

**Council of Governors  
Public Meeting – Thursday 16 January 2025**

For a virtual meeting to be held at 1.40pm – 3.40pm by Microsoft Teams

<p>Quorum for business to be transacted – one third of Governors present.</p> <p>Key duties of the Council of Governors are outlined in the terms of reference and include:</p> <ul style="list-style-type: none"> <li>• Hold the Non-Executive Directors individually and collectively to account for the performance of the Board</li> <li>• Represent the views of the Trust members and the interests of the public</li> <li>• Approve the appointments and remuneration of the Chair and Non-Executive Directors</li> <li>• Approve the appointment of the Chief Executive and Trust Auditor</li> <li>• Approve changes to the Trust Constitution, significant transactions and any proposed application for a merger, dissolution or separation</li> <li>• Receive the Annual Report</li> </ul>
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		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 16 October 2024	CF	Approve	√
4.	Minutes of the Annual Members Meeting/Annual General Meeting	CF	Approve	√
5.	Actions Log, Workplan and Matters Arising	CF	Discuss	√
6.	Spotlight on a Service – Developments for the Community Forensic Service - Bekki Whisker	LP	Note	√
	<b>Board Report Backs</b>			
7.	Chair's Report	CF	Discuss	√
8.	Chief Executive's Report and Governors Questions to the Chief Executive	MM	Discuss	√
9.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√

	<b>Governor Items</b>			
10.	Appointed Governor Focus –Emma Dallimore (MIND)		Note	verbal
11.	Council of Governor Sub-Groups Feedback inc Membership Engagement Activities		Note	√
12.	Governors Questions – topical issues not already covered or discussion re any questions received in advance	All	Discuss	verbal
	<b>Performance &amp; Delivery</b>			
13.	Performance Report (available in the latest set of Board papers via this link: <a href="#">public-board-papers-27-november-2024.pdf</a> link from last Board)	PB	Discuss	√
14.	Finance Report	PB	Discuss	√
	<b>Corporate</b>			
15.	Any Other Business	CF	Note	verbal
16.	Review of the Meeting – Being Humber	CF	Note	verbal
17.	<b>Date, Time and Venue of Next Meeting</b> Thursday 17 April 2025, 2.00pm – 4.00pm Lecture Theatre Willerby Hill Thursday 17 July 2025, 2.00pm – 4.00pm via Microsoft Teams Thursday 16 October 2025, 2.00pm – 4.00pm Lecture Theatre Willerby Hill			

## Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 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:																				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Governor declarations updated</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</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		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓																	
Trust Board																				

### Monitoring and assurance framework summary:

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

✓ Tick those that apply

	Innovating Quality and Patient Safety
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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
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
<b>Elected – Hull Public</b>	Patrick Hargreaves	<ul style="list-style-type: none"> <li>Member of the Labour Party not active</li> </ul>
	Isabel Carrick	<ul style="list-style-type: none"> <li>None</li> </ul>
	Brian Swallow	<ul style="list-style-type: none"> <li>Member of Hull and East Yorkshire Mind</li> <li>Member of Campus Health Centre Patient Participation Group.</li> </ul>
	Vacant	
<b>Elected – East Riding Public</b>	Ted Burnside	<ul style="list-style-type: none"> <li>Volunteer at the Market Weighton GP Practise and a committee member of the surgery's patient group</li> </ul>
	Vacant	
	Anthony Douglas	<ul style="list-style-type: none"> <li>Wife employed by Humber</li> <li>Member of the Labour Party</li> <li>Work on the Trust Bank as an RGN and also as an Investigations Officer for HR.</li> </ul>
	Kimberley Harmer	<ul style="list-style-type: none"> <li>Co/Founder &amp; Chairman of Fuse Youth Services (Children and Young Peoples Charity that supports young people's mental health and wellbeing)</li> <li>Trustee of Bridlington Health Forum</li> <li>VCSE Youth Voice attendee at The Bridlington Strategy Steering Group of the HNY ICB.</li> <li>VCSE Collaborative Member of HeySmile Humber &amp; ERY</li> <li>Governor Headlands Secondary School</li> <li>Trustee/Director, The Hinge Centre Ltd</li> <li>Force IAG, ERIAG, VAWAG IAG</li> <li>Member Humberside Police</li> <li>Clear Hold Build Strategy Member for Bridlington (VCSE Youth Voice)</li> <li>Bridlington Youth Partnership Senior Member</li> <li>Conservative Policy Forum Humber &amp; Yorkshire Regional Ambassador</li> <li>Bridlington and The Wolds Association Deputy Chair Fundraising and Event and CWO Representee</li> <li>Owner of a property business M K Thomas Properties &amp; a decorating firm</li> </ul>

		Thomas Decorators. <ul style="list-style-type: none"> <li>• Brother in law works as a manager in the maintenance team at Bridlington hospital.</li> <li>• Senior Caseworker, for the Member of Parliament for the Bridlington and The Wolds Charlie Dewhirst</li> </ul>
	John Morton	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Vacant	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Elected – Wider Yorkshire &amp; Humber Public</b>	Tim Durkin	<ul style="list-style-type: none"> <li>• Member of Hull and East Yorkshire Mind</li> <li>• Member of (National) Mind</li> <li>• Associate Hospital Manager (AHM) for the Trust</li> </ul>
<b>Elected Whitby</b>	Vacant	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Service User and Carer</b>	Anthony Houfe	<ul style="list-style-type: none"> <li>• Wife is the founder &amp; Chair of Hidden Disabilities Charity</li> </ul>
	Marilyn Foster	<ul style="list-style-type: none"> <li>• Member of Patient and Carer Forum (Trust)</li> <li>• Humber Medical Education Committee</li> <li>• Volunteer for Stakeholder Panel Interviewing</li> <li>• ICS/Kings Fund Steering Committee</li> </ul>
<b>Elected - Staff</b>	Vacant (clinical)	
	William Taylor (clinical)	<ul style="list-style-type: none"> <li>• Member of Unite the Union</li> <li>• Wife is an employee of Humberside Police force</li> </ul>
	Jon Duncan (non clinical)	<ul style="list-style-type: none"> <li>• In a relationship with and lives with a member of staff in the organisation – Marie Dawson Senior Project Manager</li> </ul>
	Sharon Nobbs (non clinical)	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Vacant (non clinical or Clinical)	
<b>Appointed</b>	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Councillor Jonathan Owen, East Riding of Yorkshire	<ul style="list-style-type: none"> <li>• Cabinet Member of East Riding of Yorkshire Council</li> <li>• Partner Member of Humber &amp; North Yorkshire ICB</li> </ul>

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

## **Agenda Item 3**

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

**Thursday 17 October 2024 at 2:20pm – 4:45pm, in the Lecture Theatre, Willerby Hill**

#### **Present:**

Rt Hon Caroline Flint, Trust Chair  
Michele Moran, Chief Executive  
Will Taylor, Staff Governor  
John Duncan, Staff Governor  
Ted Burnside, East Riding Public Governor  
John Morton, East Riding Public Governor  
Tony Douglas, East Riding Public Governor  
Kimberley Harmer, East Riding Public Governor  
Tim Durkin, Rest of England Public Governor  
Brian Swallow, Hull Public Governor  
Patrick Hargreaves, Hull Public Governor  
Isabel Carrick, Hull Public Governor  
Dominic Purchon, Appointed Governor, Humberside Fire and Rescue Service

#### **In Attendance:**

Stella Jackson, Head of Corporate Affairs  
Peter Beckwith, Director of Finance  
Lynn Parkinson, Chief Operating Officer  
Dean Royles, Non-Executive Director  
Philip Earnshaw, Non-Executive Director  
Laura Roberts, PA to Chair & Chief Executive and BSU Manager  
Katie Colrein, Membership Officer  
Leonie Wright, Senior Administration Assistant  
Adrian Elsworth, General Manager, Adult Mental Health Services Unplanned (for item 58/24)  
Paul Johnson, Clinical Director (for item 59/24)  
Kate Baxendale, Deputy Director of Nursing, AHP and Social Work Professionals (for item 62/24)  
Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production (for item 68/24)  
David Napier, Complaints and Feedback Manager (for item 68/24)

#### **Apologies:**

Marilyn Foster, Service User and Carer Governor / Lead Governor  
Jacquie White, Appointed Governor, University of Hull  
Alex Weeks, Appointed Governor, Humberside Police  
Emma Dallimore, Appointed Governor MIND Voluntary Services  
Cllr Linda Chamber, Appointed Governor, Hull City Council  
Cllr Jonathan Owen, Appointed Governor, East Riding Council  
Sharon Nobbs, Staff Governor  
Anthony Houfe, Service User and Carer Governor  
Stuart McKinnon-Evans, Non-Executive Director  
Keith Nurcombe, Non-Executive Director  
Steph Poole, Non-Executive Director  
Priyanka Perera, Associate Non-Executive Director



The Chair welcomed everyone to the meeting.

55/24	<p><b>Declarations of Interest</b></p> <p>Any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the governor(s) should declare the interest and remove themselves from the meeting for that item.</p> <p>There were no declarations made.</p>
56/24	<p><b>Minutes of the Meeting held on 18 July 2024</b></p> <p>Subject to the amendment below, the minutes were agreed as an accurate record of the meeting held on 18 July 2024.</p> <p><u>44/24 Chief Executive's Report and Governor Questions to the Chief Executive</u></p> <p>Tim Durkin raised concerns regarding issues in community services in Scarborough and Ryedale. This related to capacity risks, and he suggested an increase in the staffing level and that it be considered in the planning of next year's budget. Lynn Parkinson reported that the capacity matters were due to an increase in demand and resultant staffing requirements continued to be reviewed. Lynn added that both she and Michele Moran were members of the Community Collaborative, where such matters were discussed.</p> <p>It was also raised that the numbering of the minutes had fallen out of sync.</p>
57/24	<p><b>Actions Log, Workplan and Matters Arising</b></p> <p>There were no actions to note on the action log.</p>
58/24	<p><b>Spotlight on a Service – Mental Health Crisis Team</b></p> <p>Adrian Elsworth gave a presentation regarding the work of the Mental Health Crisis Team (this team provides crisis interventions through telephone support, assessments, and intensive community-based treatment via the Home Treatment Team).</p> <p>Ted Burnside asked whether those people referred into the service were segregated on referral according to their age group. Adrian confirmed this was possible and that the services were designed to meet the specific needs of the service users.</p> <p>Ted Burnside noted there were a high number of referrals by the police and asked whether the police were making inappropriate referrals into the service. Adrian responded that the team and the police engaged prior to people being referred which ensured the referrals were appropriate. Lynn Parkinson outlined the importance of organisations across the system intervening early to ensure that any crisis situation was prevented.</p> <p>Kimberley Harmer asked whether there was a difference in referral types between Hull and the East Riding. In response, Adrian reported that there were occasions when people in the East Riding presented at Tees, Esk and Wear Valleys (TEWV) Trust services and Humber Teaching NHS Foundation Trust was considering whether the provision of satellite services might prove beneficial.</p> <p>Will Taylor asked who monitored the quality of the third-party suppliers. Adrian</p>

	<p>informed Governors the team worked closely with all service providers to ensure the quality of service provided by them met the Trust's requirements.</p> <p>Tony Douglas asked what the biggest challenge the service was facing. In response, Adrian reported it was important there were sufficient interventions within the service to prevent people reaching a crisis point. Tony then asked whether the pandemic had impacted the service. Adrian informed Governors there had been an increase in the overall mental health demand year on year.</p> <p><b><u>Resolved:</u></b> <b>The update was noted.</b></p>
59/24	<p><b>Trust response to the Nottingham Report regarding the care and treatment of Valdo Calocane</b></p> <p>Paul Johnson introduced the Trust's response to the learning from the CQC report into the care and treatment of Valdo Calocane by Nottingham NHS Foundation Trust. . A report on this subject had been presented to the Board, Quality Committee and a further update would be provided at the November 2024 Board meeting. Paul reported that the Trust did not have any policies which required that service users be discharged due to disengagement.</p> <p>Tim Durkin was not convinced that not having an Assertive Outreach Team was the right solution. Lynn Parkinson reported that traditionally, Assertive Outreach teams had been successful for those people able to access the service. However, it was important that an assertive outreach approach was embedded within the Trust's service provision to ensure the Trust engaged with those people choosing not to access such a service. Lynn added that national discussions were taking place, and a national policy was emerging.</p> <p>Will Taylor asked about the resources and whether there were any capacity struggles. Paul Johnson responded that the teams were engaging and working smarter. The impact of this would be monitored.</p> <p>The Chair informed the Governors that the Quality Committee and Trust Board would be monitoring the Trust's response.</p> <p><b><u>Resolved:</u></b> <b>The report was noted.</b></p>
60/24	<p><b>Chairs Report</b></p> <p>The Trust Chair presented her report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The recent successful Annual Members Meeting and Market Place had taken place, with Lucy Beaumont as a celebrity guest. The teams were thanked for their work and support.</li> <li>• Thanks were given to Gary Foster and a welcome to Alex Weeks who was replacing Gary as the Humberside Police Partner Governor and also thanks to John Henderson and welcome to Dominic Purchon who was replacing Jon as the Humberside Fire &amp; Rescue Partner Governor</li> <li>• Governor Elections were live.</li> <li>• Governor Development Sessions – The Governors were advised that topics had been reviewed and a programme of delivery had been developed.</li> </ul>

	<p><b><u>Resolved:</u></b> <b>The report was noted.</b></p>
61/24	<p><b>Chief Executive's Report and Governor Questions to the Chief Executive</b></p> <p>The report was presented by the Chief Executive who drew the Governors' attention to the following sections:</p> <ul style="list-style-type: none"> <li>• Veterans Accreditation</li> <li>• SEQOHS Re-accreditation was achieved by Occupational Health Department</li> <li>• First 'Humberfest' fun family day was held on 11 August, some Governors attended.</li> <li>• Health Inequalities worked continued</li> <li>• UNICEF Baby Friendly Gold Award achieved for Hull and East Riding had been re-accredited</li> <li>• Physical Health Strategy work continued</li> <li>• National Staff Survey was live with a positive uptake</li> <li>• The Respect campaign continued</li> <li>• The Being Humber behavioural framework was being refreshed</li> <li>• Flu Vaccination programme had commenced</li> <li>• Integrated Care System Blueprint work was progressing</li> <li>• Winter Plan – presented to the Board</li> </ul> <p>Michele Moran advised that the Executive Director of Nursing, Allied Health and Social Care Professionals would be retiring on 31 March 2025. The process for recruitment had commenced with interviews scheduled to take place on 16 December 2024, and a reserve date of 8 January 2025.</p> <p>Tony Douglas queried whether the Trust's GP practices were participating in the collective action. In response, Michele Moran reported the collective action was taking place across Humber and not at the Trust's practices. Phillip Earnshaw added that GPs were effectively working to rule, and the collective action was taking place mainly in practices which were partner led.</p> <p><b><u>Resolved:</u></b> <b>The report was noted.</b></p>
62/24	<p><b>Quality Accounts</b></p> <p>Kate Baxendale introduced the Quality Account report, and provided an overview of the requirements, progress against priorities and the achievements made during 2023/24. Key priorities for 2024/35 had been agreed.</p> <p>Tim Burnside asked why the neurodiversity waiting lists were not mentioned within the report. In response, Kate Baxendale reported that this was a national issue and work was taking place across the system to respond to the issue within Humber and the East Riding. This issue would be picked up within the performance report agenda item of this meeting.</p> <p>Tim Durkin noted there was no reference to the Council of Governors within the report and believed this should be incorporated in future.</p>

	<p><b><u>Resolved:</u></b> The report was noted.</p>
63/24	<p><b>Non-Executive Director Chairs of Sub Committees Assurance Reports &amp; Feedback</b></p> <p>The assurance reports from the Sub Committees of the Board were provided for information and taken as read.</p> <p><b>Workforce OD Committee</b> Dean Royles advised that the Committee had changed its name to People and OD Committee. Three sub committees reported up to this committee, which were the Staff Health and Wellbeing Group, Equality, Diversity and Inclusion Steering Group and Medical Education Committee. Dean added that turnover and vaccines rates were positive. There were funding concerns for the Regional Health and Wellbeing Hub, which was supported by NHS England.</p> <p><b>Mental Health Legislation Committee Assurance</b> Philip Earnshaw advised that Stephanie Poole, Non-Executive Director would be the Committee Chair going forward. Mental Health Act training was noted. Section 4 were nearly eliminated. Philip Earnshaw and Peter Beckwith had undertaken Associate Hospital Managers training. There was good assurance for Reducing Restrictive Interventions.</p> <p><b><u>Resolved:</u></b> The reports were noted.</p>
64/24	<p><b>Council of Governor Sub-Groups Feedback ATC &amp; EWM inc Membership Engagement Activities</b></p> <p>A report had been received by this Committee from the Appointment Terms and Conditions Committee, prepared by Marilyn Foster.</p> <p>Tony Douglas advised that the Engaging with Members Meeting had not been quorate. The next meeting was scheduled to take place on 28 November. All Governors were invited and encouraged to attend.</p> <p><b><u>Resolved:</u></b> The information was noted.</p>
65/24	<p><b>Governors Questions – topical issues not already covered or discussion regarding any questions received in advance</b></p> <p>Brian Swallow noted that the Trust employed a number of social workers and asked whether this was causing any conflict. Lynn Parkinson informed Governors that the Trust had invested in the professional leadership structure to address any potential issues regarding conflicts of interest. The Chair added a Trust employee had been awarded a national 'Social Worker of the Year' award. Will reported a number of qualified social workers worked within non-social worker roles within the Trust and this was proving beneficial.</p> <p><b><u>Resolved:</u></b> The information was noted.</p>

66/24	<p><b>Performance Report</b></p> <p>The Performance Update report was introduced by Peter Beckwith. Peter added that the full Performance Reports were included in the public Board papers. He then informed the Governors workforce metric performance was positive and waiting times and out of area placements were key areas of focus.</p> <p>The Trust Chair reminded governors that they have access to the detailed Performance Reports presented to the public Board as well as the Performance Update report to this meeting to support their questions.</p> <p>Ted Burnside noted discretionary funding by the ICB to address the neuro diversity waiting lists had been paused and asked whether the Trust would be utilising any of its cash position to address the issue. In response, Peter Beckwith reported that such an expenditure would put the Trust in a deficit position as the Trust needed to receive income in order to spend it. Michele Moran added that the Trust was doing everything it could to address the issue.</p> <p><b><u>Resolved:</u></b> <b>The report was noted.</b></p>
67/24	<p><b>Finance Update</b></p> <p>Pete Beckwith presented the Finance Update report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Trust was on plan for month 5, with a breakeven forecast.</li> <li>• The ICS month 4 position, with £100m of efficiencies to be delivered by the year end. The Trust position would be dependent upon financial support of £1m from the ICB and the NHS pay award.</li> <li>• Work was underway with the Mental Health Division on the overspend to achieve plan.</li> </ul> <p>Tim Durkin noted the Trust's primary care services were creating a financial challenge to the Trust then asked why the Trust reported against the value of invoices paid rather than the number. Peter Beckwith responded that this information was available, and the Trust ensured lower value invoices (often from small businesses) were paid.</p> <p><b><u>Resolved:</u></b> <b>The report was noted.</b></p>
68/24	<p><b>Patient and Carer Experience Annual Report</b></p> <p>Mandy Dawley and David Napier introduced the Patient and Carer Experience Annual Report for 2023/2024. A section of the pre-recorded video for the Annual Report was shared on the screen and an overview of the Annual Report was provided.</p> <p>The video links would be circulated to the Council of Governors.</p> <p>The Trust Chair encouraged all Governors to attend a Patient and Carer Experience Group meeting.</p> <p><b><u>Resolved:</u></b> <b>The report was noted.</b></p>

	<b>Video links to be circulated to the Council of Governors.</b> <b>MD/KC</b>
69/24	<b>Any Other Business</b>  The Chair requested that the Governors inform Katie Colrein of any areas they wished to be briefed about. It was suggested that the prison contract be a session for the spotlight session.  The matters regarding the audio equipment failing to work were noted and the Chair apologised for the impact on the meeting.  <u><b>Resolved:</b></u> <b>Governors to send areas of interest to Katie Colrein.</b> <b>Prison contract to be added as a session for the spotlight session.</b> <b>All KC</b>
70/24	<b>Review of the Meeting – Being Humber</b> It was agreed the meeting had been delivered in the Being Humber style. Papers were of a good quality.
71/24	<b>Date and Time of Next Meeting</b> Thursday 16 January 2025, 2.00pm – 4.00pm via Microsoft Teams

Signed..... Date  
Chair

## Trust Board Meeting

**Minutes of the Annual Members Meeting/Annual General Meeting held on Thursday, 26 September 2024 in the Lecture Theatre, Humber Teaching NHS Foundation Trust**

**Present:**

- Rt Hon Caroline Flint, Chair
- Mrs Michele Moran, Chief Executive
- Dr Phillip Earnshaw, Non-Executive Director
- Mr Keith Nurcombe, Non-Executive Director
- Ms Stephanie Poole, Non-Executive Director
- Mr Dean Royles, Non-Executive Director
- Mr Peter Beckwith, Director of Finance
- Dr Kwame Fofie, Medical Director
- Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
- Mr Ted Burnside, Public Governor, East Riding of Yorkshire
- Mrs Isobel Carrick, Public Governor, Hull
- Mr Tony Douglas, Public Governor, East Riding of Yorkshire
- Mr Tim Durkin, Public Governor, Rest of England
- Mr Anthony Houfe, Service User and Carer Governor

**In Attendance:**

- Mrs Stella Jackson, Head of Corporate Affairs (Minutes)
- Mrs Karen Phillips, Associate Director of People and Organisational Development

93 members of staff (46 in person and 47 via live streaming)  
257 members of the public (15 in person and 242 via live streaming)

**Apologies:** These were noted

01/24	<p><b>Welcome and Guest Speaker</b></p> <p>The Chair welcomed everyone to the combined Annual Members Meeting and Annual General Meeting.</p> <p>She then introduced comedian, Lucy Beaumont who spoke about her experiences of healthcare services, the charitable work she had undertaken and her career journey.</p>
02/24	<p><b>Review of the Year: 2023-2024</b></p> <p>The Chief Executive gave a presentation containing key facts and figures about the Trust and key highlights, achievements and challenges during the 2023-24 financial year. A video was played during the presentation which emphasised a number of the key points made regarding key achievements. The Chief Executive concluded the presentation by introducing/launching the Trust's Social Values report, a copy of which</p>

	was available at the meeting.
03/24	<p><b>Financial Review: 2023-2024</b></p> <p>The Director of Finance gave a presentation regarding the Trust's financial performance during 2023-24. He reported the audit of the accounts would be finalised once the local government pension scheme audit had concluded and the audited accounts would be presented to a General meeting of the Council of Governors.</p> <p>The presentation also contained information regarding the Trust's income and expenditure and highlighted the financial outlook for 2024-2025.</p>
04/24	<p><b>Lead Governor Presentation</b></p> <p>Tony Douglas, Public Governor (standing in for the Lead Governor) gave a presentation regarding the role and work of the Council of Governors during the financial year. He reported the Governor elections had opened and encouraged people to nominate themselves for the vacancies. He also thanked all governors who had stood down since the last Annual Members Meeting and welcomed those appointed during 2023-24.</p>
05/24	<p><b>Looking Ahead: 2024-25</b></p> <p>The Chief Executive gave a presentation regarding the key areas of work being undertaken and planned during 2024-25.</p>
06/24	<p><b>Questions and Answers</b></p> <p>Members of the Executive Management Team were asked what they were looking forward to during the year ahead. The following key responses were given:</p> <ul style="list-style-type: none"> <li>• Encouraging and supporting staff to showcase how their work is making a difference to patient care</li> <li>• Progressing work around health inequalities</li> <li>• Progressing innovation hub activities</li> <li>• Continuing to improve the patient care offer</li> <li>• Celebrating key achievements such as being the highest performing Trust for medical training</li> <li>• Encouraging more staff to complete the Staff Survey</li> <li>• Progressing the Equality, Diversity and Inclusion workstreams</li> <li>• Supporting the Board to respond to the key challenges ahead</li> <li>• Rolling out the new electronic patient record</li> <li>• Developing Granville Court</li> <li>• Continuing the 'Being Humber' journey</li> <li>• Seeing some exciting projects come to fruition</li> </ul> <p>The Chief Executive was asked how she kept in touch with the Trust's many different services. Mrs Moran reported she tried to meet the various teams/services as much as possible through in-person visits and Microsoft Team meetings. She added that other members of the Board and Governors also undertook visits to services.</p> <p>A member of the audience asked how involved the Board was in the operation of</p>



	<p>Primary Care Services. The Chief Executive reported the Board had discussed, at a number of Strategic Board Development meetings, progress being made in responding to the challenges faced, particularly around access which was also a national issue. Board members had visited the Primary Care services run by the Trust and the Council of Governors had heard about developments within Primary Care services. Additionally, the Executive Management Team received regular updates regarding Primary Care.</p> <p>A member of the Patient Participation Group from the King Street Practice highlighted a concern regarding the support for that Group and access challenges for the elderly. The Chair reported this matter would be reviewed outside the meeting. The Chief Executive reported she would be raising the issues regarding access at Integrated Care System meetings.</p>
07/24	<p><b>Any Other Business</b></p> <p>There were no other items of business and the meeting concluded at 15.30.</p>

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

Chair

**Agenda Item 5**

**Action Log:  
Actions Arising from Public Council of Governor Meetings**

Summary of actions from October 2024 meeting and update report on earlier actions due for delivery in January 2025						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
17.10.24	69/24	Any Other Business	Governors to send areas of interest to Katie Colrein.	All	November 2024	
			Prison contract to be added as a session for the spotlight session.	KC	November 2024	
17.10.24	68/24	Patient and Carer Experience Annual Report	Video links to be circulated to the Council of Governors.	MD KC	November 2024	Links circulated
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
19.10.23	66/23(a)	Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback	Refresh on Countess of Chester report to be arranged for a Governor briefing session	CF	Cancelled for 25 April 2024 New date to be agreed once NHS inquiry completed	New date to be arranged as part of the Governor Briefing Session. No further update at this time.
18.1.24	12/24	Results of the Membership	Head of Corporate Affairs	SJ	May 2024	Initial discussion

		Cleanse	and Chief Executive to consider where a survey should be sent to members to obtain details regarding potential protected characteristics			occurred. To be considered further by the Engaging with Members Group
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Membership Officer						

### 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:						
<b>Standing Items</b>						
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓
Actions Log	Every Mtg	CF	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓
Spotlight on a Service	Every Mtg	KF/KP	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓
Patient Led Assessment of Care Environment Report (PLACE)	Annually	PB	✓			
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓
Appointed Governor Focus	Every Mtg	??	✓	✓	✓	✓
<b>Performance &amp; Delivery</b>						
Finance Report	Every Mtg	PB	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓
<b>Annual Items</b>						
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF	✓			
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	MF		✓		
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:	Frequency	LEAD	17 Apr 25	17 Jul 25	16 Oct 25	Jan 26
Reports:						
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				✓
<b>Council of Governors: Other Statutory Duties</b>						
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	KP				
Approve the appointment of the Chief Executive (to approve – support)	As req					
Appointment of the external auditor (to ratify)	As req					
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req					
Approval of an application for the dissolution of the FT	As req					
<b>Council of Governors Non-Statutory Duties</b>						
Non-Executive Director and Governor Visits	As req					
Receive the Membership Plan	As req	SJ				
Agree with the Audit Committee the process for appointment /removal of the external auditor	As req					

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

**Agenda Item 6**

Title & Date of Meeting:	Council of Governors: 16 January 2025														
Title of Report:	Service Story - Developments for the Community Forensic Service														
Author/s:	Bekki Whisker Clinical Lead, Forensic Community Services														
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td>x</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	x	To note	x	To ratify		For assurance			
To approve		To discuss	x												
To note	x	To ratify													
For assurance															
Purpose of Paper: Please make any decisions required of Board clear in this section:	<p>The purpose of the presentation is to update Governors on the changes and impact of Community Forensic service pathways. The presentation will outline the work undertaken by the team, recent developments and the outcomes for service users and impact on resources.</p> <p>The presentation will demonstrate how the team works within the wider forensic services to improve accessibility to the least restrictive option for service users.</p> <p>The presentation will provide an insight into:</p> <ul style="list-style-type: none"><li>- A reduction in the forensic inpatient ‘Length of Stay’</li><li>- A reduction in the referrals and assessment for forensic inpatients</li><li>- An increasing forensic community caseload</li><li>- Improvements in the triage process for all forensic referrals</li></ul> <p>We are proud to be leading innovations both regionally and nationally, the presentation will summarise:</p> <ul style="list-style-type: none"><li>- Recent shortlisting for our Single Point of Assessment (SPA) for the Nursing Times Awards</li><li>- Regional leadership in Community Forensic Pathway groups</li><li>- Clinical leadership to Humberside Community Forensic Team</li></ul>														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"><li>• Low rate of readmissions locally to secure care</li><li>• Improved support to the Mental Health division, for clinical consultations and risk training</li></ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>• Learning Disability Forensic Outreach Liaison Service (LDFOLS) and Specialist Community Forensic (SCFT) teams aligned in September 2024</li><li>• Community Forensic Teams referrals made</li></ul>													

<ul style="list-style-type: none"> <li>• Workforce, a good and improved retention position with the retention of staff.</li> <li>• Re-evaluation of the workforce</li> <li>• Positive relationship and engagement with MAPPA (Multiagency Public Protection Arrangements).</li> <li>• Support to South West Lodge Low Secure step-down unit, a creative discharge pathway for patients with complex needs.</li> </ul>	<p>through a specialist Single Point of Access - a national first.</p> <ul style="list-style-type: none"> <li>• Forensic Child and Adolescent Mental Health Service (FCAMHS) extended to include the Youth Justice Practitioner Post, strengthening patient transition (previously in CAMHS)</li> <li>• We are proud to support subcontracted forensic community teams in Navigo, RDASH and Care Plus Group. We support with regular site and quality visits.</li> <li>• Improved flow through the forensic pathways creating a community-to-community model.</li> <li>• Introduction of consultation, assessment and intervention model, offering support to a range of non-forensic services</li> </ul>
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• Lack of national specification for Community Forensic Services</li> <li>• Lack of regional specification for Community Forensic Services in the Learning Disability pathway.</li> <li>• Equitable service delivery across the region, supporting delivery with smaller localised teams.</li> <li>• Stage of service development, comparisons are difficult due to national picture.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• The council of governors are asked to consider the developments undertaken to improve the community pathway for service users who have forensic needs and impact on reducing length of stay in inpatient beds.</li> </ul>

<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	November 2024
	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				
<b>x</b>	Innovating Quality and Patient Safety			
<b>x</b>	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
<b>x</b>	Developing an effective and empowered workforce			
<b>x</b>	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
Patient Safety		√		
Quality Impact		√		



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

**Agenda Item 7**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 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:																				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Governor Development/Information Programme 2025</li> <li>Elections 2024 Results</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Induction Training for New Governors</li> <li>Mental Health Collaborative Update for Governors</li> </ul>																		
<b>Key Risks/Areas of Focus:</b> N/A		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>16.1.24</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		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	16.1.24	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	16.1.24																	
Trust Board																				

**Monitoring and assurance framework summary:**

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

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

## Trust Chair's Council of Governor's Report – 16 January 2025

I hope everyone had an enjoyable Christmas Break and Happy New Year to all.

New Governors have all been confirmed (details below) and I am pleased to welcome them on board. Their terms will begin on 1 February 2025.

The Non-Executive and Associate Non-Executive Directors received a very informative update regarding **the Patient Safety Incident Response Framework (PSIRF)**. The Executive Management Team had received the same presentation. We all agreed it improved our understanding of the process but also what difference it was making. Our thanks to the delivery team and staff throughout the Trust who have engaged so constructively.

It has been announced that **Hilary Gledhill our Director of Nursing, Allied Health, and Social Care Professionals** will be retiring in March 2025. Interviews were completed before Christmas and **Sarah Smyth** was successful. Sarah is currently Deputy Chief Nurse at Leeds Teaching Hospital NHS Trust but also has experience of working within our catchment area too. Thanks to all those who supported the stakeholder panels.

The **Strategic Board** held on 18 December focused on our development as a team, reflecting on our roles and responsibilities and enhancing our leadership in 2025. With two new Non-Executive Directors it was timely and valued by all.

**Mental Health Collaborative Governors' Update** – the Board agreed it would be timely and appropriate at a Council of Governors' Part II meeting on 16 January 2025 to provide an update on developments within Humber North Yorkshire Integrated Care System (HNY ICS)

### 1. Chair's Activities Round Up

I joined the **HULL and East Riding Patient and Carer Experience (PACE) Forum** online on 15 October where a range of topics were discussed.

**HNY ICB Develop and Discover Event for Non-Executive Directors** took place on 17 October 2024 at which I opened a discussion with ICB Chair Sue Symington on the political environment for health and how to engage local politicians. We also received a presentation from Yorkshire and Humber Cancer Alliance.

**Freedom to Speak Up (FTSU) Quarterly meeting** with FTSU Guardian Alison Flack, CEO Michele Moran and NED Champion Dean Royles took place on 22 October. October was FTSU month, and we were pleased to hear about the level of staff engagement and successful recruiting of FTSU Ambassadors. The new Trust lanyard reflects the importance to us of FTSU.

I attended and spoke at the launch of a new website for **Children's Services and Adult Learning Disabilities Services** <https://connect.humber.nhs.uk>; held at the Edge Hub in Hull on 29 October 2024. It is **a worth a look** to see with our partners

across communities what is provided. The Website was co-produced with patients and families.

**The Humber Remembrance Service** (061124) took place at Ferens and Pickering Community Centre in Florence Nightingale Court which was appropriate. It was good to meet with the Knit and Natter Creative Hands of Friendship Group which includes veterans and family members of veterans.

I clicked on to the **Digital Enabled Health and Care System Symposium** (061124) organised by HNY ICB. There were a range of speakers who brought to life the diverse ways AI is helping achieve better health outcomes.

I attended for the first time **the NHS Providers Annual Conference** (11-13 November) in Liverpool. It was a real opportunity to attend workshops on AI, reducing waiting times, productivity and to hear from some interesting speakers including the Secretary of State for Health and Care Wes Streeting who made it very clear that central taxpayer funded resources have to be matched by performance both in terms of patient outcomes and stable finances. He indicated he was interested in enabling all Trusts who can demonstrate both, more freedom to innovate and invest as presently there are not sufficient NHS incentives available.

This year's **Staff Celebration Awards' Event** on 22 November 2024 was a great success with great nominations which did not make judging an easy task. Good to have governors Tim Durkin, Marilyn Foster and Anthony Houfe join us and Marilyn present one of the awards.

With a bag of presents organised by Health Stars with contributions from staff, volunteers and public donations I made **Christmas visits** on 12 December to our inpatient units as did Chief Executive Michele Moran.

**Internal meetings included:**

Remuneration and Nominations Committees held on the 23 and 30 October.  
Quarterly catch up with David Napier Complaints and Feedback Manager  
Collaborative Committee 5 December.

**External meetings included:**

Humber and North Yorkshire (HNY) Provider Chairs  
HNY ICS Chairs and CEOs'  
Yorkshire and Humber Chairs' Network  
NHS Confederation Mental Health Chairs' Network  
East Riding Health and Well-Being Board

**Board Director/NEDs Unannounced Visits**

- **Avondale, Miranda House**  
Lynn Parkinson and Priyanka Perera
- **PICU - Adult Psychiatric Intensive Care Unit**  
Lynn Parkinson and Steph Poole

**Governor Briefings 2024** 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. The next **Governor Briefing (28/11/24)** will hear about **Improving our Estates (any major developments, key priorities)**

## 2. Governors

### **Board /Governor Knowledge Visits**

Katie Colrein will be in touch with governors about visits in 2025.

### **Governor Development and Information**

**Governor Development Session (14.11.24)** – as requested this provided governors with an in-depth presentation on Delayed Transfers of Care. Lynn Parkinson and her Deputy Claire Jenkinson took us through the definitions, how Humber Teaching NHS Foundation Trust handles patient discharges across our inpatient services, why we cannot discharge and impacts on those in out of area placements. All those governors and NEDs who attended found it very worthwhile and felt better informed and assured. It stimulated discussion and questions. Thanks to Lynn and Claire. **The next is due on 13 March 2025 in person.**

Governor Briefings took place on 24 October and 28 November 2024 via MS Teams and the next is due on the **30 January 2025 at 0900 for one hour**. The topic is Governance and liability for services we contract. Fifteen minutes is allocated for an informal catch up with me and another fifteen minutes just for governors led by Marilyn Foster our Lead Governor.

These events are optional for governors and provide opportunities for more informal engagement and providing information on Humber services to support knowledge and understanding. Topics are requested by governors and the outline schedule below reflects that.

### **Governor Development Schedule 2024/25**

**Chair of Council of Governors:** Caroline Flint    **Executive Lead:** Michele Moran

Title	Date	Presenter	GB or GDS
Humber Prison Contract/Services	10/7/2025	Lynn Parkinson & Paula Phillips	GDS
Health Inequalities	10/7/2025	Kwame Fofie	GDS
How our Multi-Disciplinary Teams (MDTs) work	27/3/2025	Paul Johnson	GB
Role of the Sub-Committees	13/3/2025	NED Chairs	GDS
How we collect feedback from our	13/3/2025	Mandy Dawley	GDS

patients and service users and how we handle complaints		& David Napier	
Yorkshire and Humber Care Record	27/2/2025	Lee Rickles	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
Understanding the respective roles of the CoG/Board/NEDs/Exec	13/3/2024	Susan Young	GDS

**GB** Governor Briefing

**GDS** Governor Development Session

Governors will be informed about any changes to the schedule, and we welcome further topic suggestions from governors.

New Governors

**Simon Blackburn – Public Governor Whitby Scarborough and Ryedale**

**Julian Barnard – Public Hull Governor**

**Francis Odukwe – Public Governor East Riding**

**Anthony Douglas - Public Governor East Riding (re-elected)**

**John Arthur - Public Governor East Riding**

**Patricia Reid- Hoggarth - Public Governor East Riding**

**Sara Bennett – Staff Governor Clinical**

**Dan Laughton – Staff Governor Clinical or Non Clinical**

Contested elections took place for the East Riding Constituency and **John Morton** was not re-elected. My thanks to John for his service and we all wish him well.

I would also like to thank **Sharon Nobbs (Staff Governor)** and **Patrick Hargreaves (Public Hull Governor)** on behalf of the Trust for all your time, commitment and contribution as a Governor over the last 3 years.

All those eligible to vote were contacted directly and CES who oversaw the election have approved the process and all voters had the opportunity to participate. However, the turnout was only 8.2% despite more publicity than previous years and a recent update of the members' database and preferences for contact. Governors may like to consider this further through the Engaging Members Group.

Number of eligible voters	1,766
Votes cast by post:	34
Votes cast online:	111
Total number of votes cast:	145
Turnout:	8.2%
Number of votes found to be invalid:	0
Total number of valid votes to be counted:	145

New governors join recent new Partner Governors **Dominic Purchon** from Humberside Fire and Rescue Service and **Alex Weeks** from Humberside Police. The Governor Information pack has been sent to new Governors and Induction Training will be provided soon.



**Agenda Item 8**

Title & Date of Meeting:	Council of Governors Meeting – 16 January 2025															
Title of Report:	Chief Executive's Report															
Author/s:	Name: Michele Moran Title: Chief Executive															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Work contained within the report</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Contained within the paper</li> </ul>														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Nothing to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Ratification of Policies</li> </ul>														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail) Monthly report to Board													

## Monitoring and assurance framework summary:

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

## Chief Executive's Report

### 1. Around the Trust

#### 1.1 Leadership Visibility

I have continued with my service visits across the organisation, meeting with staff and service users, the acuity is increasing alongside the demand of winter pressures but staff are working professionally and are caring. Ask the Executive continues to be well supported, with some challenging questions being asked, alongside the more informal, 'meet Michele'. I also meet with the PROUD cohorts at the start of the programme, half way thought and then for final reflections.

#### Art Works

It was a pleasure to support and open our unique art exhibition featuring works created by patients, staff and the public for our World Mental Health Day Art Exhibition named 'Inner Reflections' at Humber Street Gallery.

This three-day event, launched in celebration of how art and creativity can support mental health, highlights the transformative power of art therapy in aiding service users on their journey to recovery.

The exhibition was opened on Thursday 10 October - World Mental Health Day and it remained open to the public until Saturday 12 October. It was well supported, with great feedback and we will be looking to see if we can create a regular exhibition.

#### Alumni Launched

It was fabulous to meet and talk with our PROUD graduates, as we formally launched our PROUD Alumni programme.

We launched our alumni programme with a kick off event on 21<sup>st</sup> October that I was pleased to attend, providing an opportunity to share my vision for the PROUD leadership programme. It was inspiring to reflect on our journey so far, with over 300 leaders from our diverse Trust having completed the programme to date.

With over 50 leaders gathered, we took a significant step towards building a vibrant community of leaders. The discussions focused on recognising the unique skills we each bring and the collective strength we possess.

The day was enriched by lively discussions, with many sharing their experiences from the PROUD leadership courses and how they've applied their knowledge in their roles. It was truly uplifting to witness the enthusiasm in the room, especially as many compared Lumina profiles—an inspiring sight for me and our People Team!

I look forward to watching this programme develop over the next 12 months and beyond.

## Social Care National Awards

Humber and the Council were well represented in the finals and really did show what partnerships we have in Hull! Firstly Fran Ashton who won the Mental health social worker of the year award which was well deserved and a testament to all the hard work she does. It was also one of only two awards awarded to a social worker employed by an NHS Trust and the only one where it was in partnership with a local authority.

We were also finalists in two categories, the newly qualified social worker of the year Taf (Tafadzwa Nathaniel Gonditii) and Team of the year adult social services, Hull CMHT.

## **2 Around the System**

### Shared Care

Shared Care are about to embark on the merger of their existing property advisory business, Shared Agenda, with a similar company, Community Ventures, which was acquired by our parent company Sewell Group 2 years ago.

The new business will be known as Sewell Advisory, the change is not expected to have any implications for our work with Shared care.

### **2.1 National News**

#### NHS Providers

NHS Providers has announced leadership changes: Sir Julian Hartley the current CEO will be leaving NHS providers at the end of this month. Saffron Cordery the current deputy chief executive will become NHS Providers interim chief executive from December.

#### NHS England

NHS England chair Sir Richard Meddings has stepped down, in order to allow a new Chair to look to develop the delivery of the 10 year health plan and priorities.

Professor Sir Terence Stephenson has been appointed to be the next chair.

### **National NHS Consultation**

We have supported the national consultation, *Our NHS: The Next Chapter*, which aims engage the public, including our staff members, in an honest conversation about the challenges facing the healthcare system and to gather input on shaping its future.

These activities include a website which invites people to share ideas for how the NHS should evolve to meet current challenges and future demands. Details available at [www.ourNHS.org](http://www.ourNHS.org).

### **3 Director Updates**

#### **3.1 Chief Operating Officer Update**

##### **3.1.2 Leadership Visibility**

The Chief Operating Officer and Director of Nursing are continuing to undertake a series of visits to in patient units, unannounced and out of hours. Visits have included Humber Primary Care, Psychiatric Intensive Care Unit, and Avondale. Current operational challenges were discussed, areas of transformational change work were considered and any barriers to making progress were picked up and addressed. Overall staff were motivated and were committed to service improvement.

##### **3.1.3 Operational, Service Planning, Winter and Industrial Action Update**

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

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors. The Integrated Care System EPRR team continues to work with organisations to prepare and manage the collective action being undertaken by some GP practices and Primary Care Networks. Some impact of this action is being experienced by our services, e.g. electronic referral systems not being used and referrals reverting to letters and on our shared care prescribing protocols. Our emergency planning arrangements have and will continue to be stood up to coordinate and implement our plan to manage the impact of any further action. Tactical/Silver command will continue to meet regularly during any action and report to Strategic/Gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant adverse impact on our services.

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 arrangement came into effect earlier in the 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. Nationally work has taken place to develop a standard OPEL framework for acute hospitals, mental health and community services. We provided feedback on the new measures and triggers for the new frameworks that are relevant to the Trust and we commenced reporting against them from 19<sup>th</sup> December.

The Trust has a finalised Winter preparedness plan for 2024/25. National winter requirements set out by NHS E were received in late September and our plan has considered and reflected these.

**Operational service pressures** have been stable in the Trust in November and early December. The highest pressures were seen in our Adult Mental Health Division with a high demand for services and beds, this is a usual seasonal variation. The Trusts overall operational pressures in the last two months has remained reduced to OPEL 2 (moderate pressure) predominantly. The localised pressures that were experienced in our learning disability inpatient service at Townend Court due to staff absence and the complexity of patients have improved due to newly recruited staff coming into post.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in November and early December for core services but with ongoing increase in referrals for Neurodiversity services. Work has been undertaken through our CLEAR (Clinically Led workforce and Activity Redesign) transformational programme to streamline the CAMHS pathway including Contact Point which is the service that manages new referrals. Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge. In all these areas demand exceeds commissioned capacity. Dialogue is continuing with the ICB to agree a way forward on waiting times for 2024/25 and beyond. This continues to be an area of national challenge, but it does not receive priority for Mental Health Investment Standard (MHIS) funding. ODG and EMT oversee the position and work to reduce waiting times. Excessive waiting times for children and adult neurodiversity services are challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years. Presenting needs continue to be of high levels of acuity and complexity. Unfortunately, some children on the neurodiversity waiting lists are now presenting with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds continues to improve. 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 overall daily bed occupancy has been between 74.5 – 83.8%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans developed to expand the use of the Older Peoples Acute Community Service (intensive community support) and to consider the use of step up/step down community-based beds. Service Transformation Funding (STF) has recently been confirmed to support the implementation of this development. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement, demand for these beds has been high and the unit has been 100% occupied. Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons. Scheduled estate have been undertaken and completed to significantly improve the PICU seclusion suite. PICU flow is currently being targeted through improvement methodology to recover the out of area position, this is also being impacted by patients who are being transferred from prison whose discharge is subsequently being delayed by Ministry of Justice restrictions. Rise in the use of out of area placements has occurred across many mental health providers and our position is not an outlier.

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. The escalation measures have

however had a positive impact on achieving discharge for some of our longest delayed patients.

To further maximise our patient flow we need to put more measures in place to achieve timely discharges for our patients that are clinically ready for discharge in order to improve our bed availability and reduce our need for out of area placements. To achieve this, we have utilised the nationally recommended “rapid improvement methodology for multiagency discharge event (MaDE)” throughout Q2 and we are maintaining the benefits of this work into Q3. The approach introduced:

- Multi Agency Disciplinary meetings led by our Mental Health Clinical Lead to manage patient flow, ensuring all partners are working effectively to estimated dates of discharge for patients.
- A new Complex Case Review Panel comprising of Trust leaders and partner agencies to consider the best plans for our most complex service users.
- A specific focus on PICU and analysis of patient pathways to identify why access to PICU and length of patient stay is problematic.
- The work culminated in a “Super MaDE” event in early September supported by the Executive leadership team to ensure the work and recommendations achieves improved patient flow and reduction in the use of out of area beds.

System pressures have been rising in the Humber and North Yorkshire areas more recently for both health and social care. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for short periods during the last two months. Local authorities and the Ambulance services have also experienced increased periods in pressures. Acute hospital bed availability has also been adversely impacted by a rise in the prevalence of infections particularly winter viruses. The combined impact of these ongoing pressures has however seen system pressures remain at overall OPEL 3. 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 industrial action and other 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 which remains a challenge when compared with the national position.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas have had success and bank fill rates remain improved. Continuing effort is taking place to reduce the number of health care assistant (HCA) vacancies to decrease reliance on agency use and a rolling advert and recruitment process is in place. A detailed plan is in place to eliminate the use of all HCA agency staff and all off framework agency staff use has now ceased.

The overall staff absence position due to sickness is currently at 7.69% (inclusive of 2.34% maternity leave) and is slightly increased from the position reported in September.

The Trust continues to effectively manage the impact of high system pressures and GP action within its ongoing arrangements. Reducing the number of patients who are clinically ready for discharge/patients with no criteria to reside (NCTR) and further 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. During October work has been undertaken to develop draft service plans for 2025/26 which incorporate workforce, finance and budget reduction plans (BRS). These will be reviewed and finalised by EMT in January 2025. Three divisions are impacted by the implementation of the new **Electronic Patient Record** (EPR) System, Forensics, Children & Learning Disabilities and the Mental Health Division, ongoing consideration is given to this alongside operational challenges and winter preparedness.

### **3.1.4 New Maternal Mental Health Service**

The Trusts Perinatal Mental Health Service has worked very closely with the Humber and North Yorkshire Mental Health, Learning Disability and Autism Collaborative to develop a proposal for a new Maternal Mental Health Service and funding has recently been approved by the ICB to mobilise the new service during Quarter 4 2024/2025. The service will be delivered to the Humber and North Yorkshire system via a hub and spoke model led by our Perinatal Mental Health Service. This service already has experience of providing this type of arrangement as it delivers the Perinatal service via a hub and spoke model to:

- Hull and the East Riding of Yorkshire
- North Lincolnshire
- North East Lincolnshire

The maternal mental health service will provide specialist advice, consultation, interventions, and treatment for women experiencing moderate to severe and/or complex mental health problems that are specific to the maternity context. The service will work collaboratively with maternity, mental health partners and VCSE organisations across the area (including North Yorkshire) to deliver a trauma informed approach to care, demonstrating improvements in psychological wellbeing for women. It will aim to support timely access to evidence-based assessment and treatment in line with NICE guidance. The service will offer support women the following main areas:

- Presenting with psychological distress, mental health difficulties and/or bereavement related to recurrent miscarriage (>3) with a gestation >12 weeks, medical termination, ectopic pregnancy, neonatal death and stillbirth.
- Patients presenting to foetal medicine service after foeticide, or abnormality that results in loss of life.
- Unsuccessful IVF treatment resulting in severe trauma or distress.
- Primary tokophobia when woman is not currently pregnant.

The service will provide a trauma informed approach and offer the following evidence-based interventions and treatments:

- Trauma informed care
- Biopsychosocial risk assessment
- Psycho-education



- EMDR (Eye Movement Desensitisation and Reprocessing)
- Cognitive Behavioural Therapy
- Prolonged grief therapy
- Family therapy
- Compassion focused therapy

The service will be open for women who are experiencing moderate/severe/complex mental health difficulties which means that women would not be able to access therapeutic support via primary care services. The service will receive referrals for women who have experienced loss within the antenatal period or within the first year after birth.

These referrals will only be considered/accepted 3 months following the loss to allow time for the natural grieving process to occur.

The following waiting times will aim to be met:

- 1 week from referral to triage
- 2 weeks triage to assessment
- 6 weeks assessment to treatment

### **3.2 Director of Nursing, Allied Health and Social Care Professionals**

#### **3.2.1 Leadership Visibility**

The Executive Director of Nursing attended the staff Long Service Awards in Scarborough along with a non-executive director. It was interesting to hear stories about staff experiences in the NHS and the different places they had worked over the years. Visits have also been made to the inpatient unit in Whitby Hospital to meet the new ward manager and to Townend Court to meet the patients and the nursing staff. The Trust were shortlisted for four Nursing Times awards in October and the Executive Director of Nursing accompanied the nurses to the event in London. Although we didn't win it was a great event to showcase the work and the difference we were making for our patients/service users. All the staff who attended were so positive about being shortlisted and were identifying entries for the following year on the journey home.

#### **3.2.2 Eliminating Mixed Sex Accommodation (EMSA)**

The Department of Health and the NHS Operating Framework for 2012-2013 set the NHS clear objectives and confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. Reporting of breaches to same-sex accommodation is mandatory and trusts are required to report this monthly, which has resulted in improvements in privacy and dignity seen across NHS England.

Our EMSA policy has been produced aligned with NHSE Guidance *Delivering Same Sex Accommodation* which includes a section on accommodation for trans people and gender variant children. The policy has been reviewed by the staff Rainbow Alliance Network and their comments have been included in the final policy.

The policy is presented to the November Board seeking Board ratification following approval by the Executive Management Team.

All providers are required to publicly declare their compliance with EMSA. Our declaration of compliance with EMSA has been updated on our website.

### **3.2.3 Thirlwall Inquiry- Addressing Part C of the Terms of Reference.**

The Thirlwall inquiry was set up to examine the events at the Countess of Chester Hospital where nurse Lucy Letby was found guilty of murdering seven babies and attempting to murder seven others on the neonatal unit of the Countess of Chester Hospital.

The Inquiry began hearing oral evidence on 10<sup>th</sup> September 202. The convictions of Lucy Letby are the subject of intense debate, however senior judges have ruled that there are no grounds for appeal at present, a fresh legal challenge is being prepared by a new barrister.

A report addressing part C of the terms of reference has been published. Part C relates to: *The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture.*

The report considers the relevant significant history of the NHS and the impact of some serious events that have shaped how the NHS undertakes patient safety, safeguarding in hospitals, the conditions that need cultivating to support people being able to speak out and up and the approach to learning through systems review investigation. Whilst the report acknowledges the importance of systems approaches to learning, it also recognises that on occasion there are 'bad apples', individuals who display grossly incompetent behaviour, unprofessional behaviour or conduct i.e. demonstrate 'transgressive' behaviours.

The report outlines the nebulous concept of culture and how this is difficult to define and is dependent on inner and outer contexts and is time specific. However, it does outline what good looks like for culture in healthcare organisations. It also considers recommendations made from previous inquiries to improve culture and governance in the NHS.

The report makes 6 recommendations which are:

- **Recognise transgressive behaviour as a distinct class of patient safety risk, and design and implement systems for managing it.**

Transgressive behaviour is a rare but distinct class of patient safety risk that needs to be addressed with appropriate strategies, policies, and processes that are standardised and supported throughout the NHS. A review and consultation on the wider institutional environment relating to employment law and practices and professional regulation should be undertaken to inform an NHS-wide framework for managing this risk. It should include specific standards and processes for addressing concerns about transgressive behaviour involving either individuals or groups in any part of the NHS or its outer contexts, and a strong supporting infrastructure (which might include a new body) to enable the framework to be implemented effectively and equitably.

- **Recognise the risks of institutional secrecy.**

The risks of institutional secrecy should be recognised as an inevitable feature of complex organisations, linked both to how information is organised and behaviours in relation to information, some of which are rooted in normal human sense-making. This means that, in

any organisation, managers and leaders should be alert to how heuristics (mental short cuts) and cognitive biases may influence their interpretation of situations, and should appreciate the significance of unusual patterns, soft intelligence and the role of psychological safety.

- **Reduce institutional complexity and priority thickets.**

Reducing institutional complexity and priority thickets (dense overlapping or disjointed goals commanding substantial attention but not necessarily providing improvement) would support NHS organisations in having a clear and coherent set of imperatives, reduce confusion and waste, and improve focus and ability to deliver. A consultation on how this can best be achieved would be helpful.

- **Address the need for evidence-based improvement efforts.**

Since culture is strongly linked to systems, significant investment is needed in improving operational and clinical processes in the NHS. However, improvement efforts need to be based on evidence and to generate evidence. This is likely to be best achieved through an infrastructure that operates collaboratively and at scale to understand problems, co-design and test solutions with patients and staff, and evaluate them, and through supporting implementation.

- **Improve workplace conditions and behaviours.**

Improving workplace conditions and behaviours is a priority for improving culture and will require making workforce stewardship a key priority; collaboratively designing a framework of workforce standards which can be monitored; creating capabilities for work system design based on human factors principles throughout the NHS; improving workforce planning; and improving training and education.

- **Improve and value management at all levels and undertake a consultation on the regulation of managers.**

Management at all levels (not just senior leadership) needs to be strengthened at all levels of the NHS. This will require, at a minimum, fuller implementation of the findings of the Messenger review published in 2022 which set out an ambition to review system wide leadership development and will also require that management is recognised as a key priority for the NHS, is resourced and trained for appropriately, and is valued by political leadership.

### **3.2.3a Humber Teaching NHS Response**

The learning from this report will be taken forward as part of the work already underway across the Trust in respect of our Culture of Care work, our focus on closed cultures, our ReSPECT and Behavioural Standards work, the Patient Safety Incident Response Framework, implementing restorative just culture, the work underway in respect of freedom to speak up and managing allegations against people in positions of trust. A report will be presented to EMT for further discussion and the Quality Committee in February 2025 to outline areas of learning taken forward as a result of reviewing the Trust against the key messages in the report.

### **3.2.4. Primary Care Patient Safety Strategy**

The national Primary Care Patient Safety Strategy was published on 2 October 2024 and focuses on:

1. Developing a supportive, learning environment and just culture in primary care, with sharing across the system so that the services can continually improve.
2. Ensuring that the safety and wellbeing of patients and staff is central, and that the approach to managing safety is systematic and based on safety science and systems thinking.
3. Involving patients in the identification and co-design of primary care patient safety ambitions, opportunities, and improvements

The strategy outlines the top three areas of patient safety incidents, nationally, that have been identified as areas of avoidable harm:

- Diagnosis 61%
- Medication-related 26%
- Delayed referral 11%

Nationally, there is a view that there is an underdevelopment in primary care incident reporting, with less than 1% of incidents (of the 2.2 million) reported from Primary Care. In addition, 21% of new claims to NHS Resolution are from general practice. Patient experience and staff wellbeing are also impacted, and the national GP survey identified that 27.7% of patients said their overall experience of making an appointment was poor.

The ambition of this strategy is to embed a patient safety culture, together with an improved learning response. Humber GP practices have been involved in the work undertaken within the Trust to improve patient safety and so there are elements identified in the Primary Care Patient Safety Strategy where the Trust arrangements are in place, such as, incident reporting and mandatory patient safety training. Humber GP practices have also been heavily involved in the implementation of PSIRF and engage in the learning responses in place. However, in light of the three areas of avoidable harm raised nationally, a task and finish group has been established to complete a position statement against the strategy and develop an improvement plan on areas where patient safety can be enhanced further in our GP Practices. A report on the outcome of this work will be presented to EMT and the Quality Committee in February 2025.

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

### **3.3.1 Leadership Visibility and Visits**

The Associate Director of People & OD undertook a planned visit alongside Dean Royles and Anthony Houfe to Maister Lodge on 31<sup>st</sup> October 2024.

Following a warm welcome, those in attendance were afforded an opportunity to understand the operating environment, the patient journey and the experience of staff and service users alike.

The visit gave a great insight into the high levels of care delivered by committed and well supported staff.

### **3.3.3 ESR Assessment Outcome**

The ESR Self Service Standards Assessment has been completed to summarise how the Trust is supporting the People Digital vision from an ESR perspective. The assessment is based on a set of 10 standards that relate to the use of digital workforce systems including ESR that we should be optimising to ensure a smoother transition to the future NHS workforce solution.

Of the 10 standards, the Trust has been assessed as fully meets requirements against 7 of them and the other 3 are assessed as 'partially meets/working towards' these areas are:

- 1) Managers manage their teams and associated pay affecting changes using ESR self service
- 2) Employees and managers undertake appraisals, reviews and supervision to support personal and career progression
- 3) Establishment control is embedded into the organisations processes and enables the analysis and reporting of vacancies across the organisation

The assessment has shown progress since the 2023 report which is testament to the commitment and dedication of the Workforce Information Team and most of the above areas can be achieved by the implementation of manager self service which is planned for the next 12 months. This will place the Trust in an optimal position for the transition to a new digital workforce solution in 2027.

### **3.3.4 People Promise Exemplar Update**

In February 2024, the Trust was selected to be one of 116 NHS Organisations to take part in the People Promise Exemplar Programme in collaboration with NHSE&I national retention team.

The programme aims to increase overall retention and people engagement across the Trust by implementing targeted interventions identified through a process of self-assessment and analysis of organisational activity to support operational improvement and change. A dedicated regional and national community of practice is available to support the ongoing work.

Since the last update, Your Leave Plus has been relaunched to highlight to all staff the suite of leave available to them at various times in their employment journey. In addition Your Flex Plus has been launched to champion our robust flexible working approach and Your Health and Wellbeing Plus has been launched to bring together everything offered to our people from a health and wellbeing perspective.

Branded materials and communications can be seen throughout the Trust to support these launches and the People Promise Manager has already visited a number of our sites to engage with them on these key retention topics.

Engagement with the launch of the 'Your Plus' intranet pages has been really positive since it launched on 28<sup>th</sup> October. The intranet page has received a total of 3483 visits,

with 1227 visits to the Your Leave Plus and 950 visits to the Your Flex Plus, with a total of 918 total downloads of all 'Your Plus' information booklets.

### **3.3.5 Menopause Collective Update**

The Menopause Collective will be launched during the end of 2024 with Menopause Awareness training being rolled out across the Trust. The training is delivered by our group of now fully trained Menopause Advocates who receive support and development direct from Henpicked as part of our membership.

In addition the Menopause Collective has been branded and will appear on intranet pages which will feature profiles for each of our Menopause Advocates alongside a suite of support resources and materials that staff can access if they need support with any element of their menopause journey. In the new year the Menopause Collective will be focused on ensuring that the Menopause Friendly accreditation is continued after assessment in May 2025.

### **3.3.6 Statutory and Mandatory Training Summary**

Our compliance for statutory and mandatory training is showing steady month-on-month performance across the Trust. Recent access to benchmarking data confirms that we remain one of the highest performing trusts within our region and indeed across the whole of the NHS

In September, our compliance remains steady at 93.38%, against the Trust target of 85%. These figures emphasise the effectiveness of our training strategies and our collective commitment to maintaining high standards.

Despite these achievements, we recognise that there are still opportunities for improvement. A closer examination at the job role level, particularly among medical staff, reveals areas where compliance can be further enhanced. At this stage we're having to get into the detail of learner behaviours, which we're able to do with our professional leads. Our L&D trainers are working on new ways to tackle the emerging issue of high levels of DNAs which prevent access to our classroom delivered sessions.

At Humber, we're aware of the importance of not overburdening our staff with unnecessary training. Therefore, we remain dedicated to providing the right training for the right people, ensuring that all training is relevant and deemed essential.

We will continue to focus on these areas, leveraging our data to tailor our training programs more precisely and support our staff in fulfilling their roles effectively. Our goal is to sustain and build upon our current performance, ensuring that our Trust remains a leader in statutory and mandatory compliance and training excellence.

### **3.3.7 E-Rostering the Clinical Workforce**

As at September 2024 83% of the Clinical Workforce are on E-roster with a further 9% due to go live imminently. This leaves a further 8% (11 teams) in roster build/training phases. All project objectives are set to be achieved by the end of December 2024

### **3.3.8 No Excuse for Abuse Framework**

Our staff survey demonstrates an increase in bullying and harassment from patients

towards staff from diverse ethnic backgrounds. To address this, we have developed a no excuse for abuse framework, which is guidance drawn from a range of policies and SOP's and is designed to help managers provide effective support to staff who have been subjected to unacceptable abuse from patients.

The guidance went out for consultation in late June to gain stakeholder feedback and ensure the guidance was fit for purpose. In July, the guidance was pulled together into a practical toolkit for staff and will be embedded throughout the organisation over the year. A formal launch event will take place in November with a communications campaign designed to reach stakeholders across the organisation. Work is under way to analyse Datix information and establish areas where there is a higher rate of incidents, with bespoke support made available to managers in applying the No Excuse for Abuse framework.

### **3.4 Medical Director Updates**

#### **3.4.1 Leadership Viability**

**Planned visit to Mill View Court.** We had discussions about patient care on the Unit. There was also a focus on the progress of the Multi Professional Approved Clinician and opportunities for further developments.

**Weekly visit to Beverley CMHT** to run outpatient clinics. My clinical sessions continue to offer opportunities to get direct feedback from patients and the CMHT Staff – positive and areas for improvement.

#### **3.4.2 Research**

Our Trust is proud to be a key partner in a groundbreaking new mental health research initiative led by the University of Hull. The University has secured £11 million from the National Institute for Health and Care Research (NIHR) to establish the Centre for Addiction and Mental Health Research (CAMHR), with Trust colleagues, Dr Hannah Armitt, Clinical Research Psychologist, and Dr Laura Voss, Consultant Liaison Psychiatrist, as funded co-applicants on this research award. CAMHR aims to significantly improve the provision of and access to essential addiction and mental health services provided in the community, including services for children and young people. The centre's targeted research will inform how services are delivered in the future. CAMHR is being led by Professor Thomas Phillips, Professor of Nursing in Addiction and Professor Judith Cohen, Professor of Clinical Trials at Hull York Medical School, and Director of the Hull Health Trials Unit at the University of Hull. The NIHR announced the funding for Hull's CAMHR in Oct 2024 - [NIHR launches pipeline of Mental Health Research Groups across England | NIHR](#) and said that this investment 'will see researchers working closely with local communities to develop and undertake research to tackle local mental health needs.'

#### **3.4.2 Medical Education**

Board update from Medical Education:

- HYMS Self-Assessment Document (SAD) currently being completed to meet the deadline of 2<sup>nd</sup> December 2024, this forms part of HYMS annual QA placement monitoring process.
- Three of the Trust's Resident Doctors successfully passed their Clinical Assessment of Skills and Competencies (CASC) exam.

- Recruitment for replacement HYMS Team Lead successful – Dr Ferdinand Ogbe appointed and commenced in post on 28<sup>th</sup> October 2024 replacing Dr Richard Ward.
- Continue to deliver further educational and CPD events which benefit our full medical workforce:
  - Medical Education Conference 2024 - International Medical Graduate Learning & Development Forum 16th October 2024. This event was fully subscribed, exceptionally successful, excellent feedback.

#### Appraisal & Revalidation:

- Annex A - Designated Body Annual Board Report & Statement of Compliance for Humber Teaching NHS Foundation Trust submitted to Professional Standards, NHS England, in advance of the deadline.
- Good Medical Practice Update Session, delivered by the General Medical Council (GMC), arranged for all doctors, 29<sup>th</sup> January 2025.
- Appraiser Forum being planned for March 2025.

### **3.4.3 Patient and Carer Experience**

The Patient and Carer Experience and Quality Improvement teams are hosting their first joint celebration event called **Caring Together “Celebrating Continuous Improvement with our Patients and Carers”** on 13 February 2025 at the Mercure Hotel in Willerby and virtual places will also be available via MS Teams. The event is aimed at our patients, service users, carers, Trust staff, members of the public and our partner organisations to showcase how patient and carer experience has informed continuous improvements across the Trust.

### **3.4.4 Quality Improvement**

An Innovation Hub workshop was held on Monday, 14 October with staff representatives from across the Trust, members of the Patient and Carer Groups and the ICB. The session further explored the components for the Innovation Hub and what is important to our group of innovator champions. The next steps will be to further develop an outline of what the hub will ‘look like’ in a plan for the stages of development and a more detailed business case. Interviews for the Band 5 QI Support Officer that will support the development of the plan and hub are scheduled for Monday, 18 November.

### **3.4.5 Psychology**

Unifying the Psychological Professions: This work is nearing completion. A draft options appraisal has been produced detailing different potential leadership structures; it will be discussed at ODG in late November before going to EMT in December. Additional benchmarking data is being added to the draft.

Update Paper: To mark the first 100 days in post of the Interim Associate Director of Psychology, a paper was produced for EMT, and Quality Committee, outlining key achievements in this period, challenges and associated assurances, and setting out the priorities for the year ahead.

Training and Development updates: The significant increase in training places for clinical psychology is beginning to outstrip psychological staffing, so we have faced significant challenge in providing enough placements to fulfil our contract with the University of Hull.



This is further impacted by the requests to absorb the supervision of psychological practitioners (eg MHWPs), and the supervision of junior doctors, which is an income generating service lined. We have managed to resolve this for now, but the position is precarious; strategy meetings are planned with the university in order to identify how to manage this for the next rotation. We are current supporting 83 trainees in placements.

Staff training and development continues to be a core part of practice and added value from psychological professions. Just some examples in the last month include: 2-day training in Structured Clinical Management Informed approaches for clinicians in the CMHT/ PCMHN, 'Introduction to...' series of training events launched in PCMHNs for all staff, Compassion Focussed Therapy training to staff at Millview Court to support the introduction of CFT as a model of care.

We continue to have great success with the Foundation and Intermediate Courses in Systemic Practice. These courses, facilitated over 22 half day sessions are run by UKCP registered Systemic Family Therapists working within the Trust, and are fully accredited by the Associated for Family Therapy; on completion of both courses trainees are eligible for registration as Systemic Practitioners. Having in-house accredited training which offers professional registration gives excellent value for money, and ensures we have high quality, cost-effective CPD available for clinicians from different professional backgrounds, to improve quality and patient experience.

CAMHS updates: Joanne Robinson, Consultant psychologist in Core CAMHS has been the clinical sponsor for governance of the NHS England project, CLEAR over the last 18 months. The service has now moved into the implementation phase of a new model pf care, which was a recommendation arising from the work. The service is also half-way through a three-year service evaluation of Trauma-informed care, led by psychology. There has been an incredibly positive 100% response rate across Hull and East Riding Core teams. At the second data collection point, they have seen growth across 5 subscales (Empathy and Control, Self-Efficacy, Reactions, Personal Support and System Support). The team are working on increasing their growth on the 'Responses' subscale.

### **3.4.6 Mental Health Act Bill 2024**

The UK Government has introduced the Mental Health Bill to modernise the Mental Health Act in England and Wales. The new bill was introduced into parliament on Wednesday 6 November 2024 by the minister responsible for mental health, Baroness Merron.

The planned reformed has been underway since the independent review was published in 2018. The drivers included reducing detentions and racial inequalities.

#### **The key reform will include:**

1. Bar for detention will be higher.
2. People with a learning disability and autistic people without a co-occurring mental health issue will only be able to be detained for a maximum of 28 days.
3. Community treatment orders (CTOs) will remain but will have stricter criteria.
4. Care and treatment plans when an individual is detained will become statutory.
5. Patients will be able to choose their nominated person, with safeguards in place.
6. Patient will have more power to challenge their detention and treatment.
7. Police and prisons cells will no longer be able to be used as a place of safety.
8. A new time limit of 28 days will be set to transfer prisoners who need mental health treatment to a mental health hospital.
9. Patients will automatically have access to independent mental health advocates.

### **New minor changes in the new bill:**

- Non-statutory duty of ICBs to 'make arrangements' to provide information and support that allows people to create Advance Choice Documents (ACDs).
- There will also be a statutory duty for the responsible clinician to consult with another clinician before discharging a patient.
- The inclusion of 'likelihood of harm, and how soon it will occur' in the detention criteria has been removed, due to complexities on defining these terms legally.

The update of the Mental Health Act is long overdue. However, success of the reforms will be dependent on the wider infrastructure including manpower to support it.

Our trust involvement in the MHAQI (with NHS England and Virginia Mason Institute) and Patient and carer race equality framework (PCREF) should stand us in good stead when the bill is enacted into law. The board and the MHA legislation committee will continue to receive updates as the bill goes through the parliamentary progress.

### **3.4.7 Pharmacy**

The Medicines Safety team will take key learning from medicines-safety incidents reported by each team or service area to share with relevant staff on-site. This initiative is part of the "Medicines Safety Roadshow". It will start with Malton Hospital on 05.12.2024 and be rolled out to all areas of the Trust.

The bespoke learning is compiled and developed from a thematic review of medicine-safety incidents reported in each area. This proactive approach will give staff an opportunity to discuss the identified learning directly with the Medicines Safety team. Staff will also be signposted to recommended resources for further development in Medicines Optimisation or if an alternative style of learning is needed.

## **3.5 Director of Finance Updates**

### **3.5.1 Leadership Visibility**

Since September the Director of Finance has observed the PLACE assessment at Whitby Community Hospital and Pine View, presented the Financial Review of the Year at the Annual Members Meeting, visited Malton and Whitby Hospital to hold drop in sessions with staff to discuss amongst other things the Staff Survey and visited the Childrens Centre to see the fantastic waiting area.

### **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 2024: 138 (*Incl 13 in October*)
- High Priority CareCERT notices Issued during 2024: 11 (*1 in October*)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during July or August 2024.

### **3.5.3 Facilities Management Updates**

- Following a review of the Estates on Call provision, and associated consultation period, the second tier of Estates On Call ceased in November. Whilst a further review of the first tier Estates on all provision is being undertaken, this comes at no detriment to the service provided.
- Sustainability team have been shortlisted for the HFMA National Healthcare Finance Awards – Environmental Sustainability Category (Awards ceremony is in December).
- The successful completion of Inspire Walker Street Centre waiting area, which has been well received.
- Continued development of the Forensic Services Accommodation business case, which continues to have excellent service engagement.
- Project governance structure developed for Westlands redevelopment project.
- Approximately 220 staff have been trained in fire warden duties, face to face. Training is fully booked until 9th December.
- 7 Trust buildings have been inspected by fire service, all have been found to be deemed compliant.
- PLACE assessments are concluding, with initial collation of submission data under review. At present no significant outliers have been identified.
- Review of accommodation options being undertaken for the community team located on Rydale Ward at Malton Hospital. Options currently include working with York LLP to reconfigure the existing accommodation or relocating.

### **3.5.4 Digital Updates**

- For 2024/25, the Electronic Patient Record (EPR) Funding for revenue and capital includes deferred income from previous years, with £0.518m expected in Q3 via DHSC. Expenditure aligns with phased budgets, covering areas like data migration and software licenses. Key capital allocations include £0.678m for data migration and £0.350m for licenses.
- Forensic services and Children's & LD divisions have gone live with EPR with excellent training compliance (Children's & LD at 98%). The Mental Health Division go-live has been rescheduled to February 2025. Robotic Process Automation (RPA) is being used to migrate patient data effectively.

- Lexacom Voice Recognition and Accurx Patient Portal pilots are progressing, with virtual training and site-specific floor-walking support planned.
- MaST (Management and Supervision Tool) business case has been considered, this requires enhancements prior approval
- Comprehensive communication strategies are in place for BeDigital, including intranet updates, visual campaigns, and webinars to engage staff. Tailored campaigns emphasise SystmOne's benefits and ensure widespread adoption.
- The Trust exceeds national averages in most datasets for Data Quality (and Digital Decisions) with highlights in IAPT (97.9%) and MHSDS (92%). Decisions include SAM forms integration into the EPR programme and capital allocations for approved tools like Harthill Patient Recall.
- Preparation for Windows 11 deployment is ongoing, alongside a cost-saving switch to EE for mobile services
- Information Governance updates include transitioning to the CAF-aligned Data Security and Protection Toolkit, with ongoing supplier due diligence and contract reviews. Recent communications and staff updates ensure awareness of IG initiatives.
- Interweave developments include [positive milestones include a successful proof-of-concept workshop with Dorset ICB and EMIS integration at pilot GP practices. An independent review of the tech stack is guiding re-tendering plans, and efforts to onboard new regions like Nottinghamshire are progressing.

### **3.5.5 Partnerships and Strategy Update**

- The Trust has been awarded £42K North Yorkshire Health Inequalities monies to support people working in the fishing industry. This service will be delivered by the Health and Wellbeing Coordinator Service.
- The first Community Learning Disability Hub was held with a large number of local partners including Hull City Council, CHCP and a large number of third sector organisations. This was a successful event feedback was extremely positive from everyone who attended the event:
  - "I got my problem sorted and it saved me a trip into town"
  - "Staff were friendly and happy to talk me through the different services"
  - "Nice informal set up. Great range of organisations and good networking opportunity"
  - "Good for people to come and find information and hopefully spread the word"

## **4 Communications Update**

### **Quarterly Communications Update**

- **Service Support**

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none"> <li>• 111 Mental Health Survey</li> <li>• Community mental health survey</li> </ul>
Community & Primary Care	<ul style="list-style-type: none"> <li>• Primary Care – Communications</li> </ul>

	planning <ul style="list-style-type: none"> <li>Whitby UTC – Change Comms</li> </ul>
Children's and Learning Disabilities	<ul style="list-style-type: none"> <li>Connect website launch</li> <li>0-19 Social Media Pathway</li> <li>Launch of new Communications Champions Forum</li> </ul>
Mental Health Support Teams (MHST)  This team have a dedicated communications officer in post.	<ul style="list-style-type: none"> <li>Prerecorded assembly for mainstream secondary school audience – view <a href="#">here</a>.</li> <li>Social media advertising campaign</li> <li>Antibullying week</li> </ul>
Forensic	<ul style="list-style-type: none"> <li>AHP review work</li> <li>Estates updates</li> <li>A day in the life case studies</li> <li>Learning and development for staff</li> </ul>

## Theme 1: Promoting people, communities, and social values

### • Brand Updates

Our three-year brand review has produced new guidance on how our brand, partner brands, and sub brands interact with each other. This brand family tree, attached in the appendix, which will be shared and briefed throughout senior leadership and the divisions.

We have appointed a Graphic Designer into the team, who joined on November 4. This appointment will reduce outsourcing costs, improve turnaround times and improve quality control.

### World Mental Health Day

To mark World Mental Health Day on 10<sup>th</sup> October we held an art exhibition at Humber Street.

For several years we have worked with Health Stars to deliver art materials to inpatient units on the day in acknowledgment of the therapeutic role of art and creativity in recovery. This year for the first time we invited submissions for an exhibition.

We worked with activity coordinators and were supported by the Recovery College and Art Therapists to bring our idea to life.

The exhibition featured 65 original pieces and ran for three days and was covered by BBC online and BBC Radio Humberside.

This year's theme was 'Prioritising Mental Health in the Workplace.' To support this internally we sent conversation cards to encourage open discussions about mental health.

They included prompts to start conversations, from light-hearted to more thoughtful, along with tips for maintaining mental wellbeing. Copies were also sent to 40 local suppliers to encourage them to share cards with their staff.

## Social media

### • National Campaigns

Recent activity has been focused supporting the promotion of NHS 111 for mental health concerns in the approach to winter and the Flu vaccination programme.

World Mental Health Day enjoyed prominent coverage across our social media channels, with over 50 posts shared to promote the art exhibition and using creativity for mental health.

The Trust AMM enjoyed strong coverage, with 227 post reactions and a reach of 25,000 people as we covered events of the day.

## Childrens & Young People's Division social media

### • 0-19 Social Media Pathway

A new annual social media calendar has been developed in partnerships with 0-19s to launch in 2025. This will share proactive prevention and intervention messages across service and Trust channels.

To feed reactive messages into this process a new Communications Champions Forum will bring together representatives from Hull and East Yorkshire 0-19 Services and Mental Health Support Teams (MHSTs) to share intelligence, insights, and expertise to develop reactive and responsive communication campaigns addressing key health concerns affecting local populations.

## Media coverage

Sept - Oct	October - November	November - December
<ul style="list-style-type: none"> <li>18 mentions in press – 14 Positive and 2 Neutral</li> <li>2 negative</li> </ul> <p><b>Key Highlights:</b></p> <ul style="list-style-type: none"> <li><b>World Mental Health Day:</b> Art exhibition in Hull created 3 positive news stories (including national press) and 1 radio interview</li> </ul> <p><b>Cancer Alliance Grant:</b> Story was featured both nationally and locally</p>	<ul style="list-style-type: none"> <li>9 mentions in press – 6 Positive and 3 Neutral</li> <li>0 negative</li> </ul> <p><b>Key Highlights:</b></p> <ul style="list-style-type: none"> <li><b>Forest School Research with York University</b></li> <li><b>Christmas Appeal (Health Stars):</b> Hull Live and That's TV Humber.</li> </ul>	<ul style="list-style-type: none"> <li>8 mentions in press – 6 Positive and 2 Neutral</li> <li>0 negative</li> </ul> <p><b>Key Highlights:</b></p> <ul style="list-style-type: none"> <li><b>Health Stars Christmas Appeal:</b> Featured on That's TV Humber and Hull Live</li> </ul> <p><b>Awards:</b> Social Worker of the Year Awards and HSJ Communications</p>

## Press Office

To further improve the reach of our positive news stories our press office page will provide a bank of our recent and ongoing press releases for media outlets. This will also improve search engine optimisation, increasing chances of the site ranking higher in search results.

- **Events**

The Comms and Events Officer has been working with several teams to support their upcoming events:

- PACE and QI Celebration Event – Feb 2025
- Children and LD Website Launch Celebration – October 2024
- PROUD Alumni Event – October 2024
- 

Other events:

- World Mental Health Day Art Exhibition at Humber Street Gallery
- Friday 22<sup>nd</sup> November- Staff Awards Celebration Evening at the Mercure Hotel, Willerby
- Thursday 12<sup>th</sup> December- Christmas Carol Concert
- Thursday 15<sup>th</sup> February -PACE and QI Conference

## Awareness Days/Events

September	October	November	December
Know Your Numbers Month 17 = World Patient Safety Day 19 = Youth Mental Health Awareness Day 29 = National Psychotherapy Day	Speak up Month Black History Month Domestic Abuse Awareness Month 9-15 = Baby Loss Awareness Week 10 = World Homeless Day 10 = World Mental Health Day 13-19 = Infection Prevention Control Week 14 = Allied Health Professionals Day	22nd Staff Awards Celebration Evening at the Mercure Hotel, Willerby  19-28 Mens Health & Wellbeing events	2-8 = Grief Awareness Week 3 = International Day of People with Disabilities 12 – Christmas carol concert

## Theme 2: Enhancing prevention, wellbeing and recovery

- **Connect Website**

The team supported the build and launch event for the new Children, Young Peoples and Learning Disabilities Website, Connect. Since launch on Tuesday 29<sup>th</sup> October, the website has seen promising engagement, with 1,249 active users exploring its features and content for an average time of 2 minutes 37 seconds.

We will continue to track key metrics such as monthly active users, average engagement time, session duration and bounce rates to better understand user behaviour and engagement with the new website. We are working closely with the division to ensure the site is well managed and updated post launch.

- **Good News**

Since its publication in September, the new 'Good News' page has garnered 717 views, surpassing expectations. This is a notable increase compared to our other top-performing news stories during the same period, which received 48 and 41 views respectively, reflecting the positive reception of this new format.

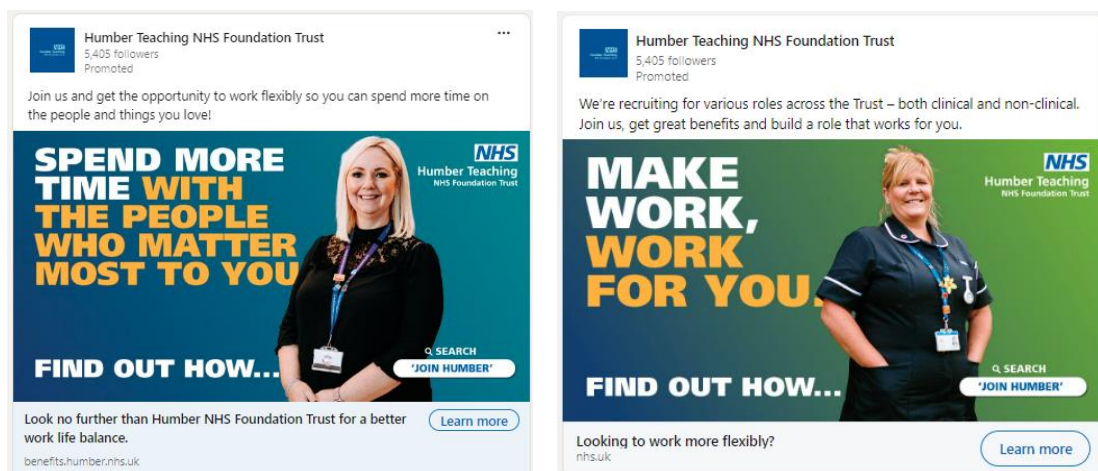
### Theme 3: Developing an effective and empowered workforce

- **Humbelievable**

#### September Campaign

A new campaign launched in September in response to 2024 data that indicated spikes in people looking for new jobs in September, January and March.

Insight showed when children go back to school parents often take stock of their work-life balance. Social media and Google adverts and press releases shone a light on our flexible working and enhanced leave offering.



**Figure 1: Facebook adverts**

Adverts were seen over 115,000 times generating 2,000 clicks to view roles on the Join Humber website - a 30% increase in traffic to the website compared with the same period last year.

We also aimed to increase subscribers to our jobs email bulletin, doubling sign ups to 1,900 in three weeks.

The next campaign will run in December/January and March.

- **'Your Humber Plus'**

Our new 'Your Flex Plus' and Your Health and Wellbeing Plus' policy and refreshed 'Your Leave Plus' booklet have now been launched to staff. We have had an excellent response



from colleagues with many accessing the information about the excellent enhanced leave, flexible working and health and wellbeing opportunities the Trust provides.

In the first two weeks of the policies being launched, we have seen the following levels of engagement with the digital information available:

- **Intranet Page visits**
  - Your Plus – landing page **601**
  - Your Leave Plus page **1227**
  - Your Flex Plus **930**
  - Your Health and Wellbeing Plus **725**
- **Total page visits 3483**
- **Intranet Staff Engagement Project**
- **Booklet Downloads**
  - Your Leave Plus Booklet **271**
  - Your Flex Plus Booklet **433**
  - Your Health and Wellbeing Plus Booklet **214**
- **Total Downloads 918**

Our research project concluded and recommendations for next steps were taken to EMT in November.

The project spoke to over 350 staff across corporate and clinical areas to understand colleagues' current usage, experiences and aspirations for the intranet.

Costs and timescales are now being progressed working with both IT and HR.

### **Media Training & Comms Training**

37 members of staff have now completed media training. There are three more sessions in 2025 - February (now fully booked), May and September.

We are now working with Learning and Organisational Development to pull together a proposal for a broader training offer to support in how our key people present and deliver messages on behalf of the Trust. As a department we currently train in Media, Brand and social media but we are looking to expand this offer to share communications techniques more widely in the Trust.

### **Theme 5: Innovating for quality and patient safety**

- Awards

Our submissions for 2024 have closed. It was our most successful year ever for with a 67% increase from 12 to 20.

Remaining ceremony date for 2024 is:

HSJ Awards: 2 Shortlisted – Ceremony 21st November 2024

Results :

- Nursing Times Awards 2024: 4 Shortlisted – No wins
- Social Worker of the Year Awards: 3 Shortlisted – 1 win, Fran Ashton, Mental Health Social Worker of the Year

## Theme 6: Optimising an efficient and sustainable organisation

### EPR

The Electronic Patient Record programme is progressing well, with approval to go live in Children's and LD services approved on Sunday 10 Nov. We supported the team through the cutover period and continue to be present at all meetings throughout this initial go live period. This approach allows us to react quickly and effectively to any communications requests, keeping staff up to date with the latest and most important information to them.

In the lead up to this go live, the team developed a dedicated weekly Children's and Learning Disabilities EPR newsletter. This has allowed the division to look out for one key publication every week, allowing them to stay on top of what they needed to know in an efficient way. The latest edition was read by 75% of division staff showing excellent engagement.

### Interweave

The team are supporting Interweave with a communications strategy to run in parallel with the Interweave strategy from April 2025, illustrating the ongoing benefit of dedicated communications support in this area of business.

The BeDigital Week 2024 programme will aim to boost awareness of the Interweave team amongst staff, as well of the benefit of using shared care records within our in clinical roles.

In addition, Loren will attend the NYHDIF Conference with other senior members of the Interweave team this month improve knowledge of shared care records and curate content about innovative topics and our Trust's involvement.

### AccessAble

The Trust partnered with Accessible and the Estates team to provide information about the accessibility of our spaces. The launch included PR, social media and internal communications.

This has resulted in a key accessibility improvement to our web pages as every building now has detailed accessibility information attached. Work has also been completed to include a prompt in patient letters to find out detailed information for the facility they are due to visit by scanning a QR code or visiting the webpage.

### Measures of Success

Theme 1: Promoting people, communities, and social values			
KPI	Measure of success by 2025	Benchmark	This month
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	6 positive stories covered by media / 3 neutral mentions
			0 negative stories covered by media
Visits to Brand Portal	Up 20% to 696 sessions	415	771

Facebook engagement rate	2%	2.69%	3.57%
Twitter engagement rate	2%	4%	3.19%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	90 new followers – Total 5,526

Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	Measure of success by 2025	Benchmark	This month
Stakeholder newsletter open rate	Maintain an average open rate of 30%	30%	27.6%
Increase subscribers	Increase by 40% p/a	147	Total subscribers: 158 – 0% increase

Theme 6: Optimising an efficient and sustainable organisation			
KPI	Measure of success by 2025	Benchmark	This month
Reduce bounce rate – whole site	Below 50%	66.7%	51.3%
Average page visits/views per session	Below 3	2	1.9
Increase average session duration	+ one minute	1m 32s	2m 35s

Theme 3: Developing an effective and empowered workforce			
KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced – excluding homepage	< 50%	57.36%	(excludes homepage)
Intranet sessions maintain at current level	77,101 sessions p/m	77,101	83,354
Global click through rate (CTR) increase	7%	9.2%	8.9%

Theme 5: Innovating for quality and patient safety		
KPI	Measure of success	Progress to date
Awards nominations	4 national/2 local shortlists annually	<p>2 award shortlists in HSJ Awards – ceremony still to come</p> <p>3 award shortlists in Social Worker of the Year – 1 win</p> <p>2 award wins/highly commended in HSJ Digital Awards</p> <p>2 award shortlists in NHS Parliamentary awards</p> <p>6 award shortlists in HSJ Patient Safety awards</p> <p>4 award shortlists in Nursing Times awards</p>

## 5 Health Stars Update

Theme 1: Be a trusted and engaged charity partner

- Customer Relationship Management software

- We have started the process of configuring our new CRM, Donorfy. This investment will professionalise our operation streamlining data management, enabling targeted outreach and better resource allocation, leading to more effective fundraising efforts
- Just Giving
  - We are upgrading to the new Grow Plan, Just Giving's monthly subscription, which will give us access to reports and enable to us to allocate donations accurately. This will support the finance team to match Just Giving donations to fund zones and income pillars.
- Christmas Appeals

Our Christmas appeals were a great success ensuring ever patient has a present this year. Over £1125 worth of gifts and donations were made.

The Christmas raffle raised the most money ever with over £700 made.

- Running Events  
Over £3000 has been raised through running events in September and October including Pete Beckwith who raised £815 at the Haltemprice 10K. We have 68 people in the 'Running Club' and are sending specific newsletters to these people to promote local running events.

We have invested in the membership of an event platform - Run for Charity - which gives us access to places in over 300 runs across the country. Through the Haltemprice 10K and Humber Bridge Half Marathon we have exceeded the cost of the membership and are in profit.

Measures of success			
KPI	Measure of success by 2025	Benchmark	Year to date
<b>Be a trusted and engaged charity partner</b>			
Funds raised	£100k	£77,314	£65157 YTD
<u>Health Stars is a household name</u>	Survey launched in autumn	Health Stars previous survey awareness questions	To be launched after Staff Survey closes
Annual review against Charity Commission principles	Complete review in March 25	n/a	Due: March 2025

Dreams are our requests for charitable funds over £5000. We are working with the Estates team to establish a procedure to enable our Dreams to be processed efficiently.

Dream	Details	Lead	Update
<b>Malton Day Room</b>	Creating a dementia friendly day room on the Fitzwilliam Ward at Malton Hospital	Rachel Laud	Preliminary costs have been shared, roughly £90,000, split 50/50 between Trust and Charity.
<b>Whitby Hospital Children's Area</b>	To create a fun and inviting area within the waiting area for children	Lucy Shardlow	Waiting for initial designs from contractor to start engagement work. Costs will then follow.

<b>Westlands Visitor Garden</b>	To create a calming, therapeutic and multi-use space for patients and their visitors. (Dani also have bigger plans to develop other parts of Westlands)	Dani Wilkinson	Core ground works to start in November. Health Stars to then look at enhancements alongside Westlands Team who are keen to fundraise.
<b>0-19 Service mobile clinic</b>	Mobile clinic to provide services within communities	Heidi Fewings	This has been paused until February 2025.
<b>Walker Street Corridor</b>	Murals, flooring,	Becky Smith	Design team being set up to move forward plans for corridor development
<b>Newbridges</b>	Garden transformation - football area, basketball, planting etc. Also transformation of activity room and dining room		Anita checking with Estates that it's a viable plan before first Dream Team.
<b>Elephant Kiosk – Market Weight Practice</b>	Machine in waiting room for patients to be able to take their own blood pressure and weight	Maggie Bean	A bid was submitted to the PCN but funding was declined. Chris Rooke is going to look into alternative funding through Health Stars. Cost = £9500.

#### - Wishes

- 52 wishes have been received since we reopened on 20 May 2024, 8 of them in November 2024
  - 29 have been completed.
  - 19 have been declined or cancelled
  - 3 are in progress
- Wishes submitted in this period include:
  - Buffet for Townend Court Learning Disabilities Christmas party
  - Door alarms for Older People CMHT
  - Projectors and screens for perinatal support groups

The main reason we have declined wishes in this period is because the items should be funded by the teams' core budget. In order to reduce this and increase knowledge across Trust teams we are planning to:

- Include in next Health Stars newsletter a feature about items that we cannot fund and encourage teams to think about using their core budget
- Develop a team of 'Charity Champions' within different services who will be able to advise their colleagues about wishes and fundraising activities.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
<b>Improve patient care and experience</b>			
Each division has an identified and approved plan for a dream	4 completed 'Dreams'	n/a	Currently progressing Dreams submissions for: <ul style="list-style-type: none"> <li>• Community &amp; Primary</li> <li>• Childrens &amp; LD</li> <li>• Mental Health</li> </ul>
All appeals (Dreams) have a measurable positive impact on patient/service user care and experience	Positive response to the post appeal survey question 'Did the appeal have a positive impact on patient/service user care and experience' (+80%)	n/a	Evaluations to be sent out once first dream is complete
All estates capital projects have a Health Stars workflow	Dreams delivered in line with estates projects by year-end	n/a	Current live estates Dreams are; <ul style="list-style-type: none"> <li>• Malton Hospital</li> </ul>

			Day Room <ul style="list-style-type: none"> <li>Whitby Hospital Children's Area</li> <li>Westlands Gardens</li> <li>Walker Street Corridor</li> <li>Newbridges</li> </ul>
Increase wishes approvals	By 20% (target 82 wishes)	22/23 - 62 wishes approved  23/24 7 wishes approved  (note 37 wishes were completed on handover as legacy wishes)	52 submitted 29 approved
Case studies per week	1 per week	3	Over 30 case studies completed since relaunch

## Supporting Staff

- Two members of staff ran the Haltemprice 10K in October and raised £935.
- We have interest from several other members of staff who are taking part in fundraising events over the next six months including the London Marathon, a half marathon and a team who want to do a skydive.
- In November we attended Market Weighton Patient Participation Group and will arrange to attend similar meetings at Humber Primary Care and King Street Surgery.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
<b>Support Staff</b>			
Services have Charity Champion	50% services	0	0 Plans to launch a campaign to recruit Charity Champions
Work with HR to identify how charities funds can support delivery of the People Plan	TBC		Paper coming to Charitable Funds Group in November - postponed
Visits to charity guidance on Health Stars website – Access Funding page	KPI to be set after 3 months of figures obtained	n/a	68 visits this month (58 last month)

## Develop Partnerships

- The Recovery and Wellbeing College 2025 calendar will be on sale by the end of the month, with proceeds going to Health Stars. We have created a payment page for the calendar which was designed and printed free of charge by local Hull company: Umber Creative.

- The team attended the Market Weighton Health and Wellbeing Fair to talk to the community about the work of Health Stars and how we support their GP surgery.
- We have built a new relationship with the local Mind Fundraising Manager and have places in their Christmas fun run.
- Become Charity Partner for two Dove House Hospice events: Get Caked and Night Walk.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
<b>Develop Partnerships</b>			
Communications Measures of success	4% social media engagement rate		Facebook = 52% Instagram = 11%
	30% social media growth	22/23 = 427 visits  829 Facebook followers	Facebook: 24/25 = 1500 visits (251% increase) 867 followers (4.6% increase)  Instagram: 364 followers (3.8% increase)
	1% increase in click through rate target from content and stories	12.9% traffic from referral and social media since relaunch	November 83 clicks to website from social June 5 clicks to website from social 1560% increase  3.9% traffic to website from social media
	Developing email clubs – 10% staff signed up to email clubs	360 sign ups to email clubs	104 sign ups (2.7%)
	Stakeholder newsletter sign ups	n/a	Not launched yet (waiting for CRM)
Lottery sign ups	720 members	720	96 members 116 numbers  16% of target
Pennies from Heaven sign ups (Microhive)	20%	720	390  10.8% of workforce 54% of target
Supporters in CRM	Target set when migration takes place	n/a	CRM launched in November
Corporate sponsors signed up to major project			No appeals live.
4 Dreams appeals launched	4	0	One dream completed  Six dreams in planning phase.

**Agenda Item 9**

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2025																		
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback																		
Author/s:	Dean Royles, Chair of People & OD Committee Phillip Earnshaw, Chair of Quality Committee Steph Poole, Chair of Mental Health Legislation Committee Stuart McKinnon-Evans, Chair of Audit Committee and Collaborative 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:																			
<b>Positive Assurances to Provide:</b> Details included in the reports from <ul style="list-style-type: none"> <li>• People OD Committee</li> <li>• Quality Committee</li> <li>• Mental Health Legislation Committee</li> <li>• Audit Committee</li> <li>• Collaborative Committee</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>																	
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>																	
Governance:	<table border="1"> <tr> <td></td><td>Date</td><td></td><td>Date</td></tr> <tr> <td>Appointments, Terms &amp; Conditions Committee</td><td></td><td>Engaging with Members Group</td><td></td></tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td><td></td><td>Other (please detail) Quarterly report to Council</td><td>✓</td></tr> <tr> <td>Trust Board</td><td>March 24</td><td></td><td></td></tr> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board	March 24		
	Date		Date																
Appointments, Terms & Conditions Committee		Engaging with Members Group																	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓																
Trust Board	March 24																		



## 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	

**Agenda Item 9a**

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024															
Title of Report:	People & OD Committee Assurance Report															
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:	<p>The People and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 13 November 2024 and a summary of key points for the board to note.</p>															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"><li>Positive assurance around the Trust vacancy rate at 7.48% with nursing vacancy rate at 8.53% with the Trust turnover rate at 10.18%.</li><li>The Trust statutory and mandatory training rate remains high at 94.35%.</li><li>1<sup>st</sup> in the UK for Clinical Supervision and also 40% expansion in Resident Doctors and 38% expansion in undergraduate Doctors.</li></ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>Review of Risk Register scores in relation to the nursing and medical vacancy risks.</li><li>Deep dive sickness absence work continues with a deeper focus on 4 inpatient areas.</li></ul>														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>Sickness absence continues to be a key focus within the Trust with targeted programmes of work being enacted jointly between Workforce and Operational teams.</li><li>Work around the statutory and mandatory courses in relation to DNA's is ongoing with conversations taking place regarding Medical Staff between the Medical Director and the Head of Learning &amp; Organisational Development.</li></ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"><li>Revised Terms of Reference endorsed by the Committee and seeks Board ratification.</li></ul>														

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	13/11/2024
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	27/11/2024

### Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

### Assurance Report 13 November 2024

#### **Chairs Logs:**

##### **Staff Health & Wellbeing Group:**

The Staff Health and Wellbeing group continues to be a high energy and engaging meeting, with positive assurance that the health & wellbeing offering continues to grow. The group are focussing on the emotional and psychological support following the deep dive around sickness absence.

##### **Equality, Diversity and Inclusion Steering Group:**

Positive assurance in relation to improving attendance at the meeting since concerns were raised previously. New Chair of the Disability network bringing some good work and energy to the network.

Positive assurance in relation to seeing all the networks working together as a collective whole and not just independent networks in relation to the civil unrest that happened in early August 2024.

##### **Medical Education Committee:**

The Medical Education Committee continue to receive a number of surveys demonstrating the quality of our medical education and also positive about the good progress being made on GP training practices.

##### **People Insight Report:**

Positive assurance that the comprehensive nature of the report is welcomed and that the Trust continue to make good progress on vacancy rates which are now at a historic low. Nurse vacancy rates remain below 10%, turnover remains low, but continue to focus on those areas where it is peaking.

Improvements on EDI in terms of representation, in particular around ethnicity and LGBT.

Strong performance on statutory and mandatory Training.

Continue to focus on the consultant vacancies within the Trust.

Continuing focus on sickness absence within the Trust and looking at stress related support i.e. emotional and psychological support.

##### **Finance and Workforce Controls Assurance Report:**

A new paper on finance and workforce was presented and assurance given the increased focus in these areas. Due to the good progress made in reducing vacancies this will enable us to shift the dynamic on how we look at achieving financial balance over the course of the year.

##### **Risk Register and BAF:**

The committee were provided with a summary of the Risk Register and BAF with actions for the director of nursing to assess the nursing vacancy risk score in relation to the progress made, and also for the medical director to reflection on the consultant risk in relation to the work under way.

##### **Medical Workforce Plan Update:**

The committee received the updated Medical Workforce Plan and were assured by the actions within the report being taken to reduce the medical vacancies within the Trust.

**Medical Education Update:**

An update was received from Soraya Mayet and the committee particularly welcomed the reinforcement that we're first in the UK for Clinical Supervision and also 40% expansion in resident doctors and 38% expansion in undergraduate doctors.

**Absence Deep Dive:**

The committee received the Absence Deep Dive report and welcomed the recommendations within the report in relation to the work that the Trust are undertaking in relation to putting a lens on sickness absence.

**Leavers Deep Dive:**

The committee received the Leavers Deep Dive report and noted the recommendations and were assured in relation to the work that is taking place in terms of reducing turnover within the organisation.

**Statutory and Mandatory Training Deep Dive and reive of DNA:**

The committee received the deep dive report, and it was noted that focussed discussions are taking place between the Medical Director and Head of Learning & Development on improving the rates of compliance for medical staff.

**People & OD Committee Terms of Reference:**

The committee received revised Terms of Reference to approve in relation to the change of name of the committee to People & OD and also in relation to the requirement to provide assurance reports to Board as opposed to minutes.

**Agenda Item 9b**

Title & Date of Meeting:	Trust Board Public Meeting – 27 <sup>th</sup> November 2024			
Title of Report:	Quality Committee Board Assurance Report – September 2024			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
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 additional Quality Committee held on 19 <sup>th</sup> September, with a summary of key issues for the Board to note.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b> The Committee received positive assurances through the following reports <ul style="list-style-type: none"> <li>• The Performance Waiting Times Report Q1</li> <li>• Budget Reduction Scheme QIA</li> <li>• Community Mental Health Service User Survey 2023 and Action Plan</li> <li>• The Annual Quality Improvement Report</li> <li>• The Annual Allied Health Professionals Report</li> <li>• The Annual Controlled Drugs Report</li> <li>• The Annual NICE Guidance Report</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• Agreed the Quality Committee will look for a focus on patient/service user outcomes and impact rather than process</li> </ul>		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• No items raised at the meeting.</li> </ul>		<b>Decisions Made:</b> The Quality Committee approved and ratified the following documents <ul style="list-style-type: none"> <li>• The Annual Quality Improvement Report</li> <li>• The Annual Allied Health Professionals Report</li> <li>• The Annual Controlled Drugs Report</li> <li>• The Annual NICE Guidance Report</li> </ul>		
<b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

## Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 19<sup>th</sup> September 2024 are as follows: -

The minutes of the meeting held on the 22<sup>nd</sup> August 2024 were agreed as a true record and the action log approved, noting all items closed, The Quality Committee Assurance report was noted, and the work plan approved, noting the annual psychology report, which this year will be from Sarah Rockcliffe who is new in role and therefore this year will be presenting a report on future plans within the role.

The following papers were discussed.

### Community Mental Health Service User Survey 2023 and Action Plan

The committee received a presentation describing the commitments on the action plan from the 2023 survey, which included improving the uptake of the 2024 survey, ensuring true collaboration with experts by experience in action planning and improvement work, sharing the learning across all services, and ensuring completed actions are reviewed and embedded.

It was noted there were incremental improvements in survey results and noted the commitments to improve the uptake further and address the improvement work identified.

### Budget Reduction Scheme QIA

The paper outlined the progress on the undertaking of quality impact assessments (QIA) in relation to the budget reduction strategy scheme for divisions. The scheme and QIA process was discussed noting one scheme still under consideration. Assurance was received from the report.

### Performance Waiting Times Report Quarter 1

The report was presented to Quality Committee at the request of EMT. The report identified the main challenge of neuro-diversity waiting times for both children and adults. The report outlined how the challenges were being addressed and the ongoing dialogue with the ICB in place.

**Annual Clinical Audit Report**

The report was presented, which outlines the national audits, local audits and service evaluations undertaken by divisions, noting engagement in clinical audit over the last year continues to increase. It was noted the MyAssurance compliance audits provide a high level of assurance in terms of compliance. It was also highlighted that the audit system has moved to InPhase this year, due to the end of the MyAssurance programme and this is working well with each area having access to a dashboard to review their clinical audit activity.

**Annual NICE Guidance Report**

The report details the NICE Guidance published over the last year, how we use it to inform best practice and policy and a discussion was held around how the Trust checks compliance through the clinical audit process.

The report was approved.

**Annual Controlled Drugs Report**

The report outlines the system in place for the reporting, management and learning from controlled drugs and other medicines related adverse incidents. The report provides a high level of assurance on the management, administration and reporting of incidents and the low level of harm against increasing numbers of administration.

The report was approved.

**Annual Allied Health Professionals (AHP) Report**

The report presented, celebrates the achievements of the AHP workforce over the last year, in respect of the growth of the workforce through the recruitment of a creative therapy lead and a physiotherapist in the forensic team, as well as improvements to patient quality, positive outcome measures for patients receiving services and improved attendance at clinic with dietician by patients.

The report was approved.

**Annual Quality Improvement Report**

The report showcased the Quality Improvement (QI) achievements over the previous year, detailing number and types of charters, the training for staff and awareness sessions held. It was noted there had been a 20% increase of charters year on year.

The report was approved.



Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024			
Title of Report:	Quality Committee Board Assurance Report – November 2024			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
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 additional Quality Committee held on 14 <sup>th</sup> November, with a summary of key issues for the Board to note.			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b> The Committee received positive assurances through the following reports. <ul style="list-style-type: none"> <li>• CQC Report, Nottinghamshire Health Presentation</li> <li>• Quality Insight Report</li> <li>• Quality Committee Risk Register Summary and BAF</li> <li>• Divisional QIP Update</li> <li>• Psychology Report</li> <li>• Annual Patient Safety Report</li> <li>• Waiting List trajectory and performance update</li> <li>• Changes to the Trust EIA template</li> <li>• Minutes of the Quality and Patient Safety Group</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• An update report on the Improvement plans for Townend court and Westlands units will be reported to February 2025 Quality Committee</li> </ul>		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• No items raised at the meeting.</li> </ul>		<b>Decisions Made:</b> The Quality Committee ratified the following document. <ul style="list-style-type: none"> <li>• The Annual Patient Safety Report</li> </ul>		
<b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

## 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
<p>The key areas of note arising from the Quality Committee held on 14<sup>th</sup> November 2024 are as follows: -</p> <p>The minutes of the meeting held on the 19<sup>th</sup> of September 2024 were agreed as a true record and the action log approved noting all items closed. The September Quality Committee Assurance report was noted, and the work plan for November also noted. The draft work plan for 2025-26 was approved.</p> <p>The following papers were discussed.</p> <p><b>CQC Report, Nottinghamshire Healthcare (Presentation)</b></p> <p>The Committee received a presentation and paper, explaining this work was being led by the Clinical Director. The report summarises the recommendations from the CQC review into the care given by Nottinghamshire Healthcare NHS Foundation Trust (NHCTT), highlighting some failures at NHCCT, but also warned these were not unique to that Trust. The recommendations made were described which included ICBs ensuring providers completed and ICB Maturity Index self-assessment tool. This has been completed by the Trust, noted by the Board, then submitted to the ICB. An action plan has also been developed and submitted to the ICB. The committee discussed the work being undertaken to provide assurance that we have appropriate plans in place. It was noted the action plan would be presented to the next Board meeting.</p> <p><b>Quality Insight Report</b></p> <p>The key headlines from the report included the publication of Part C of the Thirlwell Enquiry which considers culture in the NHS, noting a report will be presented to Quality Committee in February 2025 outlining additional areas of development work as a result of the findings of this review. Updates were provided on the review by CQC by Dr Dash and Sir Professor Richards and the work underway through the Quality Standards Group in the Trust; the publication of the National Primary Care Patient Safety Strategy and whilst primary care have been fully involved in the implementation of PSIRF a task and finish group is being established to consider the specific areas of learning for Primary Care, a report will be presented to Quality</p>

Committee in February 2025. An update on the implementation of the Patient Safety Investigation Response Framework was provided. Positive assurance on the Divisional SOP compliance and Clinical policy compliance was provided. The outcome of two internal audits on Nurse revalidation receiving significant assurance and Divisional Clinical Governance which received limited assurance. Action plans are underway and will be monitored through the Quality and Patient Safety Group.

#### **Quality Committee Risk Register Summary and BAF**

The committee reviewed the Q2 Quality Risk Register and BAF, noting 14 risks on the register rated nine or above which have been reviewed through QPaS. It was noted there were three new risk and four risks have closed since the last committee meeting. It was confirmed the BAF will have a slightly different format on the Q3 report, following discussion in the Strategic Board. The Risk Register and BAF were discussed, and assurances received.

#### **Divisional QIP Updates**

The update report was presented to the committee, following review at QPaS. The report gave a summary on where each of the divisions are in relation to their Quality Improvement Plans (QIP). The depth and breadth of the quality improvement work over the last year was noted.

#### **Annual Patient Safety Report**

The Annual report was presented, noting this provides an update against the delivery of the National Patient Safety Strategy and the implementation of the Patient Safety Incident Response Plan. The report was approved.

#### **Psychology Report 2024**

The report was presented to the Committee by Sarah Rockcliff, Interim Associate Director of Psychology, who has been in the role for five months. The work underway of unifying the psychological professions in line with national drivers, considering reconfiguration of leadership and the future training pathway, was discussed. The importance of the psychological professional's support in respect of staff wellbeing was noted. An annual report will be produced next year.

#### **Waiting List Trajectory and performance Update**

The Q2 paper was presented to the committee, it was noted this used to be presented to the Board but has been agreed this should now come through Quality Committee. The quarterly report focuses on performance and quality being the focus of the annual report. It was noted the key issues seen in Q1 remain similar, with neurodiversity being the largest challenge. A discussion was held, and assurance received noting conversations with commissioners continue.

#### **Changes To the Trust EIA Template**

The paper was presented to the committee for noting, explaining as part of the Trust's Health Inequalities programme work the Trust's EIA template has been reviewed and additional areas included. It was noted this has been approved through QPaS and EMT.

#### **QPaS minutes summary**

The summary report was noted with no queries raised.

## Agenda Item 9d

Title & Date of Meeting:	Trust Public Board Meeting – 27 November 2024														
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 7 November 2024														
Author/s:	Name: Stephanie Poole Title: 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:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board.</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 7 November 2024.</p>														
Key Issues within the report:															
<b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"> <li>Committee noted Insight report, including update on the Mental Health Act Reforms national QI programme; update on the status of the mental health Bill; and report of no delays for patients clinically ready for discharge in Forensic Services.</li> <li>Committee noted MHL performance report Q1: <ul style="list-style-type: none"> <li>All activity within normal variation.</li> <li>S3 detentions increased in line with</li> </ul> </li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>S136 T&amp;F group ongoing exploring options of reducing numbers of detentions as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Work also focussing on patient experience in terms of S136. Committee to be kept updated on progress.</li> <li>Putting into practice the principles of the Mental Health Act reforms: a national QI programme - Ullswater and Ouse Wards participating in Phase</li> </ul>													

<p>national rise.</p> <ul style="list-style-type: none"> <li>○ CTO use increased following period of reduction, Trust use of CTO still lower than last year.</li> <li>○ 1 use of S4 for the quarter- legitimate part of Mental Health Act and Committee assured applied appropriately.</li> </ul> <ul style="list-style-type: none"> <li>• Committee assured regarding Reducing Restrictive Interventions (RRI) Q1 report: <ul style="list-style-type: none"> <li>○ Use of seclusion slightly reduced.</li> <li>○ Slight increase in number of restraints is mainly attributable to patients who are very unwell and increased number of patients with eating disorder in CAMHs who require support for NG tube feeding.</li> <li>○ No prone restraint used in June, July or September.</li> <li>○ Use of safety pods is showing significant impact.</li> <li>○ Trust significantly lower use of restrictive interventions than its usual position of 14 or 15 out of 62 organisations.</li> <li>○ Co-production focus in Q2 on reviewing of policies and procedures.</li> </ul> </li> <li>• Committee received Presentation by Ms Bingham, Lead for Hull AMHP service, on 'Prevention not Detention'.</li> <li>• Committee noted MAPPA 6-monthly Report had been received at Trust Board in line with current scheduling.</li> <li>• MHL Committee Work plan 2024-25 – amended date of Committee Effectiveness Questionnaire to February and changed name of Committee Chair.</li> <li>• All mental health legislation related policies / procedures / guidance up to date, some currently under review.</li> <li>• MHLSG (Mental Health Legislation Steering group) minutes noted.</li> <li>• MHLSG subgroups and CQC MHA visits updates report noted.</li> </ul>	<p>4 of the programme.</p> <ul style="list-style-type: none"> <li>• Reducing Restrictive Interventions: <ul style="list-style-type: none"> <li>○ Working to achieve De-escalation Management Intervention (DMI) training compliance target. Currently at 85%.</li> <li>○ Currently looking at co-production blanket restriction toolkit and Use of Force leaflets.</li> <li>○ Future considerations of breakdown of data by gender and ethnicity to provide more insightful information.</li> </ul> </li> <li>• Committee noted Trust is undertaking capacity and demand analysis of AMHP availability, looking at expected demand going forward which has identified current workforce gap, and the national AMHP data project is an opportunity to align health and social care data and provide insights and intelligence around hotspots and where resources are needed.</li> </ul>
<p><b>Matters of Concern or Key Risks to Escalate:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• Beneficial for Committee members to have a more in depth understanding of how MAPPA works in reality, patient experience, impact on public safety and whether partnerships are functional; a case study could be useful as well as access to training, which can be extended to</li> </ul>

	current Non-executive Directors.
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	07.11.24	Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

#### Monitoring and assurance framework summary:

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

✓ Tick those that apply

	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the	N/A	Comment

		report?		
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

### Committee Assurance Report – Key Issues

- Insight report: - The paper covers key Publications; Policy highlights and summaries of relevant reports and papers as follows:
  - Pilot phase of Mental Health Act reform QI Programme completed on PICU. Ouse and Ullswater to be part of the next phases. Ullswater recently held successful improvement day and continue with individual weekly sessions.
  - No delays for patients clinically ready for discharge in Forensic.
  - The Government made an announcement on Mental Health Act on 6<sup>th</sup> November indicating intention to progress the bill through parliament. Published Better Care for Mental Health Patients under major reforms and working with Department of Health to shape the Bill which may come sooner than anticipated.
- Committee noted MHL performance report Q2:
  - All activity within normal variation.
  - Detention on admission – September increased numbers at 54 mainly attributed to number of patients presenting with acute conditions.

- Increased detentions for admissions over 12 months attributed to longer S3s – Committee made aware of a national rise and also a rise in requests to AMHP service for consideration of application for admission.
  - Increase in the use of CTO following a period of reduction. Trust use of CTOs is still lower than last year and need to be mindful CTOs are based on robust care plans and arrangements to support people in the community. The committee discussed the need for clarity regarding direction of travel with CTOs nationally. Work ongoing looking at CTO position in the Trust was noted.
  - 1 use of S4 in September - legitimate part of Mental Health Act and Committee assured it was applied appropriately and internally reviewed in line with policy.
  - Increased out of area admissions mainly attributed to two patient groups: PICU and Older Adults - focussed piece of work being undertaken around PICU by MADE (Multi-agency Discharge Events) to speed up discharge and increase patient flow.
  - 5 x S136 for under 18s related to multiple attendances by one patient so does not point to a trend. S136s in general continue to be high. The committee noted the work the trust was doing within the s136 task and finish group. The committee will receive a report at its next meeting in February covering the broader work of the Crisis Care Concordat.
  - It was noted that national/regional benchmarking data not available – no update to national dashboard since July 2023. However, the committee requested that appropriate narrative was added to report and that any available comparative data included.
- Received quarter 2 report on Reducing Restrictive Interventions key highlights:
    - Use of seclusion slightly reduced. Seclusion reviews compliance continues to significantly increase with a reduction in missed reviews.
    - Slight increase in number of restraints mainly attributable to patients who are very unwell and increased number of patients with eating disorder in CAMHs who require support for NG tube feeding.
    - Use of prone restraint continues to reduce. No prone restraint used in June, July or September.
    - As part of reducing restrictive interventions use of safety pods and roll out following pilot is showing significant impact.
    - Latest benchmarking shows Trust significantly lower than its usual position of 14 or 15 out of 62 organisations.
    - Co-production Mental Health Inpatient Voice group focus in Q2 on reviewing of policies and procedures.
    - De-escalation Management Intervention (DMI) training compliance rate is just below current target of 85% compliance and Divisions working to achieve target.
    - Currently looking at co-production blanket restriction toolkit and Use of Force leaflets.
    - Working to support people with learning disabilities regarding restrictive interventions to strengthen co-production from learning disability services.
    - Future considerations of breakdown of data by gender and ethnicity to provide more insightful information.
- Committee received Presentation by Ms Bingham, Lead for Hull AMHP service, on 'Prevention not Detention':
    - Trust responsible for providing Hull Approved Mental Health Professional (AMHP) service resource and statutory functions with local authority.
    - Trust and Hull City Council working to implement national standards.
    - Work to uphold people's rights and promote social model of mental health and act as counterbalance to medical model.
    - Involving AMHPs at an early stage enables consideration of alternatives to admission under MHA. AMHP service involves joint working with Crisis or social care as support, working with family, agreeing safety plans, conversations and consultation with patient which is then



critically evaluated and analysed.

- Would like to see shift in current culture which sees AMHPs brought in at actual crisis point. Earlier contact with AMHP service would enable conversations around admission, CTOs, guardianship and any work around nearest relatives to the benefit of the patient.
  - Committee noted the case study as an illustration of person-centred practice.
  - Traditionally AMHP services had been a duty based model with AMHPs on a rota which did not provide opportunities to influence the broader system to carry out preventative work. AMHPs based in teams provides opportunity for community teams to have that expertise as part of an MDT and for AMHPs to be involved at an earlier stage. It is about working alongside medical teams, promoting really good consultations about shared decision making and person-centred care.
  - Committee noted Trust is undertaking capacity and demand analysis of AMHP availability, looking at expected demand going forward which has identified current workforce gap, and the national AMHP data project is an opportunity to align health and social care data and provide insights and intelligence around hotspots and where resources are needed.
- Committee noted MAPPA 6-monthly Report had been received at Trust Board in line with current scheduling. Key highlights noted as:
    - Network of single points of contact in all Divisions, now supported by the Clinical Lead, so that MAPPA issues can be well co-ordinated and communicated.
    - The Humberside Criminal Justice Board met in July and also held an extraordinary meeting at the end of August to review actions and learning in the broad criminal justice space in light of the violent disorder seen in Hull and other UK cities at the beginning of August. It was a partly reflective meeting but also focussed on the swift judicial response to the disorder.
    - SOP reviewed and minor amendments made to account for transition to the new electronic patient records.
    - The committee discussed the importance of MAPPA arrangements for public safety and multi-agency work with some of the most vulnerable people. The committee were assured that the trust's arrangements were robust. However, Committee members felt it would be beneficial to have a more in depth understanding of how MAPPA works in reality, patient experience, impact on public safety and whether partnerships are functional; a case study could be useful as well as access to training, which can be extended to current Non-executive Directors.
  - MHL Committee Work plan 2024-25 – amended date of Committee Effectiveness Questionnaire to February and changed name of Committee Chair.
  - All mental health legislation related policies/procedures/guidance up to date, some currently under review.
  - MHLSG (Mental Health Legislation Steering group) minutes – Committee noted the minutes.
  - MHLSG subgroups and CQC MHA visits updates report noted.

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024															
Title of Report:	Assurance Report to Board from Audit Committee October 29 2024															
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															
<b>Purpose of Paper:</b> <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.															
<b>Key Issues within the report:</b>																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Committee passes muster against the HFMA good practice framework</li> <li>The contents of the Board Assurance Framework is aligned between performance and risk, giving food for thought for the Committee to consider. A benchmarking report on BAFs in Audit Yorkshire's client base suggests our practice is good</li> <li>The Trust's risk management system and practice are coherent and dynamic, and the risks consistent with the discourse in other forums</li> <li>Committee attenders participate in</li> <li>The Forensic Division provides solid evidence of managing its risks to acceptable residual levels</li> <li>The leadership and management response to Internal audit finding is constructive and focused on improvement, rather than resistant to the conclusions</li> <li>The final report of the 2023/4 internal audit programme, Safeguarding, gained Significant Assurance, as did Complaints, and Nursing Revalidation, in the 2024/5 programme</li> <li>We expect an unmodified, unqualified external audit opinion to accompany Board approval of the 2023/24 Accounts in November</li> <li>The programme of work to counter fraud remains active and effective</li> <li>Single tender waiver regime remains effective.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Adding to the Trust risk register the significant organisational ICS-level transaction currently being worked on</li> <li>Ongoing development of the BAF contents, particularly the relationship between waiting time operational risks, and the risk score for Innovating for Patient Safety and Quality section</li> <li>Completion of the 2023/4 External Audit (predominantly the local government pension scheme and finalisation of VFM review)</li> <li>The Audit Plan is on track to be delivered to time and quality</li> <li>Clarification of which Committee/Board the annual Information Governance report will now be routed to (from the Be Digital Board to the Trust Board).</li> </ul>														

<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>• The salient risks on the Trust-wide register score 15 or above relate to consultant vacancies; recruitment; capital and revenue funding (especially in the wake of ICS financial pressures); and waiting times for neurodiversity services</li><li>• An audit clinical governance warranted limited assurance, due to gaps in meeting administration and record keeping</li><li>• Two staff related audits (probation, and sickness absence management) warranted low assurance, due to frequent lack of evidence of compliance with the standard toolkits.</li></ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"><li>• Amendment to internal audit plan (defer Prescribing (awaiting replacement)); add cyber security risks for telephony business continuity</li><li>• Invite IT Team to consider Patch Benchmarking Report and provide assurance back on current practice.</li></ul>		
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

### Monitoring and assurance framework summary:

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	

## Assurance Report to Board from Audit Committee October 29, 2024

The Committee was quorate, and considered the following:

**Terms of Reference:** the Committee's Terms of Reference was reviewed and, aside from the removal of minor errata, left unamended.

**Work Plan:** Clarification was sought on the reporting route for the annual Information Governance report – no longer coming to this Committee, and needs to feature on the Trust Board workplan.

**Self assessment:** the Committee meets the expectations of the sector-recognised HFMA standard checklist for audit committees.

**Board Assurance Framework:** We considered and discussed the current summary risk scores for the Q2 BAF, focussing on Innovating for Patient Safety and Quality. We discussed the correlation between operational risks and performance on neurodiversity services, and the overall current score for the Innovating section. We considered whether the mitigating actions to address gaps in assurance were adequate, noting the March 2025 deadlines for resolution. We endorsed the continuous development of the contents of the BAF, discussing the inclusion of Interweave (OK); and Friends and Family test data (not evident in this version).

**Trust-Wide Risk Register:** the 5 highest residual risks (scores) 15/16 relate to consultant vacancies; lack of capital funds for redesigning inpatient services; waiting times for neurodiversity services (both adults and children); the consequence of regional workforce reduction scheme for Trust recruitment; and the potential for ICS' financial pressures to spill over to the Trust. The actions look appropriate; the Committee saw that much work is needed to tackle rising waiting lists scheduled for the last two months of 2024.

**Risk Register of the Forensics Division:** a deep-dive into this register showed that the Division is successfully managing its risks to an acceptable residual level. The register has entries relating to: Electronic Patient Record system (4 risks) which are expected to be resolved soon; funding of new prison contract; physical layout of the inpatient units; and the seclusion suite. With appropriate mitigations, there are no risks with a residual score over 6.

**Update on completion of 2023/24 external audit:** With the exception of the Local Government Pension Scheme Audit, the audit is substantially complete. Two internal control recommendations are made - relating to manual journals, and accounting for intangible assets (arising from a deeper audit due to higher movements in intangibles than previous) – to which management have responded. Overall, an unqualified opinion without modification, is still expected, with completion due in time for Nov 27 Board to approve.

**Internal Audit:** The last final report from the 2023/24 programme, on safeguarding, received Significant Assurance.

The delivery of the 2024/25 plan is on track. Two reports (Nursing Revalidation, and Complaints) concluded Significant Assurance. The Committee was concerned to see Limited Assurance for Divisional Clinical Governance, with all the issues relating to Childrens and LD Division. The substantive lack of evidence of controls are: poor review of effectiveness of meetings; gaps in defined/recorded pillars of governance; incomplete record keeping (minutes; quoracy recording). All the recommendations are clear and fall into the Minor category. The Committee discussed how assurance is gained about the quality of the substantive matters of clinical governance – through QPass and up to Quality Committee. We took assurance that corrective action is in hand and being overseen at Director level.

In addition, Recruitment (Probation) was given Low Assurance – from a lack of evidence that managers are using/completing the quality checks of the requisite toolkit. Several recommendations are made, including a Major one to ensure all relevant staff have actually undergone a probation review, and records kept. Sickness Absence was also given a Low Assurance. Similarly, the opinion reflects the lack of evidence that managers are actually complying with the sickness management process, especially that correct documentation is being used: the right Return to Work records were available for only 67% of staff who had taken sick leave. A series of recommendations have been agreed to drive up compliance. The Committee took some comfort from the fact the Associate Director of People & OD had specifically targeted this audit (ie using internal audit as an “aide to management”), and that the findings will inform a response to non-compliance to include support to line managers, process review, and a focus on why compliance is central to patient care and safety.

Changes to the Audit Plan were agreed: to defer the review of Prescribing to next year, in view of migration from Lorenzo, and we await an addition from the Medical Director; and an audit of business continuity for telephony in case of cyber security incidents was added to the Plan.

We considered a benchmarking review of the BAF, which provides useful context for our continuous development of how we align strategy, performance and risk. In addition, a benchmarking report on Cyber Security Patch Management was considered. We asked the IT team to look at the report and provide assurance back about current practice.

**Outstanding action on audit recommendations:** The system for managing the implementation of audit recommendations remains effective. 6 minor recommendations have not met their original deadline.

**Counterfraud:** We received a comprehensive report on the range of proactive information, training, cautionary reminders and alerts being managed by the expert team. We agreed that making the connection between fraud at work and at home makes things real for individuals.

**Single Tender Waivers:** Since the last Committee, just one contract has been awarded for £58K. The reason was the only one supplier had responded to a request for quotation. We noted the extant and expired STWs.

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

**Agenda Item 9f**

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2024															
Title of Report:	Collaborative Committee Assurance Report															
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	This paper provides an executive summary of discussions held at the Collaborative Committee meeting on Tuesday 1 October 2024 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.															
Key Issues within the report:																
<b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"><li>On patient safety and quality of care, all providers have “routine monitoring” status, with strong evidence of the monitoring regime being effective</li><li>Patient Safety Incident Response Framework (PSIRF): all providers now using it or transition well in hand</li><li>Risks across all 3 workstreams are now scored 9 or below</li><li>In particular, the risk of financial overspend has abated since the start of the year, in the wake of reduced demand for beds (especially CAMHS)</li><li>Caseloads are steady, and out of area placements are being appropriately managed</li><li>Across all three workstreams, this year’s developmental actions are on track</li><li>The Humber team continue to engage at national level to share learning about how to make collaborative arrangements effective</li></ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>Our learning from early intervention in, and avoiding admissions of, young people, is being applied in the adult eating disorder workstream</li><li>A stakeholder event on eating disorders across all ages is planned for October</li><li>Adult Secure bed modelling work has confirmed a strong understanding of demand (no changes to bed levels), and prompted review of pathways, transition, Single Point of Access data, and training</li><li>Further refinement of unit cost analysis, and the opportunity cost of CRFD patients not moving on</li></ul>														



<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>NHSE are slow to engage productively over revised commissioning guidelines for CAMHS</li> <li>While Clinically Ready for Discharge (CRFD) numbers are lower than historically (none in Adult Eating Disorder), there are still 15 such cases in Adult Secure</li> <li>A small number of cases of long-term segregation are intractable.</li> <li>C £10m is currently spent on CRFD patients across all workstreams. While engagement at ICB has started on how to reduce the spend, there is not a clear plan for realising savings.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Explore how NEDs can support the work to reduce costs of CFRD patients</li> </ul>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee	1.10.24	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			
	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

This report has been developed and is shared with the Humber Teaching NHS Foundation Trust Board (HTFT) to provide assurance of the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of planning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HNY region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

- Child and Adolescent Mental Health In-Patient services
- Adult Low and Medium Secure services
- Adult Eating Disorder In-Patient services.

The meeting on 1 October 2024 *was quorate*. The meeting discussed the following matters:

### Insight Report

Highlights from the report

- Annual quality visits are being undertaken across providers.
- All providers are currently on Routine oversight monitoring.
- NHS England have concluded national financial uplift negotiations with Cygnet, one of the big 5 Independent Sector Providers. This is a level of inflation higher than awarded to HNY PC in our financial allocation of 2024/25 and will create financial pressure within the collaborative's budgets.

### Work Stream Updates

Detailed Business Intelligence reports were shared at the meeting, highlights from each workstream report detailed below:

#### 1 CAMHS

- Out of Area placements continue to remain stable and overall has reduced compared to this time last year.
- Willow View and the EDITT team are preventing admissions.
- EDITT was one year funding from NHSE, business case for recurrent funding currently going through governance mechanisms.
- NG tube feeding demand has reduced.
- There is a system wide meeting taking place on 24th October in relation to the NHSE draft CAMHS commissioning guidance and service specification.
- Stakeholder all age eating disorder event is being planned for 15th October.
- The workstream has commenced work to achieve the priorities for 24/25. The list of actions and tasks in relation to these priorities were shared in the group, evidence they are being achieved or worked on.



## **2 Adult Eating Disorder**

- There are no CRFD patients.
- Stakeholder all age eating disorder event is being planned for 15th October.
- Complexity acuity tool is now being piloted.
- Complex case discussion panel has been established.
- Training and skills audit in relation to LDA.
- Active involvement in national workstreams, one of the national workstreams is reviewing alternatives to admission across different Provider Collaboratives.

## **3 Adult Secure**

- AS report now includes community forensic services information
- HNY patient population (Med and low) has fallen to 130. Discussion that this was a new population rather than the same patients coming back into the service.
- HNY secure care providers average Length of stay continues to be lower than in January 2022.
- The number of service users who are Clinically Ready for Discharge (CRFD) has fallen to 15.
- Annual bed modelling workshop was held on the 4 September 2024. No changes to commissioned bed numbers at the current time, however there will be a review into several areas including pathways, transition, SPA and training needs.
- Increase in prison referrals which may be linked to the early release scheme in prisons.
- Riverside Healthcare Limited have now signed and exchanged contracts with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to take over the services at Cheswold Park Hospital.

### **Risk Register**

- All risks are below 12.
- CAMHS financial pressure has reduced.

### **Quality Improvement and Assurance**

- All providers are currently on Routine oversight monitoring.
- Transition to Patient Safety Incident Response Framework (PSIRF) by all providers.
- Continued monitoring of Long-Term Segregation (LTS)
- Robust mechanisms in place in relation to monitoring and assurance processes.
- Assurance given around a whistleblowing incident/freedom to speak up alert.

### **Finance**

- Adult Eating Disorder shows an improved financial position compared to 23-24 because of the decrease in demand for beds to date.
- The use of CAMHS out of area beds has rapidly reduced from April.
- The spend against enhanced packages is forecast on a downwards trajectory and is currently showing as under budget.

### **Clinically Ready for Discharge and Preventable Admissions**

A report has been developed which outlines the care and cost impact of patients who are Clinically Ready for Discharge. This report has been shared with HNY ICS with the aim to stimulate discussion on how the HNY overall health and social care system can utilise all resources available to improve patient outcomes and opportunities for new service development to reduce use of in-patient services and enhance community provision. The report shared in the meeting had case studies to highlight the impacts on patients. However, we have yet to plan and agree a tangible outcome from these discussions.



## Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 16 January 2025																			
Title of Report:	Council of Governor Sub-Groups Feedback Appointments Terms and Conditions Committee																			
Author/s:	Tony Douglas, Chair of Engaging with Members Meeting																			
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 meetings held.																			
Key Issues within the report:																				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Provided in the report and verbal updates</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
<ul style="list-style-type: none"> <li><b>Key Risks/Areas of Focus</b> No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</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		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓																	
Trust Board																				

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	

## **Engaging with Members Meeting – 28 November 2024**

The Engaging with Members Governors group meeting was held on 28 November. Discussions focussed on Governor communication with members and some revisions to the Membership plan regarding communication with members,

Mandy Dawley attended the meeting and informed the meeting that there is a PACE Quality Improvement event 13<sup>th</sup> February 2025, the event is called 'Caring Together' showcases about how PACE has improved the organisation. Governors have been encouraged to attend.

Catherine Ceeley also attended the meeting and provided an update on volunteer activities.

Tony Douglas Chair & East Riding Governor

**Agenda Item 13**

<b>Title &amp; Date of Meeting:</b>	Council of Governors – 16 January 2025			
<b>Title of Report:</b>	Performance Update			
<b>Author/s:</b>	Name: Peter Beckwith Title: Director of Finance			
<b>Recommendation:</b>	To approve	<input type="checkbox"/>	To receive & discuss	<input type="checkbox"/>
	For information/To note	<input checked="" type="checkbox"/>	To ratify	<input type="checkbox"/>
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.			

**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.

<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		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)	

**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> (please indicate which strategic goal/s this paper relates to)	
✓ Tick those that apply	
<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	Fostering integration, partnership and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce

	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	

## **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 EMT and 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 – Agenda item 17).

[public-board-papers-27-november-2024.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).

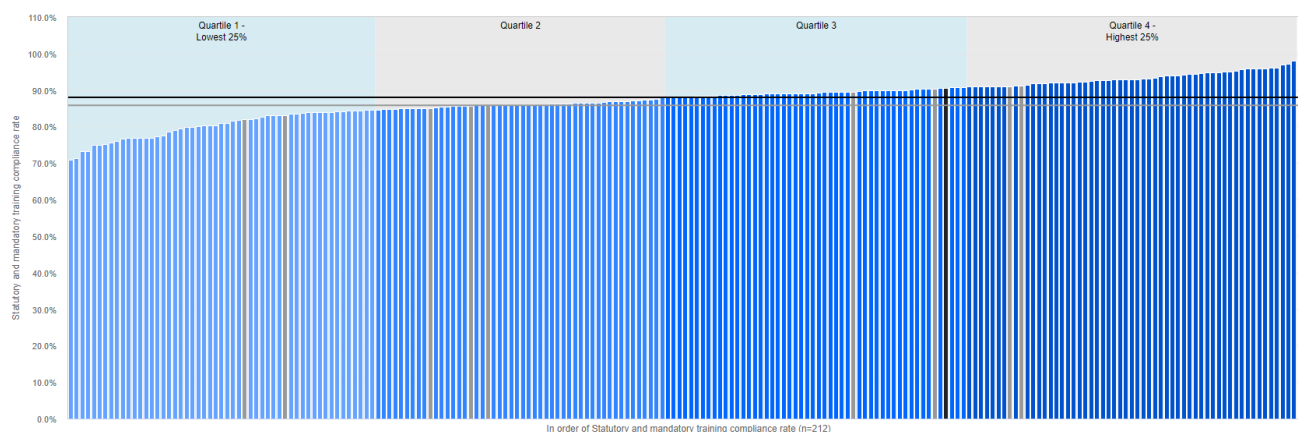
## **3 Performance Updates**

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

### **3.1 Mandatory Training**

The Trust has maintained a strong position against the Trust target of 85%, reporting current compliance at 94.2%. This performance is strong when compared with the latest Model Hospital Data (Recommended Peer average 85.8%, National Average 88%).

Model Hospital Data on Statutory and Mandatory Training





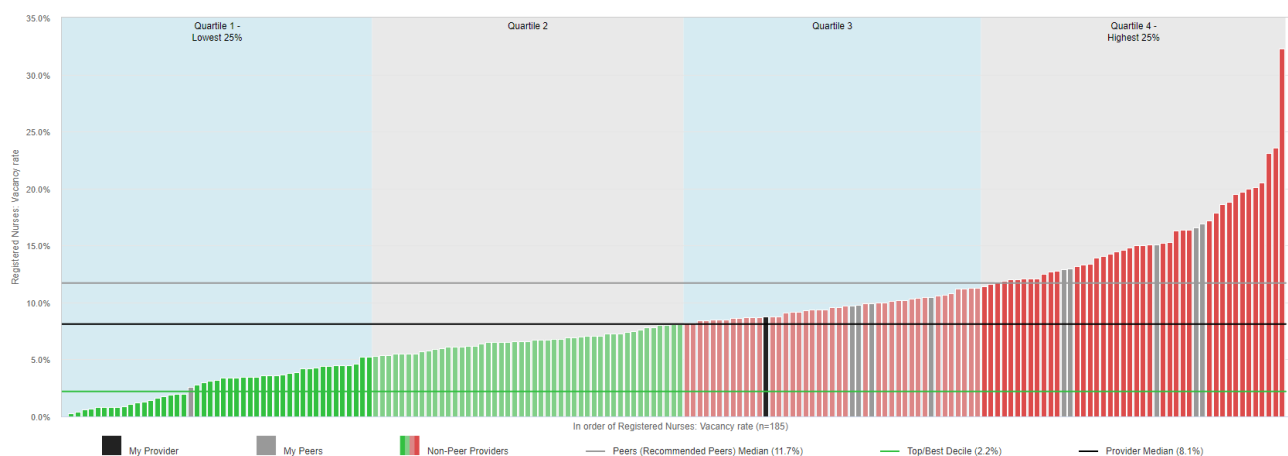
### 3.2 Vacancies

The overall trust vacancy position has remained strong (7.1% in October 2024), with Nursing vacancies maintaining below target position. Consultant vacancies remain above target but report a more positive position than previous years.

Benchmarking data from NHS England shows a vacancy rate of 7.5% (31,294 vacancies) as at 31 March 2024 within the Registered Nursing staff group (which includes midwives and health visitors). This is a decrease from the same period the previous year when the vacancy rate was 9.9% (40,096 vacancies).

Data from Model Hospital (Sep 2024) had a national average of 8.1% for Registered Nurse Vacancy Rate, as summarised in the following graph

Model Hospital Data on Registered Nurse Vacancy Rate



### 3.3 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.

We are awaiting the planning guidance for 2025/26 but the work on capacity and demand will continue to inform the operational planning discussions taking place with commissioners.

### 3.4 Out of Area Placements

Out of area placements for adult mental health beds and our Psychiatric Intensive Care Unit (PICU) has risen in recent months. Demand for these beds has been high and the PICU unit has been 100% occupied. Patient need has also led to the requirement for female only

environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons.

Scheduled estate works have now been completed to significantly improve the PICU seclusion suite which is also temporarily impacting on patient flow.

Service Development Funding has recently been confirmed by the Integrated Care Board, this will enable recruitment to increase the Acute Community Service (ACS) and Crisis Intervention Team for Older People (CITOP) operating hours, the impact of which is expected to reduce out of area placements

### **3.5 Safer Staffing Update**

In the last report to board the following was worthy of note:

- All units were flagging red for sickness, work is progressing to understand trends relating to inpatient unit sickness, this is expected to result in targeted initiatives intended to address specific areas of concerns identified. This work is being reported into EMT and the People & OD Committee
- No units were reporting 5 or more red flags
- 3 units were slightly below the CHPPD but were within 5% of the target (Westlands, Newbridge's and Malton).
- Mandatory training (all) is above 85% for all units apart from TEC (82.6%)
- Compliance with Intermediate Life Support (ILS)/Basic Life Support (BLS) has been consistently strong.
- Clinical supervision remains in a strong position with the majority of units above 85%.

## **4 Recommendation**

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

**Agenda Item 14**

<b>Title &amp; Date of Meeting:</b>	Council of Governors – 16 January 2025			
<b>Title of Report:</b>	Finance Update			
<b>Author/s:</b>	Name: Peter Beckwith Title: Director of Finance			
<b>Recommendation:</b>	To approve		To receive & note	✓
	For information		To ratify	
	The Council of Governors are asked to note the Finance report and comment accordingly.			
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.			
<b>Key Issues within the report:</b>				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>The Trust are continuing to forecast a breakeven position for the financial year</li> <li>The cash balance at the end of Month 7 was £27.577m.</li> <li>The Better Payment Practice Code figures show achievement of 92.4%.</li> </ul>		<ul style="list-style-type: none"> <li>Work on in year monitoring and forecasting continues.</li> </ul>		
<b>Matters of Concern or Key Risks to Escalate:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>ICS Financial position is challenging and requires significant improvement for the remainder of the financial year.</li> </ul>		<ul style="list-style-type: none"> <li>The Council of Governors are asked to note the Finance report and comment accordingly.</li> </ul>		
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	

<b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:	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)	16.1.25

### 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	√			
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. System Context

The Humber and North Yorkshire NHS system agreed a £50m deficit plan as agreed with NHS England (NHSE). In line with the new NHS financial framework, the system received a non-recurrent deficit support revenue allocation equal to the £50m deficit plan at month 6. This allocation is conditional on the system delivering a breakeven position for 2024/25.

At month 6 the ICS was reporting a adverse variance of £1.35m against a year to date deficit plan of £18.5m, the variance relates mainly to slippage against efficiency plans to date.

Organisation	Year to Date			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Harrogate & District NHS Foundation Trust	(3,135)	(3,133)	2	-	-	-
Hull University Teaching Hospitals NHS Trust	(11,053)	(11,094)	(41)	-	-	-
Humber Teaching NHS Foundation Trust	(2,761)	(2,761)	-	-	-	-
Northern Lincolnshire and Goole NHS Foundation Trust	(280)	(248)	32	-	-	-
York and Scarborough Teaching Hospitals NHS Foundation Trust	(1,300)	(2,645)	(1,345)	-	-	-
<b>Provider Total</b>	<b>(18,529)</b>	<b>(19,881)</b>	<b>(1,352)</b>	<b>-</b>	<b>-</b>	<b>-</b>
Humber and North Yorkshire ICB	-	-	-	-	-	-
<b>Full System Position</b>	<b>(18,529)</b>	<b>(19,881)</b>	<b>(1,352)</b>	<b>-</b>	<b>-</b>	<b>-</b>

Across the system it is recognised that there needs to be a clear profile of financial improvement in place to deliver the 2024/25 financial plan. Work is continuing to strengthen programme management arrangements, assure effectiveness of control processes, and better align finance and workforce data to identify potential corrective action.

At month 6 the system had highlighted the overall risk to delivery of the financial position at £27m, it is clearly recognised the system needs to urgently progress additional savings plan for the remainder of this financial year to support delivery of the planned position.

Following the system summit held on the 27 September 2024, all system partners have been asked, with immediate effect, to ensure actions identified as a checklist from the output of the summit are incorporated into the day-to-day operation, details of the letter and checklist are attached at appendix A.

### 3. Trust Position as at month 7

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

Table 1 below shows for the period to 31<sup>st</sup> October 2024, the Trust recorded a deficit of £2.720m, which is £0.362m above the ICS target (the pressure relates to the a4c pay award. The Trust profiled plan has increased levels of efficiency savings profiled to be achieved in the second half of the year to achieve a breakeven position.

A more detailed summary of the income and expenditure position as at the end of October 2024 is shown at appendix A, this includes a forecast year end position for the Trust which continues to be a breakeven position consistent with the Trusts agreed financial plan, this position is dependent on £1m of ICB financial support which has yet to be transacted.

Excluded items currently includes donated asset depreciation, 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**

	August 2024 £000	September 2024 £000	October 2024 £000
Income	71,841	88,170	105,411
<i>Less: Expenditure</i>	69,602	84,014	102,087
<b>EBITDA</b>	<b>2,239</b>	<b>4,156</b>	<b>3,324</b>
Finance/Technical Items	3,936	6,937	6,068
<b>Ledger Position:</b>	<b>(1,697)</b>	<b>(2,781)</b>	<b>(2,744)</b>
Excluded items:	(16)	(20)	(23)
<b>Net Position Surplus/(Deficit)</b>	<b>(1,681)</b>	<b>(2,761)</b>	<b>(2,721)</b>
<b>EBITDA</b>	<b>3.1%</b>	<b>4.7%</b>	<b>3.2%</b>
<b>Deficit (-%)/Surplus %</b>	<b>-2.3%</b>	<b>-3.1%</b>	<b>-2.6%</b>

Key variances are explained in the following paragraphs:

#### 3.1 Children's and Learning Disability

Children's and LD is forecasting an underspend of £0.335m.

Across the Division vacancies in Community are offsetting pressures in inpatient areas. Agency costs for both nursing and medical time are creating a

pressure. Plans are in place to reduce this in 2025 as a newly qualified consultant transfers internally into the acute consultancy role.

Further pressures relate to Townend Court due to high levels of sickness at the beginning of the financial year. In addition to this a complex admission has created a staffing pressure regarding the requirement for additional staff on each shift. A financial request is being made to the ICB to support with this pressure, and if accepted will improve the forecast outturn position.

### **3.2 Community and Primary Care**

Community and Primary Care is reporting a forecast deficit of £0.166m which is made up of a £0.422m pressure relating to Primary Care and in particular the Humber Primary Care Practice in Bridlington (£0.414m). This is offset by a forecast underspend on Community Services of £0.256m.

There are risks associated with this in terms of the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts.

### **3.3 Mental Health**

There are forecast pressures across both Planned and Unplanned services. The Inpatient Units continue to have increased staffing costs to maintain safer staffing levels due to the acuity of patients, the backfill of staff on training courses and sickness.

The Trust has also continued to place patients out of area and the actual amount incurred up to Month 7 has been factored into the year-end forecast position. At the end of October there was only 1 adult aged patient out of area for which the Trust has financial responsibility, the risk of incurring additional spend remains as bed occupation can increase over the Winter period.

Both Planned and Unplanned areas have pressures due to the use of Agency Medics to cover vacant posts, plans are ongoing to replace these as soon as possible.

Due to the level of forecast outturn pressures earlier in the year the Division was required to produce a recovery plan through the Executive Accountability reviews. The recovery plan target was to outturn with a deficit of £1.233m and this is still the current forecast position although risk remains around the use of additional staffing on inpatient units above the budgeted establishment, the difficulty in replacing Agency doctors and the use of out of area beds.

A plan to return to balance for 2025/26 has been agreed

### **3.4 Forensic Services**

The forensic division is highlighting a pressure at outturn on pay due to the acuity of patients and the required staffing on inpatient wards, notably Derwent and Ullswater. In addition to this there is an ongoing pressure of medical

provision as two agency doctors are being used. An interview for the prison consultant is taking place this month and it is anticipated the pressure from agency will reduce in 2025.

The forecast continues at a similar run rate with the number of substantive staff increasing as therapy roles are filled and the new prison contract is recruited into. A focus is being placed on the inpatient areas to bring them back to financial balance, and discussions are taking place with the specialist provider collaborate to provide financial support to Derwent to help with some of the pressure from the new admissions. This would improve the current forecast outturn position.

### **3.5 Corporate Services Expenditure**

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £2.836m, the main factor being items held centrally to offset pressures.

### **3.6 Forecast**

The Month 7 position is in line with the ICB system target for the Trust which at the year end remains at a break-even position.

Work has been undertaken with the ICS to recognise the risk in the system and Provider Trusts and the ICB have estimated scenarios which could occur if the risk materialises.

The Trust has estimated the following risks to delivery of the financial plan:

- Pay Award Funding Shortfall £0.620m
- Local Authority Pay Award Funding 0.350m (*Current guidance is to assume this will be funded*)
- Income from the ICB £0.933m (*assumed in plan at request of ICB and advice from ICBN is to still expect to receive this*)

Work is continuing with the ICB in relation to all off the above risks.

## **4. Cash**

As at the end of Month 7 the Trust held £27.577m, Cash balances across the reporting period are summarised below:



**Table 2: Cash Balance**

	August 2024 £000	September 2024 £000	October 2024 £000
Government Banking Service	25,060	23,226	27,283
Nat West	200	133	269
Petty Cash	26	26	26
<b>Net Position</b>	<b>25,286</b>	<b>23,385</b>	<b>27,578</b>

## 5. Better Payment Practice Code (BPPC)

The BPPC figures are shown at Table 4. The current position is 93% for non-NHS and 86.0% for NHS, based on the value of invoices. Work is ongoing to improve this position with targeted support to managers.

**Table 3: Better Payment Practice Code**

Better Payment Practice Code	YTD Number	YTD £
<b>NON NHS</b>		
Total bills paid	23,987	74,452
Total bills paid within target	21,750	69,275
Percentage of bills paid within target	<b>90.7%</b>	<b>93.0%</b>
<b>NHS</b>		
Total bills paid	837	17,116
Total bills paid within target	654	15,326
Percentage of bills paid within target	<b>78.1%</b>	<b>89.5%</b>
<b>TOTAL</b>		
Total bills paid	24,824	91,568
Total bills paid within target	22,404	84,601
Percentage of bills paid within target	<b>90.3%</b>	<b>92.4%</b>

## 7. Recommendations

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

**Appendix 1**  
**Income and Expenditure Position including Forecast October 2024**

	24/25 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
<b>Income</b>							
<b>Block Income</b>	<b>177,317</b>	<b>103,125</b>	<b>103,200</b>	<b>75</b>	<b>177,317</b>	<b>177,296</b>	<b>(21)</b>
YHCR	4,010	2,339	2,211	(128)	4,010	4,222	212
<b>Total Income</b>	<b>181,327</b>	<b>105,464</b>	<b>105,411</b>	<b>(53)</b>	<b>181,327</b>	<b>181,519</b>	<b>192</b>
<u>Clinical Services</u>							
Children's & Learning Disability	42,662	24,803	24,817	(14)	42,662	42,327	335
Community & Primary Care	20,959	12,225	12,962	(736)	20,959	21,125	(166)
Mental Health	57,322	33,480	34,313	(833)	57,322	58,555	(1,233)
Forensic Services	13,399	7,666	7,821	(154)	13,399	13,698	(299)
	<b>134,342</b>	<b>78,175</b>	<b>79,912</b>	<b>(1,737)</b>	<b>134,342</b>	<b>135,705</b>	<b>(1,363)</b>
<u>Corporate Services</u>							
	<b>40,356</b>	<b>23,666</b>	<b>22,175</b>	<b>1,492</b>	<b>40,356</b>	<b>37,520</b>	<b>2,836</b>
<b>Total Expenditure</b>	<b>174,698</b>	<b>101,841</b>	<b>102,087</b>	<b>(246)</b>	<b>174,698</b>	<b>173,225</b>	<b>1,473</b>
<b>EBITDA</b>	<b>6,629</b>	<b>3,623</b>	<b>3,325</b>	<b>(298)</b>	<b>6,629</b>	<b>8,294</b>	<b>1,665</b>
Depreciation	4,995	2,914	3,003	(89)	4,995	5,148	(153)
YHCR Amortisation	1,157	675	675	(0)	1,157	1,157	-
Interest	(1,468)	(856)	(999)	143	(1,468)	(1,568)	100
IFRS 16	1,479	863	984	(121)	1,479	1,592	(113)
PDC Dividends Payable	1,966	983	868	115	1,966	1,966	-
<b>Operating Total</b>	<b>(1,500)</b>	<b>(955)</b>	<b>(1,206)</b>	<b>(251)</b>	<b>(1,500)</b>	<b>(0)</b>	<b>1,500</b>
BRS	(1,500)	1,403	1,514	(111)	(1,500)	-	(1,500)
<b>Operating Total</b>	<b>(0)</b>	<b>(2,358)</b>	<b>(2,720)</b>	<b>(362)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>
<b>Excluded from Control Total</b>							
Grant Income	-	-	-	-	-	(788)	788
Donated Depreciation	22	13	23	(10)	22	40	(18)
	<b>(22)</b>	<b>(2,371)</b>	<b>(2,743)</b>	<b>(372)</b>	<b>(22)</b>	<b>748</b>	<b>770</b>
<b>Ledger Position</b>	<b>(22)</b>	<b>(2,371)</b>	<b>(2,743)</b>	<b>(372)</b>	<b>(22)</b>	<b>748</b>	<b>770</b>
<b>EBITDA %</b>	<b>3.7%</b>	<b>3.4%</b>	<b>3.2%</b>		<b>3.7%</b>	<b>4.6%</b>	
<b>Surplus %</b>	<b>-0.8%</b>	<b>-0.9%</b>	<b>-1.1%</b>		<b>-0.8%</b>	<b>0.0%</b>	

# BEING

# HUMBER



# WHY HAVE BEHAVIOURAL STANDARDS?

We want Humber Teaching NHS Foundation Trust to be ‘a provider of high quality services’ and ‘a great place to work’.

As an organisation we are committed to Caring, Learning and Growing and passionate about supporting our colleagues to be healthy, engaged and empowered to make a difference. Everyone who works for the Trust plays a part in achieving this.

This framework sets out the behaviours expected of all colleagues which are not explicitly described in our job description. The personal skills and attributes around ‘how’ we are expected to approach our work should be combined with professional and technical skills to inform every action we take.





# OUR MISSION, VISION AND VALUES

## OUR MISSION

Humber Teaching NHS Foundation Trust  
- a multispeciality health and social care  
teaching provider committed to Caring,  
Learning and Growing.

## OUR VISION

We aim to be a leading provider of  
integrated health services, recognised for  
the care, compassion and commitment  
of our colleagues and known as a great  
employer and a valued partner.

## OUR VALUES

**Caring** for people whilst ensuring they are  
always at the heart of everything we do.

**Learning** and using proven research as  
a basis for delivering safe, effective and  
integrated care.

**Growing** our reputation for being a  
provider of high-quality services and a  
great place to work.

## OUR GOALS

- Innovating quality and patient safety
- Enhancing prevention, wellbeing and recovery
- Fostering integration, partnership and alliances
- Promoting people, communities and social values
- Developing an effective and empowered workforce
- Optimising an efficient and sustainable organisation

# EXPECTATIONS AT A GLANCE



**BE OPEN  
AND HONEST**

**BE PROUD  
OF THE ROLE  
YOU DO AND  
HOW THIS  
CONTRIBUTES  
TO PATIENT  
CARE**

**VALUE THE  
CONTRIBUTION  
OF EVERYONE**

**BE FRIENDLY  
AND WELCOMING**

**SHARE  
LEARNING  
WITH OTHERS**

**RECOGNISE  
DIVERSITY  
AND  
CELEBRATE  
THIS**

**TEAM WORKING  
ACROSS ALL  
AREAS**

**SEEK OUT  
AND ACT ON  
FEEDBACK**

**ENSURE ALL  
OUR ACTIONS  
CONTRIBUTE TO  
SAFE CARE AND  
A SAFE WORKING  
ENVIRONMENT**

**COMMUNICATE  
EFFECTIVELY:  
LISTEN TO  
OTHERS AND  
SEEK CLARITY  
WHEN NEEDED**

**PUT PATIENTS  
AT THE CENTRE  
OF ALL WE DO**

**SHOW  
SUPPORT  
TO BOTH  
COLLEAGUES  
AND PATIENTS**

**RESPECT  
SHOWN TO  
EVERYONE**





WHAT WE EXPECT TO SEE AND HEAR	WHAT WE DON'T EXPECT TO SEE AND HEAR
<p><b>Being friendly and welcoming</b></p> <p>Simply introduce yourself.</p> <ul style="list-style-type: none"> <li>Explaining who you are and telling them your role helps to put people at ease</li> <li>Smiling, making eye contact, using open body language and appropriate tone of voice helps in building rapport with people</li> </ul>	<p><b>Unfriendly behaviour and ignoring people</b></p> <p>No introductions, including avoiding eye contact with individuals.</p> <ul style="list-style-type: none"> <li>Closed body language where you appear unapproachable and rude</li> <li>This can make people feel vulnerable and invisible. It is inappropriate to ignore people even if you are not the person they need to speak to. It creates a bad impression</li> </ul>
<p><b>Respect shown to and for everyone</b></p> <p>Show empathy, put yourself in their shoes (patients and colleagues) to try to see things from their perspective i.e., understand how they are feeling, their roles and pressures.</p> <ul style="list-style-type: none"> <li>Talk directly with people about their care and any issues you are dealing with</li> <li>Use appropriate language</li> <li>Treat others as they wish to be treated</li> <li>Have an awareness of the different cultural needs and beliefs and provide appropriate resources and support</li> </ul>	<p><b>Disrespectful behaviour including that which constitutes bullying, harassment or discrimination</b></p> <p>Ignoring what the other person is saying and showing no regard for how they are feeling or their perspective.</p> <ul style="list-style-type: none"> <li>Gossiping and talking about people 'behind their back' or talking over people</li> <li>Aggressive behaviour</li> <li>Any behaviour which is humiliating or offensive to others and constitutes bullying or harassment</li> <li>Any use of bad language</li> </ul>

**WHAT WE EXPECT  
TO SEE AND HEAR****Act professionally always**

Present yourself in a professional way, in how you speak to people and your dress code.

- Follow our Trust policies
- Make sure confidentiality is always maintained, be aware of where you're having conversations and the information you have access to
- Speak up and escalate concerns appropriately, either about unsafe practice or inappropriate behaviour
- Be open to challenge and welcome feedback from others
- Regularly review your performance against feedback to ensure you are doing the best in your role and working within current practices

**WHAT WE DON'T EXPECT  
TO SEE AND HEAR****Unprofessionalism**

Being disrespectful to people. Not following the appropriate dress code.

- Inappropriate conduct or failure to follow policies and processes causes undue worry for patients and colleagues
- Breaching confidentiality by discussing patient or colleagues information including leaving documentation visible on desks or in an open environment
- Criticising others for speaking up on behalf of patient safety and any inappropriate behaviour
- Ignoring feedback provided and refusing to take issues on board or make changes to behaviour
- Continue to work as you have done rather than reviewing performance and ensuring you are working within current practices
- Bringing personal issues into the workplace and letting them interfere with your work





## WHAT WE EXPECT TO SEE AND HEAR

### Put patients at the centre of all we do

Care is provided at the right time, by the right people in the right way.

- Patients are involved in decisions about their care
- Time taken to really care
- Time taken to really listen to patients and respond to their needs
- Engage with the patient's family or carer
- Care provided with compassion and empathy
- Information provided to patients in a timely way, keeping them updated about what is happening with their care
- Engage with all members of the multi-disciplinary team to provide care
- Focus on quality of care being given and seek assistance when required

### Value the contribution of everyone in the team

Value and recognise, through praise, the contribution everyone makes to the team

- Share compliments - tell people when they have done a good job and make sure you pass on compliments you have heard and received
- Recognise good practice and behaviour
- Acknowledge ideas and encourage individuals to try new ways of working and practising
- Celebrate success of everyone
- Provide feedback to colleagues when things are going well and when they aren't

## WHAT WE DON'T EXPECT TO SEE AND HEAR

### Patients are not seen as important

Patients and families are ignored and treated unfairly.

- Decisions are made for patients without their involvement
- Apathy, lack of compassion giving the impression you don't care and saying you are too busy to help
- A lack of communication with the patient and their family or carer/s
- Putting individual agendas before patient care
- Lack of or no information provided to patients, so they are left wondering what is happening
- Your mood affecting how you treat patients
- Ignoring other team members involved in the patients care, not working together or passing on essential information regarding the care

### Colleagues are not valued

Ignore and fail to recognise the contribution everyone makes to the team

- Compliments are not shared, and feedback not given to team members
- Ideas are either dismissed or not encouraged
- Feedback only given when things aren't going well and given in public, causing humiliation
- Patronising and judgemental behaviour, including belittling team members
- Ignoring the achievements and successes made by the team and team members




WHAT WE EXPECT TO SEE AND HEAR	WHAT WE DON'T EXPECT TO SEE AND HEAR
<p><b>Effective communication</b></p> <p>Communicate effectively in face-to-face, telephone and written interactions.</p> <ul style="list-style-type: none"> <li>• Show empathy and understanding of your message and consider how it will be taken on board</li> <li>• Keep people informed ensuring communication is timely, is delivered using the most appropriate method and language people understand</li> <li>• Active listening, take time to really listen so the person talking to you really knows you are hearing what they have to say</li> <li>• Show patience and understanding, take time to really understand what someone is trying to tell you so we can take intelligent action as a result</li> <li>• Encourage everyone to have a voice</li> <li>• Give everyone a chance to ask all their questions, remembering there is no such thing as a 'daft question'</li> <li>• To make the most of virtual meetings I have my camera on and participate to the best of my ability</li> </ul>	<p><b>Ineffective communication</b></p> <p>Communication is unclear or blunt and lacks empathy.</p> <ul style="list-style-type: none"> <li>• People are not kept informed, and communication is done in a way which is easiest for you</li> <li>• Jargon, abbreviations, terminology, and language is used which people may not understand</li> <li>• No time taken to listen</li> <li>• No opportunity given for questions which may leave people feeling anxious or unclear</li> <li>• Interrupting people inappropriately in interactions</li> </ul>
<p><b>Open and honest in your actions</b></p> <ul style="list-style-type: none"> <li>• Take responsibility for your own work and tasks</li> <li>• Take responsibility for your own actions</li> <li>• Honesty when things go wrong, take ownership and accountability</li> <li>• Keep promises you make following them through</li> </ul>	<p><b>Being dishonest</b></p> <ul style="list-style-type: none"> <li>• Blaming others when things go wrong, taking no ownership for your actions</li> <li>• Failing to keep promises or make empty promises</li> </ul>


## Contact us

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Valuing You