombe; Health Inequalities and Humber Ministry of Justice Contracts/Prisons and Humber Centre Services.

An updated schedule is attached as Appendix 1. Governors will be informed about any changes to the schedule, and we continue to welcome further topic suggestions from governors.

Appendix 1**Governor Development/Briefing Schedule 2024-26****Chair of Council of Governors:** Caroline Flint **Executive Lead:** Michele Moran

Title	Date	Presenter	GB or GDS
Our Community Services	27/11/2025	Matthew Handley	GB
Overview of Co-Production work across Humber Divisions and Experts by Experience	13/11/2025	Lynn Parkinson Kwame Fofie	GDS
Developing Place and Integrated Care Board	30/10/2025	Michele Moran Pete Beckwith	GB
Tom Nicklin and Peer Support Workers (TBC)	25/9/2025	Lynn Parkinson	GB
What services do we provide for children.	31/7/2025	Justine Rooke	GB
Role of the Board Sub-Committees Audit, Collaborative & Finance	10/7/2025	NED Chairs Stuart McKinnon-Evans Keith Nurcombe	GDS
Humber Ministry of Justice (MoJ) Contracts/ Prisons and Humber Centre Services	10/7/2025	Lynn Parkinson Paula Phillips	GDS
Health Inequalities	10/7/2025	Kwame Fofie	GDS
What Learning Disabilities Services we provide.	26/6/2025	Justine Rooke	GB
Mental Health Team and Emergency Department Streaming at Hull Royal Infirmary	29/05/2025	Adrian Elsworth	GB
How we recruit staff	24/04/2025	Karen Phillips	GB

How our Multi-Disciplinary Teams (MDTs) work	27/3/2025	Paul Johnson	GB
Role of the Sub-Committees Workforce, MHL & Quality	13/3/2025	NED Chairs	GDS
How we collect feedback from our patients and service users and how we handle complaints	13/3/2025	Mandy Dawley & David Napier	GDS
Yorkshire and Humber Care Record	27/2/2025	Lee Rickles & Ian	GB
Governance and liability for services we commission	30/1/2025	Pete Beckwith	GB
Improving our estates (any major developments, key priorities etc)	28/11/2024	Pete Beckwith & Rob Atkinson	GB
Delayed Transfers of Care – understanding the reasons for a patient's discharge being delayed	14/11/2024	Lynn Parkinson & Claire Jenkinson	GDS
Interweave Connecting Care Information	7/11/2024	Caroline Flint	Email
EPR progress update	24/10/2024	Lynn Parkinson & Lee Rickles	GB
Significant Transactions	15/8/2024	Pete Beckwith	GDS

Agenda Item 7

Title & Date of Meeting:	Council of Governors 17 July 2025																			
Title of Report:	Chief Executive's Report																			
Author/s:	Name: Michele Moran Title: Chief Executive																			
Recommendation:	To approve		To discuss																	
	To note	✓	To ratify																	
	For assurance																			
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.																			
Key Issues within the report:																				
Positive Assurances to Provide: Work contained within the report		Key Actions Commissioned/Work Underway: Contained within the paper																		
Key Risks/Areas of Focus: Nothing to raise with the CoG		Decisions Made: None with this paper																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td></td> </tr> <tr> <td>Trust Board</td> <td>28/5/25</td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group				Other (please detail) Quarterly report to Council		Trust Board	28/5/25		
		Date		Date																
	Appointments, Terms & Conditions Committee		Engaging with Members Group																	
			Other (please detail) Quarterly report to Council																	
Trust Board	28/5/25																			

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
✓ Tick those that apply	
✓	Innovating Quality and Patient Safety

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

Chief Executive's Report

1.1 Leadership Visibility

I continue my drops in visits across the area including corporate services, which is a major part of my role.

'Meet Michele' is now fully hybrid and well supported.

I have attended a few conferences all staff and service user lead showcasing our great services, co-production and positive outcomes.

Our staff continue to develop services even with the increasing demands of the services.

1.1.1 Around the Trust

NHS Providers

The trust was proud to be mentioned with case studies in the NHS Providers Annual report. a reflection of the hard work of the all the staff involved.

<https://nhsproviders.org/resources/providers-deliver-putting-young-people-at-the-heart-of-care/humber-teaching-nhs-foundation-trust>

Priorities

Annually the Executive team review following the Boards feedback and comments, review our strategy, alongside triangulation with metrics and highlight areas of focus;

2025/26 are:

- Our Culture/Being Humber Behavioural Framework
- Triangulating Staff Survey results with other metrics
- Our well-led and Insightful Board analysis
- Optimising utilisation of our estates
- Service transformation
- Professional strategies
- Our profile within the ICB and nationally

Patient safety priorities:

Optimising our workforce well-being in response to patient safety incident.

Ensuring safe transfers of care and effective joint working practices.

Involving patients' families and carers in their care journal.

Royal Garden Party

The Trust supported Emma Thompson, Team Leader, from our Mental Health Liaison Service in attending a Royal Garden Party at Buckingham Palace on Tuesday 20 May 2025. Emma was put forward for the opportunity through our ICB for her work in developing and managing the Emergency Department Mental Health streaming service. The ED Streaming service provides a pathway for patients attending A&E who present with mental health concerns. It was shortlisted for

several national awards last year. This is a huge honour for Emma and the service to be recognised for this opportunity, the Royal Garden Parties are a way to thank individuals for their public service and contributions.

Collaborative

The Mental Health Collaborative has reached the final stage of the LDA National Awards for our work with Matthews Hub on the Oliver McGowan training.

2 Around the System

Local Election Results

Newly Elected Mayor of Hull and East Riding:
Luke Campbell – Reform

Greater Lincolnshire
Andrea Jenkyns – Reform

ICB Acting Chair

Jason Stamp has been appointed as the new acting Chair of NHS Humber and North Yorkshire Integrated Care Board, on an initial six-month basis. Jason has been a Participant member of the Board since its inception and is the strategic lead for the development and integration of the voluntary sector into the work of the Humber and North Yorkshire Health and Care Partnership.

He is also the SRO of the Partnership's Workforce Transformation programme, Breakthrough HNY.

York and Scarborough NHS Teaching Trust

York and Scarborough hospitals have confirmed the opening of new Urgent and Emergency Care Centre (UECC), the trust is working closely with the teams as required.

The hospital Trust have invested £47 million to build the new flagship Urgent and Emergency Care Centre at Scarborough Hospital. Commonly referred to as the UECC, the centre includes a two-storey new build, combining and expanding the current emergency department, same-day emergency care, and the acute medical unit. As well as improving outcomes for the frail and elderly, it will also ensure that some of the most critically ill patients in the hospital are cared for in one integrated clinical ward environment, rather than across a number of different wards and the critical care department.

Services have moved across to the UECC in a phased approach throughout this week (w/c 28 April), with the new emergency department accepting patients from yesterday, Thursday 1 May 2025.

Care Plus Group (CPG) CIC

Shaun Stacey will no longer be joining CPG. Following ratification at Council of Governors Lisa Revell, Deputy Chief Executive, will be undertaking the role of interim Chief Executive, initially until 31 December 2025. This will ensure that consistent leadership is provided. CPG stated: *'With the current changes in the NHS and Social Care, both regionally and nationally, it is important that we have stability within the organisation at this time, so that staff, partners and the wider system and local community can be confident that CPG is continuing to operate efficiently and effectively.'*

York and Scarborough Hospital News

Simon Morritt, Chief Executive has announced his intention to retire in September.

3 Director Updates

3.1 Chief Operating Officer Update

3.1.2 Leadership Visibility

The Chief Operating Officer continues to undertake a series of visits to in patient units, 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.

3.1.3 Operational Position and Service Planning

This update provides an overview of the operational position 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.

The collective action that was being undertaken by some GP practices and Primary Care Networks has been resolved contractually through the Local Enhanced Service arrangement and concerns about our shared care prescribing protocols have been addressed. Given the recent focus on these protocols we are however taking the opportunity to review them to ensure that they are as explicit and current as they need to be, this work is being led by the Deputy Chief Operating Officer with the support of the Medical Director.

Our operational pressures continue to be monitored through our daily 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. New national, regional and ICS wide OPEL reporting arrangements came into effect last year with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. 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 are now in place that stand up daily executive director level response when necessary. We continue to report daily via the new framework onto the national UEC-RAIDR system (a web-based tool that provides real time information on capacity and pressures across providers within an integrated care system).

System mechanisms have now taken place over the last two months to review the effectiveness of the winter plans across the ICB and providers. A number of learning points have been identified and a key area of focus in preparing for next winter is infection prevention and control due to the high prevalence of winter virus's last year and the adverse impact on bed closures and staff sickness absence.

Operational service pressures have been reduced in most areas of the Trust in April and continued to June. The highest pressures were seen in our Adult Mental Health Division with short periods of high demand and increased mental health presentations in the Emergency Department, this continues to be usual seasonal variation.

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

System pressures reduced in the Humber and North Yorkshire areas during April and continued to June. Acute hospital partners in all parts of our area have reported pressures during this period predominantly at OPEL 3.

Based on performance data and local insight methodology Humber and North Yorkshire was escalated to **Tier 1** oversight by NHS England. This reflected the increased challenge in achieving the UEC targets for this system, the distance from targets, together with a deterioration on the enabling metrics. As a Tier 1 system the highest level of support is being provided and overseen by the national Integrated Urgent and Emergency Care (IUEC) team, to help achieve improvements.

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.

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge for operational services. In all these areas demand exceeds commissioned capacity. Dialogue is progressing with the ICB to agree a way forward on waiting times for 2025/26 and beyond. This continues to be an area of national challenge, however it does not receive priority for Mental Health Investment Standard (MHIS) funding. Excessive waiting times for children and adult neurodiversity services are continuing to be challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years. Unfortunately, some children on the neurodiversity waiting lists are continuing to present with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds continues to be good. Focus continues on our children's early intervention services, particularly embedding the support teams in schools.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this, our data demonstrates that whilst some fluctuation is taking place, overall reduction is being achieved. Our daily bed occupancy has been between 76.3 – 85.5%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans now supported by Service Transformation Funding (STF) to expand the use of the Older Peoples Acute Community Service (intensive community support) and to provide the use of step up/step down community-based beds. Work is progressing to finalise a provider for these beds. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement, demand for these beds has reduced in the last two months and consequently the use of out of area beds has decreased. PICU flow is currently being targeted through improvement methodology to continue to recover the out of area position. Following support from EMT plans are being progressed to change our current PICU based at Miranda House to an all male unit and to make alternative provision for female patients by developing a High Dependency Unit (HDU) within our current estate. This will improve patient flow, reduce the need for out of area placements and provide a further improved position to address mixed gender safeguarding risks.

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 are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had previously achieved in reducing out of area placements.

By continuing to use the nationally recommended rapid improvement methodology for multiagency discharge event (MaDE) a reduction in the number of bed days lost due to delayed transfers or discharges for those patients who are clinically ready for discharge is being achieved

The overall staff absence position due to sickness is currently at 6.99% (inclusive of 2.25% 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. Focus on improved efficiency and productivity continues. Work is taking place to reduce the Trust's National Cost Collection Index, each service has a targeted plan for those areas above the Trusts target and service transformation plans are required to set out the expected productivity and efficiency gains.

The work undertaken to develop draft service plans for each of the divisions for 2025/26 which incorporate service transformation, workforce, finance and budget reduction plans (BRS). The plans were further reviewed following the publication by NHS England of the Operational Planning Guidance 2025/26 on 30th January to ensure they fully align with this and they have now been approved by EMT.

Whilst the three phases of the implementation of the new **Electronic Patient Record** (EPR) System, for Forensics, Children & Learning Disabilities and the Mental Health Division is now complete, the EPR Programme Board remains in place with a focus on stabilisation and optimising the use of the new system in order to realise the programme benefits as set out in the business case.

3.1.4 Mental Health Streaming Update

National focus on improving Urgent and Emergency Pressures remains very high and recently emphasis is being placed again on reducing both the number of people experiencing mental health issues presenting at Emergency Departments and the duration of their stay there. The Trust opened a dedicated mental health streaming service directly adjacent to the Emergency Department at Hull Royal Infirmary (HRI) in July 2023 and the success of this innovative model continues to attract regional and national attention.

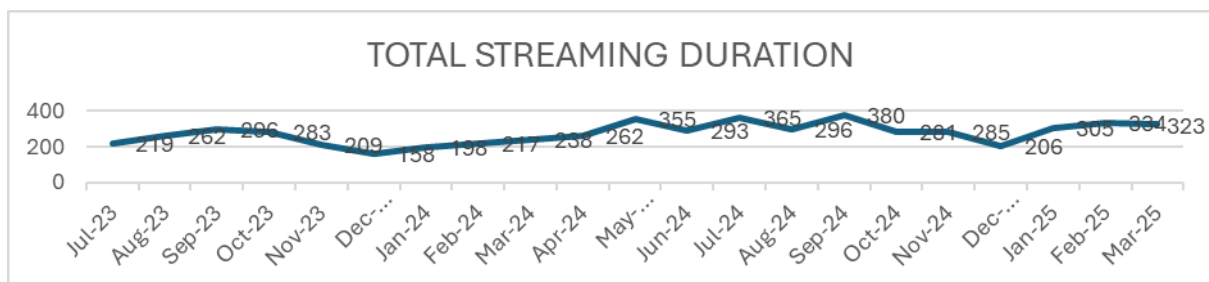
The Streaming area was named the 'Humber Suite' after consultation with patients, carers and staff. There was a commonly held consensus that the name of the area should be discreet, offering those using the service the option to maintain their privacy. The design of the unit encourages both physical and psychological comfort, allowing patients to feel safe to interact with the team effectively. Although the area is named the Humber Suite there is no signage displayed explicitly that labels this as a mental health area, this was a proposal made by service users and carers participating in the co production group established to develop the service to promote privacy and dignity.

Within the Humber Suite is a communal area which is comfortably furnished in a bright and welcoming environment. Off the main communal area there are separate consultation rooms which can comfortably support four people at any one time. A confidential workspace for staff has safe observation and access to the patient area and encourages greater engagement and accessibility. Emergency Department colleagues have direct access to the suite and can consult with Mental Health Hospital Liaison (MHLS) staff.

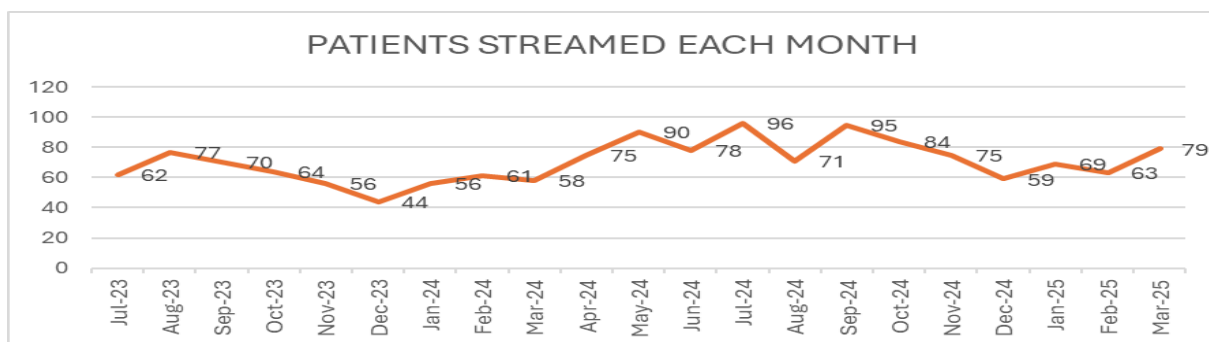
Throughout the development of the streaming service, the safety of service users was paramount, and through consultation and engagement with the acute hospital medical and nursing team, it was agreed that service users will remain a 'shared patient' until all acute medical and mental health interventions and plans have been developed. It was also established that if there were any medical concerns following

transfer to the streaming suite, the service user could easily and swiftly be conveyed back to the Emergency Department for medical care. The clinical pathway is supported by a Standard Operating Procedure (SOP) developed jointly between MHLS and HRI clinical staff, a joint oversight group remains in place and the SOP is reviewed and updated as required. Service user and carer feedback about the service remains very positive.

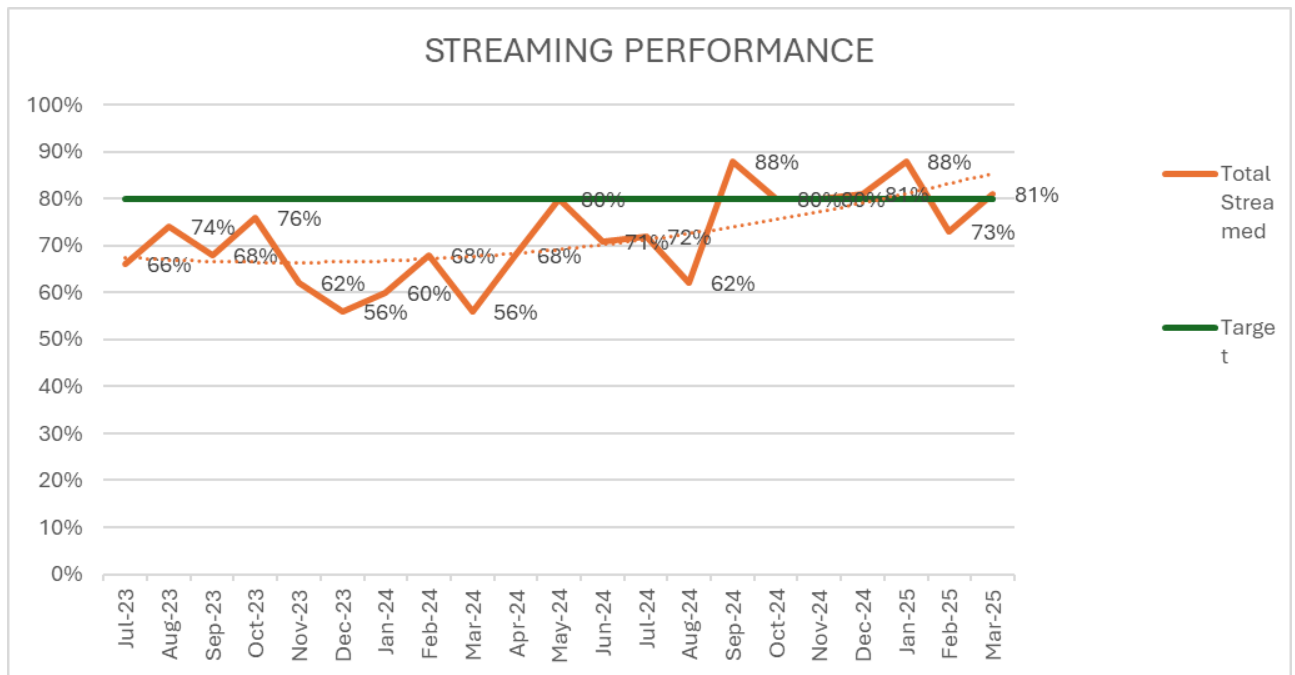
A range of data is now collected to determine the benefit and effectiveness of the service, the chart below demonstrates the number of hours that the suite is in use each month, this time would otherwise be spent by mental health service users in the ED department.



The number of patients streamed to the suite each month is demonstrated below:



A KPI of achieving 80% streaming of all mental health presentations to ED was established at the outset of the service and since September 2024 the streaming unit's performance has been maintained at an average of over 80% of referrals accepted.



Next steps

A number of key areas for further development in 2025 have been identified, including:

- Increasing the number of approved mental health practitioners based in the service to shorten wait times for Mental Health Act assessments which will improve the patient journey and ensure the patient reaches their next destination as quickly as possible.
- Further refining the mental health inpatient bed escalation protocol with the goal of minimising delays in transferring patients from ED to inpatient care when required.
- Staff skill development and training in physical health monitoring, with an emphasis on individuals going through alcohol withdrawal who are currently unable to be transferred to the Humber Suite because of their medical requirements.
- Considerations to improve access to prescribing within the Humber Suite, with the introduction of more Non-Medical Prescribers.
- Ongoing regular analysis and review of the streaming service data, identifying areas for further improvement.

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility

The Director of Nursing, Allied health and Social Care Professionals has undertaken a number of visits to the various sites as part of her induction process. These have included:-

- Malton Community Hospital
- Townend Court
- Inspire
- Maister Court and Lodge
- PICU
- Avondale
- Newbridges
- Emergency Department Mental Health Streaming
- Miranda House
- Pine View

The Director of Nursing, Allied Health and Social Care Professionals has provided updates on each of the visits, and these have been shared with all staff through the Global update.

3.2.2 International Nurses Day 12th May

This year's theme for International Nurses' Day, announced by the International Council of Nurses (ICN), is: **"Caring for nurses strengthens economies."** At Humber, we have developed our own strapline this year which is: **'Better care for nurses, means better care for you.'** Nurses are at the very heart of patient care, providing not only clinical expertise but also compassion, leadership, and unwavering commitment every single day. This year's theme reminds us of the

crucial role nurses play in shaping the future of healthcare and strengthening our communities. We have celebrated this through a number of roadshows at various sites, a virtual card designed by The Humber Centre Art Group and a personal message from the Chief Executive and the Director of Nursing, Allied Health and Social Care Professionals.

3.2.3 National Safeguarding Reforms- Families First Partnership Programme

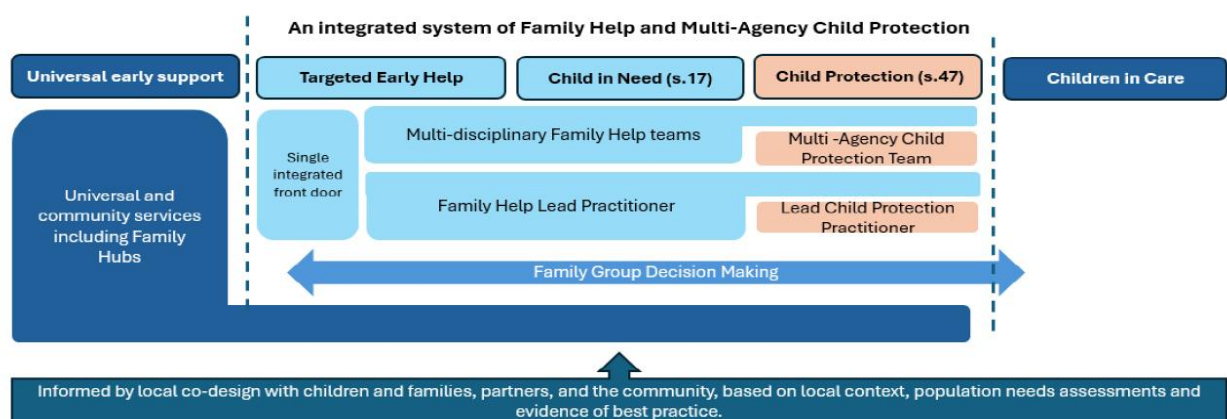
The Government has set out its Plan for Change to rebalance the children's social care system through funding and rolling out the Families First Partnership programme. Although not statutory, this programme places expectations on safeguarding partners to implement reforms in family help, multi-agency child protection and family group decision making. The purpose is to rebalance the safeguarding system away from crisis to early intervention, to support children remaining at home/ within their communities and preventing them from entering care.

The programme is described as a national transformation and is underpinned by the following key factors:

- Children and young people should be the heart of the design of the transformation.
- Based on local need.
- Strong emphasis on early intervention to prevent crisis.
- Approaches to be tailored to diverse needs including domestic abuse, sexual abuse, disabilities, mental health issues, substance misuse and harm outside the home (exploitation and online).
- Adopt a whole family approach, including understanding the needs of adults in the household and diversity. Children to be supported to live within family network, whenever possible.
- Adopt principles for working in partnership with parents and carers (Chapter 1 – Working Together 23).

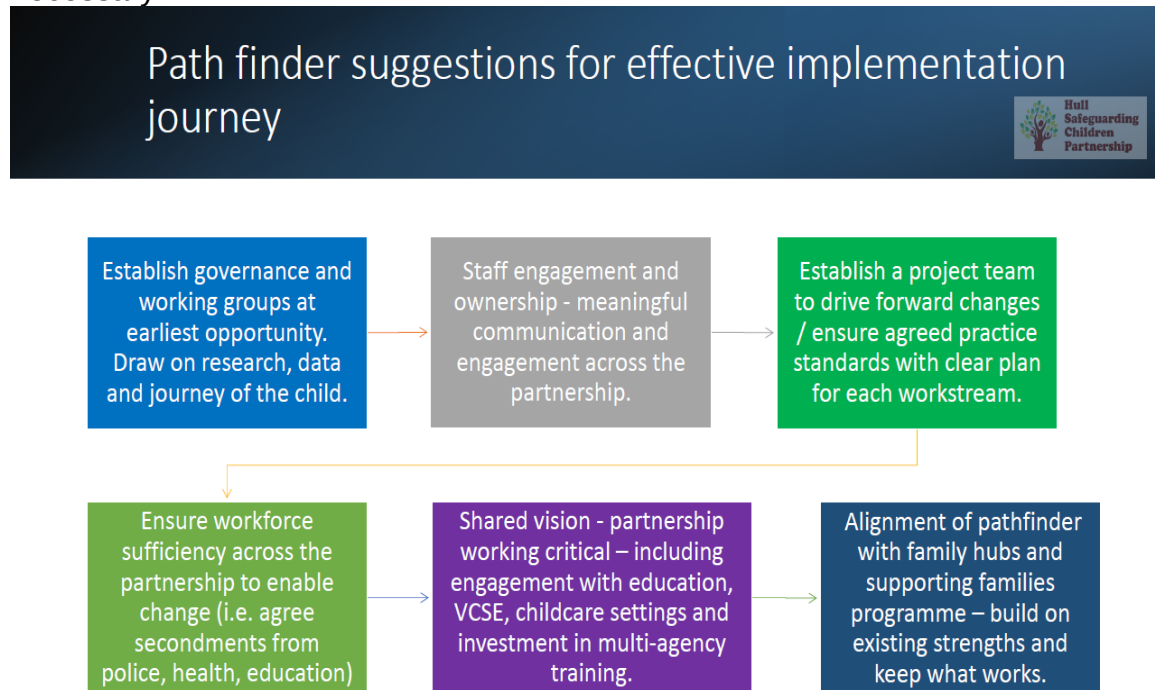
Vision for an effective, integrated and joined up system

"Effective transformation of family support means considering how services from universal to social care interventions interact as a connected system"



The programme requires a number of things to be put into place regarding structures and processes to underpin the transformation and the Government has produced a guidance document that outlines the requirements on all safeguarding partners. There is a national expectation that the transformation activity will run alongside business-as-usual activity from April 2025-March 2026. The programme is underpinned £500 million of funding in financial year 25/26, through the Local Government Finance Settlement.

Learning from pathfinders on effective implementation identifies the following is necessary:



This programme transforms how support, and services will be provided to children and young people through a new model of community based, multi-agency locally configured teams, providing wrap around support to the families earlier, based on a hub model as opposed to a threshold model.

An initial session was held by the Children's Safeguarding Partnership in Hull with partners in April to consider how a project team can be put together to steer the planning of the transformation. Key leads are identified to join the working group to ensure the Trust contributes to the development of the local crafting of this transformation and ensures the Trust contributes to the development of safeguarding services for children and young people in Hull and East Riding.

3.2.4 Big 5 Audits

The following audits have been agreed and will be undertaken by the divisions in 2025/26:

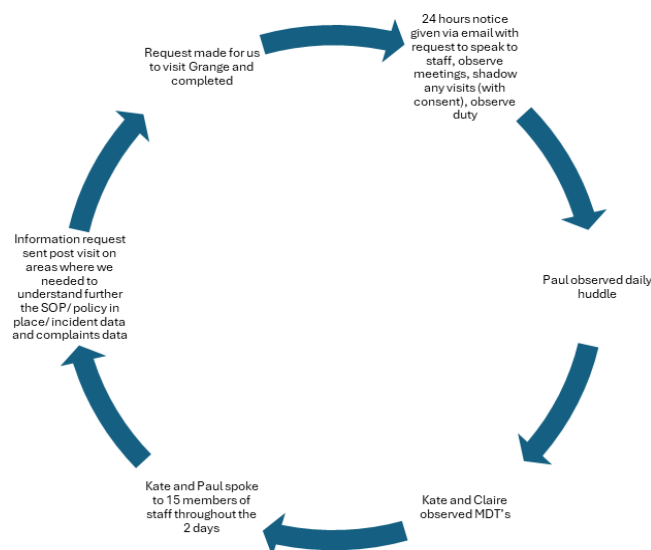
- patient and family engagement
- quality of care planning
- medication compliance and support
- clinical supervision of decision making under MHA
- quality of discharge arrangements

The Big 5 Audits will be launched as part of Clinical Audit Week 2nd to 6th June 2025 when the divisions will have access to the audits following approval.

3.2.5 CMHT Mock Inspection

As part of the Trusts journey toward outstanding, a series of Unannounced CQC Mock Inspections have been agreed to be undertaken by the Clinical Director, Deputy Director of Nursing, AHP and Social Work and Deputy Chief Operating Officer. A programme has been put together based on areas that were yet to be inspected by CQC, the Community Mental Health Teams East and West were subject to a mock inspection in March 2025.

The focus was on the safe and well led domains and assessment against the quality standards under these domains. The process is articulated below



A number of actions are required to be formulated into an improvement plan to be reported to Quality and Patient Safety Group in June 2025.

3.2.6 CQC Inspection of Inspire

In February 2025, the CQC undertook an assessment of the adolescent mental health ward in the Trust. The final report has now been published and the overall rating was Good.

3.3 Associate Director of People & Organisational Development (OD) Updates

3.3.1 Leadership Visibility and Visits

Inspire – 4th April 2025 – The Associate Director of People & OD was given a tour of Orion and Nova ward at Inspire gaining valuable insight into the work the teams undertake at this unit, as well as to understand the experience of young people accessing services as well as that of the staff. Huge thanks to Justine Rooke, Sam McKenzie and Karen Warwick for their time and attention on the day.

3.3.2 National Statutory and Mandatory Training MOU

NHSE launched its Statutory and Mandatory Training MOU on 1st May 2025, following 100% uptake at Trusts, following support from Humber's EMT in February 2025.

Lack of portability of training has been raised as an issue by staff and this MOU is a key part of the NHS' response to Improving Working Lives which will help to save up to 100,000 days of staff time.

Whilst this MOU is an interim solution, it lays foundations for digitalisation of the processes, to create a seamless and robust experience for staff and bank workers. Key features of the attached StatMand MOU are as follows:

- This MOU is supported by NHS England, CQC and NHS Resolution.
- It aligns with the NHS England Enabling Staff Movement Toolkit, which provides guidance for any staff movement MOUs/workforce sharing agreements.
- It sits alongside any other workforce sharing agreements or staff movement MOUs you may have in place, so these can continue to operate as they do now.
- It is for any staff movements (substantive or bank workers) between any of the 266 NHS organisations in England
- It is exclusively for the transfer of the 11 Core Skills Training Framework (CSTF) subjects plus learning disabilities and autism training (aka Oliver McGowan training). Employment checks require a higher legal threshold and will be covered by the digital staff passport.
- The MOU establishes an agreement that all organisations will accept prior training for the subjects listed, for at least the time periods set out in the appendix.
- Two mechanisms to receive records are acceptable; either via ESR IAT or new starters can present certificates of completion downloaded from ESR, e-learning for healthcare or a 3rd party LMS.
- Your onboarding team will simply ask for evidence and if within the expiry period, then add to the new starter's training record and they will be required to refresh on expiry.
- Local orientation will continue as required.

3.3.3 Recruitment Statistics

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

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

- **'Conditional offer to checks ok'** was an average of 13.1 days, significantly below the 20-day target. This position has been maintained at around 13 days in both March and April.

- **‘Closing date to start date’** was an average of 58.6 days, below the 65-day target. This figure has been consistently below target since April 2024 with the exception of September and January when the figure rose slightly to 69.5 days and 66.6 respectively.

Trac benchmarking data (for the previous quarter) places Humber in the top 25% across 204 NHS organisations for ‘time to hire.’

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

3.3.5 People Promise Exemplar Update

Since the launch of the ‘Plus’ initiatives in November 2024 showcasing what is available for our people in terms of our approach to flexible working and our extensive offer of health and wellbeing initiatives the Trust’s People Promise Manager has now left the organisation as the funding for the role has ended (April 2025)

Prior to leaving, intranet pages were updated to ensure that all information in relation to the Plus initiatives can be accessed with ease.

The impact of the Your Health and Wellbeing Plus initiative will be measured via an annual paper presented to the Health and Wellbeing Committee.

The impact of Your Leave Plus and Your Flex Plus will also be measured on an annual basis through papers that will consider the offer within the initiative, uptake and overall feedback. This work will be undertaken by the People Experience team going forward to ensure that our offer remains exemplary.

3.3.6 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 our offer was pro-actively discussed and shared around the Trust geography.

	Apr	Ma y	Ju n	Jul	Au g	Se p	Oct	No v	De c	Ja n	Fe b	Ma r	Ap r
No of Reque sts in Month	60	51	35	31	29	35	51	54	36	68	56	47	59
Rolling 12 Month s	471	480	466	445	440	439	459	483	495	520	538	560	558

3.3.7 Workforce Wellbeing

The following data show the uptake of the Workforce Wellbeing Team’s services, with data of physical and wellbeing MOTs for the last financial year (April 2024-March 2025). We can see a total of 730 new referrals for staff attending for a physical or wellbeing MOT and that figures have been consistent peaking in September 2024 with 88 staff and a gradual increase in monthly figures since the start of 2025.

	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Number of new referrals for MOT appointments – physical health and wellbeing	44	74	51	55	37	88	80	54	62	48	63	74	730
Number of new referrals for 121 appointments	17	18	12	14	6	14	8	9	14	17	17	11	157
Total number of physical health MOT appointments	60	49	44	41	29	62	60	62	52	48	63	76	646
Total number of wellbeing MOT appointments	3	3	9	5	2	9	3	3	3	8	2	0	50
Total number of 121 appointments	46	44	36	37	19	38	45	36	31	33	28	24	417

The number of wellbeing activity suppliers has been extended to include availability throughout the Trust. The Team continues to promote the Humber Recovery and Wellbeing College which also offers sessions and workshops to support the health and wellbeing our people.

Whilst not part of the core health and wellbeing activity programme other activities such as **Tai Chi** have also been offered during the wellbeing campaigns.

Participation/Booking requests (1 April 2024 - 31 March 2025):

Health and Wellbeing activity	Number of staff
Yoga / Pilates	191
Indoor climbing	26
Cookery classes	16
Dance classes / workshops	6
Massage / Reflexology	337
Tai Chi	56
Totals	632

Positive feedback has been received from staff who have attended the activities and improvements in staff wellbeing have been noted.

In the last 12 months the Workforce Wellbeing Team have conducted onsite MOT clinics or drop-in sessions at a number of Trust sites.

The wellbeing team continue to work alongside occupational health offering targeted support to departments or divisions within the Trust based upon need (for example high levels of sickness absence due to stress or musculoskeletal issues)

3.3.8 Flu Programme 2024/25

Seasonal flu vaccination remains a critical important public health intervention and a key priority for 2024/25 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures whilst continuing to recover from the impact of the coronavirus (COVID -19) pandemic.

The 2024/25 Flu campaign saw Humber achieve an overall uptake of 60.56%. 43.02% of this group were staff in patient facing or clinical roles with a total of 2752 patient facing and clinical staff presenting for flu vaccine this season. 12.61% of our bank staff had their flu vaccination.

In comparison to the previous year 2023/24 when there was the offer of flu and COVID vaccines being delivered by Humber at the same time we had 47.87% of frontline staff vaccinated. This shows a decrease in 20204/25 of 4.85%. As COVID was delivered at the same time this may have been a reason more clinical and patient facing staff presented for vaccination in 2023/24.

The occupational health and wellbeing department are currently planning for flu season 2025/26. Ideas for campaigns to raise awareness and increase uptake are being discussed with the support of the Health and Wellbeing Group committee meeting and the wider People & OD Directorate. We are currently speaking to staff who regret not having their vaccination and their reasons why. We are analysing sickness absence data for winter 2024/25 and we are also looking to improve comms and access to the flu vaccine during the next campaign.

3.3.9 Statutory and Mandatory Training Update

Our statutory and mandatory training compliance continues to demonstrate consistent high performance, with overall compliance steady at 94.09% at the end of March 2025, well above the Trust target of 85%. This strong position is reinforced by recent benchmarking data, which confirms Humber Teaching NHS Foundation Trust as one of the highest performing Trusts in the region and across the NHS. Key areas such as Basic Life Support (86.41%) are now surpassing target for the first time since May 2024, and DMI compliance remains above target for the sixth consecutive month. However, Paediatric ILS has dipped to 72% due to four staff becoming non-compliant, and Safeguarding Level 3 remains below target, prompting a review of classroom versus digital completion rates, with a proposal for increased classroom sessions submitted to the Head of Safeguarding.

We continue to monitor and respond to these variations, using our data to support meaningful adjustments and improvements. A key step taken in May was the streamlining of training requirements, removing recurring modules no longer deemed necessary, which is expected to release significant staff time and further clarify our compliance picture. Additionally, we are piloting a new, more compassionate reminder system for overdue training that overcomes ESR's current limitations and has already proven effective with medical colleagues. This approach is being extended to other areas, aiming to improve engagement by meeting staff where they are rather than relying solely on manager-issued compliance alerts.

We also acknowledge ongoing issues with accessing Safeguarding Level 3 training. A collaborative effort between the safeguarding team and the Learning Team is now improving clarity and accessibility, ensuring staff can meet their training obligations with ease and confidence.

While compliance has remained broadly stable year-on-year (94.71% in March 2024 vs. 94.09% in March 2025), the number of outstanding courses has increased slightly due to the introduction of new modules such as Clinical Risk, EPRR, and Freedom to Speak Up.

We remain committed to supporting our staff with relevant, accessible, and essential training, positioning Humber as a leader in both compliance and staff development.

3.3.10 Leadership and Talent Development Update

- **Humber Talent Programme Update**

In March 2025, the 10 delegates of the Humber Talent Programme spent the day developing an extensive 12-month Personal Development Plan, setting SMART objectives and a roadmap of what each participant wants to achieve during the programme. Attendees have since spent time forming mentoring or coaching relationships and mapping out their network of support.

In April, the group attended a workshop on Personal Growth and Presence discovering how to apply their strengths in their current roles. Since the programme began, 1 person has already progressed internally crediting the programme for giving them the confidence to apply to a more senior role. All 10 participants have now received a Lumina portrait.

- **Alumni Programme**

Building on the success of the first Alumni Workshop, the team delivered the second PROUD Alumni workshop, *Compassionate Leadership*, which was again fully booked and received excellent feedback from participants.

“This learning allowed me to think differently about the ways in which I show up to lead, and what I should expect from others, those I can influence and inspire, to be more compassionate. This was such a thought-provoking session, and I'd recommend it to any leader, particularly those that have led for a long time in the NHS.”

(Anonymous Participant, 2025)

Workshop number three, *Dealing with Dysfunction*, is currently in development and is scheduled for delivery in August. We have continued to enhance the Alumni offer by creating more focused, bite sized versions of the first two workshops to balance operational and development needs respectively and enable greater access to learning across the Trust. These sessions are condensed into half day slots and are available via teams or in-person. The bite sized Leading Change workshop is already available with 2 in-person sessions delivered to 19 senior leaders from

Children's Services and further delivery dates to be promoted over the coming months.

The Alumni continues to grow with two new cohorts joining our illustrious group increasing the number of members to over 300. This month see's the launch of two further developments with the 2nd edition of the Alumni newsletter being released along with a new change adoption model designed by our very own alumni members.

3.3.11 Career Development Update

The Career Development Team continue to work hard to become an anchor employer in our region, by attending local school and college events engaging with young people and offering support. We play a leading role in developing local talent pipelines, strengthening the regional economy, and setting the standard for workforce development, while benefiting from a skilled, loyal, and future-ready workforce.

Three internal staff members have undertaken apprenticeships in April in Coaching, Senior Leadership, and Operations Management. This will help improve performance, and support succession planning. It will also help to develop future leaders, enhance operational efficiency, and foster a strong coaching culture, all while making the most of our apprenticeship levy contributions. We have hosted 2 x work experience placements in our ISPHN and Children's physio teams at Walker Street.

In early May we were excited to be part of a Virtual Work Experience Programme as part of the Mental Health, Learning Disabilities and Autism Sector Collaborative. We delivered google classroom sessions to young people regarding careers and next steps, together with some interactive activities. The virtual work experience focused on careers in the MH, LD & A sector, specifically Psychological Professions, MH & LD Nursing, and AHPs. It consisted of a mix of professional speakers and sessions on routes into careers, values, and general employability.

On 22nd May we will be attending the Inclusive Careers project held at the MKM Stadium, Hull in partnership with the Hull and East Yorkshire Business, Growth and Skills Hub (part of the Humber Local Enterprise Partnership). The inclusive careers project aims are to increase the number of people understanding and considering career routes and pathways within the health and care sector. The project has primarily focused efforts upon the most disadvantaged and vulnerable young people in schools (including those in SEND & AP settings) and those seeking to re-train, upskill or re-enter the labour market. This event will showcase some of the work that has been undertaken and we will be to speak to students about their learning and establish relationships with Careers Leaders.

3.3.12 Launch of the national consultation on manager regulation

The NHS wants to make sure that its current and future managers and leaders have the right skills and values to support colleagues to improve and deliver services, engendering a culture of openness and honesty in which all NHS staff are encouraged and supported to raise concerns. Managers and leaders need access to the right learning and training opportunities throughout their careers and patients and

staff alike need to be confident that leadership in the NHS is effective and accountable.

That is why NHS England is developing a leadership and management framework, which will introduce a code of practice, a set of core standards and a development curriculum for managers. This will support managers and leaders to undertake further training to improve their effectiveness and to progress in their careers. The development of the management regulation has been driven by the messenger review and by other reports that reference leadership and management effectiveness (Darzi, Berwick, Mid Staffs, Kark, Snowy White Peaks, People Plan etc).

What will be produced: consistent standards for all NHS leaders and managers. Developed in partnership with the CMI, social care and Professional standards authority (as well as in consultation with the HPMA/CIPD)

Framework will include:

- A code of practice (which is a step beyond the Messenger review recommendations)
- Standards and competencies with defined levels; entry to exec (consultation on these starting soon)
- Core Curriculum at every level from aspiring manager to Board level leaders.

How will it be produced:

- Co-designed with multi stakeholder involvement
- Will be heavily consulted upon
- Various surveys and feedback opportunities over the coming months

A comprehensive consultation document is now in circulation seeking feedback on the development of core competencies that are under development.

Whilst this is yet to conclude and with key stakeholders at the Trust providing feedback, we are making traction regardless on reflecting these competencies into our internal Leadership Development proposition.

3.3.13 Sexual Violence and Misconduct Update

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

In addition, the following work is currently underway:

- A new Sexual Misconduct Policy has been drafted and consulted upon and is currently at the final stages of governance prior to launch.
- A training needs analysis has been carried out and agreed that it is highly recommended for all of our line managers to carry out the e-module that is available on ESR to raise awareness and gain basic knowledge about how to respond to a report.

- Risk assessments are currently underway across the Trust and a central risk register will be compiled by the Sexual Safety Group
- The sexual safety group will assess progress against the national assurance framework in 2025 and establish priority actions from the outcomes.
- A review of the data available has been carried out and a new Sexual Safety report will be compiled and submitted to QPAS and elements of it included in the People Insight report
- A launch plan is currently being developed for this programme of work to include provision of intranet pages and a summary of support available for employees. This will include presentations to raise awareness and open sessions with staff to ensure that they are aware of the policy, how to report incidents and what support is available. There will be a leaflet designed to summarise the key points and how to report incidents.

EMT are fully cited on the programme of work and the next steps are to plan for the launch of this work across the Trust.

3.3.14 Equality, Diversity and Inclusion **Supreme Court Judgment**

Following the UK Supreme Court judgment in *For Women Scotland v The Scottish Ministers*, the Equality and Human Rights Commission (EHRC) provided interim guidance to clarify the judgment's main consequences on trans people. Employers and other Public Sector Equality Duty (PSED) duty-bearers must comply with the law and seek appropriate specialist legal advice when necessary.

The Trust reacted promptly, communicating a message of support and compassion to our trans colleagues across the organisation, and is currently developing an action plan to address policy reviews, training, estates, and interim guidance for managers.

The EHRC's stated aim is to deliver full statutory and non-statutory guidance by late June, following a public consultation in May.

3.3.15 Gender Pay Gap

Based on a snapshot date of 31 March 2024, the Trust has a mean gender pay gap of 9.84%. This represents a significant improvement from the previous year's figure of 12.4% and marks a year-on-year decrease since the first gender pay gap report in 2018.

The Trust compares favourably to the national mean pay gap figure for 2024, which stands at 18.1%, representing a 7.5% increase from the previous year.

3.3.16 Workforce Race Equality Standard (WRES)

The Trust has drafted its progress against the Workforce Race Equality Standard (WRES) indicators, emphasising efforts to address workplace inequality and demonstrating advancement in relation to the nine WRES indicators. This approach enables the Trust to fully comprehend local challenges, implement necessary changes, and also track our progress on a broader scale by comparing regional and national issues.

The Trust has improved in all nine Workforce Race Equality Standard (WRES) indicators compared to the previous year's figures. Seven of these indicators have surpassed national comparison figures, highlighting two focus areas moving forward.

Areas for Assurance

- 14.47% improvement in ethnically diverse staff working in clinical and non-clinical roles of band seven and above. Similarly, we have seen an improvement in ethnically diverse representation across the workforce, with year-on-year improvements since 2019, when the figure was 3.5%, rising to 8.99% in March 2025.
- We can be assured that our recruitment processes do not disadvantage ethnically diverse staff.
- The relative likelihood of staff entering a formal disciplinary investigation has fallen, and we have seen the gap narrow significantly between ethnically diverse and White staff.
- There is equality between ethnically diverse and White staff accessing non-mandatory training and CPD
- For WRES indicators 5 through 8, representing NSS responses, the Trust has improved on the previous year's figures in all four.
 - We have seen year-on-year improvement for three indicators since 2020.
 - In two of the four indicators, we have seen a significant narrowing of the gap between ethnically diverse and White staff and is the closest the figure has been to that of White colleagues since 2020.
 - We have observed an improvement in the number of ethnically diverse staff completing the NSS, increasing from 50 in 2020 to 152 in 2024.
- The percentage difference between the organisation's Board voting membership and its overall workforce. With a figure of 11.1%, surpassing our workforce and local demographic representation.

Areas for Focus

- The percentage of ethnically diverse staff experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months has improved significantly. However, it remains slightly higher than the national figures.

- The percentage of ethnically diverse staff who have experienced discrimination from their manager, team leader, or colleagues in the last 12 months has improved, but remains significantly higher than it is for White staff.

3.3.17 Workforce Disability Equality Standard (WDES)

The Trust has drafted its progress against the Workforce Disability Equality Standard (WDES) indicators, emphasising efforts to address workplace inequality and demonstrating advancement in relation to a set of ten specific metrics used to compare the experiences of disabled and non-disabled staff.

The Trust has improved in seven out of ten Workforce Disability Equality Standard (WDES) indicators compared to the previous year's figures. Seven of these indicators have surpassed national comparison figures, highlighting areas of focus moving forward.

Areas for Assurance

- 20% improvement in disabled staff working in clinical and non-clinical roles of band 8c and above. Similarly, we have seen an improvement in disability representation across the workforce, with year-on-year increases since 2019, when the figure was 3.9%, rising to 10.05% as of March 2025.
- Disabled staff are not disadvantaged in our recruitment processes.
- For WDES indicators 4 through 10, representing 9 NSS responses, the Trust has improved on the previous year's figures in six.
 - We have seen a significant reduction in disabled staff experiencing bullying and harassment from patients.
 - A significant improvement in the percentage of disabled and non-disabled staff reporting incidents of bullying and harassment.
 - A continual improvement since 2020 for disabled staff who believe that their organisation provides equal opportunities for career progression or promotion.
 - A continual improvement since 2020 for disabled staff feeling pressure from their manager to come to work, despite not feeling well enough to perform their duties.
 - A continual improvement since 2020, with disabled staff reporting that their employers has made reasonable adjustments to enable them to carry out their work.
 - An improvement in the number of disabled staff completing the NSS, increasing from 286 in 2020 to 566 in 2024.
- The percentage difference between the organisation's Board voting membership and its overall workforce, 9.09%, closely matches our workforce and local demographic representation of 10%.

Areas for Focus

- Experiencing harassment, bullying or abuse from other colleagues. Slightly down on the national figure and an increase from the previous year.

- Experiencing harassment, bullying or abuse from managers. Better than the national figure, but an increase from the previous year.

3.3.18 Respect

The objective for the original respect campaign was in response to anecdotal feedback from our staff networks, with the key aim of driving up the reporting of bullying and harassment between staff. The most statistically significant improvement in the 2024 National Staff Survey is for the question 'the last time I or a colleague received bullying, harassment or discrimination, I or a colleague reported it'. If we look in more detail, we can also see that staff from ethnically diverse communities are reporting at higher rates of than their white peers. As such, we can see the impact of the Respect campaign in the staff survey, it has worked as intended, we have addressed under reporting and driven up the reporting of these incidents.

We are continuing to work on embedding Respect, working with the Trust's designer and commissioning four new Respect posters based on the protected characteristics, so there will be one for anti-racism, homophobia, disability discrimination and to support our new sexual misconduct policies a sexual harassment poster. These posters will then be consulted upon with the networks and EDI steering group with a relaunch of the Respect framework across the organisation in the Spring.

3.3.19 No Excuse for Abuse

No Excuse for Abuse was designed to support managers and staff when subjected to abuse by service users in their care. Since the December launch of the No Excuse for Abuse Toolkit, it was recognised as QI Charter of the Month in Dec 2024, it has subsequently been inspected and endorsed by UNISON who found it to be very comprehensive and proactive and we will be adding their logo to the posters and documentation. Also, NHS England are keen to include our work in an EDI Best Practice Case Study, alongside Respect and our approach to implementing the NHSE EDI Improvement Plan.

However, we have taken learning on board, and we know that No Excuse for Abuse is focused on post incident support for staff, and work is underway to better understand the Datix data, so we can see which areas have a higher prevalence of such incidents and look to work with colleagues such as the OD team to provide bespoke support for those areas.

Our Staff Networks have been active in supporting the organisation to be more inclusive, this includes:

1. Rainbow Alliance Network

- The network has contributed towards articles for the global email for LGBT+ History Month in February where information about becoming the new chair of the network has been shared.
- The network undertook a review of the Eliminating Mixed Sex Accommodation policy and supported the review of the PACE Supporting Trans Patients Policy review.

2. Disability Network

- The network piloted of out of hours meetings to reach a wider audience.
- New badges and posters were designed by the network, one for disability and the other for hidden disabilities.
- The network contributed towards articles in the global email for Disability History Month (Nov/ Dec) and International Day of Persons with Disabilities (December 3).

3. Race Equality Network

- Supported the EDI lead in the development of navigating racial microaggressions guidance.
- Held virtual Black History Month event in October with guest speakers from Show Racism the Red Card, the event was well attended.
- Added quarterly Race Equality Development session into their schedule to include guest speakers from around the Trust to share work on that includes race equality, such as Patients and Carer Race Equality Framework (PCREF), Trauma Informed Care, Culture of Care, Respect and No Excuse for Abuse.

3.3.20 Key areas of focus for Staff networks

Our Race Equality Staff Network is hosting a quarterly development session, where they plan to invite guest speakers from around the Trust to discuss their work on anti-racist practice, including the Culture of Care, Trauma-Informed Care, and the Patient and Carer Race Equality Framework (PCREF).

Our disability staff network has collaborated with its members to design and develop new badges and posters to raise awareness of hidden disabilities.

Our LGBTQ+ staff network is supporting the Trust in how it responds to the UK Supreme Court judgment in *For Women Scotland v The Scottish Ministers*.

3.3.21 Career Development

The number of staff from underrepresented communities who are developing their careers through the Trust's development Programmes includes:

Humber Talent Programme

- 20% of the cohort have a disability or long-term condition, significantly surpassing the workforce demographic.

- 10% of the cohort have a mixed ethnic heritage, matching the workforce demographic.
- 20% of candidates represent the LGBTQ+ community, significantly surpassing the Trust demographic.

3.4 Medical Director Updates

3.4.1 Leadership Viability

I conducted an unannounced visit to Newbridges alongside Dean Royle, Non-Executive Director on the 1 April 2025. Overall, it was a positive experience - the unit is well managed, and the staff demonstrate a strong commitment to patient care. Additionally, I spent extended time with the clinical leadership team, discussing the effective operation of the senior team and patient flow. I will continue to stay in touch to monitor progress in these areas.

3.4.2 Medical Education

- DME remains on long-term sick, 'light touch' Interim DME cover in place provided by Dr Doug Ma, Royal College Tutor.
- 2024 National Education & Training Survey (NETS) received and deep dive completed in liaison with NHS England, Quality Intelligence Manager. Results are positive, no concerns at an NHS England level with regards to the quality of our medical education and training provision at Humber.
 - 81% of respondents would recommend their placement for care or treatment when asked 'How likely are you to recommend this practice placement or training post location to friends and family if they ever need the care or treatment provided there?'
 - 81% of respondents would recommend their placement for training when asked 'How likely are you to recommend this practice placement or training post to friends and colleagues as a place to work or train?'

Both scores are significantly higher than the national average.

- Overall experience indicator showed Humber scoring as 10th in the region.
- Nominations being received for Annual HFT Medical Education Awards in preparation for the ceremony in June, guest speaker is the Dean of the RCPsych.
- SAS Tutor post currently vacant due to retirement of previous post-holder.
- Planning to deliver a National CAMHS conference in October/November to help recruitment and showcase the Trust.

Medical Workforce/Staffing:

- Medical Workforce Team transferred from HR to the Medical Directorate on the 1st April 2025.
- Urgent piece of work to implement exception reporting reform by 12th September 2025, this will require system change and will increase the admin burden in Medical Staffing.

Medical Appraisal & Revalidation:

- 4th Appraisal Forum held on 27th March 2025 – high attendance and excellent feedback.

3.4.3 Pharmacy

Following the successful implementation of SystmOne Electronic Prescribing and Medicines Administration System (EPMA), Pharmacy is working with the Clinical Digital Team to create a series of clinical templates to capture consistent and accurate data in the monitoring of patients. The first set of templates which are being developed include Rapid Tranquilisation and Lithium monitoring.

The Rapid Tranquilisation template was an action from a recent national audit (POMH-UK) that the Trust participated in.

3.4.4 Quality Improvement

- Innovation Hub – the Innovation Hub interim SharePoint site and Ideas Capture Application (Aha) are currently being tested by the Task and Finish Group, The Communications team are developing branding options that will be shared with a number of groups for feedback. The SharePoint Site will enable the share of learning and build of materials for the website. Brief is drafted and with the Tasks and Finish Group for Comment.
- The inaugural QI Week of 2025/26 is scheduled for 16–20 June 2025. The week's events will focus on sharing insights and learnings from completed improvement work.

3.4.5 Mental Health Legislation

Appointments were approved at Board for the 4 new Associate Hospital Managers we interviewed. They are currently going through the recruitment process, and we will then proceed with the training programme.

We have also recently carried out a mock CQC visit to STaRS as they are likely to be high up on the list for next to receive an unannounced MHA visit from the CQC. Issues found have been shared with the ward and asked to complete an action plan

We are in the process of recruiting someone to cover an additional day in order to oversee some of the monitoring of restrictive practice such as rapid tranquilisation and LTS reviews.

3.4.5 Research and Development

We are delighted that Imperial College London is collaborating with our Trust and Hull City Council on the second phase of the Measuring Loneliness in the UK (INTERACT) Study. This is currently the largest global study looking to develop a 'heat map' of loneliness. By people participating in a short, anonymised survey, it will be possible to identify 'hot spots' of loneliness in cities and towns and subsequently develop targeted interventions to help identify and support people that are lonely or socially isolated and suffering in silence. 170,000 people nationally have already

completed the survey. In this second phase the aim is to help make Hull and the Humber region the best place in the world for loneliness research. The idea is to get as many residents as possible in and around the Hull city area to respond to a brief anonymised survey (takes around 3-5 mins). Dr Austen El-Osta, Director of the Self-Care Academic Research Unit at Imperial College London, who is leading this research states “If more than 10% of the local population responds to the survey, we will for the first time have an international gold standard heat map that can be used by the local authority, NHS and voluntary organisations to deliver targeted interventions to tackle loneliness. One of the key benefits of bringing this study to Hull is ‘making loneliness everybody’s business’ so that this wicked problem of society could be talked about and destigmatised. We are all prone to feeling lonely at times, but little is being done at the societal level to help support lonely people who are suffering in silence.” This high profile research has already attracted media attention - [Hull study to map 'silent epidemic' of loneliness - BBC News](#) (19/03/25).

3.5 Director of Finance Updates

3.5.1 Leadership Visibility

Since the last board meeting a series of visits have been arranged for operational teams to meet 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. Visits that have taken place include the Grange (Jon Duckles attended), College House (Rob Atkinson attended).

The Director of Finance was pleased to support the Health Stars Golf Day with the CEO and has also attended Bridlington Primary Care with Mathew Handley and Maktin and Norton Lions Club with the Charity Team to discuss fundraising ambitions for the Malton Services Dream.

The Director of Finance has also been appointed as the Deputy Chair of the Healthcare Finance Managers Association (HFMA) Mental Health and Learning Disability Steering Group.

3.5.2 Cyber Security Updates

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

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2025: 51 (*Incl 8 in April*)
- High Priority CareCERT notices Issued during 2025: 7 (*Incl 1 in April*)

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

3.5.3 Facilities Management Update:

- Work at Whitby Hospital for repointing and external penetrations repair commenced on 19 May, this work requires a scaffold to be erected around the perimeter of the building on a running basis (A communications plan is in place).
- Board has approved the tenders for the works at Granville Court and County Hall Beverley, we are in the process of appointing Contractors.
- Design Team has been appointed for the first phase of the adult inpatient project.
- Nominated building managers have been appointed for East Riding Community Hospital and Alfred Bean Hospital to coordinate evacuation exercises and building user groups.
- Risk assessments for Fire and H&S completed with all Trust buildings being deemed compliant, this now forms part of a monthly report to EMT.
- PLACE Lite and Cleaning Efficacy audits have started
- The catering teams at Miranda, Newbridges and Humber Centre prepared a special lunchtime buffet to recognise the 80th anniversary of VE Day.
- 5* food safety rating maintained at Newbridges.
- The National Healthcare Estates and Facilities day take place this year on Wednesday the 18th of June, the team are working on plans to celebrate this day.

3.5.4 Partnerships and Strategy Update:

- The Team are working closely with ICB colleagues and our primary care practice teams to ensure the next steps in relation to the Transfer of Primary Care Practices are managed carefully with patients' needs at the forefront. The decision to transfer Primary Care practices was a collaborative decision made with representatives from the ICB linked to alignment with the ICB strategy to support integrated neighbourhood care development, reflecting a shared commitment to commissioning services that are sustainable, future-focused, and able to meet population health needs over the long term.
- The LD Cancer Screening project has secured funding from both Health Stars and the Cancer Alliance to extend the project by 3 weeks to co-produce a Lung Cancer Screening video with experts by experience. The Cancer Innovation funding is open for submissions again and another bid is being drafted to focus on capacity and consent for people with LD in Goole and Bridlington around cancer screening and treatment.

- Internal capital funding has been approved for 3 years to introduce the “Do-It Profiler” tool within the Neurodiversity service. The “Do-It” profiler will enable the service productivity by supporting service users and staff to undertake assessments in a more timely and efficient way. This is now being operationalised within the neurodiversity services.
- A £1.8 million capital programme application has been successful to support the creation of separate male and female PICU units. These units will support the wider ICB and will support patient care closer to home. Work is currently being undertaken with Estates colleagues to scope the work required to deliver this project.
- Work using SDF to reduce OOA older people’s placements is continuing. A list of suitable properties has been identified and an options paper will be produced to identify a preferred way forward
- The Trust are supporting the development of HNY Inclusion Health Strategic Approach. The plan is required to draw down national funding for inclusion health. The priorities in the draft plan are: Understanding the characteristics and needs of inclusion health groups, enhancing prevention and early intervention, develop a confident and competent workforce, delivering integrated, accessible and high-quality services.

3.5.5 Digital Update:

- All Trust divisions have successfully migrated from the legacy Lorenzo system to the new SystmOne Electronic Patient Record (EPR).
- The EPR programme is now focusing on post-go-live stability, system optimisation, and addressing outstanding data migration and quality issues.
- The rollout of clinical efficiency tools, including Lexacom voice recognition and Accurx patient communication, is progressing across the Trust.
- The second phase of the EPR extension, which includes comprehensive medication management functionality, is currently in development.
- Preparation for the full data repatriation from the legacy Lorenzo system is underway.
- The Electronic Transmission of Prescriptions (EPS) rollout commenced on 5th May 2025.
- The Information Governance Group (IGG) has approved key Data Protection Impact Assessments (DPIAs), including updates for SystmOne addressing consent changes.
- The Digital & Data Group (DDG) has approved the Lone Working Business Case, noting that funding is required for implementation.

- The Windows 11 deployment commenced in April 2025 and is on schedule for completion before the Windows 10 end-of-support date.
- The BeDigital governance structure has been updated and approved by the Executive Management Team to support ongoing optimisation and future digital developments.

4 Communications Update

Progress against strategic objectives over period.

Theme 1: Promoting people, communities, and social values

Aims	Activity over period	KPI	Current Position
Uphold our strong and distinctive brand to create greater awareness, confidence, and relationship with stakeholders	New process to manage digital screens at inpatient units established and working (with estates, IT and comms) New brand plan developed and new easier to use templates in use. Photoshoot at Newbridges at new images added to photo library	Increase visits to online brand portal by 20% demonstrating staff engagement and usage of brand. Benchmark 556.	846
Protect and promote the Trust's external reputation	Media highlights • Loneliness Research Study on BBC Radio Humberside • Recovery College on Hull Daily Mail • NHS England – our nurses on Nurses Day	Track and manage positive V negative messaging and ensure balance of coverage is in Trust favour Establish in house media training	April – June 29 positive/1 negative 63 staff now trained.
Share and celebrate our successes to inspire confidence raise our profile	New content planner reducing single use content and maximising impact of our stories. Excellent coverage and engagement with Inspire CQC 'good' story FFT feedback for GP services shared on social media International Nurses' Day had excellent engagement on social media (Facebook and LinkedIn) and the Global with Sarah Smyth's VLOG.	Social media engagement +4% Linked in channel growth - 2872 followers 100 engagements across the awareness date on all channels and for all 'Red' awareness dates.	All channels 5.52% Linkedin - 6,338 Average 148 engagements for red dates over period
Ensure that patients, the public and their representatives know what to expect from us and have high levels of confidence in our service	Communications Champions Forum established with Hull and East Yorkshire 0-19 Services and Mental Health Support Teams (MHSTs). Aims to share intelligence, insights, and expertise to develop reactive campaigns addressing health concerns affecting children, young people and families. Management of GP transition	Meet individual campaign objectives.	Assessing clinical impact with services

	announcement ensuring reasons for transition are clear.		
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Theme 2: Enhancing prevention, wellbeing and recovery

Aims	Activity over period	KPI	Current Position
Ensure that patients and service users have accurate information that meets their needs	Connect Website - now live and fully operational. Planning hard launch of Help Hub tool SOP established to ensure updates keep content accurate and up to date. Trust website content changed to direct to it. Stakeholder newsletters continue to be sent to audiences monthly	TBC after 6 months live Newsletter open rate +30% Newsletter subscribers – up 40% (from 141) Increase subscribers by 50%	22,000 active users 32,000 sessions 28% Email and linked in combined subscribers – 3,028 Newsletter subscribers – up 10% (from 233)
Develop and participate in campaigns that support the prevention agenda	Time to Talk Day, 6 February – Social media promoting NHS Talking Therapies MHST social media paid campaigns – May campaigns include domestic abuse and exam stress	Engagement with social media Grow social media accounts	103 engagements 31 new followers, 63 engagements
Support national NHS communications campaigns aimed at illness prevention, demand reduction and self-care, personalising them for our audiences.	Bank holiday communications re opening hours	No measures set for national messaging. Reported as part of overall social media KPI's	

Theme 3: Developing an effective and empowered workforce

Aims	Activity over period	KPI	Current Position
Attract excellent candidates	Humblebelievable - Spring Clean Your Career campaign now complete. This concludes 24/25 activity. Report in appendix. Planning for experimental summer	New campaign Annual campaign target to improve	Sending 600 visits per day to the Join Humber website +30% on 2023/4 campaign, 39,000

	campaign under way Work on improving job vacancy templates at consultant level New animations including members of staff in development	on previous years visits to Join Humber website Launch jobs email newsletter	website sessions on the Join Humber +2600 subscribers
Be the employer of choice for professionals pursuing a rewarding career.	Staff survey results communications – creating range of designs and communications to not only promote the survey and results but to continue sharing the message about how the NHS Staff Survey influences changes throughout the year. 100k Your Way launched early April, with this year's focus on 'moving more'.	Staff survey completion to increase each year – from 53% in 24/25 10% staff engaged Post event survey Net Promoter Score in top quartile +73%	Improved position on 24/25 97 staff members and 74 teams signed up for the challenge. 518 staff members. 14.3% of staff engaged. Feedback will be conducted post May 2025.
Have easy to access, high quality digital internal communications that our teams can access how, when and wherever they are.	We continue to get good click throughs on the newly designed Global as well as positive feedback on the new layout. The design has now been applied to our Monthly Divisional Local newsletters. Intranet – Following previous supplier going into liquidation emideial work has taken place to ensure no break in service. This will be complete by end May. We are now moving on the establish important new developments around site navigation and AI search functionality to help support staff.	Global Click Through Rate (CTR) - + 7% Intranet sessions - +77101 p/m Bounce rate < 50%	CTR – 8.5% average 114,142 average 10.3% (excludes homepage)
Promote internal messages to enable shared understanding, inspire commitment to their achievement, and support the achievement	We continue to support the Staff Governor Election process during the current voting phase. Report it and No Excuse for Abuse campaign refresh with EDI team. Extended to includes patients and service user target messaging.	Help to ensure all Staff Governor roles are filled. Staff survey result - The last time you experienced	TBC 2024 result +6.89%

of Trust priorities	Work progressing well on this, with poster designs being created in collaboration with HR/EDI Lead	harassment, bullying or abuse at work, did you or a colleague report it.'	
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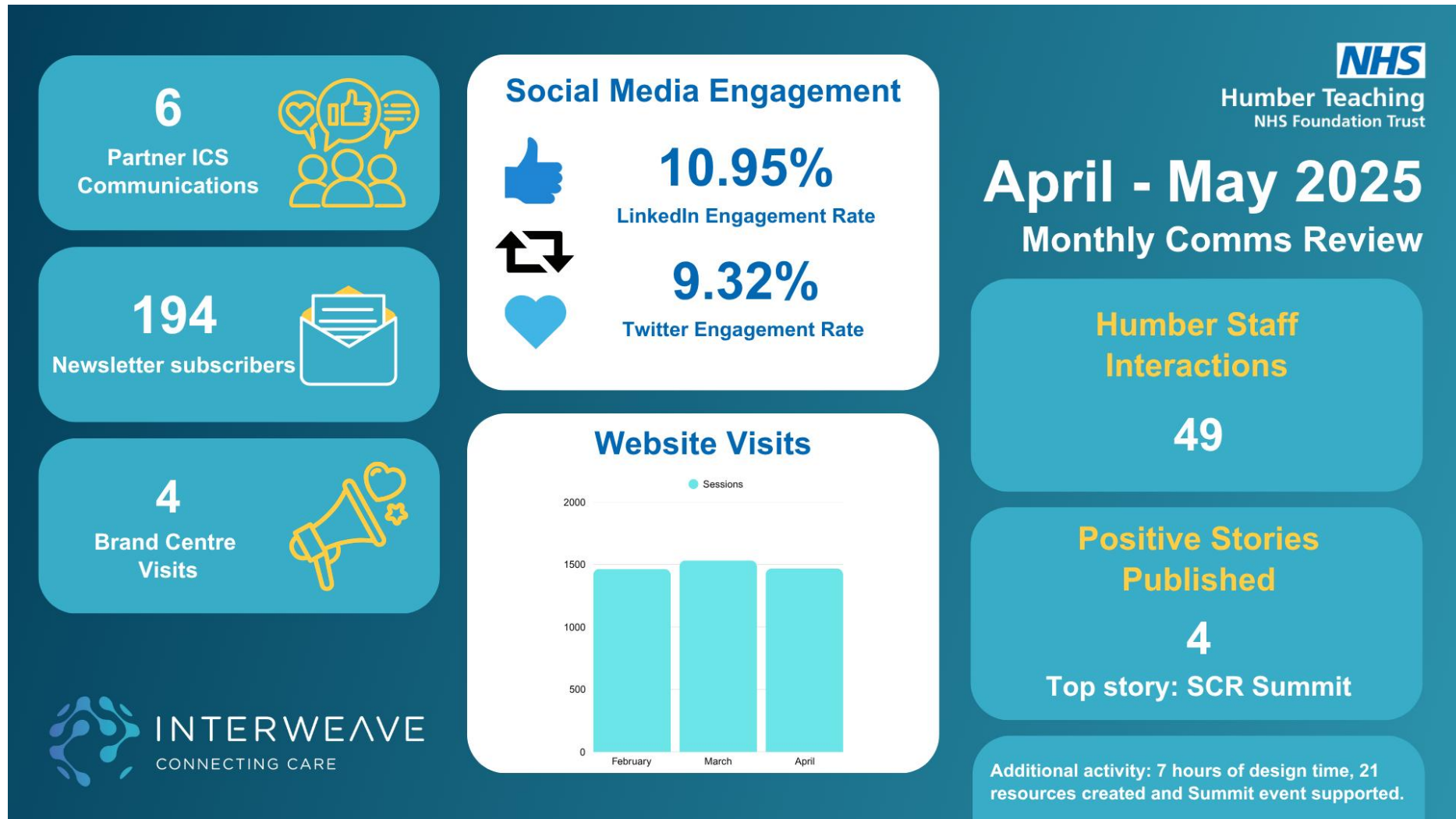
Theme 4: Innovating for quality and patient safety

Aims	Activity over period	KPI	Current position
Promote excellence, innovation and where early adoption is taking place	2025 Awards nominations have begun Our Interweave team has already been shortlisted in the HSJ Digital Awards. We are currently supporting a number of entries across the Trust for the HSJ Patient Safety Awards and preparing ahead of the HSJ awards.	4 national/2 local shortlists annually per year	HSJ Digital – 1 shortlisted HSJ Patient Safety – awaiting – 4 shortlisted Nursing Times – 2 shortlisted
Demonstrate how supporting, enabling and participating in the development of the health research evidence base benefits the health and wellbeing of the people we serve, and the services we provide	Loneliness study in partnership with Imperial College London	1 story p/m	BBC national news coverage and BBC Radio Humberside coverage. That's TV Humber in process of being planned.

Theme 5: Optimising an efficient and sustainable organisation

Aims	Activity over period	KPI	Current position
Use digital communications to enhance patient care, health management and patient experience.	An independent accessibility audit will be run w/c 12 th May on the Trust website to ensure we meet and exceed all current guidelines, and the report will be delivered w/c 19 th May. An audit has also been done by the accessibility Monitoring Team at the Government Digital Service. Development work has been completed to address areas of noncompliance and reassess the site.	Reduce bounce rate – whole site <50% Average page visits/views per session < 3	36.44% monthly average 2.2

Support the Trust's Business Development, Projects & Innovation strategies.	EPR Optimisation phase is in motion with an enhanced focus on the launch of Accurx (SMS messaging), Lexacom (voice recognition) and EPS (electronic prescribing) across our divisional teams.	New communications plan in progress.	See Digital Dashboard in appendix
	Interweave Communications Strategy 2025-27 and full website content refresh is in motion.	Strategy KPIs	See Interweave Dashboard in appendix
	Planning Shared Care Record Summit event	Sponsorship and attendee numbers	All sponsorship opportunities filled 97 registrations
	Innovation Hub involvement and brand development.	Measures TBC by QI team	



April - May 2025

Monthly Comms Review

Global And Local
Newsletter Interactions

207

in the Digital section

Positive Stories
Published

4

Top story: ShCR Summit

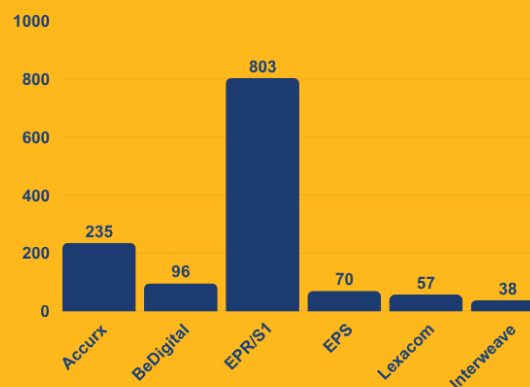
Additional activity: 7.5 hours of design
time and four resources created.

Staff Engagement

59%

or 13,754 of campaign
emails opened

Intranet Page Visits



5

EPR Optimisation
Projects Supported



11

Campaign emails
sent to staff



15

Brand Centre
Visits



5 Health Stars Update

See Appendix 1

6 Humbelievable Campaign Report

See Appendix 2

Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 17 July 2025														
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback														
Author/s:	Phillip Earnshaw, Quality Committee Steph Poole, Chair of Mental Health Legislation Committee Stuart McKinnon-Evans, Chair of Audit Committee Keith Nurcombe, Chair of Finance Committee Dean Royles, Chair of People OD Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting														
Key Issues within the report:															
Positive Assurances to Provide: Details included in the reports from - Quality Committee - Mental Health Legislation Committee - Audit Committee - Finance Committee - People OD Committee		Key Actions Commissioned/Work Underway: N/A													
Key Risks/Areas of Focus: No matters to escalate		Decisions Made: N/A													
Governance:	<table border="1"> <tr> <td></td> <td>Date</td> <td></td> <td>Date</td> </tr> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Trust Board</td> <td>May 2025</td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Trust Board	May 2025	Other (please detail) Quarterly report to Council	✓
	Date		Date												
Appointments, Terms & Conditions Committee		Engaging with Members Group													
Trust Board	May 2025	Other (please detail) Quarterly report to Council	✓												

Monitoring and assurance framework summary:

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

Title & Date of Meeting:	Trust Board Public Meeting – 28 May 2025			
Title of Report:	Quality Committee Board Assurance Report – February 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 8th May 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. - Insightful Board Discussion - Quality Insight Report - Progress update on the Nottingham Inquiry - Quality Committee Risk Register Summary and BAF - Draft Quality Accounts 2024/25 - Quality Committee Effectiveness Review and discussion - Q3 Waiting List Performance update - Complaints and Feedback Policy - Sexual Misconduct Policy Update - Summary of the Quality and Patient Safety Group		Key Actions Commissioned/Work Underway: - For EMT to discuss a Learning from Deaths Report - Request a Medical Examiner progress update report to be added to the work plan for a future Quality Committee - To include internal audit recommendations updates relevant to the Quality Committee in future Quality Insight Reports - To further discuss the training requirements for the Sexual Misconduct Policy at EMT		
Key Risks/Areas of Focus: It was noted around the scoping work being undertaken following the Supreme Court judgement on clarifying the definition of sex and confirmation this had already been agreed as a new risk to be added to the risk register		Decisions Made: - The Quality Accounts were discussed and approved for presentation at Trust Board - The Annual Effectiveness review was agreed.		
Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
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Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 8th May 2025 are as follows:

The minutes of the meeting held on the 19th February 2025 were agreed as a true record and the action log approved noting all items closed. The March Quality Committee Assurance report was noted. The Committee work plan was reviewed and updated.

The following papers were discussed.

The Insightful Board Report (Discussion Item)

The Committee received the paper on the self-assessment of the standards within the guidance leading to a discussion held on the standards allocated to the quality committee, agreeing to request EMT to discuss further the Learning From Deaths Report and to add a Medical Examiner progress report to the work plan for the Quality Committee.

Quality Insight Report

The headlines from the report included an update on the National Safeguarding Reform, the patient safety information including an update on policy compliance and compliance with the national patient safety alerts, an update on continuous quality improvement and the Quality Dashboard summary with incident reporting and the audits and analysis completed around safeguarding training compliance.

The meeting were updated on the internal CQC Mock inspections for East and West Hull CMHT teams, and the external CQC Inspection report for Inspire. It was confirmed at the meeting that CQC had confirmed they accepted all the comments in the factual accuracy report and would be publishing the final report very soon.

Nottingham Inquiry Update

The report was presented the Committee highlighting the work undertaken since the last report. It was noted the standards are still awaiting publication but work is continuing during this time. Assurance was given around the Trust's action plan which has a number of action combined from both this Inquiry and the original CQC review, with an update given around the draft Personal Care Framework. The update was noted.

Quality Committee Risk Register Summary and BAF

The Committee reviewed the Quality Risk Register and BAF, noting 12 risks on the register rated nine or above which have been reviewed through QPaS. It was suggested to look at a different section of the BAF in more depth at meetings following updated format at the strategic board session and will be looked into further. Queries were raised about the risk register updates and assurances received on the scrutiny of the risk register and work being undertaken by divisions.

DRAFT Quality Accounts 2024/25

The Committee received the draft Quality Accounts 2024/25 which were being presented to Quality Committee prior to approval by the Trust Board for submission to NHS England by 20th June 2025. It was noted an executive summary had been requested by EMT due to the size of the document and that there was a planned refresh for next year's Quality Accounts to become a more concise, and outward facing document making it more patient and service user friendly. A discussion was held around stakeholder feedback and assurance received on the challenges of the deadlines with data availability. Following noting the audit recommendations within the report, it was agreed updates on audit recommendations relevant to Quality Committee would be included in the Quality Insight Report.

Quality Committee Effectiveness Review 2025

The Committee discussed the effectiveness review agreeing membership felt correct and identified three areas of development: -

- To develop time to focus on specific sections of the BAF at each meeting, allowing deeper strategic oversight.
- Horizon scanning and assurance withing the Quality Insight Report due to changes within the ICB and NHS landscape
- Development areas noted arising from the Insightful Board self-assessment discussion

The Terms of Reference were approved with updates to job titles and reflecting the change in reporting structures. It was agreed holding the discussion felt helpful and the completed review was agreed to be forwarded as included in the main Board paper

Waiting List trajectory and performance quarterly update

The Committee received the Q3 Waiting List update report noting the delay in reporting due to data availability. It was highlighted the changeover of the electronic patient record had significantly impacted data due to a number of data quality issues and this was requested to be considered when reading the report. Good assurance was received and the Committee look forward to seeing the Q4 report.

Complaints and Feedback Policy

The committee welcomed the oversight of the updates to the policy which has been through EMT and Trust Board for approval and ratification.

Launch of the NHS Sexual Misconduct Policy and Sexual Safety Guidance and Support

The Committee received the update paper on the launch of the policy which included the background to the Sexual Safety Charter and progress on actions undertaken since the original information presented to Quality Committee last year. A query was raised on the decision taken around who would be included in the mandated training and it was agreed to take this back to EMT for further discussion.

The meeting was reviewed with agreement on good discussion, time given to air particular issues and healthy professional challenge.

Agenda Item 8b

Title & Date of Meeting:	Trust Public Board Meeting – 28 May 2025															
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting on 1 May 2025															
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>				To approve		To discuss		To note		To ratify		For assurance	√		
To approve		To discuss														
To note		To ratify														
For assurance	√															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board. This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 1 May 2025.															
Key Issues within the report:																
Positive Assurances to Provide: - Compliance with Mental Capacity Act (MCA) 2005 – The Committee received a 6 month audit report regarding MCA capacity assessment and best interest decision paperwork for 6 months to 1/12/24. On this occasion focus was on inpatient units. The report highlights some good practice, particularly in person centred approaches in line with Trust's value of caring. However there were strong themes around the quality of recording decisions. Key recommendations: need for new improved forms with prompts; improved training re MCA assessment. - The Mental Health Bill 2024 was introduced into parliament in November 2024 and is expected to receive royal assent in summer 2025. Once enacted it is likely to be phased in over 8 – 10 years to enable services to prepare for the changes. At this stage a series of amendments are being considered. In the meantime, the Care Quality Commission (CQC) is monitoring a number of key areas raised nationally to ensure there is no delay in the positive changes. The committee received an update on the key points of concern: Over-re representation of Black		Key Actions Commissioned/Work Underway: - MCA - Specific actions are in hand to address issues raised in recent paperwork audit and a further audit will be completed once implemented. The actions are focused around improving the templates and training. - The Care Programme Approach (CPA)/ Person Centred Planning (PCP). NHS England has informed the Trust that it will publish more detailed guidance regarding the full roll-out of the initiative in due course. Therefore, our Trust is initiating a staged approach. - Performance Reports – Business Insight team are currently rebuilding all MH reporting due to the change in patient record system from Lorenzo to SystmOne. This has been specified and it is expected to ready for Q1. - RRI/Use of Force Act – Due to the change from Lorenzo to SystmOne, it has been identified that some of the SystmOne templates need optimising to ensure the right data is easily reported in SystmOne by staff and is reported properly through the data warehouse reporting. As Datix is														

people detained under the Mental Health Act and placed on community treatment orders (CTOs); Ongoing problems with care pathways and a lack of community provision for autistic people and people with a learning disability; Persisting abusive and closed cultures in too many mental health service; Impact on our second opinion appointed doctor (SOAD) service; Protecting patients' rights. • CQC as also published a report Monitoring the Mental Health Act in 2023 – 2024 which identifies some key themes: Systems; Workforce; Inequalities; Children and Young people; Patient Environment. The Committee received a detailed update regarding the Trust's work in these areas. • CQC Mental Health Act (MHA) visits - There have been 10 visits to units over the last year. Themes from CQC MHA visits appear to be around care planning, blanket restrictions, patients' rights and activities. Actions are being regularly addressed and are followed up by the trust Mental Health Legislation Lead and relevant operational committees and groups. Open and overdue actions are being closed off as soon as updates and evidence received from wards. • Associate Hospital Managers – the annual progress report was received. The trust currently has 11 AHMs. Regular training, support and development opportunities are in place. A recent recruitment drive was successful with 4 new appointments. • The Committee received Q4 performance report to end March 2025. Due to the migration to the new patient record system, the report was limited and it has not been possible to compare with previous quarters. As planned, this is expected to be rectified in Q1. The Medical Director and MHL team have not noted any significant variations. The number of new sections was 126. There was one use of s4, which was clinically appropriate. At the end of Q4 there were 3 patients clinically ready for discharge in secure beds (up from 1 last quarter). All were awaiting transfer to identified specialist providers. AWOL figures were reviewed with no significant issues. • The Committee reviewed the NHS Insightful Board domains as they relate to Mental Health. The key areas of positive assurance: Staff experiences at both ward and site levels are systematically triangulated with patient experience to ensure a comprehensive understanding; Active participation in local and	also used to monitor restrictive interventions appropriate monitoring and analysis of restrictive interventions continues while optimisation of reporting is undertaken.
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national patient and carer surveys, alongside the development of action plans, drives continuous improvement in care delivery; Collaborative work with advocacy services fosters a more positive and inclusive patient experience; Full compliance with the Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR) framework is maintained to uphold quality and accountability.

- RRI/Use of Force Act – DMI training compliance has consistently remained above the 85% compliance rate throughout Q4. Despite an increase in number of people requiring CRT/Disengagement training there continues to be an increased compliance rate month on month. The use of restraint has continued to reduce again during Q4. The use of seclusion has slightly reduced during Q4. The use of rapid tranquilisation has reduced during Q4. Co-production and service user by experience involvement within the culture of care programme has continued to strengthen. All incidences of use of restrictive interventions continue to be subject to clinical review via the daily safety huddle and weekly by the Clinical Risk Management Group (CRMG). The committee received good practice stories from Humber Centre, Avondale, Newbridges and Townend Court.
- The Committee Received a report on health inequalities and mental health. The Trust is delivering a range of initiatives which aim to embed anti-racist, anti-discriminatory practice and ensure that staff are aware of the interactions between stigma, race and detentions under the Mental Health Act. The Trust has been preparing for implementation of the Patient and Carer Race Equality Framework (PCREF), which all providers of NHS mental health service providers must use to address discrepancies in serviced experienced by people from racialised communities. Co-production is a key principle underpinning this work, and local community groups and Experts by Experience will be invited to participate. The Trust has also become one of the 60 organisations taking part in the national roll-out of the Culture of Care Standards for Mental Health, Learning Disability and Autism inpatient services. The NHSE supported programme has Anti-Racist Practice embedded as one of three core underpinning principles.
- The Committee received the annual report on its effectiveness and completed a review of it terms of reference and workplan.

All mental health legislation related policies/procedures/guidance are up to date.			
Key Risks/Areas of Focus: N/A		Decisions Made: N/A	
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Collaborative Committee		Other (please detail)

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Compliance with Mental Capacity Act 2005

The Committee received a 6 month audit report regarding MCA assessment and best interest decision paperwork for 6 months to 1/12/24. The work was carried out by the Business Intelligence Team and on this occasion focus was on inpatient units and limited to detail analysis of 10 records. This was challenging due to the technical difficulties in extracting data in an accessible form from Lorenzo. The analysis looked at paperwork compliance with each of the 5 statutory principles:

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person should not be treated as unable to make a decision unless all practicable steps have been taken to help the person understand
- A person should not be treated as unable to make a decision because they make an unwise decision
- An act done or decision made should always be made in a person's best interest
- Before the act is done or decision made, consideration should be given that this is the least restrictive of the person's basic rights and freedoms

A series of recommendations were made as a result of the audit:

- Implement new templates for mental capacity assessments to improve input and also allow data to be readily pulled off by business intelligence
- Review of MCA audit on InPhase
- Creation of a Gillick Competency Template
- Training - additional training, drop ins, advice, supervision around the completion of the new MCA 2005 templates.
- Creation of an MCA 2005 briefing to feed into the Mental Health Steering Group

The implementation of the recommendations will be led by Mental Health Legislation Steering Group and reported to MHLC in a further report in 6 months.

Associate Hospital Managers (AHM)

A recent recruitment drive has proved successful – 4 new AHMs appointed; 2 of diverse backgrounds. The Trust has 11 AHMs in total, but more are needed to ensure that there are enough who can chair meetings and complete in-person panels. Support and Trust updates are provided via quarterly forum meetings and regular Training / case law updates are provided at the beginning of each of the Forums. Reviews and appraisals completed and arranged in line with Board dates. Feedback mechanisms in place for any problem areas. There has been a slight increase in numbers of requests for AHM Reviews and further consideration is being given to innovative ways to increase numbers of requests for AHM Reviews. Three NEDs have completed AHM training and are planning to observe a panel each shortly. The chair of MHLC will attend AHM Forum meetings and participate in reviews of AHM appointments.

NHS Insightful Board

The Committee reviewed the questions and measures detailed in the Mental Health domain areas and considered whether there is any more the Trust should be doing to monitor and gain assurance. There was a good level of assurance in all areas and for those gaps identified, either further actions were already in hand or have been identified, mainly in the area of triangulating and analysing data on patient experience and quality of care. The key area for MHLC is around safety and RRI, where there is a high level of assurance. The RRI group is working to ensure all incidents of physical restraint, rapid tranquilisation, seclusion and segregation are correctly inputted into the new EPR (SystemOne) to ensure that the data is accurately reported.

Health inequalities

In relation to race and deprivation, the data on Mental Health Act detentions and on Restrictive Intervention are informative and worth reflecting on:

In summary, the Trust had 1286 new admissions in 2024; 528 of those people admitted were detained under the MHA. People in the most deprived areas had a higher rate of detentions than the population split. Rates of MHA admissions are significantly higher than would be expected based on population split within the 'Black or Black British' ethnic group. This group represents 1%

of the overall local population, but 4.2% of MHA admissions. The use of RI is higher for those in the most deprived population. This trend may be linked to higher acuity and higher levels of trauma among patients within the most deprived deciles. The data shows that the rate of service users subject to RI is higher in the 'Black/Black British' groups and 'Other Mixed' than the population distribution. Overall, the percentage of patients who were subject to RI who came from minoritised communities was 6.5%. The percentage of the local population who are from minoritised backgrounds is 5.1%.

The use of restrictive interventions across the Trust is relatively low, with 252 individual service users subject to restrictive intervention in 2024. The Trust's Reducing Restrictive Intervention (RRI) Group continues to strive to further reduce the use of RI and recognises a hierarchy of RIs, placing particular focus on reducing the highest risk forms of intervention, such as prone restraint. Culture of Care programme and the Trust's RRI Improvement Plan has increased awareness across the Trust of the disproportionate use of RI with minoritised groups. Discussion of the issue has been incorporated in the Trust's De-escalation Management & Intervention training. The Culture of Care programme is supporting further work around reducing restrictive interventions with an explicit focus on ensuring all inpatient care is trauma-informed, autism-informed and culturally competent. Wards involved in the Mental Health Act Quality Improvement programme have had a focus on culturally appropriate care.

Title & Date of Meeting:	Trust Board Public Meeting – 28 May 2025															
Title of Report:	Assurance Report to Board from Audit Committee 19 May 2025															
Author/s:	Stuart McKinnon-Evans															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>X</td><td></td><td></td></tr> </table>				To approve		To discuss		To note		To ratify		For assurance	X		
To approve		To discuss														
To note		To ratify														
For assurance	X															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Report to the Board of the outcomes of the Audit Committee, for information and assurance.															
Key Issues within the report:																
Positive Assurances to Provide: - The BAF was endorsed in respect of Partnerships and Alliances, with further development of the BAF in play - Community and Primary Care Division risk management was discussed - External Audit is progressing well for the 2024/25 accounts - The 2024/25 Internal Audit plan is nearly complete. The draft Head of Internal Audit Opinion is for Significant assurance overall. - From a sample, 100% of recommendations to be implemented from internal audits are being implemented. - The counter-fraud programme remains active. - The single tender waiver regime is operating well, and the recent reforms to procurement regulations are now reflected in Standing Financial Instructions (SFIs) - The SFIs have been reviewed and updated - Losses and special payments were reviewed		Key Actions Commissioned/Work Underway: - Action to clarify, for assurance, how the fire alarm risk at Whitby hospital will be resolved, as reported on Community and Primary Care Division register - Complete implementation of overdue audit recommendations - Further follow-up at EMT level on handling service users' money and property - Finalisation of 2024/25 internal audit programme - Audit of the 2024/25 accounts underway - Encouragement to all staff to complete on ESR their Declaration of Interests														
Key Risks/Areas of Focus: - The salient risks on the Trust-wide register score 15 or above relate to neurodiversity waiting lists; and revenue and capital funding - Community and Primary Care Division risks relate to capacity, staffing and financial pressure, but are being adequately mitigated		Decisions Made: - Approved the external audit strategy, which is in train - Approved the Counter Fraud plan for 2025/6 - Reflecting the Procurement Act, approved changes to the tender waiver regime, including														

Limited Assurance conclusion for handling service users’ money and property at Mill View Lodge and Maister Lodge is concerning, especially since a similar conclusion was reached last year at other sites.		a name change to Direct Award Justification - Endorsed revisions to the SFIs - Endorsed the Losses and Special Payments report		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
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Monitoring and assurance framework summary:

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

Assurance Report to Board from Audit Committee 15 May 2025

Committee Assurance Report – Key Issues

The Committee was quorate, and considered the following:

Minutes: approved.

Terms of Reference and Work Plan were endorsed with minor revisions.

Board Assurance Framework: The Committee endorsed the current BAF, noting that further development of it is underway following the recent discussion at Strategic Board. We discussed whether ICS-level turbulence has now increased the strategic risk, because the recently published blueprint may distract personnel from collaborative working – EMT to consider at next iteration of the BAF's contents.

Trust-Wide Risk Register: the 5 highest residual risks (scores) 15/16 relate to neurodiversity service waiting times; and money (capital; and short-term financial performance and medium term financial sustainability). EMT will consider adding a further risk relating to wider NHS reform and the ICS blueprint recently published.

Risk Register of the Community and Primary Care Division: a deep-dive into this register discussed the residuals risks. The residual risks discussed (9-12) relate to: fire alarms at Whitby Hospital; GP practice financial pressures; insufficient specialist nurses and consultant-led oversight in Pocklington; Virtual Frailty Ward processes; Speech and Language Therapy Team capacity; vacancies in Whitby community teams. The Committee were concerned to gain more definitive assurance about how the fire alarms issues at Whitby will be resolved. We also noted that the other risks are long-standing, and that interim solutions to mitigate them have been put in place. Kerry Brown from the Division explained the arrangements by which risks are identified, assessed and managed.

External Audit: Forvis Mazars explained their Audit Strategy for the 2024/25 accounts (the audit work itself being underway). Progress is on track to complete as expected. Good working relationships between the Trust team and the auditors were noted. Fees have increased to 30% from £75K to £98K (already accepted in letter of appointment). The Committee endorsed the risks being addressed by the audit approach.

Internal Audit: The internal audit programme for 2024/25 is nearly complete. Safe Handling of Medicines received Significant Assurance, though there were some signs of incomplete record-keeping. The Committee discussed the Limited Assurance rating for handling service users' money and property at Mill View Lodge and Maister Lodge. It was disappointing to note that despite all the action taken to address similar low levels of assurance from the same audit at different establishment last year, poor compliance with procedures were identified. The CEX and EMT will address as a matter of priority, and the audit will be repeated in 2025/26.

There continues to be solid evidence of recommendations being implemented/monitored.

The Head of Internal Audit opinion is shaping up to be a positive endorsement of the Trust's internal control regime. We thanked outgoing Audit lead Kim Betts for her sterling work, as she rotates to a new client, and formally welcomed Dannielle Hodson as the new lead manager.

Counterfraud: Arrangements to counter fraud remain effective, with information, alerts, training, case studies, and background systems operating. The Trust's processes measured up well in recent Local Proactive Exercises.

We reviewed and approved the Counter Fraud Plan for 2025/26. The Plan reflects the adoption of Government Functional Standard GovS 013: Counter Fraud (Functional Standard) – in practice there is a high degree of continuity of approach from last year.

Procurement and Tender Waivers: Procurement procedures have been updated to reflect the Procurement Act. The Act regulates on what thresholds require tender (c £140k for goods or non-health services; £5.37m for works); situations when direct contracts can be awarded; and more transparency via public notification, with 8 day standstill when a contract is awarded without competition. For lower value contracts, we are permitted to make direct contracts, with public notification. This means revisions to the Single Tender Waiver process/documentation and increase in our thresholds to that £140k from £75k; and change of name to “Direct Award Justification” template. The Committee approved.

Since the last Committee, 7 new waivers have been authorised with a total value of £2.11m. The Committee were content with the justifications.

Losses and Special Payments: a small number of payments from 2024/25 were reviewed and noted.

Declarations of Interest: The Committee heard about the controls in play to ensure all staff complete via ESR a declaration of interest (which now incorporates Gifts and Hospitality). Staff who have not yet made a declaration are being contacted. The Committee asked for a progress update in 6 months.

Standing Financial Instructions: updates have been proposed made relating to Procurement Act, and use of the seal, all of which the Committee supported, for onward approval at Board.

Annual Committee effectiveness review: 7 respondents completed the effectiveness review questionnaire, which concluded that the Committee continues to work well, with only one action in hand. So the principle for the Committee will be “continuation without complacency”. We agreed that a reference to CQC standards in the terms of reference should be deleted, since the relevant standards are set by HFMA. We noted the risk that self-assessment mean marking one’s own homework, but this risk is offset by the presence of external voices. We agreed that the high quality of papers makes the work of the Committee easy, despite their sometimes inevitable length.

Finally we reviewed the meeting. We concluded it had been effective, supported by good quality papers, and in the spirit of Humber values.

Agenda Item 8d

Title & Date of Meeting:	Trust Board Public Meeting – 28 May 2025			
Title of Report:	Finance Committee Assurance Report - Chair’s Log			
Author/s:	Keith Nurcombe, Chair			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	✓		
Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified.			
Key Issues within the report:				
Positive Assurance to Provide: - Achievement of agreed year end position for 2023/2024 with very small £25k surplus in accounts. - Planning submission completed and submitted for 2025/2026 as per NHS England requirements.		Decisions Made: Agreed that productivity / efficiency would be presented at Finance Committee for escalation to board.		
Matters of Concern or Key Risks to Escalate: Underlying deficits in the ICS system locally, the system is carrying significant financial risk. Requirement to reduce trusts corporate costs by 50% over 25/26 financial year.		Key Actions Commissioned/Work Underway: - Finance and operations team to work up an agreed set of metrics to monitor productivity and increased efficiencies within the trust. Focusses on delivery of 25/26 planning requirement for increased productivity. Agreed offline and then coming to next Finance Committee. - Scenario planning for next three years – both risks and potential opportunities to allow committee and then board to consider as part of strategic planning.		

Governance: <i>Please indicate which committee or group</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 15th April 2025 were:

- ICB system year end agreed position was met with significant additional cash being provided by the ICB to meet the agreed system deficit total.
- Coverage of the NHS England Sir Jim Mackey letter to the system and the changes around performance monitoring and productivity focus as well as key areas of focus such as:
Corporate cost reduction of 50% required over the financial year – trust has increased costs based on numbers provided by NHS England. Current work ongoing to assess those numbers and work out baseline position for review at next Finance Committee meeting in July.
- Committee Annual Effectiveness Review was considered by the committee and discussed, overall the committee is tracking well against its Terms of Reference but with some areas for

focus this year including productivity and three year scenario planning and this needs to be built into the committee workplan.

- Year end result for 2024/2025 has been to deliver the agreed target for the trust and the committee noted their thanks for all trust staff for the efforts over the last year as this achievement has been very significant given the financial constraints in the last year.
- Budget Reduction Strategy was reviewed for the year and significant progress has been made achieving the annual target for 24/25.
- Agency spend analysis was discussed and agency costs have been reduced by over 30% this year and with another reduction in 25/26 through recruiting permanent staff especially in consultant roles this will achieve the required NHS England targets for 25/26. This result again has been with a huge amount of work and special note to the Medical Director regarding recruitment of vacant consultant posts was made by the committee.
- The budget plan for 25/26 was presented to the committee and discussed in detail including a new BRS for the new year with the requirement for another submission to be made by the end of April to NHS England.
- The committee discussed and agreed the re-worded and updated BAF and Risk Register with one challenge around the risk rating for agency staff levels which was to be taken back to EMT for review.
- Committee received papers from Partnerships and Strategy and Be Digital with an additional paper around the economic case for the recently rolled out EPR programme.
- Mapping work against the Insightful Strategy Board Domains will be taken off line for the committee and discussed before the next meeting.
- The committee reviewed the finance committee workplan in detail and added productivity to a quarterly cycle with 3 year scenario planning also coming regularly to the committee for review and then board escalation. We also tidied some of the other elements to make sure that the interval and timings for committee works well.

Agenda Item 8e

Title & Date of Meeting:	Trust Board Public Meeting – 28 May 2025															
Title of Report:	People & Organisational Development Committee Assurance Report from meeting held on 07 May 2025.															
Author/s:	Dean Royles – Non-Executive Director															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	The People and Organisational Development Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting on 07 May 2025 and a summary of key points for the board to note.															
Key Issues within the report:																
Positive Assurances to Provide: - Positive assurance around the Trust vacancy rate within both nursing & consultants. - Turnover rate is currently 9.15% which is the lowest for a considerable time. - For Core Psychiatric training the Trust is ranking 7th out of 22 Regional Trusts, and in terms of Higher Psychiatric training the Trust is ranking 3rd.		Key Actions Commissioned/Work Underway: Contained within the report and supporting committee documents.														
Key Risks/Areas of Focus: - Consultant vacancy rates continue to be a key focus with ongoing work to reduce vacancies further. - EDI protected characteristics.		Decisions Made: - Approved the proposed changes to the agenda and workplan for the People & Organisational Development Committee from the 31 July 2025. - Approved the Staff Survey Action plan.														

		• Agreed & Approved the People & Organisational Committee Effectiveness Review for 2024/25. • Agreed & Approved the People & Organisational Committee Revised Terms of Reference for 2025. • Approved the Staff Health & Wellbeing Group revised Terms of Reference for 2025. • Approved the Equality, Diversity and Inclusion Steering Group • Revised Terms of Reference for 2025.		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	28/05/2025

Monitoring and assurance framework summary:

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

Compliance	√			future implications as and when required by the author
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

Assurance Report 07 May 2025

Chairs Logs:

Staff Health & Wellbeing Group: The group remains well engaged, there has been a review of the risk register around Health and Wellbeing, and a detailed look at the staff survey results in respect of Health and Wellbeing

Equality, Diversity and Inclusion Steering Group: Active networks although attendance has been in a state of flux, however it feels like there's increased engagement and there's certainly increased encouragement for staff to attend the network meetings if they wish to.

Positive update in terms of the LGBT network and also the disability network with some practical examples that have been highlighted i.e. laptops available for staff to use in Trust HQ and also other reasonable adjustments, as well as access to work and work with Occupational Health to provide enhanced support.

Protected characteristics updates from the Staff Survey, with some positive things as well as wider areas of focus.

Medical Education Committee: Noted positive results in terms of the National Training Survey and the GMC survey and that 80% of trainees would recommend the Trust to receive care and slightly over that percentage as a place to receive their training.

People Insight Report: Maintaining low vacancy rates, turnover is below 10% and in a strong position around statutory and mandatory training and appraisal rates. Have seen 646 staff have a Health MOT since April 2024.

Continue the focus on sickness absence reduction, along with looking at how we capture the EDI data, so it is interrogated more in terms of the questions we want to ask about specific areas when the insight report has been reset.

Finance and Workforce Controls Assurance Report: Work in progress to familiarise ourselves with the productivity issues around workforce and some positive assurances to report in terms of agency reduction. Delivering our financial plan and understanding the overspend reasons /mitigating actions was well received.

Risk Register and BAF: Noted the Risk Register and Board Assurance Framework and welcomed the reduction in scores in both nurse and consultant vacancies following the work that had been done to reduce vacancies in both these areas acknowledging the incredible amount of work to improve these positions. Aware of the horizon scanning taking place in relation to a number of issues to keep the risk register and board assurance framework under review.

It was noted that there would be a new format in relation to the board assurance framework at the meeting on the 31 July 2025.

Future of the People & Organisational Development Committee Agenda/Work Plan:

The committee approved the new approach/reset regarding the different areas of focus as part of the committee's continuous improvement journey with the revised template agenda and workplan set to be tested and adapted accordingly.

Insight Board – Workforce Elements: Noted the gap analysis that been taken and how that will feature into the forward plan as part of the reset around the People & OD Committee update. At a future Board look at how we triangulate with the various regulators and requirements that we've got to provide assurance.

Staff Survey Results Developing Action Plan: The Committee approved the Staff Survey Action plan and noted the areas of positive assurance along with the highlighted risk areas within the report.

Medical Workforce Plan Update: This agenda item was deferred until the People & Organisational Development Committee meeting on the 31 July 2025.

People & Organisational Development Committee Effectiveness Review: The committee agreed and approved to committees' effectiveness review for 2024/25.

People & Organisational Development Committee Terms of Reference: The committee agreed and approved to committees revised Terms of Reference for 2025.

Terms of Reference from subgroups:

Staff Health & Wellbeing Group: The committee approved the Staff Health & Wellbeing Groups revised Terms of Reference for 2025.

Equality, Diversity and Inclusion Steering Group: The committee approved the Equality, Diversity and Inclusion Steering Groups revised Terms of Reference for 2025

Medical Education Committee: Due to the April meeting of the Medical Education Committee being postponed until June 2025, the revised Terms of Reference for the group to be brought to the People & Organisational Development Committee on the 31 July for approval.

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 17 July 2025																			
Title of Report:	Council of Governor Sub-Groups Feedback Appointments Terms and Conditions Committee																			
Author/s:	Tony Douglas (on behalf of Marilyn Foster, Chair of Appointments Terms and Conditions Committee) and Tony Douglas, Chair of Engaging with Members Group																			
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide the Council of Governors with an update from the meeting held.																			
Key Issues within the report:																				
Positive Assurances to Provide: Provided in the report and verbal updates		Key Actions Commissioned/Work Underway: N/A																		
Key Risks/Areas of Focus No matters to escalate		Decisions Made: N/A																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group				Other (please detail) Quarterly report to Council	✓	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
		Other (please detail) Quarterly report to Council	✓																	
Trust Board																				

Monitoring and assurance framework summary:

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

Appointments, Terms and Conditions Committee – 3 July 2025

The Committee received a report which highlighted appraisals had been conducted for all Non-Executive Directors (NEDs) and, as part of that process, objectives have been set. Objectives had been set for three NEDs for 2024/25 and these had been delivered. The two recently appointed NEDs had their first appraisal this year and objectives were set for them also. It was clear that in the last nine months, the two recently appointed NEDs have ably taken up their responsibilities with commitment, and were able to demonstrate that they had attended a number of governor activities.

The Committee also reviewed the time commitment for the Chair and NEDs and recognised the appointment of an additional NED would not only maintain the balance of independent on the Board but would also result in the NED commitments at Humber being distributed amongst more people.

The Committee reviewed the outcome of the annual effectiveness review and noted no key actions were highlighted as requiring development. A small number of changes were proposed to the Terms of Reference and a separate paper regarding the effectiveness review and terms of reference will be forwarded to the July Council of Governors meeting.

The Committee received a paper regarding the annual Fit and Proper Person Test exercise and were assured a robust process had been followed in conducting the various Fit and Proper Person checks. The annual declaration confirming compliance against the Fit and Proper Person Framework was forwarded to NHS England.

The Committee then considered the recruitment campaign for two Non-Executive Directors (one to replace Stuart McKinnon-Evans as Chair as the Audit Committee and an additional NED). The Committee agreed to recommend to the Council of Governors the recruitment campaign proposal and a paper regarding this will be forwarded to the July Council of Governors meeting.

Finally, the Committee heard from the Senior Independent Director about the Chair's appraisal. The Chair had a strong year in 2024/25, delivering on her objectives and received very positive feedback from stakeholders regarding her performance. A clear set of objectives were developed for 2025/26.

Tony Douglas

Acting on behalf of Marilyn Foster, Chair of Appointments Terms and Conditions.

Engaging with Members Meeting – 29 May 2025

At the last Engaging with Members meeting group, we discussed the Membership plan and considered how engagement/communications with members could be improved. This led the Group to consider the key messages which could be shared when encouraging people to become a member of the Trust or nominate themselves to become a Governor. The Group agreed to review the '*Role of a Governor*' booklet which contained information regarding the role of a Governor and the ways in which they fulfil their statutory duties.

An additional Engaging with Members Meeting has been arranged to discuss and review the Membership plan.

Governors also agreed to review the member and governor pages on the website and to provide feedback regarding the information contained on these.

It was noted that attendance by governors at the Group meetings is low; and all governors are encouraged (through this report) to attend future meetings.

The Group considered ways in which they might link into the work of the Patient and Carer Experience (PACE) activities and were encouraged to attend and have a stall at future PACE events. The Group was also informed that anyone who becomes a volunteer at the Trust is invited to become a member.

The Group expressed a wish to be more involved in the Annual Members Meeting/Annual General Meeting (AMM/AGM) event planning arrangements and requested that they have a stall in the main hall rather than in the entrance. They also outlined a need for the work of the Governors to be highlighted at this event through the Lead Governor report. Since then, myself, the Lead Governor and the Head of Corporate Affairs have considered potential ways in which to highlight the role more and the ideas will be shared with the Communications team.

The Group received the annual effectiveness review report and agreed the results were generally positive. Attempts will continue to be made to encourage more Governors to attend the Group meetings. No changes were proposed to the terms of reference of the Group.

Finally, the Group agreed that myself, the Chair, the Senior Independent Director and the Head of Corporate Affairs should meet to share the Group's comments regarding visits to services and, at the time of writing this report, a meeting has been arranged.

Tony Douglas Chair

Agenda Item 12

Title & Date of Meeting:	Council of Governors Meeting, 17 July 2025														
Title of Report:	Appointments Terms and Conditions Committee Effectiveness Review														
Author/s:	Marilyn Foster Chair of Committee	Stella Jackson Head of Corporate Affairs													
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	The Council of Governors is asked to: - Note the outcome of the annual effectiveness review where no issues were identified (the effectiveness review report is attached at Appendix 1) - Approve the proposed changes to the terms of reference (attached at Appendix 2)														
Key Issues within the report:															
Positive Assurances to Provide: - The committee has a workplan for the year ahead that will be used to ensure key items are scheduled as appropriate throughout the year. - The proposed changes to the terms of reference will ensure these remain fit for purpose.		Key Actions Commissioned/Work Underway: N/A													
Matters of Concern or Key Risks to Escalate: Following feedback received during the effectiveness review process, the Board Support Unit will support the Committee Chair to produce the assurance report for the Council of Governor meetings and the Chair of the Trust will ensure a briefing is scheduled to take		Decisions Made: N/A													

place with the Committee Chair prior to the meetings taking place. • The questionnnaire was completed and returned by 5 people (2 Governors, the Chair and two members of staff).				
Governance:				
		Date		Date
	Appointments, Terms & Conditions Committee	3.7.25	Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	
	Trust Board			

Monitoring and assurance framework summary:

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

Appendix 1

Governor Appointments, Terms and Conditions Committee

Annual Review of Committee Effectiveness and Terms of Reference 1 April 2024 to 31 March 2025

The purpose of the Committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Trust Chair and Non-Executive Directors and appointment of the Chief Executive.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The Committee met four times between 1 April 2024 and 31 March 2025. During this period, it undertook the following key duties:

- Received updates regarding the appointment of Non-Executive Directors, Keith Nurcombe and Stephanie Poole and the appointment of Dean Royles as Senior Independent Director.
- Considered an extension of six months to the Associate Non-Executive Director's term in office.
- Received updates on NED and Chair Appraisals

The Chair of the Committee provides a report to the Council of Governors after each meeting.

The Committee was chaired by Marilyn Foster, Service User and Carer Governor and was supported by the Trust Chair, Senior Independent Director, Associate Director of People & Organisational Development and Head of Corporate Affairs.

2. Delivery of functions delegated by Council of Governors

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
• Nominations and Appointments • Terms and Conditions including Remuneration	NED Appraisal process NED Recruitment NED Re-appointment	

	Terms of Office Chair's remuneration	
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3. Attendance

The Appointments, Terms and Conditions Committee met on 4 occasions during 2024/25: 23 May 2024, 3 July 2024, 5 September 2024 and 23 January 2025.

Member	No of meetings attended
<u>Public Governors</u>	
Patrick Hargreaves	2/4
Marilyn Foster	4/4
Tony Douglas	1/4
Isabel Carrick	3/3
<i>No other public Governors attended any meetings</i>	
	4/4
Trust Chair Caroline Flint	2/2
Senior Independent Director – Francis Patton	3/4
Stella Jackson Head of Corporate Affairs	0/1
Senior Independent Director – Dean Royles	4/4
Karen Phillips Associate Director of People & OD	

Appendix 1 provides further details regarding attendance by Governors at each meeting of the Committee.

3.2 Chair (and Trust Board lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

Membership of the Committee is regularly reviewed and consists of public and service user/carers governors. There were good contributions from members throughout the year.

3.3 Include any recommendation for change to membership & reasons why

There are no recommendations for change although the Chair of the Committee will continue to encourage people to express an interest in joining the Committee.

3. Quoracy

The Committee was quorate on all four occasions.

4. Reporting / Groups or Committees

Not applicable.

5. Conduct of meetings

Governor Chair and Trust Board lead to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

The Committee has a work plan and this is reviewed by the Committee.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

6. Review of Terms of Reference

Governor Chair and Trust Board lead to summarise any recommended changes to the Committee's terms of reference in light of the annual evaluation.

The following changes are proposed:

- Reference to the Fit and Proper Person requirements to be updated to reference the NHS England Fit and Proper Person Framework.
- Reference to the Director of Workforce and OD to be updated to Associate Director of People and OD.
- The inclusion of 'Service User and Carer Governor' within the Membership section
- The quorum wording to be amended to make it clearer that the quorum is two Governors and that these can be Public and/or Service User Governors.

A full copy of the terms of reference are attached at Appendix 2 and the proposed changes are highlighted in yellow. These will require approval by the Council of Governors.

8. Workplan for 2024/25

Has a workplan for the year ahead, 2024/25 been prepared?

Yes [☒] No [☐]

9. Any Actions Arising from this Effectiveness Review? YES [☐] NO [☒]

If any, please summarise in bullet point format below

An effectiveness review questionnaire was sent to Committee members and this was completed and returned by 5 people (2 Governors, the Chair and two officers).

This did not highlight any areas for future development although it was noted that attendance at the Committee meetings by Governors fluctuated (the Committee Chair continues to encourage Governors to express an interest in joining the Committee). Public and Service User/Carer Governors have been invited to express an interest in joining the Committee. Suggestions were also made for the Board Support Unit to support the Chair with the production of the Committee Chair report for the Council of Governors and for the Chair to be briefed regarding future meeting topics and these suggestions are being implemented.

Attendance

Quorum	23 May 2024	3 July 2024	5 September 2024	23 January 2025
2 public governors	Marilyn Foster Patrick Hargreaves	Marilyn Foster Patrick Hargreaves Isabel Carrick	Marilyn Foster Isabel Carrick	Marilyn Foster Isabel Carrick Tony Douglas
Trust Chair <i>Or SID</i>	Caroline Flint Francis Patton	Caroline Flint Francis Patton	Caroline Flint	Caroline Flint
Associate Director of People & OD	Karen Phillips	Karen Phillips	Karen Phillips	Karen Phillips
Head of Corporate Affairs		Stella Jackson	Stella Jackson	Stella Jackson

Appendix 2

Terms of Reference Appointments, Terms and Conditions Committee

Authority	The Council of Governors Appointments, Terms and Conditions Committee is constituted as a standing Committee of the Council of Governors. The Committee is authorised by the Council of Governors to carry out its duties and to make recommendations to the full Council of Governors for approval. The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function. The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.
Role / Purpose	The purpose of the committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Chair, Non-Executive Directors, Associate Non-Executive Directors and appointment of the Chief Executive.
Duties	The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to: <u>Nominations and Appointments:</u> • For each appointment of a Non-Executive Director, Associate Non-Executive Director and the Chair, prepare a description of the role and capabilities and expected time commitment required • Identify and nominate suitable candidates to fill vacant posts within the Committee's remit for appointment by the Council of Governors • Periodically review the balance of skills, knowledge, qualifications, experience and diversity of the Non-Executive Directors, Associate Non-Executive Directors and the Chair, having regard to the views of the Board of Directors and relevant guidance on Board

composition

- Ensure compliance with the requirements of **NHS England's Fit and Proper Persons Framework**. The Committee will receive an annual report on Chair, Non Executive Director and Associate Non-Executive Director Compliance
- Evaluate annually the performance of the Chair, Non-Executive Directors and Associate Non-Executive Directors
- Give consideration to succession planning for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future
- Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director, Associate Non-Executive Director or the Chair
- The committee will receive reports from the Chair and **Associate Director of People & OD** to support deliberations and to enable it to fulfil its duties

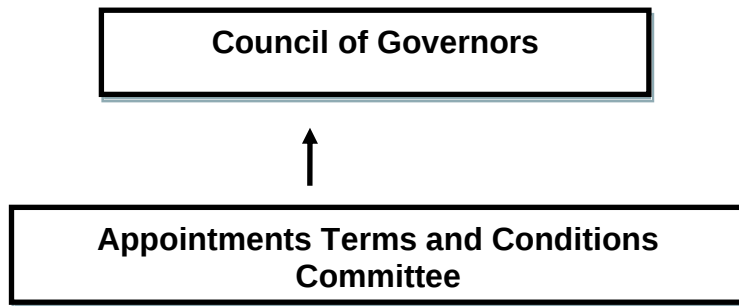
Terms and Conditions including Remuneration:

- In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances and the other terms and conditions of office of the Chair, other Non-Executive Directors and Associate Non-Executive Directors
- Take into account appropriate benchmarking and market testing ensuring that increases are not made where Trust or individual performance do not justify them
- In adhering to all relevant laws and regulations and NHS England guidance establish levels of remuneration which are sufficient to attract, retain and motivate Chairs, Non- Executive Directors and Associate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust
- Receive and evaluate reports about the performance of individual Non- Executive Directors, Associate Non-Executive Directors and the Chair, review and agree the process for the next year
- Recommend to the Council of Governors a remuneration and terms of service policy for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the views of the Trust Chair (except in respect of his/her own remuneration and terms of service), the Chief Executive and any external advisers
- Review annually the time commitment requirement for Non-Executive Directors, Associate Non-Executive Directors and the Chair
- Oversee other related arrangements for Non-Executive Directors, Associate Non-Executive Directors and the Chair
- The committee will receive reports from the Chair and **Associate**

	Director of People & OD to support the role of the committee and enable it to fulfil its duties
Membership	The Committee will be chaired by a Public or Service User/Carer Governor supported by the Trust Chair. • The membership of the Committee shall consist of ○ No less than 4 and no more than 6 Public and/or Service User/Carer Governors, ○ the Chair, ○ the Senior Independent Director, and ○ the Director of People and Organisational Development • If the number of Governors who express an interest on serving on the Committee is higher than the number of places available, membership will be discussed with a recommendation made to the Council of Governors • Any member of the Committee who has not attended 3 meetings and has not sent their apologies and provided a reasonable explanation, may be asked to step down from the Committee • Only members of the Committee have the right to attend Committee meetings • Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.
Quorum	The quorum necessary for the transaction of business shall be 2 Governors (Public and/or Service User/Carer) and the Trust Chair or Senior Independent Director
Chair	The Committee will be chaired by a Public or Service User/Carer Governor supported by the Trust Chair. The Chair of the Committee will be appointed annually.
Frequency	The Committee shall meet as and when required to discharge its business and fulfil its cycle of business, but at least on two occasions in each financial year.
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 days before the meeting.
Minutes and Reporting	Formal minutes shall be taken of all Committee meetings and an update provided to the Council of Governors at a general Council of Governors meeting. The Committee shall receive and agree a description of work of the Committee, its policies and all Non-Executive Director, Associate Non-Executive Director and the Chair emoluments in order that these are

	accurately reported in the required format in the Trust's annual report.
Monitoring	The Committee shall review annually its collective performance and attendance The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually
Agreed by Appts, T & C Committee	22 May 2025
Approved by CoG	10 July 2025
Review Date	May 2026

Appointments Terms and Conditions Committee Reporting Structure



Title & Date of Meeting:	Council of Governors Meeting – 17 July 2025														
Title of Report:	Engaging with Members Group Effectiveness Review														
Author/s:	Tony Douglas Chair of the Engaging with Members Group														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td>✓</td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve	✓	To discuss		To note		To ratify		For assurance			
To approve	✓	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	The Council of Governors is asked to: - Note the results of the annual effectiveness review of the Engaging with Members Group (attached at Appendix 1) - Note no changes are proposed to the terms of reference (attached at Appendix 2).														
Key Issues within the report:															
Positive Assurances to Provide: The Group has a workplan and membership plan for the year ahead that will be used to ensure key items are scheduled as appropriate throughout the year.		Key Actions Commissioned/Work Underway: N/A													
Matters of Concern or Key Risks to Escalate: - An effectiveness review questionnaire was circulated to Engaging with Members Group members and this revealed more Governors should be encouraged to attend the meetings. - This was also highlighted in the 2024/25 effectiveness review findings and meetings of the Group changed so that these took place after the Governor monthly briefings in order to encourage greater attendance.		Decisions Made: N/A													
Governance:	<table border="1"> <tr> <td></td><td>Date</td><td></td><td>Date</td></tr> <tr> <td>Appointments, Terms & Conditions Committee</td><td></td><td>Engaging with Members Group</td><td>29.5.25</td></tr> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group	29.5.25				
	Date		Date												
Appointments, Terms & Conditions Committee		Engaging with Members Group	29.5.25												

	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)		
	Trust Board				

Monitoring and assurance framework summary:

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

Appendix 1

Engaging with Members Governor Group

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2024 to 31st March 2025

The purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust’s members and the public.

1. Summary

The group provides a dedicated focus on engagement, membership and elections. The group continued to meet over Microsoft Teams and governors have engaged the membership and/or public in a variety of ways to provide or obtain feedback regarding the Trust’s services and plans.

The group is chaired by a governor.

2. Delivery of functions

Functions within ToR (<i>extracted from ToR</i>)	Evidence to support delivery	Outstanding issues / action plan
• Provide a forum for discussion on membership and membership engagement. • Monitor how representative the Trust's membership is in order to reflect the interests of the population served by the Trust • Improve the level of effectiveness of member engagement • Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public. • Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership, including the use of digital technology and applications. • Consider ways to develop an engaged Trust membership including representation from unrepresented groups.	Evidence within the action logs and/or minutes of the meetings. A summary list of achievements are also listed below.	n/a

During April 2024 to March 2025, the group has:

- Monitored achievement against the membership plan which outlines key membership objectives and contains information regarding how these will be delivered
- Agreed revisions to the Terms of Reference for the group
- Continued to utilise a work plan to capture items for future meetings
- Reviewed the governor section of the website
- Discussed and clarified membership engagement support available to Governors
- Influenced volunteering processes at the Trust
- Contributed to election planning
- Helped to develop the Annual Member Meeting
- Helped to promote governor elections
- Attended a number of Patient and Carer Experience meetings

3. Attendance

During the 2024/25 year the group met on 3 occasions – (16 May 2024, 28 November 2024, and 30 January 2025). Attendance at the meetings by Governors is detailed in table 1 below and a more detailed breakdown of attendance by individuals is attached at Appendix 1.

Table 1: Meeting Attendance:

Members:	No of meetings attended
The membership of the Group consists of Governors from all public and staff constituencies: • Tim Durkin • Tony Douglas • Brian Swallow • Isabel Carrick • John Duncan • Ted Burnside	2/3 3/3 2/3 3/3 2/3 1/2
• One Non-Executive Director or Chair of the Trust • Head of Corporate Affairs • Communications Representative • Head of Patient Experience • Membership Officer • Volunteering Team Representative • Trust Chief Exec	1/3 3/3 2/3 2/3 3/3 3/3 1/1

3.2 Chair to provide a view on whether the membership composition is effective and the extent to which members have contributed.

The membership is open to all governors which allows involvement and support of all governors.

In addition, the Chair, a Non-Executive Director and other people working in communication or involvement roles at the Trust are invited to attend the meetings. Support is provided by the Head of Corporate Affairs and Membership Officer.

3.3 Include any recommendation for change to membership & reasons why

No recommendations for change.

4. Quoracy

Currently, the quorum necessary for the transaction of formal business is 3 members.

The group was quorate at all meetings.

5. Reporting / Groups or Committees

Not applicable.

6. Conduct of meetings

Governor Chair and Trust Board lead to consider the following questions

- Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

Yes

- Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes.

- Is the quality and timeliness of the minutes satisfactory?*

Yes

- Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes.

7. Review of Terms of Reference

A number of amendments were made to the terms of reference during 2023/24 and no further changes pre proposed.

The ToR are below at Appendix 2.

8. Workplan for 2024/25

Has a workplan for the year ahead, 2025/26 been prepared?

Yes [/] No [].

An outline workplan has been agreed – this remains a working document to reflect additional items the group may agree.

9. Any Actions Arising from this Effectiveness Review? YES [☐] NO [☐ / ☐]

An effectiveness review questionnaire was sent to all governors and four completed and returned this. The results are below at Appendix 3.

Attendance at meetings by governors has been highlighted as an area requiring review. A suggestion has also been made that the focus of the group should move away from membership engagement to public engagement.

The EWMG is invited to consider these matters when reviewing the effectiveness review results.

Attendance summary 2024-2025

Quorum	16 May 2024	28 November2024	11 January 2025
The quorum necessary for the meeting to agree actions and make recommendations shall be 3 members with at least; • 3 Public Governors • 1 Staff Governor • Head of Patient Experience Team • Membership Officer • A Non-Executive Director or Head of Corporate Affairs or a Communication Representative	Tony Douglas Tim Durkin Isabel Carrick John Duncan <i>Other members:</i> Katie Colrein Stella Jackson Catherine Ceely Mandy Dawley	Tim Durkin Tony Douglas Isabel Carrick John Duncan Brian Swallow <i>Other members:</i> Stella Jackson Katie Colrein Dean Royles Mandy Dawley Catherine Ceely	Tony Douglas Isabel Carrick Brian Swallow Ted Burnside <i>Other members:</i> Stella Jackson Katie Colrein Alex Uney Catherine Ceely Leonie Wright Michele Moran

Engaging with Members Governor Group

Terms of Reference

Authority	The Engaging with Members Governor Working Group is established as a subgroup of the Council of Governors. The Group will make recommendations to the Councils of Governors on issues within its remit.
Role / Purpose	The key purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust's members and the public. The Group will: • Provide a forum for discussion on membership and membership engagement. • Monitor how representative the Trust's membership is in order to reflect the interests of the population served by the Trust • Improve the level of effectiveness of member engagement • Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public. • Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership including the use of digital technology and applications • Consider ways to develop an engaged Trust membership including representation from unrepresented groups
Duties	• Propose actions to ensure the Council's fundamental aim in relation to engagement is met. • Develop the strategy for the Council of Governors to engage on behalf of the Trust with its members. • Ensure efficient mechanisms are identified and in place for Governors to gain member and public views and feed back to the Trust (for example: regular opportunities for members and the wider public to engage with Governors, link with service user and carer groups) • Ensure effective production of membership communications. • To review engagement methods and opportunities for public governors to engage with members • Receive and analyse reports from the Trust's membership database in order to identify any under-represented groups and agree a strategy to address any areas identified. • Ensure a process is in place for Governors to be involved in developing and agreeing content for inclusion in the online Humber Happenings newlsetter to effectively communicate the work of

	governors • To support the Council of Governors in their responsibilities to represent the constituency or the organisation elected or appointed to serve and contribute to the development of the membership of the Trust and represent the interests of members and the wider general public • To assist the Trust with the recruitment and engagement of members and the wider community. • To consider current materials available for new and potential members i.e. Trust Membership Form and Trust Membership Leaflet • To provide recommendations, feedback and reports where necessary on activities relating to communication and membership to the Chair of the Trust and to inform the Council of Governors of its activities • To provide a forum to prepare for the Annual Members Meeting and other key Governor events. • In line with the commitment "Every contact Counts" to ensure effective communications the Engaging with Members Group has been collaborating with the PACE Forum activities and Volunteering. All of us are communicating with Members and also the public and we have sought to ensure we understand what each area is doing, how it can support the work of the other areas and how we can collaborate on direct communications in particular. Thus avoiding duplication and confusion
Membership	Membership of the Engaging with Members Group shall consist of:- • Governors from all public constituencies • Staff Governors • Appointed Governors In Attendance: The following officers from the Trust will be invited to attend each meeting: • Head of Patient Experience (or deputy) • One Non-Executive Director or Chair of the Trust • Head of Corporate Affairs • Communications Representative • Membership Officer • Voluntary Services Representative
Quorum	The quorum necessary for the meeting to agree actions and make recommendations shall be three members.
Chair	The Chair of the Committee shall be a Public Governor In the absence of the Group's Chair the remaining members shall elect a temporary chair for the meeting.

Frequency	A minimum of four meetings to be held per year Additional meetings will be held as deemed necessary by the Group.
Agenda and Papers	Agenda and papers to be distributed a week prior to the meeting.
Minutes and Reporting	Minutes / Action notes will be taken of the meeting and provided to group members within 14 days of the meeting. The group will report to the Council of Governors
Monitoring	The Engaging with Members Group will review its Terms of Reference and purpose and objectives on an annual basis as a minimum.
Agreed (by EWMG Group)	29 May 2025
Approved (by CoG)	
Review Date	March/April 2026

Agenda Item 13

Title & Date of Meeting:	Council of Governors 17 July 2025														
Title of Report:	Constitution Review 2025														
Author/s:	Name: Stella Jackson Title: Head of Corporate Affairs														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td>/</td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve	/	To discuss		To note		To ratify		For assurance			
To approve	/	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This paper contains a recommendation to amend paragraph 43.2 of the Constitution regarding the affixing of the Trust seal (to reflect changes to the Standing Orders/Standing Financial Instructions/Scheme of Delegation). The Constitution is attached at Appendix 1 and the proposed change is shown via track changes. The Council of Governors is asked to: • Approve the proposed change. • Note the proposed change reflects the recommended changes by Hill Dickinson to the Standing Orders and Scheme of Delegation regarding the affixing of the Seal. • Note the proposed change was agreed by the Executive Management Team on 20 May 2025. • Note the changes to the Constitution require approval of the Council of Governors and Board of Directors and a paper will also be forwarded to the July meeting of Trust Board requesting the approval.														
Key Issues within the report:															
Positive Assurances to Provide: • The changes approved in 2023 ensure the Constitution remains fit for purpose by addressing requirements brought about by the Health and Care Act 2022. • The further proposed amendment reflects the proposed amendments to the Standing Orders and Scheme of Delegation following a review by Hill Dickinson regarding use and approval of affixing of the Trust Seal.		Key Actions Commissioned/Work Underway: • None.													
Matters of Concern or Key Risks: • None.		Decisions Made: • n/a													

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Trust Board	July 2025	Other (please detail) Quarterly report to Council	✓

Monitoring and assurance framework summary:

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

Proposed Changes to the Constitution

July 2025

1. Introduction

In 2023, the Council of Governors and Board approved a number of changes to the Trust's Constitution following a review by Hill Dickinson to ensure it continued to meet the requirements of the Model Constitution and that it reflected the provisions of the Health and Care Act 2022. A small number of other changes were also made following consultation with Governors and the Board. No further changes were proposed or made in 2024.

2. Proposed change to Paragraph 43.2 of the Constitution

In May 2025, Trust Board approved changes to the Trust's Standing Orders and Scheme of Reservation and Delegation, following advice received from Hill Dickinson, regarding use and approval of the affixing of the Trust Seal.

Previously, the Standing Orders did not specify when the Trust's Seal should be used or who should authorise its use. The scheme of reservation and delegation (SORD) set out that the use of the seal required authorisation by the Board of Directors. However, it is usual practice within the NHS for use of the Seal to be authorised by two directors and the Board agreed that the Chief Executive (or their deputy) and the Director of Finance (or their deputy) should authorise use of the Seal.

Following approval by the Board in May 2025, amendments were subsequently made to the Standing Orders and to the SORD outlining when the seal should be used and who could authorise its use.

The Trust's Constitution makes reference to the seal and a change is proposed to paragraph 43.2 regarding the affixing of the Trust seal (to reflect changes to the Standing Orders and SORD). The proposed change is highlighted via track changes and states 'The seal shall not be affixed except under the authority of the Chief Executive (or their nominated deputy) and the Director of Finance (or their nominated deputy)'. Previously, the Board of Directors was required to approve the affixing of the Seal.

3. The Approval Process

The Constitution provides that any changes to the Constitution must be approved by the Council of Governors and Board of Directors.

4. Recommendation

The Council of Governors is asked to:

- Approve the proposed change to the Constitution
- Note that the Board will also be required to approve the change.

Agenda Item 14

Title & Date of Meeting:	Council of Governors Meeting – 17 July 2025			
Title of Report:	Trust Compliance with the Fit and Proper Person Test Framework 2024/25			
Author/s:	Caroline Flint Trust Chair		Stella Jackson Head of Corporate Affairs	
Recommendation:				
	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	The Council of Governors is asked to note:			
	• The Trust's compliance with the Fit and Proper Person Test Framework requirements. • All Non-Executive members of the Board (voting and non-voting) continue to be fit and proper. • The outcomes of the FPPT Framework assessments have also been shared with the Trust Board. • The annual declaration was forwarded to NHS England by 30 June 2025 in accordance with Framework requirements.			
Key Issues within the report:				
Positive Assurances to Provide: • The Trust continues to comply with the Fit and Proper Person Test requirements. • The Trust has a robust process in place to ensure those people undertaking Board level roles at the Trust are fit and proper.		Key Actions Commissioned/Work Underway: • Some learning/areas for improvement were identified regarding the completion of the 2023/24 annual checks and these were addressed for the 2024/25 checks (mainly relating to logging in issues).		
Key Risks/Areas of Focus: No matters to escalate		Decisions Made: • N/A		

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board report	Trust Board 28.5.2025

Monitoring and assurance framework summary:

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

Trust Compliance with the Fit and Proper Persons Test Framework 2024/25

1. Introduction

The Kark Review (2019) was commissioned by the Government in July 2018 to review the scope, operation and purpose of the Fit and Proper Person Test (FPPT) as it applied under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The review highlighted areas that needed improvement to strengthen the existing regime and a Fit and Proper Person Test Framework was developed and launched by NHS England which NHS organisations are required to abide by.

The Framework is applicable to anyone undertaking Board level roles including Executive Directors, Non-Executive Directors, Associate Non-Executive Directors and Associate Directors. Organisations are able to extend the assessment to other key roles, for example, to those individuals who may regularly attend board meetings or otherwise have significant influence on board decisions. The assessment has, therefore, also been undertaken for the Head of Corporate Affairs but the annual submission requirement is limited to Board members only.

The regulations (Section 1, Paragraph 5, or 'Regulation 5' as CQC refers to them in its guidance) place a duty on trusts to ensure that their directors, as defined above, are compliant with the FPPT.

According to the regulations, trusts must not appoint a person to an executive or non-executive director level post unless they meet the following criteria:

- are of good character
- have the necessary qualifications, competence, skills and experience
- are able to perform the work that they are employed for after reasonable adjustments are made
- have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity
- can supply information as set out in Schedule 3 of the Regulations

While it is the Trust's duty to ensure that it has fit and proper directors in post, the CQC has the power to take enforcement action against the Trust if it considers that the Trust has not complied with the requirements of the FPPT. This may come

about if concerns are raised to CQC about an individual or during the annual well-led review of the appropriate procedures.

The Trust Chair is responsible for ensuring that the Trust conducts and keeps under review a FPPT to ensure board members are, and remain, suitable for their role.

2. Trust Position

The Trust has a robust system, managed by the Head of Corporate Affairs, to ensure FPPT's are undertaken for those people undertaking Board levels roles on appointment and on an annual basis. This includes ensuring any identified issues are escalated, that the Board and Council of Governors are informed of the outcome of the checks undertaken and that declarations are made in accordance with the framework requirements.

3. Compliance

Annual declarations were requested and provided by all Board members for 2024/25 (the checks undertaken for the Director of Nursing, Allied Health and Social Care Professionals was undertaken at recruitment and not repeated as part of the annual checks due to the recency of the checks and appointment) and the Chair concluded all remained fit and proper and that a robust process had been followed. The Senior Independent Director (SID) concluded the Chair was fit and proper.

An external company was commissioned to undertake a number of the checks, but DBS checks continue to be undertaken in-house in accordance with company policy.

The outcome of the checks and supporting evidence were documented on a checklist for each Board member. The checklist template in Appendix 7 of the Fit and Proper Person Test Framework (below) was completed for each person that the FPPT was undertaken for.

4. Recommendation

The Council of Governors is asked to note:

- The Trust's compliance with the Fit and Proper Person Test Framework requirements.
- All Non-Executive members of the Board (voting and non-voting) continue to be fit and proper.
- The outcomes of the FPPT Framework assessments were shared with the Board at a meeting held on 28 May 2025.
- The annual declaration was forwarded to NHS England by 30 June 2024 in accordance with Framework requirements.

Appendix 7: FPPT checklist

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
First Name				x – unless change			Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / InterAuthority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Second Name/Surname				x – unless change				
Organisation (ie current employer)		x		N/A				
Staff Group		x		x – unless change				
Job Title Current Job Description				x – unless change				
Occupation Code		x		x – unless change				
Position Title		x		x – unless change				
Employment History Including: • job titles • organisation/ departments • dates and role descriptions • gaps in employment		x		x			Application and recruitment process, CV, etc.	Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained. The period for which information should be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Training and Development						*	Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification. Annually updated records of training and development completed/ongoing progress.	* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration. At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role. For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be. Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.
References Available references from previous employers				x			Recruitment process	Including references where the individual resigned or retired from a previous role

Last Appraisal and Date						*	Recruitment process and annual update following appraisal	* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.
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FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Disciplinary Findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement							Reference request (question on the new Board Member Reference). ESR record (high level)/ local case management system as appropriate.	The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.
Grievance against the board member								
Whistleblowing claim(s) against the board member								
Behaviour not in accordance with organisational values and behaviours or related local policies								

Type of DBS Disclosed							ESR and DBS response.	Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.
Date DBS Received							ESR	
Date of Medical Clearance* (including confirmation of OHA)		X		X – unless change			Local arrangements	
Date of Professional Register Check (eg membership of professional bodies)		X				X	Eg NMC, GMC, accountancy bodies.	
Settlement Agreements							Board member reference at recruitment and any other information that comes to light on an ongoing basis.	Chair guidance describes this in more detail. It is acknowledged that details may not be known/disclosed where there are confidentiality clauses.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Insolvency Check							Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.
Disqualified Directors Register Check							Companies House	

Disqualification from being a Charity Trustee Check							Charities Commission	
Employment Tribunal Judgement Check							Employment Tribunal Decisions	
Social Media Check							Various – Google, Facebook, Instagram, etc.	
Self-Attestation Form Signed							Template self-attestation form	Appendix 3 in Framework
Sign-off by Chair/CEO		x					ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.
Other Templates to be Completed								
Board Member Reference			x	x			Template BMR	To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday whichever latest. Appendix 2 in Framework.
Letter of Confirmation	x						Template	For joint appointments only - Appendix 4 in Framework.
Annual Submission Form	x						Template	Annual summary to Regional Director - Appendix 5 in Framework.
FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes

Privacy Notice	x		x	x			Template	Board members should be made aware of the proposed use of their data for FPPT – Example in Appendix 6.
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Agenda Item 18

Title & Date of Meeting:	Council of Governors Public Meeting – 17 July 2025															
Title of Report:	Annual Declarations															
Author/s:	Pete Beckwith, Director of Finance Stella Jackson, Head of Corporate Affairs															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>x</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td></td><td></td><td></td></tr></table>				To approve		To discuss		To note	x	To ratify		For assurance			
To approve		To discuss														
To note	x	To ratify														
For assurance																
Purpose of Paper:	This report provides evidence of how the Trust continues to meet the terms of its Licence, elements of the NHS Act and its Constitution. The Council of Governors is asked to: • Note the Council of Governors is required to have an understanding of the Provider Licence in order to assure itself that the Board acts so that the trust does not breach the conditions of its licence. • Familiarise itself with the content of the Provider Licence by reviewing the information in Appendix A which provides evidence that the Trust is meeting its licence conditions (updates to the evidence since 2024/25 are highlighted in yellow in appendices A and B). • Note the Trust Board undertook a review of the evidence at a meeting held on 28 May 2025.															
Key Issues within the report:																
Positive Assurances to Provide: • High level of assurance provided in June 2022 by Audit Yorkshire regarding the annual declarations process. • The evidence of how the Trust meets the Licence conditions has been updated to incorporate comments made by Executive Management Team members.		Key Actions Commissioned/Work Underway: • Evidence against the revised provider licence has been reviewed by the Executive Management Team and Trust Board.														
Key Risks/Areas of Focus: • None		Decisions Made: • Trust Board was satisfied with the evidence provided when this was reviewed, as part of a self-assessment, at the Board meeting held on 28 May 2025.														

Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
			Other (please detail) Quarterly report to Council	CoG
	Trust Board	28/5/2025	Executive Management Team	22/4/2025

Monitoring and assurance framework summary:

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

Compliance with the Provider Licence Annual Review

1 Introduction

Up until the financial year 2023/24, NHS Providers were required to publish a declaration of compliance against the NHS provider licence. This requirement was removed from the Provider Licence which came into force on 1 April 2023.

The new licence does not require licence holders to publish a declaration of compliance but they are expected to self-assess their compliance against the conditions.

NHS England will not be monitoring compliance with the Licence and Integrated Care Boards will decide if and how they want to monitor compliance.

However, NHS England will use the licencing framework to take action against an NHS provider should a breach occur.

The Code of Governance for Provider Trusts provides that when holding to account, the governors should 'ensure the board of directors acts so that the trust does not breach the conditions of its licence'. This report highlights how the Trust is meeting its licence conditions.

2 Declarations

In previous years the Trust has made the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

Evidence to support the above declarations is attached at Appendix A and B and updates to the evidence are highlighted in yellow for ease of reference.

Appendix A
Licence Conditions:

Condition	Explanation	Comments
Trust Working in Systems (WS)		
WS1. Cooperation	Requirement for NHS providers to carry out their legal duties to co-operate with NHS bodies and with local authorities, having regard to any guidance produced regarding cooperation.	• The Trust CEO is a member of the ICB Board • The Trust has active participation across the ICB in various groups
WS2. The Triple Aim	Obligated, when making decisions, to comply with the Triple Aim duty and any guidance published by NHS England regarding this.	• The Trust consider all aspects of the Triple aim when making decisions (Improving Patient Experience, Improving Value for Money, Improving Population Health). • The Trust will comply with any guidance issued by NHS England
WS3. Digital Transformation	Requirement to comply with required levels of digital maturity as set out in guidance published by NHS England	• The Trust has submitted the core and context Digital Maturity Assessment in May 2023. The response has been created within the current digital governance oversight. • The Trust digital governance has been updated to reflect what good looks like framework. • The Trust are identified as having a level 2 Electronic Patient Record and have procured a second-generation Electronic Patient Record as part of the Front Line Digitisation Programme.
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS England with any information it requires for its licensing functions.	• The Trust complies with any NHS England requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS England

Condition	Explanation	Comments
G2. Publication of information	Obligation to publish such information as NHS England may require regarding the health care services it provides for the purposes of the NHS.	• The Trust Board of Directors continues to meet in public with digital access available to view meetings. • Agendas, minutes and papers are published on the Trust's website. • Public Board meetings include updates on operational performance, quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • The Trust Publishes Quality Accounts and an Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the Board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candour.
G3. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	• Governors and Members of the Board of Directors are required to make an annual declaration to ensure that they continue to meet the Fit and Proper Persons Test. • The Trust complies with NHS England Fit and Proper Person Test framework requirements.
G4. NHS England guidance	Requires licensees to have regard to NHS England guidance.	• The Trust responds to guidance issued by NHS England. • Submissions and information provided to NHS England are approved through relevant and appropriate authorisation processes. • The Trust has regard to NHS England guidance with reports to Board and Council of Governors providing assurance.
G5. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	• The Trust's Internal Auditors (Audit Yorkshire) considered the Board Assurance Framework and Risk Management as part of the 2020/21 audit work programme; the outcome provided 'High' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. Governance arrangements in relation to Board & Committee Effectiveness remain in place and follow the process which was audited in 2018/19. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the Board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team.

Condition	Explanation	Comments
		- Annual Governance Statement - The 2023/24 Annual Head of Internal Audit Opinion provided 'Significant' Assurance
G6. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS England if their registration is cancelled.	- The Trust is registered with the Care Quality Commission (CQC). - The Trust's last full CQC inspection was in 2019 and assessed the Trust as 'Good'
G7. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	- Details of Services the Trust provides are published on the Trust's website - Patients referred to the Trust are not selected on any eligibility grounds. - Eligibility is defined through commissioner contracts and patient choice - Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G8. Application of section 6 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	CRS are defined in the Trusts contracts with Clinical Commissioning Groups
Costing conditions (P)		
C1. Obtaining, recording and maintaining sufficient information about expended costs	Obligation of licensees to record information, particularly about costs consistent with the guidance in NHS England's Approved Costing Guidance.	- The Trust has well established systems for coding, collection, retention and analysis of activity and cost information. - The 2020/21 Internal Audit Programme undertook an audit of the National Cost Collection which provided 'High' assurance
C2. Provision of information	Obligation to submit the above to NHS England.	The Trust responds to guidance and requests from NHS England.
C3. Assurance regarding the accuracy of pricing and costing information.	Obliges Providers to have processes in place to ensure itself of the accuracy and completeness of costing and other relevant information collected and submitted to NHS England.	The Trust Board have signed off the process in relation to National Cost Collection (July 2023).

Condition	Explanation	Comments
Pricing Condition (P)		
P1. Compliance with the NHS payment scheme	Obligation to comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the NHS Payment Scheme published by NHS England	All Trust contracts are agreed annually and are in line with the NHS payment scheme where applicable.
Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by ensuring service provision is integrated with the provision of such services by others and enables co-operation with other providers.	- The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. - A number of services provided are done so through partnership working with other local stakeholders. - The Trust has become the lead provider in the Humber Coast and Vale Geography for the following specialised Mental Health Services - Adult Secure inpatient care (Low/Medium Secure) - Children's and Adolescent Mental Health Inpatient Services - Adult Eating Disorders Inpatient Services
IC2. Personalised Care and Patient Choice	Obligation to: Support the implementation and delivery of personalised care by complying with legislation and having due regard to guidance. Offer service users information, choice and control to manage their own health and wellbeing to meet their own needs, working in partnership with other services as required. Ensure service users are informed, as applicable, when they have a choice of provider and that the information assists them in making well informed choices. Not offering gifts, benefits or pecuniary or other advantages to clinicians, other health professionals, commissioners or their staff as inducements to refer patients or commission services.	- The Trust has in place a service directory setting out the services available. - Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

Condition	Explanation	Comments
Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	• The Current Contracts with commissioners require agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS England's consent before disposing of these assets if NHS England has concerns about the licensee continuing as a going concern.	• The Trust maintains a full capital asset register. • Any disposals are reported to and approved by the Trust Board
CoS3. Standards of corporate governance, financial management and quality governance	Licensees are required to adopt and apply systems and standards of corporate governance, quality governance and financial management, which would be regarded as appropriate for a provider of NHS services, enable the Trust to continue as a going concern and provide reasonable safeguards against the licensee being unable to deliver services due to quality stress.	• The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, and these are reviewed on an annual basis. • The Board of Directors/Executive Management Team receive regular performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register which are reviewed at Board meetings and each Committee meeting • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	• The Trust does not operate and is not governed by an Ultimate Controller arrangement, so this Licence Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	• The Trust currently contributes to the NHS Litigation Authority (NHS Resolution) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial or quality stress	Applies when a licensee receives notice from NHS England regarding the ability of the licensee to continue to provide commissioner requested services due to a quality stress or carry on as a going concern.	• The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.

Condition	Explanation	Comments
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	• The Trust has maintained a bank balance of circa £25m+ • The Trust has an approved budget. • The Trust continues to complete its accounts on a going concern basis and there are no indications this will change
Foundation Trust conditions (FT)		
NHS1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS England.	• The Trust has provided NHS England with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS England with a copy of its Board approved Annual Report and Accounts.
NHS2.NHS Foundation Trust governance arrangements	Obliges the Licensee to apply principles, systems and standards of good corporate governance.	• The Trust reports, via its Annual Report, on its compliance against the NHS Foundation Trust Code of Governance. • Succession planning on the Board is considered on an annual basis. • The Board has an Annual workplan which ensures decisions are made in a timely way • Evidence regarding the Trust's compliance with its Licence conditions is considered on an annual basis. * Evidence against this submission is detailed in appendix B.

Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – January 2025 Board. Constitution is reviewed and, if appropriate, updated on an annual basis
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and 'ward to board' reporting. Well Led Review has taken place and all recommendations have been implemented.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal	External Audit Opinion on VFM (ISA260) Going Concern review Annual Governance Statement All Statutory requirements met Delivered Financial Targets in 2023/24 Previous use of Resource Score of 2 (currently not recorded) Trust plan agreed to meet its financial targets for 2024/25 Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board Annual Report and Accounts Annual Quality Report

	Statement	Sources of Evidence and Assurance
	requirements.	
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Board Skill Mix CQC well led rating of Good Board Development Programme Standing Items to Board • Performance Report • Finance • Chief Executive Update including ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update Refreshed Trust Strategic Objectives Patient and Staff Stories reported to Board Programme of Exec Visits (Virtual and Physical) Friends and Family Test CQC Action Plan/Improvement Plan Midday Mail/Midweek Global EMT New Headlines Board Talk Meet with Michele
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Trust Board undertake Fit and Proper Persons Test Board Secretary maintains declarations of interest register Staffing Figures reported to the Board regularly. Trust Workforce Strategy Workforce included in Service Plans The Trust has an established People and Organisational Development Committee

Title & Date of Meeting:	Council of Governors – 17 July 2025			
Title of Report:	Performance Update			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve	☐	To receive & discuss	☐
	For information/To note	☒	To ratify	☐
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.			
Key Issues within the report:				
Positive Assurances to Provide: - All aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate - Mandatory Training - Vacancies		Key Actions Commissioned/Work Underway: Included within the body of the report		
Matters of Concern or Key Risks: - Waiting Times - Out of Area Placements		Decisions Made: The Council of Governors are asked to note the updates on performance.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
			Other (please detail) Quarterly report to Council	✓
	Trust Board			

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

1 Introduction and Purpose

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

2 Background

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

<https://www.humber.nhs.uk/media/k35iy00g/public-board-papers-28-may-2025.pdf>

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

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

2.1 Revisions to Trust Performance Report

EMT and the Trust Board have reviewed the Trust Performance Report for 2025/26 and have made the following amendments:

Indicators Added:

- UEC 1 Hour Liaison
- Community Safer Staffing Dashboard
- Community Urgent and Emergency Care (2 Hour Waits)
- Virtual Ward Occupancy

Indicators Removed:

- Friends and Family Test
- RTT Complete and Incomplete

2 Performance Updates

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

3.1 Vacancies

The overall trust vacancy position has continued to remain strong at 7%, with Nursing vacancies maintaining below target position. Consultant vacancies remain above target but report a more positive position than previous years and an improving trajectory.

Data from NHS Digital reports the following vacancy position across the NHS as at March 2025

Total Workforce Vacancy Rate as at March 2025 (Q4)

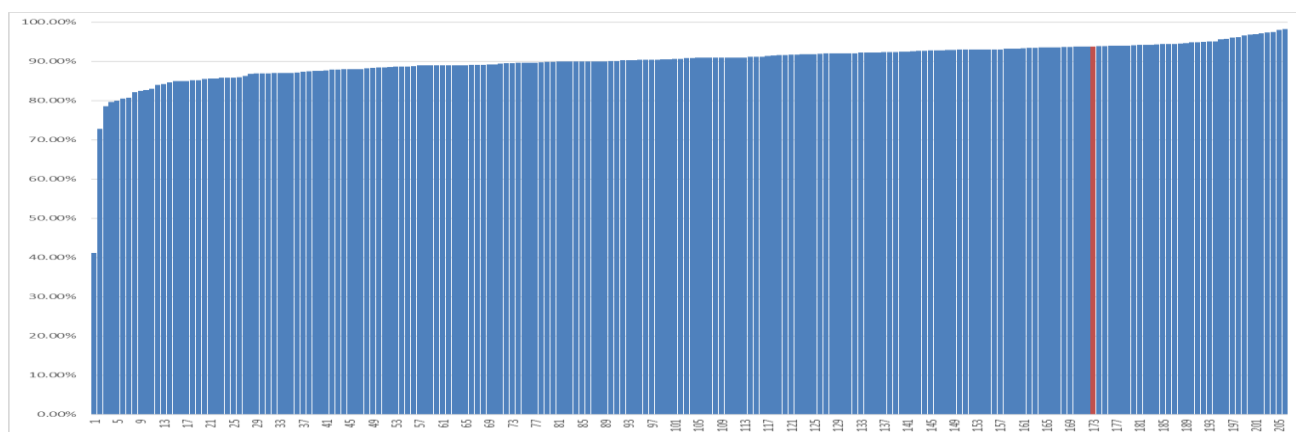
Region	Sector	2024/25 Q4 (Mar-25)
East of England	Acute	7.2%
	Ambulance	4.4%
	Community	4.4%
	Mental Health	8.9%
	Specialist	5.4%
East of England Total		7.2%
London	Acute	7.4%
	Ambulance	5.4%
	Community	8.5%
	Mental Health	10.4%
	Specialist	4.3%
London Total		7.8%
Midlands	Acute	7.1%
	Ambulance	2.6%
	Community	8.0%
	Mental Health	10.3%
	Specialist	2.4%
Midlands Total		7.4%
North East and Yorkshire	Acute	5.4%
	Ambulance	4.5%
	Community	5.3%
	Mental Health	6.9%
	Specialist	1.5%
North East and Yorkshire Total		5.6%
North West	Acute	6.1%
	Ambulance	4.0%
	Community	6.7%
	Mental Health	9.3%
	Specialist	4.6%
North West Total		6.5%
South East	Acute	6.2%
	Ambulance	5.1%
	Community	7.0%
	Mental Health	8.0%
	Specialist	5.7%
South East Total		6.5%
South West	Acute	5.0%
	Ambulance	5.2%
	Community	9.7%
	Mental Health	7.5%
	Specialist	0.0%
South West Total		5.5%
Grand Total		6.7%

3.2 Mandatory Training

The Trust has continued to maintain a strong position against the Trust target of 85%, reporting current compliance at 94.3% (as at the end of April).

This performance is strong when compared with the latest Model Hospital Data (2023/24 Data – National Average 90.2%).

Model Hospital Data on Statutory and Mandatory Training



3.4 Sickness Absence

Sickness absence has continued to be above target, in response to this and with a focus on the high levels of sickness absence reported in inpatient areas, a bespoke targeted intervention is being delivered collaboratively between operational areas and the People team, across five inpatient settings.

This work is being reported into EMT and the People & OD Committee.

Sickness levels continue to be reviewed in relation to the Trust Wide Risk Register

The most recently available benchmarking information for sickness across the NHS (via NHS Digital) reported that the sickness absence rates across England were:

- 5.7% for January (Trust Performance was 5.8%)
- 5.7% for December (Trust Performance was 5.9%)

3.5 Waiting Times

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

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. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis.

work on capacity and demand continues to inform the operational planning discussions taking place with commissioners, this is however in the context of a challenged ICS financial position and national focus on not increasing workforce numbers.

3.6 Out of Area Bed Placements

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this, our data demonstrates that whilst some fluctuation is taking place, overall reduction is being achieved.

Use of out of area beds is impacted by our overall patient flow and significant work has taken place to reduce the number of patients who are clinically ready for discharge (CRFD).

By continuing to use the nationally recommended rapid improvement methodology for multiagency discharge event (MaDE) a reduction in the number of bed days lost due to delayed transfers or discharges for those patients who are CRFD is being achieved.

Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. This work supports the reduction in out of area placements.

3 Recommendation

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

Agenda Item 17

Title & Date of Meeting:	Council of Governors – 17 July 2025			
Title of Report:	Finance Update			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
	The Council of Governors are asked to note the Finance report and comment accordingly.			
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.			
Key Issues within the report:				
Positive Assurances to Provide: - The Trust achieved a breakeven position at the end of 2024/25. - The Trust has a breakeven target plan for 2025/26.		Key Actions Commissioned/Work Underway: Work on in year monitoring and forecasting continues.		
Matters of Concern or Key Risks: None.		Decisions Made: The Council of Governors are asked to note the Finance report and comment accordingly.		

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

Monitoring and assurance framework summary:

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

Council of Governors Finance Update Report

1. Introduction

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

2. Trust Position as at 31st March 2025

For 2024/25 the Trust has a ICB planning target to deliver a breakeven financial position.

Table 1 below shows for the period to 31st March 2025, the Trust recorded a minor surplus of £0.026m, which is consistent with the Trusts financial target for the year.

It should be noted the Trusts profiled financial plan had increased levels of efficiency savings profiled to be achieved in the second half of the year to achieve the breakeven position.

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

Excluded items currently includes donated asset depreciation (£0.040m), Impairment (£5.416m) and capital grants (£0.788m), these costs are included in the Trusts financial ledger but do not count against the Trust's financial control targets.

Table 1: Reported I&E Position 2024/25

	December 2024 £000	January 2025 £000	February 2025 £000	March 2025 £000
Income	136,181	151,141	165,477	179,468
<i>Less: Expenditure</i>	131,673	145,160	158,665	171,571
EBITDA	4,508	5,981	6,812	7,897
Finance/Technical Items	6,426	7,362	7,292	12,538
Ledger Position:	(1,918)	(1,381)	(480)	(4,641)
Excluded items:	7	51	-	(4,668)
Net Position Surplus/(Deficit)	(1,925)	(1,432)	(480)	27
EBITDA	3.3%	4.0%	4.1%	4.4%
Deficit (-)/Surplus %	-1.4%	-0.9%	-0.3%	0.0%

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

Key variances are explained in the following paragraphs:

2.1 Children's and Learning Disability

The outturn position for Children's and LD is an underspend of £0.647m.

There have been a number of non-recurrent benefits which have improved the position for the division, including additional income and the release of deferred income from the prior year to fund non pay.

Vacancy savings have also provided a non-recurrent benefit and have off-set pressures in inpatient areas; Townend Court, Inspire & Granville Court. Pressures have come from covering staff absences and clinical acuity, at Townend two patients have required additional staff with them constantly for a number of months. The use of agency medics in CAMHS and agency nurses in unplanned areas has also increased costs. The total underspend on pay is £0.163m

2.2 Community and Primary Care

The year end outturn for Community and Primary Care was an overspend of £0.071m.

The overspend is due to Primary Care which shows a pressure of £0.293m. This is partly due to patients choosing to move away from Humber Primary Care which has reduced the income received. The position has improved from the previous forecast by £0.066m, primarily due to practices receiving non recurrent income and a reduction in bank expenditure.

Community Services have underspent to budget by £0.222m. There was a saving on pay of £0.276m because of vacancies, mainly on newly commissioned services such as the Virtual Ward and Urgent Community Response & Intermediate Care.

There are risks associated with the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts. There is a pressure of £0.202m on non pay expenditure, mainly because of demand for continence products (£0.230m adverse variance to budget).

2.3 Mental Health

The Mental Health Division year end position is an overspend of £0.758m

The improvement since the February forecast is due to additional income from ad hoc clinical activity, a reduction in activity with subcontractors for the Talking Therapies service, and a reduction in the expenditure for Agency

medics due to the confirmation of holidays taken during January and February.

The Division has ended the year with an overspend less than that estimated at Month 4 when it was agreed to follow an executive approved recovery plan that had a planned overspend of £1.247m. This has mainly been due to vacancy management within the Planned side of the Division, expenditure reductions higher than planned from the reduction of Agency medics and additional non recurrent income.

The inpatient units continue to ensure additional staffing above budgeted establishment is scrutinised however, staff sickness and patient acuity remain at high levels and the service is still unable stay within budget and this remains a significant risk to the ability for the Division to achieve a balanced position in 2025-26.

3.4 Forensic Services

The outturn position for the Forensic Division was an overspend of £0.003m against a forecast overspend of £0.023m.

Vacancy savings on the community teams offset pressures on the inpatient units. The Humber Centre wards & Pine View have challenges from covering staff absence, as sickness levels are greater than that budgeted. There have also been pressures from clinical acuity and the need to increase staffing to keep the wards safe.

3.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing a year end underspend of £0.818m, the main factor being items held centrally to offset pressures.

4. Cash

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

Table 2: Cash Balance

	February 2025 £000	March 2025 £000	May 2025 £000
Government Banking Service	16,641	17,982	19,296
Nat West	334	278	162
Petty Cash	28	27	26
Net Position	17,003	18,287	19,484

5. Better Payment Practice Code (BPPC)

The BPPC figures are shown in the Table below. The year end 2024/25 position was 92.9% for Non NHS and 80.7% for NHS.

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

Table 3: Better Payment Practice Code

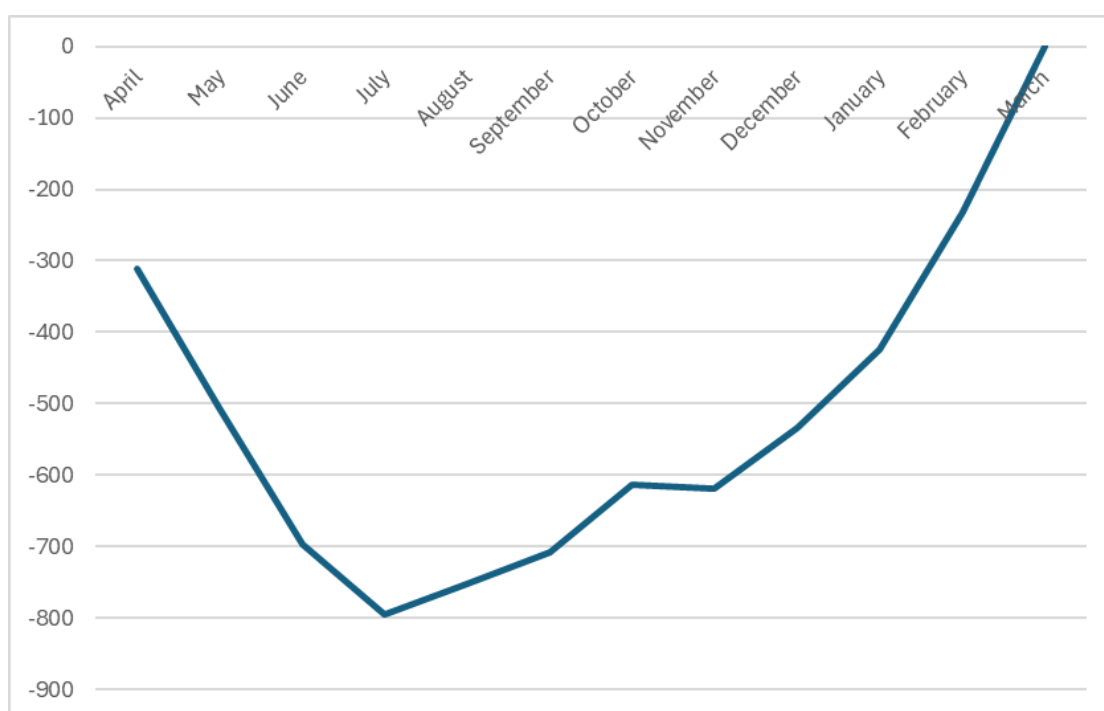
Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	33,544	111,512
Total bills paid within target	31,168	105,390
Percentage of bills paid within ta	92.9%	94.5%
NHS		
Total bills paid	1,403	35,060
Total bills paid within target	1,132	32,464
Percentage of bills paid within ta	80.7%	92.6%
TOTAL		
Total bills paid	34,947	146,572
Total bills paid within target	32,300	137,854
Percentage of bills paid within ta	92.4%	94.1%

6. 2025/26 Financial Plan

The Trust has submitted a break-even plan for 2025/26, and a budget consistent with the financial plan has been uploaded onto the Trust Ledger.

A monthly profile has been included, reflective of timing of efficiency programmes, the cumulative monthly profile has a cumulative deficit position of £0.8m by July, returning to break even by the end of the year (as per the profile below).

Table 1: Agency Target Spend by Staff Group



There are no formal reporting requirements to NHSE at Month 1 due to year end accounting priorities.

As at the end of Month 1 the Trust has recorded a position consistent with the profiled plan, this was a deficit position of £0.312m, future reports to the board will focus on the forecast outturn position.

7. Recommendations

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

Appendix 1

Income and Expenditure Position March 2025

	24/25 Net Annual Budget £000s	Full Year		
		Budget £000s	Actual £000s	Variance £000s
Income				
Block Income	175,212	175,212	175,423	211
YHCR	3,948	3,948	4,045	97
Total Income	179,160	179,160	179,468	308
<u>Clinical Services</u>				
Children's & Learning Disability	43,635	43,635	42,988	647
Community & Primary Care	20,980	20,980	21,051	(71)
Mental Health	57,819	57,819	58,577	(758)
Forensic Services	14,144	14,144	14,147	(3)
	136,578	136,578	136,764	(185)
<u>Corporate Services</u>				
	35,625	35,625	34,807	818
Total Expenditure	172,204	172,204	171,571	633
EBITDA	6,956	6,956	7,897	941
Depreciation	5,153	5,153	5,146	6
YHCR Amortisation	1,157	1,157	1,157	(0)
Interest	(1,478)	(1,478)	(1,637)	159
IFRS 16	1,659	1,659	1,699	(40)
PDC Dividends Payable	1,966	1,966	1,506	460
Operating Total	(1,500)	(1,500)	26	1,526
BRS	(1,500)	(1,500)	-	(1,500)
Operating Total	(0)	(0)	26	26
Excluded from Control Total				
Impairment	-	-	5,416	(5,416)
Local Government Pension Scheme	-	-	-	-
Grant Income	-	-	(788)	788
Donated Depreciation	22	22	40	(18)
	(22)	(22)	(4,643)	(4,621)
Ledger Position	(22)	(22)	(4,643)	(4,621)